

## Stroke Aphasic Depression Questionnaire Hospital Version (SADQ-H 10)

Please indicate how many days of the last 7 the participant has shown the following behaviours:

1. Did he/she have weeping spells?

|                     |                       |                        |                      |
|---------------------|-----------------------|------------------------|----------------------|
| Every day this week | On 4-6 days this week | On 1- 4 days this week | Not at all this week |
|---------------------|-----------------------|------------------------|----------------------|

2. Did he/she have restless disturbed nights?

|                     |                       |                        |                      |
|---------------------|-----------------------|------------------------|----------------------|
| Every day this week | On 4-6 days this week | On 1- 4 days this week | Not at all this week |
|---------------------|-----------------------|------------------------|----------------------|

3. Did he/she avoid eye contact when you spoke to him/her?

|                     |                       |                        |                      |
|---------------------|-----------------------|------------------------|----------------------|
| Every day this week | On 4-6 days this week | On 1- 4 days this week | Not at all this week |
|---------------------|-----------------------|------------------------|----------------------|

4. Did he/she burst into tears?

|                     |                       |                        |                      |
|---------------------|-----------------------|------------------------|----------------------|
| Every day this week | On 4-6 days this week | On 1- 4 days this week | Not at all this week |
|---------------------|-----------------------|------------------------|----------------------|

5. Did he/she indicate suffering from aches and pains?

|                     |                       |                        |                      |
|---------------------|-----------------------|------------------------|----------------------|
| Every day this week | On 4-6 days this week | On 1- 4 days this week | Not at all this week |
|---------------------|-----------------------|------------------------|----------------------|

6. Did he/she get angry?

|                     |                       |                        |                      |
|---------------------|-----------------------|------------------------|----------------------|
| Every day this week | On 4-6 days this week | On 1- 4 days this week | Not at all this week |
|---------------------|-----------------------|------------------------|----------------------|

7. Did he/she refuse to participate in social activities?

|                     |                       |                        |                      |
|---------------------|-----------------------|------------------------|----------------------|
| Every day this week | On 4-6 days this week | On 1- 4 days this week | Not at all this week |
|---------------------|-----------------------|------------------------|----------------------|

8. Did he/she sit without doing anything?

|                     |                       |                        |                      |
|---------------------|-----------------------|------------------------|----------------------|
| Every day this week | On 4-6 days this week | On 1- 4 days this week | Not at all this week |
|---------------------|-----------------------|------------------------|----------------------|

9. Did he/she keep him/herself occupied during the day?

|                     |                       |                        |                      |
|---------------------|-----------------------|------------------------|----------------------|
| Every day this week | On 4-6 days this week | On 1- 4 days this week | Not at all this week |
|---------------------|-----------------------|------------------------|----------------------|

10. Did he/she get restless and fidgety?

|                     |                       |                        |                      |
|---------------------|-----------------------|------------------------|----------------------|
| Every day this week | On 4-6 days this week | On 1- 4 days this week | Not at all this week |
|---------------------|-----------------------|------------------------|----------------------|