

SUPPLEMENTAL TABLE 1
 Screening tool for primary health care clinic workers, Zambia

Statement over the past one month	All the time	Very often	Sometimes	Seldom
1. Are you thinking about too many things or thinking too much?*	4	3	2	1
2. Are you feeling depressed?	4	3	2	1
3. Are you feeling anxious?*	4	3	2	1
4. Is your sleep disturbed?†	4	3	2	1
5. Do you feel it may be better to die?	4	3	2	1
6. Do you get less pleasure from things? Loss of pleasurable feelings?	4	3	2	1
7. Do you have difficulty in concentrating?*	4	3	2	1
8. Have you been experiencing increased heartbeat for the past one month?*	4	3	2	1
9. Do you experience less desire for food?	4	3	2	1
10. Do you feel tired for no apparent reason?	4	3	2	1

*Item identifies anxiety; other items identify depression.

†Item possibly related to both conditions.