COMMUNITY INFORMANT DETECTION TOOL (CIDT)

Name :_____ Sex: F/M Age:_____ CHWS's Name :_____

Caregiver:_____ Village/Hamlet:_____ PHC :_____

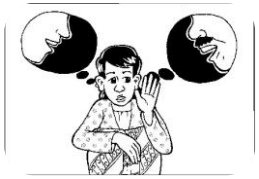
Psychosis

Yanti is a 21-year-old girl who lives with her parents in a village. She usually helps her mother sell goods at the local market, takes care of the household chores, and actively participates in youth *pengajian* (religious recitation) at the mosque. However, since about two to three months after *Lebaran* (the Eid-Fitr celebration), Yanti's attitude has changed. She has become more withdrawn, rarely speaks, and refuses to help with household chores. She is also reluctant to bathe and taking care of herself.

Over the past two weeks, her condition has worsened. Yanti sometimes speaks incoherently and difficult to understand. She also often hears voices calling her name or whispering something, even though there is no one around her. Some neighbors say her behavior resembles that of someone who *kesurupan* (possessed) because, she has been known to scream for no apparent reason and is often suspicious that someone is trying to harm her, causing her to push away anyone who tries to approach her.

Observations: Check every symptom observed

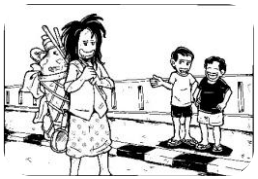
☐ **Self talking**



☐ **Auditory Hallucination**

☐ **Disorganized speech**

☐ **Visual hallucination**



☐ **Poor self-care**

☐ **Easily angered and may act roughly**

Questions

A1. Does this narrative apply to the person you currently assessing?

- ❑ Not match (description does not apply) → Finished
- ❑ Moderate match (person has significant features of this description.) → Go to A2-A5
- ❑ Good match (description applies well) → Go to A2-A5

A2. Does the problem have a negative impact on daily functioning of the person?

❑ Yes ❑ No

A.3. Has this person experienced any signs or symptoms over the past few years?

❑ Yes ❑ No

A.4. Did these symptoms recur after the person recovered?

❑ Yes ❑ No

A.5. Does the person want support in dealing with these problems?

❑ Yes ❑ No

Next Steps

If A1 shows a moderate to very good match and one of A2, A3, or A4 is marked "Yes," then:

- Notify the family and the mental health programmer at the PHC
- Encourage the individual and their family to seek treatment at the PHC
- Coordinate with the mental health nurse at PHC to conduct a further assessment and a home visit.

COMMUNITY INFORMANT DETECTION TOOL (CIDT)

Name :_____ Sex: F/M Age:_____ CHWS's Name :_____

Caregiver:_____ Village/Hamlet:_____ PHC :_____

Depression

Budi is 25 years old and works in a small shop. For the past two months, Budi has been very sad and withdrawn. Since then, Budi's has lost motivation. He often daydreams, does not want to carry out his daily activities, and reluctant to participate in activities in his neighborhood. He also has difficulty sleeping at night and frequently feels very tired even though he does not do heavy work.

Budi has become easily irritated and offended, even over minor matters. He often says that he is useless and has no future. At times, he has even thought about ending his life.

Due to his frequent absences from work and lack of focus, Budi was eventually dismissed from his job. Now he spends most of his time alone in his room and rarely leaves the house

Observations: Check every symptom observed

☐ **Poor concentration**

☐ **Self blaming**

☐ **Persistent sadness**

☐ **Withdrawal**

☐ **Sleep disturbances**

☐ **Hopelessness**

☐ **Lethargic**

☐ **Suicidal ideation**

☐ **Suicide attempt**

Questions

A1. Does this narrative apply to the person you are currently assessing?

- ❑ Not match (description does not apply) → Finished
- ❑ Moderate match (person has significant features of this description.) → Go to A2-A5
- ❑ Good match (description applies well) → Go to A2-A5

A2. Does the problem have a negative impact on daily functioning of the person?

❑ Yes ❑ No

A.3. Has this person experienced any signs or symptoms over the past few years?

❑ Yes ❑ No

A.4. Did these symptoms recur after the person recovered?

❑ Yes ❑ No

A.5. Does the person want support in dealing with these problems?

❑ Yes ❑ No

Next Steps

If A1 shows a moderate to very good match and one of A2, A3, or A4 is marked "Yes," then:

- Notify the family and the mental health programmer at the PHC
- Encourage the individual and their family to seek treatment at the PHC
- Coordinate with the mental health nurse at PHC to conduct a further assessment and a home visit.

COMMUNITY INFORMANT DETECTION TOOL (CIDT)

Name :_____ Sex: F/M Age:_____ CHWS's Name :_____
Caregiver:_____ Village/Hamlet:_____ PHC :_____

Anxiety

Mrs. Tejo is 50 years old. She lives with her husband and three teenage children. She is usually active in *dasawisma* (community women's gatherings) and *pengajian* (religious study group) at the mosque. In recent months, Mrs. Tejo has frequently visited Puskesmas (primary health center). She complains of chest pain, shortness of breath, heart palpitations, and weakness. However, after being examined, the doctor informed her that she does not have heart or lung disease.

One day, Mrs. Tejo suddenly experienced intense panic. Her heart was beating very fast, her body was shaking, she was sweating profusely, her breathing felt heavy, and she felt as if she were being crushed, even feeling as if she were about to faint or die. This episode lasted only a few minutes, but it terrified her.

Since then, Mrs. Tejo rarely leaves the house. She no longer participates social activities because she is afraid that the incident will happen again. When she is in a crowded place, she becomes anxious and wants to go home immediately.

Observations: Check every symptom observed

☐ **Palpitations**

☐ **Muscle tension**

☐ **Unexplained physical discomfort**

☐ **Fast mood swing**

☐ **Excessive fear**

☐ **Excessive anxiety**

Questions

A1. Does this narrative apply to the person you are currently assessing?

- ❑ Not match (description does not apply) → Finished
- ❑ Moderate match (person has significant features of this description.) → Go to A2-A5
- ❑ Good match (description applies well) → Go to A2-A5

A2. Does the problem have a negative impact on daily functioning of the person?

❑ Yes ❑ No

A.3. Has this person experienced any signs or symptoms over the past few years?

❑ Yes ❑ No

A.4. Did these symptoms recur after the person recovered?

❑ Yes ❑ No

A.5. Does the person want support in dealing with these problems?

❑ Yes ❑ No

Next Steps

If A1 shows a moderate to very good match and one of A2, A3, or A4 is marked "Yes," then:

- Notify the family and the mental health programmer at the PHC
- Encourage the individual and their family to seek treatment at the PHC
- Coordinate with the mental health nurse at PHC to conduct a further assessment and a home visit.