

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 problem s	Moderate problems	Slight problem s	No problem s
	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 problem 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				