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# A Survey on the mental health of unaccompanied women refugees in Moria Camp, Greece

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***Abstract***

*A survey concerning the mental health of unaccompanied women (women who have immigrated alone or with their minor children illegally) was conducted in the currently biggest refugee camp in Greece on the island of Lesvos. A form of the General Health Questionnaire (GHQ-28) was used as the main screening tool of the wellbeing of 69 females. Results showed that these women reported having symptoms of bad health, anxiety, sleeping disorders and depression in a greater degree than their usual status before coming to the camp. Results differ by ethnicity. Women from sub-Saharan Africa seem to be more vulnerable than other ethnic groups, while Somalian women are the most resilient ethnic group, since they did not show critical symptoms in any of the examined health issues. Differences in health-related issues between ethnic groups proved statistically significant. On the other hand, age and duration of stay in the camp, although altered to some degree the results, did not make any statistically significant difference.*

***Keywords:*** *Refugees; Moria Camp; Health-related issues; Unaccompanied Women; GHO-28*

## Introduction

The number of forcibly displaced people worldwide has reached 70.8 million, with an estimated 13.6 million newly displaced in 2018 (UNHCR, 2019). The destination of choice is mainly European countries. These displaced people are mostly from Middle East and Africa, (57% of the displaced come from Syria, Afghanistan and South Sudan alone, according the UNHCR, 2019:3) Greece is situated in the crossroad between Asia, Africa and Europe, and in the last five years experienced an extraordinary influx of immigrants in their way to Europe. The agreement between European Union and Turkey in March 2016 obligates the illegally incoming migrants from Turkey to the Greek islands to remain in the islands until their asylum petition is processed. (European Council, 2016)

This agreement has led to tens of thousands of asylum seekers remaining in the Greek islands for years, because the procedure of asylum petition is slow and unyielding. The Greek state was unprepared to accommodate and serve these people, hence, many of them live in squatter settlements with no basic infrastructure and/or everyday facilities. Their accommodation consists of tents, either privately bought by them or given to them by the United Nations High Commission for Refugees and Non-Governmental Organizations. Those who are lucky enough, live in former barracks, at containers with electricity and heating, but they still have to use public toilets and common baths.

There are few studies focusing on the physical and mental health of unaccompanied women (women who have immigrated alone or with their minor children illegally) in refugee camps

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in Greece. A study conducted in 2016-2017 by the personnel of the organization "Médecins Sans Frontières" (MSF) has shown that living conditions in Greece's refugee camps lead to psychosocial distress. Depending on study sites, between 73% and 100% of refugees suffered from anxiety disorder. Moreover, almost 40% of the examined refugees in the MSF study, contracted diseases and illness in transit (Bjertrup et al., 2018). In another 2018 study by Kotsiou et al. on refugees in Greece, 92% of the Syrian refugees experienced anxiety disorder, that merited referral for a mental health evaluation (Kotsiou et al., 2018). Further, Ben Farhat et al. (2018) showed that 5-8% of those living in Greek holding centers have reported at least one incident of sexual or physical violence.

Sexual and physical violence have been also attested in the refugee camps of the Greek islands. From time to time the reporting of a rape of a boy or a girl reaches the newsagents, but the problem is much greater than the references in the press imply. At the Moria refugee camp in Lesvos there was an average of one reported case of sexual assault per week in 2018 (Da Silva, 2018). Sexual harassment or rape have pernicious effects on the victims mental and physical health. It also triggers violent clashes among refugees in the camp. Clashes within the camp, sexual abuse, alcohol and drug abuse are facets of the everyday life in the refugee camps of the Greek islands. This has detrimental effects on the mental health of the unaccompanied women living in the camps.

In Moria, illegal drugs are one of the pathogens inside the camp and the residents of the camp seem to have easy access to drug dealers. Another survey that was conducted in Moria camp between April and September 2017 attests this situation. A 21-year-old man from Syria said to the researcher:

> "Here my friend we have everything. What would you like? Drugs? Weed, pills, heroin? Easy. Everyone knows who is selling them and every now and then they come and ask you. They are always busy, but they have time for new customers. At night they are all drunk or stoned. In the camp you can smell it (the weed) everywhere." (Xypolitas, 2019:81, translated from Greek)

In January 2020 the population of the camp was in excess of 20,000 people according to the Mayor of Mytilene (THETOC, 2020). Hygiene conditions were meagre, living standards were poor and the mortality rate within the camp, according to the accounts of the doctors serving this camp, was higher than that of the indigenous population of the island. With these conditions the physical and mental health of refugees in this camp was of concern. In the framework of a research project funded by the European Union (**Horizon 2020 Grant Agreement** (GA) No: 786332**. "SCIREA"** *Science4Refugees in the Aegean Archipelago*), a survey to monitor the mental and overall health of the unaccompanied females living in Moria camp was conducted. This was to increase understanding of the mental and physical health of unaccompanied female refugees who are living in the specific refugee camp.

## Methodology

Data were collected between March and July 2018 in Moria, Lesvos, by a researcher who was herself an unaccompanied female in Moria before obtaining refugee status. During the five-month period that the survey took place, no significant change (as for example a major riot or upheaval of the kind that happen quite often in refugee camps) occurred in the camp of Moria. Therefore, data collected from March to July 2018 are comparable. A general 28-item

health survey questionnaire (GHQ-28) in Appendix A was used. This tool was developed by Goldberg and Hillier in 1979 to be used in adult populations to evaluate four important health related issues: A) Somatic (bodily) symptoms B) Anxiety and sleep disorder C) Social dysfunction D) Severe depression. Each section (A,B,C and D) is made up of 7 items (questions), totaling to 28 items. Each item is accompanied by four possible responses.

These responses can be scored from 0 to 3 (0-1-2-3) is such a way that higher values indicate worse health outcomes. This scoring method will be named Likert-type scale. An alternative method for evaluating the questionnaire-returns is to collapse the four responses into two (0-0-1-1). This gives us a binary scale, where 0 means that the individual does not confront serious health issues and 1 indicates that the individual confronts serious health (physical or mental or behavioral) problems.

To evaluate the overall wellbeing of an individual in each health-related issue, one must add up the binary scores in each section (A, B, C and D). As each section consists of 7 questions the maximum score an individual can have in any one health related issue is 7. Using this method any score above 4 indicates the presence of distress or "caseness" (Sterling, 2011). In this paper, the Likert method is used to describe the mental and physical situation of unaccompanied females in each item of the questionnaire. On the other hand, the binary method is used to give a general idea of the mental and health situation of the females, not in each item of the questionnaire, but in each of the four sections (A, B, C and D).

The GHQ-28 has been translated in 38 languages and is widely used in various cultures as a reliable and well-validated screening tool to determine whether an individual is at risk of developing a psychiatric disorder (Goldberg et al., 1997). Validity studies in African, Latin American and Asian populations have shown a remarkable consistency in the factor structure of the GHQ-28 in all cultural settings (Gibbons et al., 2004; De Kock et al., 2013; Kumaranayake et al., 2016)

The total number of unaccompanied women in Moria camp at the time of the survey was approximately 250. This number was very volatile because women were daily transferred to other settlements in the island, or mainland Greece. Further, there were new arrivals daily. Stratified sampling was used to ensure the sample reflects the ethnic composition of unaccompanied women living in Moria camp. The initial sample consisted of 69 women. Due to missing data, seven respondents were excluded from the analysis. The remaining 61 women who participated in the survey were from seven different countries (Afghanistan, Cameroon, Congo (DR), Ethiopia, Iran, Sierra Leone, Somalia). The age range of the participants was between 15 and 67 years of age. Half of them (32) were 25 years old or younger. The demographic characteristics and family status of the participants are shown in Table 1.

In addition to the GHQ-28 survey, data were collected using face-to-face interviews and informal conversations in Farsi, French, and English. These conversations were not recorded, because a tape recorder might have discouraged the female refugees to speak freely; hand-written notes were kept instead. The co-operation of the participants was facilitated by the fact that the researcher who conducted the interviews was an unaccompanied female herself, and she was living in Moria camp together with the rest of the unaccompanied female refugees. The researcher (who is the second author of this paper) had also undertaken to teach these women basic German and English in the framework of the SCIREA project (http://scirea.aegean.gr/index.php). The fact that the researcher was one of them created

an intimacy between the researcher and the interviewees and the fact that she offered them the opportunity to address their problems in an audience outside the refugee camp made them eager to answer personal questions. The participants were asked if they have ever been exposed to 1) drug addiction, 2) bodily infection, 3) violence. The answers to these questions (unstructured interviews) are set in part 3.3 of this paper.

**Table 1.** Demographic and ethnical characteristics of the sample.

| Ethnicity | Number of participants | Mean age | Average number of months in Moria | Number of single women | Number of divorced or widowed | Number of married women | Single mothers |
|---|---|---|---|---|---|---|---|
| **Afghan** | 34 | 27.5 | 7.0 | 17 | 13 | 4 | 0 |
| **Sub-saharan African** | 16 | 26.9 | 3.1 | 12 | 3 | 0 | 2 |
| **Somalian** | 9 | 24.9 | 6.5 | 5 | 1 | 2 | 0 |
| **Iran** | 2 | 25 | 4.5 | 2 | 0 | 0 | 0 |
| **Total** | 61 | 27.6 | 5.8 | 36 | 17 | 6 | 2 |

Source: Survey on the field conducted by the second author.

## Results

## Key Finding

The sample group of 61 unaccompanied women from Moria exhibited critical conditions in all but one of the examined issues (Table 2). More specifically, they reported having physical symptoms of bad health, sleeping disorders and depression, in a greater degree than their usual status (the threshold for characterizing a case as above average is 3.5, while the cut-off point indicating a critical condition is 4). Nevertheless, in the issue of social function and everyday activities, they did not present severe symptoms of social dysfunction (grade average was 3.6).

It appeared that the most vulnerable unaccompanied women were from Sub-saharan Africa. They reported worse symptoms of physically bad health, sleeping disorders and depression than any other ethnicity, despite the duration of their stay in Moria camp being shorter (3.1 on average as seen in table 1). Only in their social interaction and everyday activities they are in a little better situation than women from Afghanistan, but not from the other nationalities.

In the other end of the scale, regarding women with the best health outcomes, were those from Somalia. Somalian women exhibited extreme durability to symptoms of bad health (physical or mental) and they were the only ethnic group that did not present extreme symptoms of depression, sleeping disorders, or physically bad health. In addition, their average score in all health-related issues (2.4) indicated that they were less in need of medical aid, despite staying in Moria camp longer than most of the other ethnic groups (6.5 months on average).

Another ethnic group that did not present severe symptoms of distress were Iranian women. These women were not within the range characterized as "critical conditions" in regard to physical symptoms and sleeping disorders (table 2). They were below the critical value of 4 regarding social dysfunction and depression. Of course, any value above zero indicates that the bodily and mental health of the respondent was worse than his/her usual status.

**Table 2:** Key results of GHQ-28 by Ethnicity

| *Ethnicity* | *Physical symptoms* | *Anxiety-Sleeping disorders* | *Social dysfunction* | *Depression* | ***Average score*** | Number of cases |
|---|---|---|---|---|---|---|
| *Afghan* | 4.1 | 5.6 | 3.8 | 4.5 | **4.5** | 34 |
| *Sub-Saharan African* | 5.2 | 6.2 | 3.6 | 4.9 | **5.0** | 17 |
| *Somalian* | 2.0 | 2.9 | 2.8 | 2.1 | **2.4** | 8 |
| *Iran* | 4.0 | 4.0 | 3.5 | 3.5 | **3.8** | 2 |
| ***Total*** | **4.1** | **5.3** | **3.6** | **4.3** | **4.3** | **61** |

Source: Survey on the field.

The above-described associations between health-related issues and ethnicity are statistically significant as far as physical symptoms, anxiety-sleeping disorders, and depression are concerned at the 0.1 or lower level of significance (Table 3). Association between social dysfunction and ethnicity is not statistically significant (p-value=0.487). Any differences observed between nationalities in social dysfunction issues and everyday activities came up randomly and are attributed to the small number of cases.

**Table 3.** testing the results of table 2 for statistical significance.

| *ANOVA – fixed factor: Ethnicity* | | | | | |
|---|---|---|---|---|---|
| | Sum of Squares | df | Mean Square | F | p-value |
| *Physical symptoms* | | | | | |
| *Between groups* | 55.057 | 3 | 18.352 | 5.221 | 0.003 |
| *Within groups* | 200.353 | 57 | 3.515 | | |
| *Sleeping disorders* | | | | | |
| *Between groups* | 65.715 | 3 | 21.905 | 7.444 | 0.000 |
| *Within groups* | 167.728 | 57 | 2.943 | | |
| *Social Dysfunction* | | | | | |
| *Between groups* | 7.078 | 3 | 2.359 | 0.822 | 0.487 |
| *Within groups* | 163.676 | 57 | 2.872 | | |
| *Depression* | | | | | |
| *Between groups* | 45.701 | 3 | 15.234 | 2.734 | 0.052 |
| *Within groups* | 317.610 | 57 | 5.572 | | |

The duration of stay in the camp can make a difference in the results of the GHQ-28 (Table 4). However, these differences are not statistically significant in a level of significance acceptable in the social science common practice (i.e. a p-value equal to 0.1 or lower) as indicated by the student's t-test (Table 5). Yet, it is worth observing that depression increases as the duration of staying in Moria camp becomes longer. The score for those being in the camp for up to 5 months was 3.9, while it went up to 4.7 for those women staying six months and longer. The probability of this difference being random is 0.225 (Table 5), meaning that most likely (probability 0.775) it is not due to random fluctuation or the small sample size, but reflects an underlying reality: those staying longer in Moria camp, reported more severe

symptoms of depression than the newcomers. On the other hand, physical health does not seem to deteriorate over time, most probably because our sample consists overwhelmingly of young women.

Similar studies confirm that the living conditions in refugee camps can cause a deterioration mostly on the mental health of refugees. The limited opportunities to participate in the host country's activities, such as employment and education, the involuntary detainment within the camp, the insecure housing and the uncertain residential status, are psychological stressors that have the potential to impair the mental health of refugees over time (Gary and Rubin, 2014; Baker, 2015)

**Table 4.** key results of GHQ-28 by duration of stay in Moria camp

| *Number of months in camp* | *Physical symptoms* | *Sleeping disorders* | *Social dysfunction* | *Depression* | ***Average score*** | *Number of cases* |
|---|---|---|---|---|---|---|
| 0-5 | 4.3 | 5.4 | 3.5 | 3.9 | **4.3** | 35 |
| 6+ | 3.9 | 5.2 | 3.8 | 4.7 | **4.4** | 26 |
| ***Total*** | **4.1** | **5.3** | **3.6** | **4.3** | **4.3** | 61 |

Source: Survey on the field.

**Table 5.** testing the results of table 4 for statistical significance.

| *Independent Samples T-Test* **Independent variable: Number of months in camp** | | | |
|---|---|---|---|
| | **t** | **df** | **p-value** |
| ***Physical symptoms*** | 0.821 | 59 | 0.415 |
| ***Sleeping disorders*** | 0.460 | 59 | 0.648 |
| ***Social Dysfunction*** | -0.712 | 59 | 0.480 |
| ***Depression*** | -1.226 | 59 | 0.225 |

There are differences in health-related issues by age (Table 6). Yet, partly due to the relatively young age of our respondents and partly due to the small sample size these differences are not statistically significant (Table 7). The physical symptoms of distress, however, are substantially worse in older women (3.8 vs 4.4 the scores for the two age-groups respectively) while the probability of this difference being due to random fluctuation is 0.28.

**Table 6.** Key results of GHQ-28 by Age-group.

| *Age group* | *Physical symptoms* | *Sleeping disorders* | *Social dysfunction* | *Depression* | ***Average score*** | *Number of cases* |
|---|---|---|---|---|---|---|
| 15-24 | 3.8 | 5.2 | 3.7 | 4.0 | **4.3** | 27 |
| 25+ | 4.4 | 5.4 | 3.5 | 4.4 | **4.4** | 34 |
| ***Total*** | **4.1** | **5.3** | **3.6** | **4.3** | **4.3** | 61 |

Source: Survey on the field.

**Table 7.** testing the results of table 6 for statistical significance.

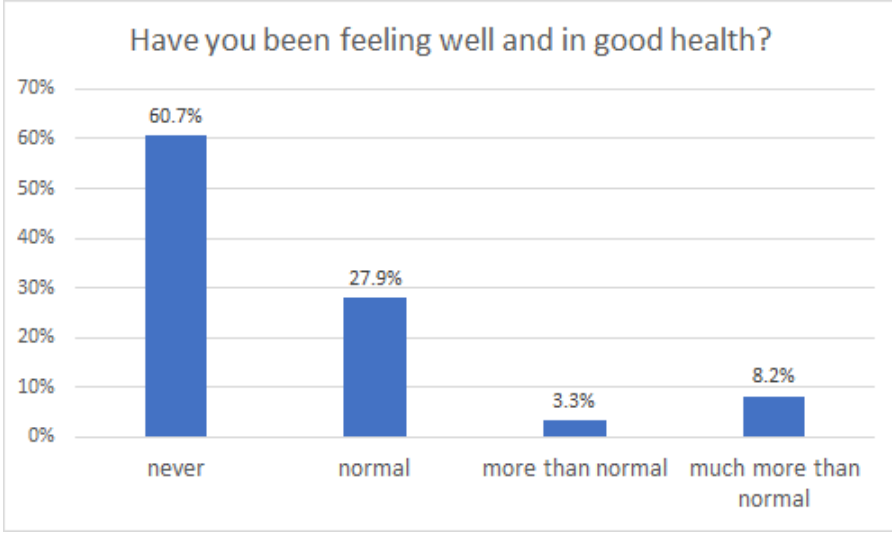
| Independent Samples T-Test<br>**Independent variable: Age group** | | | |
|---|---|---|---|
| | **t** | **df** | **p-value** |
| **Physical symptoms** | -1.083 | 59 | 0.283 |
| **Sleeping disorders** | -0.500 | 59 | 0.619 |
| **Social Dysfunction** | 0.465 | 59 | 0.643 |
| **Depression** | -0.588 | 59 | 0.559 |

## Detailed results

The responses from each section of the questionnaire (A, B, C and D) presented in this section focus on one question as an indication of the wellbeing of the respondents in each of the four health related items.

As far as the physical wellbeing of unaccompanied women in Moria camp is concerned, 61% reported that they never feel well and in good health (Figure 1). Similar were the responses to the other questions concerning physical health. For example, 65.6% reported that they feel ill in a degree more than normal or much more than normal (with "normal" being their usual status, as this is conceptualized by themselves), and 65.5% answered that they feel run down and out of sorts. Only in the question "Have you been having hot or cold spell?" the health outcome was not degrading (52.5% answered never or normal)

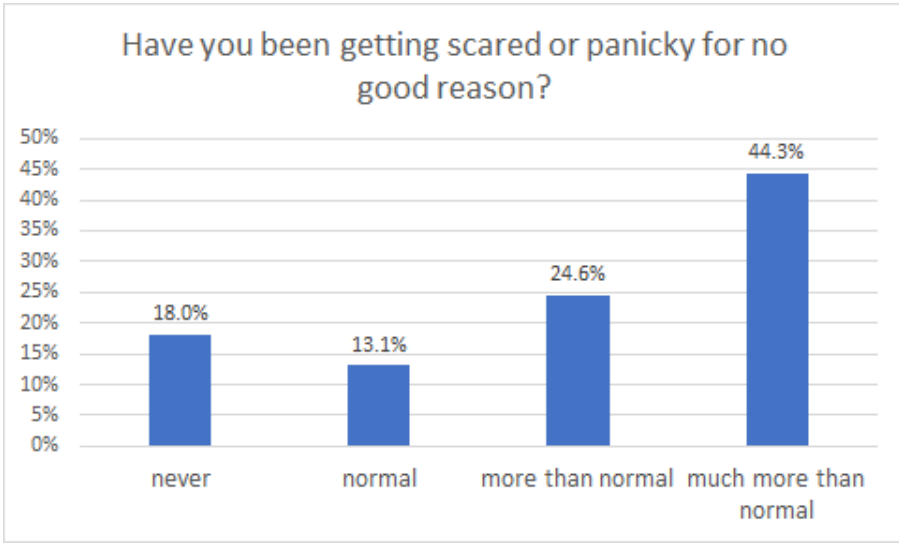
**Figure 1.** Indicative results for physical symptoms of bad health




Source: Survey on the field. n=61.

Concerning the health-related issue of sleeping disorders (section B), figure 2 is indicative. A great majority (70%) reported that are getting scared or panicky for no good reason, which implies that women in Moria camp experience anxiety in a level much greater than normal. 80.3% of them reported that they have difficulty in staying asleep (in degree greater or much greater than their usual status), whilst 82% claimed that they lost sleep over worry.

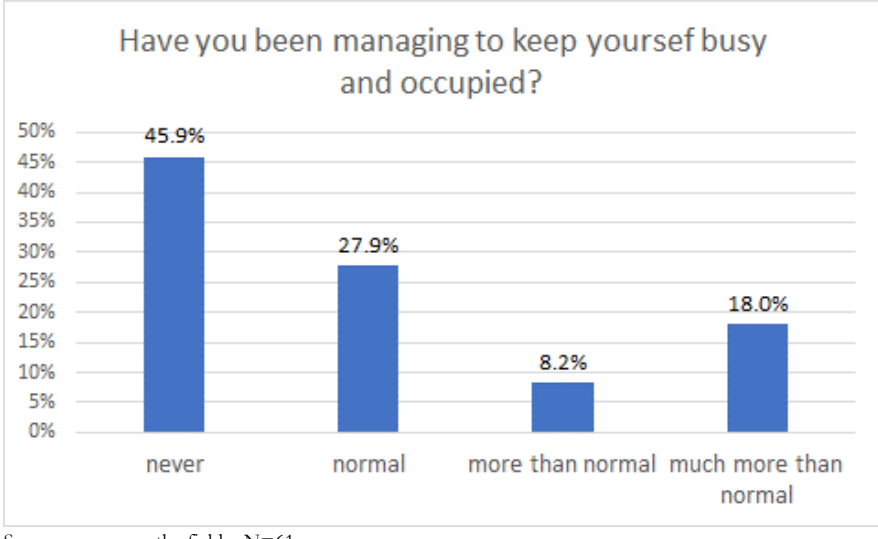
**Figure 2.** Indicative results for anxiety and sleep disorders




Source: Survey on the field. n=61.

In the health-related issue of social dysfunction (section C of the questionnaire), women in Moria camp did it better than in the rest of the health-related issues (Table 2). The majority (54%) reported that they were managing to keep themselves busy and occupied (Figure 3). On the other hand, 46% never managed to keep themselves occupied and busy, which shows either the lack of activities inside the camp or a high level of stress of these women. In like manner, a substantial majority (55.7%) felt on the whole that they were doing things well (item C3 in the questionnaire), while 37.7% had not been able to enjoy normal day-to-day activities (item C7).

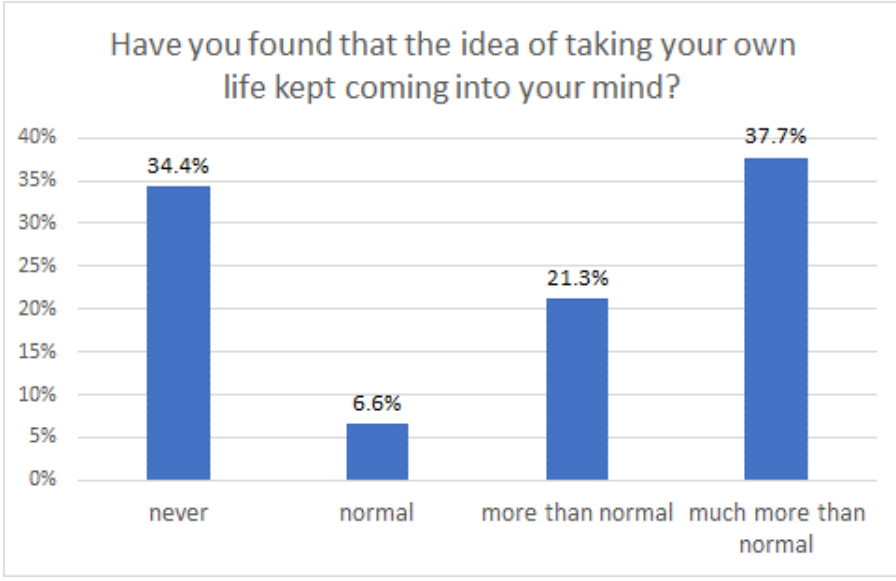
**Figure 3.** Indicative results for social dysfunction




Source: survey on the field. N=61.

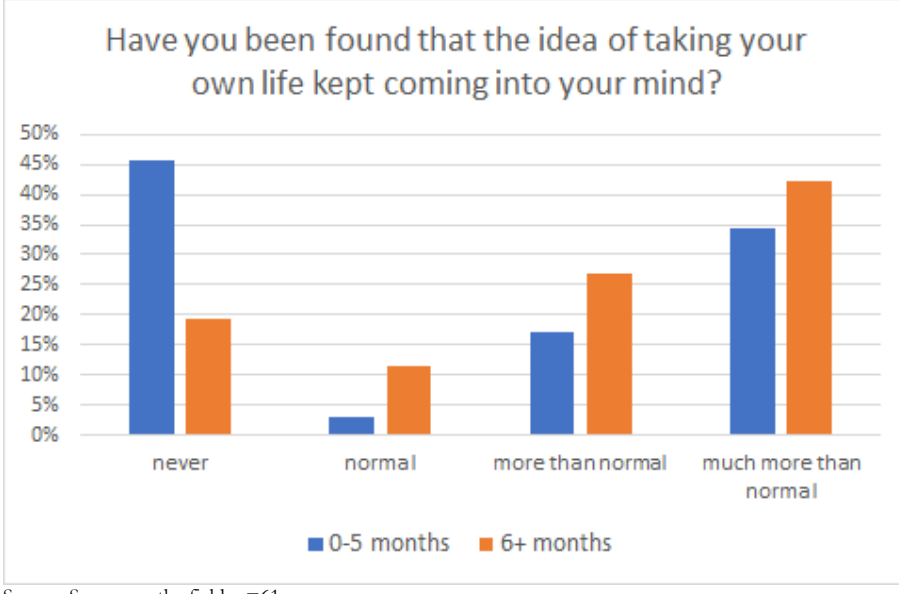
The most significant indicator of the psychological wellbeing of a person is depression. Figure 4 shows that 59% of the unaccompanied females in Moria camp have repetitive thoughts of taking their own life, a condition called "suicidal ideation" in psychiatry. Suicidal ideation is generally associated with depression and mood disorders and is more prevalent among adolescents (Udin et al., 2019).

**Figure 4.** Indicative results for severe depression




Source**:** Survey on the field. n=61.

**Figure 5.** Effects of long-term residence in Moria camp (suicidal thoughts)




Source: Survey on the field. n=61.

## Results from face to face interviews

The current survey included some open ended questions out of the GHS-28 questionnaire to underline the dire conditions and the great social pathogenicity that were prevalent in Moria camp. The first question was whether unaccompanied women have ever experienced drug addiction. Out of the 69 women in the sample group, 4 reported the use of illegal drugs. Just one young Afghan girl (called Amina here for purposes of confidentiality) admitted that she was addicted to them. Amina tried to overcome the dependence on illegal drugs by taking prescribed drugs:

> '*I have stress, I can't sleep, my friends told me if I use drug pills, I will be relaxed*' (Amina, from Afghanistan).

The second question was whether these women have faced any kind of bodily infection while in Moria. More than half of them (55.7%) had experienced vaginal infection, although the way of contracting it was not questioned. Yet, almost all participants (95%) felt that hygiene and sanitation in the ladies' section was not suitable and needed attention.

The third issue detrimental to their physical and mental health was violence of any kind (physical, sexual or verbal). Seventeen out of the 61 that answered this question reported that they faced verbal or physical or even sexual abuse. Two Afghan girls (Fahima and Azita aged 22 and 26 respectively) claimed that between African ladies there were some trance-genders who harassed them. More than one third of participants (44.3%) had at least one fight or bad argument inside the Section. Among them a deaf-mute girl told:

> *'I am deaf, I fight with everybody, because I don't have security, there is no rule in the Section'* (Bahar, 27, from Afghanistan).

## Conclusion

Migration to a new country while one has been forced to flee from his/her home country because of war, violence, food or other reasons, is challenging and often leads to psychological disorders. For unaccompanied women who are also emotionally and physically vulnerable, their enclosure in a refugee camp does not help them to stand on their own feet. As the results in this study showed, depression stands at 4.3, a score which has passed the cut-off point of 4 to be considered critical condition. Moreover, a percentage of 59% with suicidal tendency confirms the depression prevalence among unaccompanied women in Moria camp. Regarding anxiety, the situation is worse (average score was 5.3). The everyday fear of verbal, physical or sexual assault, the ambiguous future and the sense of insecurity seem to be the main factors that have deteriorated the anxiety levels of these women.

The unaccompanied female refugees, after passing immigration hardships and difficulties, need more attention and support. The living environment, security and peace in the first years of living as refugees are important determinants of their mental and psychological health. Moria camp, a place for which a lot of reports have been publicized due to its dire living conditions, is not an appropriate place to locate unaccompanied women. If the Greek authorities are unable to locate them elsewhere, their safety and hygiene have to be considered seriously.

A decongestion of Moria camp, by placing people in smaller, cleaner and safer camps while they wait for their asylum petition to be processed, is a pre-condition so that rapes and sexual assaults stop being daily phenomena among refugees. In addition, an acceleration of the asylum process would reduce the number of asylum seekers who accumulate in camps like that of Moria. If the waiting time is longer than a couple of weeks, it is imperative for each unaccompanied female to live in a hygienic and safe place and be taught personal hygiene and sanitation rules to reduce infections. Further, having a library, a bookstore, and the opportunity to attend educational courses (language, art, cultural integration) and everyday empowering activities, might potentially reduce the psychological distress of unaccompanied women. Some of the above suggestions are also recommended by the United Nations High Commission for Refugees to improve refugee health (UNHCR, 2002). A great step, however, towards the improvement of living standards of these people, and a policy endorsed by the UNHRC, is to spread out refugees and integrate them into various local communities instead of letting them living in a remote enclosed camp situation (ibid).

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# Appendix

**GENERAL HEALTH QUESTIONNAIRE – 28**
**(David Goldberg and Hiller, 1979)**

Please read this carefully.
We should like to know if you had any medical complaints, and how your health has been in general, over the past few weeks. Please answer ALL the questions on the following pages simply by underlining the answer, which you think most nearly, applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past. It is important that you try to answer ALL the questions.
Thank you very much for your co-operation.

**HAVE YOU RECENTLY:**

| | | | | |
|---|---|---|---|---|
| A1-been felling perfectly well and in good health? | Better than usual | Same as usual | Worse than usual | Much worse than usual |
| A2-been feeling in need of a good tonic? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| A3-been feeling run down and out of sorts? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| A4-felt that you are ill? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| A5-been getting any pains in your head? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| A6-been getting a feeling of Tightness or pressure in your head | Not at all | No more than usual | Rather more than usual | Much more than usual |
| A7-been having hot or cold spells? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| B1-lost much sleep over worry? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| B2-had difficulty in staying asleep once you are off? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| B3-felt constantly under strain? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| B4-been getting edgy and bad-tempered? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| B5-been getting scared or panicky for no good | Not at all | No more than usual | Rather more than | Much more than usual |

| | | | | |
|---|---|---|---|---|
| reason? | | | usual | |
| B6-found everything getting on top of you? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| B7-been feeling nervous and strung-up all the time? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| C1-been managing to keep yourself busy and occupied? | More so than usual | Same as usual | Rather less than usual | Much less than usual |
| C2-been taking longer over the things you do? | Quicker than usual | Same as usual | Longer than usual | Much longer than usual |
| C3-felt on the whole you were doing things well? | Better than usual | About the same | Less well than usual | Much less well |
| C4-been satisfied with the way you've carried out your task? | More satisfied | About same as usual | Less satisfied than usual | Much less satisfied |
| C5-felt that you are playing a useful part in things? | More so than usual | Same as usual | Less useful than usual | Much less useful |
| C6-felt capable of making decisions about things? | More so than usual | Same as usual | Less so than usual | Much less capable |
| C7-been able to enjoy your normal day-to-day activities? | More so than usual | Same as usual | Less so than usual | Much more than usual |
| D1-been thinking of yourself as a worthless person? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| D2-felt that life is entirely hopeless? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| D3-felt that life isn't worth living? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| D4-thought of the possibility that you might make away with yourself? | Definitely not | I don't think so | Has crossed my mind | Definitely have |
| D5-found at times you couldn't do anything because your nerves were too bad? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| D6-found yourself wishing you were dead and away from it all? | Not at all | No more than usual | Rather more than usual | Much more than usual |
| D7-found that the ideas of taking your own life kept coming into your mind? | Definitely not | I don't think so | Has crossed my mind | Definitely has |

| A | B | C | D | TOTAL |
|---|---|---|---|---|
| | | | | |