

Appendix-1

Stroke Aphasic Depression Questionnaire in Hospital-10th version(SADQ-H10)

INSTRUCTION: Please indicate on how many days out of the last 7 the patient has shown the following behaviours:

1. Did he / she have weeping spells?		6. Did he / she get angry?	
no	score 0	no	score 0
1 to 3 days	score 1	1 to 3 days	score 1
4 to 6 days	score 2	4 to 6 days	score 2
every day	score 3	every day	score 3
2. Did he / she often have restless or have difficulty in falling asleep at night?		7. Was he / she unwilling to participate in social activities?	
no	score 0	no	score 0
1 to 3 days	score 1	1 to 3 days	score 1
4 to 6 days	score 2	4 to 6 days	score 2
every day	score 3	every day	score 3
3. Did he / she avoid eye contact when you spoke to him / her?		8. Did he / she sit without doing anything?	
no	score 0	no	score 0
1 to 3 days	score 1	1 to 3 days	score 1
4 to 6 days	score 2	4 to 6 days	score 2
every day	score 3	every day	score 3
4. Did he / she burst into tears or lose control suddenly?		9. Did he / she keep himself / herself occupied during the day?	
no	score 0	no	score 0

1 to 3 days	score 1	1 to 3 days	score 1
4 to 6 days	score 2	4 to 6 days	score 2
every day	score 3	every day	score 3
5. Did he/she indicate suffering from aches and pains?		10. Did he / she get restless and fidgety?	
no	score 0	no	score 0
1 to 3 days	score 1	1 to 3 days	score 1
4 to 6 days	score 2	4 to 6 days	score 2
every day	score 3	every day	score 3

Total score: _____