Adapting a Revised Child Anxiety and Depression Scale for rural India: a pilot, amenable to scale up.

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Abstract. Education is an important cornerstone of economic development in India. Mental health critically impacts education but its comprehensive assessment at a population level, especially in children in rural areas presents significant challenges. Mental health problems are under-recognized in the community and the clinic. Assessment by clinical practitioners requires specialized expertise which (for both logistical and cost reasons) are not amenable to scale-up. Diversity in languages, cultures and variation in levels of literacy further compounds the problem. Consequently, despite universal recognition that mental health is important, tools to measure its overall prevalence *at scale* are limited. Here we report adaptation of a robust, internationally validated, mental health assessment scale, the Revised Child Anxiety and Depression Scale (RCADS) into Hindi, the national language, spoken by the largest number of Indians. First RCADS in Urdu¹ was translated to Hindi (since spoken Urdu is close to Hindi). In addition, iterative steps of field adaptation and training enabled conversion from self-report to a questionnaire-survey (qaRCADS-H) to facilitate inclusion of illiterate respondents and improve the overall accuracy and acceptance of the tool. Pratham Educational Foundation-ASER Center field workers administered qaRCADS-H as a home interview/survey in a largely agrarian village where in 2011 the Census reported 35% illiteracy². Over a period of three weeks, four college-educated field workers with prior survey experience, targeted 115 households with children of which 110 agreed, resulting in participation of 130 children 10-17 years of age. Our findings are discussed in context of scaling and sensitization needed to effectively assess mental health prevalence in a vulnerable group in large regions of India.

Introduction

Social change, increasing urban poverty and unemployment in middle and low income countries (such as India) are risk factors for poor child and adolescent mental health³. The relative stability of rural life has led some researchers to suggest a lower incidence of mental health issues in communities in rural India⁴, but with low income status increasing susceptibility to mental health issues, others have suggested that this population maybe at greater risk⁵. Several studies have investigated mental health of children over the last fifty years in communities, schools and clinics^{4,6}. Accruing data even in rural community-based studies suggest that impairment may be high in children and adolescents with anxiety disorders^{6,7}. However, understanding of the overall prevalence of mental health remains elusive. In particular, community-level assessment in rural areas is difficult due to challenges associated with inadequate capacity for diagnosis, cultural stigmas, uneven literacy and different languages.

In recent years, mental health of adolescents has been recognized as a particularly important dimension of health and overall wellness in India. In recognition of the need to empower adolescents to act responsibly, take control and prevent them from falling into 'risky habits', the National Council of Educational Research and Training (NCERT) Government of India (which assists and advises central and state governments on academic matters related to education) introduced 'Life Skills Education' as part of its curriculum^{8,9}. The Government of India has also recognized need for a 'comprehensive and integrated health service' for adolescents. To this end, in 2013, the National Rural Health Mission's (NRHM) program for mothers and children included adolescent mental health as a significant area for strategic interventions¹⁰.

India has a large population in excess of 1.2 billion with adolescents (defined as 10 to 19 years) constituting 243 million (23%; India¹¹). Thus scalable tools will be critical to assess adolescent mental health. Here we report a pilot study that was designed to lay down methodological framework and collect mental health data from adolescents 10-17 years old, in rural India. Briefly, an international self-report tool previously validated to be robust in assessing anxiety and depression in children across multiple cultural settings^{12,13,14,15,16} was translated to Hindi, in anticipation that this would allow the largest possible future access through one language. Short-term training of college educated field workers/surveyors who were not clinical specialists led to iterative adaptation and optimization, that improved understanding and acceptance of the tool by surveyors. The process also improved reception in the village community, ensuring a tool with empowered access for participants, high levels of compliance, timely and cost effective administration and data analyses. We report on lessons learned for future deployment and scaling based on this pilot.

Study Design.

Location. The study was conducted in the village Khaju Rahrn in Sursa Block of Hardoi district of Uttar Pradesh (UP) a state in the north of India (Fig. 1), and primarily Hindi speaking. Nearly 35% of the district is illiterate, according to the 2011 Census of India¹⁷. Pratham Educational Foundation and ASER Center have an active presence in Hardoi district. As estimated by its Anganwadi Centre, the village contains 500 households. 115 households (residing in two

hamlets) were approached, of which 110 households consented to participate in the pilot. Of the participating households, 50% engaged in farming, 25% were daily wage workers, 17% were salaried and 8% were self-employed, confirming that the community was largely agrarian (summarized in Fig. 2).

Adaptation RCADS to qaRCADS-H, a questionnaire in Hindi. RCADS was chosen for this study because it is the most widely used inventory for measuring depression and anxiety symptoms in children with strong psychometry characteristics and has successfully adapted to assess populations across the world¹⁸. It is a 47-item, youth self-report with subscales including: Separation Anxiety Disorder (SAD), Social Phobia (SP), Generalized Anxiety Disorder (GAD), Panic Disorder (PD), Obsessive Compulsive Disorder (OCD) and Major Depressive Disorder (MDD). It also yields a Total Anxiety Scale (sum of 5 anxiety subscales) and a Total Internalizing Scale (sum of all 6 subscales). Items are rated on a 4-point Likert- scale from 0 (“never”) to 3 (“always”). The RCADS tool has been assessed for consistent measurement of anxiety symptoms across age groups within adolescence and has been found to be a reliable instrument suitable to assess anxiety levels across adolescence¹⁹. The RCADS self-report was first translated into Hindi and into a questionnaire-survey/interview format, in order that it could be both administered by surveyors as well as self-read by responders. In addition, it was optimized iteratively in conjunction with training of field workers at the ASER Center as well as in two preliminary field trial visits at the study-site area prior to its deployment in the community.

Ethical approval and informed consent. The study was approved by the Pratham Ethics Committee. Assent was obtained from minors (under 18) with consent from at least one parent.

Inclusion criteria. The RCADS tool is intended to be used for children studying in grade 3 to grade 12 of the US Education System. This corresponds to ages 8-9 years and above. However, in rural India the average age of a child in grade 3 (or class 3) is 10 years. Further, the principal group of interest were children and adolescents (defined as 10-19 years): therefore, children aged 10 years and older were included (see Fig. 2). The second inclusion criterion was understanding Hindi (see Fig 2), which was universal in this group. A total of 130 children met both criteria and participated over 3 weeks (Fig. 2).

Field workers and their training.

We attempted to administer RCADS through personnel who were not trained clinicians/researchers, to make the approach scalable. Therefore, field workers who were graduates in either Arts or Sciences (i.e. with a BA or a BSc degree) were recruited to the study. Three had 3 years while one had 6 years of prior experience working with ASER or Pratham Educational Foundation. They had conducted surveys in community health literacy, immunization status of children and education levels of children, but none had prior experience in surveying mental health. At the outset, the field workers were trained over two days at ASER

Center New Delhi. On the first day, they were introduced to the project and its objectives. Terms and other components were explained, to help them become familiarized and understand the concepts underlying RCADS. On the second day, 'mock sessions' were simulated in two ways. First, ASER Centre Personnel posed as respondents and the field workers were asked to interview them and mark the responses on a first translation of RCADS to Hindi and in questionnaire format. Secondly, the field workers were paired such that one posed as the surveyor and the second as the respondent to practice querying as well as noting answers. A first preliminary field trial/training followed immediately afterward the mock session, and was also completed on day 2. The cumulative experience that arose from questions, clarifications and discussions associated with mock training and the first field trial was used to assemble the intermediate tool qaRCADSH-1. Based on testing this intermediate and a second preliminary field trial, the final tool, qaRCADSH emerged and training was completed. The preliminary field trials were carried out at a village proximal to but distinct from the main study-site. At the preliminary training village, approximately 40 households were approached: all had children ages 10-17 years and were Hindi speaking, fulfilling the main inclusion criteria for the planned pilot study.

Data Collection and Analysis

The primary data was collected on paper on-site. After this, the data was transferred to an excel sheet by a data entry operator. Individual subscales and the total sum of scores of the subscales were calculated for each child. The subscale raw scores and the total raw scores were then transformed into standardized T scores, after accounting for missing values if any. The threshold

for clinical impairment in the RCADS tool is a T score of 65 or above. The data was analyzed using IBM SPSS version 20.

Results

Preparatory Phase: Translation of the Tool

The three stages used to develop an optimized RCADS tool in Hindi are summarized in Fig. 3. The first step was translation from the Urdu Version of the RCADS tool¹ as well as ensuring that the emerging Hindi version was also comparable to the RCADS in English. This first translation into Hindi (RCADS-H) is shown in Supplemental Table S1. Conversion into a questionnaire format additionally included clarifications needed for field workers to understand and articulate the questions and to anticipate responses in the field. As indicated earlier (see Study Design, Training) this was primarily achieved during the mock sessions at ASER Center and first field test trial. Major textual changes in the resulting tool qaRCADS-H-1 (Supplemental Table S2) are shown by italics and underlining. The third phase of adaptation incorporated modifications informed by a second preliminary field trial. This reinforced articulation of questions and understanding the basis of their reception by the community. In response to this phase, the text underwent minor restructuring to enable field workers to more clearly communicate with the responding children. This resulted in the final version of the tool qaRCADS-H used in the pilot (see Table 1A, with the translation to English presented in Table 1B).

Nonetheless, despite these iterative adaptations, field workers observed that four items from the original RCADS posed difficulty. They were Q 16 (“I have to keep checking if I have done all things right”), Q31 (“I have to think of special thoughts (like numbers or words) to stop bad things from happening”), Q42 (“I have to do somethings over and over again) and Q44 (“I have to do some things in just the right way to stop bad things from happening). Field workers reported that they were unable to articulate these questions such that they were readily and uniformly understood by the children and their families (who were present during the administration of qaRCADS-H, but responses were provided directly by the adolescents/children). While these questions may need further optimization, it should be noted that the RCADS is protected against bias from a few items, because each underlying mental health construct is measured through multiple questions.

Quantitative Analyses of Pilot Data.

As shown in Table 2, of the 130 adolescent participants, 80 were males and 50 were females. The age distribution indicated that 69 were 10-12 years, 43 were 13-15 years and 18 were 15-17 years old (Table 2B). The primary data collected using qaRCADS-H is shown in Supplementary Table S3. All 6110 data elements were completed, suggesting that the questionnaire was an effective format to secure detailed data in a comprehensive way.

The preliminary analyses of these data and computation of T scores suggested that prevalence of anxiety and depression was low, with all children reporting overall RCADS score below threshold score of clinical significance (Table 3A). The mean score was 35.8, with a standard

deviation of 6.2: the scores lay in the range 26.3 to 54.2. However, the RCADS subscale scores (particularly on percentile analyses displayed in Tables 3B-C) suggested diagnostic areas of potential concern. Specifically, 10% of the total respondents reported a high score for the Social Anxiety Disorder (SAD). Importantly, SAD scores differed slightly between boys and girls, with girls having a higher mean score as compared to boys. (See Table 3). The small sample size (necessitated because we designed a pilot for tool development) limits additional analyses. However, future scale up even if limited to expanding to covert just this one village of 500 households, may yield sufficient power to establish prevalence of SAD.

Discussion.

The two major goals of the study were translation of a robust RCADS tool to Hindi in an accessible format and testing whether it was feasible to deploy at a grass-root level by field surveyors/administrators who do not have specialized clinical training or in mental health. Our experience suggests that integrating surveyor training with tool development strongly supports their overall understanding and ‘internalization’ of qRCADS-H. Together our findings in the preparatory phase suggested that field operators can be trained to administer the bulk of content of the adapted qRCADS-H, with the caveat that it may be advisable to provide additional training on the four ‘tricky’ questions (16, 32, 42 and 44) through special cultural/contextual focus and/or sensitization.

Integration of surveyor training with tool building and preliminary field trials was also undertaken in anticipation of reluctance to discuss mental health by both field workers and the community. An initial concern was that due to lack of access to adequate information, attitudes towards mental health disorders may not be positive. It is often perceived as a stigma to talk about mental illnesses or mental health. Indeed, during the preliminary field training, when parents were told that this was a study querying mental health, administering staff estimated that 20-25% of them exhibited reluctance and unease in having their child surveyed. Therefore, during the main pilot survey, education was used as an entry point to discuss mental health by reminding the participants that education was impacted by mental health. Notably in the main pilot, 110 of 115 families (95.6%) surveyed consented, suggesting that children and parents were more willing to allow discussion and participate when alerted on factors that affect education (although this was not rigorously tested).

We additionally made two interesting and not completely unexpected observations. First, older children (>13-14 years of age) easily understood and answered the questions while younger children (10-11 years of age) needed greater clarification on questions sometimes through expanded examples. The RCADS score increased with increasing age of children and this too may reflect better understanding of the questions by older children. Although, our present sample size is too small to make any conclusive statements on age dependent correlations, this should be examined in further studies. The second observation was that some of the questions initially puzzled children. Many responded 'We never thought about this before', and would need a little time before they could answer. Therefore, novelty of the questions may present a potential

hindrance to understanding by the respondents. This again reinforces the importance of 'sensitization' in mental health studies.

Russell et al (2013)⁷ study reported sensitization through Anganwadi workers. However, for adolescents, ASHA workers under the NRHM program for mothers and children (RMNCH) may be more appropriate for mental health studies and qRCADS-H, since the RMNCH program now includes male and female adolescents and mandate for interventions that protect their mental health¹⁰. 'Life Skills Education'⁹ introduced by NCERT in school curricula also provides a framework for mental health. In this context, Teachers or DIET (Direct Institutions of Education and Training) collaborators might also be relevant stakeholders for a mental health programs. DIETs are important institutions that build up the capacity of current and future teachers for effective teaching. ASER has collaborated with DIET colleges and DIETs have been involved in carrying out the ASER Survey and other programs. These resources can also be leveraged for successful implementation at scale. Their engagement is also expected enhance collection of information on family history of mental health, socio-economic status, relationship with parents, education performance and peer influence all expected to impact SAD and other mental health disorders. Our study was limited to 110 households, but we are of the view that with the modifications suggested, it should be possible to use the qRCADS-H at appropriate community scales to better support early detection of mental health among adolescents needed to enable effective interventions.

References

1. [http://www.childfirst.ucla.edu/RCADS%20\(Pakistan,%20Urdu\).pdf](http://www.childfirst.ucla.edu/RCADS%20(Pakistan,%20Urdu).pdf)
2. http://www.censusindia.gov.in/2011census/dchb/0924_PART_B_DCHB_HARDOI.pdf

3. Patel, V., Flisher, A., Nikapota, A. and Malhotra, S. (2008). Promoting child and adolescent mental health in low and middle income countries. *J Child Psychol&Psychiat*, 49(3), pp.313-334.
4. Malhotra, S. and Patra, B.N. (2014). Prevalence of child and adolescent psychiatric disorders in India: a systematic review and meta-analysis. *Child and adolescent psychiatry and mental health*, 8(1), p.1
5. Reiss, F. (2013). Socioeconomic Inequalities And Mental Health Problems In Children And Adolescents: A Systematic Review. *Social Science & Medicine* 90, pp.24-31
6. Aggarwal, S. and Berk, M. (2015). Evolution of adolescent mental health in a rapidly changing socioeconomic environment: A review of mental health studies in adolescents in India over last 10 years. *Asian Journal of Psychiatry*, 13, pp.3-12.
7. Russell, P., Nair, M., Russell, S., Mammen, P., Tsheringla, S., Chandran, A. and George, B. (2013). ADad 10: The Impairment in Anxiety Disorders Among Adolescents in a Rural Community Population in India. *Indian J Pediatr*, 80(S2), pp.181-185.
8. http://mhrd.gov.in/adolescence_programme
9. http://www.cbse.nic.in/cce/life_skills_cce.pdf
10. <http://nrhm.gov.in/nrhm-components/rmnch-a.html>
11. United Nations Development Action Framework 2013–2017 (India UNDAF Report). http://in.one.un.org/img/uploads/India_UNDAF%202013-17_9July2012.
12. Stevanovic, D., Bagheri, Z., Atilola, A., Vostanis, P., Stupar, D., Moreira, P., Franic, T., Davidovic, N., Knez, R., Nikšić, A., DodigĆurković, K., Avicenna, M., Multazam Noor, I., Nussbaum, L., Deljkovic, A., Aziz Thabet, A., Petrov, P., Ubalde, D., Monteiro L. A. and Ribas R. (2016). Cross-cultural measurement invariance of the Revised Child Anxiety and Depression Scale across 11 world wide societies. *Epidemiology and Psychiatric Sciences*, Available on CJO 2016 doi:10.1017/S204579601600038X
13. Trent, L. R., Buchanan, E., Ebesutani, C., Ale, C. M., Heiden, L., Hight, T. L., Damon, J. D. and Young, J. (2012). A Measurement Invariance Examination Of The Revised Child Anxiety And Depression Scale In A Southern Sample: Differential Item Functioning Between African American And Caucasian Youth. *Assessment*, 20.2, pp.175-187.
14. Esbjørn, B. H., Sørhovd, M. J., Turnstedt, C. and Reinholdt-Dunne, M. L. (2012). Assessing The Revised Child Anxiety And Depression Scale (RCADS) In A National Sample Of Danish Youth Aged 8–16 Years. *PLoS ONE*, 7.5, e37339.
15. Bouvard, M., Denis, A. and Roulin, J. (2015). The French Version of the Revised Child Anxiety and Depression Scale (RCADS) in a Nonclinical Sample. *Swiss Journal of Psychology*, 74.3, pp.119-127.
16. Mehmood, T. and Sultan, S. (2014). Translation And Adaptation Of Revised Children'S Anxiety And Depression Scale. *International Journal of Liberal Arts and Social Science*, 2.5, pp.95-106.
17. http://www.censusindia.gov.in/2011census/dchb/0924_PART_B_DCHB_HARDOI.pdf
18. <http://archpsyc.jamanetwork.com/article.aspx?articleid=481947>
19. Mathyssek, C., Olino, T., Hartman, C., Ormel, J., Verhulst, F. and Van Oort, F. (2013). Does the Revised Child Anxiety and Depression Scale (RCADS) measure anxiety symptoms

consistently across adolescence? The TRAILS study. *International Journal of Methods in Psychiatric Research*, 22(1), pp.27-35.

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Figure Legends

Figure 1. Map of India showing location of state of Uttar Pradesh and Hardoi district where the village of Khaju Rahrn is located.

Figure 2. Organizational chart for Khaju Rahra village study site and participation.

Figure 3. Development of qaRCADS-H. A three step process was employed as indicated, prior to administration of qaRCADS-H by field workers to participants in Khaju Rahra village.

Table 1 A: qaRCADS-H – final RCADS tool utilized in the study (in Hindi)

1-	क्या आप चीज़ों के बारे में चिंतित रहते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
2-	क्या आप उदास और खालीपन महसूस करते हैं ?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
3-	जब कोई समस्या होती है, तब क्या आपके पेट में कुछ अजीब सी स्थिति हो जाती है?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
4-	क्या आप परेशान हो जाते हैं जब आपको लगता है कि आपने कोई काम ठीक से नहीं किया?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
5-	क्या आप घर पर अकेले रहने से डरते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
6-	क्या आपको ऐसा लगता है कि आपकी ज़िन्दगी में ज्यादा मजा नहीं है?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
7-	जब आपको कोई इम्तिहान देना होता है तो क्या आप डर जाते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
8-	जब आपको लगता है कि आपसे कोई नाराज़ हो गया है तो क्या आप परेशान हो जाते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
9-	क्या आपको अपने माता पिता से दूर होने के बारे में चिंता होती है?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
10-	क्या आप अपने मन में मुख्य या बुरे विचारों से परेशान हो जाते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
11-	क्या आपको सोने में मुश्किल होती है?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
12-	क्या आपको चिंता रहती है कि आप अपने स्कूल का काम ठीक से नहीं कर पाएंगे?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
13-	क्या आपको डर लगा रहता है कि आपके परिवार में किसी के साथ कुछ बुरा हो जायेगा ?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं

14-	क्या आपके साथ कभी ऐसे होता है की आप सांस नहीं ले पा रहे हैं? (जबकि इसकी कोई वजह नहीं होती)	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
15-	क्या आपको अपनी भूख से सम्बंधित समस्या है?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
16-	क्या आपको बार बार देखना पड़ता है की आपने काम ठीक से किये हैं ? (जैसे पंखा बंद करना या दरवाज़ा बंद करना)	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
17-	क्या आपको अकेले सोने में डर लगता है?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
18-	क्या आपको सुबह के समय स्कूल जाने में डर या बेचनी महसूस होती है?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
19	क्या आपको ऐसा लगता है कि आप में कोई भी काम करने की ताकत नहीं है?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
20	क्या आपको चिंता होती है कि आप बेवकूफ़ न लगे?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
21-	क्या आपको बहुत ज्यादा थकान महसूस होती है?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
22-	क्या आपको चिंता होती है कि आपके साथ कुछ बुरा न हो जाए?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
23	क्या आपको लगता है कि आप अपने दिमाग से बुरे या मुर्ख विचार नहीं निकाल पाएंगे?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
24-	जब आपको कोई समस्या होती है, तो क्या आपका दिल जोर जोर से धड़कना शुरू कर देता है?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
25-	क्या आप स्पष्ट रूप से नहीं सोच पाते?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं

26-	क्या आप बिना वजह अचानक कांपना और थरथराना शुरू कर देते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
27-	क्या आपको चिंता रहती है कि आपके साथ कुछ बुरा होने वाला है?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
28-	जब आपके साथ कोई समस्या हो तो क्या आप कांपना और थरथराना शुरू कर देते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
29-	क्या आप अपने को बेकार या निकम्मा महसूस करते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
30-	क्या आपको चिंता रहती है कि आप कुछ गलत न कर दें?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
31-	बुरी चीज़ों को होने से रोकने के लिए क्या आपको विशेष चीज़ें (जैसे नंबर या शब्द) के बारे में सोचना पड़ता है?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
32-	क्या आपको चिंता रहती है कि दूसरे लोग आपके बारे में क्या सोचते होंगे?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
33-	क्या आप को भीड़ भाड़ वाली जगहों पर जाने से डर लगता है? (जैसे बाज़ार, मेलों में, बसों में और खेल के मैदान में)	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
34-	क्या आप बगैर किसी वजह से अचानक बहुत ज्यादा डर जाते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
35-	भविष्य में क्या होने वाला है उसके बारे में क्या आप चिंतित रहते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
36-	क्या कभी बगैर किसी वजह के अचानक आपका सर चकराने लग जाता है या आप बेहोश हो जाते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं

37-	क्या आप मौत के बारे में सोचते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
38-	क्या आप क्लास में सबके सामने बोलने से घबरा जाते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
39-	क्या आपके दिल की धड़कन बगैर किसी वजह के अचानक तेज़ हो जाती है?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
40-	क्या आपका कुछ भी काम करने का मन नहीं करता?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
41-	क्या आपको चिंता होती है कि आप बिना वजह डर महसूस करेंगे?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
42-	क्या आपकी ऐसी आदत है कि कुछ चीज़ें बार बार करनी पड़ती है? (जैसे हाथ धोना, सफाई करना या चीज़ों को ढंग से रखना)	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
43-	क्या आपको चिंता होती है कि आप दूसरो के सामने कोई मुख़ता वाली हरकत न कर दें?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
44-	क्या आपको कुछ काम बिलकुल सही ढंग से करने पड़ते है ताकि आप कुछ बुरा होने से रोक सकें?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
45-	जब आप रात में सोने लगते हैं तो क्या आप परेशान हो जाते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
46	अगर आपको रात भर घर से बाहर रहना पड़े तो क्या आप बहुत डर जाते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
47	क्या आप बेचैनी महसूस करते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं

Table 1B : qaRCADS-H translated into English

1-	Do you remain worried about things?	Always	Mostly	Sometimes	Never
2-	Do you feel sadness and emptiness?	Always	Mostly	Sometimes	Never
3-	Whenever you have any problem, do you have some strange feeling in your stomach?	Always	Mostly	Sometimes	Never
4-	When you feel that you have not done some task well, do you get disturbed?	Always	Mostly	Sometimes	Never
5-	Are you scared of staying home alone?	Always	Mostly	Sometimes	Never
6-	Do you feel that your life does not have much enjoyment?	Always	Mostly	Sometimes	Never
7-	When you have to appear for some examination, do you get scared?	Always	Mostly	Sometimes	Never
8-	When you feel someone is angry with you, do you get disturbed?	Always	Mostly	Sometimes	Never
9-	Are you worried about being away from your parents?	Always	Mostly	Sometimes	Never
10-	Do you get disturbed with your silly or evil thoughts?	Always	Mostly	Sometimes	Never
11-	Do you have difficulty in sleeping?	Always	Mostly	Sometimes	Never
12-	Do you remain constantly worried that you will not be able to do your school work well?	Always	Mostly	Sometimes	Never
13-	Are you always afraid that something bad will happen to some of your family member?	Always	Mostly	Sometimes	Never
14-	Have you ever felt that you are unable to breathe? (and there is no obvious reason for that)	Always	Mostly	Sometimes	Never
15-	Do you have problems related with you appetite (hunger)?	Always	Mostly	Sometimes	Never
16-	Do you have to check repeatedly that you have completed your chores correctly? (e.g. switching off the fan or closing the door)	Always	Mostly	Sometimes	Never
17-	Are you scared of sleeping alone?	Always	Mostly	Sometimes	Never
18-	Do you experience fear or uneasiness while going to school in the morning?	Always	Mostly	Sometimes	Never
19	Do you feel that you do not have strength	Always	Mostly	Sometimes	Never

	for doing anything?				
20	Do you remain worried that you may not look like a fool?	Always	Mostly	Sometimes	Never
21-	Do you experience extreme tiredness?	Always	Mostly	Sometimes	Never
22-	Do you remain worried that something bad may not happen to you?	Always	Mostly	Sometimes	Never
23	Do you feel that you will not be able to expel evil or silly thoughts from your mind?	Always	Mostly	Sometimes	Never
24-	Whenever you face any problem, does your heart start beating at a faster pace?	Always	Mostly	Sometimes	Never
25-	Can't you think clearly?	Always	Mostly	Sometimes	Never
26-	Do you suddenly start shivering and trembling without any reason?	Always	Mostly	Sometimes	Never
27-	Do you remain worried that something bad is going to happen with you?	Always	Mostly	Sometimes	Never
28-	Whenever you face any problem, do you start shivering and trembling?	Always	Mostly	Sometimes	Never
29-	Do you feel that you are useless or worthless?	Always	Mostly	Sometimes	Never
30-	Do you remain worried that you may not make some mistake?	Always	Mostly	Sometimes	Never
31-	To prevent evil things happening to you, do you have to think about some special things? (like a number or a word)	Always	Mostly	Sometimes	Never
32-	Do you remain worried about what people think about you?	Always	Mostly	Sometimes	Never
33-	Are you scared of visiting crowded places? (Like markets, fairs, buses and sports arenas?)	Always	Mostly	Sometimes	Never
34-	Do you suddenly get extremely scared without any specific reason?	Always	Mostly	Sometimes	Never
35-	Do you remain worried about, what is going to happen in future?	Always	Mostly	Sometimes	Never
36-	Have you ever suddenly felt giddiness or have fainted without any reason?	Always	Mostly	Sometimes	Never
37-	Do you think about death?	Always	Mostly	Sometimes	Never
38-	Do you get scared when you have to speak	Always	Mostly	Sometimes	Never

	before the entire class?				
39-	Does your heart beat suddenly get faster without any reason?	Always	Mostly	Sometimes	Never
40-	Do you feel like doing absolutely nothing?	Always	Mostly	Sometimes	Never
41-	Do you worry that you will be scared without any reason?	Always	Mostly	Sometimes	Never
42-	Do you suffer from a habit of doing some things again and again? (e.g. washing your hands, cleaning up or arranging things properly)	Always	Mostly	Sometimes	Never
43-	Do you remain worried that you may not act silly before everyone?	Always	Mostly	Sometimes	Never
44-	Do you have to perform some tasks perfectly to prevent happening of something bad?	Always	Mostly	Sometimes	Never
45-	When you go to bed at night, do you get disturbed?	Always	Mostly	Sometimes	Never
46	If you have to stay away from home for a night, do you get scared?	Always	Mostly	Sometimes	Never
47	Do you feel uneasiness?	Always	Mostly	Sometimes	Never

Table 2. Age and gender distribution of participants

Table 2A. Age Distribution		
Age	Count	Percent
10	13	10.0
11	24	18.5
12	32	24.6
13	19	14.6
14	12	9.2
15	12	9.2
16	13	10.0
17	5	3.8
Total	130	100.0

Table 2B. Gender Distribution		
Gender	Count	Percentage
Boys	80	61.54%
Girls	50	38.46%

Table 3. Subscale Scores.

A. RCADS SUBSCALE SCORES						
	MDD	GAD	OCD	PD	SAD	SOC
BOYS						
Mean	34.3	34.2	36.2	46.5	51.5	34.8
Standard Deviation	4.0	7.31	5.44	6.69	10.55	7.37
GIRLS						
Mean	35.1	34.6	39.4	44.4	56.2	36.6
Standard Deviation	4.9	6.8	7.2	5.9	14.7	6.3
Legend						
MDD	Major Depressive Disorder					
GAD	Generalized Anxiety Disorder					
OCD	Obsessive Compulsive Disorder					
PD	Panic Disorder					
SAD	Social Anxiety Disorder					
SOC	Social Phobia					

B-C. Detailed Percentile Display of Subscales*

B. RCADS Subscales T Scores : BOYS						
	GAD	OCD	PD	SAD	SOC	MDD
Mean	34.2	36.2	46.5	<u>51.5</u>	34.9	34.4
Mode	29.4	31.6	38.7	39.5	30.4	30.6
25	29.4	33.4	41.4	42.7	30.4	31.6
50	32.6	34.6	45.2	48.9	32.9	33.3
75	36.5	37.6	51.0	56.1	38.8	36.5
90	41.7	40.8	57.1	<u>68.9</u>	45.6	39.7
95	56.1	47.7	59.9	<u>72.1</u>	50.4	43.9
100	64.5	59.2	<u>66.5</u>	<u>85.4</u>	59.6	50.7

C. RCADS Subscales T scores : GIRLS						
	GAD	OCD	PD	SAD	SOC	MDD
Mean	34.6744	39.4	44.4	<u>56.2</u>	36.6	35.1
Mode	28.2	31.5	37.8	48.0	31.0	33.8
25	29.7	34.6	37.8	45.4	31.0	31.8
50	32.7	37.7	44.8	52.2	36.2	33.8
75	37.6	42.6	49.0	62.6	40.8	37.5
90	44.4	52.0	52.7	<u>83.5</u>	45.9	41.0
95	49.4	55.9	56.2	<u>85.7</u>	47.7	46.5
100	59.5	64.5	61.1	<u>92.6</u>	54.0	55.4

*In B-C high scores are bolded and underlined.

Figure 1

Figure 2.

Figure 3.

Supplementary Table S1 : Translation of RCADS Urdu into Hindi

1-	मैं चीज़ों के बारे में चिंतित हो जाता/जाती हूँ ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
2-	मैं उदास और खालीपन महसूस करता/करती हूँ ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
3-	अगर कोई समस्या होती है तो मेरे पेट में अजीब सी स्थिति हो जाती है ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
4-	मैं परेशान हो जाता/ जाती हूँ जब मुझे लगता है किमैंने काम ठीक से नहीं किया।	हमेशा	अक्सर	कभी कभी	कभी नहीं
5-	मैं घर पर अकेले रहने से डरता/डरती हूँ	हमेशा	अक्सर	कभी कभी	कभी नहीं
6-	मेरे लिए ज़िन्दगी में अधिक कोई खुशी नहीं है ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
7-	जब मुझे कोई इम्तिहान देना हो तो मैं डर जाता/जाती हूँ ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
8-	जब मुझे लगे की कोई मुझसे नाराज़ है तो मैं परेशान हो जाता/ जाती हूँ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
9-	मुझे अपने माता पिता से दूर होने पर परेशानी होती है ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
10-	मैं अपने मन में मुर्ख या बुरे विचारों से परेशान हो जाता/जाती हूँ A	हमेशा	अक्सर	कभी कभी	कभी नहीं
11-	मुझे सोने में मुश्किल होती है ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
12-	मुझे चिंता रहती है कि मैं अपने स्कूल का काम ठीक से नहीं कर पाऊँगा/ पाऊँगी।	हमेशा	अक्सर	कभी कभी	कभी नहीं
13-	मुझे डर रहता है कि मेरे परिवार में किसी के साथ बुरा हो जायेगा ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
14-	मुझे अचानक लगता है जैसे मैं सांस नहीं ले सकता/सकती जबकि इसकी कोई वजह नहीं होती ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
15-	मुझे अपनी भूख से सम्बंधित समस्या है।	हमेशा	अक्सर	कभी कभी	कभी नहीं
16-	मुझे बार बार देखना पड़ता है कि मैंने काम ठीक से किये हैं – जैसे पंखा बंद करना या दरवाज़ा बंद करना	हमेशा	अक्सर	कभी कभी	कभी नहीं
17-	मुझे अकेले सोने से डर लगता है ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
18-	मुझे सुबह के समय स्कूल जाने में परेशानी होती है क्योंकि मुझे डर या बेचैनी सी महसूस होती है A	हमेशा	अक्सर	कभी कभी	कभी नहीं
19-	मुझ में कोई भी काम करने की ताकत नहीं है ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
20-	मुझे चिंता होती है की मैं बेवकूफ़ न लगूँ।	हमेशा	अक्सर	कभी कभी	कभी नहीं

21-	मुझे बहुत ज्यादा थकान महसूस होती है।	हमेशा	अक्सर	कभी कभी	कभी नहीं
22-	मुझे चिंता होती है कि मेरे साथ कुछ बुरा न हो जाए ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
23	मुझे नहीं लगता मैं अपने दिमाग से बुरे या मुख्य विचार निकल पाऊँगा/पाऊँगी ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
24-	जब मुझे कोई समस्या होती है तो मेरा दिलजोर जोर से धड़कना शुरू कर देता है A	हमेशा	अक्सर	कभी कभी	कभी नहीं
25-	मैं स्पष्ट रूप से नहीं सोच पाता/पाती ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
26-	मैं बिना वजह अचानक कांपना और थरथराना शुरू कर देता/ देती हूँ ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
27-	मुझे चिंता रहती है कि मेरे साथ कुछ बुरा होने वाला है ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
28-	जब मेरे साथ कोई समस्या हो तो मैं कांपना और थरथराना शुरू कर देता/देती हूँ ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
29-	मैं अपने को बेकार या निकम्मा महसूस करता/ करती हूँ ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
30-	मुझे चिंता रहती है कि मैं कुछ गलत न कर कर बैठूँ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
31-	बुरी चीज़ों को होने से रोकने के लिए मुझे विशेष चीज़ें (जैसे नंबर या शब्द) के बारे में सोचना पड़ता है ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
32-	मुझे चिंता रहती है कि दूसरे लोग मेरे बारे में क्या सोचते होंगे ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
33-	मुझे भीड़ भाड़ वाली जगहों पर जाने से डर लगता है जैसे सिनेमा घर, शॉपिंग सेंटर, बसों और खेल के मैदान मेंA	हमेशा	अक्सर	कभी कभी	कभी नहीं
34-	मैं बगैर किसी वजह से अचानक बहुत ज्यादा डर जाता हूँ ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
35-	मैं क्या होने वाला है उसके बारे में चिंतित रहता / रहती हूँ ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
36-	बगैर किसी वजह के अचानक मेरा सर चकराने लग जाता है या मैं बेहोश हो जाता / जाती हूँ ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
37-	मैं मरने के बारे में सोचता/सोचती हूँ ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
38-	मैं क्लास में सबके सामने बोलने से घबरा जाता/जाती हूँ ।	हमेशा	अक्सर	कभी कभी	कभी नहीं

39-	मेरे दिल की धड़कन बगैर किसी वजह के अचानक तेज़ हो जाती है ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
40-	मेरा कुछ भी काम करने का मन नहीं करता	हमेशा	अक्सर	कभी कभी	कभी नहीं
41-	मुझे चिंता होती है कि मैं बिना वजह डर महसूस करूँगा/करूँगी	हमेशा	अक्सर	कभी कभी	कभी नहीं
42-	मुझे कुछ चीज़ें बार बार करनी पड़ती हैं जैसे हाथ धोना, सफाई करना या चीज़ों को ढंग से रखना	हमेशा	अक्सर	कभी कभी	कभी नहीं
43-	मुझे चिंता होती है कि मैं दूसरो के सामने कोई मुख़ता वाली हरकत न कर बैठूँ ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
44-	मुझे कुछ चीज़ें बिलकुल सही अंदाज़ से करनी पड़ती हैं ताकि मैं कुछ बुरा होने से रोक सकूँ ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
45-	जब मैं रात में सोने लगता/ लगती हूँ तो परेशान हो जाता / जाती हूँ ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
46-	अगर मुझे रात भर घर से बाहर रहना पड़े तो मैं बहुत डर जाता हूँ ।	हमेशा	अक्सर	कभी कभी	कभी नहीं
47-	मैं बेचैनी महसूस करता/ करती हूँ ।	हमेशा	अक्सर	कभी कभी	कभी नहीं

Supplementary Table S2: qaRCADS-H-1.

Changes relative to RCADS-H shown in Table S1 marked with *Italics* and underlining

1-	<u>क्या आप</u> चीज़ों के बारे में चिंतित <u>रहते हैं</u> ?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
2-	<u>क्या आप</u> उदास और खालीपन महसूस <u>करते हैं</u> ?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
3-	<u>जब कोई</u> समस्या होती है, <u>तब क्या आपके</u> पेट में कुछ अजीब सी स्थिति हो जाती है?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
4-	<u>क्या आप परेशान हो जाते हैं जब आपको लगता है कि आपने</u> कोई काम ठीक से नहीं किया?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
5-	<u>क्या आप</u> घर पर अकेले रहने से <u>डरते हैं</u> ?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
6-	<u>क्या आपको ऐसा लगता है कि आपकी</u> ज़िन्दगी में <u>ज्यादा मजा नहीं है</u> ?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
7-	<u>जब आपको कोई</u> इम्तिहान देना होता है <u>तो क्या आप डर जाते हैं</u> ?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
8-	जब <u>आपको</u> लगता है कि <u>आपसे</u> कोई नाराज़ हो गया है तो <u>क्या आप परेशान हो जाते हैं</u> ?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
9-	<u>क्या आपको</u> अपने माता पिता से दूर होने <u>के बारे में चिंता होती है</u> ?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
10-	<u>क्या आप</u> अपने मन में <u>मुख या बुरे विचारों से परेशान हो जाते हैं</u> ?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
11-	<u>क्या आपको</u> सोने में मुश्किल होती है?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
12-	<u>क्या आपको</u> चिंता रहती है कि <u>आप</u> अपने स्कूल का काम ठीक से नहीं <u>कर पाएंगे</u> ?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
13-	<u>क्या आपको डर लगा रहता है कि आपके</u> परिवार में	हमेशा	ज्यादातर	कभी कभी	कभी नहीं

	किसी के साथ कुछ बुरा हो जायेगा ?				
14-	<u>क्या आपके साथ कभी ऐसे होता है की आप सांस नहीं ले पा रहे हैं? (जबकि इसकी कोई वजह नहीं होती)</u>	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
15-	<u>क्या आपको अपनी भूख से सम्बंधित समस्या है?</u>	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
16-	<u>क्या आपको बार बार देखना पड़ता है की आपने काम ठीक से किये हैं - जैसे पंखा बंद करना या दरवाज़ा बंद करना ?</u>	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
17-	<u>क्या आपको अकेले सोने में डर लगता है?</u>	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
18-	<u>क्या आपको सुबह के समय स्कूल जाने में डर या बेचनी महसूस होती है?</u>	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
19	<u>क्या आपको ऐसा लगता है कि आप में कोई भी काम करने की ताकत नहीं है?</u>	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
20	<u>क्या आपको चिंता होती है कि आप बेवकूफ न लगे?</u>	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
21-	<u>क्या आपको बहुत ज्यादा थकान महसूस होती है?</u>	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
22-	<u>क्या आपको चिंता होती है कि आपके साथ कुछ बुरा न हो जाए?</u>	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
23	<u>क्या आपको लगता है कि आप अपने दिमाग से बुरे या मुर्ख विचार नहीं निकाल पाएंगे?</u>	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
24-	<u>जब मुझे कोई समस्या होती है, तो क्या आपका दिल जोर जोर से धड़कना शुरू कर देता है?</u>	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
25-	<u>क्या आप स्पष्ट रूप से नहीं सोच पाते?</u>	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
26-	<u>क्या आप बिना वजह अचानक कांपना और थरथराना</u>	हमेशा	ज्यादातर	कभी कभी	कभी नहीं

	शुरू कर देते हैं?				
27-	<u>क्या आपको</u> चिंता रहती है कि आपके साथ कुछ बुरा होने वाला है?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
28-	<u>जब आपके साथ</u> कोई समस्या हो तो <u>क्या आप</u> कांपना और थरथराना शुरू कर देते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
29-	<u>क्या आप</u> अपने को बेकार या निकम्मा महसूस करते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
30-	<u>क्या आपको</u> चिंता रहती है कि <u>आप</u> कुछ गलत न कर दें?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
31-	बुरी चीज़ों को होने से रोकने के लिए मुझे विशेष चीज़ें (जैसे नंबर या शब्द) के बारे में सोचना पड़ता है ।	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
32-	<u>क्या आपको</u> चिंता रहती है कि दूसरे लोग <u>आपके</u> बारे में क्या सोचते होंगे?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
33-	<u>क्या आपको</u> भीड़ भाड़ वाली जगहों पर जाने से डर लगता है? (जैसे बाजार, सिनेमा घर, बस)	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
34-	<u>क्या आप</u> बगैर किसी वजह से अचानक बहुत ज्यादा डर जाते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
35-	<u>भविष्य में क्या</u> होने वाला है उसके बारे में क्या आप चिंतित रहते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
36-	<u>क्या कभी</u> बगैर किसी वजह के अचानक <u>आपका</u> सर चकराने लग जाता है या <u>आप</u> बेहोश हो जाते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
37-	<u>क्या आप</u> मरने के बारे में सोचते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं

38-	<u>क्या आप</u> क्लास में सबके सामने बोलने से घबरा <u>जाते</u> हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
39-	<u>क्या आपके दिल की धड़कन</u> बगैर किसी वजह के अचानक तेज़ हो जाती है?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
40-	<u>क्या आपका</u> कुछ भी काम करने का मन नहीं करता?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
41-	<u>क्या आपको</u> चिंता होती है कि <u>आप</u> बिना वजह डर महसूस करेंगे?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
42-	<u>क्या आपकी आदत है कि</u> कुछ चीज़ें बार बार करनी पड़ती है? (जैसे हाथ धोना, सफाई करना या चीज़ों को ढंग से रखना)	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
43-	<u>क्या आपको</u> चिंता होती है कि <u>आप</u> दूसरो के सामने कोई मुर्खता वाली हरकत <u>न कर दें</u> ?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
44-	<u>क्या आपको कुछ काम</u> बिल्कुल सही ढंग से करने पड़ते हैं ताकि <u>आप</u> कुछ बुरा होने से रोक <u>सकें</u> ?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
45-	<u>जब आप</u> रात में सोने लगते हैं तो <u>क्या आप</u> परेशान हो जाते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
46	अगर <u>आपको</u> रात भर घर से बाहर रहना पड़े तो क्या <u>आप</u> बहुत डर जाते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं
47	<u>क्या आप</u> बेचैनी महसूस करते हैं?	हमेशा	ज्यादातर	कभी कभी	कभी नहीं

Supplementary Table S3: Raw data collected using qaRCADS-H

[illegible]