

Appendix 2

Questionnaires used in the Trial

Demographic Form

Participant ID (for RA use):			
Date of Baseline Assessment:			
What was your biological sex assigned at birth?	<div><input type="radio"/> Male</div> <div><input type="radio"/> Female</div>	What is your gender identity?	<div><input type="radio"/> Male</div> <div><input type="radio"/> Female</div> <div><input type="radio"/> Non-binary</div> <div><input type="radio"/> Transgender female (male at birth)</div> <div><input type="radio"/> Transgender male (female at birth)</div> <div><input type="radio"/> Unsure/Don't know</div> <div><input type="radio"/> Prefer not to say</div> <div>Other: _____</div>
What is your sexual orientation?	<div><input type="radio"/> Heterosexual or straight</div> <div><input type="radio"/> Gay or lesbian</div> <div><input type="radio"/> Bisexual</div> <div><input type="radio"/> Unsure/Don't know</div> <div><input type="radio"/> Prefer not to say</div> <div>Other: _____</div>	What is your race?	<div><input type="radio"/> Chinese</div> <div><input type="radio"/> Malay</div> <div><input type="radio"/> Indian</div> <div><input type="radio"/> Eurasian</div> <div><input type="radio"/> Other: _____</div>
Are you currently in school?	<div><input type="radio"/> No</div> <div><input type="radio"/> Yes</div>	Are you currently working?	<div><input type="radio"/> No</div> <div><input type="radio"/> Yes, Full-time</div> <div><input type="radio"/> Yes, Part-time</div> <div><input type="radio"/> Yes, volunteer/intern</div>
What is your current/highest level of education?	<div><input type="radio"/> Primary school</div> <div><input type="radio"/> Secondary school/ "N" Level/ GCE "O" Level</div> <div><input type="radio"/> Junior College / GCE "A" Level</div> <div><input type="radio"/> Vocational Education/Technical certificates</div> <div><input type="radio"/> Bachelor/Diploma Degree</div> <div><input type="radio"/> Graduate degree (MD/ Masters / Doctorate)</div>	What is your marital status?	<div><input type="radio"/> Single</div> <div><input type="radio"/> Married</div> <div><input type="radio"/> Divorced</div> <div><input type="radio"/> Widowed</div>
Have you received psychiatric/ mental health services before (e.g., psychiatric consultation/ counselling/ therapy)?	<div><input type="radio"/> No</div> <div><input type="radio"/> Yes</div> <div>If yes:</div> <div><input type="radio"/> When did you start? _____</div> <div><input type="radio"/> When did you end? _____</div>	Who referred you to this program?	<div><input type="radio"/> Self-referred</div> <div><input type="radio"/> Friend</div> <div><input type="radio"/> Family member</div> <div><input type="radio"/> School</div> <div><input type="radio"/> Family care doctor/GP</div> <div><input type="radio"/> Community outpatient mental health provider/counsellor</div> <div><input type="radio"/> Other: _____</div>

Protocol Title: CHAT Supportive Interventions (CSI): Randomized Controlled Trial of Six-session Solution Focused Brief Therapy versus Case Management for Youths with Mental Health Distress. Appendix 2 Version 2.0. Dated 21/07/2023.

Psychological Distress (Kessler-10)						
	In the <u>past 4 weeks</u> , about how often did you feel:	No ne of the ti me	A litt le of the ti me	So me of the ti me	M ost of the ti me	All of the ti me
1	Tired out for no good reason?	1	2	3	4	5
2	Nervous?	1	2	3	4	5
3	So nervous that nothing could calm you down?	1	2	3	4	5
4	Hopeless?	1	2	3	4	5
5	Restless or fidgety?	1	2	3	4	5
6	So restless you could not sit still?	1	2	3	4	5
7	Depressed?	1	2	3	4	5
8	That everything was an effort?	1	2	3	4	5
9	So sad that nothing could cheer you up?	1	2	3	4	5
10	Worthless?	1	2	3	4	5

Depression Symptoms (PHQ-9)					
	Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems:	Not at all	Several days	More than half the days	Nearly every day
1	Little interest or pleasure in doing things?	0	1	2	3
2	Feeling down, depressed, or hopeless?	0	1	2	3
3	Trouble falling or staying asleep, or sleeping too much?	0	1	2	3
4	Feeling tired or having little energy?	0	1	2	3
5	Poor appetite or overeating?	0	1	2	3
6	Feeling bad about yourself—or that you are a failure or have let yourself or your family down?	0	1	2	3
7	Trouble concentrating on things, such as reading the newspaper or watching television?	0	1	2	3
8	Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual?	0	1	2	3
9	Thoughts that you would be better off dead or of hurting yourself in some way?	0	1	2	3

Anxiety Symptoms (GAD-7)					
	Over the <u>last 2 weeks</u> , how often have you	Not	Several	More	Nearly

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	been bothered by the following problems:	at all	days	than half the days	every day
1	Feeling nervous, anxious or on edge	0	1	2	3
2	Not being able to stop or control worrying	0	1	2	3
3	Worrying too much about different things	0	1	2	3
4	Trouble relaxing	0	1	2	3
5	Being so restless that it is hard to sit still	0	1	2	3
6	Becoming easily annoyed or irritable	0	1	2	3
7	Feeling afraid as if something awful might happen	0	1	2	3



WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

12-item version, self-administered

This questionnaire asks about difficulties due to health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs.

Think back over the past 30 days and answer these questions, thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

In the past 30 days, how much difficulty did you have in:						
S1	<u>Standing for long periods</u> such as <u>30 minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S2	Taking care of your <u>household responsibilities</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S3	<u>Learning a new task</u> , for example, learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme or cannot do
S4	How much of a problem did you have <u>joining in community activities</u> (for example, festivities, religious or other activities) in the same way as anyone else can?	None	Mild	Moderate	Severe	Extreme or cannot do
S5	How much have <u>you</u> been <u>emotionally affected</u> by your health problems?	None	Mild	Moderate	Severe	Extreme or cannot do

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WHODAS 2.0

WORLD HEALTH ORGANIZATION
DISABILITY ASSESSMENT SCHEDULE 2.0

In the past 30 days, how much difficulty did you have in:						
S6	<u>Concentrating</u> on doing something for <u>ten minutes</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S7	<u>Walking a long distance</u> such as a <u>kilometre</u> [or equivalent]?	None	Mild	Moderate	Severe	Extreme or cannot do
S8	<u>Washing</u> your <u>whole body</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S9	Getting <u>dressed</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S10	<u>Dealing</u> with people <u>you do not know</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S11	<u>Maintaining a friendship</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do
S12	Your day-to-day <u>work</u> ?	None	Mild	Moderate	Severe	Extreme or cannot do

H1	Overall, in the past 30 days, <u>how many days</u> were these difficulties present?	Record number of days ____
H2	In the past 30 days, for how many days were you <u>totally unable</u> to carry out your usual activities or work because of any health condition?	Record number of days ____
H3	In the past 30 days, not counting the days that you were totally unable, for how many days did you <u>cut back</u> or <u>reduce</u> your usual activities or work because of any health condition?	Record number of days ____

This completes the questionnaire. Thank you.

General Self-Efficacy Scale

Please rate how true these statements are for you at this time, right now.

	Not at all true	Hardly true	Moderately true	Exactly true
1. I can always manage to solve difficult problems if I try hard enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If someone opposes me, I can find the means and ways to get what I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. It is easy for me to stick to my aims and accomplish my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am confident that I could deal efficiently with unexpected events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I can solve most problems if I invest the necessary effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can remain calm when facing difficulties because I can rely on my coping abilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. When I am confronted with a problem, I can usually find several solutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. If I am in trouble, I can usually think of a solution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I can usually handle whatever comes my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Beck Hopelessness Scale-4

Please rate how true these statements are for you at this time, right now.

	Not at all true	Rarely true	Sometimes true	Often true
1. I feel that the future is hopeless and that things cannot improve.	0	1	2	3
2. My future seems dark to me.	0	1	2	3
3. Things just won't work out the way I want them to.	0	1	2	3
4. There's no use in really trying to get something I want because I probably won't get it.	0	1	2	3

Adapted Client Satisfaction Questionnaire

1. To what extent has CHAT therapy/ case management met your needs?

- ☐ 4. Almost all of my needs have been met
- ☐ 3. Most of my needs have been met
- ☐ 2. Only a few of my needs have been met
- ☐ 1. None of my needs have been met

2. Has CHAT therapy/ case management helped you to deal more effectively with your issues?

- ☐ 4. Yes, they helped a great deal
- ☐ 3. Yes, they helped somewhat
- ☐ 2. No, they really didn't help
- ☐ 1. No, they seemed to make things worse

3. How satisfied are you with the CHAT therapy/ case management?

- ☐ 1. Quite dissatisfied
- ☐ 2. Indifferent or mildly satisfied
- ☐ 3. Mostly satisfied
- ☐ 4. Very satisfied

4. How would you rate the quality of the CHAT therapy/ case management?

- ☐ 4. Excellent
- ☐ 3. Good
- ☐ 2. Fair
- ☐ 1. Poor

5. If a friend were in need of similar help, would you recommend CHAT to him/her?

- ☐ 1. No, definitely not
- ☐ 2. No, not really
- ☐ 3. Yes, generally
- ☐ 4. Yes, definitely

6. What did you find most helpful about the CHAT therapy/ case management?

[Click here to enter text.](#)

7. Can you share with us what could have been done better?

8. How much will you be willing to pay for such a service?

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Outcome Rating Scale (ORS)

Looking back over the last week, including today, help us understand how you have been feeling by rating how well you have been doing in the following areas of your life, where marks to the left represent low levels and marks to the right indicate high levels. *If you are filling out this form for another person, please fill out according to how you think he or she is doing.*

ATTENTION CLINICIAN: TO INSURE SCORING ACCURACY PRINT OUT THE MEASURE TO INSURE THE ITEM LINES ARE 10 CM IN LENGTH. ALTER THE FORM UNTIL THE LINES PRINT THE CORRECT LENGTH. THEN ERASE THIS MESSAGE.

Individually
(Personal well-being)

I-----I

Interpersonally
(Family, close relationships)

I-----I

Socially
(Work, school, friendships)

I-----I

Overall
(General sense of well-being)

I-----I

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Scripting for Oral Version of the Outcome Rating Scale

I'm going to ask some questions about four different areas of your life, including your individual, interpersonal, and social functioning. Each of these questions is based on a 0 to 10 scale, with 10 being high (or very good) and 0 being low (or very bad).

Thinking back over the last week (or since our last conversation), how would you rate:

1. How you have been doing **personally**? (On the scale from 0 to 10)
 - a. If the client asks for clarification, you should say "yourself," "you as an individual," "your personal functioning."
 - b. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"
 - c. If the client gives one number for one area of personal functioning and offers another number for another area of functioning, then go with the lowest score.
2. How have things been going in your **relationships**? (On the scale from 0 to 10)
 - a. If the client asks for clarification, you should say "in your family," "in your close personal relationships."
 - b. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"
 - c. If the client gives one number for one family member or relationship type and offers another number for another family member or relationship type, then go with the lowest score.
3. How have things been going for you **socially**? (on the scale from 0 to 10)
 - a. If the client asks for clarification, you should say, "your life outside the home or in your community," "work," "school," "church."
 - b. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"
 - c. If the client gives one number for one aspect of his/her social functioning and then offers another number for another aspect, then go with the lowest score.
4. So, given your answers on these specific areas of your life, how would you rate how things are in your life **overall**?

The client's responses to the specific outcome questions should be used to transition into counseling. For example, the counselor could identify the lowest score given and then use that to inquire about that specific area of client functioning (e.g., if the client rated the items a 7, 7, 2, 5, the counselor could say, "From our responses, it appears that you're having some problems in your relationships. Is that right?") After that, the counseling proceeds as usual.

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Session Rating Scale (SRS V.3.0)

Please rate today’s session by placing a mark on the line nearest to the description that best fits your experience.

Relationship

I did not feel heard, understood, and respected.

I-----I

I felt heard, understood, and respected.

Goals and Topics

We did *not* work on or talk about what I wanted to work on and talk about.

I-----I

We worked on and talked about what I wanted to work on and talk about.

Approach or Method

The therapist's approach is not a good fit for me.

I-----I

The therapist's approach is a good fit for me.

Overall

There was something missing in the session today.

I-----I

Overall, today's session was right for me.

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Scripting for Oral Administration of Session Rating Scale

I'm going to ask some questions about our session today, including how well you felt understood, the degree to which we focused on what you wanted to talk about, and whether our work together was a good fit. Each of these questions is based on a 0 to 10 scale, with 10 being high (or very good) and 0 being low (or very bad).

Thinking back over our conversation, how would you rate:

1. On a scale of 0-10, to what degree did you feel **heard and understood** today, 10 being completely and 0 being not at all?
 - a. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"
 - b. If the client gives one number for heard and another for understood, then go with the lowest score.
2. On a scale of 0-10, to what degree did we **work on the issues that you wanted to work on** today, 10 being completely and 0 being not at all?
 - a. If the client asks for clarification, you should ask, "did we talk about what you wanted to talk about or address? How well on a scale from 0 – 10?"
 - b. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"
3. On a scale of 0-10, how well did the approach, **the way I /we worked, make sense and fit for you?**
 - a. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"
 - b. If the client gives one number for make sense and then offers another number for fit, then go with the lowest score.
4. So, given your answers on these specific areas, how would you rate how things were in today's session **overall**, with 10 meaning that the session was right for you and 0 meaning that something important that was missing from the visit?
 - a. If the client gives you two numbers, you should ask, "which number would you like me to put?" or, "is it closer to X or Y?"

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3-month Post-Intervention Follow-up Assessment
Additional Questions on Treatment History and Service Utilization

1. In the past three months, have you made a self-referral/been referred to psychiatric/ psychological/ counselling services? Yes/ No
 - a. If yes, select all that apply:
 - i. Psychiatrist
 - ii. Individual Psychotherapy or Counseling
 - iii. Group Psychotherapy or Counseling
 - iv. Couples/Family Psychotherapy or Counseling
 - v. Case management
 - vi. Digital Mental Health (e.g., ThinkWell, TheShareCo, etc.)
 - vii. Other: _____
2. In the past three months, have you received ongoing psychiatric/psychological/ counselling services (i.e., attended more than one session)? Yes/ No
 - a. If yes, select all that apply:
 - i. Psychiatrist
 - ii. Individual Psychotherapy or Counseling
 - iii. Group Psychotherapy or Counseling
 - iv. Case management
 - v. Other: _____
 - b. If yes, how frequently do you utilize these services? ____ times a month
 - i. 1
 - ii. 2
 - iii. 3
 - iv. 4
 - v. 5+
3. In the past three months, have you used psychiatric medications for any mental health issues? Yes/ No
 - a. If yes, what psychiatric medication are you currently using? _____
4. In the past three months, have you had any psychiatric hospitalizations? Yes/No
 - a. If yes, how many times? ____
 - b. If yes, how long was your stay? ____
5. In the past three months, have you visited the emergency department for mental health issues? Yes/No
 - a. If yes, how many times? ____
6. In the past three months, have you utilized any self-help digital mental health applications for your mental health issues? Yes/No
 - a. If yes, which? ____
7. In the past three months, have you utilized any mental health hotlines (e.g., Samaritans of Singapore Suicide Helpline; IMH Mental Health Crisis hotline)? Yes/No
 - a. If yes, how many times? ____