

## Supplementary file 2: Questions used for assessing anxiety and depression

### Anxiety

Currently, regarding your anxiety what do you think about it **most**?

1. ☐ None
2. ☐ Little anxious
3. ☐ Average anxious
4. ☐ Very anxious
5. ☐ Extremely anxious

### Depression

In the past 2 weeks, including today, how often do you feel or have these following symptoms?

1. Feeling bored, don't want to do anything  
☐ None      ☐ Sometimes      ☐ Often      ☐ Everyday
2. Not cheerful, feeling depressed and discouraged  
☐ None      ☐ Sometimes      ☐ Often      ☐ Everyday
3. Couldn't sleep well OR slept fitfully OR slept too much  
☐ None      ☐ Sometimes      ☐ Often      ☐ Everyday
4. Feeling tired easily OR exhausted OR fatigue  
☐ None      ☐ Sometimes      ☐ Often      ☐ Everyday
5. Having problem with eating behaviors, either loss of the appetite OR eating too much  
☐ None      ☐ Sometimes      ☐ Often      ☐ Everyday
6. Not feeling good with yourself, feeling failed OR feeling that you disappointed your family  
☐ None      ☐ Sometimes      ☐ Often      ☐ Everyday

7. Lost concentration easily when doing anything e.g. watching TV or doing any jobs that need concentration)

☐ None      ☐ Sometimes      ☐ Often      ☐ Everyday

8. Talk slowly OR do things slowly and this can be noticed by other people OR restless OR unable to stand still as usual

☐ None      ☐ Sometimes      ☐ Often      ☐ Everyday

9. Think of hurting yourself OR think that everything will be better if you are dead)

☐ None      ☐ Sometimes      ☐ Often      ☐ Everyday