**Appendix 1**

Poliah socio-demographic questionnaire

Participant Study Number:

**Section 1: demographics**

1.1 Age:

|  |  |
| --- | --- |
| 18- 30 yrs. |  |
| 31 – 40 |  |
| 41 – 50 |  |
| 51 – 60 |  |
| >60 |  |

1.2 Participant Gender:

|  |  |
| --- | --- |
| Male |  |
| Female |  |

1.3 Marital Status:

|  |  |
| --- | --- |
| Single |  |
| Married |  |
| Divorced |  |
| Widowed |  |

1.4 Any other Occupational work:

|  |  |
| --- | --- |
| Employed |  |
| Unemployed |  |

1.5 Race:

|  |  |
| --- | --- |
| Black |  |
| White |  |
| Indian |  |
| Coloured |  |
| Other |  |

1.6. Highest Educational Level:

Grade \_\_\_\_\_\_

1.7 Tertiary Education

|  |  |
| --- | --- |
| Yes |  |
| No |  |

1.8 Household Income:

|  |  |
| --- | --- |
| < R1000 |  |
| R1000 – R2500 |  |
| R2500 – R5000  >R5000 |  |
| >R10 000 |  |

1.9 Number of children:

---------------

**Section 2: Clinical factors**

2.1**.** Ever received psychiatric treatment:

|  |  |
| --- | --- |
| Yes |  |
| No |  |
| Don’t know |  |

2.2. Duration of treatment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ years

2.3. Diagnosis

|  |  |
| --- | --- |
| Psychotic Disorder |  |
| Bipolar Mood Disorder |  |
| Depressive Disorder |  |
| Anxiety Disorder |  |
|  |  |
|  |  |
| PTSD |  |
|  |  |
| Other and specify |  |

2.4. suicide attempts in past

|  |  |
| --- | --- |
| Yes |  |
| No |  |

2.5. suicidal ideation in past year

|  |  |
| --- | --- |
| Yes |  |
| No |  |
|  |  |

2.6 HIV Status

|  |  |
| --- | --- |
| Positive |  |
| Negative |  |
| Unknown |  |
| Are you on antiretroviral | Yes/ no |

* 1. **If HIV negative- grade concern about contracting HIV (1-10)?**

**2.8** History of childhood abuse YES NO

If yes specify type of abuse: physical

sexual

emotional

Age at which abuse first occurred: ……………….. years

2.9 Have **you ever** used any of the following substances? (lifetime use)

Tobacco products

Alcoholic drinks

Cannabis (marijuana, pot, grass, hash, dagga)

Cocaine

Amphetamine stimulants (speed, diet pills, ecstasy, etc.)

Inhalants (glue, paint thinners, petrol)

Sedatives

Hallucinogens (LSD, PCP, mushrooms)

Opioids (heroin, morphine, codeine, tik, sugars)

Other- specify

2.10 When did you start using substances?

2.11 What is the **main** reason for illicit substance use?

Intoxication effect of drug

Improved mood

Helped with psychotic symptoms

Social reasons: Peer pressure/ fit with the crowd

Other- specify

2.11 Have you been in a substance related program in past? Yes/ no

**SECTION 3: Other factors influencing emotional distress**

3.1. Work factors

How long have you been working as a sex worker? (months)

How many days a week to you work?

How many clients do you see per week

How often have you been assaulted by a client

Sexual practice questions:

Contraception yes/ no

Condoms- always- yes/ no

* Sometimes
* never

Reason for starting sex work?

Reason for continuing sex work- income, drugs, forced by partner, lifestyle

Work environment- self employed/ employed by brothel

Do you feel safe?

Family History of Mental Illness

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | Parent |  |
| No |  | Sibling |  |
|  |  | Grandparent |  |
|  |  | Other |  |

3.2. Stigma experienced ? ( Feeling discontent or disapproval of you as a person due to your work)

|  |  |
| --- | --- |
| Yes |  |
| No |  |

3.3. violence in work

|  |  |
| --- | --- |
| Yes |  |
| No |  |

3.4. Support Systems:

|  |  |
| --- | --- |
| Partner |  |
| Social Worker |  |
| NGO |  |
| Family |  |
| Friends |  |
| Religious Organizations |  |
| Other / Specify |  |

3.5 History of Recent Bereavement/loss

|  |  |
| --- | --- |
| Yes |  |
| No |  |

**Appendix 2**

**SRQ-20**

A copy of the English version of the Self Reporting Questionnaire-20 is shown below.

|  |  |  |
| --- | --- | --- |
| 1. | Do you often hove headaches? | yes/no |
| 2. | Is your appetite poor? | yes/no |
| 3. | Do you sleep badly? | yes/no |
| 4. | Are you easily frightened? | yes/no |
| 5. | Do your hands shake? | yes/no |
| 6. | Do you feel nervous, tense or worried? | yes/no |
| 7. | Is your digestion poor? | yes/no |
| 8. | Do you have trouble thinking clearly? | yes/no |
| 9. | Do you feel unhappy? | yes/no |
| 10. | Do you cry more than usual? | yes/no |
| 11. | Do you find it difficult to enjoy your daily activities? | yes/no |
| 12. | Do you find It difficult to make decisions? | yes/no |
| 13. | Is your doily work suffering? | yes/no |
| 14. | Are you unable to play a useful port In life? | yes/no |
| 15. | Have you lost Interest In things? | yes/no |
| 16. | Do you feel that you ore a worthless person? | yes/no |
| 17. | Has the thought of ending your life been on your mind? | yes/no |
| l8. | Do you feel tired all the time? | yes/no |
| 19. | Do you have uncomfortable feelings in your stomach? | yes/no |
| 20. | Are you easily tired? | yes/no |