

**Appendix A: CES-D guideline for Severe Depression.****Follow the instructions below**

1. Make tentative diagnosis:
2. On a scale of 1 to 5 how would you rate your degree of certainty regarding your diagnosis? **Circle one**

**Least certain 1 2 3 4 5 Most certain**

3. **Score the questionnaire below according to the response given**
4. Please add the total score in each column, and then
5. For the following 20 items, please select the choice that best describes how you have felt over the past week:

Item	Rarely or none of the time	Some or a little of the time	Occasionally or a moderate amount of the time	Most or all of the time
	(<1 day)	(1-2 days)	(3-4 days)	(5-7 days)
	Score: 0	Score: 1	Score: 2	Score: 3
<b>1. Are you bothered by things that usually don't bother you?</b> <i>Sometimes</i>				
<b>2. Do you feel like not eating and you have poor appetite?</b> <i>Almost always but I still manage to eat something</i>				
<b>3. Do you feel you cannot stop feeling sad even with help from your family or friends?</b> <i>Only a few times</i>				
<b>4. Do you feel you are just as good as other people?</b> <i>I have been feeling as unworthy as a criminal most of the time</i>				
<b>5. Do you have trouble keeping your mind on what you are doing?</b> <i>It has been really difficult to do my work or my usual chores</i>				

<b>6. Do you feel depressed?</b> <i>Yes, on most days</i>				
<b>7. Do you feel that everything you do requires a lot of work?</b> <i>Yes, I feel tired most of the time (3)</i>				
<b>8. Do you feel hopeful about the future?</b> <i>The future is not looking good at all. I think about this a lot</i>				
<b>9. Do you think your life has been a failure?</b> <i>Yes, I believe this is true</i>				
<b>10. Do you feel scared?</b> <i>About the future and work</i>				
<b>11. Is your sleep broken?</b> <i>I don't usually sleep well</i>				
<b>12. Do you feel happy?</b> <i>Not at all</i>				
<b>13. Do you talk less than usual?</b> <i>I speak only when spoken to which is not like me</i>				
<b>14. Do you feel lonely?</b> <i>I feel alone</i>				
<b>15. Do you feel people are unfriendly?</b> <i>Not really, but I don't want to be around others</i>				
<b>16. Do you enjoy life?</b> <i>Not at all</i>				
<b>17. Do you have crying spells?</b> <i>I found I was getting tearful over nothing</i>				
<b>18. Do you feel sad?</b> <i>Always</i>				

<b>19. Do you feel that people dislike you?</b> <i>Yes, because I am not worthy</i>				
<b>20. Do you feel you cannot get yourself to do things?</b> <i>It is so hard to do things when you are tired all the time</i>				
<b>Total score on each column</b>				
<b>Grand total score</b>				

### Patient Management Recommendations Based on guideline Score for Severe Depression Patient

#### Depression:

Step 1: Score on the appropriate column

Step 2: Add the total scores and compare with scale below:

**If the score is 22 or higher**, the patient may be suffering from a **severe** depression.

**If the score is 15 to 21**, the patient may be suffering from mild to moderate depression.

**If the scores is below 15**: the patient has low risk of depression

Step 3: Make **management** recommendations

#### Severe Score:

- Refer patient to the relevant Stress Management Ward at Suva (or possibly St. Giles); Lautoka Hospital (Western Division) or Labasa Hospital (Northern Division)
- In more isolated locations, make direct referral to the relevant Stress Management Ward or St. Giles
- Patients will most likely commence on antidepressants and probably admitted

#### Moderate Score:

- Provide targeted psychoeducation on depression self-treatment (self-help)
- Encourage a culturally appropriate exercise plan
- Give counseling referral for the main divisional hospitals or select sub-divisional hospital (e.g., Nadi)
- May need to recheck in 1-2 months