Additional File 1

English Version of the Questionnaire Used in the National Survey on Mental Health and Emotional Well-being in Senegal

This questionnaire was specifically developed for the National Survey on Mental Health and Emotional Well-being in Senegal. The sections presented below correspond to the variables used in the present analysis.

Section A. General Information		
1. Date of interview	**DD/MM/YYYY**	
2. Team code	1. West	
	2. North	
	3. Central	
	4. South	
3. Interviewer name	___	
4. Region	1. Dakar	
	2. Diourbel	
	3. Fatick	
	4. Kaolack	
	5. Kolda	
	6. Louga	
	7. Matam	
	8. Saint-Louis	
	9. Tambacounda	
	10. Thiès	
	11. Ziguinchor	
	12. Kaffrine	
	13. Kédougou	
	14. Sédhiou.	
5. Department	----------	
6. Municipality	.	
7. Neighbourhood/Village		
8. Geographic area	Ÿ Urban	
	Ÿ Rural	
9. Household number	----------	

Section B. Household Characteristics		
1. Respondent status?	1. Household head	
	99. Other household member	
2. Relationship to the household head	1. Father	
	2. Mother	
	3. Uncle	
	4. Aunt	
	5. Brother	
	6. Sister	
	7. Cousin (male)	
	8. Cousin (female)	
	9. Grandfather	
	10.Grandmother	
	11.Son	
	12.Daughter	
	13.Niece	
	14.Nephew	
	15.Spouse	
	16.Self (Household head)	
	Other	
3. Respondent's sex	1. Male	
	2. Female	
4. Respondent's age		
5. Respondent's marital status	1. Monogamous marriage	
	2. Polygamous marriage	
	3. Single	
	4. Divorced	
	5. Widowed	
6. Respondent's educational level	1. None	
	2. Primary	
	3. Secondary	
	4. Higher education	
	5. Don't know	
7. Sex of household head	1. Male	
	2. Female	
8. Age of household head		
9. Marital status of household head	1. Monogamous marriage	
	2. Polygamous marriage	
	3. Single	
	4. Divorced	
	5. Widowed	
10. Educational level of household head	1. None	
	2. Primary	
	3. Secondary	
	4. Higher education	

	5. Don't know	
11. Is the household head literate in a national language?	1. Yes	
	2. No	
12. What is the occupation of the household head?	1. Teacher	
	2. Administrator	
	3. Secretary	
	4. Worker/Artisan	
	5. Farmer/Livestock Breeder/Fisherman	
	6. Trader/Commerce employee	
	7. Student	
	8. Homemaker	
	9. Driver/Transport worker	
	10. Military/Security forces	
	11. Health worker	
	12. Security guard	
	13. Retired	
	14. Unemployed	
	99. Other (specify):	

13. Number of household members by age group and sex		A11. 5–14 years	QA12. 15–18 years	QA13. 19–24 years	QA14. 25–39 years	QA11. 40–59 years	QA11. ≥60 years	QA15 Total
	1. Male	|___||___|	|___||___|	|___||___|	|___||___|	|___||___|	|___||___|	|___||___|
	2. Female	|___||___|	|___||___|	|___||___|	|___||___|	|___||___|	|___||___|	|___||___|

14. Which Type 1 assets does the household own?	1. Bicycle	1.Yes 2.No	|___|
	2. Moped/Motorcycle	1. Yes 2.No	|___|
	3. Personal car	1. Yes 2.No	|___|
	4. Animal-drawn cart	1. Yes 2.No	|___|
	5. Cattle	1. Yes 2.No	|___|
	6. Donkeys	1. Yes 2.No	|___|
	7. Sheep/Goats	1. Yes 2.No	|___|
	8. Canoes/Fishing nets	1. Yes 2.No	|___|
	9. Poultry	1. Yes 2.No	|___|
15. Which of the following agricultural equipment does the household own?	1. Tractor	1. Yes 2.No	|___|
	2. Plough	1. Yes 2.No	|___|
	3. Cart	1. Yes 2.No	|___|
	4. Seeder	1. Yes 2.No	|___|
	5. Thresher	1. Yes 2.No	|___|
	6. Hoe	1. Yes 2.No	

16. Which of the following Type 2 assets does the household own?	1. Electricity	1. Yes 2.No	|___|
	2. Radio	1. Yes 2.No	|___|
	3. Television	1. Yes 2.No	|___|
	4. Mobile phone	1. Yes 2.No	|___|
	5. Landline telephone	1. Yes 2.No	|___|
	6. Refrigerator	1. Yes 2.No	|___|
	7. Stove/Cooker	1.Yes 2.No	|___|
17. What is the main source of energy used by the household?	1. Electricity (grid, generator, solar power, etc.) 2. Bottled gas (LPG) 3. Charcoal 4. Firewood 5. Cow dung 6. Improved cookstove 99. Other (specify):		|___|
18. What is the main source of drinking water for the household?	1. Piped water inside dwelling 2. Piped water in yard/plot 3. Public tap/standpipe 4. Borehole or pump well 5. Protected well 6. Unprotected well 7. Rainwater 8. Water tanker truck 9. Cart with tank/barrel 10. Surface water 11. Bottled/sachet water		|___|
19. What is the main type of toilet facility used by the household?	1. Flush toilet 2. Improved latrine 3. Traditional latrine 4. No toilet/Open defecation		|___|
20. What is the main flooring material of the household dwelling?	1. Natural material (stone, sand, earth/clay) 2. Rudimentary material (wood planks, bamboo) 3. Finished material (cement, tiles, paving)		|___|
21. What is the average monthly household income (including all sources of income)?	1. <100 000 FCFA 2. 100 000 – 200 000 FCFA 3. 200 000 – 300 000 FCFA 4. 300 000 – 400 000 FCFA 5. 400 000 – 500 000 FCFA 6. >500 000 FCFA		|___|

22. Presence of persons with disabilities in the household	1. Yes 2. No		___
23. If yes, specify disability type	1. Physical	1.Yes 2.No	___
	2. Speech	1.Yes 2.No	___
	3. Hearing	1.Yes 2.No	___
	4. Intellectual/Mental	1.Yes 2.No	___
	5. Visual	1.Yes 2.No	___
	6. Deaf-mute	1.Yes 2.No	___
	7. Autism and developmental disorders	1.Yes 2.No	___
	8. Albinism	1.Yes 2.No	___
	9. Leprosy-related disability	1.Yes 2.No	___
	99. Other……	1.Yes 2.No	___
24. What type of healthcare does the household seek first in case of illness?	1. Hospital	1.Yes 2.No	___
	2. Health center	1.Yes 2.No	___
	3. Mental health center	1.Yes 2.No	___
	4. Health post	1.Yes 2.No	___
	5. Community health hut	1.Yes 2.No	___
	6. Traditional healer	1.Yes 2.No	___
	7. Marabout/Priest	1.Yes 2.No	___
	99. Other ……	1.Yes 2.No	___
25. Is there a mental health facility in your area?	1. Yes 2. No		___
26. If yes, how far is it located?	1. Less than 5km 2. 5-15km 3. 15-20 km 4. 20-50 km 5. 50-100 km 6. More than 100km		___
27. Does the household have health insurance coverage?	0. No 1. Yes		___
28. If yes, specify	1. Community-based health insurance 2. Budget allocation scheme 3. IPM 4. IPRES 5. Private insurance 6. Other		___
29. Does the household benefit from a medical assistance scheme?	0. No 1. Yes		___
30. If yes, specify	1. Equal Opportunity Card 2. Social Security Grant 3. SESAME Plan 99 Other		___

Section C. Household Medico-Social Profile

1. Are there any household members currently suffering from a disease?	0. No 1. Yes		|___|
2. If yes, which disease(s)? (Read and tick all applicable responses)	1. Hypertension	1.Yes 2.No	|___|
	2. Diabetes	1.Yes 2.No	|___|
	3. Asthma	1.Yes 2.No	|___|
	4. Sickle cell disease	1.Yes 2.No	|___|
	5. Mental disorder	1.Yes 2.No	|___|
	6. Epilepsy	1.Yes 2.No	|___|
	7. Stroke	1.Yes 2.No	|___|
	8. Spirit possession (Rapp-Djin)	1.Yes 2.No	|___|
	9. HIV/AIDS	1.Yes 2.No	|___|
	10. Tuberculosis	1.Yes 2.No	|___|
	11. Hepatitis	1.Yes 2.No	|___|
	12. Surgical conditions	1.Yes 2.No	|___|
	99. Other (specify):	1.Yes 2.No	|___|
3. Is there a family history of psychiatric disorders?	0. No 1. Yes		|___|
4. If yes, how many affected family members are there?	--------		
5. If yes, what is the relationship between the affected person(s) and the household head?	1. Father	1.Yes 2.No	
	2. Mother	1.Yes 2.No	
	3. Uncle	1.Yes 2.No	
	4. Aunt	1.Yes 2.No	
	5. Brother	1.Yes 2.No	
	6. Sister	1.Yes 2.No	
	7. Cousin (male)	1.Yes 2.No	
	8. Cousin (female)	1.Yes 2.No	
	9. Self	1.Yes 2.No	
	99. Other (specify):	1.Yes 2.No	
5.a. Are there wandering persons with mental illness in your neighbourhood?	1. Yes 2. No		
5.b. If yes, how many?			
5.c. Do you provide them with food, clothing, or hygiene assistance?	1. Yes 2. No		
5.d. If yes, how often?	1. Never 2. Rarely 3. Sometimes 4. Often		

	5. Always		
6. Are there any ancestral or traditional practices in your family?	0. No 1. Yes		
7. If yes, please specify:	1. Tuur	1.Yes 2.No	
	2. Xamb	1.Yes 2.No	
	3. Ndoep	1.Yes 2.No	
	4. Khoy	1.Yes 2.No	
	99. Other (specify): ……	1.Yes 2.No	

Section D. Household Member Information		
1. Age group	1. 5–14 years 2. 15–18 years 3. 19–24 years 4. 25–39 years 5. 40–59 years 6. ≥60 years	
2. Respondent's age		
3. Relationship to the household head	1. Self (Household head) 2. Father 3. Mother 4. Uncle 5. Aunt 6. Brother 7. Sister 8. Cousin (male) 9. Cousin (female) 99. Other (specify): …….	
4. Sex of respondent	1. Male 2. Female	
5. Nationality	1. Senegalese 2. Foreign (please specify nationality):	
6. Marital status	1. Monogamous marriage 2. Polygamous marriage 3. Single 4. Divorced 5. Widowed	
7. Have you received formal education?	1. Yes 2. No	
8. Type of education	1. Arabic 2. French 3. Franco-Arabic 4. Quranic 5. Literacy programme	
9. Highest level of education completed (for Arabic, French, or Franco-Arabic education)	1. Primary 2. Lower secondary 3. Upper secondary 4. Higher education/University	
10. Are you currently engaged in a professional activity?	1. Yes 2. No	
11. What is your occupation?	1. Teacher 2. Administrator 3. Secretary 4. Worker/Artisan 5. Farmer/Livestock breeder/Fisherman 6. Trader/Commerce employee 7. Student 8. Homemaker 9. Driver/Transport worker	

	10. Military/Security forces 11. Retired 12. Health worker 13. Security guard 14. Not applicable 99. Other (specify):……	
12. In which sector do you work?	1. Public sector 2. Informal private sector 3. Formal private sector	
13. How long have you been practicing this profession?	…….. months ……. years	
14. Average monthly income	1. <50 000 2. 50 000 – 100 000 FCFA 3. 100 000 – 150 000 FCFA 4. 150 000 - 200 000 5. 200 000 – 250 000 6. 250 000 – 300 000 7. 300 000 – 350 000 8. 350 000 – 400 000 9. 400 000 – 450 000 10. 450 000 – 500 000 11. 500 000 +	
15. Do you live with a disability?	1. Yes 2. No	
16. If yes, specify the type of disability	1. Physical 2. Speech 3. Hearing 4. Intellectual/Mental 5. Visual 6. Deaf-mute 7. Autism and developmental disorders 8. Albinism 9. Leprosy-related disability Other (specify): ……	
17. Are you currently ill?	1. Yes 2. No	
18. If yes, specify the condition(s)	1. Hypertension Yes -No 2. Diabetes Yes -No 3. Asthma Yes -No 4. Sickle cell disease Yes -No 5. Mental disorder 6. Epilepsy 7. Stroke 8. Spirit possession (Rapp-Djin) 9. HIV/AIDS 10. Tuberculosis 11. Hepatitis 12. Surgical conditions	

	13. Other (specify):	
19. Do you have any known medical or surgical history?	1. Yes 2. No	
20. If yes, specify	1. Hypertension Yes -No 2. Diabetes Yes -No 3. Asthma Yes -No 4. Sickle cell disease Yes -No 5. Mental disorder 6. Epilepsy 7. Stroke 8. Spirit possession (Rapp-Djin) 9. HIV/AIDS 10. Tuberculosis 11. Hepatitis 12. Surgical conditions 13. Other (specify):	

Section E. Mental Health Care Utilization	
1. Do you suffer from a mental disorder (mental illness, spirit possession, behavioural disorder, etc.)?	☐ Yes ☐ No
2. If yes, specify the type(s) of disorder	☐ Delusional disorder ☐ Schizophrenia ☐ Bipolar disorder ☐ Depression ☐ Epilepsy ☐ Anxiety ☐ Insomnia ☐ Stress ☐ Agitation ☐ Phobia ☐ Obsessive-Compulsive Disorder (OCD) ☐ Memory disorders (forgetfulness) ☐ Other (specify):

Modern Mental Health Care

3. Have you received care in a health facility?	☐ Yes ☐ No
4. If yes, specify the type of health facility	☐ General hospital ☐ Psychiatric hospital ☐ Private hospital ☐ Health center ☐ Mental health center/Psychiatric center ☐ Psychosocial rehabilitation center ☐ Adolescent and Youth Center ☐ Private clinic/Polyclinic ☐ Medical practice ☐ Paramedical practice ☐ Health post
5. What was the qualification of the healthcare provider?	☐ General practitioner ☐ Psychiatrist ☐ Psychologist ☐ Social worker ☐ Nurse/Assistant nurse ☐ Midwife ☐ Other (specify) :
6. What diagnosis was made?	☐ Schizophrenia ☐ Bipolar disorder ☐ Depression ☐ Epilepsy ☐ Anxiety ☐ Insomnia

	□ Stress □ Agitation disorder □ Phobia □ Substance use disorder □ Alcohol use disorder □ Obsessive-Compulsive Disorder (OCD) □ Memory disorders □ Other (specify): □ Do not know
7. Did you receive treatment?	□ Yes □ No
8. If yes, for how long have you been receiving treatment?	_____Days _____Months _____ Years
9. If yes, specify the prescribed treatment	□ Medication □ Psychotherapy □ Counselling □ Other (specify): ……
10. If medication was prescribed, can you show us the prescription?	□ Yes □ No
11. Prescription image (Photograph of the prescription)	
12. If no, do you remember the prescribed medication(s)?	□ Yes □ No
13. List of prescribed medications	1…….. 2…… 3……
14. Are there any barriers to your current medical care?	□ Yes □ No
15. If yes, specify the barrier(s)	□ Financial barriers (lack of financial resources) □ Geographical barriers □ Social barriers (family discouragement, lack of awareness, beliefs) □ Other (specify):
16. Have you experienced stigma from people around you?	Yes No
17. Have you experienced rejection or social exclusion from people around you?	Yes No
18. Have you experienced discrimination from people around you?	Yes No

Traditional and Religious Mental Health Care

19. Have you received care from a traditional or religious practitioner?	□ Yes □ No
20. If yes, specify the type of practitioner	□ Traditional healer □ Marabout □ Priest/Exorcist □ Herbalist (use of medicinal plants) □ General practitioner □ NdoepKat □ Other (specify): ……
21. What diagnosis was made by the traditional healer?	□ Seytané □ Rab □ Kort □ Khon □ Liguey □ Thiat □ Lamign/Oum □ Other (specify):
22. If you consulted a traditional healer, specify the treatment received	□ Amulets (gris-gris) □ Ritual bath □ Prayers/Litanies □ Flogging □ Chaining/Physical restraint □ Other (specify):

Section F. Knowledge, Perceptions and Practices Regarding Mental Disorders (Participants aged 15 years and older; excluding individuals with impaired consciousness)

1. In your opinion, what is a mental disorder?	☐ It is "madness" ☐ Stress ☐ Absence of stress ☐ Being mentally ill ☐ Loneliness ☐ Communicating with relatives and friends ☐ A mystical illness ☐ It does not exist ☐ Other (specify): ……
2. In your opinion, what are the causes of mental disorders?	☐ Infectious diseases ☐ Accidents ☐ Emotional shock (betrayal, bereavement, failure, etc.) ☐ Ageing ☐ Spirit possession (Djinn/Rab) ☐ Curse or bewitchment (Thiat, Lamign) ☐ Evil eye ☐ Stress ☐ Overwork ☐ Other (specify):……

3. Where have you heard about mental disorders?

(Multiple answers are possible. Do not suggest answers; record all responses mentioned.)

	Television	1.Yes 2.No	|___|
	Radio	1.Yes 2.No	|___|
	Health facility	1.Yes 2.No	|___|
	Family or friends	1.Yes 2.No	|___|
	Internet search	1.Yes 2.No	|___|
	Social media	1.Yes 2.No	|___|
	Traditional healers	1.Yes 2.No	|___|
	Priest	1.Yes 2.No	|___|
	School	1.Yes 2.No	|___|
	Other (specify): ……..		

4. Which of the following mental disorders are you aware of?	□ Schizophrenia □ Bipolar disorder □ Depression □ Epilepsy □ Anxiety □ Insomnia □ Stress □ Agitation disorder □ Phobia □ Substance use disorder □ Alcohol use disorder □ Obsessive-Compulsive Disorder (OCD) □ Memory disorders (forgetfulness) □ Other (specify): □ Do not know
5. Do you think that mental illness is contagious?	□ Yes □ No □ Do not know
6. Can mental illness be cured?	□ Yes, completely □ Yes, partially □ Never □ Do not know
7. Can mental illness be a barrier to education?	□ Yes □ No □ Do not know
8. Can a person with a mental illness start a family?	□ Yes □ No □ Do not know
9. Can a person with a mental disorder engage in professional work?	□ Yes □ No □ Do not know
10. Should a person with a mental disorder be paid by his or her employer?	□ Yes □ No □ Do not know
11. Would you be willing to be a friend or confidant of a person with a mental disorder?	□ Yes □ No □ Do not know
12. What would you do if you encountered a person with behavioural or mental health problems? (Multiple responses possible)	□ Take the person to a health facility (hospital, health center, health post) □ Take the person to a traditional healer □ Confine/isolate the person in a room □ Chain the person □ Exclude the person from the household/allow wandering □ Do nothing

	☐ Do not know ☐ Other (specify):……..
13. Have you ever cared for a person with a mental illness?	☐ Yes ☐ No
14. If yes, for which condition?	☐ Schizophrenia ☐ Bipolar disorder ☐ Depression ☐ Epilepsy ☐ Anxiety ☐ Insomnia ☐ Stress ☐ Agitation disorder ☐ Phobia ☐ Substance use disorder ☐ Alcohol use disorder ☐ Obsessive-Compulsive Disorder (OCD) ☐ Memory disorders (forgetfulness) ☐ Other (specify): ☐ Do not know
15. What was your first source of care?	☐ Hospital ☐ Health center ☐ Mental health center ☐ Health post ☐ Community health hut ☐ Traditional healer ☐ Marabout/Priest ☐ Other (specify): ……