

**Table 1 MENO-D**

**A: Low energy**

Over the last 2 weeks:	0	No change in energy, feel active all day
How has your energy been?	1	More tired after activity than previously
- Did you feel more tired after activity than normal?	2	Decreased activity because of tiredness
- Did your activity decrease because you were tired?	3	Feel tired most of the time despite resting, decreased activity
- Did you feel tired most of the time despite decreasing your activity?	4	Continually feeling exhausted, even small tasks such as brushing hair feel draining. "Bone weary, mind weary"
- Did you continually feel tired so that even small tasks like brushing your hair felt draining?		

**B: Paranoid thinking**

Over the last 2 weeks:	0	No Paranoid thinking
- Have you been feeling guilty?	1	Increasingly worried that others think badly of you
- Have you been worried that others think badly of you?	2	Suspicious that people at work or home think badly of you
- Have you been suspicious that others think badly of you?	3	Convinced that others have a low opinion of you and are trying to replace you
- Have you been convinced that others have a low opinion of you or are trying to replace you?	4	Convinced that others are actively planning to hurt you in many ways

**C: Irritability**

During the last 2 weeks:	0	No irritability
- Have you felt more irritable than usual?	1	Mild irritability
- Have you snapped at anyone or been short with anyone over small incidents?	2	Increased irritable response to minor incidents
- Have you felt real rage and had major outbursts about minor incidents?	3	Anger expressed by "snapping", verbal outbursts over minor incidents
	4	Rage, major verbal outbursts over minor incidents

**D: Self-esteem**

Over the last 2 weeks have you:	0	Good self-esteem or no change in self-esteem
- Felt worse about yourself than usual?	1	Slight decrease in self-esteem
- Felt really bad about yourself?	2	Poor self-esteem with no reality base
- Felt worthless and made negative comments about yourself?	3	Very poor self-esteem in all life domains, with marked selfdenigratory comments
- Believed that the world would be better off without you?	4	No self-worth at all to the point of believing that the world would be better off without you. (NB—this rating must then lead to further questions about suicide planning, actions and deliberate self-harm)
- Harmed yourself in any way?		
- Planned suicide?		
- Attempted suicide?		

**E: Isolation**

Over the last 2 weeks have you:	0	Socialize normally
- Been socializing as normal?	1	Decreased socializing
- Had less of an interest in socializing?	2	Disinterested in socializing
- Become socially withdrawn?	3	Social and occupational withdrawal
- Felt isolated, even when with others?	4	Feeling isolated, "in a bubble" even when with others

**F: Anxiety**

Over the past 2 weeks have you:	0	No new anxiety
- Felt especially anxious or nervous when in public?	1	Increased anxiety when performing in public
- Felt highly anxious when completing new tasks?	2	Highly anxious when doing new tasks
- Felt highly anxious when completing tasks that are routine or familiar to you?	3	Heightened anxiety when doing routine and familiar tasks
- Had panic attacks and felt extremely anxious when doing normal everyday things?	4	Panic attacks, highly anxious when doing ordinary and familiar tasks

### G: Somatic symptoms

Over the last 2 weeks have you:	0	No physical symptoms
- Had any physical complaints?	1	Increased muscle aches, joint pains on exercise
- Had increased physical pain with little exertion?	2	Increased leg, back and joint pains with little exertion
- Experienced frequent headaches or joint and muscle pain that limited your activity?	3	Frequent headaches, muscle and joint pains limiting activity
- Experienced severe and debilitating aches and pains that prevented you from engaging in activity?	4	Severe aches and pains requiring pain relief and preventing activity

### H: Sleep disturbance

Over the last 2 weeks:	0	No sleep problems
- How has your sleep been?	1	Sleep broken by brief waking once or twice per night, but easily return to sleep
- Has your sleep been broken briefly but you could get back to sleep easily?	2	Sleep broken by waking several times per night, but easily return to sleep
- Has your sleep been broken several times each night and you found it hard to get back to sleep?	3	Waking up three or more times per night due to hot flushes and sweating, plus difficulty returning to sleep
- Have you been waking up more than 2 or 3 times per night due to hot flushes, sweating?	4	Sleeping two or less hours per night consistently. Sweating, hot flushes, feeling hot then cold, interrupting sleep all night
- Have you on most nights been sleeping for only 2 h or less due to sweating, hot flushes, and night chill		

### I: Weight

Over the past 2 weeks:	0	No change in weight
- Has your weight changed at all?	1	Mild weight gain (1–2 kg)
- How much?	2	Moderate weight gain despite no change in diet or exercise (3–6 kg)
- Have you gained a moderate amount of weight despite no change in diet or exercise?	3	Continuing weight gain and abdominal fat deposition, despite dietary restriction and increasing exercise
- Have you continued to gain weight despite engaging in strict dieting or increased exercise?	4	Major weight gain (>6 kg) with abdominal, breast, hip, and thigh fat deposition
- Have you had a major weight gain of 6 kg or more?		

### J: Sexual interest

Over the past 2 weeks:	0	No change in libido
- Have you had any change in libido?	1	Mild decrease in libido
- Have you had decreased libido?	2	Diminished libido
- Has your libido diminished significantly?	3	Decreased libido and discomfort with sexual activity
- Have you had discomfort with sexual activity in addition to a decreased libido?	4	Loss of interest in all sexual activity
- Have you lost all interest in sexual activity?		

### K: Memory

Over the last 2 weeks;	0	No change in memory
- Have you noticed any change in memory?	1	Mild problems remembering names and numbers
- Did you have mild problems remembering simple things like names and numbers?	2	Need to make lists to function at work or home
- Did you need to make lists in order to function at work or at home?	3	Impaired memory leading to dysfunction
- Did memory problems lead to dysfunction or impairment in any way?	4	Severe loss of memory leading to inability to function

### L: Concentration

Over the past 2 weeks;	0	No change in concentration
- Have you had any problems concentrating?	1	Mild problems with concentrating on reading
- Did you have difficulty reading or holding a conversation?	2	Mild problem with concentration on reading and watching TV/ films
- How severe were these problems?	3	Marked problems concentrating on reading and watching TV/ films
- Were you unable to focus on any task for a suitable period of time?	4	Unable to focus on any tasks