Sumpplementary materials

Table S1. Items for the CES-D-10 Depressive symptoms scale [52].

Items	Response Options and Scoring
During the last week	
DMS1. I was bothered by things that usually don't bother me.	0 = Rarely or none of the time (less than 1 day) 1 = Some or a little of the time (1-2 days) 2 = Occasionally or moderate amount of the time (3-4 days) 3 = All of the time (5-7 days)
DMS2. I had trouble keeping my mind on what I was doing.	As per Item 1
DMS3. I felt depressed.	As per Item 1
DMS4. I felt that everything I did was an effort.	As per Item 1
DMS5. I felt hopeless about the future.	As per Item 1
DMS6. I felt fearful.	As per Item 1
DMS7. My sleep was restless.	As per Item 1
DMS8.I was unhappy.	As per Item 1
DMS9. I felt lonely.	As per Item 1
DMS10. I could not "get going".	As per Item 1

Note: Score range of CES-D-10: 0–30. Presence of depressed mood symptoms - score cut-off ≥ 10.

Table S2. Scale Items for the AUDIT [53].

Construct and Items	Response Options and Scoring
(a) Alcohol Consumption	
1. How often do you have a drink containing alcohol?	0 = Never (Skip to the end) 1 = Monthly or less 2 = 2-4 times a month 3 = 2-3 times a week 4 = 4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 = 1 or 2 1 = 3 or 4 2 = 5 or 6 3 = 7, 8, or 9 4 = 10 or more
3. How often do you have six or more drinks on one occasion?	0 = Never 1 = Less than monthly 2 = Monthly 3 = Weekly 4 = Daily or almost daily
(b) Alcohol Dependence	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	As per item 3
5. How often during the last year have you failed to do what was normally expected from you because of drinking?	As per Item 3
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	As per Item 3
(c) Harmful Alcohol Use	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	As per Item 3
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	As per Item 3
9. Have you or someone else been injured as a result of your drinking?	0 = No 2 = Yes, but not in the last year 4 = Yes, during the last year
10. Has a relative or friend or doctor or another health worker been concerned about your drinking or suggested you cut down?	0 = No 2 = Yes, but not in the last year 4 = Yes, during the last year

Notes: Score range of AUDIT: 0 – 40. Scoring the level of risk: 0-7 (low risk of harm); 8-15 (moderate risk of harm); 16-19 (high-risk or harmful level); and 20 or more (dependence likely).

Table S3. Scale Items for the DUDIT [54].

Items	Response Options and Scoring
1. How often do you use drugs other than alcohol?	0 = Never (Skip to the end) 1 = Once a month or less often 2 = 2-4 times a month 3 = 2-3 times a week 4 = 4 times a week or more often
2. Do you use more than one type of drug on the same occasion?	0 = Never 1 = Once a month or less often 2 = 2-4 times a month 3 = 2-3 times a week 4 = 4 times a week or more often
3. How many times do you take drugs on a typical day when you use drugs?	0 = 0 1 = 1-2 2 = 3-4 3 = 5-6 4 = 7 or more
4. How often are you influenced heavily by drugs?	0 = Never 1 = Less often than once a month 2 = Every month 3 = Every week 4 = Daily or almost every day
5. Over the past year, have you felt that your longing for drugs was so strong that you could not resist it?	As per Item 4
6. Has it happened, over the past year, that you have not been able to stop taking drugs once you started?	As per Item 4
7. How often over the past year have you taken drugs and then neglected to do something you should have done?	As per Item 4
8. How often over the past year have you needed to take a drug the morning after heavy drug use the day before?	As per Item 4
9. How often over the past year have you had guilt feelings or a bad conscience because you used drugs?	As per Item 4
10. Have you or anyone else been hurt (mentally or physically) because you used drugs?	0 = No 2 = Yes, but not over the past year 4 = Yes, over the past year
11. Has a relative or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or suggested to you that you should stop using drugs?	0 = No 2 = Yes, but not over the past year 4 = Yes, over the past year

Notes: Score range of DUDIT: 0 – 44. Scoring the level of risk: (a) Males: 0-5 (no drug-related problems); 6-24 (possible drug-related problems); 25 or above (probably heavily dependent on drugs); Females: 0-1 (no drug-related problems); 2-24 (possible drug-related problems); 25 or above (probably heavily dependent on drugs).