

Supplementary Material 1. Survey of mental health status of patients having chronic liver B disease at Viet Tiep Hai Phong Friendship Hospital.

A		General information				
A1.	Year of birth?				
A2.	Gender?	Male	1			
		Female	2			
A3.	Highest educational level?	Illiteracy	1			
		Primary school	2			
		Secondary school	3			
		High school	4			
		College, vocational training	5			
		University	6			
		Post-graduated	7			
A4.	Marital status?	Single	1			
		Living with your spouse/partner	2			
		Living together as a spouse, unmarried	3			
		Divorce / Separation	4			
		Widow	5			
A5.	Current occupation? (with income)	Unemployment	1			
		Freelance	2			
		White-collar worker	3			
		Blue-collar worker, Farmers	4			
		Student	5			
		Other occupations (with income)	6			
A6.	Within the last year, what is the average monthly income of your family? VND				
B		Health status				
B1	Next, I would like to ask you 5 questions about the health status today. Please answer based on the scale of 1 to 5. In which 1 is "being unable/extremely" and 5 is "No problems".					
	<i>Today.....</i>	Being unable	Severe proble ms	Moderate problems	Slight proble ms	No proble ms
	1. Do you have problems in walking about?	1	2	3	4	5
	2. Do you have problems in washing or dressing yourself?	1	2	3	4	5
	3. Do you have problems in doing your usual activities ?	1	2	3	4	5
		Extreme	Severe	Moderate	Slight	No proble m
	4. Do you have pain or discomfort?	1	2	3	4	5
	5. Do you have anxiety or depression	1	2	3	4	5

B4	Do you have any health problems (diseases or symptoms)?					
	1.	4.	7.			
	2.	5.	8.			
	3.	6.	9.			
B5	Next, please answer 9 questions about some issues in the past 2 weeks. Please circle the appropriate answer in each sentence!					
	Over the last two weeks, how often have you been bothered by any of the following problems?	<i>Circle the corresponding option</i>				
		Not at all	Severa l days	More than half of the days	Nearly everyday	
		Little interest or pleasure in doing thing	0	1	2	3
		Feeling down, depressed, or hopeless	0	1	2	3
		Trouble falling or staying asleep, or sleeping too much	0	1	2	3
		Feeling tired or having little energy	0	1	2	3
		Poor appetite or overeating	0	1	2	3
		Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
		Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
		Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3		
C	Health risk behavior					
C1	In recent times, how often do you drink alcohol?		Never	1		
			Monthly	2		
			Weekly	3		
			2-3 times per week	4		
			> = 4 times per week	5		
C2	Usually when drinking alcohol, how often do you drink cups?	cups			
C3	How often do you drink 6 or more cups of alcohol?		Never	1		
			Every few months	2		
			Monthly	3		
			Weekly	4		
			Daily	5		
C4	Within the last 30 days, did you smoke cigarettes / pipe tobacco?		Yes, smoke cigarette	1		
			Yes, smoking pipe tobacco	2		
			Yes, smoking both types	3		
			No	4		