博士論文

Project ENGAGE: An action research towards improving the psychological well-being of community-dwelling senior citizens in the Philippines

(プロジェクト ENGAGE: フィリピンにおける高齢者の心理的幸福度を向上させるためのアクションリサーチ)

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Abbreviations

AARP	American Association of Retired Persons
BHW	Barangay Health Worker
CHO	City Health Office
DOH	Department of Health
DSSI-10	10-item Duke Social Support Index
FGD	Focus Group Discussion
GDS-15	15-item Geriatric Depression Scale
HALE	Healthy Life Expectancy
LGU	Local Government Units
OFW	Overseas Filipino Workers
OSCA	Office for Senior Citizens Affairs
PhilHealth	Philippine Health Insurance Corporation
RAS-12	12-item Resilience Appraisal Scale
UHC	Universal Health Coverage
ULS-8	8-item UCLA Loneliness Scale
WAI-SF	Working Alliance Inventory-Short Form
WHO	World Health Organization
WHO-5	5-item WHO Well-being Index

Abstract

Background

The research project ENGAGE is community-based action research conducted in the City of Muntinlupa from 2017 to 2018 with the overall goal of improving the psychological well-being of community-dwelling senior citizens.

Methods

The research project had three phases. Phase 1 measured the depressive symptoms of community-dwelling senior citizens and examined the factors associated with it. Phase 2 trained senior volunteers for leadership and peer counseling. Phase 3 conducted community-based interventions to improve the depressive symptoms of senior citizens.

Results

Of the 1,021 senior citizens, 575 (56.3%) were suggestive of having depression based on the 15-item Geriatric Depression Scale. Loneliness and chronic diseases were the major risk factors for depressive symptoms while a higher level of psychological resilience was the primary protective factor against it among Filipino senior citizens. Senior volunteers were equipped with the proper knowledge, skills, and attitude to assume leadership roles in conducting peer counseling. Peer counseling, social engagement, and combined interventions were effective in improving depressive symptoms, psychological resilience, and perceived social support among senior citizens at risk for depression.

Conclusion

This study shows that it is feasible to identify senior citizens at risk for depression in the community and intervene effectively to improve their mental health. Other low-resource

communities can learn from the Philippines' experience and treat their senior citizens at risk for depression in similar ways.

Keywords: action research, community-based intervention, peer counseling, social engagement, depressive symptoms, mental health

Chapter 1

General introduction

1.1 Background

1.1.1 Aging: a global phenomenon

The world is aging. Most people can expect to live into their 60s, and beyond.[1] Europe and Japan were among the first places to experience population aging. However, the most dramatic change is now occurring fastest in low- and middle-income countries.[2] The changes are dramatic, and the demographic shifts have profound implications to the society.

The main reason for population aging is the improvement of survival chances. For instance, low and middle-income countries experienced substantial reductions in mortality at younger ages and from infectious diseases.[3] High-income countries, on the other hand, continue to increase their life expectancy mainly due to declining mortality of older people.[4]

Increasing longevity is not always accompanied by an extended period of good health.[5] This is especially true among people from disadvantaged backgrounds. Developing countries have the fewest opportunities and resources to rely on and more likely to have the poorest health.[6] The government must then ensure policies that will inspire, inform, and promote good health. Senior citizens, on the other hand, must continue to engage in society and make a significant contribution to nation building. In so doing, they can achieve a more dignified and meaningful life.

1.1.2 The Filipino senior citizens

In the Philippines, people who are regarded as a senior citizen are those aged 60 years old and above. They made up 6.8% of the 92.1 million household population in 2010, higher than the 6.0% recorded in 2000.[7] Among the senior citizens, females (55.8%) outnumbered the males (44.2%). The Philippine Statistics Authority[7] projects that by 2030, senior citizens will make up around 11.5% of the total population. Thus, the Philippines is currently on the boundary of a demographic transition stage of an aging population.

According to the World Health Organization (WHO), Filipinos have an average lifespan of 69.3 years.[8] This is two years shorter than the global average of age 71.4. The Healthy Life Expectancy (HALE) at birth was 64.2 for women and 59.4 for men. HALE at age 60 was 14.8 years for women and 12.1 years for men.[8]

Old-age dependency ratio has increased from 5.6% in 1970 to 7% in 2010,[9] indicating that the number of working persons needed to support a retired person hardly changed from 6 in 1970 to 7 in 2010. In general, the Philippine population is characterized by a growing proportion in the working ages and a slightly increasing senior population.

1.1.3 The Filipino family

Filipinos are generally known to take care of their senior family members and not leave them to the care of an institution or other people.[10] According to the American Association of Retired Persons (AARP), 42% of Asians (with Filipinos ranking second, next to Chinese) are direct caregivers to their aging parents and relatives.[10] The Filipino value of *utang na loob* (it refers to a debt of gratitude in the Philippines) makes the children care for their parents at their old age. This is to show gratitude for giving them a good life and for raising them while they were young.[11]

Senior citizens find happiness whenever they are spending time with their family, especially with their grandchildren. However, they feel anxious about their declining physical and mental health as they age. This anxiety is aggravated by increasing migration of children abroad. Remittances from children working abroad are assumed to improve economic support to their parents, but concerning the provision of physical care, the effect is underestimated. Moreover, the increasing migration of young women to work as caregivers abroad reduces the number of potential familial caregivers of the senior citizens in their own families.[12]

1.2 Statement of the problem

In the Philippines, there is a lack of significant concern about the issues being faced by the senior citizens.[13] Their community and family members often neglect their needs.[14] Their quality of life then suffers, and it is much affected by poverty and ill-health.[15] It is only recently that they have given serious consideration. Still, only a few studies have been conducted, and little is known about the health and social needs of this growing segment of the population. Hence, the research community has yet to give close attention to them.

Filipino senior citizens are living longer but in poor health. Mental disorders, for instance, were the third most common form of disability after visual and hearing impairments.[16,17] Current data on the prevalence of mental disorders, however, is unknown; and interventions targeting this particular issue are not in place in the community. Therefore, given the current situation, it is warranted to conduct a preliminary investigation to explore the immediate concerns and problems of community-dwelling senior citizens. Only then, solutions or strategies can be formulated to target their primary concern.

1.3 The making of research project ENGAGE

In response to the increasing needs and concerns of Filipino senior citizens, the research project ENGAGE was conceptualized which stands for **E**mbracing and **N**urturing **G**lobal **AGE**ing. The goal of the research project was to improve the psychological well-being of community-dwelling senior citizens.

The research project ENGAGE is community-based action research conducted in the City of Muntinlupa from 2017 to 2018. The research project had three phases (see Fig. 1). In phase 1, I measured the depressive symptoms of community-dwelling senior citizens. In phase 2, I trained senior volunteers for leadership and peer counseling. In phase 3, I conducted

community-based interventions to alleviate depressive symptoms among senior citizens at risk for depression.

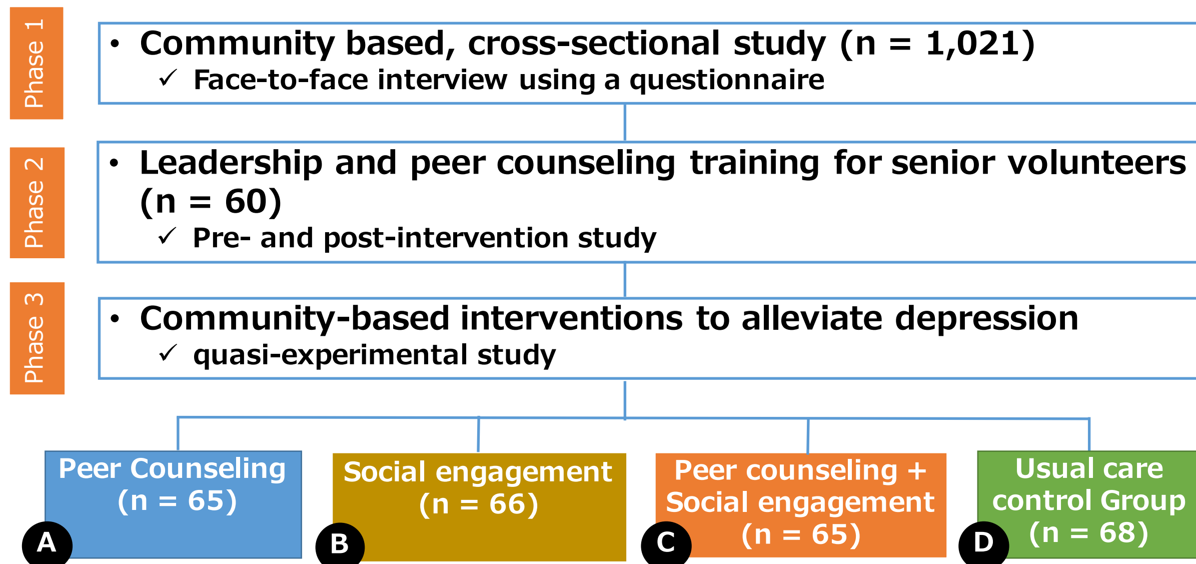

Fig.1 Research flow of research project ENGAGE

1.4 Objectives

The research project ENGAGE aimed to:

1. Examine the factors that were associated with depressive symptoms among community-dwelling senior citizens.
2. Evaluate the efficacy of the training program on improving senior volunteers' competency towards peer counseling and explore its impact on their well-being.
3. Assess the efficacy of three-month interventions with peer counseling, social engagement, and combination treatment compared with usual care control in improving depressive symptoms of Filipino senior citizens at risk for depression.

1.5 Study setting

Muntinlupa is the southernmost city in the National Capital Region (see Appendix 2). It is divided into two districts (see Fig. 2). District 1 consisted of four barangayas (it refers to communities in the Philippines) namely Barangay Bayanan, Putatan, Poblacion, and Tunasan.

District 2 also had four barangays namely Barangay Alabang, Cupang, Buli, and Sucat. The city had a total of eight barangays and was classified as a highly urbanized city with a poverty incidence of 1.9% in 2012.[18] The city also has one of the highest records of senior citizens, which account for 5.63% of its population (504,509). In this study, I recruited the participants per barangay and made sure that each barangay was well-represented in the study. The recruitment is basically done through home visits through the help and guidance of Barangay Health Workers. Details of the sampling procedure were explained per phase of the study.

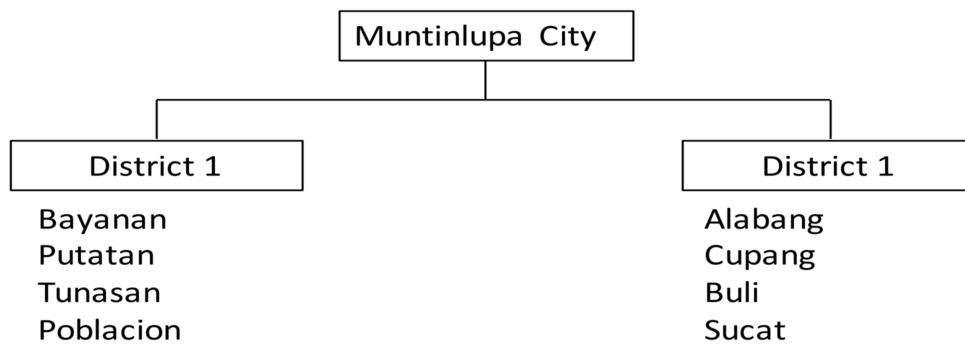

Fig. 2 Muntinlupa City and its barangays

1.6 Organization of the thesis

Chapters included in this thesis

I organized this thesis into five chapters. Chapter 1 comprised of a general introduction, statement of the problem, the making of research project ENGAGE, objectives, and study setting. The next four chapters discussed the three phases of the action research. Each of them is equivalent to one study (Table 1) — the last chapter composed of general discussion, conclusions, and recommendations.

Chapter 2 showed the results of Phase 1 of the project. It examined the factors that were associated with depressive symptoms among community-dwelling senior citizens. After the identification of senior citizens at risk for depression (based on screening test) and

examination of the factors associated with it, I designed the intervention and this lead to Phase 2 of the project.

Chapter 3 discussed the results of the Phase 2 which was a training program conducted for senior volunteers. Given the limited range of public geriatric services and lack of professionals dedicated for mental health in the Philippines, training senior volunteers for leadership and peer counseling was one way to address the emergent needs for mental health in the target communities. The said training was only a component of the peer counseling program which was part of Phase 3 of the research project.

Chapter 4 showed the results of Phase 3. I allocated non-randomly the previously identified senior citizens at risk for depression (from Phase 1) into four groups: peer counseling, social engagement, combined intervention, and usual care control group. The efficacy of the interventions was discussed in detail in this chapter.

Chapter 5 included general discussion, conclusions, and recommendations drawn from the four studies. It also explained the policy implications and directions for future studies.

Table 1 Thesis at a glance – core contents

Study 1	**Cross-sectional study**
Aim	This study investigated the factors associated with depressive symptoms among community-dwelling Filipino senior citizens.
Methods	I conducted a cross-sectional study among 1,021 Filipino senior citizens aged 60-91 years. I used multiple linear regression analysis to identify the factors independently associated with levels of depressive symptoms. I predicted the model using hierarchical regression analysis.
Results	Loneliness and chronic diseases were the major risk factors for depressive symptoms while a higher level of psychological resilience was the primary protective factor against it among Filipino senior citizens.

Conclusion	To alleviate depressive symptoms, senior citizens' psychological resilience should be strengthened. It is also imperative to fight against loneliness and improve the healthcare services for senior citizens.
Study 2	**Intervention study**
Aim	This study aimed to evaluate the efficacy of the training program on improving senior volunteers' competency towards peer counseling and explore its impact on their well-being.
Methods	I conducted a pre- and post-intervention analysis among 60 senior volunteers aged 60-82 years. They participated in 40 hours of training and performed weekly peer counseling home visits for three months. I evaluated the program using survey questionnaires, trainer observation and debriefing, and focus group discussions (FGDs).
Results	Peer counselors exhibited a significant improvement in their competency scores after the training. They also presented improvement in their well-being after three months. Both survey ratings and FGDs indicated that the training met their expectation and was successful in empowering them to assume their role as peer counselors.
Conclusion	Filipino senior volunteers could be trained to serve as peer counselors in their communities. I equipped them with the proper knowledge, skills, and attitude. Our program improved their competency and well-being. Peer counselors benefited from the program concerning personal growth and opportunities gained from experience. Future research is warranted to determine whether the provision of counseling by them will affect the health outcomes of the target population.

Study 3	**Intervention study**
Aim	This study aimed to assess the efficacy of 3-month-duration interventions with peer counseling, social engagement, and combined intervention vs. control in improving depressive symptoms of Filipino senior citizens living in the community.
Methods	I conducted an open (non-blinded), non-randomized trial of senior citizens at risk for depression. Three different 3-month interventions included peer counseling (n=65), social engagement (n=66), and combination (n=65) were compared with the control group (n=68). I assessed geriatric depression, psychological resilience, perceived social support, loneliness, and working alliance scores at 0 months and 3 months.
Results	In this study, geriatric depression score over three months significantly improved in all intervention groups (control as reference). Significant improvements were also seen in psychological resilience and social support. Not all interventions, however, significantly improved the loneliness score. On the other hand, the combination intervention group showed the largest effect of improving depressive symptoms (d = -1.33) whereas the social engagement group showed the largest effect of improving psychological resilience (d = 1.40), perceived social support (d = 1.07), and loneliness (d = -0.36) among community-dwelling Filipino senior citizens.
Conclusion	Peer counseling, social engagement, and combination interventions were effective in improving depressive symptoms, psychological resilience, and social support among Filipino senior citizens at risk for depression. This study shows that it is feasible to identify senior citizens at risk for depression in the community and intervene effectively to improve their mental health. Further

studies are required to target loneliness and investigate the long-term benefits of the interventions.

Chapter 2

Determinants of depressive symptoms in Filipino senior citizens of the community-based ENGAGE study

2.1 Introduction

Population aging is brought about by advances in medicine and improvement of living standards.[19] According to the World Health Organization (WHO), between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12% to 22%.[20] While population aging began in wealthy nations in Europe, North America and Japan, the most dramatic change are now occurring fastest in low- and middle-income countries.[20] By 2050, 80% of senior citizens will live in these countries; for instance, Chile, China, and Iran will have a higher proportion of senior citizens than that of the United States of America.[20] Such demographic shifts have presented significant challenges for society and health services.

In line with this, mental disorders are getting a major public health threat in the world. Particularly, dementia and depression affect over 20% of adults aged 60 and above and account for 6.6% of all disability in this age group.[21] Mental disorders can affect the quality of life of senior citizens and have a significant impact on the use of health and social services.[22] Though mental disorders are common in the older population, they remain undetected and untreated especially in low resource settings.[23,24] Mostly, mental disorders are under-identified by health care providers and senior citizens themselves,[21] and there is a stigma surrounding these conditions that make people reluctant to seek help.[25]

The prevalence of geriatric depression appears to be high worldwide. For instance, in the UK, epidemiological studies found that the prevalence of geriatric depression ranged from 12-15% in the community and was about doubled in institutionalized setting.[26] In the US, the prevalence rates for depression ranged from 1-20% among senior citizens.[27] In Asia, the prevalence of geriatric depression in the community was in the range of 13-63%: Taiwan (28%), Hong Kong (36%), Korea (63%), Japan (34%), Indonesia (34%), Vietnam (17%), Sri Lanka (28%), and India (13%).[28-34]

In the Philippines, Filipinos' mental disorder has been increasing, and it affects around 10-15% of children and 17-20% of adults.[35] Their significant symptoms include excessive sadness, delusion, confusion, and forgetfulness.[35] To date, there is no current national data regarding the prevalence of mental disorder in the Philippines; even more so is geriatric depression since the prioritization of the issues of the senior citizens is low, and the extent of discussion on aging issues and concerns is minimal at best.[15]

One unpublished study that was conducted in 2011 showed a prevalence of 6.6% rate of depression among 196 senior citizens in the province of Rizal.[36] The study also showed that a fourth (26.5%) of the population had scores suggestive of depression based on the Geriatric Depression Scale-15.[36] We did not find any studies conducted in the urban area. Therefore, more studies have been awaited to investigate the depressive symptoms of this growing segment of the population.

So far, no studies have yet explored the factors associated with depressive symptoms among community-dwelling senior citizens in the Philippines. Furthermore, little has been investigated about sex differences in depressive symptoms with a particular focus on psychosocial factors. Therefore, the current study aimed to examine the factors that are associated with depressive symptoms between men and women in an elderly community-dwelling population.

2.2 Methods

2.2.1 Study participants

For the sampling procedure, I used probability proportionate to size techniques. I calculated the sample size using Open Epi version 3.01 with the following set parameters: population size of 38,000, anticipated % frequency of 26.5, absolute precision of 3%, design

effect of 1, with 95% confidence level, and assuming a 10% dropout rate. I obtained at least 900 community-dwelling senior citizens.

I then conducted a cross-sectional survey of 1,021 senior citizens aged 60 years old and above from October to December 2017. I excluded senior citizens in long-term care, with terminal diseases, or with moderate/ severe cognitive impairment and currently suffering from deafness, aphasia, or other communication disorders.

2.2.2 Data collection

Before data collection, I conducted a pre-test among 30 senior citizens to assess their understanding of the questions and corrected accordingly. Then, I held a two-day training for data collection. Fifteen barangay health workers (BHWs) participated in the training. The word “barangay” refers to “community” in the Philippines. I explained about the recruitment and data collection procedures which include informed consent communication and ethical considerations. I emphasized the importance of consistent interview methods. Finally, fifteen trained BHWs and two experienced researchers performed the face-to-face survey interviews using a structured questionnaire.

I obtained the list of senior citizens per barangay and used that to recruit the participants purposively through home visits. To secure representativeness, I based the sampling procedure on the percentage of senior citizens per barangay. I recruited the following number of senior citizens per barangay: Barangay Poblacion (n=210), Tunasan (n=150), Putatan (n=210), Bayanan (n=90), Alabang (n=121), Cupang (n=120), Buli (n=30), and Sucat (n=90). All senior citizens who were approached through home visits participated in the survey. A total of 1,021 senior citizens participated, and each interview lasted for about 30 minutes (see Fig. 3).

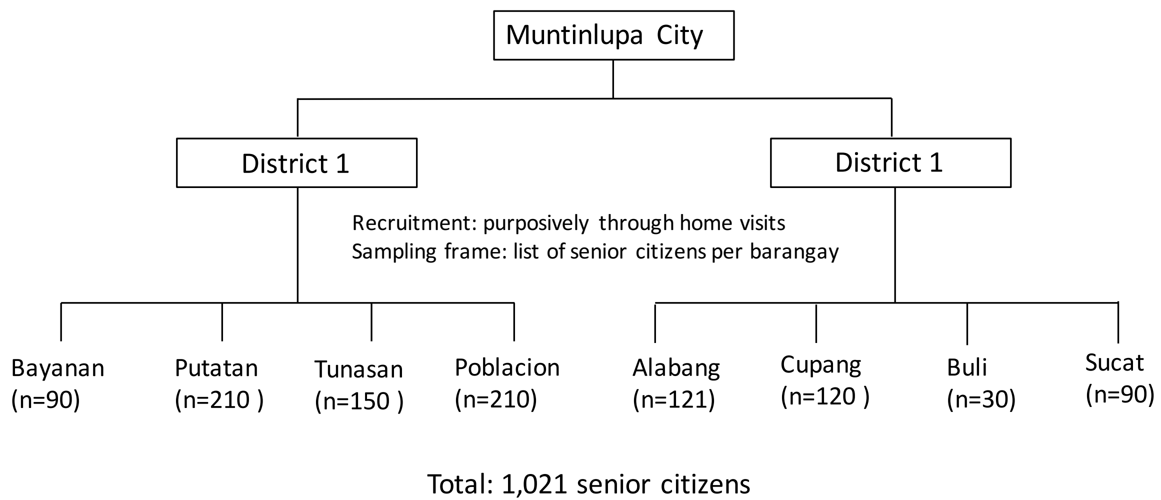

Fig. 3 Flowchart of recruitment for Phase 1 of the study

2.2.3 Variables and measurements

I developed a conceptual framework (see Fig. 4) to identify the association of different factors (socio-demographic, psychosocial risk factors) with depressive symptoms. This framework was used to guide the analyses and presentation of findings.

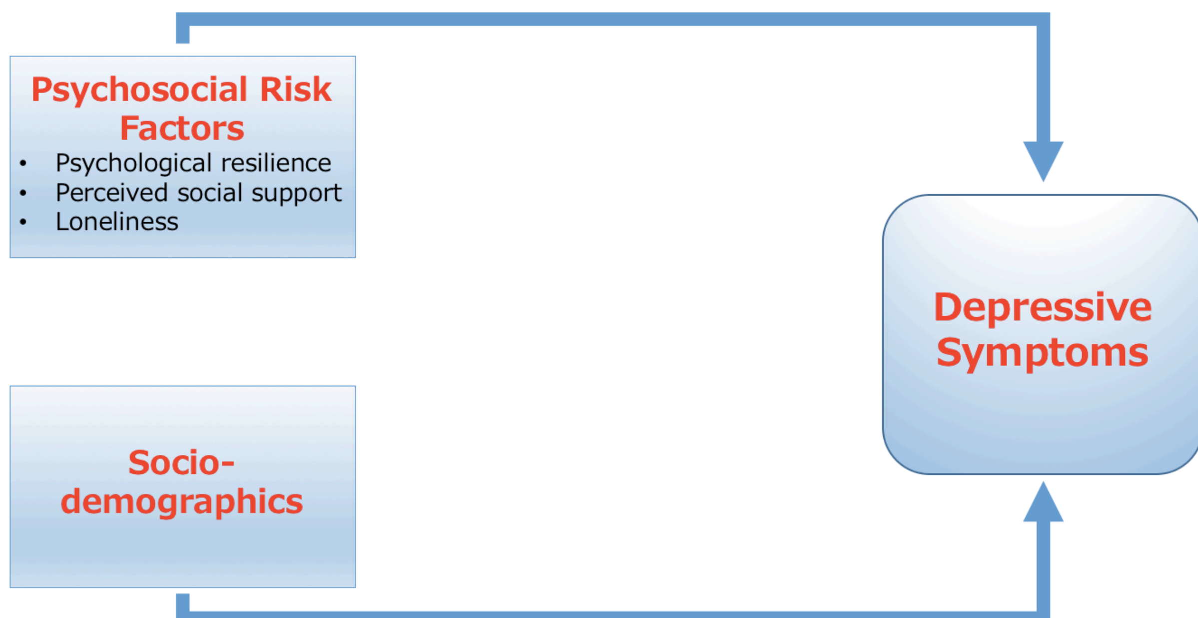

Fig. 4 Conceptual framework showing the probable association of different factors with depressive symptoms among community-dwelling senior citizens in the Philippines

I followed the WHO's guideline for the process of translation and adaptation of instruments.[37] Two independent researchers translated the English version of the scales into Filipino separately and compared their output. Then, I asked the expert panel (two geriatric professionals and one psychologist) to identify and resolve the inadequate expressions or concepts of the translation, as well as any discrepancies between the forward translation and the previous versions of the scales. Then, one independent researcher translated the scales back to English. After that, I conducted pre-testing and cognitive interviewing among 30 senior citizens. I computed the reliability of the scales using Cronbach's α. Documentation of the previous and final versions of the survey questionnaires used in this study can be found in the Appendix.

Outcome: Depressive symptoms

I measured the depressive symptoms of the senior citizens by the 15-item Geriatric Depression Scale (GDS-15). This scale was specially developed for use in geriatric patients and contained fewer somatic items.[38,39] The response options for all the items were 'yes' or 'no' and possible scores ranged from 0 to 15. The response to the five items dealing with positive well-being was reverse coded before obtaining the total GDS-15 score. The five items were:

Q1. Are you basically satisfied with your life?

Q5. Are you in good spirits most of the time?

Q7: Do you feel happy most of the time?

Q11: Do you think it is wonderful to be alive?

Q13: Do you feel full of energy?

A score of 5 or more indicated a tendency towards depression. The validity and reliability of GDS-15 have been supported through both clinical practice and community-based research.[40,41] The Cronbach's α for this study was 0.84.

Exposure: Socio-demographic characteristics

Socio-demographic variables in this study included age, marital status, level of education, monthly income, pension, self-rated health, the presence of chronic diseases, living arrangement, and lifestyle factors such as smoking and drinking. For age, it was treated as a continuous variable. For marital status, I grouped them into four categories: married/remarried, never married, separated, and widowed. Regarding the level of education, I grouped them into no education, had primary education, and had a secondary/ tertiary education. Concerning monthly income, I grouped them into no income, poor income, and average/ good income. As for pension and chronic diseases, I asked the senior citizens whether they have or don't have. I categorized their general health status into three groups: good/ very good, fair, bad/ very bad. Living arrangement was assessed by asking the senior citizens whether they lived alone or lived with others. For lifestyle factors, I classified smoking as either never smoker or ex-/ current smokers while drinking was classified as either non-drinker or occasional/ daily drinkers.

Exposure: Psychosocial risk factors

Psychological resilience

I measured senior citizens' psychological resilience using the 12-item Resilience Appraisal Scale (RAS-12). The scale consisted of three parts of coping skills which evaluated perceived abilities in social support seeking, emotional regulation and problem-solving.[42] Senior citizens indicated the degree of applicability of each statement to them using a five-

point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The total RAS-12 score ranged from 12 to 60, with a higher score indicating higher perceived psychological resilience. The Cronbach's α for this study was 0.93.

Perceived social support

I assessed the senior citizens' perceived social support using the 10-item Duke Social Support Index (DSSI-10), which was developed to measure two important concepts related to social support such as social support satisfaction and social interaction.[43] The possible score ranged from 10 to 30. Higher scores indicated a higher level of perceived social support among senior citizens. The Cronbach's α for this study was 0.82.

Loneliness

I measured senior citizens' loneliness using the 8-item UCLA Loneliness Scale (ULS-8). The scale[44] employed a four-point Likert scale with values ranging from 0 (never) to 3 (often), and the total score ranged from 8 to 32. The response to 'I am an outgoing person' and 'I can find companionship when I want it' were reverse coded before obtaining the total score for all eight items. There was no cut-off score identified to define loneliness. However, a higher score on this scale indicated more intense feelings of loneliness. The Cronbach's α for this study was 0.82.

2.2.4 Data analysis

I used descriptive statistics to summarize the basic characteristics of the senior citizens and cross tabulation to identify their distribution. I calculated the total scores for the GDS-15, RAS-12, DSSI-10, and ULS-8. I conducted the analyses separately for men and women to address gender differences. For bivariate analyses, I used one-way analysis of variance (ANOVA) or *t*-test.

I performed multiple linear regression to identify factors associated with depressive symptoms. I included all the exposure variables in the conceptual framework and found that multicollinearity was not a concern because all variables showed variance inflation factor values less than 2.0 after running the regression. Also, it met the assumptions of multiple linear regression which include homoscedasticity, normal distribution of residuals, and linear relationship between the outcome and independent variables (see Appendix). Subsequently, hierarchical regression analysis was performed to ascertain the predictors of depressive symptoms mong Filipino senior citizens. Model 1 was adjusted for demographic variables (age, sex, marital status, education, and living with others). Model 2 was adjusted for both demographic and economic variables (income adequacy and pension). Model 3 included health-related variables (poor self-rated health, chronic diseases, smoking, and drinking). Models 4 and 5 were adjusted to see the independent association of social support and loneliness with depressive symptoms whereas model 6 (full model) was additionally adjusted for all psychosocial variables (RAS-12, DSSI-10, and ULS-8). I set the level of significance to 0.05 (two-tailed) and performed statistical analyses using Stata 13.1 (StataCorp, College Station, TX, USA).

2.2.5 Ethical considerations

I obtained ethical approval from The University of Tokyo Research Ethics Committee (SN 11641) and the University of the Philippines-Manila Research Ethics Board (UPMREB 2017-312-01). I also obtained a Memorandum of Agreement signed by me and the relevant stakeholders (Local Gorvenment Unit [LGU], Office of the Senior Citizen Affairs [OSCA], and City Health Office [CHO]) to describe the terms of cooperative agreement as well as the goals of the cooperation (see Appendix). We explained the goal of the research to the

interviewees, and their anonymity was guaranteed. All participation was voluntary, and we secured written informed consents before the interviews.

2.3 Results

2.3.1 General characteristics of participants

Table 2 shows the socio-demographic characteristics of all the senior citizens. Of 1021 senior citizens, 68.5% (n = 699) were women, and their mean age was 67.9 years [standard deviation (SD) 6.2], and the mean age of men was 67.3 (SD 5.9). Among 1021, 570 (55.8%) reported as being married/ remarried, with the remainder reporting as widowed (342, 33.5%), never married (81, 7.9%) and separated (28, 2.8%). Regarding educational status, 525 (51.4%) of the senior citizens reported having a secondary/ tertiary education, while 481 (47.1%) reported having primary education. In total, 785 (69.1%) of senior citizens did not have a source of income, and only half of them (52.1%) had a pension. Concerning their general health status, almost half of them (49.4%) reported having a 'fair' health condition, and most of them (82.3%) already had at least one chronic disease. For their living arrangement, 940 (92.1%) of the senior citizens lived with others. The majority of them were non-smokers (776, 76.0%) and non-drinkers (824, 80.7%).

2.3.2 Factors associated with Filipino senior citizens' depressive symptoms

Table 3 shows the factors associated with depressive symptoms among community-dwelling senior citizens stratified by gender. Both men and women who had higher psychological resilience were negatively associated with higher level of depressive symptoms (men: β = -0.18; 95% CI = -0.2, -0.0; women: β = -0.16; 95% CI = -0.1, -0.1). On the other hand, those who had 'bad/ very bad' self-rated health (men: β = 0.18; 95% CI = 0.6, 2.2; women: β = 0.13; 95% CI = 0.4, 1.5) and reported to be lonely (men: β = 0.33; 95% CI = 0.2,

0.4; women: β = 0.29; 95% CI = 0.2, 0.3) were positively associated with a higher level of depressive symptoms. In contrast, those who had good/ very good self-rated health were negatively associated with higher level of depressive symptoms (men: β = -0.10; 95% CI = -1.5, -0.0; women: β = -0.18; 95% CI = -1.5, -0.7)

Among women, those who had chronic diseases (β = 0.12; 95% CI = 0.5, 1.4) were positively associated with a higher level of depressive symptoms whereas those who had higher social interaction (β = -0.12; 95% CI = -0.4, -0.1) were found to be negatively associated with a higher level of depressive symptoms.

Table 2 Socio-demographic characteristics of community-dwelling senior citizens.

Characteristics	Total (*N* = 1,021)		Men (n = 322)		Women (n = 699)		*p*-value
	n	%	n	%	n	%	
Age, mean (SD)	67.7 (6.1)		67.3 (5.9)		67.9 (6.2)		0.984
Marital status							<0.001
Married/ Remarried	570	55.8	248	77.0	322	46.1	
Never married	81	7.9	28	8.7	53	7.6	
Separated	28	2.8	9	2.8	19	2.7	
Widowed	342	33.5	37	11.5	305	43.6	
Education							0.010
No education	15	1.5	4	1.2	11	1.6	
Primary	481	47.1	130	40.4	351	50.2	
Secondary/Tertiary	525	51.4	188	58.4	337	48.2	
Monthly income							0.001
No income	705	69.1	198	61.5	507	72.5	
Poor income	209	20.4	76	23.6	133	19.0	
Average/Good income	107	10.5	48	14.9	59	8.4	
Pension							0.268
Have	489	47.9	146	45.3	343	49.1	
Don't have	532	52.1	176	54.7	356	50.9	
Self-rated health							0.199
Good/Very good	313	30.6	95	29.5	218	31.2	
Fair	504	49.4	152	47.2	352	50.4	
Bad/Very bad	204	20.0	75	23.3	129	18.4	
Chronic diseases							0.002
Have	840	82.3	247	76.7	593	84.8	
Don't have	181	17.7	75	23.3	106	15.2	
Living arrangement							0.017
Alone	81	7.9	16	5.0	65	9.3	
Living with others	940	92.1	306	95.0	634	90.7	
Smoking							<0.001
Never-smoker	776	76.0	129	40.1	647	92.6	
Ex-/ Current-smoker	245	24.0	193	59.9	52	7.4	
Drinking alcohol							<0.001
Non-drinker	824	80.7	169	52.5	655	93.7	
Occasional/ Daily drinker	197	19.3	153	47.5	44	6.3	

SD standard deviation

Table 3 Factors associated with depressive symptoms among community-dwelling senior citizens in the Philippines stratified by gender.

	Men (n = 322)			Women (n = 699)		
	β	*p*-value	95% CI	β	*p*-value	95% CI
Age	0.04	0.450	(-0.0, 0.1)	0.04	0.338	(-0.0, 0.1)
Marital status (*vs*. Married/ Remarried)						
Never married	0.01	0.822	(-1.0, 1.2)	0.01	0.866	(-0.7, 0.8)
Separated	-0.02	0.626	(-2.3, 1.4)	0.06	0.072	(-0.1, 2.3)
Widowed	0.01	0.858	(-1.0, 1.1)	0.02	0.664	(-0.3, 0.5)
Education (*vs*. Secondary/ Tertiary)						
No education	-0.00	0.930	(-3.0, 2.7)	-0.02	0.678	(-2.7, 1.8)
Primary School	0.01	0.884	(-0.6, 0.6)	-0.00	0.894	(-0.4, 0.4)
Monthly income (*vs*. No income)						
Poor income	-0.06	0.199	(-1.2, 0.2)	0.04	0.292	(-0.2, 0.8)
Average/ Good income	-0.08	0.081	(-1.6, 0.1)	-0.04	0.230	(-1.1, 0.3)
Pension	-0.01	0.870	(-0.7, 0.6)	0.00	0.898	(-0.4, 0.4)
Self-rated health (*vs*. Fair)						
Good/ Very good	-0.10	0.048	(-1.5, -0.0)	-0.18	<0.001	(-1.5, -0.7)
Bad/ Very bad	0.18	0.001	(0.6, 2.2)	0.13	0.001	(0.4, 1.5)
Chronic diseases	0.04	0.416	(-0.4, 1.1)	0.12	<0.001	(0.5, 1.4)
Living alone	0.02	0.742	(-1.2, 1.7)	-0.02	0.544	(-0.9, 0.5)
Smoking	-0.04	0.387	(-0.9, 0.3)	0.06	0.051	(-0.0, 1.2)
Drinking alcohol	-0.02	0.710	(-0.7, 0.5)	-0.03	0.244	(-1.0, 0.3)
Psychological resilience	-0.18	0.005	(-0.2, -0.0)	-0.16	<0.001	(-0.1, -0.1)
Perceived social support	-0.06	0.308	(-0.2, 0.1)	-0.06	0.097	(-0.1, 0.0)
Social support satisfaction	-0.02	0.750	(-0.2, 0.1)	0.05	0.211	(-0.0, 0.1)
Social interaction	-0.06	0.248	(-0.3, 0.1)	-0.12	<0.001	(-0.4, -0.1)
Loneliness	0.33	<0.001	(0.2, 0.4)	0.29	<0.001	(0.2, 0.3)

A hierarchical regression model was run to examine the degree to which these risk factors were truly associated with depressive symptoms. Table 4 summarizes the results of this hierarchical regression analysis. Models 4 and 5 showed that perceived social support (β = -0.17, $p<0.001$) and loneliness (β = 0.31, $p<0.001$) were independently associated with depressive symptoms. However, the association of perceived social support (β = -0.07, p = 0.024) decreased in the final regression model (model 6) which indicated that perceived social support was greatly influenced by mood which in this case was loneliness. Model 6 explained a total of 28.3% of the variance of depressive symptoms. Among the three main

psychosocial factors, loneliness had the strongest association with depressive symptoms (β = 0.29, p<0.001).

Table 4 Regression analysis predicting depressive symptoms among community-dwelling senior citizens (N = 1,021)

Measurement	β	p-value	F	p-value	R^2 (%)	ΔR^2 (%)
Model 1			3.25	0.006	1.6	
Age	0.08	0.009				
Sex	-0.05	0.125				
Maritalstatus	0.01	0.719				
Education	-0.06	0.045				
Living with others	-0.01	0.818				
Model 2			10.72	<0.001	3.6	2.0
Age	0.06	0.064				
Sex	-0.07	0.040				
Maritalstatus	0.01	0.670				
Education	-0.06	0.059				
Living with others	-0.01	0.678				
Income adequacy	-0.15	<0.001				
Pension	0.01	0.710				
Model 3			16.20	<0.001	9.4	5.8
Age	0.05	0.159				
Sex	-0.07	0.103				
Maritalstatus	0.01	0.813				
Education	-0.05	0.100				
Living with others	-0.02	0.568				
Income adequacy	-0.12	<0.001				
Pension	0.01	0.702				
Poor self-rated health	0.10	0.001				
Chroniic diseases	0.21	<0.001				
Smoking	-0.07	0.065				
Drinking	0.06	0.079				
Model 4			80.12	<0.001	21.9	12.4
Age	0.03	0.274				
Sex	-0.04	0.311				
Maritalstatus	0.01	0.644				
Education	0.00	0.895				
Living with others	-0.01	0.634				
Income adequacy	-0.07	0.010				
Pension	0.02	0.417				
Poor self-rated health	0.07	0.010				
Chroniic diseases	0.17	<0.001				
Smoking	-0.04	0.210				
Drinking	0.06	0.058				
RAS-12	-0.25	<0.001				
DSSI-10	-0.17	<0.001				

Table 4 Regression analysis predicting depressive symptoms among community-dwelling senior citizens ($N = 1,021$) *(Continued)*

Measurement	β	*p*-value	*F*	*p*-value	R^2 (%)	ΔR^2 (%)
Model 5			129.21	<0.001	27.9	18.5
Age	0.04	0.189				
Sex	-0.04	0.263				
Maritalstatus	-0.00	0.932				
Education	0.01	0.840				
Living with others	-0.00	0.935				
Income adequacy	-0.06	0.026				
Pension	0.01	0.723				
Poor self-rated health	0.08	0.005				
Chroniic diseases	0.15	<0.001				
Smoking	-0.03	0.362				
Drinking	0.04	0.161				
RAS-12	-0.24	<0.001				
ULS-8	0.31	<0.001				
Model 6			88.18	<0.001	28.3	18.9
Age	0.03	0.258				
Sex	-0.04	0.231				
Maritalstatus	-0.00	0.980				
Education	0.01	0.660				
Living with others	-0.00	0.996				
Income adequacy	-0.06	0.035				
Pension	0.01	0.649				
Poor self-rated health	0.07	0.007				
Chroniic diseases	0.15	<0.001				
Smoking	-0.03	0.410				
Drinking	0.05	0.109				
RAS-12	-0.21	<0.001				
DSSI-10	-0.07	0.024				
ULS-8	0.29	<0.001				

WHO-5 5-item WHO Wellbeing Index; *RAS-12* 12-item Resilience Appraisal Scale; *DSSI-10* 10-item Duke Social Support Index; *ULS-8* 8-item UCLA Loneliness Scale. β Standardized beta; *F F* statitstic; R^2 variance; ΔR^2 change in variance; Statistical significance indicated by $*p < 0.05$; $**p < 0.01$; $***p < 0.001$

2.4 Discussion

In this study, loneliness, psychological resilience, perceived social support, chronic diseases, poor self-rated health, and income adequacy were associated with Filipino senior citizens' depressive symptoms. Among them, loneliness was the most powerful predictor of depressive symptoms.

As shown in the results, both men and women who had a higher level of psychological resilience exhibited a low level of depressive symptoms. MacLeod et al[45] and Gerino et al[46] previously reported that higher resilience was significantly associated with positive outcomes,

including successful aging, lower depression, and longevity. Therefore, being resilient in the face of adversity could alleviate depression among community-dwelling Filipino senior citizens.

Moreover, perceived health status was associated with the level of depression in this study. Senior citizens who reported their general health status as 'bad/very bad' exhibited a higher level of depressive symptoms whereas those who had 'good/very good' self-rated health presented a lower level of depressive symptoms. Kim et al[47] have previously emphasized that perceived health status was the most powerful predictor of depression among community-dwelling senior citizens in Korea. Our findings were similar to theirs, but loneliness was the most powerful predictor of depression among Filipino senior citizens. As Kim et [al47] did not include loneliness in their analysis, this might account for the difference in the results of two studies.

Among women, those who had chronic diseases showed a higher level of depressive symptoms. Older women are more likely than older men to have functional limitations[48] that is why they could be more at risk for depression.

Furthermore, women who showed higher social interaction had a lower level of depressive symptoms. This is because women may put more value on social contacts than men which help them reduce the risk of having depression. Kubicek et al[49] also confirmed that depressive symptoms were more strongly associated with social contacts among women than those among men. According to a study in Taiwan, decreased social support network was a risk factor for depression among community-dwelling senior citizens.[50] Our finding implies the importance of social contacts and active engagement in the community to prevent the onset of geriatric depression.

Finally, hierarchical regression analysis revealed that loneliness was the most powerful predictor of depressive symptoms among Filipino senior citizens. Cacioppo et al[51]

and Aylaz et al[52] have also confirmed the strong association between loneliness and depressive symptoms among the aging population. In this study, loneliness, chronic diseases, and poor self-rated health were the risk factors for depressive symptoms while a higher level of psychological resilience, perceived social support and income adequacy were the protective factors against it among Filipino senior citizens.

2.5 Strengths and Limitations

This study provided several significant findings and insights. However, some limitations should be noted. First, we used purposive sampling to recruit study participants because we could not obtain the complete list of senior citizens dwelling in the city. To secure representativeness, we based the sampling procedure on the proportion of senior citizens per barangay. Second, we conducted the study in one urban city located in the National Capital Region of the Philippines. Data collection from other subgroups located in the provinces will provide more information for the study. Third, some of the measures such as RAS-12, DSSI-10, and ULS-8 were adapted from previous studies,[53,54,55] and have not been validated in the Philippine context. However, we did forward and back translation carefully, performed face-validity testing by asking the expert panel, pretested the questionnaires, and confirmed their reliability. Regardless of the limitations, our findings have strengths and implications for policy development and future research. This study is the first step in highlighting the depressive symptoms of community-dwelling senior citizens in the Philippines.

2.6 Conclusions

This study highlighted the essential factors associated with depressive symptoms among community-dwelling senior citizens in the Philippines. As loneliness is the most powerful predictor of depressive symptoms among men and women, we need to encourage

Filipino senior citizens to be resilient and be actively involved in their communities. The local government units and Office for Senior Citizens Affairs must integrate community-based mental health programs into their yearly plans for helping those who are suffering from depression.

Chapter 3

Leadership and senior peer counseling program: evaluation of training and its impact on Filipino peer counselors

3.1 Introduction

Mental disorders are getting a major public health threat in the world. Particularly, dementia and depression affect over 20% of adults aged 60 and above and account for 6.6% of all disability in this age group.[21] However, some studies suggest that mental disorders in senior citizens are underreported[56,57] because their emotional problems were often masked by their physical symptoms.[58] The rate of suicide is also highest among senior citizens compared to other age groups.[59] Thus, the mental health needs of this growing segment of the population are serious and must be given urgent attention.

Senior citizens often have unmet needs for mental health. The limited knowledge,[60] stigma,[25] and lack of access to health professionals[61] create barriers to treatment for this underserved population. To overcome these barriers, alternative services to address mental disorders in senior citizens are needed.

Strategies identified as effective in dealing with mental health needs of senior citizens often include the use of interdisciplinary geriatric team composed of mental health, primary care, and rehabilitation specialists working together to integrate care.[62,63] Unfortunately, in low-resource communities, there is a limited range of public geriatric services and lack of of professionals dedicated for mental health.[64] In the Philippines, for instance, there are 0.40 psychiatrist, 0.40 psychiatric nurses, 0.17 medical doctors (not specialized in psychiatry), 0.14 psychologists, 0.08 social workers, and 0.08 occupational therapists per 100,000 general population.[65,66] Faced with these realities, there are two possible ways to address the emergent needs for mental health among Filipino senior citizens. First, is the adoption of 'stepped care' model which can be used as a system to deliver and monitor treatments, so that the most effective yet less resource intensive treatment is delivered to patients first; only stepping up to intensive/ specialist services as clinically required.[67,68] Second, is through 'task shifting' which is the process of delegating tasks to less specialized health workers.[69] The Office for

the Senior Citizens Affairs (OSCA) can serve as a focal point for the training of senior volunteers at the paraprofessional level to work as mental health advocates.[70] The OSCA is the institution responsible for the planning, implementation and monitoring of yearly work programs for the senior citizens in its target area.[71] It has facilitated various activities such as medical & dental missions, fellowship events, giving-away donations, among others.

Senior volunteers represented a significant largely untapped lay resource of informal social care.[72] Previous studies have shown that senior volunteers could be effectively trained to serve other disadvantaged seniors in the communities.[73,74] Indeed, peer counselors were proven to be effective in group counseling,[75] for the blind seniors,[76] for elderly victims of crime and violence,[77] and for health education.[78] Peer counselors also received a number of benefits from their roles in terms of increased sense of well-being and self-worth.[79,80,81]

In this study, service providers and university investigators worked collaboratively with the local government to develop, implement, and evaluate a leadership and peer counseling program. The program mobilized and trained senior volunteers to become peer counselors. This study aimed to evaluate the efficacy of the training program on improving senior volunteers' competency towards peer counseling and explore its impact on their well-being.

3.2 Methods

3.2.1 Study participants

A separate recruitment was conducted for the Phase 2 of the study. I approached the barangay captains to hand over formal invitations for the training. I was then referred to the barangay health workers (BHWs) for recruitment, and I organized a meeting with them to discuss the inclusion criteria for potential participants. Individuals were eligible for the study if they were 60 years old and above, registered members of the OSCA, and not engaged in

professional mental health care. I excluded senior citizens with moderate/ severe cognitive impairment and currently suffering from deafness, aphasia, or other communication disorders. I advised the BHWs to recruit 8-10 senior citizens from their respective barangay. The sample size was based on the computed sample size (n ≥ 60) in the Phase 3 of the study. I aimed to have at least 60 senior volunteers to be trained for peer counseling. Senior citizens (n=70) who were interested visited the barangay hall on the day of the selection interview. I explained to them the purpose of the study and gathered their expectations for the training. Senior citizens who showed positive attitudes towards aging, sickness, adversity, peer support, and death were selected to join the following training. Ultimately, 65 senior volunteers met inclusion criteria and consented to the study. However, only 60 of them completed the 40-hour training while five others dropped out due to conflict with their work schedule. The final list (See fig. 5) of senior volunteers was: Barangay Poblacion (n=7), Tunasan (n=6), Putatan (n=7), Bayanan (n=9), Alabang (n=10), Cupang (n=10), Buli (n=3), and Sucat (n=8).

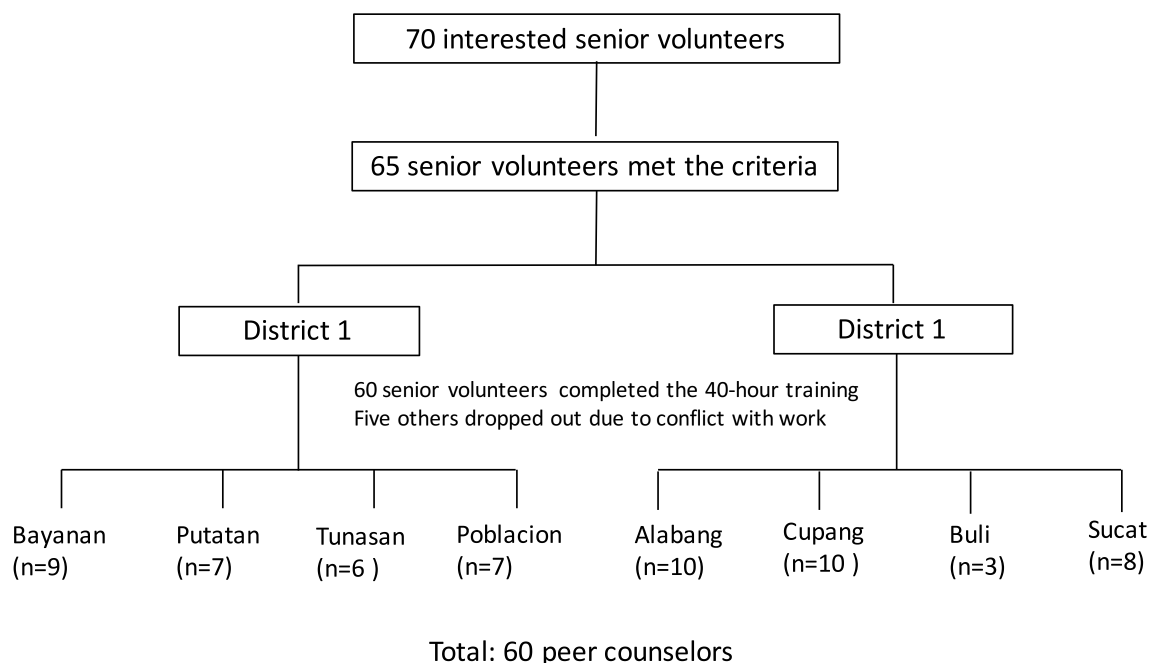

Fig. 5 Flowchart of recruitment for Phase 2 of the study

3.2.2 Intervention 1: Training

The Phase 2 of the research project ENGAGE aimed to train senior volunteers for leadership and peer counseling (see Fig. 6). I aimed to build a network of peer counselors who will provide free counseling service to senior citizens at risk for depression in the study area. I held the training from March to April 2018 with the help of a group of mental health experts. They designed the 40-hour training program based on their personal experience and available literature on senior peer counseling.[70,82-83] Table 5 shows the contents of the training provided to senior volunteers. I held a 3-day intensive workshop at the OSCA Center, and a 2-day supervised practicum in the community. Trained psychologists, social workers, and BHWs facilitated all of the activities. I also incorporated a variety of learning modalities, including classroom discussions, group reporting, return demonstration, interactive games, a project proposal, and fieldwork. I divided the participants into two batches by location's space and manageability. Each batch consisted of 30 to 35 peer counselors.

During the supervised practicum, I assigned two clients for each peer counselor. I recruited the clients from the Phase 1 of research project ENGAGE, which previously identified senior citizens who were suggestive of having depression. I matched peer counselors and their clients according to shared characteristics such as location, dialect, hobbies, and interests. Sixty peer counselors completed the 40-hour training while five others dropped out due to conflict with their work schedule. I distributed certificates to peer counselors who completed the training.

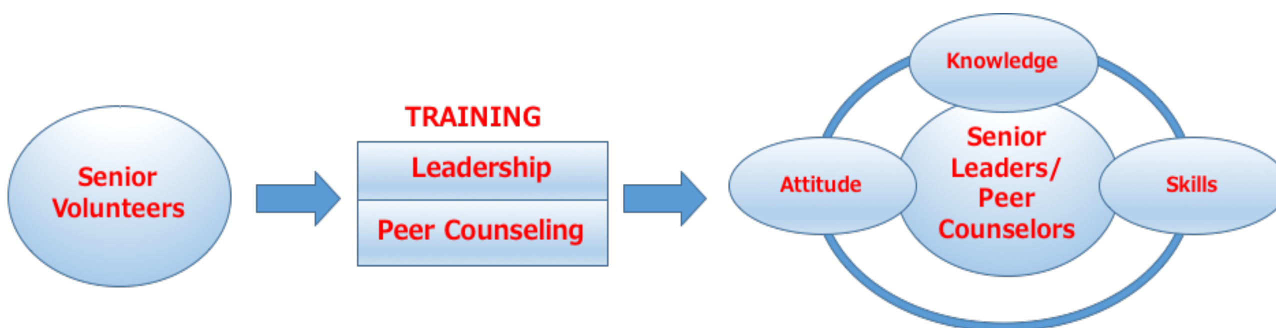

Fig. 6 Conceptual Framework on training senior volunteers on leadership and peer counseling

Table 5 Overview of training for leadership and peer counseling provided to peer counselors.

Training settings	Total hours	Topics covered
Three-day intensive workshop	24	1. Course overview and introduction to the training 2. Roles and responsibilities of senior peer counselors 3. Aging and mental health 4. Leadership skills 5. Building strong relationships 6. Ability to take action towards healthy aging 7. Communication and counseling skills 8. Psychosocial support 9. Positive living 10. Record keeping and reporting 11. Making of a community-based project
Two-day practical training in the community	16	Supervised practicum (fieldwork) focusing on the following skills: 1. Greetings and introduction 2. Using helpful nonverbal communication 3. Asking open-ended questions 4. Listening actively and showing interest in the client 5. Reflecting what the client is saying 6. Showing empathy, not sympathy 7. Avoiding judging words 8. Helping the client set goals and summarizing each counseling session

3.2.3 Intervention 2: Peer counseling

Following the completion of the training, peer counselors contacted their clients through weekly home visits for three months. They met for twelve 1-hour weekly meetings to identify a client-defined problem, build positive relationships, encourage behavior change, and facilitate connections to community and health services. Peer counselors were required to

submit home visitation weekly reports to the trainers to describe their experiences with their clients. Trainers made referrals in cases where the clients needed special social or medical services. I also conducted monthly meetings between peer counselors and trainers in order to provide emotional and professional support to peer counselors.

3.2.4 Data collection

I administered a pre-training survey to measure the baseline knowledge of peer counselors. I used the observation ratings from return demonstration as their baseline skills. After the training, I conducted post-training surveys for knowledge, skills and peer counselor satisfaction. All peer counselors completed the questionnaires in less than 30 minutes. I used ID numbers to match the peer counselor's pre- and post-intervention responses. Three months later, I conducted eight FGDs among peer counselors (each FGD comprising 6-8 members) to elicit perceptions of the program and know their experiences with their clients.

3.2.5 Measures

Peer counselor knowledge competency

I assessed peer counselor's knowledge by self-reported knowledge test. I developed 30-item knowledge questions about leadership and counseling based on literature.[84] The response options for all the items were 'yes' or 'no' and possible scores range from 0 to 30. A score of 21 or more indicates that the peer counselor met the minimum passing level[85] of 70%. I performed face validity testing by asking a group of mental health experts before the administration of the questionnaires.

Peer counselor skills competency

I assessed peer counselor's counseling skills using an observational scale adapted from a peer educator toolkit.[84] I developed a 22-item checklist which covered eight key skill areas which include greetings and introduction, asking open-ended questions, showing empathy, helping the client set goals, and so on. A score of 16 or more indicates that the peer counselor met the minimum passing level[85] of 70%. I performed face validity testing by asking a group of mental health experts before the administration of the observational scale. Two trainers were involved during the return demonstration and supervised practicum. I computed the inter-rater reliability between these two trainers after data collection. I also debriefed after each training session.

Peer counselor satisfaction

I evaluated peer counselors' training satisfaction using rating scale questions which displayed a scale of either from '1 to 5' or '0 to 10'. Peer counselors were asked to select the numerical point on the scale that represents their response best. The higher the numerical point, the more they strongly agree with the statement and vice versa. I performed face validity testing by asking a group of mental health experts before the administration of the rating scale.

Peer counselor training and client experience

I conducted eight FGDs (each FGD comprising 6-8 members) during disengagement and used a semi-structured questionnaire to evaluate peer counselors' training and client experience. Areas of inquiry included thoughts and feelings about the training experience, the group environment, the counseling experience, and perceptions of themselves as peer

counselors. FGDs lasted approximately an hour, digitally recorded, transcribed, and analyzed thematically.

3.2.6 Data analysis

I used descriptive statistics to summarize the basic characteristics of the peer counselors. I calculated the total scores for knowledge, skills, and peer counselor satisfaction. I conducted a paired-sample *t*-test and calculated the effect size to compare peer counselors' competency scores pre- and post-intervention. I also calculated Cohen's kappa coefficient to examine the inter-rater reliability of the observational scale between two trainers. I set the level of significance to 0.05 (two-tailed) and performed statistical analyses using Stata 13.1 (StataCorp, College Station, TX, USA). For qualitative data (FGDs), I examined the impact of the program on peer counselors using thematic analysis.

3.2.7 Ethical considerations

I obtained ethical approval as described in Chapter 2. Peer counselors can withdraw at any time without any harm. If they do, all the services they receive from the OSCA will continue and nothing will change. This was explained to them prior to the signing of their informed consent forms.

3.3 Results

3.3.1 General characteristics of participants

Table 6 shows the socio-demographic characteristics of peer counselors. Of 60 peer counselors, 95.0% (n = 57) were women, and their mean age was 67.3 years [standard deviation (SD) 5.6], and the mean age of men was 66.3 (SD 4.7). Half of them reported as being widowed, with the remainder reporting as married/ remarried (26, 43.3%), never

married (3, 5.0%) and separated (1, 1.7%). All of them reported having a secondary/ tertiary education. More than half of them (55.0%) did not have a source of income and about half of them (46.7%) did not have a pension. Concerning their general health status, more than half of them (51.7%) reported having a 'fair' health condition, and most of them (86.7%) already had at least one chronic disease. For their living arrangement, 54 (90.0%) of them lived with others. The majority of them were non-smokers (49, 81.7%) and non-drinkers (52, 86.7%).

3.3.2 Peer counselor competency

Table 7 shows the comparison of peer counselors' pre- and post-intervention competency scores. All peer counselors met the minimum required passing level of 70% for the knowledge test, with a mean knowledge score of 74.3% (based on 100 as a perfect score). Endpoint analyses revealed that the training significantly increased the knowledge score of peer counselors (mean score at baseline 17.1, SD 2.5, versus mean score after the training 22.3, SD 2.4) ($t=12.89$, $df=59$, $p<0.001$, paired t-test). Concerning skills competency, independent observational ratings of two trainers revealed that peer counselor performance was at a satisfactory level (return demonstration score 77.2%; supervised practicum score 81.4%). Endpoint analyses revealed that the practicum significantly increased the skills score

Table 6 Socio-demographic characteristics of peer counselors.

Characteristics	Total (N = 60)	
	n	%
Age, mean (SD)	67.3 (5.5)	
Sex		
Male	3	5.0
Female	57	95.0
Marital status		
Married/ Remarried	26	43.3
Never married	3	5.0
Separated	1	1.7
Widowed	30	50.0
Education		
Secondary/Tertiary	60	100.0
Monthly income		
No income	33	55.0
Poor income	16	26.7
Average/Good income	11	18.3
Pension		
Have	32	53.3
Don't have	28	46.7
Self-rated health		
Good/Very good	18	30.0
Fair	31	51.7
Bad/Very bad	11	18.3
Chronic diseases		
Have	52	86.7
Don't have	8	13.3
Living arrangement		
Alone	6	10.0
Living with others	54	90.0
Smoking		
Never-smoker	49	81.7
Ex-/ Current-smoker	11	18.3
Drinking alcohol		
Non-drinker	52	86.7
Occasional/ Daily drinker	8	13.3

SD Standard deviation

of peer counselors (mean score at baseline 17.0, SD 3.0, versus mean score after the practicum 17.9, SD 2.8) (t=6.96, df=59, p<0.001, paired t-test). In terms of effect size, the training had a large effect on knowledge competency (d = 2.14) and small effect on skills competency (d = 0.30).

However, areas needing improvement were noted. These included handling of questions, reflecting the client's feelings, helping the client set goals, and summarizing each counseling session. Inter-rater reliability between the two trainers showed substantial agreement (return demonstration: kappa 0.72, p<0.001; supervised practicum: kappa 0.74, p<0.001), indicating good inter-rater reliability.

Table 7 Comparison of peer counselors' pre- and post-intervention competency scores.

Measures	Before intervention	After intervention	*t*-value	*p*-value	Effect size[a]
	Mean (SD)	Mean (SD)			
Peer counselor competency					
Leadership and counseling knowledge	17.1 (2.5)	22.3 (2.4)	12.89	<0.001	2.14
Observational ratings	17.0 (3.0)	17.9 (2.8)	6.96	<0.001	0.30

SD Standard deviation; [a] This effect size (Cohen's *d)* is a standardized measure of the difference between after and before the intervention in standard-deviation units.

3.3.3 Peer counselor satisfaction

Peer counselor satisfaction surveys were completed at the end of the training session. Table 8 shows the training evaluation of peer counselors. The results indicated a high level of satisfaction among peer counselors with the overall program (average 9.7 on a 10-point scale) and with specific aspects of the program, which include topics chosen, time allocation, training materials, trainer quality, and training facility (range of item means = 4.2-4.5 on a 1-5 scale). Moreover, attitudinal responses revealed that peer counselors found the training to be relevant, useful, and easy to understand which led to an increased amount of knowledge and a change in their attitude (range of item means = 9.4-9.6 on a 0-10 scale).

Table 8 Training evaluation of peer counselors.

Measure	Range (possible range)	Mean	SD
Peer counselor satisfaction			
Topics chosen	3-5 (1-5)	4.4	0.8
Time allocation	3-5 (1-5)	4.3	0.8
Training materials	3-5 (1-5)	4.4	0.8
Trainer quality	3-5 (1-5)	4.2	0.9
Training facility	3-5 (1-5)	4.5	0.7
Clarity and understandability	6-10 (0-10)	9.4	1.1
Amount of new knowledge gained	7-10 (0-10)	9.6	0.9
Relevance and usefulness	7-10 (0-10)	9.5	0.9
Amount of attitude change	7-10 (0-10)	9.6	0.9
Overall satisfaction	7-10 (0-10)	9.7	0.7

SD Standard deviation

3.3.4 Peer counselor training and client experience

Table 9 shows the impact of the program on peer counselors that emerged from the thematic analysis of qualitative data. The FGDs with peer counselors revealed three significant themes: (1) personal growth, (2) opportunities as a peer counselor, and (3) challenges as a peer counselor. Example quotes are also shown in Table 9.

As for personal growth, peer counselors mentioned about improvement concerning knowledge, interpersonal skills, social relations, and awareness of self and others. These were all attributed to their training experience. What they liked most about the training centered around learning new concepts, interacting with fellow senior citizens, and the supportive nature of both the participants and trainers.

Concerning opportunities as a peer counselor, four sub-themes emerged: advising, recognition, companionship, and active lifestyle. Peer counselors mentioned that advising played a significant role in their whole journey as peer counselors. Recognition, on the other hand, was a fruit of their passion for helping others. Many of them said that they had found companionship with their clients and fellow peer counselors. They also said that the program kept them active and a chance for them to go outdoors.

Some negative feedback, however, was received and it is mainly about the challenges faced by peer counselors. These include dealing with difficult and indigent clients, as well as finding a balance between health and counseling duties.

Table 9 Impact of leadership and peer counseling program on peer counselors.

Key themes	Sub-themes	Example quotes
Personal growth	Improved knowledge Improved awareness of self and others	▪ *'Everything was interesting, and I felt delighted after the training. I noticed a big change within me. I have this enthusiasm to learn something new, and I became more aware of myself and others. The training empowered me to assume my role as peer counselor'* (female peer counselor)
	Improved interpersonal skills Improved social relations	▪ *'I was shy and not into sharing my personal life. However, the training helped me build confidence and improved my communication skills. I have found new friends in our training. All the participants and trainers were very supportive, and I feel comfortable being around with them'* (male peer counselor)
Opportunities as a peer counselor	Advising Recognition	▪ *'I recognized myself as an effective peer counselor when my clients took my advice and changed their behavior. I had a client who is alcoholic and unemployed. I wanted him to be more productive so, I gave him a capital to start a small business (selling rags). Now, the business is going well. I felt glad to make life better for seniors in need'* (female peer counselor) ▪ *'The entire program was new in our community, and people were surprised to know that counseling exists. Through my weekly home visits, people in my neighborhood started to recognize me as a peer counselor. It felt like I got a new role in our community. They were all interested in joining our program'* (female peer counselor)
	Companionship	▪ *'We have formed support network among ourselves. We turn to each other for fun and help. There was a time I got sick, and they visited my place to show their concern. I felt like I was part of a large extended family'* (female peer counselor) ▪ *'My clients and I shared our own difficult life experiences and this lead to building mutual trust. I made my clients feel that we were on the same level. Together, we think of ways of solving our problems'* (female peer counselor)
	Active lifestyle	▪ *'Before joining the program, I spent most of my days taking care of my grandchildren. Working as a peer counselor allows me to go to OSCA and visit my clients once a week. Going outdoors keeps me active which is good for my health'* (female peer counselor)
Challenges as a peer counselor	Difficult clients	▪ *'I only had my first visit with one of my clients. At first, he welcomed me, but during my second visit, he asked me to leave. I was not sure what went wrong. His wife told me that my client does not want to talk to anyone. I find it difficult to deal with that male client'* (female peer counselor)
	Indigent clients	▪ *'My client is very sick and poor. I feel sorry to watch him in pain. He was hoping to receive financial aid from our program. To help, I always bring bread during my visits to him'* (male peer counselor)
	Finding balance	▪ *'It was summer when we started the program. The hot weather triggered my hypertension. I cannot join my fellow peer counselors during the weekly home visits. I have to put off my counseling duties and wait until I recover from my illness'* (female peer counselor)

3.4 Discussion

In this study, I demonstrated that Filipino senior volunteers could be trained to serve as peer counselors in their community. The 40-hour training showed improvement in peer counselors' competency. They showed statistically significant improvement in knowledge and skills after the training. Their competency scores suggested that they were ready to assume their role as peer counselors. Their training evaluation also revealed that they were satisfied with the training they received and felt empowered to do their job.

The training program was designed based on didactic and experiential approach.[86,87,88] The success of the program may be brought by four factors. First, the 3-day intensive workshop gave the peer counselors the common base of knowledge and skills which they applied during the 2-day practical training in the community. Second, the leadership training empowered peer counselors to realize their leadership potential and to build strong relationships with their peers. The team building activities encouraged them to work as a group and take action towards healthy aging. Third, the return demonstration allowed them to practice their skill with supervision and feedback until minimum competency was achieved. Peer counselors then exhibited satisfactory results in their communication and counseling skills. Finally, the supervised practicum in the field allowed peer counselors to practice their skills in real counseling situations. The fieldwork gave them the opportunity to identify further vital areas that need to be improved.

The peer counseling program had an impact on the well-being of peer counselors. Results of the qualitative analysis (Table 9) suggested personal growth and opportunities as a peer counselor to have positive impact on their well-being. Personal growth was attributed to the training experience. In this study, peer counselors expressed an improvement in knowledge, interpersonal skills, social relations, and awareness of self and others. This finding is consistent with those reported about participants in other senior peer counseling

programs.[70,77,79,80,89-90] On the other hand, with regard to opportunities as a peer counselor, the volunteer work allowed them to remain actively engaged in their communities. Being able to give advice and help clients who were in need contributed to their sense of purpose. Moreover, community recognition of their role as peer counselors enriched their self-esteem while companionship with their clients and peers extended their social network. Butler[91] also highlighted the importance of companionship in their senior companion program.

Although the present findings suggested that client experience may improve the well-being of peer counselors, this must be interpreted with caution as peer counselors also reported some challenges with their clients. Among those challenges were dealing with difficult and indigent clients, as well as finding a balance between health and counseling duties. These challenges may have an adverse impact on the well-being of peer counselors. Denton et al[92] previously emphasized that workload and difficult clients were associated with poorer health among home care workers. Therefore, finding balance and supervision to use counseling skills appropriately by the peer counselors are needed.

3.5 Strengths and Limitations

Although we were successful in training senior volunteers as peer counselors in their community, several limitations should be noted. First, the scope of the project did not allow me to assign participants to treatment and control groups; thus, I cannot attribute the outcomes to specific intervention components or rule out other factors. Second, peer counselors were predominantly women. The gender-based differences may have affected their working alliance with male clients.[93] Thus, it is recommended to have more male peer counselors in the future. Finally, some of the measures such as knowledge and skills assessment were adapted from previous studies,[58,84,85] and have not been validated in the Philippine context. I did forward and back translation carefully and performed face validity testing by asking a

group of mental health experts before the administration of the questionnaires. Regardless of the limitations, findings from this study highlighted the potential for peer counselors to provide services to depressed and underserved senior citizens. In the future, similar programs should be implemented, and their efficacy examined both by process and outcome measures.

3.6 Conclusions

In this study, I demonstrated that senior volunteers could be trained to serve as peer counselors in their community. We equipped them with the proper knowledge, skills, and attitude to assume leadership roles in conducting peer counseling. Moreover, this program has the potential to improve their well-being. The didactic and experiential approach in training coupled with the supportive nature of the trainers may have all been important factors that made this program effective. Future research is warranted to determine whether the provision of peer counseling will affect the health outcomes of the target population. Other low-resource communities might also benefit from Philippines' leadership and peer counseling program and train their senior volunteers in similar ways.

Chapter 4

Efficacy of peer counseling, social engagement, and combination interventions in Filipino senior citizens at risk for depression: an open (non-blinded), non-randomized trial

4.1 Introduction

Poor mental health is getting more common in low- and middle-income countries than in high-income countries due to lack of available resources and access to health services.[24,94] In these countries, there is a large treatment gap for mental health care, with the majority of people with mental disorders receiving no or inadequate care.[95] Depression, for instance, is one of the most common mental disorders and it affects physical health, social activities, and quality of life of senior citizens.[96,97] Despite being a commonly studied mental disorder, very little is known about depression interventions conducted in these countries.

I searched Pubmed, Web of Science, CINAHL, Cochrane Library, and Google Scholar with the terms "intervention", "depression", "older adults", "senior citizens", "reduction", "effectiveness", "noninstitutionalized", and "service delivery" for original research articles published in English up to February 28, 2018. I aimed to identify successful interventions for depression among noninstitutionalized older adults. Most interventions were conducted in developed countries and delivered in primary care[98,99,100,101] and home-based settings.[102] In the USA, most older adults were screened for depression and treated in primary care settings, yet often did not receive the recommended standard care for depression due to lack of care coordination and sustainable infrastructures.[103] A few studies evaluated home-based interventions in the community and it led to better treatment acceptance[104] and fewer nursing home admissions and in-patient care days[105] among older adults. Mixed results, however, were obtained in community-based setting showing that interventions did improve the targeted outcomes (e.g., increases in physical therapy, training in certain skills) but did not alleviate depression.[106] I did not identify any noninstitutionalized depression intervention studies that were conducted in low-resource settings.

Although evidence-based depression interventions exist, relatively few senior citizens seek care for mental health specialists.[107] Moreover, studies that examine the models used to deliver mental health services have been limited.[107] Given that older adults are less likely to seek specialty mental health services, community-based interventions have the potential to bring promising outcomes to engage this population. With appropriate interventions, depression is potentially reversible. For instance, peer counseling had the potential for reducing depression and improving the quality of life of senior citizens.[72,108,109] Social engagement, on the other hand, has improved healthy lifestyle and depression score among rural senior citizens.[110] These two types of interventions would be feasible and useful in a low-resource setting like the Philippines. Filipino senior citizens are known to be accommodating and sociable which is why these two interventions would bring out promising outcomes.

To our knowledge, no studies have evaluated the individual and combined effects of peer counseling and social engagement concurrently in improving the mental health of community-dwelling senior citizens. It is hypothesized that the combined intervention would be more effective than any single intervention in alleviating depressive symptoms. It could work together in complementary or synergistic ways. Moreover, the social ecological perspective provides a compelling justification for multilevel intervention. Its fundamental insight is that determinants at multiple levels which include intrapersonal, interpersonal, organizational, community, and policy, interact to influence human behavior and outcomes.[111] Interventions that target determinants at multiple levels and mutually reinforce each other are likely to produce larger and longer lasting effects than interventions that target determinants at only one level.[111] For instance, a multilevel intervention that combines peer counseling (an intrapersonal-level intervention) and social engagement program (an interpersonal and community-level intervention) is more likely to be more effective than either intervention

alone. Several studies have documented multilevel interventions focusing on a variety of health conditions, including cardiovascular disease, HIV, obesity and cancer.[112]

This study aimed to assess the efficacy of 3-month-duration interventions with peer counseling, social engagement, and combined intervention vs. control in improving depressive symptoms of Filipino senior citizens living in the community.

4.2 Methods

4.2.1 Study participants

From Phase 1 of the study, 575 of 1,021 (56.3%) community-dwelling senior citizens reported a depression score of 5 or more which indicated a tendency towards depression. The GDS-15 was used for depression screening[38,39, 113] and it has an optimum cut-point of 5 or more. In the Philippines, however, no validation study of the GDS-15 has been reported yet. I then calculated the sample size for group allocation. I used Open Epi version 3.01 and based the following parameters from a meta-analysis[114] of the effects of outreach programs to depressed senior citizens in the community: effect size of 0.77, power of 90%, alpha set at 0.05 (two-sided) and expected dropout rate of 25%. I calculated at least 40 senior citizens per group. Considering the small sample size, I decided to increase the sample size to at least 60 senior citizens per group.

I used the the pool of 575 senior citizens eligible for the study (sampling frame) to allocate the senior citizens non-randomly into four groups: peer counseling (n = 67), social engagement (n = 68), combination (n = 65), and usual care control (n = 70) which accounted for a total of 270 participants. I made sure that each of the eight barangays had 7-8 senior citizens allocated per group to ensure representativeness of the population. In case that a barangay does not have enough eligible senior citizens, I did the recruitment from its nearby barangay. For example, Barangay Buli had not enough number of eligible senior citizens so I

recruited some senior citizens from either Barangay Cupang or Sucat. From my sampling frame, the BHWs and I did the recruitment purposively through home visits. Only those who were present on the day of recruitment were included in the study. Senior citizens who were sleeping or those who went outside for health check-up or for other personal reasons were not invited to participate. Senior citizens who agreed to participate were assigned into different groups. For those who had difficulty walking outside, I assigned them to the peer counseling group. Otherwise, they can join either the social engagement or combined intervention group. It is important to consider the functional ability or mobility of the senior citizens because the social events were held at OSCA which is located at Barangay Bayanan. The venue for the social event was on the second floor of the building and senior citizens had to take the stairs to get there. For ease of transportation, I coordinated with Barangay officials to provide a 'pick-up and drop off service' for them every time they joined the weekly events. I obtained their informed consents before the initiation of intervention. I assessed their depressive symptoms and secondary outcomes at 0 months and 3 months (see Fig. 7).

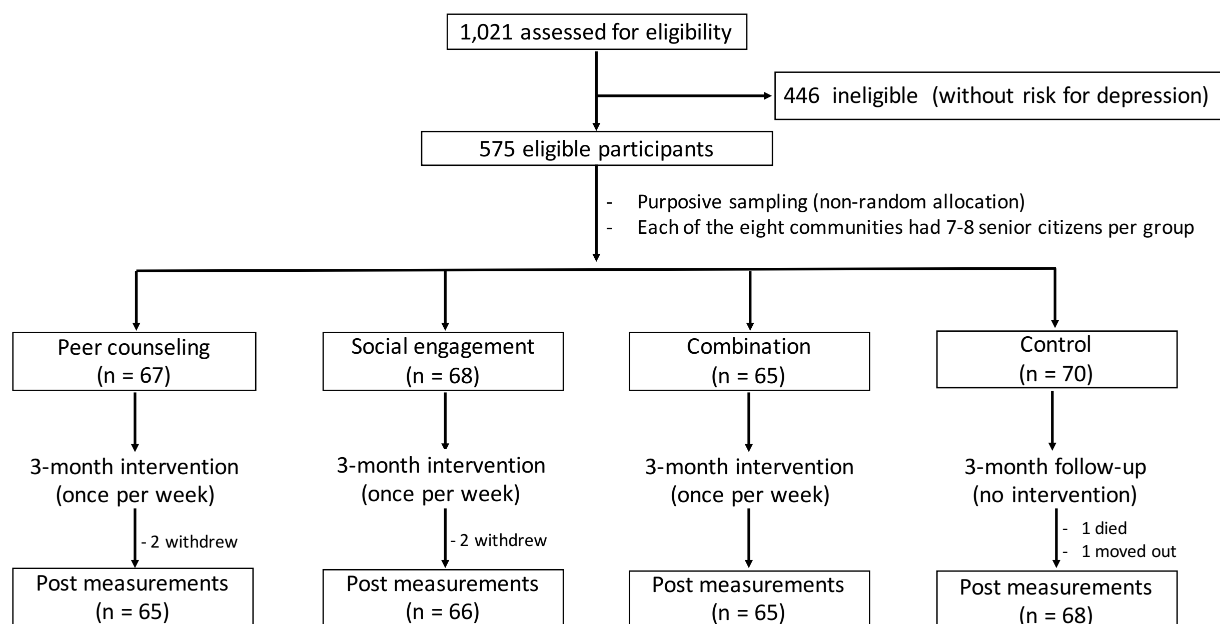

Fig. 7 Flow chart of ENGAGE intervention study (Phase 3)

4.2.2 Interventions

For peer counseling group

Peer counselors performed 1-hour home visits weekly to their assigned clients for three months. The goals of the meetings were to establish a strong working alliance, identify a client-defined problem, encourage behavior change, and facilitate engagement with the community. At the initial visit, the peer counselor asked the clients what they would like to achieve from the meetings in order to establish a client-identified goal that they can work on together. Peer counselors then accomplished weekly reports for documentation purposes.

Health providers (e.g., physician, psychologists, social workers, pharmacist) and barangay health workers met with the peer counselors once a month for an hour for supervision and collaboration. During meetings, the peer counselors reported on client's progress and shared impression and insights. The health providers and barangay health workers then provided guidance, reinforcement and constructive feedback to continue the skills development of peer counselors.

For social engagement group

Senior citizens joined 3-hour weekly social events held at the Office for Senior Citizens Affairs (OSCA) for three months. I conducted the social events into two batches comprised of 30-35 senior citizens per batch facilitated by health providers, peer counselors, and barangay health workers. Each social event starts with a prayer, with 15-20 minutes dancing, educational talk, group discussion, peer group support, interactive games, karaoke and so on. Topics covered include healthy, active and successful aging; nutrition, physical activity, and functional ability; dealing with stress, loneliness, and depression; building confidence and resilience; problem-solving and decision-making; communication with others; and use of community resources. The key feature of the program was to enable senior citizens

to expand their social network and promote active social participation within their respective communities.

For combination group

Senior citizens in this group underwent both peer counseling and social engagement interventions mentioned above. I designed the combination group to explore the additive or synergistic effect of peer counseling and social engagement on improving the mental health of senior citizens at risk for depression.

For control group

Senior citizens in this group had access to usual or standard of care from health and aged care services that were usually available, including primary level care from barangay health centers and social welfare services delivered by the OSCA.

4.2.3 Measures

I followed the WHO's guideline for the process of translation and adaptation of instruments.[37] Two independent researchers translated the English version of the scales into Filipino separately and compared their output. Then, I asked the expert panel (two geriatric professionals and one psychologist) to identify and resolve the inadequate expressions or concepts of the translation, as well as any discrepancies between the forward translation and the previous versions of the scales. Then, one independent researcher translated the scales back to English. After that, I conducted pre-testing and cognitive interviewing among 30 senior citizens. I computed the reliability of the scales using Cronbach's α. Documentation of the previous and final versions of the survey questionnaires used in this study can be found in the Appendix.

Primary outcome

Depressive symptoms

I measured the depressive symptoms of the senior citizens by the 15-item Geriatric Depression Scale (GDS-15). This scale was specially developed for use in geriatric patients and contained fewer somatic items.[38,39] The response options for all the items were 'yes' or 'no' and possible scores ranged from 0 to 15. The response to the five items dealing with positive well-being was reverse coded before obtaining the total GDS-15 score. The five items were:

Q1. Are you basically satisfied with your life?

Q5. Are you in good spirits most of the time?

Q7: Do you feel happy most of the time?

Q11: Do you think it is wonderful to be alive?

Q13: Do you feel full of energy?

A score of 5 or more indicated a tendency towards depression. The validity and reliability of GDS-15 have been supported through both clinical practice and community-based research.[40,41] The Cronbach's α for this study was 0.84.

Secondary outcomes

Psychological resilience

I measured senior citizens' psychological resilience using the 12-item Resilience Appraisal Scale (RAS-12). The scale consisted of three parts of coping skills which evaluated perceived abilities in social support seeking, emotional regulation and problem-solving.[42] Senior citizens indicated the degree of applicability of each statement to them using a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The total RAS-12 score ranged from 12 to 60, with a higher score indicating higher perceived psychological

resilience. The Cronbach's α for this study was 0.93.

Perceived social support

I assessed the senior citizens' perceived social support using the 10-item Duke Social Support Index (DSSI-10), which was developed to measure two important concepts related to social support such as social support satisfaction and social interaction.[43] The possible score ranged from 10 to 30. Higher scores indicated a higher level of perceived social support among senior citizens. The Cronbach's α for this study was 0.82.

Loneliness

I measured senior citizens' loneliness using the 8-item UCLA Loneliness Scale (ULS-8). The scale[44] employed a four-point Likert scale with values ranging from 0 (never) to 3 (often), and the total score ranged from 8 to 32. The response to 'I am an outgoing person' and 'I can find companionship when I want it' were reverse coded before obtaining the total score for all eight items. There was no cut-off score identified to define loneliness. However, a higher score on this scale indicated more intense feelings of loneliness. The Cronbach's α for this study was 0.82.

Working alliance

Working alliance is the trust between a client and counselor which enables them to work together for the benefit of the client. It is the bond that helps a client have a total faith in their counselor.[115] I measured the working alliance using the Working Alliance Inventory-Short Form (WAI-SF). The WAI-SF measures three domains of the therapeutic alliance: (a) agreement between client and peer counselor on the goals of the treatment (Goal); (b) agreement between client and peer counselor about the tasks to achieve these goals (Task); and (c) the quality of bond between the client and peer counselor (Bond).[116] Peer counselors and clients completed the WAI-SF on their first and last meeting.[107] The WAI-SF scores ranged from 12-84, with higher scores indicating a stronger bond and agreement on tasks and

goals. The Cronbach's α for this study was 0.85 and 0.88 for the peer counselors and clients, respectively.

Satisfaction with the social engagement program

I evaluated senior citizens' satisfaction with the program using rating scale questions which displayed a scale of either from '1 to 5' or '0 to 10'. Senior citizens in the social engagement and combination interventions were asked to select the numerical point on the scale that represents their response best. The higher the numerical point, the more they strongly agree with the statement and vice versa. I performed face validity testing by asking a group of mental health experts before the administration of the rating scale.

4.2.4 Data collection

I performed outcome assessments at 0 months and 3 months after the interventions. I did not blind the assessors to the senior citizens' group allocation. The same assessors (trained barangay health workers from Phase 1) collected the data.

4.2.5 Data analysis

I performed comparisons across three intervention groups using generalized estimating equations and analysis of variance (whichever is applicable) for continuous variables and chi-squared tests for categorical variables. I reported the net mean change from baseline between intervention groups (using the control group as the reference) and its 95% confidence interval (CI) for continuous outcomes as well as the effect size of each intervention. I used the Wilcoxon signed-rank test to compare changes in working alliance between peer counselors and clients. I used it because of the small sample size, and the variables had non-normal distributions. I set the level of significance to 0.05 (two-tailed) and performed statistical analyses using Stata 13.1 (StataCorp, College Station, TX, USA).

4.2.6 Ethical considerations

I obtained ethical approval as described in Chapter 2. All participation was voluntary. Senior citizens can withdraw at any time without any harm. If they do, all the services they receive from the OSCA will continue and nothing will change. This was explained to them prior to the signing of their informed consent forms. For the control group, despite that they were denied of an intervention, they have received the usual or standard of care from health and aged care services that were usually available, including primary level care from barangay health centers and social welfare services delivered by the OSCA.

4.3 Results

Of the 1,021 senior citizens, 575 (56.3%) were suggestive of having depression based on the GDS-15 score. The dropout rate was low and comparable across the four intervention groups (3.0% for peer counseling; 2.9% for social engagement; 0.0% for combination; and 2.9% for control). The reasons for dropout included: moved residence (n = 1), death (n = 1), and refused for no reason (n = 4). Two hundred sixty-four senior citizens (97.8%) completed the 3-month follow-up assessment. No adverse events occurred during the study.

The senior citizens' mean age was 68.3 years [standard deviation (SD) 6.1], and 187 (70.8%) were women. All of them were at risk for depression (based on screening test). I did not observe any statistically significant differences in baseline mental health outcomes and socio-demographic characteristics across the intervention groups (Table 10).

Table 11 summarizes the effects of interventions on the mental health outcomes of senior citizens at risk for depression from baseline and at three month- follow-up, using the control group as reference. There was a significant net mean change, with improvement in depressive symptoms, psychological resilience, and perceived social support over three months across all intervention groups. Significant improvement in loneliness score was

obtained only in the social engagement group. Moreover, the combination intervention group showed the largest effect of improving depressive symptoms (d = -1.33) whereas the social engagement group showed the largest effect of improving psychological resilience (d = 1.40), perceived social support (d = 1.07), and loneliness (d = -0.36) among community-dwelling Filipino senior citizens.

Table 12 shows the pre- and post-total working alliance scores and subscales between peer counselors and clients. Over three months, 29.2% (19/65) of senior citizens in the peer counseling group and 9.2% (6/65) of senior citizens in the combined intervention group had depression scores that remained relatively unchanged or increased. Working alliance as rated by both peer counselors and clients significantly increased over time among clients whose depression improved. For clients whose depression did not improve, I observed a weak working alliance as exemplified by weaker bond and disagreement on specific tasks and goals between peer counselors and clients.

Table 10 Characteristics of community-dwelling senior citizens at risk for depression at baseline ($N = 264$)

Characteristics	Peer counseling (n = 65)	Social engagement (n = 66)	Combination (n = 65)	Control (n = 68)	*p*-value
Age in years, mean (SD)	68.0 (5.7)	68.8 (5.9)	68.2 (5.4)	68.3 (7.2)	0.406
Sex, n (%)					0.891
Men	19 (29.2)	19 (28.8)	17 (26.2)	22 (32.4)	
Women	46 (70.8)	47 (71.2)	48 (73.9)	46 (67.7)	
Marital status, n (%)					0.072
Married/ Remarried	28 (43.1)	32 (48.5)	31 (47.7)	33 (48.5)	
Never married	5 (7.7)	3 (4.6)	5 (7.7)	12 (17.7)	
Separated	3 (4.6)	0 (0.0)	1 (1.5)	4 (5.9)	
Widowed	29 (44.6)	31 (47.0)	28 (43.1)	19 (27.9)	
Education, n (%)					0.328
No education	1 (1.5)	3 (4.6)	0 (0.0)	0 (0.0)	
Primary	38 (58.5)	36 (54.6)	41 (63.1)	38 (55.9)	
Secondary/Tertiary	26 (40.0)	27 (40.9)	24 (36.9)	30 (44.1)	
Monthly income, n (%)					0.990
No income	46 (70.8)	48 (72.7)	49 (75.4)	48 (70.6)	
Poor income	16 (24.6)	16 (24.2)	13 (20.0)	17 (25.0)	
Average/Good income	3 (4.6)	2 (3.0)	3 (4.6)	3 (4.4)	
Pension, n (%)					0.459
Have	28 (43.1)	37 (56.1)	30 (46.2)	31 (45.6)	
Don't have	37 (56.9)	29 (43.9)	35 (53.9)	37 (54.4)	
Self-rated health, n (%)					0.930
Good/Very good	12 (18.5)	16 (24.2)	14 (21.5)	14 (20.6)	
Fair	36 (55.4)	30 (45.5)	30 (46.2)	35 (51.5)	
Bad/Very bad	17 (26.2)	20 (30.3)	21 (32.3)	19 (27.9)	
Chronic diseases, n (%)					0.869
Have	59 (90.8)	58 (87.9)	57 (87.7)	62 (91.2)	
Don't have	6 (9.2)	8 (12.1)	8 (12.3)	6 (8.8)	
Living arrangement, n (%)					0.521
Alone	6 (9.2)	9 (13.6)	5 (7.7)	10 (14.7)	
Living with others	59 (90.8)	57 (86.4)	60 (92.3)	58 (85.3)	
Smoking, n (%)					0.542
Never-smoker	51 (78.5)	54 (81.8)	47 (72.3)	50 (73.5)	
Ex-/ Current-smoker	14 (21.5)	12 (18.2)	18 (27.7)	18 (26.5)	
Drinking alcohol, n (%)					0.527
Non-drinker	48 (73.9)	55 (83.3)	52 (80.0)	56 (82.4)	
Occasional/ Daily drinker	17 (26.2)	11 (16.7)	13 (20.0)	12 (17.7)	
GDS-15 score, mean (SD)	7.1 (2.0)	7.6 (2.3)	7.8 (2.5)	7.0 (1.7)	0.114
WHO-5 score, mean (SD)	12.0 (3.7)	11.2 (4.2)	11.1 (3.8)	12.6 (4.4)	0.096
RAS-12 score, mean (SD)	45.4 (5.2)	44.8 (5.3)	45.4 (5.4)	45.3 (3.8)	0.896
DSSI-10 score, mean (SD)	21.4 (3.4)	21.4 (3.4)	21.0 (3.6)	22.2 (3.1)	0.224
ULS-8 score, mean (SD)	1.0 (5.4)	0.9 (5.2)	2.2 (5.3)	2.8 (5.1)	0.123

GDS-15 15-item Geriatric Depression Scale; *WHO-5* 5-item WHO Wellbeing Index; *RAS-12* 12-item Resilience Appraisal Scale; *DSSI-10* 10-item Duke Social Support Index; *ULS-8* 8-item UCLA Loneliness Scale. *SD* Standard deviation.

Table 13 shows the evaluation of social engagement program. Both social engagement and combined intervention groups completed the questionnaire at the end of the program. The results indicated a high level of satisfaction among senior citizens (average 9.9 on a 10-point scale) and with specific aspects of the program, which include topics chosen, time allocation, materials used, quality of invited speakers, and event facility (range of item means = 4.4-4.8 on a 1-5 scale). Moreover, attitudinal responses revealed that senior citizens found the social events to be relevant, useful, and easy to understand which led to an increased amount of knowledge and a change in their attitude (range of item means = 9.8-9.9 on a 0-10 scale).

Table 11 A Effects of intervention on the mental health outcomes of community-dwelling senior citizens at risk for depression.

		Mean (SD)			
		Peer counseling (n = 65)	Social engagement (n = 66)	Combination (n = 65)	Control (n = 68)
GDS-15 score	Pre	7.1 (2.0)	7.6 (2.3)	7.8 (2.5)	7.0 (1.7)
	Post	5.0 (3.0)	4.0 (2.3)	3.5 (2.5)	6.3 (3.1)
RAS-12 score	Pre	45.4 (5.2)	44.8 (5.3)	45.4 (5.4)	45.3 (3.8)
	Post	48.6 (5.1)	52.9 (6.2)	51.0 (6.0)	43.4 (5.2)
DSSI-10 score	Pre	21.4 (3.4)	21.4 (3.4)	21.0 (3.6)	22.2 (3.1)
	Post	23.9 (3.3)	24.1 (3.2)	23.2 (3.3)	20.3 (3.1)
ULS-8 score	Pre	8.3 (3.5)	8.6 (3.5)	9.0 (3.9)	7.6 (4.2)
	Post	9.4 (4.0)	9.5 (4.8)	11.2 (4.3)	10.3 (4.2)

Table 11 B Effects of intervention on the mental health outcomes of community-dwelling senior citizens at risk for depression.

	Peer counseling (n = 65)			Social engagement (n = 66)			Combination (n = 65)		
	Net mean change[a] (95% CI)	*p*-value	Effect size	Net mean change[a] (95% CI)	*p*-value	Effect size	Net mean change[a] (95% CI)	*p*-value	Effect size
GDS-15 score	-1.4 (-2.5, -0.31)	0.012	-0.44	-2.9 (-3.8, -2.0)	<0.001	-1.10	-3.6 (-4.5, -2.7)	<0.001	-1.33
RAS-12 score	5.0 (2.7, 7.4)	<0.001	0.72	9.9 (7.6, 12.3)	<0.001	1.40	7.6 (5.3, 9.9)	<0.001	1.13
DSSI-10 score	4.4 (2.8, 6.0)	<0.001	0.92	4.5 (3.1, 6.0)	<0.001	1.07	4.1 (2.5, 5.7)	<0.001	0.87
ULS-8 score	-1.7 (-3.5, 0.0)	0.056	-0.33	-1.8 (-3.6, -0.1)	0.038	-0.36	-0.6 (-2.3, 1.2)	0.532	-0.11

GDS-15 15-item Geriatric Depression Scale; *RAS-12* 12-item Resilience Appraisal Scale; *DSSI-10* 10-item Duke Social Support Index; *ULS-8* 8-item UCLA Loneliness Scale. *SD* Standard deviation; *CI* Confidence interval; [a] Net mean change from baseline using control group as reference; [b] This effect size (Cohen's *d)* is a standardized measure of the difference in differences between the intervention and control group in standard-deviation units and the minus (-) sign indicates the negative direction of the effect which in this case reduction of depressive symptoms and loneliness; Adjusted for age, sex, marital status, education, monthly income, pension, self-rated health, chronic diseases, living arrangement, smoking, and drinking.

Table 12 Pre- and post-total working alliance scores and subscales (bond, task, goal) for clients whose depressive symptoms improved and did not appear to improve

	Peer counseling (n = 65)						**Combination (n = 65)**					
	GDS-15 scores decreased (n = 46)			GDS-15 scores no change or increased (n = 19)			GDS-15 scores decreased (n = 59)			GDS-15 scores no change or increased (n = 6)		
Peer ratings	Pre	Post	z-score (*p*-value)	Pre	Post	z-score (*p*-value)	Pre	Post	z-score (*p*-value)	Pre	Post	z-score (*p*-value)
Total WAI-SF score, median (IQR)	62.5 (58.0-67.0)	70.5 (65.0-77.0)	4.59 (<0.001)	64.0 (56.0-69.0)	65.0 (56.0-75.0)	0.26 (0.794)	59.0 (56.0-68.0)	73.0 (65.0-77.0)	4.97 (<0.001)	60.0 (55.0-64.0)	73.5 (73.0-75.0)	2.11 (0.035)
Bond subscale, median (IQR)	21.5 (19.0-24.0)	24.0 (22.0-28.0)	3.99 (<0.001)	22.0 (19.0-26.0)	22.0 (19.0-28.0)	0.71 (0.479)	20.0 (19.0-24.0)	26.0 (23.0-28.0)	5.01 (<0.001)	20.0 (18.0-21.0)	27.0 (25.0-28.0)	2.21 (0.027)
Task subscale, median (IQR)	20.0 (19.0-23.0)	25.5 (22.0-27.0)	4.77 (<0.001)	20.0 (18.0-21.0)	22.0 (16.0-26.0)	0.71 (0.480)	20.0 (18.0-21.0)	25.0 (20.0-26.0)	5.19 (<0.001)	20.0 (17.0-22.0)	26.0 (26.0-26.0)	2.00 (0.046)
Goal subscale, median (IQR)	20.0 (18.0-21.0)	22.0 (20.0-24.0)	3.96 (<0.001)	22.0 (18.0-22.0)	20.0 (18.0-22.0)	-0.87 (0.385)	20.0 (18.0-22.0)	22.0 (21.0-24.0)	3.44 (<0.001)	20.0 (20.0-22.0)	21.0 (20.0-22.0)	-0.11 (0.916)
Client ratings												
Total WAI-SF score, median (IQR)	60.5 (54.0-69.0)	72.0 (62.0-79.0)	3.59 (<0.001)	61.0 (50.0-67.0)	74.0 (65.0-80.0)	2.66 (0.008)	59.0 (50.0-67.0)	74.0 (58.0-80.0)	4.79 (<0.001)	55.5 (50.0-68.0)	77.0 (71.0-81.0)	1.58 (0.115)
Bond subscale, median (IQR)	21.5 (17.0-23.0)	25.0 (22.0-28.0)	3.58 (<0.001)	21.0 (18.0-25.0)	26.0 (22.0-28.0)	2.44 (0.015)	20.0 (18.0-24.0)	26.0 (20.0-28.0)	4.35 (<0.001)	18.5 (18.0-28.0)	27.5 (25.0-28.0)	1.58 (0.115)
Task subscale, median (IQR)	19.5 (16.0-22.0)	24.0 (20.0-28.0)	3.90 (<0.001)	19.0 (14.0-23.0)	24.0 (20.0-28.0)	2.74 (0.006)	19.0 (15.0-22.0)	23.0 (19.0-28.0)	4.70 (<0.001)	19.0 (14.0-21.0)	25.0 (23.0-28.0)	2.11 (0.035)
Goal subscale, median (IQR)	20.0 (17.0-23.0)	22.0 (19.0-25.0)	2.43 (0.015)	19.0 (17.0-21.0)	24.0 (21.0-24.0)	2.46 (0.014)	20.0 (17.0-22.0)	24.0 (20.0-26.0)	4.05 (<0.001)	18.5 (17.0-21.0)	24.5 (24.0-25.0)	1.69 (0.092)

GDS-15 15-item Geriatric Depression Scale; *WAI-SF* Working Alliance Inventory-Short Form; *SD* Standard deviation; *IQR* Interquartile range.

Table 13 Evaluation of social engagement program

Measure	Possible range of scores	Social engagement (n=66)	Combination (n=65)	*p*-value
Depressed senior citizens' satisfaction		Mean (SD)	Mean (SD)	
Topics chosen	1-5	4.5 (0.7)	4.7 (0.5)	0.054
Time allocation	1-5	4.6 (0.6)	4.5 (0.6)	0.394
Materials used	1-5	4.7 (0.6)	4.6 (0.5)	0.261
Quality of invited speakers	1-5	4.6 (0.7)	4.4 (0.7)	0.103
Event facility	1-5	4.8 (0.4)	4.7 (0.6)	0.064
Clarity and understandability	0-10	9.9 (0.7)	9.9 (0.3)	0.750
Amount of new knowledge gained	0-10	9.9 (0.6)	9.8 (0.5)	0.409
Relevance and usefulness	0-10	9.8 (0.7)	9.8 (0.4)	0.892
Amount of attitude change	0-10	9.8 (0.7)	9.9 (0.3)	0.439
Overall satisfaction	0-10	9.9 (0.3)	9.9 (0.5)	0.316

SD Standard deviation

4.4 Discussion

In this study, geriatric depression score over three months significantly improved in all intervention groups (control as reference). Significant improvements were also seen in psychological resilience and social support. Not all interventions, however, significantly improved the loneliness score. On the other hand, the combined intervention group showed the largest effect of improving the depressive symptoms (d = -1.33) whereas the social engagement group showed the largest effect of improving psychological resilience (d = 1.40), perceived social support (d = 1.07), and loneliness (d = -0.36) among community-dwelling Filipino senior citizens.

Peer counseling specifically improved the mental health outcomes of senior citizens after participating in the program. It showed a large effect of improving psychological resilience (d = 0.72) and perceived social support (d = 0.92), moderate effect on depressive symptoms (d = -0.44) and small effect on loneliness (d = -0.33). I attributed the success of the peer counseling program to two reasons. First, those clients whose GDS-15 scores decreased during the intervention had a stronger working alliance with their peer counselors and vice-versa. I measured their working alliance concerning their ability to connect emotionally, define goals, and work collaboratively to specific tasks to reach their goals. According to a recent meta-analysis, a moderate but reliable association was shown between good working

alliance and positive therapy outcome.[117] Therefore, a strong working alliance is an essential element in counseling. Second, the involvement of health providers and barangay health workers may have provided a certain level of quality and accountability which led to the credibility of the peer counselors in this program. This innovative model of depression care delivery was previously reported in the United States of America[109], and I adopted it in my study.

Social engagement also specifically improved the mental health outcomes of Filipino senior citizens. It showed a large effect on improving depressive symptoms (d = -1.10), psychological resilience (d = 1.40) and social support (d = 1.07), and showed a small effect on loneliness (d = -0.36). My findings, however, did not match the longitudinal studies conducted in the United States of America and Korea. For instance, Glass et al[118] stated that social engagement was independently associated with depressive symptoms at a specific point in time and that longitudinal association was seen only among Americans who were not depressed at baseline. In their study, they excluded senior citizens who exhibited elevated depression scores at baseline and follow-up in their analysis,[118] and this might account for the difference in the results of my study. Meanwhile, social gathering had a positive effect on depressive symptoms over time in non-depressed Korean senior citizens at baseline and no such effect existed among those who were already depressed.[119] These findings were not in agreement with my study. In their study, they did not consider participation frequency and quality of social activities,[119] and this limitation might account for the difference in the results of my study.

As expected, the combined intervention showed a large effect of improving depressive symptoms (d = -1.33), psychological resilience (d = 1.13) and perceived social support (d = 0.87). However, it showed a small effect of improving loneliness (d = -0.11). The combined intervention showed the largest effect of improving the depressive symptoms which supported

our hypothesis. This is the first study that reported the efficacy of a combined intervention in improving depressive symptoms. My results indicated the benefit of three months duration of combined intervention in improving mental health outcomes of Filipino senior citizens.

All interventions seemed to have a small effect on improving loneliness among Filipino senior citizens. Senior citizens could be less depressed but remained lonely after the intervention. According to Hawkley,[120] loneliness is not merely being alone. It is a distressing feeling that accompanies the perception that one has unmet social needs.[120,121] Senior citizens, in this study, might have been suffering from chronic perceived isolation which requires longer intervention time and a more tailored approach.

Both the peer counseling and social engagement programs were well accepted by the senior citizens as exemplified by the low dropout rates across the three intervention groups and by the positive ratings obtained from the survey. We adopted an innovative model of depression care delivery[109] and proved that a partnership between academic and medical or social sectors in coordinating care is feasible in a low-resource setting. At the policy level, the Philippine government should prioritize services toward mental health, by providing funding and resources, capacity building, and integrating mental health services across settings and levels of care.

4.5 Strengths and limitations

To our knowledge, this is the first intervention study that evaluated concurrently the effects of peer counseling, social engagement, and combined intervention in improving depression and psychological well-being of community-dwelling senior citizens. A few intervention studies have evaluated peer counseling[72,108,109] or social engagement[110] singly, without differentiating their individual effects.

We acknowledged several limitations from this study. First, senior citizens in this

study were purposively recruited based on their GDS-scores. The used of cutoff score (GDS ≥ 5) to select the 575 from the 1,021 senior citizens can potentially lead to misclassification. Second, the senior citizens were not randomly allocated to either intervention or control groups. The lack of randomization can result in selection bias, potential confounding, and a larger treatment effects. Despite non-randomization, senior citizens across the three intervention groups and control group showed homogenous profiles of baseline mental health outcomes and socio-demographic characteristics. Third, I included standardized effect sizes because sometimes they can be useful, but categorizing effect sizes into small, medium, and large (the so-called "T-shirt effect sizes") carries with it all of the disadvantages of categorization in general, and possibly more. Fourth, the interpretation of the results shown in Table 12 is severely limited by the dichotomization of GDS-15-change scores, and also by the lack of effect sizes. This might lead to loss of information and misclassification. Fifth, the used of GDS-15 as a screening tool for clinical depression without further assessment may limit the generalizability of the findings. Senior citizens in this study were only at risk or suggestive of having depression. Sixth, some of the measures such as RAS-12, DSSI-10, and ULS-8 were adapted from previous studies,[53,54,55] and have not been validated in the Philippine context. However, we did forward and back translation carefully, performed face-validity testing by asking the expert panel, pretested the questionnaires, and confirmed their reliability. Finally, the follow-up period was only three months. Extended follow-up would be useful to confirm the long-term benefits of our interventions.

4.6 Conclusions

Peer counseling, social engagement, and combined intervention were effective in improving depressive symptoms, psychological resilience, and perceived social support of Filipino senior citizens. This study shows that it is feasible to identify senior citizens at risk

for depression in the community and intervene effectively to improve their mental health. Other low-resource communities can learn from the Philippines' experience and treat their senior citizens at risk in similar ways. Further studies are required to target loneliness and investigate the long-term benefits of the interventions.

Chapter 5

General discussion, conclusions, and recommendations

5.1 General discussion of the main results

Depression is a serious public health problem worldwide as it contributes to increased health care cost and mortality. Depressive symptoms are associated with greater impairment and decreased quality of life among patients with coexisting chronic diseases, such as cancer, emphysema, and diabetes.[122] Senior citizens are at a higher risk for developing depression. Only a few depression interventions, however, were conducted in the community. Given that senior citizens are less likely to seek specialty mental health services, community-based interventions have the potential to bring promising outcomes to engage this population. With appropriate interventions, geriatric depression is potentially reversible in the community.

The research project ENGAGE is action research conducted to improve the psychological well-being of community-dwelling senior citizens. To measure the current mental health status of senior citizens in my target area, I conducted a quantitative study. Phase 1 of research project ENGAGE measured the depressive symptoms of community-dwelling senior citizens. Of the 1,021 senior citizens, 575 (56.3%) were suggestive of having depression (GDS-15 score of 5 or more). Then, I identified the factors independently associated with depressive symptoms. As shown in the results, loneliness and chronic diseases were the major risk factors for depressive symptoms while a higher level of psychological resilience was the primary protective factor against it among Filipino senior citizens. By considering the factors that were associated with senior citizens' deptressive symptoms, I devised interventions that will either negate or promote these factors, with the end goal of improving the depressive symptoms of senior citizens. This gave way to Phase 2 and 3 of this research project.

In Phase 2, I demonstrated that senior volunteers could be trained to serve as peer counselors in their community. I equipped them with the proper knowledge, skills, and attitude to assume leadership roles in conducting peer counseling. This kind of intervention is

practically useful in low-resource settings like the Philippines. Given the limited range of public geriatric services and lack of professionals dedicated for mental health in the Philippines, training senior volunteers for leadership and peer counseling was one way to address the emergent needs for mental health in my target communities. Furthermore, the leadership and peer counseling program improved the well-being of peer counselors. The program showed the essence of volunteering or active social participation among senior citizens. The said training was only a component of the peer counseling program which was part of Phase 3 of the research project.

Phase 3 was the most essential component of the research project. I devised community-based interventions to improve the depressive symptoms of Filipino senior citizens. I assessed the efficacy of 3-month-duration interventions with peer counseling, social engagement, and combined intervention vs. control group. To my knowledge, this was the first intervention study that evaluated the effects of peer counseling, social engagement, and combined intervention concurrently in improving the mental health of community-dwelling senior citizens. I found that peer counseling, social engagement, and combined intervention were effective in improving depressive symptoms, psychological resilience, and perceived social support. Apparently, the three interventions had a small effect on improving loneliness of senior citizens. Nevertheless, this study showed that it is feasible to identify senior citizens at risk for depression in the community and intervene effectively to improve their mental health.

Finally, now that I have a good reason to believe that the combined intervention was beneficial, I have the ethical obligation to provide the same intervention to the senior citizens in the control group. I will discuss the next plan of action with the local government, OSCA and City Health Office.

5.2 Conclusions

Three conclusions can be deduced from the action research. First, to alleviate depressive symptoms, senior citizens' psychological resilience should be strengthened. It is also imperative to fight against loneliness and improve the healthcare services for senior citizens.

Second, Filipino senior volunteers could be trained to serve as peer counselors in their communities. With proper knowledge, skills, and attitude, they can deliver peer counseling effectively. The leadership and peer counseling program improved their competency and well-being. Peer counselors benefited from the program concerning personal growth and opportunities gained from experience. Other developing countries might also benefit from Philippines' leadership and peer counseling program and train their senior volunteers in similar ways. This will help address the limited range of public geriatric services and lack of professionals dedicated for mental health.

Finally, peer counseling, social engagement, and combined interventions were effective in improving depressive symptoms, psychological resilience, and perceived social support of Filipino senior citizens. This study shows that it is feasible to identify senior citizens at risk for depression in the community and intervene effectively to improve their mental health.

5.3 Recommendations

Findings from this study carry significant implications for the government, health sectors, and the senior citizens themselves. First, the local government units and OSCA must integrate community-based mental health programs into their yearly plans for helping those who are suffering from depression. The interventions in this study were effective in alleviating depressive symptoms. Adopting the model of depression care delivery used in this

study is a feasible way to intervene effectively to improve the mental health of Filipino senior citizens. To ensure sustainability, it is crucial to gain legislative support for the adoption of research project ENGAGE in the city. The project will hopefully be integrated in city ordinances. The draft ordinances are expected to be appraised and be approved by the City Council. The development of these policies will be coordinated with the Local Health Board in partnership with the Office of Senior Citizen Affairs, City Health Office and Barangay officials. Concerning the acceptability of research project ENGAGE among the senior citizens, the satisfaction survey results and their personal narratives indicated that the activities were well-accepted by them. Second, the health sectors must provide a more comprehensive and age-friendly health care services that are made easily accessible for senior citizens. This way, Filipino senior citizens can live both physically and mentally healthier as they age. Finally, senior citizens themselves should remain physically active and socially engaged in their community throughout their lives. Active aging has multiple benefits for their overall quality of life.

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Appendix 1: Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

Title： Unmet needs and coping mechanisms among community-dwelling senior citizens in the Philippines: a qualitative study

Authors: Rogie Royce Carandang, RPh, MPH, MSc., Edward Asis, BA, Akira Shibanuma, MID, Junko Kiriya, PhD., Hiroshi Murayama, RN, PHN, PhD., Masamine Jimba, MD, MPH, PhD

No. Item	Guide questions/description	Response
Domain 1: Research team and reflexivity		
Personal Characteristics		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	Rogie Royce Carandang (RRC) and Edward Asis (EA)
2. Credentials	What was the researcher's credentials? E.g., Ph.D., MD	RRC: RPh, MPH, MSc, Ph.D. candidate EA: MA in Global Studies candidate AS: MID, Assistant Professor JK: Ph.D., Assistant Professor HM: RN, PHN, Ph.D., Project Lecturer MJ: MD, MPH, Ph.D., Professor, and Chair
3. Occupation	What was their occupation at the time of the study?	Researcher and faculty members
4. Gender	Was the researcher male or female?	Five males and one female
5. Experience and training	What experience or training did the researcher have?	RRC and EA have done previous several qualitative research projects. JK, AS, and MJ have current community-based research projects. HM has aging research projects.
Relationship with participants		
6. Relationship established	Was a relationship established before study commencement?	JK, AS, HM, and MJ had no relationships with the participants before the study, while RRC and EA knew the community leaders through another community-based research.
7. Participant knowledge of the interviewer	What did the participants know about the researcher? e.g., personal goals, reasons for doing the research	Participants knew about the two interviewers' names and affiliation.
8.Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. bias, assumptions, reasons and interests in the research topic	Participants did not know about interviewers' characteristics except their names and affiliation.

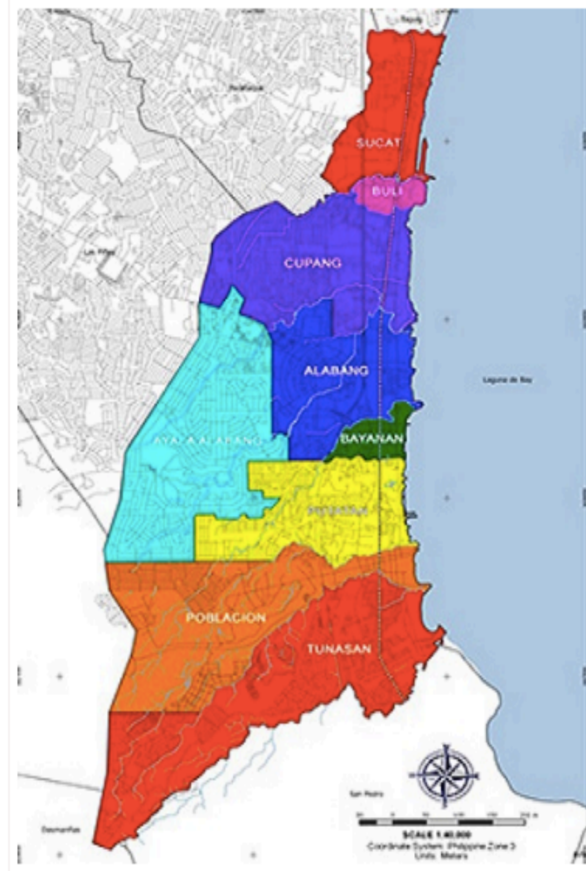
Domain 2: Study design		
Theoretical framework		
9. Methodological orientation and Theory	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	See the manuscript in the method section/study design.
Participant selection		
10. Sampling	How were participants selected? e.g., purposive, convenience, consecutive, snowball	See the manuscript in the method section/participants.
11. Method of approach	How were participants approached? e.g., face-to-face, telephone, mail, email	See the manuscript in the method section/participants.
12. Sample size	How many participants were in the study?	59 participants. See the manuscript in the method section/data collection and results section.
13. Non-participation	How many people refused to participate or dropped out? Reasons?	No one has dropped out.
Setting		
14. Setting of data collection	Where was the data collected? e.g., home, clinic, workplace	For FGDs and in-depth interviews, four communities in one urban city in the National Capital Region. See the manuscript in the method section/data collection.
15.Presence of nonparticipants	Was anyone else present besides the participants and researchers?	Yes. One senior female volunteer
16. Description of sample	What are the important characteristics of the sample? e.g., demographic data, date	See the manuscript in the method section/participant and focus group and results.
Data collection		
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	There was no pilot testing. See the manuscript in the method section/ data collection/semi-structured interview guide.
18. Repeat interviews	Were repeat interview carried out? If yes, how many?	No.
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	Data was audio recorded. See the manuscript in the method section/ data collection.

20. Field notes	Were field notes made during and/or after the interview or focus group?	Yes, field notes were made during interviews and FGDs.
21. Duration	What was the duration of the interviews or focus group?	Approximately 60-90 minutes. See the manuscript in the method section/ data collection.
22. Data saturation	Was data saturation discussed?	Yes. See the manuscript in the method section/data collection.
23. Transcripts returned	Were transcripts returned to participants for comment and/or correction?	No.

Domain 3: Analysis and findings		
Data analysis		
24. Number of data coders	How many data coders coded the data?	Two, RRC and EA.
25. Description of the coding tree	Did authors provide a description of the coding tree?	No.
26. Derivation of themes	Were themes identified in advance or derived from the data?	See the manuscript in the method section/ data analysis.
27. Software	What software, if applicable, was used to manage the data?	NVivo 10® software was used to code and manage the data.
28. Participant checking	Did participants provide feedback on the findings?	Yes. See the manuscript in the method section/ data analysis.
Reporting		
29. Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g., participant number	Yes. See the manuscript in the results.
30. Data and findings consistent	Was there consistency between the data presented and the findings?	Yes. See the manuscript in the data analysis/the trustworthiness of the study.
31. Clarity of major themes	Were major themes clearly presented in the findings?	Yes. See the manuscript in the results.
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	Yes. See the manuscript in the results.

Developed from: Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care* 2007; 19: 349-357.

Appendix 2: The map of Muntinlupa City



Appendix 3: Certificate of Consent (ENGLISH)

Research Title: Project ENGAGE: An action research towards improving the psychological wellbeing of community-dwelling seniors in the Philippines (Reference # 11641)

To the Dean of the Graduate School of Medicine, The University of Tokyo:
I have been invited to participate in research about senior citizens in the Philippines. I have read the foregoing information, or it has been read to me. I have understood them including below components:

Overview of the research
Voluntary participation and freedom of withdrawal
Privacy protection
Publishing the information from the survey
Possible benefits and risks
Data handling after the survey
Cost burden for study participants

I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study.

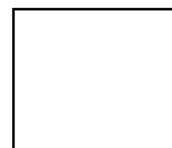
Print Name of Participant ________________________________

Signature of Participant __________________________________

Date __________________________________(Month/Day/Year)

IF ILLITERATE
I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Print Name of Witness ___________________________________

Thumb print of participant 

Signature of Witness _____________________________________

Date _____________________________________(Month/Day/Year)

Statement by the researcher/ person taking consent
I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the participant understands the study.

Signature of the Researcher____

Appendix 4: Certificate of Consent (FILIPINO)

Sertipiko ng Pagsang-ayon

Titulo ng Pananaliksik: Project ENGAGE: Isang Pananaliksik upang mas mapabuti ang kalagayang pangkaisipan ng mga senior citizens sa Pilipinas (Reference # 11641, RGAO-2017-0490)

Para sa Dekana ng Graduate School ng Medisina, Unibersidad ng Tokyo:
Ako po ay inanyayahan na makilahok sa isang pananaliksik hinggil sa mga senior citizens sa Pilipinas. Akin pong nabasa o napakinggan ang paliwanag tungkol sa nilalaman ng pag-aaral na ito. Akin pong naunawaan ang mga sumusunod:

Pangkalahatang ideya ng pananaliksik
Boluntaryong paglahok at malayang pagsasawalang bisa ng pahintulot
Pagiging kumpidensiyal
Paglathala ng impormasyon mula sa survey
Mga posibleng benepisyo at panganib
Paghawak ng mga impormasyon matapos ang survey
Pasan na gastos sa mga kalahok

Ako po ay nagkaroon ng pagkakataon na magtanong at anumang katanungan ay nasagot nang buong kasiyahan. Dahil dito, boluntaryo po akong sumasang-ayon na makibahagi sa pag-aaral na ito.

Pangalan ng Kalahok ____

Lagda ng Kalahok ____

Petsa ____________________________________(Buwan/Araw/Taon)

KUNG HINDI NAKAPAG-ARAL
Ako po ay saksi sa wastong pagbasa ng kaalamang pahintulot sa potensiyal na kalahok at nagkaroon po siya ng pagkakataon na makapagtanong. Pinapatunayan ko po na ang kalahok ay malayang nagbigay ng kaniyang pahintulot na sumali sa pag-aaral na ito.

Pangalan ng legally
authorized representative (LAR) __________________________________

Tatak ng hinlalaki
ng kalahok

Lagda ng LAR ____

Petsa ______________________________________(Month/Day/Year)

Pahayag ng imbestigador/ taong kumuha ng pagsang-ayon
Binasa ko po nang wasto ang listahan ng impormasyon sa potensiyal na kalahok at sa abot po ng aking makakaya ay tiniyak ko po na naunawaang mabuti ang pananaliksik na ito.

Lagda ng Imbestigador____

Appendix 5: PHASE I: [Information sheet for Senior Citizens] (ENGLISH)

This informed consent form is for the senior citizens in the City of Muntinlupa and who we are inviting to participate in a research, titled "Project ENGAGE: An action research towards improving the psychological wellbeing of community-dwelling seniors in the Philippines." (Reference No. 11641)

Name of Principal Investigator: Masamine Jimba
Name of Researcher: Rogie Royce Carandang
Name of Organization(s):
Principal Organization: The University of Tokyo
Collaborative Organization: Office of the Senior Citizens Affairs (OSCA)
Total duration of research: over 12 months (October 2017 – March 2019)

This informed consent form has two parts:
- Information sheet (to share information about the study with you)
- Certificate of consent (for signatures if you choose to participate)

You will be given a copy of the full informed consent form.

Part I: Information sheet

Introduction

I am (state your name), working for (name of organization). We are doing research on the psychological wellbeing of community-dwelling seniors in the Philippines. I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research.

This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask me or another researcher.

Purpose of the research

This is a study to learn about the current issues being faced by the senior citizens in the Philippines. We want to know your needs and concerns. We will ask about your current health status and psychological wellbeing. We believe that you can help us by providing your honest feedback in our questionnaire. By doing so, we can recommend appropriate actions to protect and better serve the senior citizens.

Type of research intervention

This research is divided into three phases. Phase 1 of the study will involve answering our questionnaires regarding your health status. Phase 2 will involve training of the senior volunteers for leadership and peer counseling. Phase 3 will involve participation in peer counseling and community activities. There is a possibility that the participants in phase 1

may participate in phase 3 of the study. We will invite you again to join the Phase 3 if you met the criteria we need.

Participant selection

You are being invited to take part in this research because we feel that your experience as a senior citizen can contribute much to our understanding and knowledge of the aging issues in the Philippines.

Voluntary participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, all the services you receive at the OSCA will continue and nothing will change.

Procedures

If you accept, you will be asked to answer our survey questionnaire. You may answer the questionnaire yourself, or it can be read to you and you can say out loud the answer you want me to write down. If you do not wish to answer any of the questions included in the survey, you may skip them and move on to the next question. We will collect the questionnaire on the same day. Your name is not being included on the forms, only a number will identify you, and no one else except the principal investigator will have access to your survey.

Duration

The research takes place over 12 months in total (October 2017 – March 2019). Data collection in Phase 1 will take three months. The training of senior volunteers in Phase 2 will take two months and participation in Phase 3 of this study will take 6 months.

During that time, by participating in phase 1, you may be asked to join our intervention and control group if you meet the inclusion criteria in phase 3.

Risks

You do not have to answer any question or take part in the survey if you feel the question(s) are too personal or if talking about them makes you uncomfortable.

Benefits

There will be no direct benefit to you, but your participation is likely to help us find out more about aging issues in the Philippines. This will help us create community-based intervention that will help improve the quality of life of senior citizens.

Reimbursements

You will not be provided any incentive to take part in the research.

Confidentiality

Your information and data will be sent to the Office of the Senior Citizens Affairs (OSCA) to be kept in a locked cabinet under the custody of Mrs. Dominga Carolina Chaves. Then, it will be scanned and converted to PDF file and saved in a USB and hard drive. The saved data which include your personal information will be brought to Japan and kept in room N504 of the Department of Community and Global Health, The University of Tokyo. Masamine Jimba will keep the data in a PC locked by a password and the USB and hard drive will be kept in a locker. When discarding the information, we will delete the data appropriately.

Sharing the results

Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you and your community before it is made widely available to the public. Each participant will receive a summary of the results if they so wish. We may publish the information from this study in journals or present it at meetings. All of the data collected in this study will be destroyed at the end of the study.

Right to refuse or withdraw

You do not have to take part in this research if you do not wish to do so. If you decide to participate, you are free to change your mind and stop being in the study at any time (during or 6 months after the questionnaire survey) without any harm. You can either sign the withdrawal form and hand it over to the researcher or contact the researcher from the information written below.

Who to contact

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following:

Rogie Royce Carandang
82 Ilaya St., Alabang, Muntinlupa City
+63-9363850843
rrcarandang@gmail.com

Virginia Carandang
82 Ilaya St. Alabang, Muntinlupa City
+63-9993703849

This proposal has been reviewed and approved by the University of Tokyo's Research Ethics Committee and by University of the Philippines Manila Research Ethics Board (UPMREB). They are tasked to make sure that research participants are protected from harm.

This research is funded by operating costs of the Department of Community and Global Health, Graduate School of Medicine, The University of Tokyo. We have no conflict of interest to disclosure.

Appendix 6: PHASE I: [Information sheet for Senior Citizens] (FILIPINO)

Ang kaalamang pahintulot na ito ay para po mga senior citizens sa siyudad ng Muntinlupa na inimbitahan upang lumahok sa isang pananaliksik na may titulong **"Project ENGAGE: Isang Pananaliksik upang mas mapabuti ang kalagayang pangkaisipan ng mga senior citizens sa Pilipinas."** (Reference No. 11641, RGAO-2017-0490)

Pangalan ng Pangunahing Imbestigador: Rogie Royce Carandang
Pangalan ng Organisasyon:
Pangunahing organisasyon: Unibersidad ng Tokyo
Kaakibat na organisasyon: Office of the Senior Citizens Affairs (OSCA)
Kabuuang haba ng pananaliksik: mahigit sa 12 buwan (October 2017 – March 2019)

Ang kaalamang pahintulot na ito ay nahahati po sa dalawang bahagi:
- Listahan ng Impormasyon (para maibahagi ang nilalaman ng proyekto)
- Sertipiko ng Pagsang-ayon (para sa lagda kung nais na makilahok)

Kayo po ay bibigyan ng kopya ng kaalamang pahintulot.

Part I: Listahan ng Impormasyon

Panimula

Ako po si (sabihin ang pangalan), nagtatrabaho sa (pangalan ng organisasyon). Kami po ay gumagawa ng isang pananaliksik tungkol sa kalagayang pangkalusugan ng mga senior citizens sa Pilipinas. Ako po ay magbibigay sa inyo ng mga impormasyon at aanyayahan po kayong makibahagi sa amin. Hindi po ninyo kinakailangang magdesisyon ngayon at malaya po kayong magtanong sa kahit na sino man hinggil sa pananaliksik na ito.

Ang kaalamang pahintulot na ito ay may mga salitang hindi po ninyo lubusang maiintindihan. Mangyari po lamang na pahintuin ako kung kayo po ay biglang naguluhan at ako po ay maglalaan ng oras upang mas higit na makapagpaliwanag. Kung kayo po ay may mga katanungan, maaari po ninyo akong tanungin o ang iba pang miyembro ng aming grupo.

Layunin ng Pananaliksik

Ang pag-aaral po na ito ay naglalayon na malaman ang mga napapanahong isyu na kinakaharap ng mga senior citizens sa Pilipinas. Nais po namin malaman ang inyong mga pangangailangan at alalahanin. Magtatanong po kami hinggil sa inyong kasalukuyang lagay ng kalusugan. Naniniwala po kami na makakatulong kayo sa pamamagitan ng pagbibigay ng tapat na mga sagot sa aming mga katanungan. Sa pamamagitan po nito, magagawa namin na makapagrekomenda ng tamang hakbang upang maprotektahan at mas lalong mapagsilbihang mabuti ang mga senior citizens.

Uri ng interbensiyon

Ang pananaliksik po na ito ay nahahati sa tatlong bahagi. Ang Phase 1 na pag-aaral ay isang survey at nangangailangan ng pagsagot sa mga katanungan tungkol po sa inyong kalagayang pangkalususagan. Ang Phase 2 ay ang pagsasagawa ng training para po sa mga senior volunteers hinggil sa leadership at peer counseling. Ang huling bahagi, ang Phase 3, ay ang

paglahok sa aming peer counseling na programa at pagsali po sa mga aktibidades sa komunidad. May pagkakataon na ang mga kalahok po sa Phase 1 ay maaaring makilahok sa Phase 3. Maaari po kayong maimbintahan muli na lumahok sa Phase 3 kung nakamit po ninyo ang mga pamantayan.

Pagpili ng kalahok

Kayo po ay inaanyayahan na makibahagi sa aming pananaliksik dahil nararamdaman namin na ang inyo pong mga karanasan sa buhay bilang isang senior citizen ay makakatulong upang mas higit po naming maunawaan at malaman ang mga isyung kinakaharap ng mga senior citizens sa Pilipinas. Kami po ay nagaanyaya ng 700 na kalahok para sa survey na ito.

Boluntaryong pakikilahok

Ang inyo pong partisipasyon sa pananaliksik na ito ay purong boluntaryo. Kayo po ay magdedesisyon kung gusto po ninyong makibahagi o hindi. Kung pipiliin po ninyong hindi makilahok, lahat ng serbisyong inyo pong natatanggap sa OSCA ay magpapatuloy at hindi po kailanman magbabago.

Pangyayaring magaganap

Kung tinanggap po ninyo ang aming paanyaya, kayo po ay sasagot sa aming survey. Maaari po ninyong sagutin ang mga tanong nang mag-isa o maaari ko pong basahin ang mga tanong at sabihin po sa akin ang sagot na nais po ninyong isulat ko. Kung may mga tanong na ayaw po ninyong sagutin, maaari natin po itong laktawan at magpatuloy sa susunod na tanong. Kokolektahin po namin ang survey ngayong araw mismo. Ang inyo pong pangalan ay hindi po namin isasama sa papel bagkus tanging numero po lamang ang makakapagsabi ng inyo pong pagkakakilanlan. Tanging ang pangunahing imberstigador po lamang ang hahawak sa survey na ito.

Panahong itatagal

Ang pananaliksik po na ito ay tatagal ng mahigit 12 buwan (October 2017 – March 2019). Ang pagkuha po ng impormasyon sa Phase 1 ay tatagal ng 3 buwan. Ang training po sa mga senior volunteers sa Phase 2 ay tatagal ng 2 buwan. Ang paglahok po sa Phase 3 ay tatagal ng 6 na buwan.

Sa loob ng panahon na ito, kayo po ay maaaring anyayahan muli upang makibahagi sa programang aming gagawin sa Phase 3. Layunin po ng aming magiging proyekto na mas mapabuti ang kalagayang pangkalusugan ng mga senior citizens.

Panganib

Hindi po ninyo kinakailangan na lumahok o sagutin ang mga tanong sa survey kung sa tingin po ninyo na masyadong personal ang mga katanungan o kung hindi po kayo komportable na pag-usapan ang mga ito.

Benepisyo

Wala pong direktang benepisyo ang pagsali sa survey na ito ngunit ang inyo pong pakikilahok ay makakatulong upang mas higit na malaman ang mga isyung kinakaharap ng mga senior citizens sa Pilipinas. Base sa inyo pong mga kasagutan, makalikha po ang inyong komunidad ng mga programa o proyekto upang mapaunlad ang kalidad ng buhay ng mga senior citizens.

Kabayaran

Hindi po kayo makakatanggap ng anumang tulong pinansiyal sa pakikilahok sa survey na ito.

Pagiging Kumpidensiyal

Ang mga impormasyon at datos na makokolekta ay ipapadala po sa Office of the Senior Citizens Affairs (OSCA) para itago sa nakakandadong kabinet sa pamamahala po ni Ginang Dominga Carolina Chavez. Ang mga sertipiko ng pagsang-ayon at survey forms ay itatago po sa loob ng 5 taon. Iiskan at ikokombert po sa PDF file at ise-save sa USB at hard drive ang mga survey forms. Ang nakasaved na datos kabilang ang inyo pong personal na impormasyon ay dadalhin po sa Japan at itatago sa room N504 ng Departamento ng Community and Global Health, Unibersidad ng Tokyo. Ang pangunahing imbestigador (Rogie Royce Carandang) po ang magtatago ng mga datos sa PC na may password at ang USB at hard drive ay itatago po sa locker. Amin pong buburahin nang naaayon ang mga datos matapos po ang pananaliksik. Gagamitin lamang ang inyo pong datos hanggang Marso 2019. Amin pong sisiguraduhin na ang pangangalaga ng inyo pong mga datos ay sumunod nang buong katapatan sa Data Privacy Act of 2012.

Pagbabahagi ng mga resulta

Lahat po ng inyong ibabahagi sa oras na ito ay hindi po malalaman ng iba at pananatilihing kompidensiyal. Ang mga kaalamang makukuha sa pananaliksik na ito ay ibabahagi po sa inyo at sa inyong komunidad bago po ito palaganapin sa publiko. Ang bawat kalahok ay makakatanggap po ng buod ng resulta kung nanaisin. Maaari po naming ilathala ang mga resulta sa mga journals o di naman po kaya ay ipresenta sa mga pagpupulong. Lahat po ng impormasyong malilikom ay wawasakin sa katapusan ng pag-aaral (Marso 2019).

Karapatang tumanggi at bawiin

Hindi po ninyo kailanman kakailanganin makilahok sa pananaliksik na ito kung labag po sa inyong kalooban. Kung nakapagdesisyon na po kayo, maaari pa rin po kayong magbago ng isip at itigil ang paglahok anumang oras. Maaari po ninyong bawiin ang pahintulot sa loob ng 6 na buwan matapos ang pagsagot ng survey questionnaire. Maaari po ninyong lagdaan ang pagsasawalang bisa ng pahintulot at ibigay po ito sa imbestigador o makipag-ugnayan sa impormasyon na nakasulat sa ibaba.

Kanino makikipag-ugnayan

Kung may mga katanungan, mangyari po lamang na makipag-ugnayan sa mga sumusunod:

Rogie Royce Carandang
82 Ilaya St., Alabang, Muntinlupa City
+63-9363850843
rrcarandang@gmail.com

Virginia Carandang
82 Ilaya St. Alabang, Muntinlupa City
+63-9993703849

Dominga Carolina Chavez (OSCA Center)
Bayanan Baywalk, Bayanan, Muntinlupa City
511-0127

Ang pananaliksik po na ito ay sinuri at inaprubahan ng University of Tokyo's Research Ethics Committee at ng University of the Philippines Manila Research Ethics Board (UPMREB). Sila po ay naatasan na tiyakin na ang bawat kalahok sa pananaliksik po na ito ay protektado sa kahit na anuman pong pinsala. Kung may katanungan po hinggil sa komite, makipag-ugnayan lamang po sa mga sumusunod:

University of Tokyo's Research Ethics Committee
5th Floor Medical Bldg. No. 3, 7-3-1 Hongo, Bunkyo-ku, Tokyo 113-0033, Japan
+81-3-3812-2111
ich@m.u-tokyo.ac.jp

University of the Philippines Manila Research Ethics Board
2nd Floor Paz Mendoza Building, College of Medicine, UP Manila
547 Pedro Gil Street, Ermita, 1000 Manila
+63-2-5264346, upmreb@post.upm.edu.ph

Appendix 7: PHASE II: [Informed Consent Form for Senior Volunteers] (ENGLISH)

This informed consent form is for the senior volunteers in the City of Muntinlupa and who we are inviting to participate in a research, titled **"Project ENGAGE: An action research towards improving the psychological wellbeing of community-dwelling seniors in the Philippines."** (Reference No. 11641)

Name of Principal Investigator: Masamine Jimba
Name of Researcher: Rogie Royce Carandang
Name of Organization(s):
Principal Organization: The University of Tokyo
Collaborative Organization: Office of the Senior Citizens Affairs (OSCA)
Total duration of research: over 12 months (October 2017 – March 2019)

This informed consent form has two parts:

- Information sheet (to share information about the study with you)
- Certificate of consent (for signatures if you choose to participate)

You will be given a copy of the full informed consent form.

Part I: Information sheet

Introduction

I am (state your name), working for (name of organization). We are doing research on the psychological wellbeing of community-dwelling seniors in the Philippines. I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research.

This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask me or another researcher.

Purpose of the research

This is a study to empower and mobilize senior citizens to play an integral part in the community. We are recruiting senior volunteers who would like to attend our leadership and peer counseling training. We need your help in providing psychosocial support to your peers. By participating in this study, we can help improve the psychological wellbeing of your peers, most especially those who are suffering from depression.

Type of research intervention

This research will involve joining in two training programs: (1) leadership and (2) peer counseling. The training will last for two months.

Participant selection

You are being invited to take part in this research because we believe that you have the natural ability and passion to help others in need. Your encouraging attitude and voluntary spirit can surely make a positive difference to the lives of your peers.

Voluntary participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, all the services you receive at the OSCA will continue and nothing will change.

Procedures

If you accept, you will be asked to take part in a group discussion with 5 persons before and after the training which will be guided by myself. The training will last for two months. Activities in the training include lecture-discussion, role-plays, community-based project proposal and fieldwork. We will conduct pre-and post-evaluation to assess the effectiveness of the training programs. We encourage your honest feedback and comments to improve the training design. The entire group discussion will be tape-recorded, but no one will be identified by name on the tape. The tape will be kept with a lock and key. The information recorded is confidential, and no one else except the principal investigator will have access to the tapes. The tapes will be destroyed after one year.

Duration

The research takes place over 12 months in total (October 2017 – March 2019). During that time, you will join our leadership and peer counseling training for two months. You will then be asked to conduct peer counseling (once a week) and facilitate community-based mental health activities (twice a month) both for six months.

Risks

You do not have to continue the training if you feel uncomfortable in some of the activities. You are free to quit anytime as a peer counselor and senior leader if you feel burdened by your responsibility. You do not have to answer any question or take part in the discussion if you do not wish to do so. You do not have to give us any reason for not responding to any question or for refusing to take part in the interview.

Benefits

There will be no direct benefit to you, but your participation in the training as a senior volunteer will help improve the psychological wellbeing of your peers, especially those who are suffering from depression. By being a peer counselor and senior leader, you can find additional meaning and fulfillment to your life.

Reimbursements

You will be provided incentives to take part in the research. Incentives will be given during the culminating activity (a kind of graduation ceremony). This will be held after all the supervised practicums have been completed. Certificates will be distributed, certifying you as

a senior leader/ peer counselor. Incentives (transportation expense, allowance) will be provided.

Confidentiality

Your information and data will be sent to the Office of the Senior Citizens Affairs (OSCA) to be kept in a locked cabinet under the custody of Mrs. Dominga Carolina Chaves. Then, it will be scanned and converted to PDF file and saved in a USB and hard drive. The saved data which include your personal information will be brought to Japan and kept in room N504 of the Department of Community and Global Health, The University of Tokyo. Masamine Jimba will keep the data in a PC locked by a password and the USB and hard drive will be kept in a locker. When discarding the information, we will delete the data appropriately.

Sharing the results

Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you and your community before it is made widely available to the public. Each participant will receive a summary of the results if they so wish. We may publish the information from this study in journals or present it at meetings. All of the data collected in this study will be destroyed at the end of the study.

Right to refuse or withdraw

You do not have to take part in this research if you do not wish to do so. If you decide to participate, you are free to change your mind and stop being in the study at any time (during or 6 months after the last interview) without any harm. You can either sign the withdrawal form and hand it over to the researcher or contact the researcher from the information written below.

Who to contact

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following:

Rogie Royce Carandang
82 Ilaya St., Alabang, Muntinlupa City
+63-9363850843
rrcarandang@gmail.com

Virginia Carandang
82 Ilaya St. Alabang, Muntinlupa City
+63-9993703849

This proposal has been reviewed and approved by the University of Tokyo's Research Ethics Committee and by University of the Philippines Manila Research Ethics Board (UPMREB). They are tasked to make sure that research participants are protected from harm.

This research is funded by operating costs of the Department of Community and Global Health, Graduate School of Medicine, The University of Tokyo. We have no conflict of interest to disclosure.

Appendix 8: PHASE II: [Informed Consent Form for Senior Volunteers] (FILIPINO)

Ang kaalamang pahintulot na ito ay para po mga senior volunteers sa siyudad ng Muntinlupa na inimbitahan upang lumahok sa isang pananaliksik na may titulong **"Project ENGAGE: Isang Pananaliksik upang mas mapabuti ang kalagayang pangkaisipan ng mga senior citizens sa Pilipinas."** (Reference No. 11641, RGAO-2017-0490)

Pangalan ng Pangunahing Imbestigador: Rogie Royce Carandang
Pangalan ng Organisasyon:
Pangunahing organisasyon: Unibersidad ng Tokyo
Kaakibat na organisasyon: Office of the Senior Citizens Affairs (OSCA)
Kabuuang haba ng pananaliksik: mahigit sa 12 buwan (October 2017 – March 2019)

Ang kaalamang pahintulot na ito ay nahahati po sa dalawang bahagi:
- Listahan ng Impormasyon (para maibahagi ang nilalaman ng proyekto)
- Sertipiko ng Pagsang-ayon (para sa lagda kung nais na makilahok)

Kayo po ay bibigyan ng kopya ng kaalamang pahintulot.

Part I: Listahan ng Impormasyon

Panimula

Ako po si (sabihin ang pangalan), nagtatrabaho po sa (pangalan ng organisasyon). Kami po ay gumagawa ng isang pananaliksik tungkol po sa kalagayang pangkalusugan ng mga senior citizens sa Pilipinas. Ako po ay magbibigay sa inyo ng mga impormasyon at aanyayahan po kayong makibahagi sa amin. Hindi po ninyo kinakailangang magdesisyon ngayon at Malaya po kayong magtanong sa kahit na sino man hinggil sa pananaliksik na ito.

Ang kaalamang pahintulot na ito ay may mga salitang hindi po ninyo lubusang maiintindihan. Mangyari po lamang na pahintuin ako kung kayo po ay biglang naguluhan at ako po ay maglalaan ng oras upang mas higit na makapagpaliwanag. Kung kayo po ay may mga katanungan, maaari po ninyo akong tanungin o ang iba pang miyembro ng aming grupo.

Layunin ng Pananaliksik

Ang pag-aaral po na ito ay naglalayon na pakilusin at bigyan ng karampatang kapangyarihan ang mga senior citizens upang gumanap ng mahalagang bahagi sa komunidad. Kami po ay nangangalap ng mga senior volunteers na nagnanais pong makilahok sa aming leadership at peer counseling training. Kakailanganin po namin ang inyong tulong na makapagbigay ng sikososyal na suporta sa kapwa senior citizens. Sa paglahok po ninyo sa aming pag-aaral, matutulungan po natin mapaunlad ang pangkaisipang kalusugan ng inyo pong kapwa matanda, lalong higit ang mga nakakaranas ng depresyon.

Uri ng interbensiyon

Napapaloob po sa pananaliksik na ito ang paglahok sa aming dalawang training programs: (1) leadership at (2) peer counseling. Ang training po ay tatagal ng isang buwan.

Pagpili ng kalahok

Kayo po ay inaanyayahan na makibahagi sa aming programa dahil naniniwala po kami na mayroon kayong natural na abilidad at may malasakit na tumulong sa kapwa. Ang inyo pong kahali-halinang pag-uugali at kusang loob na pagtulong ay tiyak na makakalikha ng positibong pagbabago sa buhay ng inyong kapwa. Kami po ay nagaanyaya ng **60 na kalahok** para maging senior volunteers.

Boluntaryong pakikilahok

Ang inyo pong partisipasyon sa pananaliksik na ito ay purong boluntaryo. Kayo po ay magdedesisyon kung gusto po ninyong makibahagi o hindi. Kung pipiliin po ninyong hindi makilahok, lahat ng serbisyong inyo pong natatanggap sa OSCA ay magpapatuloy at hindi kailanman magbabago.

Pangyayaring magaganap

Kung tinanggap po ninyo ang aming paanyaya, kayo po ay hihilingin na lumahok sa isang group discussion na binubuo ng 5 tao bago at pagkatapos ng training. Ang training po ay tatagal ng dalawang buwan. Kabilang po sa mga nakalinyang aktibidad ay lecture-discussion, role-plays, community-based project proposal at fieldwork. Kami po ay magsasagawa ng pre- at post-evaluation para masuri ang bisa ng training programs. Hinihikayat po namin ang inyong tapat na mungkahi o komento para po mas mapabuti ang nilalaman ng training. Ang buong group discussion ay irerekord ngunit wala ni isa man po ang papangalanan sa audio. Ang group discussion po ay gagawin sa isang pribadong silid upang masigurado na protektado ang mapag-uusapan. Malaya po kayong makakapaglahad ng nais ninyong sabihin ngunit hindi po natin matitiyak nang lubusan ang pagiging kompidensiyal ng group discussion. Ang record po ay itatago sa kabinet na may lock at susi. Ang mga impormasyong marerekord ay pananatilihin pong kompidensiyal at walang sinuman ang makakahawak nito maliban po sa pangunahing imbestigador. Ang mga audio rekord ay wawasakin po makalipas ang isang taon (Marso 2019).

Panahong itatagal

Ang pananaliksik po na ito ay tatagal ng mahigit na 12 buwan (October 2017 – March 2019). Sa loob ng panahon po na ito, kayo po ay makikibahagi sa leadership at peer counseling training sa loob ng 2 buwan. Kayo po ay aatasang magsagawa ng peer counseling (1 beses sa isang linggo) at pamahalaan ang pagsasagawa ng mga aktibidad sa komunidad (2 beses sa isang buwan) sa loob ng 6 na buwan.

Panganib

Kung sakali po na makaramdam kayo na hindi komportable sa ilang mga aktibidad, maaari pong hindi ninyo ipagpatuloy ang training. Malaya rin po kayong huminto kahit kailan bilang isang peer counselor at senior leader kung sa tingin po ninyo ay nabibigatan po kayo sa responsibilidad. Hindi po ninyo kinakailangan sumagot sa mga tanong o makilahok sa pagtalakay kung hindi ninyo po ito nais. Hindi po kayo inaasahang magbigay ng kahit na anumang rason.

Benepisyo

Wala pong direktang benepisyo sa inyo ngunit ang paglahok po ninyo sa training bilang isang senior volunteer ay makakatulong na mapaunlad ang kalagayang pangkalusugan ng inyo pong kapwa, lalo na ang mga nakakaranas ng depresyon. Bilang isang peer counselor at senior leader, makakahanap po kayo ng karagdagang kahulugan at kasiyahan sa buhay.

Kabayaran

Kayo po ay makakatanggap ng insentibo (libreng pagkain, Php 50 na pamasahe kada training at Php 200 na allowance kada buwan) sa pakikilahok sa pananaliksik na ito.

Pagiging Kumpidensiyal

Ang mga impormasyon at datos na makokolekta ay ipapadala po sa Office of the Senior Citizens Affairs (OSCA) para itago sa nakakandadong kabinet sa pamamahala ni Ginang Dominga Carolina Chavez. Ang mga sertipiko ng pagsang-ayon at survey forms ay itatago po sa loob ng 5 taon. Iiskan at ikokombert po sa PDF file at ise-save sa USB at hard drive ang mga survey forms. Ang nakasaved na datos kabilang ang inyong personal na impormasyon ay dadalhin po sa Japan at itatago sa room N504 ng Departamento ng Community and Global Health, Unibersidad ng Tokyo. Ang pangunahing imbestigador (Rogie Royce Carandang) po ang magtatago ng mga datos sa PC na may password at ang USB at hard drive ay itatago sa locker. Amin pong buburahin nang naaayon ang mga datos matapos ang pananaliksik. Gagamitin lamang po ang inyong datos hanggang Marso 2019. Amin pong sisiguraduhin na ang pangangalaga ng inyong mga datos ay sumunod nang buong katapatan sa Data Privacy Act of 2012.

Pagbabahagi ng mga resulta

Lahat po ng inyong ibabahagi sa oras na ito ay hindi malalaman ng iba at pananatilihing kompidensiyal. Ang mga kaalamang makukuha sa pananaliksik na ito ay ibabahagi po sa inyo at sa inyong komunidad bago po ito palaganapin sa publiko. Ang bawat kalahok po ay makakatanggap ng buod ng resulta kung nanaisin. Maaari po naming ilathala ang mga resulta sa mga journals o di naman kaya ay ipresenta po sa mga pagpupulong. Lahat po ng impormasyong malilikom ay wawasakin sa katapusan ng pag-aaral (Marso 2019).

Karapatang tumanggi at bawiin

Hindi po ninyo kailanman kakailanganin na makilahok sa pananaliksik na ito kung labag po sa inyong kalooban. Kung nakapagdesisyon na po kayo, maaari pa rin po kayong magbago ng isip at itigil ang paglahok anumang oras. Maaari po ninyong bawiin ang pahintulot sa loob ng **3 buwan** matapos ang huling interview. Maaari ninyo pong lagdaan ang pagsasawalang bisa ng pahintulot at ibigay po ito sa imbestigador o makipag-ugnayan sa impormasyon na nakasulat sa ibaba.

Mawawalan po ng bisa ang inyong titulo bilang isang senior leader/ peer counselor kung:

- Hindi po magampanan ang lingguhang bisita sa kliyente
- Wala pong maipasang report o ulat tungkol sa kliyente
- Hindi po nakikibahagi sa mga akitibidades sa komunidad
- Nakatanggap po ng reklamo mula sa kliyente at ng kaniyang pamilya

Kanino makikipag-ugnayan

Kung may mga katanungan, mangyari po lamang na makipag-ugnayan sa mga sumusunod:

Rogie Royce Carandang
82 Ilaya St., Alabang, Muntinlupa City
+63-9363850843
rrcarandang@gmail.com

Virginia Carandang
82 Ilaya St. Alabang, Muntinlupa City
+63-9993703849

Dominga Carolina Chavez (OSCA Center)
Bayanan Baywalk, Bayanan, Muntinlupa City
511-0127

Ang pananaliksik po na ito ay sinuri at inaprubahan ng University of Tokyo's Research Ethics Committee at ng University of the Philippines Manila Research Ethics Board (UPMREB). Sila po ay naatasan na tiyakin na ang bawat kalahok sa pananaliksik po na ito ay protektado sa kahit na anuman pong pinsala. Kung may katanungan po hinggil sa komite, makipag-ugnayan lamang po sa mga sumusunod:

University of Tokyo's Research Ethics Committee
5th Floor Medical Bldg. No. 3, 7-3-1 Hongo, Bunkyo-ku, Tokyo 113-0033, Japan
+81-3-3812-2111
ich@m.u-tokyo.ac.jp

University of the Philippines Manila Research Ethics Board
2nd Floor Paz Mendoza Building, College of Medicine, UP Manila
547 Pedro Gil Street, Ermita, 1000 Manila
+63-2-5264346, upmreb@post.upm.edu.ph

Appendix 9: PHASE III: [Informed Consent Form for Peer Counseling Group] (ENGLISH)

This informed consent form is for the senior citizens in the peer counseling group in the City of Muntinlupa and who we are inviting to participate in a research, titled "Project ENGAGE: An action research towards improving the psychological wellbeing of community-dwelling seniors in the Philippines." (Reference No. 11641)

Name of Principal Investigator: Masamine Jimba
Name of Researcher: Rogie Royce Carandang
Name of Organization(s):
Principal Organization: The University of Tokyo
Collaborative Organization: Office of the Senior Citizens Affairs (OSCA)
Total duration of research: over 12 months (October 2017 – March 2019)

This informed consent form has two parts:
•Information sheet (to share information about the study with you)
•Certificate of consent (for signatures if you choose to participate)

You will be given a copy of the full informed consent form.

Part I: Information sheet

Introduction

I am (state your name), working for (name of organization). We are doing research on the psychological wellbeing of community-dwelling seniors in the Philippines. I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research.

This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask me or another researcher.

Purpose of the research
As stated during the Phase 1 of this study, participants will be randomly allocated into four groups if they met certain criteria. You are then allocated in the peer counseling group. This is a study to help improve the quality of life of community-dwelling seniors in the Philippines. Seniors face a multitude of problems with age such as declining physical and mental health, dismantling social network, lack of security, etc. We are recruiting senior participants who would like to join our peer counseling program. A trained senior peer counselor will visit your home every week to talk and share some life experiences. Your peer counselor will help you cope up with difficulties and help you achieve your goals in life. By participating in this study, we could lead you to a happier, positive and more fulfilled life.

Type of research intervention
This research will involve joining in our peer counseling program which will last for three months. Your trained senior peer counselor will do home visits once a week for the entire duration of three months.

Participant selection
You are being invited to take part in this research because we believe that senior citizens deserve to live a happier, positive and more fulfilled life. Our senior peer counselors will be your partner in achieving your life goals. You can talk to them about anything that is bothering you. They will help you cope up with some problems and provide you recommendations on how to act on them.

Voluntary participation
Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, all the services you receive at the OSCA will continue and nothing will change.

Procedures
If you accept, senior peer counselors who were trained and participated during Phase 2 of this study will do home visits once a week for three months. You will then be asked to take part in an interview after the peer counseling program which will be guided by myself. You will also be asked to answer our survey questionnaire three months after the intervention to evaluate the impact of peer counseling. We encourage your honest feedback and comments on how to improve the program. We will keep the tape and surveys with a lock and key. Your name is not being included on the tape and forms, only a number will identify you, and no one else except the principal investigator will have access to your information. The tapes will be destroyed after one year.

Duration

The research takes place over 3 months in total. During that time, you will be asked to join our peer counseling program. Your senior peer counselor will visit you at home once a week.

Risks

You do not have to continue the peer counseling if you feel uncomfortable in some of the meetings. You are free to quit anytime if you feel pressured by your peer counselor. You do not have to answer any question or take part in the discussion if you do not wish to do so. You do not have to give us any reason for not responding to any question or for refusing to take part in the interview.

Benefits

There will be no direct benefit to you, but your participation in the peer counseling program will help improve your quality of life. You can find additional meaning and fulfillment to your life. You can build trust and good relationship with your peer counselor. You can count on him/ her anytime if you need help.

Reimbursements

You will not be provided any incentive to take part in the research.

Confidentiality

Your information and data will be sent to the Office of the Senior Citizens Affairs (OSCA) to be kept in a locked cabinet under the custody of Mrs. Dominga Carolina Chaves. Then, it will be scanned and converted to PDF file and saved in a USB and hard drive. The saved data which include your personal information will be brought to Japan and kept in room N504 of the Department of Community and Global Health, The University of Tokyo. Masamine Jimba will keep the data in a PC locked by a password and the USB and hard drive will be kept in a locker. When discarding the information, we will delete the data appropriately.

Sharing the results

Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you and your community before it is made widely available to the public. Each participant will receive a summary of the results if they so wish. We may publish the information from this study in journals or present it at meetings. All of the data collected in this study will be destroyed at the end of the study.

Right to refuse or withdraw

You do not have to take part in this research if you do not wish to do so. If you decide to participate, you are free to change your mind and stop being in the study at any time (during or 3 months after the last interview) without any harm. You can either sign the withdrawal form and hand it over to the researcher or contact the researcher from the information written below.

Who to contact

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following:

Rogie Royce Carandang
82 Ilaya St., Alabang, Muntinlupa City
+63-9363850843
rrcarandang@gmail.com

Virginia Carandang
82 Ilaya St. Alabang, Muntinlupa City
+63-9993703849

This proposal has been reviewed and approved by the University of Tokyo's Research Ethics Committee and by University of the Philippines Manila Research Ethics Board (UPMREB). They are tasked to make sure that research participants are protected from harm.

This research is funded by operating costs of the Department of Community and Global Health, Graduate School of Medicine, The University of Tokyo. We have no conflict of interest to disclosure.

Appendix 10: PHASE III: [Informed Consent Form for Peer Counseling Group] (FILIPINO)

Ang kaalamang pahintulot na ito ay para po mga senior citizens sa peer counseling group sa siyudad ng Muntinlupa na inimbitahan upang lumahok sa isang pananaliksik na may titulong **"Project ENGAGE: Isang Pananaliksik upang mas mapabuti ang kalagayang pangkaisipan ng mga senior citizens sa Pilipinas."** (Reference No. 11641, RGAO-2017-0490)

Pangalan ng Pangunahing Imbestigador: Rogie Royce Carandang
Pangalan ng Organisasyon:
Pangunahing organisasyon: Unibersidad ng Tokyo
Kaakibat na organisasyon: Office of the Senior Citizens Affairs (OSCA)
Kabuuang haba ng pananaliksik: mahigit sa 12 buwan (October 2017 – March 2019)

Ang kaalamang pahintulot na ito ay nahahati po sa dalawang bahagi:

- Listahan ng Impormasyon (para maibahagi ang nilalaman ng proyekto)
- Sertipiko ng Pagsang-ayon (para sa lagda kung nais na makilahok)

Kayo po ay bibigyan ng kopya ng kaalamang pahintulot.

Part I: Listahan ng Impormasyon

Panimula

Ako po si (sabihin ang pangalan), nagtatrabaho sa (pangalan ng organisasyon). Kami po ay gumagawa ng isang pananaliksik tungkol sa kalagayang pangkalusugan ng mga senior citizens sa Pilipinas. Ako po ay magbibigay sa inyo ng mga impormasyon at aanyayahan po kayong makibahagi sa amin. Hindi po ninyo kinakailangang magdesisyon ngayon at Malaya po kayong magtanong sa kahit na sino man hinggil sa pananaliksik na ito.

Ang kaalamang pahintulot na ito ay may mga salitang hindi po ninyo lubusang maiintindihan. Mangyari po lamang na pahintuin ako kung kayo po ay biglang naguluhan at ako po ay maglalaan ng oras upang mas higit na makapagpaliwanag. Kung kayo po ay may mga katanungan, maaari po ninyo akong tanungin o ang iba pang miyembro ng aming grupo.

Layunin ng pananaliksik

Kagaya po ng nabanggit sa Phase 1 ng pag-aaral na ito, ang mga kalahok na nakakamit ng mga pamantayan ay random na pipiliin at hahatiin po sa **4 na grupo**. Kayo po ay napili na makibahagi sa **peer counseling group**. Ang pag-aaral po na ito ay naglalayon na mapaunlad ang kalidad ng buhay ng mga senior citizens sa Pilipinas. Ang mga senior citizens ay nakakaranas po ng maraming problema habang tumatanda tulad ng panghihina ng pangangatawan at isipan, pagkawatak-watak ng ugnayan sa tao, kawalan ng seguridad sa buhay at marami pang iba. Narito po kami para hikayatin po kayong lumahok sa aming peer counseling program. Isang sinanay na senior peer counselor ang bibisita po sa inyong tahanan isang beses sa isang linggo upang makipag-usap, makipagkwentuhan at makipag-ugnayan tungkol sa usaping buhay. Ang inyo pong peer counselor ay nakahandang makinig at tulungan po kayo na makamit ang inyong mga plano at layunin sa buhay. Sa paglahok po sa

programang ito, matutulungan po namin kayo na mamuhay nang mas maligaya, positibo at kahali-halina.

Uri ng interbensiyon

Napapaloob po sa pananaliksik na ito ang paglahok sa aming peer counseling program na tatagal ng **3 buwan**. Ang inyo pong senior peer counselor ay bibisita sa inyong tahanan 1 beses sa isang linggo sa loob ng **3 buwan**.

Pagpili ng kalahok

Kayo po ay inaanyayahan na makibahagi sa aming programa dahil naniniwala po kami na ang mga senior citizens ay may karapatan na mamuhay nang mas maligaya, positibo at kahali-halina. Ang aming mga senior peer counselors ay magsisilbing kaagapay po ninyo sa pagkamit ng inyong mga layunin sa buhay. Maaari po ninyong sabihin sa kanila ang kahit na ano mang bumabahala sa inyo. Tutulungan po nila kayong makabawi sa mga problema at mabibigyan po nila kayo ng mga mungkahi kung anong tamang aksiyon ang dapat na gawin. Kami po ay nagaanyaya ng **60 na kalahok** para sa peer counseling group.

Boluntaryong pakikilahok

Ang inyo pong partisipasyon sa pananaliksik na ito ay purong boluntaryo. Kayo po ay magdedesisyon kung gusto po ninyong makibahagi o hindi. Kung pipiliin po ninyong hindi makilahok, lahat ng serbisyong inyo pong natatanggap sa OSCA ay magpapatuloy at hindi kailanman magbabago.

Pangyayaring magaganap

Kung tinanggap po ninyo ang aming paanyaya, ang aming mga senior peer counselors na sinanay at nakibahagi sa Phase 2 ng pag-aaral na ito ay bibisita po sa inyong tahanan isang beses sa isang linggo sa loob ng **3 na buwan.** Kayo po ay lalahok sa isang interbyu bago at pagkatapos ng aming programa. Kayo rin po ay inaasahang sumagot sa aming survey upang masuri ang bisa ng aming isinakatuparang programa sa komunidad. Hinihikayat po namin ang inyong tapat na katugunan at komento upang mas higit na mapabuti ang programa. Itatago po namin ang audio rekord at survey sa kabinet na may lock. Hindi kailanman mababanggit ang inyo pong pangalan at tanging numero lamang ang makakapagsabi ng inyo pong pagkakakilanlan. Wala po ni sino man ang makakahawak ng inyong impormasyon maliban sa pangunahing imbestigador. Ang mga audio record ay wawasakin po makalipas ang isang taon (Marso 2019).

Panahong itatagal

Ang pananaliksik po na ito ay tatagal ng **3 na buwan**. Sa mga panahong ito, kayo po ay naatasan na makilahok sa aming peer counseling program. Ang inyo pong peer counselor ay bibisita sa inyong tahanan isang beses sa isang linggo.

Panganib

Hindi po ninyo kinakailangang magpatuloy lumahok sa peer counseling kung kayo po ay nakaramdam ng hindi komportableng pakiramdam sa mga pagpupulong. Malaya po kayong huminto kahit kailan kung nakaramdam po kayo ng pamimilit mula sa inyong peer counselor.

Hindi po ninyo kinakailangan sumagot sa mga tanong o makilahok sa pagtalakay kung hindi po ninyo ito nais. Hindi po kayo inaasahang magbigay ng kahit na anumang rason.

Benepisyo

Ang inyo pong paglahok sa peer counseling program ay makakatulong upang mapaunlad ang kalidad ng inyong buhay. Makakakuha po kayo ng karagdagang kahulugan at kasiyahan sa buhay. Magagawa po ninyong makabuo ng tiwala at magandang relasyon sa inyong peer counselor. Maaasahan po ninyo siya sa oras ng pangangailangan.

Kabayaran

Hindi po kayo makakatanggap ng anumang tulong pinansiyal sa pakikilahok sa programa na ito.

Pagiging Kumpidensiyal

Ang mga impormasyon at datos na makokolekta ay ipapadala po sa Office of the Senior Citizens Affairs (OSCA) para itago sa nakakandadong kabinet sa pamamahala ni Ginang Dominga Carolina Chavez. Ang mga sertipiko ng pagsang-ayon at survey forms ay itatago po sa loob ng 5 taon. Iiskan at ikokombert po sa PDF file at ise-save sa USB at hard drive ang mga survey forms. Ang nakasaved na datos kabilang ang inyong personal na impormasyon ay dadalhin po sa Japan at itatago sa room N504 ng Departamento ng Community and Global Health, Unibersidad ng Tokyo. Ang pangunahing imbestigador (Rogie Royce Carandang) ang magtatago po ng mga datos sa PC na may password at ang USB at hard drive ay itatago po sa locker. Aming buburahin nang naaayon ang mga datos matapos po ang pananaliksik. Gagamitin lamang po ang inyong datos hanggang Marso 2019. Aming sisiguraduhin na ang pangangalaga po ng inyong mga datos ay sumunod nang buong katapatan sa Data Privacy Act of 2012.

Pagbabahagi ng mga resulta

Lahat po ng inyong ibabahagi sa oras na ito ay hindi malalaman ng iba at pananatilihing kompidensiyal. Ang mga kaalamang makukuha sa pananaliksik po na ito ay ibabahagi sa inyo at sa inyong komunidad bago po ito palaganapin sa publiko. Ang bawat kalahok ay makakatanggap po ng buod ng resulta kung nanaisin. Maaari po naming ilathala ang mga resulta sa mga journals o di naman po kaya ay ipresenta sa mga pagpupulong. Lahat po ng impormasyong malilikom ay wawasakin sa katapusan ng pag-aaral (Marso 2019).

Karapatang tumanggi at bawiin

Hindi po ninyo kailanman kakailanganin makilahok sa pananaliksik na ito kung labag po sa inyong kalooban. Kung nakapagdesisyon na po kayo, maaari pa rin po kayong magbago ng isip at itigil ang paglahok anumang oras. Maaari po ninyong bawiin ang pahintulot sa loob ng **3 buwan** matapos ang huling interview. Maaari po ninyong lagdaan ang pagsasawalang bisa ng pahintulot at ibigay po ito sa imbestigador o makipag-ugnayan po sa impormasyon na nakasulat sa ibaba.

Maaari po kayong pahintuin sa paglahok sa peer counseling group kung:

- Hindi po sapat ang inyong kooperasyon sa inyong senior peer counselor
- Nakilahok po ng mas mababa sa 70% ng meeting sa senior peer counselor
- Lumala po ang inyong lagay ng pag-iisip
- Nakaramdam po ng malubhang pagkadismaya o pagsabog ng emosyon

- Lumipat po ng tirahan
- Binawi po ang sertipiko ng pahintulot
- Binawian po ng buhay

<u>Kanino makikipag-ugnayan</u>

Kung may mga katanungan, mangyari po lamang na makipag-ugnayan sa mga sumusunod:

Rogie Royce Carandang
82 Ilaya St., Alabang, Muntinlupa City
+63-9363850843
rrcarandang@gmail.com

Virginia Carandang
82 Ilaya St. Alabang, Muntinlupa City
+63-9993703849

Dominga Carolina Chavez (OSCA Center)
Bayanan Baywalk, Bayanan, Muntinlupa City
511-0127

Ang pananaliksik po na ito ay sinuri at inaprubahan ng University of Tokyo's Research Ethics Committee at ng University of the Philippines Manila Research Ethics Board (UPMREB). Sila po ay naatasan na tiyakin na ang bawat kalahok sa pananaliksik po na ito ay protektado sa kahit na anuman pong pinsala. Kung may katanungan po hinggil sa komite, makipag-ugnayan lamang po sa mga sumusunod:

University of Tokyo's Research Ethics Committee
5th Floor Medical Bldg. No. 3, 7-3-1 Hongo, Bunkyo-ku, Tokyo 113-0033, Japan
+81-3-3812-2111
ich@m.u-tokyo.ac.jp

University of the Philippines Manila Research Ethics Board
2nd Floor Paz Mendoza Building, College of Medicine, UP Manila
547 Pedro Gil Street, Ermita, 1000 Manila
+63-2-5264346, upmreb@post.upm.edu.ph

Appendix 11: PHASE III: [Informed Consent Form for Social Engagement Group] (ENGLISH)

This informed consent form is for the senior citizens in the community activity group in the City of Muntinlupa and who we are inviting to participate in a research, titled "Project ENGAGE: An action research towards improving the psychological wellbeing of community-dwelling seniors in the Philippines." (Reference No. 11641)

Name of Principal Investigator: Masamine Jimba
Name of Researcher: Rogie Royce Carandang
Name of Organization(s):
Principal Organization: The University of Tokyo
Collaborative Organization: Office of the Senior Citizens Affairs (OSCA)
Total duration of research: over 12 months (October 2017 – March 2019)

This informed consent form has two parts:

- Information sheet (to share information about the study with you)
- Certificate of consent (for signatures if you choose to participate)

You will be given a copy of the full informed consent form.

Part I: Information sheet

Introduction

I am (state your name), working for (name of organization). We are doing research on the psychological wellbeing of community-dwelling seniors in the Philippines. I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research.

This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask me or another researcher.

Purpose of the research

As stated during the Phase 1 of this study, participants will be randomly allocated into four groups if they met certain criteria. You are then allocated in the community activity group. This is a study to help improve the quality of life of community-dwelling seniors in the Philippines. Seniors face a multitude of problems with age such as declining physical and mental health, dismantling social network, lack of security, etc. We are recruiting senior participants who would like to join our community activity program. A trained senior leader will facilitate the community activities in partnership with our relevant stakeholders. By participating in this study, we could lead you to a happier, positive and more fulfilled life. You can engage yourself with the community and expand your social network as you interact with people of the same age.

Type of research intervention

This research will involve joining in our weekly community activity program which will last for three months. The type of activities will be decided by the trained senior volunteers. They will facilitate all the activities with the end goal of improving your quality of life.

Participant selection

You are being invited to take part in this research because we believe that senior citizens deserve to live a happier, positive and more fulfilled life. We want to empower senior citizens to play an important role in the community. Our senior leaders will create community activities specifically tailored to senior citizens like you.

Voluntary participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, all the services you receive at the OSCA will continue and nothing will change.

Procedures

If you accept, you will be asked to participate in the community activities that will be facilitated by our trained senior volunteers. The activities will be designed by the senior volunteers with the end goal of improving your quality of life. You will also take part in an interview after the community activity program which will be guided by myself. You will then be asked to answer our survey questionnaire six months after the intervention to evaluate the impact of community activities. We encourage your honest feedback and comments on how to improve the program. We will keep the tape and surveys with a lock and key. Your name is not being included on the tape and forms, only a number will identify you, and no one else except the principal investigator will have access to your information. The tapes will be destroyed after one year.

Duration

The research takes place over 3 months in total. During that time, you will be asked to join our community activity program.

Risks

You do not have to continue joining in the community activities if you feel uncomfortable in some of the meetings. You are free to quit anytime if you feel pressured by your senior leader. You do not have to answer any question or take part in the discussion if you do not wish to do so. You do not have to give us any reason for not responding to any question or for refusing to take part in the interview.

Benefits

There will be no direct benefit to you, but your participation in the community activity program will help improve your quality of life. You can find additional meaning and fulfillment to your life. You can build trust and good relationship with your peers. You can engage with your community and can expand your social network.

Reimbursements
You will be provided incentives (transportation allowance, free snacks) to take part in the research.

Confidentiality
Your information and data will be sent to the Office of the Senior Citizens Affairs (OSCA) to be kept in a locked cabinet under the custody of Mrs. Dominga Carolina Chaves. Then, it will be scanned and converted to PDF file and saved in a USB and hard drive. The saved data which include your personal information will be brought to Japan and kept in room N504 of the Department of Community and Global Health, The University of Tokyo. Masamine Jimba will keep the data in a PC locked by a password and the USB and hard drive will be kept in a locker. When discarding the information, we will delete the data appropriately.

Sharing the results
Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you and your community before it is made widely available to the public. Each participant will receive a summary of the results if they so wish. We may publish the information from this study in journals or present it at meetings. All of the data collected in this study will be destroyed at the end of the study.

Right to refuse or withdraw
You do not have to take part in this research if you do not wish to do so. If you decide to participate, you are free to change your mind and stop being in the study at any time (during or 3 months after the interview) without any harm. You can either sign the withdrawal form and hand it over to the researcher or contact the researcher from the information written below.

Who to contact
If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following:

Rogie Royce Carandang
82 Ilaya St., Alabang, Muntinlupa City
+63-9363850843
rrcarandang@gmail.com

Virginia Carandang
82 Ilaya St. Alabang, Muntinlupa City
+63-9993703849

This proposal has been reviewed and approved by the University of Tokyo's Research Ethics Committee and by University of the Philippines Manila Research Ethics Board (UPMREB). They are tasked to make sure that research participants are protected from harm.

This research is funded by operating costs of the Department of Community and Global Health, Graduate School of Medicine, The University of Tokyo. We have no conflict of interest to disclosure.

Appendix 12: PHASE III: [Informed Consent Form for Social Engagement Group] (FILIPINO)

Ang kaalamang pahintulot na ito ay para po mga senior citizens sa community activity group sa siyudad ng Muntinlupa na inimbitahan upang lumahok sa isang pananaliksik na may titulong **"Project ENGAGE: Isang Pananaliksik upang mas mapabuti ang kalagayang pangkaisipan ng mga senior citizens sa Pilipinas."** (Reference No. 11641, RGAO-2017-0490)

Pangalan ng Pangunahing Imbestigador: Rogie Royce Carandang
Pangalan ng Organisasyon:
Pangunahing organisasyon: Unibersidad ng Tokyo
Kaakibat na organisasyon: Office of the Senior Citizens Affairs (OSCA)
Kabuuang haba ng pananaliksik: mahigit sa 12 buwan (October 2017 – March 2019)

Ang kaalamang pahintulot na ito ay nahahati po sa dalawang bahagi:

- Listahan ng Impormasyon (para maibahagi ang nilalaman ng proyekto)
- Sertipiko ng Pagsang-ayon (para sa lagda kung nais na makilahok)

Kayo po ay bibigyan ng kopya ng kaalamang pahintulot.

Part I: Listahan ng Impormasyon

Panimula

Ako po si (sabihin ang pangalan), nagtatrabaho sa (pangalan ng organisasyon). Kami po ay gumagawa ng isang pananaliksik tungkol sa kalagayang pangkalusugan ng mga senior citizens sa Pilipinas. Ako po ay magbibigay sa inyo ng mga impormasyon at aanyayahan po kayong makibahagi sa amin. Hindi po ninyo kinakailangang magdesisyon ngayon at malaya po kayong magtanong sa kahit na sino man hinggil sa pananaliksik na ito.

Ang kaalamang pahintulot na ito ay may mga salitang hindi po ninyo lubusang maiintindihan. Mangyari lamang po na pahintuin ako kung kayo po ay biglang naguluhan at ako po ay maglalaan ng oras upang mas higit na makapagpaliwanag. Kung kayo po ay may mga katanungan, maaari po ninyo akong tanungin o ang iba pang miyembro ng aming grupo.

Layunin ng Pananaliksik

Kagaya po ng nabanggit sa Phase 1 ng pag-aaral na ito, ang mga kalahok na nakakamit ng mga pamantayan ay random na pipiliin at hahatiin sa **4 na grupo**. Kayo po ay napili na makibahagi sa **community activity group**. Ang pag-aaral po na ito ay naglalayon na mapaunlad ang kalidad ng buhay ng mga senior citizens sa Pilipinas. Ang mga senior citizens ay nakakaranas po ng maraming problema habang tumatanda tulad ng panghihina ng pangangatawan at isipan, pagkawatak-watak ng ugnayan sa tao, kawalan ng seguridad sa buhay at marami pang iba. Narito po kami upang hikayatin po kayong lumahok sa aming mga aktibidad sa komunidad. Ang mga senior leaders na sinanay at hinubog ng training ang siya pong mangangasiwa ng mga aktibidad sa tulong ng ating mga kapatiran sa gobyerno. Sa paglahok po ninyo sa aming programa, matutulungan po namin kayo na magkaroon ng mas masaya, positibo at kahali-halinang buhay. Magagawa po ninyong makihalubilo sa

komunidad at muling mapalawak ang inyong ugnayan sa mga tao sa piling ng kapwa ninyo senior citizen.

Uri ng interbensiyon

Napapaloob po sa pananaliksik na ito ang paglahok ninyo sa mga aktibidad sa komunidad **1 beses sa isang linggo sa loob ng 3 buwan**. Ang uri ng aktibidad ay pagdedesisyunan po ng mga sinanay na senior volunteers. Sila po ay naatasang mangasiwa ng mga aktibidad na naglalayon na mapabuti ang kalidad ng inyong buhay.

Pagpili ng kalahok

Kayo po ay inaanyayahan na makibahagi sa aming programa dahil naniniwala po kami na ang mga senior citizens ay may karapatan na mamuhay nang mas maligaya, positibo at kahali-halina. Nais po namin mabigyan ng kapangyarihan at boses ang mga senior citizens sa lipunang ginagalawan. Ang atin pong mga senior leaders ang naatasan isakatuparan ang mga aktibidad na naaayon sa inyo pong mga pangangailangan at kasiyahan. Kami po ay nagaanyaya ng **60 na kalahok** para sa community activity group.

Boluntaryong pakikilahok

Ang inyo pong partisipasyon sa pananaliksik na ito ay purong boluntaryo. Kayo po ay magdedesisyon kung gusto ninyo pong makibahagi o hindi. Kung pipiliin ninyo pong hindi makilahok, lahat ng serbisyong inyo pong natatanggap sa OSCA ay magpapatuloy at hindi kailanman magbabago.

Pangyayaring magaganap

Kung tinanggap po ninyo ang aming paanyaya, kayo po ay lalahok sa mga aktibidades sa komunidad na pangangasiwaan po ng mga sinanay na senior volunteers. Ang mga aktibidades ay naglalayon po na mapabuti ang kalidad ng inyong buhay. Kayo po ay lalahok sa isang interbyu pagkatapos ng aming programa. Kayo rin po ay inaasahang sumagot sa aming survey matapos ang **3 buwan** upang masuri ang bisa ng aming isinakatuparang programa sa komunidad. Hinihikayat po namin ang inyong tapat na katugunan at komento upang mas higit po na mapabuti ang programa. Itatago po namin ang audio rekord at survey sa kabinet na may lock. Hindi po kailanman mababanggit ang inyong pangalan at tanging numero lamang ang makakapagsabi ng inyo pong pagkakakilanlan. Wala ni sino man ang makakahawak ng inyong impormasyon maliban po sa pangunahing imbestigador. Ang mga audio record ay wawasakin po makalipas ang isang taon (Marso 2019).

Panahong itatagal

Ang pananaliksik po na ito ay tatagal ng **3 buwan**. Sa mga panahong ito, kayo po ay naatasan na makilahok sa aming community activity program.

Panganib

Hindi po ninyo kinakailangang magpatuloy lumahok sa mga aktibidad sa komunidad kung kayo po ay nakaramdam ng hindi komportableng pakiramdam sa ating mga pagpupulong. Malaya po kayong huminto kahit kailan kung nakaramdam po kayo ng pamimilit mula sa mga

senior leaders. Hindi po ninyo kinakailangan sumagot sa mga tanong o makilahok sa pagtalakay kung hindi po ninyo ito nais. Hindi po kayo inaasahang magbigay ng kahit na anumang rason.

Benepisyo

Ang inyo pong paglahok sa mga aktibidad sa komunidad ay makakatulong upang mapaunlad ang kalidad ng inyong buhay. Makakakuha po kayo ng karagdagang kahulugan at kasiyahan sa buhay. Magagawa po ninyong makabuo ng tiwala at magandang relasyon sa inyong kapwa senior citizen. Mas lalo po kayong mapapalapit sa komunidad at mapapalawak ang inyo pong ugnayan sa mga taong nasa paligid ninyo.

Kabayaran

Kayo po ay makakatanggap ng insentibo (libreng pagkain, Php 50 na pamasahe at Php 100 na allowance kada aktibidad) sa pakikilahok sa pananaliksik na ito. Ang inyo pong tagabantay ay makakatangap din ng Php 50 na allowance sa tuwing sasamahan po kayo sa lokasyon.

Pagiging Kumpidensiyal

Ang mga impormasyon at datos na makokolekta po ay ipapadala sa Office of the Senior Citizens Affairs (OSCA) para itago po sa nakakandadong kabinet sa pamamahala ni Ginang Dominga Carolina Chavez. Ang mga sertipiko ng pagsang-ayon at survey forms ay itatago po sa loob ng 5 taon. Iiskan at ikokombert po sa PDF file at ise-save sa USB at hard drive ang mga survey forms. Ang nakasaved na datos kabilang po ang inyong personal na impormasyon ay dadalhin po sa Japan at itatago po sa room N504 ng Departamento ng Community and Global Health, Unibersidad ng Tokyo. Ang pangunahing imbestigador (Rogie Royce Carandang) ang magtatago po ng mga datos sa PC na may password at ang USB at hard drive ay itatago po sa locker. Aming buburahin po nang naaayon ang mga datos matapos ang pananaliksik. Gagamitin lamang po ang inyong datos hanggang Marso 2019. Amin pong sisiguraduhin na ang pangangalaga ng inyo pong mga datos ay sumunod nang buong katapatan sa Data Privacy Act of 2012.

Pagbabahagi ng mga resulta

Lahat po ng inyong ibabahagi sa oras na ito ay hindi po malalaman ng iba at pananatilihing kompidensiyal. Ang mga kaalamang makukuha sa pananaliksik na ito ay ibabahagi po sa inyo at sa inyong komunidad bago po ito palaganapin sa publiko. Ang bawat kalahok ay makakatanggap po ng buod ng resulta kung nanaisin. Maaari po naming ilathala ang mga resulta sa mga journals o di naman po kaya ay ipresenta sa mga pagpupulong. Lahat po ng impormasyong malilikom ay wawasakin po sa katapusan ng pag-aaral (Marso 2019).

Karapatang tumanggi at bawiin

Hindi po ninyo kailanman kakailanganin makilahok sa pananaliksik na ito kung labag po sa inyong kalooban. Kung nakapagdesisyon na po kayo, maaari pa rin po kayong magbago ng isip at itigil ang paglahok anumang oras. Maaari po ninyong bawiin ang pahintulot sa loob ng **3 buwan** matapos ang huling interview. Maaari po ninyong lagdaan ang pagsasawalang bisa ng pahintulot at ibigay po ito sa imbestigador o makipag-ugnayan po sa impormasyon na nakasulat sa ibaba.

Maaari po kayong pahintuin sa paglahok sa community activity group kung:
- Hindi po sapat ang inyong kooperasyon sa inyong senior leader
- Nakilahok po ng mas mababa sa 70% ng meeting sa senior leader
- Lumala po ang inyong lagay ng pag-iisip
- Nakaramdam po ng malubhang pagkadismaya o pagsabog ng emosyon
- Lumipat po ng tirahan
- Binawi po ang sertipiko ng pahintulot
- Binawian po ng buhay

Kanino makikipag-ugnayan

Kung may mga katanungan, mangyari po lamang na makipag-ugnayan sa mga sumusunod:

Rogie Royce Carandang
82 Ilaya St., Alabang, Muntinlupa City
+63-9363850843
rrcarandang@gmail.com

Virginia Carandang
82 Ilaya St. Alabang, Muntinlupa City
+63-9993703849

Dominga Carolina Chavez (OSCA Center)
Bayanan Baywalk, Bayanan, Muntinlupa City
511-0127

Ang pananaliksik po na ito ay sinuri at inaprubahan ng University of Tokyo's Research Ethics Committee at ng University of the Philippines Manila Research Ethics Board (UPMREB). Sila po ay naatasan na tiyakin na ang bawat kalahok sa pananaliksik po na ito ay protektado sa kahit na anuman pong pinsala. Kung may katanungan po hinggil sa komite, makipag-ugnayan lamang po sa mga sumusunod:

University of Tokyo's Research Ethics Committee
5th Floor Medical Bldg. No. 3, 7-3-1 Hongo, Bunkyo-ku, Tokyo 113-0033, Japan
+81-3-3812-2111
ich@m.u-tokyo.ac.jp

University of the Philippines Manila Research Ethics Board
2nd Floor Paz Mendoza Building, College of Medicine, UP Manila
547 Pedro Gil Street, Ermita, 1000 Manila
+63-2-5264346, upmreb@post.upm.edu.ph

Appendix 13: PHASE 3: [Informed Consent Form for Combined Peer Counseling and Social Engagement Group] (ENGLISH)

This informed consent form is for the senior citizens in the combined peer counseling and community activity group in the City of Muntinlupa and who we are inviting to participate in a research, titled "Project ENGAGE: An action research towards improving the psychological wellbeing of community-dwelling seniors in the Philippines." (Reference No. 11641)

Name of Principal Investigator: Masamine Jimba
Name of Researcher: Rogie Royce Carandang
Name of Organization(s):
Principal Organization: The University of Tokyo
Collaborative Organization: Office of the Senior Citizens Affairs (OSCA)
Total duration of research: over 12 months (October 2017 – March 2019)

This informed consent form has two parts:
•Information sheet (to share information about the study with you)
•Certificate of consent (for signatures if you choose to participate)

You will be given a copy of the full informed consent form.

Part I: Information sheet

Introduction
I am (state your name), working for (name of organization). We are doing research on the psychological wellbeing of community-dwelling seniors in the Philippines. I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research.

This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask me or another researcher.

Purpose of the research

As stated during the Phase 1 of this study, participants will be randomly allocated into four groups if they met certain criteria. You are then allocated in the combined peer counseling and community activity group. This is a study to help improve the quality of life of community-dwelling seniors in the Philippines. Seniors face a multitude of problems with age such as declining physical and mental health, dismantling social network, lack of security, etc. We are recruiting senior participants who would like to join our combined peer counseling and community activity program. A trained senior peer counselor will visit your home every week to talk and share some life experiences. Your peer counselor will help you cope up with difficulties and help you achieve your goals in life. Moreover, a trained senior leader will facilitate the community activities in partnership with our relevant stakeholders. By participating in this study, we could lead you to a happier, positive and more fulfilled life. You can engage yourself with the community and expand your social network as you interact with people of the same age.

Type of research intervention

This research will involve joining in our peer counseling program which will last for three months. Your trained senior peer counselor will do home visits once a week for the entire duration of three months. You will also be invited to join in the community activities once a week for three months as well.

Participant selection

You are being invited to take part in this research because we believe that senior citizens deserve to live a happier, positive and more fulfilled life. Our senior peer counselors will be your partner in achieving your life goals. You can talk to them about anything that is bothering you. They will help you cope up with some problems and provide you recommendations on how to act on them. Moreover, we want to empower senior citizens to play an important role in the community. Our senior leaders will create community activities specifically tailored to senior citizens like you.

Voluntary participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, all the services you receive at the OSCA will continue and nothing will change.

Procedures

If you accept, senior peer counselors who were trained and participated during Phase 2 of this study will do home visits once a week for three months. You will also be asked to participate in the community activities that will be facilitated by our trained senior volunteers. The activities will be designed by the senior volunteers with the end goal of improving your quality of life. You will then be asked to take part in an interview after the combined peer counseling and community activity program which will be guided by myself. You will also be asked to answer our survey questionnaire three months after the intervention to evaluate the impact of the combined peer counseling and community activity program. We encourage your honest feedback and comments on how to improve the program. We will keep the tape and surveys with a lock and key. Your name is not being included on the tape and forms, only a number will identify you, and no one else except the principal investigator will have access to your information. The tapes will be destroyed after one year.

Duration

The research takes place over 3 months in total. During that time, you will be asked to join our combined peer counseling and community activity program. Your senior peer counselor will visit you at home once a week. You will also be invited to join our weekly community activities.

Risks

You do not have to continue the combined peer counseling and community activity program if you feel uncomfortable in some of the meetings. You are free to quit anytime if you feel pressured by your peer counselor/ senior leader. You do not have to answer any question or

take part in the discussion if you do not wish to do so. You do not have to give us any reason for not responding to any question or for refusing to take part in the interview.

Benefits

There will be no direct benefit to you, but your participation in the combined peer counseling and community activity program will help improve your quality of life. You can find additional meaning and fulfillment to your life. You can build trust and good relationship with your peer counselor/ senior leader. You can count on him/ her anytime if you need help.

Reimbursements

You will be provided incentives (transportation allowance, free snacks) to take part in the community activities.

Confidentiality

Your information and data will be sent to the Office of the Senior Citizens Affairs (OSCA) to be kept in a locked cabinet under the custody of Mrs. Dominga Carolina Chaves. Then, it will be scanned and converted to PDF file and saved in a USB and hard drive. The saved data which include your personal information will be brought to Japan and kept in room N504 of the Department of Community and Global Health, The University of Tokyo. Masamine Jimba will keep the data in a PC locked by a password and the USB and hard drive will be kept in a locker. When discarding the information, we will delete the data appropriately.

Sharing the results

Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you and your community before it is made widely available to the public. Each participant will receive a summary of the results if they so wish. We may publish the information from this study in journals or present it at meetings. All of the data collected in this study will be destroyed at the end of the study.

Right to refuse or withdraw

You do not have to take part in this research if you do not wish to do so. If you decide to participate, you are free to change your mind and stop being in the study at any time (during or 3 months after the last interview) without any harm. You can either sign the withdrawal form and hand it over to the researcher or contact the researcher from the information written below.

Who to contact

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following:

Rogie Royce Carandang
82 Ilaya St., Alabang, Muntinlupa City
+63-9363850843
rrcarandang@gmail.com

Virginia Carandang
82 Ilaya St. Alabang, Muntinlupa City
+63-9993703849

This proposal has been reviewed and approved by the University of Tokyo's Research Ethics Committee and by University of the Philippines Manila Research Ethics Board (UPMREB). They are tasked to make sure that research participants are protected from harm.

This research is funded by operating costs of the Department of Community and Global Health, Graduate School of Medicine, The University of Tokyo. We have no conflict of interest to disclosure.

Appendix 14: PHASE 3: [Informed Consent Form for Combined Peer Counseling and Social Engagement Group] (FILIPINO)

Ang kaalamang pahintulot na ito ay para po mga <u>senior citizens sa pinagsamang peer counseling at community activity group</u> sa siyudad ng Muntinlupa na inimbitahan upang lumahok sa isang pananaliksik na may titulong **"Project ENGAGE: Isang Pananaliksik upang mas mapabuti ang kalagayang pangkaisipan ng mga senior citizens sa Pilipinas."** (Reference No. 11641, RGAO-2017-0490)

Pangalan ng Pangunahing Imbestigador: Rogie Royce Carandang
Pangalan ng Organisasyon:
Pangunahing organisasyon: Unibersidad ng Tokyo
Kaakibat na organisasyon: Office of the Senior Citizens Affairs (OSCA)
Kabuuang haba ng pananaliksik: mahigit sa 12 buwan (October 2017 – March 2019)

Ang kaalamang pahintulot na ito ay nahahati po sa dalawang bahagi:
- Listahan ng Impormasyon (para maibahagi ang nilalaman ng proyekto)
- Sertipiko ng Pagsang-ayon (para sa lagda kung nais na makilahok)

Kayo po ay bibigyan ng kopya ng kaalamang pahintulot.

Part I: Listahan ng Impormasyon

<u>Panimula</u>

Ako po si (sabihin ang pangalan), nagtatrabaho sa (pangalan ng organisasyon). Kami po ay gumagawa ng isang pananaliksik tungkol sa kalagayang pangkalusugan ng mga senior citizens sa Pilipinas. Ako po ay magbibigay sa inyo ng mga impormasyon at aanyayahan po kayong makibahagi sa amin. Hindi po ninyo kinakailangang magdesisyon ngayon at Malaya po kayong magtanong sa kahit na sino man hinggil sa pananaliksik na ito.

Ang kaalamang pahintulot na ito ay may mga salitang hindi po ninyo lubusang maiintindihan. Mangyari po lamang na pahintuin ako kung kayo po ay biglang naguluhan at ako po ay maglalaan ng oras upang mas higit na makapagpaliwanag. Kung kayo po ay may mga katanungan, maaari po ninyo akong tanungin o ang iba pang miyembro ng aming grupo.

<u>Layunin ng pananaliksik</u>

Kagaya po ng nabanggit sa Phase 1 ng pag-aaral na ito, ang mga kalahok na nakakamit ng mga pamantayan ay random na pipiliin at hahatiin po sa **<u>4 na grupo</u>**. Kayo po ay napili na makibahagi sa **pinagsamang peer counseling at community activity group**. Ang pag-aaral po na ito ay naglalayon na mapaunlad ang kalidad ng buhay ng mga senior citizens sa Pilipinas. Ang mga senior citizens ay nakakaranas po ng maraming problema habang tumatanda tulad ng panghihina ng pangangatawan at isipan, pagkawatak-watak ng ugnayan sa tao, kawalan ng seguridad sa buhay at marami pang iba. Narito po kami para hikayatin po kayong lumahok sa aming pinagsamang peer counseling at community activity program. Isang sinanay na senior peer counselor ang bibisita po sa inyong tahanan isang beses sa isang linggo upang makipag-usap, makipagkwentuhan at makipag-ugnayan tungkol sa usaping buhay. Ang inyo pong peer counselor ay nakahandang makinig at tulungan po kayo na

makamit ang inyong mga plano at layunin sa buhay. Dagdag pa po rito, ang mga senior leaders na sinanay at hinubog ng training ang siya pong mangangasiwa ng mga aktibidad sa tulong ng ating mga kapatiran sa gobyerno Sa paglahok po sa programang ito, matutulungan po namin kayo na mamuhay nang mas maligaya, positibo at kahali-halina. Magagawa po ninyong makihalubilo sa komunidad at muling mapalawak ang inyong ugnayan sa mga tao sa piling ng kapwa ninyo senior citizen.

Uri ng interbensiyon

Napapaloob po sa pananaliksik na ito ang paglahok sa aming peer counseling program na tatagal ng **3 buwan**. Ang inyo pong senior peer counselor ay bibisita sa inyong tahanan 1 beses sa isang linggo sa loob ng **3 buwan**. Kayo rin po ay iimbitahan na makidalo sa mga community activities **isang beses sa isang linggo sa loob ng 3 buwan**.

Pagpili ng kalahok

Kayo po ay inaanyayahan na makibahagi sa aming programa dahil naniniwala po kami na ang mga senior citizens ay may karapatan na mamuhay nang mas maligaya, positibo at kahali-halina. Ang aming mga senior peer counselors ay magsisilbing kaagapay po ninyo sa pagkamit ng inyong mga layunin sa buhay. Maaari po ninyong sabihin sa kanila ang kahit na ano mang bumabahala sa inyo. Tutulungan po nila kayong makabawi sa mga problema at mabibigyan po nila kayo ng mga mungkahi kung anong tamang aksiyon ang dapat na gawin. Kami po ay nagaanyaya ng **60 na kalahok** para sa pinagsamang peer counseling at community activity group.

Boluntaryong pakikilahok

Ang inyo pong partisipasyon sa pananaliksik na ito ay purong boluntaryo. Kayo po ay magdedesisyon kung gusto po ninyong makibahagi o hindi. Kung pipiliin po ninyong hindi makilahok, lahat ng serbisyong inyo pong natatanggap sa OSCA ay magpapatuloy at hindi kailanman magbabago.

Pangyayaring magaganap

Kung tinanggap po ninyo ang aming paanyaya, ang aming mga senior peer counselors na sinanay at nakibahagi sa Phase 2 ng pag-aaral na ito ay bibisita po sa inyong tahanan isang beses sa isang linggo sa loob ng **3 na buwan.** Kayo rin po ay lalahok sa mga aktibidades sa komunidad na pangangasiwaan po ng mga sinanay na senior volunteers. Ang mga aktibidades ay naglalayon po na mapabuti ang kalidad ng inyong buhay. Kayo po ay lalahok sa isang interbyu bago at pagkatapos ng aming programa. Kayo rin po ay inaasahang sumagot sa aming survey upang masuri ang bisa ng aming isinakatuparang programa sa komunidad. Hinihikayat po namin ang inyong tapat na katugunan at komento upang mas higit na mapabuti ang programa. Itatago po namin ang audio rekord at survey sa kabinet na may lock. Hindi kailanman mababanggit ang inyo pong pangalan at tanging numero lamang ang makakapagsabi ng inyo pong pagkakakilanlan. Wala po ni sino man ang makakahawak ng inyong impormasyon maliban sa pangunahing imbestigador. Ang mga audio record ay wawasakin po makalipas ang isang taon (Marso 2019).

Panahong itatagal
Ang pananaliksik po na ito ay tatagal ng **3 na buwan**. Sa mga panahong ito, kayo po ay naatasan na makilahok sa aming pinagsamang peer counseling at community activity program. Ang inyo pong peer counselor ay bibisita sa inyong tahanan isang beses sa isang linggo. Kayo rin po ay iimbitahang dumalo sa aming **lingguhang aktibidades sa komunidad.**

Panganib
Hindi po ninyo kinakailangang magpatuloy lumahok sa peer counseling kung kayo po ay nakaramdam ng hindi komportableng pakiramdam sa mga pagpupulong. Malaya po kayong huminto kahit kailan kung nakaramdam po kayo ng pamimilit mula sa inyong peer counselor/ senior lesder. Hindi po ninyo kinakailangan sumagot sa mga tanong o makilahok sa pagtalakay kung hindi po ninyo ito nais. Hindi po kayo inaasahang magbigay ng kahit na anumang rason.

Benepisyo
Ang inyo pong paglahok sa peer counseling program ay makakatulong upang mapaunlad ang kalidad ng inyong buhay. Makakakuha po kayo ng karagdagang kahulugan at kasiyahan sa buhay. Magagawa po ninyong makabuo ng tiwala at magandang relasyon sa inyong peer counselor. Maaasahan po ninyo siya sa oras ng pangangailangan.

Kabayaran
Kayo po ay makakatanggap ng insentibo (libreng pagkain, Php 50 na pamasahe at Php 100 na allowance kada aktibidad) sa pakikilahok sa pananaliksik na ito. Ang inyo pong tagabantay ay makakatangap din ng Php 50 na allowance sa tuwing sasamahan po kayo sa lokasyon.

Pagiging Kumpidensiyal
Ang mga impormasyon at datos na makokolekta ay ipapadala po sa Office of the Senior Citizens Affairs (OSCA) para itago sa nakakandadong kabinet sa pamamahala ni Ginang Dominga Carolina Chavez. Ang mga sertipiko ng pagsang-ayon at survey forms ay itatago po sa loob ng 5 taon. Iiskan at ikokombert po sa PDF file at ise-save sa USB at hard drive ang mga survey forms. Ang nakasaved na datos kabilang ang inyong personal na impormasyon ay dadalhin po sa Japan at itatago sa room N504 ng Departamento ng Community and Global Health, Unibersidad ng Tokyo. Ang pangunahing imbestigador (Rogie Royce Carandang) ang magtatago po ng mga datos sa PC na may password at ang USB at hard drive ay itatago po sa locker. Aming buburahin nang naaayon ang mga datos matapos po ang pananaliksik. Gagamitin lamang po ang inyong datos hanggang Marso 2019. Aming sisiguraduhin na ang pangangalaga po ng inyong mga datos ay sumunod nang buong katapatan sa Data Privacy Act of 2012.

Pagbabahagi ng mga resulta

Lahat po ng inyong ibabahagi sa oras na ito ay hindi malalaman ng iba at pananatilihing kompidensiyal. Ang mga kaalamang makukuha sa pananaliksik po na ito ay ibabahagi sa inyo at sa inyong komunidad bago po ito palaganapin sa publiko. Ang bawat kalahok ay makakatanggap po ng buod ng resulta kung nanaisin. Maaari po naming ilathala ang mga resulta sa mga journals o di naman po kaya ay ipresenta sa mga pagpupulong. Lahat po ng impormasyong malilikom ay wawasakin sa katapusan ng pag-aaral (Marso 2019).

Karapatang tumanggi at bawiin

Hindi po ninyo kailanman kakailanganin makilahok sa pananaliksik na ito kung labag po sa inyong kalooban. Kung nakapagdesisyon na po kayo, maaari pa rin po kayong magbago ng isip at itigil ang paglahok anumang oras. Maaari po ninyong bawiin ang pahintulot sa loob ng **3 buwan** matapos ang huling interview. Maaari po ninyong lagdaan ang pagsasawalang bisa ng pahintulot at ibigay po ito sa imbestigador o makipag-ugnayan po sa impormasyon na nakasulat sa ibaba.

Maaari po kayong pahintuin sa paglahok sa peer counseling group kung:

- Hindi po sapat ang inyong kooperasyon sa inyong senior peer counselor
- Nakilahok po ng mas mababa sa 70% ng meeting sa senior peer counselor
- Lumala po ang inyong lagay ng pag-iisip
- Nakaramdam po ng malubhang pagkadismaya o pagsabog ng emosyon
- Lumipat po ng tirahan
- Binawi po ang sertipiko ng pahintulot
- Binawian po ng buhay

Kanino makikipag-ugnayan

Kung may mga katanungan, mangyari po lamang na makipag-ugnayan sa mga sumusunod:

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511-0127

Ang pananaliksik po na ito ay sinuri at inaprubahan ng University of Tokyo’s Research Ethics Committee at ng University of the Philippines Manila Research Ethics Board (UPMREB). Sila po ay naatasan na tiyakin na ang bawat kalahok sa pananaliksik po na ito ay protektado sa kahit na anuman pong pinsala. Kung may katanungan po hinggil sa komite, makipag-ugnayan lamang po sa mga sumusunod:

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Appendix 15: PHASE III: [Informed Consent Form for Control Group] (ENGLISH)

This informed consent form is for the senior citizens in the control group in the City of Muntinlupa and who we are inviting to participate in a research, titled "Project ENGAGE: An action research towards improving the psychological wellbeing of community-dwelling seniors in the Philippines." (Reference No. 11641)

Name of Principal Investigator: Masamine Jimba
Name of Researcher: Rogie Royce Carandang
Name of Organization(s):
Principal Organization: The University of Tokyo
Collaborative Organization: Office of the Senior Citizens Affairs (OSCA)
Total duration of research: over 12 months (October 2017 – March 2019)

This informed consent form has two parts:
- Information sheet (to share information about the study with you)
- Certificate of consent (for signatures if you choose to participate)

You will be given a copy of the full informed consent form.

Part I: Information sheet

Introduction

I am (state your name), working for (name of organization). We are doing research on the psychological wellbeing of community-dwelling seniors in the Philippines. I am going to give you information and invite you to be part of this research. You do not have to decide today whether or not you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research.

This consent form may contain words that you do not understand. Please ask me to stop as we go through the information and I will take time to explain. If you have questions later, you can ask me or another researcher.

Purpose of the research

As stated during the Phase 1 of this study, participants will be randomly allocated into four groups if they met certain criteria. You are then allocated in the control group. We will then do a follow-up study after three months to learn about the current issues being faced by the senior citizens in the Philippines. We want to know any changes to your needs and concerns. We will ask again about your current health status and psychological wellbeing. We believe that you can help us by providing your honest feedback in our questionnaire. By doing so, we can track any changes and recommend further actions to protect and better serve the senior citizens.

Type of research intervention

This research will involve answering our questionnaires that will take about 30 minutes.

Participant selection

You are being invited to take part in this research because we feel that your experience as a senior citizen can contribute much to our understanding and knowledge of the aging issues in the Philippines.

Voluntary participation

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, all the services you receive at the OSCA will continue and nothing will change.

Procedures

If you accept, you will be asked to answer our survey questionnaire. You may answer the questionnaire yourself, or it can be read to you and you can say out loud the answer you want me to write down. If you do not wish to answer any of the questions included in the survey, you may skip them and move on to the next question. We will collect the questionnaire on the same day. Your name is not being included on the forms, only a number will identify you, and no one else except the principal investigator will have access to your survey

Duration

The research takes place over 3 months in total. You were allocated in the control group.

Risks

You do not have to answer any question or take part in the survey if you feel the question(s) are too personal or if talking about them makes you uncomfortable.

Benefits

There will be no direct benefit to you, but your participation is likely to help us find out more about aging issues in the Philippines. This will help us evaluate the effectiveness of the interventions that are already implemented in your community.

Reimbursements

You will not be provided any incentive to take part in the research.

Confidentiality

Your information and data will be sent to the Office of the Senior Citizens Affairs (OSCA) to be kept in a locked cabinet under the custody of Mrs. Dominga Carolina Chaves. Then, it will be scanned and converted to PDF file and saved in a USB and hard drive. The saved data will be kept in room N504 of the Department of Community and Global Health, The University of Tokyo. Masamine Jimba will keep the data in a PC locked by a password and the USB and hard drive will be kept in a locker. When discarding the information, we will delete the data appropriately.

Sharing the results

Nothing that you tell us today will be shared with anybody outside the research team, and nothing will be attributed to you by name. The knowledge that we get from this research will be shared with you and your community before it is made widely available to the public. Each participant will receive a summary of the results if they so wish. We may publish the information from this study in journals or present it at meetings. All of the data collected in this study will be destroyed at the end of the study.

Right to refuse or withdraw

You do not have to take part in this research if you do not wish to do so. If you decide to participate, you are free to change your mind and stop being in the study at any time (during or 3 months after the questionnaire survey) without any harm. You can either sign the withdrawal form and hand it over to the researcher or contact the researcher from the information written below.

Who to contact

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following:

Rogie Royce Carandang
82 Ilaya St., Alabang, Muntinlupa City
+63-9363850843
rrcarandang@gmail.com

Virginia Carandang
82 Ilaya St. Alabang, Muntinlupa City
+63-9993703849

This proposal has been reviewed and approved by the University of Tokyo's Research Ethics Committee and by University of the Philippines Manila Research Ethics Board (UPMREB). They are tasked to make sure that research participants are protected from harm.

This research is funded by operating costs of the Department of Community and Global Health, Graduate School of Medicine, The University of Tokyo. We have no conflict of interest to disclosure.

Appendix 16: PHASE III: [Informed Consent Form for Control Group] (FILIPINO)

Ang kaalamang pahintulot na ito ay para po sa mga senior citizens sa control group sa siyudad ng Muntinlupa na inimbitahan upang lumahok sa isang pananaliksik na may titulong **"Project ENGAGE: Isang Pananaliksik upang mas mapabuti ang kalagayang pangkaisipan ng mga senior citizens sa Pilipinas."** (Reference No. 11641, RGAO-2017-0490)

Pangalan ng Pangunahing Imbestigador: Rogie Royce Carandang
Pangalan ng Organisasyon:
Pangunahing organisasyon: Unibersidad ng Tokyo
Kaakibat na organisasyon: Office of the Senior Citizens Affairs (OSCA)
Kabuuang haba ng pananaliksik: mahigit sa 12 buwan (October 2017 – March 2019)

Ang kaalamang pahintulot na ito ay nahahati po sa dalawang bahagi:

- Listahan ng Impormasyon (para maibahagi ang nilalaman ng proyekto)
- Sertipiko ng Pagsang-ayon (para sa lagda kung nais na makilahok)

Kayo po ay bibigyan ng kopya ng kaalamang pahintulot.

Part I: Listahan ng Impormasyon

Panimula

Ako po si (sabihin ang pangalan), nagtatrabaho sa (pangalan ng organisasyon). Kami po ay gumagawa ng isang pananaliksik tungkol sa kalagayang pangkalusugan ng mga senior citizens sa Pilipinas. Ako po ay magbibigay sa inyo ng mga impormasyon at aanyayahan po kayong makibahagi sa amin. Hindi po ninyo kinakailangang magdesisyon ngayon at Malaya po kayong magtanong sa kahit na sino man hinggil sa pananaliksik na ito.

Ang kaalamang pahintulot na ito ay may mga salitang hindi po ninyo lubusang maiintindihan. Mangyari po lamang na pahintuin ako kung kayo po ay biglang naguluhan at ako po ay maglalaan ng oras upang mas higit na makapagpaliwanag. Kung kayo po ay may mga katanungan, maaari ninyo po akong tanungin o ang iba pang miyembro ng aming grupo.

Layunin ng Pananaliksik

Kagaya po ng nabanggit sa Phase 1 ng pag-aaral na ito, ang mga kalahok na nakakamit ng mga pamantayan ay random na pipiliin at hahatiin sa **4 na grupo**. Kayo po ay napili na makibahagi sa **control group**. Kami po ay magsasagawa ng follow-up na pag-aaral matapos ang **3 buwan** upang malaman ang mga napapanahong isyu na kinakaharap ng mga senior citizens sa Pilipinas. Nais po naming malaman ang mga pagbabago sa inyo pong mga pangangailangan at alalahanin. Magtatanong po kami muli tungkol sa inyong kasalukuyang lagay ng kalusugan. Naniniwala po kami na makakatulong po kayo sa pamamagitan ng pagbibigay ng tapat na mga sagot sa aming mga katanungan. Sa pamamagitan po nito, masusubaybayan po namin ang anumang pagbabago nang sa gayon ay makapagrekomenda ng tamang hakbang upang maprotektahan at mas lalong mapagsilbihang mabuti ang mga senior citizens.

Uri ng interbensiyon

Napapaloob po sa pananaliksik na ito ang pagsagot sa aming survey na tatagal lamang ng 30 minuto.

Pagpili ng kalahok

Kayo po ay inaanyayahan na makibahagi sa aming pananaliksik dahil nararamdaman po namin na ang inyong mga karanasan sa buhay bilang isang senior citizen ay makakatulong upang mas higit po naming maunawaan at malaman ang mga isyung kinakaharap ng mga senior citizens sa Pilipinas. Kami po ay nagaanyaya ng **60 na kalahok** para sa control group.

Boluntaryong pakikilahok

Ang inyo pong partisipasyon sa pananaliksik na ito ay purong boluntaryo. Kayo po ay magdedesisyon kung gusto po ninyong makibahagi o hindi. Kung pipiliin po ninyong hindi makilahok, lahat ng serbisyong inyo pong natatanggap sa OSCA ay magpapatuloy at hindi kailanman magbabago.

Pangyayaring magaganap

Kung tinanggap po ninyo ang aming paanyaya, kayo po ay sasagot sa aming survey. Maaari po ninyong sagutin ang mga tanong nang mag-isa o maaari ko pong basahin ang mga tanong at sabihin po sa akin ang sagot na nais po ninyong isulat ko. Kung may mga tanong na ayaw po ninyong sagutin, maaari po natin itong laktawan at magpatuloy sa susunod na tanong. Kokolektahin po namin ang survey ngayong araw mismo. Ang inyo pong pangalan ay hindi namin isasama sa papel bagkus tanging numero lamang po ang makakapagsabi ng inyong pagkakakilanlan. Tanging ang pangunahing imberstigador lamang po ang hahawak sa survey na ito.

Panahong itatagal

Ang pananaliksik po na ito ay tatagal ng **3 buwan**. Kayo po ay inilaan sa control na grupo.

Panganib

Hindi po ninyo kinakailangan na lumahok o sagutin ang mga tanong sa survey kung sa tingin po ninyo na masyadong personal ang mga katanungan o kung hindi po kayo komportable na pag-usapan ang mga ito.

Benepisyo

Wala pong direktang benepisyo ang pagsali sa survey na ito ngunit ang inyo pong pakikilahok ay makakatulong upang mas higit po na malaman ang mga isyung kinakaharap ng mga senior citizens sa Pilipinas. Ito po ay makakatulong para mas higit na masuri ang bisa ng mga programa o proyekto na kasalukuyang isinakatuparan sa inyo pong komunidad.

Kabayaran

Hindi po kayo makakatanggap ng anumang tulong pinansiyal sa pakikilahok sa survey na ito.

Pagiging Kumpidensiyal

Ang mga impormasyon at datos na makokolekta ay ipapadala po sa Office of the Senior Citizens Affairs (OSCA) para itago sa nakakandadong kabinet sa pamamahala po ni Ginang Dominga Carolina Chavez. Ang mga sertipiko ng pagsang-ayon at survey forms ay itatago po sa loob ng 5 taon. Iiskan at ikokombert po sa PDF file at ise-save sa USB at hard drive ang mga survey forms. Ang nakasaved na datos kabilang po ang inyong personal na impormasyon ay dadalhin po sa Japan at itatago po sa room N504 ng Departamento ng Community and Global Health, Unibersidad ng Tokyo. Ang pangunahing imbestigador (Rogie Royce Carandang) ang magtatago po ng mga datos sa PC na may password at ang USB at hard drive ay itatago po sa locker. Amin pong buburahin nang naaayon ang mga datos matapos po ang pananaliksik. Gagamitin lamang po ang inyong datos hanggang Marso 2019. Amin pong sisiguraduhin na ang pangangalaga ng inyong mga datos ay sumunod nang buong katapatan sa Data Privacy Act of 2012.

Pagbabahagi ng mga resulta

Lahat po ng inyong ibabahagi sa oras na ito ay hindi malalaman ng iba at pananatilihing kompidensiyal. Ang mga kaalamang makukuha sa pananaliksik na ito ay ibabahagi po sa inyo at sa inyong komunidad bago po ito palaganapin sa publiko. Ang bawat kalahok ay makakatanggap po ng buod ng resulta kung nanaisin. Maaari naming pong ilathala ang mga resulta sa mga journals o di naman kaya ay ipresenta sa mga pagpupulong. Lahat ng impormasyong malilikom ay wawasakin po sa katapusan ng pag-aaral (Marso 2019).

Karapatang tumanggi at bawiin

Hindi po ninyo kailanman kakailanganin makilahok sa pananaliksik na ito kung labag po sa inyong kalooban. Kung nakapagdesisyon na po kayo, maaari pa rin po kayong magbago ng isip at itigil ang paglahok anumang oras. Maaari po ninyong bawiin ang pahintulot sa loob ng **3 na buwan** matapos ang pagsagot ng survey questionnaire. Maaari po ninyong lagdaan ang pagsasawalang bisa ng pahintulot at ibigay po ito sa imbestigador o makipag-ugnayan po sa impormasyon na nakasulat sa ibaba.

Kanino makikipag-ugnayan

Kung may mga katanungan, mangyari po lamang na makipag-ugnayan sa mga sumusunod:

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Appemdix 17: PHASE 1 Questionnaire (ENGLISH) **I.D. number**

Phase 1

ABOUT YOU

Before we begin, we would like to ask you to answer a few general questions about yourself. Please select the answer that best describes yourself.

How **old** are you?	____________________
What is your **gender?**	Male Female
What is your **marital status**?	Married/ Remarried Never married Divorced/ Separated Widowed
What is the highest **education** you received?	No education Primary school Secondary school Tertiary
What is your **occupation**?	____________________
What is your **monthly income**?	No income Poor income Average income Good income
What is your **pension**?	No pension Government pension Private pension Social pension
Let's talk about your **health status**. How is your **health** in general?	Very good Good Fair Bad Very bad
Are you suffering from any **chronic diseases**? (Check all applicable)	Hypertension Coronary disease Cerebrovascular disease Diabetes Chronic bronchitis Spondylosis/ Osteoarthritis Pulmonary disease (e.g.,asthma) Cancer Others (__________________________)

What is your **living arrangement**?

Living alone
Living with only spouse
Living with only children
Living with spouse and children

Do you **smoke cigarettes**?

Never-smoker
Ex-smoker
Current-smoker

Do you **drink alcohol**?

Non-drinker
Occasional drinker
Daily drinker

INSTRUCTIONS

Please indicate for each of the five statements which is closest to **how you have been feeling** over the last two weeks. Notice that higher numbers mean better well-being.
Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner.

	Over the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1	I have felt cheerful and in good spirits	☐5	☐4	☐3	☐2	☐1	☐0
2	I have felt calm and relaxed	☐5	☐4	☐3	☐2	☐1	☐0
3	I have felt active and vigorous	☐5	☐4	☐3	☐2	☐1	☐0
4	I woke up feeling fresh and rested	☐5	☐4	☐3	☐2	☐1	☐0
5	My daily life has been filled with things that interest me	☐5	☐4	☐3	☐2	☐1	☐0

Choose the best answer for **how you felt** over the past week. Encircle your answer.

	Question	**ANSWER**	
1	Are you basically satisfied with your life?	YES	NO
2	Have you dropped many of your activities and interests?	YES	NO
3	Do you feel that your life is empty?	YES	NO
4	Do you often get bored?	YES	NO
5	Are you in good spirits most of the time?	YES	NO
6	Are you afraid that something bad is going to happen to you?	YES	NO
7	Do you feel happy most of the time?	YES	NO
8	Do you often feel helpless?	YES	NO
9	Do you prefer to stay at home, rather than going out and doing things?	YES	NO
10	Do you feel that you have more problems with memory than most?	YES	NO
11	Do you think it is wonderful to be alive now?	YES	NO
12	Do you feel worthless the way you are now?	YES	NO
13	Do you feel full of energy?	YES	NO
14	Do you feel that your situation is hopeless?	YES	NO
15	Do you think that most people are better off than you are?	YES	NO

Please describe **how you deal with problems**. Tick the appropriate box.

	Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1	If I were to have problems, I have people I could turn to	☐	☐	☐	☐	☐
2	My family or friends are very supportive of me	☐	☐	☐	☐	☐
3	In difficult situations, I can manage my emotions	☐	☐	☐	☐	☐
4	I can put up with my negative emotions	☐	☐	☐	☐	☐
5	When faced with a problem I can usually find a solution	☐	☐	☐	☐	☐

	Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
6	If I were in trouble, I know of others who would be able to help me	☐	☐	☐	☐	☐
7	I can generally solve problems that occur	☐	☐	☐	☐	☐
8	I can control my emotions	☐	☐	☐	☐	☐
9	I can usually find a way of overcoming problems	☐	☐	☐	☐	☐
10	I could find family of friends who listen to me if I needed them to	☐	☐	☐	☐	☐
11	If faced with a set-back, I could probably find a way round the problem	☐	☐	☐	☐	☐
12	I can handle my emotions	☐	☐	☐	☐	☐

Select the answer that best describes **how you interact with people** over the past week.

	Question	More than 2 people	1-2 people	None
1	Other than members of your family how many persons in your local area do you feel you can depend on or feel very close to?	☐	☐	☐

2. How many times during the past week did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together?

0	1	2	3	4	5	6	7
None times	Once	Twice	3 times	4 times	5 times	6 times	≥7

3. How many times did you talk to someone (friends, relatives or others) on the telephone in the past week (either they called you, or you called them)?

0	1	2	3	4	5	6	7
None times	Once	Twice	3 times	4 times	5 times	6 times	≥7

4. About how often did you go to meetings of clubs, religious meetings, or other groups that you belong to in the past week?

0	1	2	3	4	5	6	7
None times	Once	Twice	3 times	4 times	5 times	6 times	≥7

Select the answer that best describes **how satisfied you are with the support** you are receiving from other people over the past week.

	Question	Most of the time	Some of the time	Hardly ever
5	Does it seems that your family and friends (people who are important to you) understand you?	☐	☐	☐
6	Do you feel useful to your family and friends (people important to you)?	☐	☐	☐
7	Do you know what is going on with your family and friends?	☐	☐	☐
8	When you are talking with your family and friends, do you feel you are being listened to?	☐	☐	☐
9	Do you feel you have a definite role (place) in your family and among your friends?	☐	☐	☐
10	Can you talk about your deepest problems with at least some of your family and friends?	☐	☐	☐

Indicate **how often** each of the statements below is descriptive of you.

	Statement	Often	Sometimes	Rarely	Never
1	I lack companionship	☐	☐	☐	☐
2	There is no one I can turn to	☐	☐	☐	☐
3	I am an outgoing person	☐	☐	☐	☐
4	I feel left out	☐	☐	☐	☐
5	I feel isolation from others	☐	☐	☐	☐

	Statement	Often	Sometimes	Rarely	Never
6	I can find companionship when I want it	☐	☐	☐	☐
7	I am unhappy being so withdrawn	☐	☐	☐	☐
8	People are around me but not with me	☐	☐	☐	☐

PLEASE DON'T FORGET TO RESPOND TO EVERY ITEM.
Thank You!

Appemdix 18: PHASE 1 Questionnaire (FILIPINO) **I.D. number**

Phase 1

TUNGKOL SA IYO

Bago tayo magsimula, nais namin malaman ang ilang mga bagay tungkol sa iyo. Piliin ang sagot na pinakamainam na naglalarawan ng iyong sarili.

Ilang **taon** ka na? ___________________

Ano ang iyong **kasarian**? Lalaki Babae

Ano ang iyong **estado sibil**?
- Kasal/ Kinasal ulit
- Hindi kinasal kailanman
- Hiwalay sa asawa
- Biyudo/ Biyuda

Ano ang pinakamataas na **antas ng edukasyon** ang naabot mo?
- Walang pinag-aralan
- Elementarya
- Sekondarya/Haiskul
- Kolehiyo

Ano ang iyong **trabaho**? __________________

Ano ang iyong **buwanang kita**?
- Walang pinagkakakitaan
- Mababa o hindi sapat ang kita
- Sapat na kita
- Higit sa sapat na kita

Anong klaseng **pensiyon** ang mayroon ka?
- Walang pensiyon
- Pensiyon mula sa Gobyerno
- Pensiyon mula sa Pribado
- Panlipunang pensiyon

Pag-usapan naman natin ang iyong **kalagayang pangkalusugan**.
Sa kabuuan kumusta ang iyong **kalusugan**?
- Napakabuti
- Mabuti
- Sakto lang
- Hindi mabuti
- Napakasama

Mayroon ka bang mga **pangmatagalang sakit**?
(Lagyan ng check ang lahat ng naaangkop)
- High blood/ alta presyon
- Sakit sa puso
- Stroke/ istrok
- Diyabetis
- Pangmatagalang bronchitis
- Pananakit ng kasukasuan/ rayuma
- Sakit sa baga (hika, hirap sa paghinga)
- Kanser
- Iba pa (________________________)

Ano ang iyong **uri ng pamumuhay?**

Namumuhay mag-isa
Namumuhay kasama lang ang asawa
Namumuhay kasama lang ang mga anak
Namumuhay kasama ang asawa at mga anak

Naninigarilyo ka ba?

Hindi kailanman nanigarilyo
Dating naninigarilyo
Kasalukuyang naninigarilyo

Umiinom ka ng **alak**?

Hindi umiinom
Paminsan-minsan lang umiinom
Araw-araw umiinom

PANUTO
Sa bawat pahayag, pumili ng numero na pinakamalapit sa iyong **naramdaman** noong nakalipas na dalawang lingo. Punahin na ang mas mataas na numero ay indikasyon nang mas mataas na kalidad ng buhay o mas mabuting kalagayan.

Halimbawa: Kung ika'y nakaramdam ng kasiyahan at kasiglaan nang higit sa kalahati ng oras sa nakaraang dalawang linggo, markahan ang kahon na may numerong 3 sa may kanang gilid.

	Sa nakalipas na dalawang linggo	Nangyari sa lahat ng panahon	Parating nangyari	Madalas nangyari	Minsan nangyari	Madalang nangyari	Hindi nangyari
1	Ako'y nakaramdam ng saya at sigla	☐5	☐4	☐3	☐2	☐1	☐0
2	Ako'y nakaramdam ng kapayapaan at katiwasayan	☐5	☐4	☐3	☐2	☐1	☐0
3	Ako'y naging aktibo at masigasig	☐5	☐4	☐3	☐2	☐1	☐0
4	Nagising ako nang sariwa at mahimbing ang tulog	☐5	☐4	☐3	☐2	☐1	☐0
5	Napupuno ang bawat araw ko ng mga bagay na aking kinagigiliwan	☐5	☐4	☐3	☐2	☐1	☐0

Piliin ang pinakamainam na sagot na naglalarawan ng iyong **naramdaman** noong nakaraang lingo. Bilugan ang iyong sagot.

	Tanong	**SAGOT**	
1	Ikaw ba ay kuntento sa buhay mo ngayon?	OO	HINDI
2	Marami ka bang mga aktibidad at hilig na hindi na ginagawa?	OO	HINDI
3	Pakiramdam mo ba ngayon ang iyong buhay ay walang kabuluhan?	OO	HINDI
4	Madalas ka bang mainip?	OO	HINDI
5	Ikaw ba ay masigla halos sa lahat ng oras?	OO	HINDI
6	Nangangamba ka ba na may masamang mangyayari sa iyo?	OO	HINDI
7	Nararamdaman mo bang masaya ka halos sa lahat ng oras?	OO	HINDI
8	Madalas mo bang maramdaman na ikaw ay walang laban?	OO	HINDI
9	Mas gusto mo bang manatili sa inyong tahanan kaysa lumabas at gumawa ng mga bagay-bagay?	OO	HINDI
10	Pakiramdam mo ba may mas problema ka sa memorya kaysa sa karamihan?	OO	HINDI
11	Sa tingin mo ba kahanga-hanga na ikaw ay buhay ngayon?	OO	HINDI
12	Pakiramdam mo ba wala ka nang halaga sa kalagayan mo ngayon?	OO	HINDI
13	Pakiramdam mo ba punung-puno ka pa ng lakas?	OO	HINDI
14	Pakiramdam mo ba sa sitwasyon mo ngayon ay wala nang pag-asa?	OO	HINDI
15	Sa tingin mo ba halos lahat ng tao ay mas angat kaysa sa iyo?	OO	HINDI

Pakilarawan kung paano mo **haharapin ang mga problema**. Lagyan ng tsek ang naaangkop na kahon.

	Pahayag	Matindi ang pagsang-ayon	Sumasang-ayon	Alangan	Hindi sumasang-ayon	Matindi and hindi pagsang-ayon
1	Kung ako man ay magkakaroon ng problema, may mga tao akong pwedeng lapitan o pagsabihan.	☐	☐	☐	☐	☐
2	Ang aking pamilya o maging ang aking mga kaibigan ay laging nakasuporta sa akin	☐	☐	☐	☐	☐
3	Sa mahihirap na mga sitwasyon, kaya kong pangasiwaan ang aking mga emosyon	☐	☐	☐	☐	☐
4	Kaya kong ipasantabi ang mga negatibo kong emosyon	☐	☐	☐	☐	☐
5	Kapag ako ay humaharap sa problema, madalas ako nakakahanap ng solusyon	☐	☐	☐	☐	☐
6	Kung ako man nakakaranas ng problema, kilala ko ang mga taong makakatulong sa akin	☐	☐	☐	☐	☐
7	Sa pangkalahatan, kaya kong solusyunan ang mga problemang dumarating	☐	☐	☐	☐	☐
8	Kaya kong kontrolin ang aking emosyon	☐	☐	☐	☐	☐
9	Madalas kaya kong makahanap ng paraan para lutasin ang mga problema	☐	☐	☐	☐	☐
10	Nakakahanap ako ng mga kaibigan na handang makinig sa akin sa oras ng pangangailangan	☐	☐	☐	☐	☐
11	Kapag nakakaranas ako ng pagsubok, ako ay maaaring makahanap ng paraan para malagpasan ito.	☐	☐	☐	☐	☐
12	Kaya kong panghawakan ang aking emosyon	☐	☐	☐	☐	☐

Pilliin ang sagot na pinakamahusay na naglalarawan kung paano ka **nakikisalamuha sa mga tao** sa loob ng nakaraang lingo.

	Tanong	Higit sa 2 na tao	1-2 tao	Wala
1	Bukod sa miyembro ng iyong pamilya, ilang tao sa inyong lokal na lugar ang maaari mong sandalan o ramdam mong malapit na malapit sa iyo?	☐	☐	☐

2. Noong nakaraang linggo, ilang beses ka naglaan ng oras kasama ang ibang tao na hindi naninirahan sa inyo? Eto ay yung mga tao na pinuntahan mo para makita o binisita ka o lumabas kayong magkasama.

0	1	2	3	4	5	6	7
Wala	1 beses	2 beses	3 beses	4 na beses	5 beses	6 na beses	≥7 beses

3. Ilang beses ka nakipag-usap sa isang tao (kaibigan, kamag-anak o ibang tao) sa telepono noong nakaraang lingo (pwedeng sila yung tumawag o ikaw ung tumawag)?

0	1	2	3	4	5	6	7
Wala	1 beses	2 beses	3 beses	4 na beses	5 beses	6 na beses	≥7 beses

4. Noong nakaraang linggo, gaano ka kadalas pumunta sa pagpupulong ng inyong organisasyon, pangrelihiyon o kahit ano mang grupo na kung saan ka kabilang?

0	1	2	3	4	5	6	7
Wala	1 beses	2 beses	3 beses	4 na beses	5 beses	6 na beses	≥7 beses

Piliin ang sagot na pinakamahusay na naglalarawan kung paano ka nasisiyahan sa **suportang iyong natatanggap** mula sa ibang tao sa loob ng nakaraang linggo.

	Tanong	Madalas	Minsan	Bihirang-bihira
5	Parang wari bang naiintindihan ka ng iyong pamilya at mga kaibigan (mga taong importante sa iyo)?	☐	☐	☐
6	Pakiramdam mo ba na kapaki-pakinabang ka sa iyong pamilya at mga kaibigan (mga taong importante sa iyo)?	☐	☐	☐
7	Alam mo ba ang mga kaganapang nangyayari sa iyong pamilya at sa iyong mga kaibigan?	☐	☐	☐
8	Sa tuwing kinakausap mo ang iyong pamilya at mga kaibigan, sa tingin mo ba, nakikinig sila sa iyo?	☐	☐	☐

	Tanong	Madalas	Minsan	Bihirang-bihira
9	Pakiramdam mo ba may tiyak kang gampanin sa iyong pamilya at mga kaibigan?	☐	☐	☐
10	Kaya mo bang sabihin ang mga malalim mong problema sa iilang miyembro ng iyong pamilya o mga kaibigan	☐	☐	☐

Ipahiwatig kung gaano kadalas ang bawat isa sa mga pahayag sa ibaba ang **naglalarawan** sa iyo.

	Pahayag	Madalas	Minsan	Bihira	Hindi kailanman
1	Wala akong nakakasama	☐	☐	☐	☐
2	Wala akong mapagsabihan kahit isa	☐	☐	☐	☐
3	Ako ang tipo ng tao na magiliw at pala-kaibigan	☐	☐	☐	☐
4	Pakiramdam ko ako ay napagiiwanan	☐	☐	☐	☐
5	Pakiramdam ko hiwalay o iba ako sa ibang tao	☐	☐	☐	☐
6	Nakakahanap ako ng kasama pag ginusto ko	☐	☐	☐	☐
7	Nalulungkot ako kapag ako ay malayo sa tao	☐	☐	☐	☐
8	May mga tao sa paligid ko pero hindi ko maramdaman na kasama ko sila	☐	☐	☐	☐

MANGYARING HUWAG KALILIMUTANG TUMUGON SA BAWAT ITEM.
Salamat!

Appemdix 19: PHASE 2 Learning needs assessment (ENGLISH)

Participant ID #: ________________________________ Score:_______/ 30 correct

Date: __________________________ (month/day/year)

Direction: Tick True, False or Don't Know for each question

No.	Questions	True	False	Don't know
1	Senior Leaders/ peer counselors are volunteers, so they are not members of the multidisciplinary Mental Health care team.			
2	Depression is persistent and interferes with a person's ability to function in daily life.			
3	Suicide is the most feared complication of depression.			
4	Depression impacts older people differently than younger people.			
5	The risk of depression increases as people age and become more debilitated.			
6	Supportive counseling includes telling people what you think is best.			
7	Shared confidentiality means you should tell a person's family, but not community members, that the person has depression.			
8	Peer counselor should ask clients about family members at each visit.			
9	Psychotherapy in older adults can address a broad range of functional and social consequences of depression.			
10	The stigma attached to mental illness and psychiatric treatment is even more powerful among the elderly that among younger people			
11	Depressive symptoms are normal reactions to life stresses, losses, or the aging process.			
12	Depressed older people may not report their depression because they believe there is no hope for help.			
13	Most depressed people are not seeking for treatment because they are lazy.			
14	Senior peer counselors can help create a patient-identified goal.			
15	Positive living means telling people you are living with depression.			
16	Good nutrition is part of positive living.			
17	It is important for senior peer counselors to disclose their clients' depression status.			
18	Peer counseling is an ongoing process.			
19	Senior leaders are also community educators and advocates.			

No.	Questions	True	False	Don't know
20	Leadership can be attained through study.			
21	Leaders are born and not made.			
22	Senior leaders/ peer counselors know everything about aging.			
23	Alcoholism may cause or worsen depression and interfere with effective treatment.			
24	Depression can occur at any age.			
25	In most cases, depression is treatable in older adults.			
26	If your parents have depression, so will you.			
27	Depression happens because of a sad situation.			
28	Depression only affects women.			
29	Talking about depression makes things worse.			
30	Antidepressants always cure depression.			

Appendix 20: PHASE 2 Learning needs assessment (FILIPINO)

ID No.: ____________________________________ Puntos: __________/ 30 tama

Petsa: ________________________ (buwan/araw/taon)

Panuto: Lagyan ng tsek kung Tama, Mali, o Hindi Alam sa bawat tanong.

No.	Tanong	Tama	Mali	Hindi Alam
1	Ang pagiging Senior Leaders/ peer counselors ay boluntaryo kaya hindi sila miyembro ng samahan na nangangalaga sa kalusugan ng kaisipan.			
2	Ang depresyon ay patuloy at ito ay nanghihimasok sa kakayahan ng isang tao na mamuhay sa araw-araw.			
3	Ang pagpapakamatay ay ang pinakanakakatakot na komplikasyon ng depresyon.			
4	Magkaiba ang epekto ng depresyon sa mga matatanda kaysa sa mga bata.			
5	Ang pagkakaroon ng depresyon ay tumataas habang ang tao ay tumatanda at nagiging mahina ang pangangatawan.			
6	Ang pagsasabi sa tao kung ano sa tingin mo ang pinakamahusay na hakbang ay bahagi ng suportadong pagpapayo.			
7	Ang kompidensiyal na napagkasunduan ay nangangahulugan na dapat mo ibahagi sa pamilya ng isang tao, ngunit hindi sa mga miyembro ng komunidad, na ang tao ay may depresyon.			
8	Dapat tanungin ng peer counselor ang kaniyang kliyente hinggil sa kaniyang pamilya sa bawat pagbisita.			
9	Ang psychotherapy sa mga matatanda ay maaaring matugunan ang malawak na hanay ng kahihinatnan ng depresyon.			
10	Ang stigma na nakalakip sa sakit sa kaisipan at saykayatrikong paggamot ay higit na malakas sa mga matatanda kaysa sa mga bata.			
11	Ang mga sintomas ng depresyon ay normal na reaksiyon sa mga stress sa buhay, pagkawala ng taong minamahal, o kaya pagtanda.			
12	Ang mga matatandang may depresyon ay maaaring hindi mag-ulat ng kanilang nararamdaman dahil naniniwala sila na wala nang pag-asa para matulungan sila.			
13	Karamihan sa mga taong may depresyon ay hindi naghahanap ng pampagamot dahil sila ay tinatamad.			

No.	Tanong	Tama	Mali	Hindi Alam
14	Ang mga senior peer counselors ay makakatulong na makalikha ng layunin na kinilala ng kliyente.			
15	Ang positibong pamumuhay ay nangangahulugang sabihin sa mga tao na ikaw ay nakakaranas ng depresyon.			
16	Ang magandang nutrisyon ay bahagi ng positibong pamumuhay.			
17	Mahalaga sa mga peer counselors na isiwalat sa kanilang mga kliyente ang katayuan ng kanilang depresyon.			
18	Ang peer counseling ay isang patuloy na proseso.			
19	Mga tagapagturo at tagapagtaguyod din sa komunidad ang mga senior leaders.			
20	Ang pagiging lider ay maaaring matamo sa pamamagitan ng pag-aaral.			
21	Ang mga lider ay ipinanganak at hindi ginawa.			
22	Ang lahat ng bagay tungkol sa pagtanda ay alam ng mga senior leaders/ peer counselors.			
23	Ang alkoholismo ay maaaring magdulot o magpalala ng depresyon at makagambala sa mabisang paggamot.			
24	Ang depresyon ay maaaring mangyari sa anumang edad.			
25	Sa karamihan ng mga kaso, ang depresyon sa mga matatanda ay kayang magamot.			
26	Kung ang iyong mga magulang ay may depresyon, maaaring magkaroon ka rin.			
27	Nangyayari ang depresyon dulot ng isang malungkot na sitwasyon.			
28	Ang depresyon ay nakakaapekto lamang sa mga kababaihan.			
29	Kapag pinag-uusapan ang depresyon mas lalo lamang lalala ang mga bagay-bagay.			
30	Ang mga antidepressants ay palaging nakakalunas sa depresyon.			

Appendix 21: PHASE 2: Peer educator supervised practicum checklist (ENGLISH)

Instructions: Preceptors should complete **two** checklists for each Senior Peer Counselor during the practicum. As you observe a specific skill being demonstrated, tick your rating as GOOD, FAIR or POOR. If you want to make comments or recommendations, write on the right-hand column and be sure to share comments with the Senior Peer Counselor. This list of skills is intended to be a guide to preceptors and Senior Peer Counselors. For a comprehensive assessment, scores will be given per item: Good (2), Fair (1) and Poor (0). A total score of at least 30 means that the Senior Peer Counselor achieve a satisfactory performance during the practicum. At the end of the practicum, complete the final evaluation for each participant.

Participant ID #: ________________________________ Name of Preceptor: ________________________________

Date of Practicum: __________________________________ Name of Practicum Site: ______________________________

Counseling and Communication Skills Checklist					
		Preceptor's Rating (Tick One)			**Comments**
Key Skill Area	**Specific Strategies, Statements, Behaviors**	**Good** has mastered the skill (Score = 2)	**Fair** needs more practice (Score = 1)	**Poor** needs more training (Score = 0)	
Skill 1: Greetings and Introduction	• Greet clients properly				
	• Introduces self and role as a Senior Peer Counselor				
	• Ensures privacy and maintains confidentiality				

		Preceptor's Rating (Tick One)			
Key Skill Area	**Specific Strategies, Statements, Behaviors**	**Good** has mastered the skill (Score = 2)	**Fair** needs more practice (Score = 1)	**Poor** needs more training (Score = 0)	**Comments**
Skill 2: Use helpful nonverbal communication	• Make eye contact				
	• Face the person (sit next to her or him) and be relaxed and with open posture				
	• Use good body language (nod, lean forward, etc.)				
	• Smile •				
	• Do not look at your watch, the clock or anything other than the client				
	• Do not write during the session				
Skill 3: Ask open-ended questions	• Use open-ended questions to get more information				
	• Ask questions that show interest, care and concern				
Skill 4: Actively listen and show interest in your client	• Nod and smile. Use encouraging responses (such as "yes," "okay" and "mmm hmm"				
	• Use a calm tone of voice that is not directive				
	• Allow the client to express emotions				
	• Do not interrupt				

		Preceptor's Rating (Tick One)			
Key Skill Area	**Specific Strategies, Statements, Behaviors**	**Good** has mastered the skill (Score = 2)	**Fair** needs more practice (Score = 1)	**Poor** needs more training (Score = 0)	**Comments**
Skill 5: Reflect back what your client is saying	• Reflect emotional responses back to client				
Skill 6: Show empathy, not sympathy	• Demonstrate empathy: show an understanding of how the client feels				
	• Avoid sympathy				
Skill 7: Avoid judging words	• Avoid judging words such as "good," "bad," "correct," "proper," "right," "wrong," etc.				
	• Use words that build confidence and give support (e.g., recognize and praise what the client is doing right).				
Skill 8: Help your client set goals and summarize each counseling session	• Work with the client to come up with realistic "next steps."				
	• Summarize the main points of the counseling session				

Final Evaluation by Preceptors

Preceptor's rating score: _______________
Name of Senior Peer Counselor: ____

Tick one:

- ☐ Demonstrated a majority of skills effectively and is ready to start work as a Senior Peer Counselor.
- ☐ Demonstrated some skills effectively, but still needs more practice before becoming a Senior Peer Counselor.
- ☐ Unable to demonstrate most skills and should participate in the training course again before becoming a Senior Peer Counselor.

Additional comments:

Preceptor(s) Signature: ____________________________________ **Date: ____________________**(month/day/year)

Appendix 22: PHASE 2: Peer educator supervised practicum checklist (FILIPINO)

Tagubilin: Sa mga Preceptor ng praktikum na ito, kumpletuhin ang **dalawang** checklist para sa bawat Senior Peer Counselor. Habang sinusuri ang tiyak na kasanayan, iskoran ang peer counselor ng MAHUSAY, SAKTO o KULANG. Kung gusto mo maglagay ng komento o mungkahi, isulat ito sa pinaka-kanang kolum at siguraduhin na ibahagi ang mga komento sa Senior Peer Counselor. Itong listahan ng mga kasanayan ay magsisilbing gabay sa mga Preceptor at mga Senior Peer Counselors. Para sa komprehensibong pagsusuri, magbibigay ng iskor kada item: Mahusay (2), Sakto (1) at Kulang (0). Ang kabuuang iskor na hindi bababa sa 30 ay nangangahulugang nakamit ng Senior Peer Counselor ang kasiya-siyang pagganap sa praktikum. Sa katapusan, kumpletuhin ang pangwakas na pagsusuri ng bawat kalahok.

ID No. ng kalahok: ________________________________

Pangalan ng Preceptor: ________________________________

Petsa ng Praktikum: ________________________________

Lugar ng Praktikum: ________________________________

Listahan ng mga Kasanayan sa Peer Counseling					
		Iskor ng Preceptor (Pumili ng isa)			**Komento**
Natatanging Kasanayan	**Tiyak na Istratehiya, Pahayag, Pag-uugali**	**Mahusay** dalubhasang kasanayan (Iskor = 2)	**Sakto** Nangangailangan ng praktis pa (Iskor = 1)	**Kulang** Nangangailangan ng training pa (Iskor = 0)	
Kasanayan #1: Pagbati at Pagpapakilala	• Maayos na binati ang kliyente				
	• Pinakilala ang sarili at tungkulin bilang isang Senior Peer Counselor				
	• Tiniyak ang pagiging pribado at napanatili ang pagiging kompidensiyal				

		Iskor ng Preceptor (Pumili ng isa)			Komento
Natatanging Kasanayan	**Tiyak na Istratehiya, Pahayag, Pag-uugali**	**Mahusay** dalubhasang kasanayan (Iskor = 2)	**Sakto** Nangangailangan ng praktis pa (Iskor = 1)	**Kulang** Nangangailangan ng training pa (Iskor = 0)	
Kasanayan #2: Paggamit ng di berbal na komunikasyon	• Tumitingin sa mata				
	• Nakaharap sa tao (magkatabing nakaupo), relaks at may bukas na pustura				
	• Gumamit ng mabuting galaw ng katawan (pagtango, pasulong na pag-upo, at iba pa)				
	• Nakangiti				
	• Hindi tumitingin sa relo, sa orasan o sa kahit na ano maliban sa kliyente				
	• Hindi nagsusulat habang nakikipag-usap				
Kasanayan #3: Pagtatanong ng mga bukas na katanungan	• Gumamit ng mga bukas na katanungan para makakuha ng mas maraming impormasyon				
	• Nagtanong ng mga katanungan na nagpapakita ng interes, pag-aalaga at pag-aalala				

		Iskor ng Preceptor (Pumili ng isa)			
Natatanging Kasanayan	**Tiyak na Istratehiya, Pahayag, Pag-uugali**	**Mahusay** dalubhasang kasanayan (Iskor = 2)	**Sakto** Nangangailangan ng praktis pa (Iskor = 1)	**Kulang** Nangangailangan ng training pa (Iskor = 0)	**Komento**
Kasanayan #4: Aktibong pakikinig at pagpapakita ng interes sa kliyente	• Tumatango at ngumingiti. Gumamit ng naghihikayat na mga tugon (tulad ng “oo,” “okay” at “mmm hmm”)				
	• Gumamit ng kalmadong tono ng boses na hindi nag-uutos				
	• Hinayaan ang kliyente na ipahayag ang kaniyang damdamin				
	• Hindi ginambala ang kliyente habang nagsasalita				
Kasanayan #5: Pagsasalamin ng tugon ng kliyente	• Sinalamin sa kliyente ang mga emosyonal na tugon nito				
Kasanayan #6: Pagpapakita ng empatiya at hindi simpatiya	• Pinakita ang pakikiramay: nagpakita ng pang-unawa sa nararamdaman ng kliyente				
	• Iniwasan ang simpatiya o pagpapakita ng awa				

		Iskor ng Preceptor (Pumili ng isa)			
Natatanging Kasanayan	**Tiyak na Istratehiya, Pahayag, Pag-uugali**	**Mahusay** dalubhasang kasanayan (Iskor = 2)	**Sakto** Nangangailangan ng praktis pa (Iskor = 1)	**Kulang** Nangangailangan ng training pa (Iskor = 0)	**Komento**
Kasanayan #7: Pag-iwas sa mga mapanghusgang mga salita	• Iniwasan ang paggamit ng mga mapanghusgang mga salita tulad ng “mabuti,” “masama,” “tama,” “wasto,” “korek,” “mali,” at iba pa				
	• Gumamit ng mga salitang nagbubuo ng tiwala at nagbibigay ng suporta (halimbawa ay kinilala at pinuri ang kliyente sa kanyang wastong gawain)				
Kasanayan #8: Pagtulong sa kliyente na magtakda ng mga layunin at ibuod ang bawat sesyon ng pagpapayo	• Nakipagtulungan sa kliyente upang makabuo ng makatotohanang “susunod na mga hakbang”				
	• Binuod ang mga pangunahing puntos ng sesyon ng pagpapayo				

<u>Pangwakas na Ebalwasyon ng Preceptor</u>

Markang Iskor ng Preceptor: ______________

ID No. ng Senior Peer Counselor: ____

Pumili ng isa:

- ☐ Naipamalas nang mahusay ang **<u>karamihan</u>** ng mga kasanayan at handa nang simulan ang tungkulin bilang isang Senior Peer Counselor.
- ☐ Naipamalas nang mahusay ang **<u>ilang</u>** mga kasanayan ngunit nangangailangan pa rin ng pagsasanay bago maging isang ganap na Senior Peer Counselor.
- ☐ **<u>Hindi</u>** nagpamalas ng kahusayan sa karamihan ng mga kasanayan at nangangailangan na makilahok muli sa kurso ng pagsasanay bago maging isang Senior Peer Counselor.

Dagdag na mga komento:

Lagda ng Preceptor: __________________________________ **Petsa:** ________________________(buwan/araw/taon)

Appendix 23: Focus Group Discussion among peer counselors (ENGLISH)

<u>Phase 2</u>

Focused-Group Interview

BEFORE THE TRAINING

1. What motivates you to volunteers as a senior leader and peer counselor?
2. Have you had any previous community leadership involvement? How about counseling experience? Can you tell us more about it?
3. What are your expectations for the training?
4. What do you think are the possible challenges that you may find difficult?
5. What do you know about the issues and concerns of senior citizens around your area? Do you think mental health is an important issue?
6. Does your community have existing projects on improving the psychological wellbeing of senior citizens?

AFTER THE TRAINING

1. What is your overall assessment of the training?
2. Do you think the training has prepared you enough as a senior leader and peer counselor?
3. Were we able to meet all your expectations?
4. How can we further improve the contents/training methods?
5. What kind of support do you think you might need as you work as a senior leader and peer counselor?

Appendix 24: Focus Group Discussion among peer counselors (FILIPINO)

<u>Phase 2</u>

BAGO MAGSIMULA ANG TRAINING

1. Ano ang nagbigay sa iyo ng motibo para magboluntaryo bilang isang senior leader at peer counselor?
2. Mayroon ka bang karanasan na mamuno sa inyong komunidad? Mayroon ka rin bang karanasan sa pagpapayo? Maaari mo bang isalarawan ang iyong mga karanasan?
3. Ano ang iyong mga inaasahan para sa training?
4. Ano sa tingin mo ang mga posibleng hamon na maaari mong makaharap bilang jsang senior leader at peer counselor?
5. Ano ang alam mo sa mga isyu at mga alalahanin ng mga senior citizen sa inyong lugar? Sa tingin mo ba ang usapan tungkol sa kalusugan ng isipan ay mahalagang isyu?
6. Mayroon bang mga umiiral na proyekto upang mas lalong mapabuti ang kalagayang pagkalusugan ng isipan ng mga senior citizen?

PAGKATAPOS NG TRAINING

1. Ano ang iyong pangkalahatang ebalwasyon sa nagdaang training?
2. Sa tingin mo ba naging sapat ang training para maihanda ka bilang isang senior leader at peer counselor?
3. Nagawa ba naming matugunan ang inyong mga inaasahan?
4. Paano pa namin mas higit na mapapabuti ang mga nilalaman at pamamaraan ng training?
5. Anong uri ng suporta ang sa tingin mo ay kakailanganin mo habang ikaw ay gumaganap bilang isang senior leader at peer

Appendix 25: PHASE 3 Questionnaire (ENGLISH) **I.D. number**

<u>Phase 3</u>

INSTRUCTIONS

Please indicate for each of the five statements which is closest to **how you have been feeling** over the last two weeks. Notice that higher numbers mean better well-being.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner.

	Over the last two weeks	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1	I have felt cheerful and in good spirits	☐5	☐4	☐3	☐2	☐1	☐0
2	I have felt calm and relaxed	☐5	☐4	☐3	☐2	☐1	☐0
3	I have felt active and vigorous	☐5	☐4	☐3	☐2	☐1	☐0
4	I woke up feeling fresh and rested	☐5	☐4	☐3	☐2	☐1	☐0
5	My daily life has been filled with things that interest me	☐5	☐4	☐3	☐2	☐1	☐0

Choose the best answer for **how you felt** over the past week. Encircle your answer.

	Question	**ANSWER**	
1	Are you basically satisfied with your life?	YES	NO
2	Have you dropped many of your activities and interests?	YES	NO
3	Do you feel that your life is empty?	YES	NO
4	Do you often get bored?	YES	NO
5	Are you in good spirits most of the time?	YES	NO
6	Are you afraid that something bad is going to happen to you?	YES	NO
7	Do you feel happy most of the time?	YES	NO
8	Do you often feel helpless?	YES	NO
9	Do you prefer to stay at home, rather than going out and doing things?	YES	NO
10	Do you feel that you have more problems with memory than most?	YES	NO
11	Do you think it is wonderful to be alive now?	YES	NO
12	Do you feel worthless the way you are now?	YES	NO
13	Do you feel full of energy?	YES	NO
14	Do you feel that your situation is hopeless?	YES	NO
15	Do you think that most people are better off than you are?	YES	NO

Please describe **how you deal with problems**. Tick the appropriate box.

	Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1	If I were to have problems, I have people I could turn to	☐	☐	☐	☐	☐
2	My family or friends are very supportive of me	☐	☐	☐	☐	☐
3	In difficult situations, I can manage my emotions	☐	☐	☐	☐	☐
4	I can put up with my negative emotions	☐	☐	☐	☐	☐
5	When faced with a problem I can usually find a solution	☐	☐	☐	☐	☐

	Statement	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
6	If I were in trouble, I know of others who would be able to help me	☐	☐	☐	☐	☐
7	I can generally solve problems that occur	☐	☐	☐	☐	☐
8	I can control my emotions	☐	☐	☐	☐	☐
9	I can usually find a way of overcoming problems	☐	☐	☐	☐	☐
10	I could find family of friends who listen to me if I needed them to	☐	☐	☐	☐	☐
11	If faced with a set-back, I could probably find a way round the problem	☐	☐	☐	☐	☐
12	I can handle my emotions	☐	☐	☐	☐	☐

Select the answer that best describes **how you interact with people** over the past week.

	Question	More than 2 people	1-2 people	None
1	Other than members of your family how many persons in your local area do you feel you can depend on or feel very close to?	☐	☐	☐

2. How many times during the past week did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together?

0	1	2	3	4	5	6	7
None	Once	Twice	3 times	4 times	5 times	6 times	≥7 times

3. How many times did you talk to someone (friends, relatives or others) on the telephone in the past week (either they called you, or you called them)?

0	1	2	3	4	5	6	7
None	Once	Twice	3 times	4 times	5 times	6 times	≥7 times

4. About how often did you go to meetings of clubs, religious meetings, or other groups that you belong to in the past week?

0	1	2	3	4	5	6	7
None	Once	Twice	3 times	4 times	5 times	6 times	≥7 times

Select the answer that best describes **how satisfied you are with the support** you are receiving from other people over the past week.

	Question	Most of the time	Some of the time	Hardly ever
5	Does it seems that your family and friends (people who are important to you) understand you?	☐	☐	☐
6	Do you feel useful to your family and friends (people important to you)?	☐	☐	☐
7	Do you know what is going on with your family and friends?	☐	☐	☐
8	When you are talking with your family and friends, do you feel you are being listened to?	☐	☐	☐
9	Do you feel you have a definite role (place) in your family and among your friends?	☐	☐	☐
10	Can you talk about your deepest problems with at least some of your family and friends?	☐	☐	☐

Indicate **how often** each of the statements below is descriptive of you.

	Statement	Often	Sometimes	Rarely	Never
1	I lack companionship	☐	☐	☐	☐
2	There is no one I can turn to	☐	☐	☐	☐
3	I am an outgoing person	☐	☐	☐	☐
4	I feel left out	☐	☐	☐	☐
5	I feel isolation from others	☐	☐	☐	☐

	Statement	Often	Sometimes	Rarely	Never
6	I can find companionship when I want it	☐	☐	☐	☐
7	I am unhappy being so withdrawn	☐	☐	☐	☐
8	People are around me but not with me	☐	☐	☐	☐

Working Alliance Inventory Short Form (Client)

Client Case#: __________ **Counselor ID#: __________** **Date: ________**(month/day/year)

Measurement Point (circle one): Initial Final

Instructions:

On the following page there are sentences that describe some of the different ways you might think or feel about your **peer counselor**.

As you read the sentences mentally insert the name of your **peer counselor** in place of _____________in the text.

Below each statement there is a seven-point scale:

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

If the statement describes the way you *always* feel (or think) circle the number 7; if it never applies to you, circle the number 1. Use the numbers in between to describe the variations between these extremes.

Work quickly, your first impressions are the ones we would like to see.

PLEASE DON'T FORGET TO RESPOND TO EVERY ITEM.

Thank You!

---

1. ________ and I agree about the things I will need to do in counseling to help improve my situation.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

2. What I am doing in counseling gives me new ways of looking at my problem.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

3. I believe ________ likes me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

4. _________ does not understand what I am trying to accomplish in counseling.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

5. I am confident in ________'s ability to help me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

6. __________ and I are working towards mutually agreed upon goals.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

7. I feel that __________ appreciates me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

8. We agree on what is important for me to work on.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

9. __________and I trust one another.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

10. __________and I have different ideas on what my problems are.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

11. We have established a good understanding of the kind of changes that would be good for me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

12. I believe the way we are working with my problem is correct.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

Working Alliance Inventory Short Form (Peer Counselor)

Counselor ID#: __________ **Client Case#:** __________ **Date:** ________(month/day/year)

Measurement Point (circle one): **Initial** **Final**

Instructions:

On the following page there are sentences that describe some of the different ways you might think or feel about your **client**.

As you read the sentences mentally insert the name of your **client** in place of _____________in the text.

Below each statement there is a seven-point scale:

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

If the statement describes the way you *always* feel (or think) circle the number 7; if it never applies to you, circle the number 1. Use the numbers in between to describe the variations between these extremes.

Work quickly, your first impressions are the ones we would like to see.

PLEASE DON'T FORGET TO RESPOND TO EVERY ITEM.

Thank You!

---

1. ___________ and I agree about the steps to be taken to improve his situation.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

2. My client and I both feel confident about the usefulness of our current activity in counseling.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

3. I believe __________ likes me.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

4. I have doubts about what we are trying to accomplish in counseling.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

5. I am confident in my ability to help __________.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

6. We are working towards mutually agreed upon goals.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

7. I appreciate ________ as a person.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

8. We agree on what is important for ________ to work on.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

9. ___________ and I have built a mutual trust.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

10. _________ and I have different ideas on what his real problems are.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

11. We have established a good understanding between us of the kind of changes that would be good for __________.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

12. _________ believes the way we are working with her problem is correct.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

Appendix 26: PHASE 3 Questionnaire (FILIPINO) **I.D. number**

Phase 3

PANUTO

Sa bawat pahayag, pumili ng numero na pinakamalapit sa iyong **naramdaman** noong nakalipas na dalawang lingo. Punahin na ang mas mataas na numero ay indikasyon nang mas mataas na kalidad ng buhay o mas mabuting kalagayan.

Halimbawa: Kung ika'y nakaramdam ng kasiyahan at kasiglaan nang higit sa kalahati ng oras sa nakaraang dalawang linggo, markahan ang kahon na may numerong 3 sa may kanang gilid.

	Sa nakalipas na dalawang linggo	Nangyari sa lahat ng panahon	Parating nangyari	Madalas nangyari	Minsan nangyari	Madalang nangyari	Hindi nangyari
1	Ako'y nakaramdam ng saya at sigla	☐5	☐4	☐3	☐2	☐1	☐0
2	Ako'y nakaramdam ng kapayapaan at katiwasayan	☐5	☐4	☐3	☐2	☐1	☐0
3	Ako'y naging aktibo at masigasig	☐5	☐4	☐3	☐2	☐1	☐0
4	Nagising ako nang sariwa at mahimbing ang tulog	☐5	☐4	☐3	☐2	☐1	☐0
5	Napupuno ang bawat araw ko ng mga bagay na aking kinagigiliwan	☐5	☐4	☐3	☐2	☐1	☐0

Piliin ang pinakamainam na sagot na naglalarawan ng iyong **naramdaman** noong nakaraang lingo. Bilugan ang iyong sagot.

	Tanong	**SAGOT**	
1	Ikaw ba ay kuntento sa buhay mo ngayon?	OO	HINDI
2	Marami ka bang mga aktibidad at hilig na hindi na ginagawa?	OO	HINDI
3	Pakiramdam mo ba ngayon ang iyong buhay ay walang kabuluhan?	OO	HINDI
4	Madalas ka bang mainip?	OO	HINDI
5	Ikaw ba ay masigla halos sa lahat ng oras?	OO	HINDI
6	Nangangamba ka ba na may masamang mangyayari sa iyo?	OO	HINDI
7	Nararamdaman mo bang masaya ka halos sa lahat ng oras?	OO	HINDI
8	Madalas mo bang maramdaman na ikaw ay walang laban?	OO	HINDI
9	Mas gusto mo bang manatili sa inyong tahanan kaysa lumabas at gumawa ng mga bagay-bagay?	OO	HINDI
10	Pakiramdam mo ba may mas problema ka sa memorya kaysa sa karamihan?	OO	HINDI
11	Sa tingin mo ba kahanga-hanga na ikaw ay buhay ngayon?	OO	HINDI
12	Pakiramdam mo ba wala ka nang halaga sa kalagayan mo ngayon?	OO	HINDI
13	Pakiramdam mo ba punung-puno ka pa ng lakas?	OO	HINDI
14	Pakiramdam mo ba sa sitwasyon mo ngayon ay wala nang pag-asa?	OO	HINDI
15	Sa tingin mo ba halos lahat ng tao ay mas angat kaysa sa iyo?	OO	HINDI

Pakilarawan kung paano mo **haharapin ang mga problema**. Lagyan ng tsek ang naaangkop na kahon.

	Pahayag	Matindi ang pagsang-ayon	Sumasang-ayon	Alangan	Hindi sumasang-ayon	Matindi and hindi pagsang-ayon
1	Kung ako man ay magkakaroon ng problema, may mga tao akong pwedeng lapitan o pagsabihan.	☐	☐	☐	☐	☐
2	Ang aking pamilya o maging ang aking mga kaibigan ay laging nakasuporta sa akin	☐	☐	☐	☐	☐
3	Sa mahihirap na mga sitwasyon, kaya kong pangasiwaan ang aking mga emosyon	☐	☐	☐	☐	☐
4	Kaya kong ipasantabi ang mga negatibo kong emosyon	☐	☐	☐	☐	☐
5	Kapag ako ay humaharap sa problema, madalas ako nakakahanap ng solusyon	☐	☐	☐	☐	☐
6	Kung ako man nakakaranas ng problema, kilala ko ang mga taong makakatulong sa akin	☐	☐	☐	☐	☐
7	Sa pangkalahatan, kaya kong solusyunan ang mga problemang dumarating	☐	☐	☐	☐	☐
8	Kaya kong kontrolin ang aking emosyon	☐	☐	☐	☐	☐
9	Madalas kaya kong makahanap ng paraan para lutasin ang mga problema	☐	☐	☐	☐	☐
10	Nakakahanap ako ng mga kaibigan na handang makinig sa akin sa oras ng pangangailangan	☐	☐	☐	☐	☐
11	Kapag nakakaranas ako ng pagsubok, ako ay maaaring makahanap ng paraan para malagpasan ito.	☐	☐	☐	☐	☐
12	Kaya kong panghawakan ang aking emosyon	☐	☐	☐	☐	☐

Pilliin ang sagot na pinakamahusay na naglalarawan kung paano ka **nakikisalamuha sa mga tao** sa loob ng nakaraang lingo.

	Tanong	Higit sa 2 na tao	1-2 tao	Wala
1	Bukod sa miyembro ng iyong pamilya, ilang tao sa inyong lokal na lugar ang maaari mong sandalan o ramdam mong malapit na malapit sa iyo?	☐	☐	☐

2. Noong nakaraang linggo, ilang beses ka naglaan ng oras kasama ang ibang tao na hindi naninirahan sa inyo? Eto ay yung mga tao na pinuntahan mo para makita o binisita ka o lumabas kayong magkasama.

0	1	2	3	4	5	6	7
Wala	1 beses	2 beses	3 beses	4 na beses	5 beses	6 na beses	≥7 beses

3. Ilang beses ka nakipag-usap sa isang tao (kaibigan, kamag-anak o ibang tao) sa telepono noong nakaraang lingo (pwedeng sila yung tumawag o ikaw ung tumawag)?

0	1	2	3	4	5	6	7
Wala	1 beses	2 beses	3 beses	4 na beses	5 beses	6 na beses	≥7 beses

4. Noong nakaraang linggo, gaano ka kadalas pumunta sa pagpupulong ng inyong organisasyon, pangrelihiyon o kahit ano mang grupo na kung saan ka kabilang?

0	1	2	3	4	5	6	7
Wala	1 beses	2 beses	3 beses	4 na beses	5 beses	6 na beses	≥7 beses

Piliin ang sagot na pinakamahusay na naglalarawan kung paano ka nasisiyahan sa **suportang iyong natatanggap** mula sa ibang tao sa loob ng nakaraang linggo.

	Tanong	Madalas	Minsan	Bihirang-bihira
5	Parang wari bang naiintindihan ka ng iyong pamilya at mga kaibigan (mga taong importante sa iyo)?	☐	☐	☐
6	Pakiramdam mo ba na kapaki-pakinabang ka sa iyong pamilya at mga kaibigan (mga taong importante sa iyo)?	☐	☐	☐
7	Alam mo ba ang mga kaganapang nangyayari sa iyong pamilya at sa iyong mga kaibigan?	☐	☐	☐
8	Sa tuwing kinakausap mo ang iyong pamilya at mga kaibigan, sa tingin mo ba, nakikinig sila sa iyo?	☐	☐	☐

	Tanong	Madalas	Minsan	Bihirang-bihira
9	Pakiramdam mo ba may tiyak kang gampanin sa iyong pamilya at mga kaibigan?	☐	☐	☐
10	Kaya mo bang sabihin ang mga malalim mong problema sa iilang miyembro ng iyong pamilya o mga kaibigan	☐	☐	☐

Ipahiwatig kung gaano kadalas ang bawat isa sa mga pahayag sa ibaba ang **naglalarawan** sa iyo.

	Pahayag	Madalas	Minsan	Bihira	Hindi kailanman
1	Wala akong nakakasama	☐	☐	☐	☐
2	Wala akong mapagsabihan kahit isa	☐	☐	☐	☐
3	Ako ang tipo ng tao na magiliw at pala-kaibigan	☐	☐	☐	☐
4	Pakiramdam ko ako ay napagiiwanan	☐	☐	☐	☐
5	Pakiramdam ko hiwalay o iba ako sa ibang tao	☐	☐	☐	☐
6	Nakakahanap ako ng kasama pag ginusto ko	☐	☐	☐	☐
7	Nalulungkot ako kapag ako ay malayo sa tao	☐	☐	☐	☐
8	May mga tao sa paligid ko pero hindi ko maramdaman na kasama ko sila	☐	☐	☐	☐

Imbentaryo ng Nabuong Alyansa (Kliyente)

Kaso ng Kliyente#: ______ Tagapayo ID#: ______ Petsa: _____________(buwan/araw/taon)

Sukat ng Palatandaan (bilugan ang isa): Panimula Pangwakas

Panuto:

Sa mga sumusunod na pahina may mga ilang salaysay na naglalarawan ng iba't ibang pamamaraan na maari mong maisip o maramdaman tungkol sa iyong **tagapayo**. Sa pagbasa mo ng salaysay gamit ang iyong isipan pakilagay ang pangalan ng iyong **tagapayo** sa __________ sa teksto.

Sa ibaba ng bawat pahayag may pitong punto ng iskala.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

Kung ang pahayag/salaysay ay naglalarawan ng *lagi* na iyong nararamdaman (o naiisip) bilugan ang numero 7; kung hindi mo naman kailanman naramdaman (o naisip) bilugan ang numero 1. Gamitin ang mga numero sa gitna para ilarawan ang iyong nararamdaman o naiisip.

Gawin nang mabilisan, ang iyong unang impresyon ang nais naming makita.

MANGYARING HUWAG KALILIMUTANG TUMUGON SA BAWAT ITEM.
Salamat!

---

1. Ako at si _______ ay sumasang-ayon sa mga bagay na kailangan kong gawin sa papapayo upang mapabuti ang aking kalagayan.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

2. Ang mga ginagawa ko sa pagpapayo ay nagbibigay sa akin ng mga bagong paraan kung paano ko tingnan ang aking problema

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

3. Naniniwala ako na gusto ako ni_________

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

4. Hindi ako nauunawaan ni ________ sa kung ano ang nais kong makamtan sa pagpapayo.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

5. Ako ay may tiwala sa kakayahan ni ______ na matulungan ako.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

6. Ako at si _______ ay nagsusumikap patungo sa napagkasunduang mga layunin.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

7. Nararamdaman ko na pinahahalagahan ako ni _________.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

8. Sumasang-ayon kami sa kung ano ang mahalaga sa akin na dapat namin gawin.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

9. Ako at si _________ ay may tiwala sa isa't-isa.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

10. Ako at si _______ ay mayroong magkakaibang mga ideya sa kung ano ang aking mga problema.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

11. Nakabuo kami nang mabuting pang-unawa sa kung anong uri ng mga pagbabago ang makakabuti para sa akin

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

12. Naniniwala ako na ang paraan namin sa pagtugon ng aking problema ay tama

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

Imbentaryo ng Nabuong Alyansa (Tagapayo)

Tagapayo ID#: ______ Kaso ng Kliyente#: _______ Petsa: ___________(buwan/araw/taon)

Sukat ng Palatandaan (bilugan ang isa): Panimula Pangwakas

Panuto:

Sa mga sumusunod na pahina may mga ilang salaysay na naglalarawan ng iba't ibang pamamaraan na maari mong maisip o maramdaman tungkol sa iyong **kliyente**. Sa pagbasa mo ng salaysay gamit ang iyong isipan pakilagay ang pangalan ng iyong **kliyente** sa __________ sa teksto.

Sa ibaba ng bawat pahayag may pitong punto ng iskala.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

Kung ang pahayag/salaysay ay naglalarawan ng *lagi* na iyong nararamdaman (o naiisip) bilugan ang numero 7; kung hindi mo naman kailanman naramdaman (o naisip) bilugan ang numero 1. Gamitin ang mga numero sa gitna para ilarawan ang iyong nararamdaman o naiisip.

Gawin nang mabilisan, ang iyong unang impresyon ang nais naming makita.

MANGYARING HUWAG KALILIMUTANG TUMUGON SA BAWAT ITEM.
Salamat!

---

1. Ako at si ________ ay sumasang-ayon sa mga hakbang na dapat gawin upang mapabuti ang kanyang kalagayan.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

2. Ako at ang aking kliyente ay parehong nakakaramdam ng kumpyansa tungkol sa pagiging kapaki-pakinabang ng aming kasalukuyang aktibidad sa pagpapayo.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

3. Naniniwala ako na gusto ako ni __________.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

4. May pag-aalinlangan ako tungkol sa nais naming makamtam sa pagpapayo.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

5. Ako ay may kumpyansa sa aking abilidad na makatulong kay ____________.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

6. Kami ay magkasamang kumikilos patungo sa napagkasunduang mga layunin.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

7. Pinahahalagahan ko si ___bilang isang tao.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

8. Napagkasunduan namin ni _______ kung ano ang mahalagang gawin para sa kaniya.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

9. Ako at si _________ ay nakabuo ng tiwala sa isa't isa.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

10. Ako at si ________ ay mayroong magkakaibang mga ideya sa kung ano ang kaniyang tunay na problema.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

11. Nakabuo kami sa pagitan namin nang mabuting pang-unawa sa kung anong uri ng mga pagbabago ang makakabuti para kay ________.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

12. Naniniwala si _______ na ang paraan namin sa pagtugon sa kaniyang problema ay tama.

1	2	3	4	5	6	7
Hindi kailanman	Madalang	Paminsan-minsan	Minsan	Madalas	Madalas na madalas	Palagi

Appendix 27: PHASE 3: Focus Group Discussion (ENGLISH)

Semi-structured Interview

AFTER THE INTERVENTION (depressed people)

1. Describe your experience in our (peer counseling/ community activity) program?
2. What is your overall assessment?
3. Do you think your (peer counselor/ senior leader) has done a great job? In what way do you think they were able to help you?
4. Were we able to meet your expectations?
5. Did you experience any discomforts while attending the program? If yes, in what way?
6. What are the challenges that you have faced during the program?
7. How does the program help you as a person? Do you find the program meaningful? Are there any life-lessons you learned?
8. Would you like the program to continue in the future?
9. Any suggestions on how to further improve the program?
10. Any message to your fellow senior citizens who are suffering from depression?

AFTER THE INTERVENTION (senior volunteers)

1. Describe your experience in our (peer counseling/ community activity) program?
2. What is your overall assessment?
3. Did you experience any discomforts while attending the program? If yes, in what way?
4. What can you say about your client? Were you able to build a good working alliance?
5. What can you say about participants of the community activity group? Do you think we were able to achieve their goals?
6. What are the challenges that you have faced during the program?
7. How does the program help you as a person? Do you find the program meaningful? Are there any life-lessons you learned?
8. Would you like the program to continue in the future?
9. Any suggestions on how to further improve the program?
10. Any message to your clients and fellow senior volunteers?

AFTER THE INTERVENTION (relevant stakeholders)

1. Describe your experience in our (peer counseling/ social engagement) program?
2. What is your overall assessment? Do you find our program meaningful?
3. What can you say about our senior leaders/ peer counselors?
4. What can you say about our clients/ participants?
5. Do you think we were able to achieve our goals?
6. Any suggestions on how to further improve the project?
7. Would you be willing to continue the project after disengagement? If yes, what are your plans ahead?
8. What do you think would be the potential barriers for the sustainability of the project?
9. How do you think your organization can overcome these barriers?
10. Any message to our clients and senior volunteers?

Appendix 28: PHASE 3 Focus Group Discussion (FILIPINO)

PAGKATAPOS NG INTERVENTION (para sa mga kalahok na may depresyon)

1. Ilarawan ang iyong mga karanasan sa aming (peer counseling/ community activity) na programa?
2. Ano ang iyong pangkalahatang pagsusuri o ebalwasyon?
3. Sa tingin mo ba ang iyong (peer counselor/ senior leader) ay gumanap nang mahusay na tungkulin? Sa paanong paraan ka nila natulungan?
4. Nagawa ba naming matugunan ang inyong mga inaasahan?
5. Nakaranas ka ba ng anumang hindi magandang pakiramdam habang lumalahok sa aming programa? Kung meron man, sa paanong paraan?
6. Ano ang mga hamon na iyong kinaharap sa panahon ng programa?
7. Sa paanong paraan nakatulong sa iyong pagkatao ang aming programa? Naging makabuluhan ba sa iyo ang aming programa? May mga natutunan ka bang mga aral sa buhay?
8. Nanaisin mo bang magpatuloy ang programa sa hinaharap?
9. Mayroon ka bang mamumungkahi upang mas higit na mapabuti ang programa?
10. Mayroon ka bang mensahe para sa iyong mga kapwa senior citizen na nakakaranas ng depresyon?

PAGKATAPOS NG INTERVENTION (para sa mga senior volunteers)

1. Ilarawan ang iyong mga karanasan sa aming (peer counseling/ community activity) na programa?
2. Ano ang iyong pangkalahatang pagsusuri o ebalwasyon?
3. Nakaranas ka ba ng anumang hindi magandang pakiramdam habang lumalahok sa aming programa? Kung meron man, sa paanong paraan?
4. Ano ang masasabi mo tungkol sa iyong kliyente sa peer counseling? Nagawa mo bang bumuo ng isang mahusay na pakikipag-alyansa o mabuting relasyon sa kaniya?
5. Ano ang masasabi mo sa mga kalahok ng community activity group? Sa tingin mo ba natulungan mo silang makamit ang kanilang mga layunin?
6. Ano ang mga hamon na iyong kinaharap sa panahon ng programa?

7. Sa paanong paraan nakatulong sa iyong pagkatao ang ating programa? Naging makabuluhan ba sa iyo ang ating programa? May mga natutunan ka bang mga aral sa buhay?
8. Nanaisin mo bang magpatuloy ang programa sa hinaharap?
9. Mayroon ka bang mamumungkahi upang mas higit na mapabuti ang programa?
10. Mayroon ka bang mensahe sa iyong mga kliyente at kapwa senior volunteers?

PAGKATAPOS NG INTERVENTION (relevant stakeholders)

1. Ilarawan ang iyong karanasan sa (peer counseling/ social engagement) na programa?
2. Ano ang iyong pangkalahatang ebalwasyon? Sa tingin mo, naging kapaki-pakinabang ba ang programa?
3. Ano nag masasabi mo sa ating mga senior leaders/ peer counselors?
4. Anong masasabi mo sa ating mga kliyente/ kalahok?
5. Sa tingin mo ba nakamit namin ang aming mga pamantayan?
6. May mamumungkahi ka ba para mas mapaganda ang programa?
7. Nais mo ba magpatuloy ang proyekto pagkatapos ng disengagement? Kung oo, ano ang iyong mga plano sa hinaharap?
8. Ano sa tingin mo ang mga posibleng balakid sa pagpapatuloy ng proyekto?
9. Sa paanong paraan malalagpasan ng inyong organisasyon ang mga balakid na nabanggit?
10. Mensahe para sa ating mga kliyente at peer counselors?

Appendix 29: University of Tokyo research ethics certificate

Graduate School of Medicine and Faculty of Medicine
The University of Tokyo
7-3-1 Hongo, Bunkyo-ku, Tokyo 113-0033, Japan

Ethics Committee

Date: September 11, 2017

Serial Number: 11641

Title of research: Project ENGAGE: An action research towards improving the psychological wellbeing of community-dwelling seniors in the Philippines

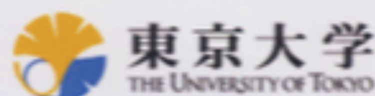
Name of applicant: Masamine Jimba, Professor, Department of Community and Global Health, Graduate school of Medicine, The University of Tokyo

This is to certify that a plan for the research project identified above was reviewed, and was approved by the Ethics Committee on September 7th, 2017.

THE UNIVERSITY OF TOKYO

Kohei Miyazono, Dean
Graduate School of Medicine and
Faculty of Medicine
The University of Tokyo

KM/ri



Appendix 30: University of the Philippines-Manila research ethics certificate

UPMREB FORM4(E)2012: APPROVAL LETTER FOR STUDY PROTOCOL AMENDMENT REQUEST
23/03/2012

University of the Philippines Manila
RESEARCH ETHICS BOARD
2nd Floor Paz Mendoza Building, College of Medicine, UP Manila
547 Pedro Gil Street, Ermita, 1000 Manila
Telephone: +63 2 5264346; *Mobile:* +63 927 3264910; *Email:* upmreb@post.upm.edu.ph

19 March 2018

MR. ROGIE ROYCE CARANDANG
Principal Investigator
University of Tokyo

Re: **UPMREB 2017-312-01**
Project ENGAGE: An action research towards improving the psychological wellbeing of community-dwelling seniors in the Philippines

Dear **MR. CARANDANG:**

We wish to inform you that the **UP Manila Research Ethics Board (UPMREB) Review Panel 1** approved the proposed amendment/s in your study entitled, "**Project ENGAGE: An action research towards improving the psychological wellbeing of community-dwelling seniors in the Philippines" (UPMREB 2017-312-01)** during its meeting on 13 March 2018. Upon review of UPMREB FORM3(A)2012: Study Protocol Amendment Submission Form and attachments, the following documents have been approved for use:

- Study protocol version 12 dated 07 February 2018

Thank you.

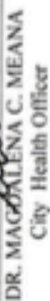
Very truly yours,

JACINTO BLAS V. MANTARING III, MD, MSc
Chair, UPMREB Review Panel 1

Page **1** of **1**

Amendment_Carandang_UPMREB 2017-312-01

Appendix 31: Signed Memorandum of Agreement (1st and last page)



MEMORANDUM OF AGREEMENT

KNOW ALL MEN BY THESE PRESENTS:

This Memorandum of Agreement (MOA) is entered and executed this OCT 2 7 2017 day of _______________ 2017, by and amongst:

The **City of Muntinlupa**, a Local Government established and existing under the laws and regulations of the Republic of the Philippines, with address at Putatan, Muntinlupa City represented herein by its duly elected Mayor, **HON. JAIME R. FRESNEDI** referred to as the **"Muntinlupa City Government"**;

The **City Health Office of Muntinlupa**, a Local Health Office established and existing under the laws and regulations of the Republic of the Philippines, with address at Tunasan, Muntinlupa City represented herein by its City Health Officer, **DR. MAGDALENA C. MEANA**, herein referred to as the **"City Health Office of Muntinlupa"**;

The **Office of the Senior Citizens Affairs**, a Local Seniors Office established and existing under the laws and regulations of the Republic of the Philippines, with address at Bayanan, Muntinlupa City represented herein by its OSCA Officer in Charge, **MS. CAROLINA F. CHAVEZ**, herein referred to as the **"OSCA Center of Muntinlupa"**;

-and-

The **University of Tokyo, Department of Community and Global Health**, an institution established and existing under the laws and regulations of the People's Republic of Japan, with address at Bunkyo-ku, Tokyo, Japan, represented by the primary investigator, **MR. ROGIE ROYCE CARANDANG**, herein referred to as the **"Primary Investigator"**.

-WITNESSETH-

WHEREAS, based on global estimates, mental or neurological disorder affects over 20% of adults aged 60 and above. It accounts for 6.6% of all disability in this age group. The most common neuropsychiatric disorders among older people are dementia and depression;

WHEREAS, Filipinos' mental illness has been increasing affecting 10-15% of children and 17-20% of adults. More Filipino senior citizens are committing suicide due to depression;

WHEREAS, mental health has been overlooked in the Philippines. For example, legislation is not available which can provide a legal framework to all endeavors involving mental health. This is further complicated by the lack of dedicated manpower and facilities and the shortage of human resources. The Department of Mental Health and Substance Abuse (2011) documented that only about 700 psychiatrists and approximately 1,000 psychiatric nurses can address the mental health-related issues in the country;

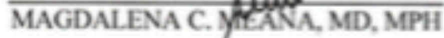
WHEREAS, the Muntinlupa City Government is mandated under the Local Government Code to promote and protect the health of its residents in its area;

IN WITNESS WHEREOF, the parties have executed this MOA on the first above mentioned in the Muntinlupa City Government.

MUNTINLUPA CITY GOVERNMENT

HON. JAIME R. FRESNEDI

CITY HEALTH OFFICE



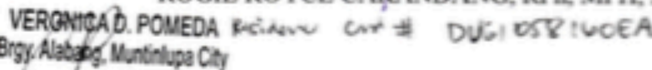
MAGDALENA C. MEANA, MD, MPH

OSCA CENTER OF MUNTINLUPA

MS. CAROLINA F. CHAVEZ

THE UNIVERSITY OF TOKYO –
DEPARTMENT OF COMMUNITY AND GLOBAL HEALTH
PRIMARY INVESTIGATOR

ROGIE ROYCE CARANDANG, RPh, MPH, MSc



witness to signature

KAREN VALENZUELA
Brgy. Poblacion, Munt. City

VERONICA D. POMEDA
Brgy. Alabang, Muntinlupa City

REPUBLIC OF THE PHILIPPINES)
METRO MANILA) S.S.
CITY OF MUNTINLUPA)

Doc. No. 12
Page No. 04
Book No. XXXII
Series of 2017

ATTY. CRISTOFFER REY R. GONZALODO
NOTARY PUBLIC
UNTIL DECEMBER 31, 2017

Personally came and appeared before me all the parties this OCT 2 7 2017 at Muntinlupa City, Metro Manila, Philippines with valid ID ______, known to me to be the same persons who executed the foregoing instrument and acknowledged that the same is his/her free act and voluntary deed.

Appendix 32: Forward translation of survey questionnaires

Forward translation (English to Filipino) version 1
I.
Instructions: Select the answer that best describes yourself
Panuto: Piliin ang tamang sagot na pinakamainam na naglalarawan ng iyong sarili.

Age: ______
Edad:

Gender
Kasarian
1. Male
   Lalaki
2. Female
   Babae

Marital status
Kalagayan ng Kasal
1. Married/ remarried
   Kasal/Kinasal ulit
2. Never married
   Hindi kinasal kailanman
3. Divorced/separated
   Hiwalay
4. Widowed
   Biyuda/Biyudo

Education level
Antas ng Edukasyon
1. No education
   Walang pinagaralan
2. Primary
   Elementarya
3. Secondary
   Sekondarya/ High School
4. Tertiary
   Kolehiyo

Occupation: __________
Trabaho:

Monthly income
Buwanang Kita
1. No income
   Walang kita
2. Poor

Mababa o hindi sapat ang kita
3. Average
   Katamtaman ang kita
4. Good
   Maganda ang kita

Pension
Pensiyon
1. No pension
   Walang pensiyon
2. Government pension
   Pensiyon mula sa Gobyerno
3. Private pension
   Pensiyon mula sa Pribado
4. Social pension
   Panlipunang Pensiyon

<u>Health status</u>
<u>Kalagayan ng Kalusugan</u>

A. List of chronic diseases (Encircle all applicable)
A. Listahan ng talamak/matagal na sakit. Listahan ng mga sakit. Listahan ng mga nararamdaman na sakit (paki bilugan ang lahat na akma) (paki bilugan ang lahat na meron ka)

1. hypertension
   high blood/alta presyon
2. coronary disease
   sakit sa ugat sa puso
   sakit sa puso
3. cerebrovascular disease
   stroke/istrok
4. diabetes
   diyabetis
5. chronic bronchitis
   pamamaga at paninikip ng mga maliliit at malalaking tubong daanan ng hangin

6. spondylosis/ osteoarthritis
   pananakit ng kasukasuan o paninigas

6. pulmonary disease (asthma, emphysema)
   sakit sa baga (hika/pagkasira ng mga dingding ng air sacs o alveoli)
7. cancer
   kanser

9. others (________________________)
   iba pa

B. Self-rated health status
B. Sariling pananaw sa kalagayan ng iyong kalusugan
How is your health in general?
Sa kabuuan kamusta ang iyong kalusugan?

1. Very good
   Napakabuti
2. Good
   Mabuti
3. Fair
   Patas/Sakto lang/hindi gaanong mabuti
4. Bad
   Hindi mabuti
5. Very bad
   Napakasama

Living arrangement
Pangkabuyahang kaayusan

1. Living alone
   Naninirahan mag isa/ namumuhay mag isa
2. Living with only spouse
   Naninirahan kasama lang ang asawa/ namumuhay kasama lang ang asawa
3. Living with only children
   Naninirahan kasama lang ang mga anak/ namumuhay kasama lang ang mga anak
4. Living with spouse and children
   Naninirahan kasama ang asawa at mga anak/ namumuhay kasama ang asawa at mga anak

<u>Vices</u>
<u>Bisyo</u>

A. Smoking
A. Paninigarilyo
   1. Never-smokers
      Hindi naninigarilyo
   2. Ex-smokers
      Dating naninigarilyo
   3. Current smokers
      Kasalukuyang naninigarilyo

B. Alcohol intake
   Pagkunsumo ng Alak
   1. Nondrinkers
      Hindi umiinom
   2. Occasional drinkers
      Minsan lang umiinom/ umiinom lang pag may okasyon
   3. Daily drinkers
      Araw-araw umiinom

II.

Instructions: Select the answer that best describes how you felt over the past week.
Panuto: Piliin ang pinakamainam na sagot na naglalarawan ng iyong naramdaman nung nakaraang linggo

	Oo	Hindi
	Yes	**No**
1. Are you basically satisfied with your life? Ikaw ba ay kuntento na sa buhay mo ngayon?	◌	◌
2. Have you dropped many of your activities and interests? Marami ka bang mga aktibidad at hilig na binitawan/pinagsawalang bahala?	◌	◌
3. Do you feel that your life is empty? Pakiramdam mo ba ang iyong buhay ay walang kabuluhan?	◌	◌
4. Do you often get bored? Madalas ka bang mainip?	◌	◌
5. Are you in good spirits most of the time? Ikaw ba ay may mabuting espiritu/diwa halos sa lahat ng oras?	◌	◌
6. Are you afraid that something bad is going to happen to you? Natatakot ka ba na may masamang mangyari sayo?	◌	◌
7. Do you feel happy most of the time? Nararamdam mo bang masaya ka halos sa lahat ng oras?	◌	◌
8. Do you often feel helpless? Madalas mo bang maramdaman na wala kang silbi o wala kang magawa?	◌	◌
9. Do you prefer to stay at home, rather than going out and doing things? Mas gusto mo bang manatili sa inyong tahanan kaysa lumabas at gumawa ng bagay bagay.	◌	◌
10. Do you feel that you have more problems with memory than most? Pakiramdam mo ba mas may problema ka sa memorya kaysa sa karamihan?	◌	◌
11. Do you think it is wonderful to be alive now? Sa tingin mo ba masaya ang buhay ngayon?	◌	◌
12. Do you feel worthless the way you are now? Pakiramdam mo ba sa kalagayan mo ngayon wala kang halaga?	◌	◌
13. Do you feel full of energy? Pakiramdam mo ba punong puno ka pa ng lakas?	◌	◌
14. Do you feel that your situation is hopeless? Pakiramdam mo bas a sitwasyon mo ngayon ay wala ng pag asa?	◌	◌
15. Do you think that most people are better off than you are? Sa tingin mo ba halos lahat ng tao ay mas angat o mas magaling kaysa sayo?	◌	◌

III.

Instructions: Select the answer that best describes yourself.
Panuto: Piliin ang pinakamainam na sagot na naglalarawan ng iyong sarili.

Code Sagot
Code Response

1 Strongly disagree
Matindi ang hindi pagsang-ayon
2 Disagree
Hindi sumasang-ayon
3 Neutral
Alanganin/walang sinasang-ayonan/ walang kinakampihan
4 Agree
Sumasang-ayon
5 Strongly agree
Matindi ang pagsang-ayon

1. If I were to have problems, I have people I could turn to
   Kung ako ay magkakaroon ng problema, may mga tao akong pwedeng lapitan o pag sabihan.
2. My family or friends are very supportive of me
   Ang aking pamilya o maging ang aking mga kaibigan ay laging nakasuporta sakin
3. In difficult situations, I can manage my emotions
   Sa mahihirap na sitwasyon, kaya kong kontrolin ang aking emosyon
4. I can put up with my negative emotions
   Kaya kong ipansantabi ang mga negatibo kong emosyon
5. When faced with a problem I can usually find a solution
   Kapag ako ay humaharap sa problema nakakahanap ako ng paraan para solusyonan ito
6. If I were in trouble, I know of others who would be able to help me
   Kung ako ay nasa gulo o nakakaranas ng kahirapan, alam ko may mga taong tutulong sakin
7. I can generally solve problems that occur
   Kaya kong lutasin ang mga karaniwang problema na nangyari
8. I can control my emotions
   Kaya kong kontrolin ang aking emosyon
9. I can usually find a way of overcoming problems
   Kadalasan nakakahanap ako ng paraan para lutasin ang mga problema
10. I could find family of friends who listen to me if I needed them to
    Nakakanap ako ng isang pamilya mula sa pamilya ng mga kaibigan ko na kung saan ay handa silang makinig sakin lalo na kung kinakailangan ko sila
11. If faced with a set-back, I could probably find a way round the problem

12. I can handle my emotions
    Kaya kong paghawakan ang aking emosyon

IV.

Instructions: Select the answer that best describes how you felt over the past week

Panuto: Piliin ang pinakamainam na sagot na naglalarawan ng iyong naramdaman nung nakaraang linggo

Social interaction subscale
Iskala ng interaksyong panlipunan

1. Other than members of your family how many persons in your local area do you feel you can depend on or feel very close to?
Bukod sa miyembro ng iyong pamilya, ilang tao sa inyong lokal na lugar ang pakiramdam mo ay maari mong asahan o malapit sayo?

Code	Sagot Response
1	None Wala
2	1-2 people 1-2 tao
3	More than 2 people Higit sa 2 na tao

2. How many times during the past week did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together?
Nung nakaraang linggo, ilang beses ka naglaan ng oras kasama ang ibang tao na. Tao na hindi naninirahan sa inyo, tao na pumunta sa inyo para makita ka o binisita ka para kayo ay lumabas?

3. How many times did you talk to someone (friends, relatives or others) on the telephone in the past week (either they called you, or you called them)?
Ilang beses ka nakipag-usap sa isang tao (kaibigan, kamag-anak o ibang tao) sa telepono nung nakaraang lingo (pwedeng sila ung tumawag o ikaw ung tumawag)

4. About how often did you go to meetings of clubs, religious meetings, or other groups that you belong to in the past week?
Nung nakaraang lingo, gaano kadalas ka pumupunta sa isang miting ng mga clubs, pulong ng pangrelihiyon o kahit ano mang grupo na kung saan ka kabilang?

Code	Recode Item 2	Recode Item 3&4	Response
0	1	1	None Wala
1	2	1	Once Isang beses
2	2	2	Twice Dalawang beses
3	3	2	Three times

			Tatlong beses
4	3	2	Four times Apat na beses
5	3	2	Five times Limang beses
6	3	3	Six times Anim na beses
7	3	3	Seven or more times Pitong beses

Satisfaction with social support sub-scale
Iskala ng kasiyahan ng panlipunang suporta

5. Does it seems that your family and friends (people who are important to you) understand you?
Sa iyong wari, ang iyong pamilya at mga kaibigan (mga taong importante sayo) ay naiintindihan ka?
6. Do you feel useful to your family and friends (people important to you)?
Pakiramdam mo ba, isa kang kapaki-pakinabang sa iyong pamilya at mga kaibigan (mga taong importante sayo)?
7. Do you know what is going on with your family and friends?
Alam mo ba ang mga kaganapang nangyayari sa iyong pamilya at sa iyong mga kaibigan?
8. When you are talking with your family and friends, do you feel you are being listened to?
Sa tuwing kinakausap mo ang iyong pamilya at mga kaibigan, sa tingin mo ba, nakikinig talaga sila sayo?
9. Do you feel you have a definite role (place) in your family and among your friends?
Pakiramdam mo ba, may importante kang lugar sa iyong pamilya at mga kaibigan?
10. Can you talk about your deepest problems with at least some of your family and friends?
Kaya mo bang sabihin ang malalim mong problema sa iilang miyembro ng iyong pamilya o kaibigan?

Code	Sagot Response
1	Hardly ever Hindi mahirap
2	Some of the time Minsan
3	Most of the time Madalas

V.
Instructions: Indicate how often each of the statements below is descriptive of you.
Panuto: Ipahiwatig kung gaano mo kadalas maramdaman ang mga pahayag/salaysay sa ibaba.

O indicates "I often feel this way"
O nangangahulugang " madalas ko tong maramdaman"
S indicates "I sometimes feel this way"
S nangangahulugang " minsan ko tong maramdaman"
R indicates "I rarely feel this way"
R nangangahulugang "bihira ko tong maramdaman"
N indicates "I never feel this way"
N nangangahulugang "hindi ko to nararamdaman

1. I lack companionship Wala akong kasama	O	S	R	N
2. There is no one I can turn to Wala akong mapagsabihan kahit isa	O	S	R	N
3. I am an outgoing person Isa akong tipo ng tao na mahilig lumabas	O	S	R	N
4. I feel left out Pakiramdam ko iniwan nila ako	O	S	R	N
5. I feel isolation from others Pakiramdam ko hiwaly/iba ako sa ibang tao	O	S	R	N
6. I can find companionship when I want it Nakakakuha/nakakakita ako ng kasama pag ginusto ko	O	S	R	N
7. I am unhappy being so withdrawn Hindi ako masaya pag hindi ako madalas magsalita	O	S	R	N
8. People are around me but not with me May mga taong nasa paligid ko pero hindi ko maramdaman na kasama ko sila	O	S	R	N

Forward translation (English to Filipino) version 2

I. Instructions: Select the answer that best describes yourself
I. Panuto: Piliin ang tamang sagot na pinakamainam na naglalarawan ng iyong sarili.

Age: ______
Edad:

Gender
Kasarian

3. Male
   Lalaki
4. Female
   Babae

Marital status
Estado sibil

5. Married/ remarried
   Kasal/Kinasal ulit
6. Never married
   Hindi kinasal kailanman
7. Divorced/separated
   Hiwalay sa asawa
8. Widowed
   Biyudo/Biyuda

Education level
Antas ng Edukasyon

5. No education
   Walang pinagaralan
6. Primary
   Elementarya
7. Secondary
   Sekondarya/ Haiskul
8. Tertiary
   Kolehiyo

Occupation: __________
Trabaho:

Monthly income
Buwanang Kita

5. No income
   Walang kita

6. Poor
   Mababa o hindi sapat ang kita
7. Average
   Katamtaman ang kita
8. Good
   Maganda ang kita

Pension
Pensiyon

5. No pension
   Walang pensiyon
6. Government pension
   Pensiyon mula sa Gobyerno
7. Private pension
   Pensiyon mula sa Pribado
8. Social pension
   Panlipunang Pensiyon

Health status
Kalagayang Pangkalusugan

A. List of chronic diseases (Encircle all applicable)
A. Listahan ng mga malalang sakit (Bilugan ang lahat ng naaangkop)

8. hypertension
   high blood/alta presyon
9. coronary disease
   sakit sa puso
10. cerebrovascular disease
    stroke/istrok
11. diabetes
    diyabetis
12. chronic bronchitis
    pamamaga at paninikip ng tubong daanan ng hangin

6. spondylosis/ osteoarthritis
   pananakit ng kasukasuan
13. pulmonary disease (asthma, emphysema)
    sakit sa baga (hika/hirap sa paghinga)

14. cancer
    kanser
9. others (________________________)
   iba pa

B. Self-rated health status
B. Sariling pananaw sa kalagayang pangkalusugan

How is your health in general?

Sa kabuuan kumusta ang iyong kalusugan?

10. Very good
    Napakabuti
11. Good
    Mabuti
12. Fair
    Sakto lang
13. Bad
    Hindi mabuti
14. Very bad
    Napakasama

Living arrangement
Kaayusan ng buhay

5. Living alone
   namumuhay mag-isa
6. Living with only spouse
   namumuhay kasama lang ang asawa
7. Living with only children
   namumuhay kasama lang ang mga anak
8. Living with spouse and children
   namumuhay kasama ang asawa at mga anak

Vices
Bisyo

C. Smoking
B. Paninigarilyo
   4. Never-smokers
      Hindi kailanman nanigarilyo
   5. Ex-smokers
      Dating naninigarilyo
   6. Current smokers
      Kasalukuyang naninigarilyo

D. Alcohol intake
   Pagkunsumo ng Alak
   4. Nondrinkers
      Hindi umiinom
   5. Occasional drinkers
      Minsan lang umiinom
   6. Daily drinkers
      Araw-araw umiinom

II.

Instructions: Select the answer that best describes how you felt over the past week.

Panuto: Piliin ang pinakamainam na sagot na naglalarawan ng iyong naramdaman noong nakaraang linggo

	Oo Hindi	
	Yes	**No**
1. Are you basically satisfied with your life? Ikaw ba ay kuntento na sa buhay mo ngayon?	○	○
4. Have you dropped many of your activities and interests? Marami ka bang mga aktibidad at hilig na hindi na ginagawa?	○	○
5. Do you feel that your life is empty? Pakiramdam mo ba ang iyong buhay ay walang kabuluhan?	○	○
4. Do you often get bored? Madalas ka bang mainip?	○	○
5. Are you in good spirits most of the time? Ikaw ba ay masigla halos sa lahat ng oras?	○	○
15. Are you afraid that something bad is going to happen to you? Nangangamba ka ba na may masamang mangyayari sa iyo?	○	○
16. Do you feel happy most of the time? Nararamdam mo bang masaya ka halos sa lahat ng oras?	○	○
17. Do you often feel helpless? Madalas mo bang maramdaman na ikaw ay mahina?	○	○
18. Do you prefer to stay at home, rather than going out and doing things? Mas gusto mo bang manatili sa inyong tahanan kaysa lumabas at gumawa ng mga bagay- bagay?	○	○
10. Do you feel that you have more problems with memory than most? Pakiramdam mo ba mas may problema ka sa memorya kaysa sa karamihan?	○	○
11. Do you think it is wonderful to be alive now? Sa tingin mo ba kagalak-galak ang mabuhay ngayon?	○	○
12. Do you feel worthless the way you are now? Pakiramdam mo ba sa kalagayan mo ngayon wala kang halaga?	○	○
13. Do you feel full of energy? Pakiramdam mo ba punung-puno ka pa ng lakas?	○	○
14. Do you feel that your situation is hopeless? Pakiramdam mo ba sa sitwasyon mo ngayon ay wala nang pag-asa?	○	○
15. Do you think that most people are better off than you are? Sa tingin mo ba halos lahat ng tao ay mas angat kaysa sa iyo?	○	○

III.

Instructions: Select the answer that best describes yourself.

Panuto: Piliin ang pinakamainam na sagot na naglalarawan ng iyong sarili.

Kodigo Kasagutan

Code Response

6 Strongly disagree
Matindi ang hindi pagsang-ayon
7 Disagree
Hindi sumasang-ayon
8 Neutral
Alanganin
9 Agree
Sumasang-ayon
10 Strongly agree
Matindi ang pagsang-ayon

2. If I were to have problems, I have people I could turn to
Kung ako ay magkakaroon ng problema, may mga tao akong pwedeng lapitan o pag sabihan.
2. My family or friends are very supportive of me
Ang aking pamilya o maging ang aking mga kaibigan ay laging nakasuporta sa akin
3. In difficult situations, I can manage my emotions
Sa mahihirap na sitwasyon, kaya kong kontrolin ang aking mga emosyon
4. I can put up with my negative emotions
Kaya kong ipasantabi ang mga negatibo kong emosyon
5. When faced with a problem I can usually find a solution
Kapag ako ay humaharap sa problema, madalas ako nakakahanap ng solusyon
6. If I were in trouble, I know of others who would be able to help me
Kung ako nakakaranas ng problema, alam ko na may mga taong makakatulong sa akin
7. I can generally solve problems that occur
Kaya kong lutasin ang mga problema na nangyayari nang pangkaraniwan

8. I can control my emotions
Kaya kong kontrolin ang aking emosyon
9. I can usually find a way of overcoming problems
Madalas kaya kong makahanap ng paraan para lutasin ang mga problema
10. I could find family of friends who listen to me if I needed them to
Nakakahanap ako ng mga kaibigan na handang makinig sa akin sa oras ng pangangailangan
11. If faced with a set-back, I could probably find a way round the problem
Kapag nakakaranas ako ng pagsubok, ako ay maaaring makahanap ng paraan para malagpasan ito.
12. I can handle my emotions
Kaya kong paghawakan ang aking emosyon

IV.

Instructions: Select the answer that best describes how you felt over the past week

Panuto: Piliin ang pinakamainam na sagot na naglalarawan ng iyong naramdaman noong nakaraang linggo

Social interaction subscale

Iskala ng interaksyong panlipunan

1. Other than members of your family how many persons in your local area do you feel you can depend on or feel very close to?
Bukod sa miyembro ng iyong pamilya, ilang mga tao sa inyong lokal na lugar ang pakiramdam mo ay maaari mong asahan o pakiramdam mo malapit sa iyo?

Kodigo Code	Sagot Response
1	None Wala
2	1-2 people 1-2 tao
3	More than 2 people Higit sa 2 na tao

2. How many times during the past week did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together?
Noong nakaraang linggo, ilang beses ka naglaan ng oras kasama ang ibang tao na hindi naninirahan sa inyo? Eto yung mga tao na pinuntahan mo para makita o binisita ka o lumabas kayong magkasama.

3. How many times did you talk to someone (friends, relatives or others) on the telephone in the past week (either they called you, or you called them)?
Ilang beses ka nakipag-usap sa isang tao (kaibigan, kamag-anak o ibang tao) sa telepono noong nakaraang lingo (pwedeng sila yung tumawag o ikaw ung tumawag)?

4. About how often did you go to meetings of clubs, religious meetings, or other groups that you belong to in the past week?
Noong nakaraang linggo, gaano ka kadalas pumunta sa miting ng mga clubs, pangrelihiyon o kahit ano mang grupo na kung saan ka kabilang?

Code	Recode Item 2	Recode Item 3&4	Response
0	1	1	None Wala
1	2	1	Once

			Isang beses
2	2	2	Twice
			Dalawang beses
3	3	2	Three times
			Tatlong beses
4	3	2	Four times
			Apat na beses
5	3	2	Five times
			Limang beses
6	3	3	Six times
			Anim na beses
7	3	3	Seven or more times
			Pitong beses

Satisfaction with social support sub-scale
Iskala ng kasiyahan ng panlipunang suporta

5. Does it seems that your family and friends (people who are important to you) understand you?
Sa iyong wari, ang iyong pamilya at mga kaibigan (mga taong importante sa iyo) ay naiintindihan ka?
6. Do you feel useful to your family and friends (people important to you)?
Pakiramdam mo ba na kapaki-pakinabang ka sa iyong pamilya at mga kaibigan (mga taong importante sa iyo)?
7. Do you know what is going on with your family and friends?
Alam mo ba ang mga kaganapang nangyayari sa iyong pamilya at sa iyong mga kaibigan?

8. When you are talking with your family and friends, do you feel you are being listened to?
Sa tuwing kinakausap mo ang iyong pamilya at mga kaibigan, sa tingin mo ba, nakikinig talaga sila sa iyo?
9. Do you feel you have a definite role (place) in your family and among your friends?
Pakiramdam mo ba may importante kang lugar sa iyong pamilya at mga kaibigan?
10. Can you talk about your deepest problems with at least some of your family and friends?
Kaya mo bang sabihin ang mga malalim mong problema sa iilang miyembro ng iyong pamilya o mga kaibigan?

	Sagot
Code	Response
1	Hardly ever
	Bihirang-bihira
2	Some of the time
	Minsan

3	Most of the time Madalas

V.

Instructions: Indicate how often each of the statements below is descriptive of you.
Panuto: Ipahiwatig kung gaano mo kadalas maramdaman ang mga pahayag/salaysay sa ibaba.

O indicates "I often feel this way"
O nangangahulugang " madalas ko itong maramdaman"
S indicates "I sometimes feel this way"
S nangangahulugang " minsan ko itong maramdaman"
R indicates "I rarely feel this way"
R nangangahulugang "bihira ko itong maramdaman"
N indicates "I never feel this way"
N nangangahulugang "hindi ko ito nararamdaman"

Statement				
1. I lack companionship Wala akong nakakasama	O	S	R	N
2. There is no one I can turn to Wala akong mapagsabihan kahit isa	O	S	R	N
3. I am an outgoing person Ako ang tipo ng tao na magiliw at pala-kaibigan	O	S	R	N
4. I feel left out Pakiramdam ko naiiwan ako mag-isa	O	S	R	N
5. I feel isolation from others Pakiramdam ko hiwalay o iba ako sa ibang tao	O	S	R	N
6. I can find companionship when I want it Nakakakuha ako ng kasama pag ginusto ko	O	S	R	N
7. I am unhappy being so withdrawn Nalulungkot ako kapag ako ay malayo sa tao	O	S	R	N
8. People are around me but not with me May mga tao sa paligid ko pero hindi ko maramdaman na kasama ko sila	O	S	R	N

Forward translation (English to Filipino) version 3
I. Instructions: Select the answer that best describes yourself
I. Panuto: Piliin ang tamang sagot na pinakamainam na naglalarawan ng iyong sarili.

Age: ______
Edad:

Gender
Kasarian
5. Male
   Lalaki
6. Female
   Babae

Marital status
Estado sibil
9. Married/ remarried
   Kasal/Kinasal ulit
10. Never married
   Hindi kinasal kailanman
11. Divorced/separated
   Hiwalay sa asawa
12. Widowed
   Biyudo/Biyuda

Education level
Antas ng Edukasyon
9. No education
   Walang pinagaralan
10. Primary
   Elementarya
11. Secondary
   Sekondarya/ Haiskul
12. Tertiary
   Kolehiyo

Occupation: __________
Trabaho:

Monthly income
Buwanang Kita
9. No income
   Walang kita
10. Poor
   Mababa o hindi sapat ang kita
11. Average
   Katamtaman ang kita
12. Good

Maganda ang kita

Pension
Pensiyon

9. No pension
   Walang pensiyon
10. Government pension
    Pensiyon mula sa Gobyerno
11. Private pension
    Pensiyon mula sa Pribado
12. Social pension
    Panlipunang Pensiyon

Health status
Kalagayang Pangkalusugan

A. List of chronic diseases (Encircle all applicable)
A. Listahan ng mga pangmatagalang (Bilugan ang lahat ng naaangkop)

15. hypertension
    high blood/alta presyon
16. coronary disease
    sakit sa puso
17. cerebrovascular disease
    stroke/istrok
18. diabetes
    diyabetis
19. chronic bronchitis
    pangmatagalang bronchitis
6. spondylosis/ osteoarthritis
   pananakit ng kasukasuan
20. pulmonary disease (asthma, emphysema)
    sakit sa baga (hika/hirap sa paghinga)
21. cancer
    kanser
9. others (________________________)
   iba pa

B. Self-rated health status
B. Sariling pananaw sa kalagayang pangkalusugan

How is your health in general?
Sa kabuuan kumusta ang iyong kalusugan?

19. Very good
    Napakabuti
20. Good
    Mabuti
21. Fair

Sakto lang

22. Bad

    Hindi mabuti

23. Very bad

    Napakasama

Living arrangement
Uri ng pamumuhay

9. Living alone

   namumuhay mag-isa

10. Living with only spouse

    namumuhay kasama lang ang asawa

11. Living with only children

    namumuhay kasama lang ang mga anak

12. Living with spouse and children

    namumuhay kasama ang asawa at mga anak

Vices
Bisyo

E. Smoking

C. Paninigarilyo

   7. Never-smokers

      Hindi kailanman nanigarilyo

   8. Ex-smokers

      Dating naninigarilyo

   9. Current smokers

      Kasalukuyang naninigarilyo

F. Alcohol intake

   Pagkunsumo ng Alak

   7. Nondrinkers

      Hindi umiinom

   8. Occasional drinkers

      Paminsan-minsan lang umiinom

   9. Daily drinkers

      Araw-araw umiinom

II.

Instructions: Select the answer that best describes how you felt over the past week.
Panuto: Piliin ang pinakamainam na sagot na naglalarawan ng iyong naramdaman noong nakaraang linggo

Oo

Hindi

Yes No

1. Are you basically satisfied with your life?

Yes No

Ikaw ba ay kuntento sa buhay mo ngayon?

6. Have you dropped many of your activities and interests? ◌ ◌
Marami ka bang mga aktibidad at hilig na hindi na ginagawa?

7. Do you feel that your life is empty? ◌ ◌
Pakiramdam mo ba ang iyong buhay ay walang kabuluhan?

4. Do you often get bored? ◌ ◌
Madalas ka bang mainip?

5. Are you in good spirits most of the time? ◌ ◌
Ikaw ba ay masigla halos sa lahat ng oras?

24. Are you afraid that something bad is going to happen to you? ◌ ◌
Nangangamba ka ba na may masamang mangyayari sa iyo?

25. Do you feel happy most of the time? ◌ ◌
Nararamdam mo bang masaya ka halos sa lahat ng oras?

26. Do you often feel helpless? ◌ ◌
Madalas mo bang maramdaman na ikaw ay walang laban?

27. Do you prefer to stay at home, rather than going out and doing things? ◌ ◌
Mas gusto mo bang manatili sa inyong tahanan kaysa lumabas at gumawa ng mga bagay- bagay?

10. Do you feel that you have more problems with memory than most? ◌ ◌
Pakiramdam mo ba mas may problema ka sa memorya kaysa sa karamihan?

11. Do you think it is wonderful to be alive now? ◌ ◌
Sa tingin mo ba kahanga-hanga na ikaw ay buhay ngayon?

12. Do you feel worthless the way you are now? ◌ ◌
Pakiramdam mo ba sa kalagayan mo ngayon ikaw ay wala nang pagasa?

13. Do you feel full of energy? ◌ ◌
Pakiramdam mo ba punung-puno ka pa ng lakas?

14. Do you feel that your situation is hopeless? ◌ ◌
Pakiramdam mo ba sa sitwasyon mo ngayon ay wala nang pag-asa?

15. Do you think that most people are better off than you are? ◌ ◌
Sa tingin mo ba halos lahat ng tao ay mas angat kaysa sa iyo?

III.

Instructions: Select the answer that best describes yourself.

Panuto: Piliin ang pinakamainam na sagot na naglalarawan ng iyong sarili.

Kodigo Code	Kasagutan Response
11	Strongly disagree Matindi ang hindi pagsang-ayon
12	Disagree Hindi sumasang-ayon
13	Neutral Alanganin
14	Agree

Sumasang-ayon

15 Strongly agree

Matindi ang pagsang-ayon

3. If I were to have problems, I have people I could turn to
   Kung ako ay magkakaroon ng problema, may mga tao akong pwedeng lapitan o pag sabihan.
2. My family or friends are very supportive of me
   Ang aking pamilya o maging ang aking mga kaibigan ay laging nakasuporta sa akin
3. In difficult situations, I can manage my emotions
   Sa mahihirap na sitwasyon, kaya kong pangasiwaan ang aking mga emosyon
4. I can put up with my negative emotions
   Kaya kong ipasantabi ang mga negatibo kong emosyon
5. When faced with a problem I can usually find a solution
   Kapag ako ay humaharap sa problema, madalas ako nakakahanap ng solusyon
6. If I were in trouble, I know of others who would be able to help me
   Kung ako nakakaranas ng problema, kilala ko ang mga taong makakatulong sa akin
7. I can generally solve problems that occur
   Sa pangkalahatan, kaya kong solusyunan ang mga problemang dumarating
8. I can control my emotions
   Kaya kong kontrolin ang aking emosyon
9. I can usually find a way of overcoming problems
   Madalas kaya kong makahanap ng paraan para lutasin ang mga problema

10. I could find family of friends who listen to me if I needed them to
    Nakakahanap ako ng mga kaibigan na handang makinig sa akin sa oras ng pangangailangan
11. If faced with a set-back, I could probably find a way round the problem
    Kapag nakakaranas ako ng pagsubok, ako ay maaaring makahanap ng paraan para malagpasan ito.
12. I can handle my emotions
    Kaya kong hawakan ang aking emosyon

IV.

Instructions: Select the answer that best describes how you felt over the past week

Panuto: Piliin ang pinakamainam na sagot na naglalarawan ng iyong naramdaman noong nakaraang linggo

Social interaction subscale

Iskala ng interaksyong panlipunan

1. Other than members of your family how many persons in your local area do you feel you can depend on or feel very close to?
Bukod sa miyembro ng iyong pamilya, ilang tao sa inyong lokal na lugar ang maaari mong sandalan o ramdam mong malapit na malapit sa iyo?

Kodigo Code	Sagot Response
1	None Wala
2	1-2 people 1-2 tao
3	More than 2 people Higit sa 2 na tao

2. How many times during the past week did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together?
Noong nakaraang linggo, ilang beses ka naglaan ng oras kasama ang ibang tao na hindi naninirahan sa inyo? Eto yung mga tao na pinuntahan mo para makita o binisita ka o lumabas kayong magkasama.

3. How many times did you talk to someone (friends, relatives or others) on the telephone in the past week (either they called you, or you called them)?
Ilang beses ka nakipag-usap sa isang tao (kaibigan, kamag-anak o ibang tao) sa telepono noong nakaraang lingo (pwedeng sila yung tumawag o ikaw ung tumawag)?

4. About how often did you go to meetings of clubs, religious meetings, or other groups that you belong to in the past week?
Noong nakaraang linggo, gaano ka kadalas pumunta sa miting ng mga clubs, pangrelihiyon o kahit ano mang grupo na kung saan ka kabilang?

Code	Recode Item 2	Recode Item 3&4	Response
0	1	1	None Wala
1	2	1	Once Isang beses
2	2	2	Twice Dalawang beses
3	3	2	Three times Tatlong beses
4	3	2	Four times Apat na beses

5	3	2	Five times Limang beses
6	3	3	Six times Anim na beses
7	3	3	Seven or more times Pitong beses

Satisfaction with social support sub-scale
Iskala ng kasiyahan ng panlipunang suporta

5. Does it seems that your family and friends (people who are important to you) understand you?
Parang wari bang naiintindihan ka ng iyong pamilya at mga kaibigan (mga taong importante sa iyo)?
6. Do you feel useful to your family and friends (people important to you)?
Pakiramdam mo ba na kapaki-pakinabang ka sa iyong pamilya at mga kaibigan (mga taong importante sa iyo)?
7. Do you know what is going on with your family and friends?
Alam mo ba ang mga kaganapang nangyayari sa iyong pamilya at sa iyong mga kaibigan?
8. When you are talking with your family and friends, do you feel you are being listened to?
Sa tuwing kinakausap mo ang iyong pamilya at mga kaibigan, sa tingin mo ba, nakikinig sila sa iyo?
9. Do you feel you have a definite role (place) in your family and among your friends?
Pakiramdam mo ba may tiyak kang gampanin sa iyong pamilya at mga kaibigan?

10. Can you talk about your deepest problems with at least some of your family and friends?
Kaya mo bang sabihin ang mga malalim mong problema sa iilang miyembro ng iyong pamilya o mga kaibigan?

Code	Sagot Response
1	Hardly ever Bihirang-bihira
2	Some of the time Minsan
3	Most of the time Madalas

V.
Instructions: Indicate how often each of the statements below is descriptive of you.
Panuto: Ipahiwatig kung gaano mo kadalas maramdaman ang mga pahayag/salaysay sa ibaba.

O indicates “I often feel this way”
O nangangahulugang “ madalas ko itong maramdaman”

S indicates “I sometimes feel this way”
S nangangahulugang “ minsan ko itong maramdaman”
R indicates “I rarely feel this way”
R nangangahulugang “bihira ko itong maramdaman”
N indicates “I never feel this way”
N nangangahulugang “hindi ko ito nararamdaman”

1. I lack companionship Wala akong nakakasama	O	S	R	N
2. There is no one I can turn to Wala akong mapagsabihan kahit isa	O	S	R	N
3. I am an outgoing person Ako ang tipo ng tao na magiliw at pala-kaibigan	O	S	R	N
4. I feel left out Pakiramdam ko naiiwan ako mag-isa	O	S	R	N
5. I feel isolation from others Pakiramdam ko hiwalay o iba ako sa ibang tao	O	S	R	N
6. I can find companionship when I want it Nakakakuha ako ng kasama pag ginusto ko	O	S	R	N
7. I am unhappy being so withdrawn Nalulungkot ako kapag ako ay malayo sa tao	O	S	R	N
8. People are around me but not with me May mga tao sa paligid ko pero hindi ko maramdaman na kasama ko sila	O	S	R	N

Forward translation (English to Filipino) version 4
I. Instructions: Select the answer that best describes yourself
I. Panuto: Piliin ang sagot na pinakamainam na naglalarawan ng iyong sarili.

Age: ______
Edad:

Gender
Kasarian
7. Male
   Lalaki
8. Female
   Babae

Marital status
Estado sibil
13. Married/ remarried
    Kasal/Kinasal ulit
14. Never married
    Hindi kinasal kailanman
15. Divorced/separated
    Hiwalay sa asawa
16. Widowed
    Biyudo/Biyuda

Education level
Antas ng Edukasyon
13. No education
    Walang pinag-aralan
14. Primary
    Elementarya
15. Secondary
    Sekondarya/ Haiskul
16. Tertiary
    Kolehiyo

Occupation: ___________
Trabaho:

Monthly income
Buwanang Kita
13. No income
    Walang pinagkakakitaan
14. Poor
    Mababa o hindi sapat ang kita
15. Average
    Sapat na kita
16. Good

Higit sa sapat na kita

Pension
Pensiyon

13. No pension
    Walang pensiyon
14. Government pension
    Pensiyon mula sa Gobyerno
15. Private pension
    Pensiyon mula sa Pribado
16. Social pension
    Panlipunang Pensiyon

Health status
Kalagayang Pangkalusugan

A. List of chronic diseases (Encircle all applicable)
A. Listahan ng mga pangmatagalang (Bilugan ang lahat ng naaangkop)

22. hypertension
    high blood/alta presyon
23. coronary disease
    sakit sa puso
24. cerebrovascular disease
    stroke/istrok
25. diabetes
    diyabetis
26. chronic bronchitis
    pangmatagalang bronchitis
6. spondylosis/ osteoarthritis
   pananakit ng kasukasuan/ rayuma
27. pulmonary disease (asthma, emphysema)
    sakit sa baga (hika/hirap sa paghinga)
28. cancer
    kanser
9. others (__________________________)
   iba pa

B. Self-rated health status
B. Sariling pananaw sa kalagayang pangkalusugan

How is your health in general?
Sa kabuuan kumusta ang iyong kalusugan?

28. Very good
    Napakabuti
29. Good
    Mabuti
30. Fair

Sakto lang
31. Bad
Hindi mabuti
32. Very bad
Napakasama

Living arrangement
Uri ng pamumuhay
13. Living alone
namumuhay mag-isa
14. Living with only spouse
namumuhay kasama lang ang asawa
15. Living with only children
namumuhay kasama lang ang mga anak
16. Living with spouse and children
namumuhay kasama ang asawa at mga anak

Vices
Bisyo

G. Smoking
D. Paninigarilyo
10. Never-smokers
Hindi kailanman nanigarilyo
11. Ex-smokers
Dating naninigarilyo
12. Current smokers
Kasalukuyang naninigarilyo

H. Alcohol intake
Paginom ng Alak
10. Nondrinkers
Hindi umiinom
11. Occasional drinkers
Paminsan-minsan lang umiinom
12. Daily drinkers
Araw-araw umiinom

II.

Instructions: Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

Panuto: Sa bawat pahayag, pumili ng numero na pinakamalapit sa iyong naramdaman noong nakalipas na dalawang lingo. Punahin na ang mas mataas na numero ay indikasyon nang mas

mataas na kalidad ng buhay o mas mabuting kalagayan.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner.

Halimbawa: Kung ika'y nakaramdam ng kasiyahan at kasiglaan nang higit sa kalahati ng oras sa nakaraang dalawang linggo, markahan ang kahon na may numerong 3 sa may kanang gilid.

Kodigo	Kasagutan
Code	Response
0	At no time Hindi nangyari
1	Some of the time Madalang nangyari
2	Less than half of the time Minsan nangyari
3	More than half of the time Madalas nangyari
4	Most of the time Parating nangyari
5	All of the time Nangyari sa lahat ng panahon

Over the last two weeks
Sa nakalipas na dalawang linggo

1. I have felt cheerful and in good spirits
   Ako'y nakaramdam ng saya at sigla
2. I have felt calm and relaxed
   Ako'y nakaramdam ng kapayapaan at katiwasayan
3. I have felt active and vigorous
   Ako'y naging aktibo at masigasig
4. I woke up feeling fresh and rested
   Nagising ako nang sariwa at mahimbing ang tulog
5. My daily life has been filled with things that interest me
   Napupuno ang bawat araw ko ng mga bagay na aking kinagigiliwan

III.
Instructions: Select the answer that best describes how you felt over the past week.
Panuto: Piliin ang pinakamainam na sagot na naglalarawan ng iyong naramdaman noong nakaraang linggo

Oo

Hindi

Yes No

1. Are you basically satisfied with your life?
   Ikaw ba ay kuntento sa buhay mo ngayon?

	Yes	No
8. Have you dropped many of your activities and interests? Marami ka bang mga aktibidad at hilig na hindi na ginagawa?	○	○
9. Do you feel that your life is empty? Pakiramdam mo ba ang iyong buhay ay walang kabuluhan?	○	○
4. Do you often get bored? Madalas ka bang mainip?	○	○
5. Are you in good spirits most of the time? Ikaw ba ay masigla halos sa lahat ng oras?	○	○
33. Are you afraid that something bad is going to happen to you? Nangangamba ka ba na may masamang mangyayari sa iyo?	○	○
34. Do you feel happy most of the time? Nararamdam mo bang masaya ka halos sa lahat ng oras?	○	○
35. Do you often feel helpless? Madalas mo bang maramdaman na ikaw ay walang laban?	○	○
36. Do you prefer to stay at home, rather than going out and doing things? Mas gusto mo bang manatili sa inyong tahanan kaysa lumabas at gumawa ng mga bagay- bagay?	○	○
10. Do you feel that you have more problems with memory than most? Pakiramdam mo ba mas may problema ka sa memorya kaysa sa karamihan?	○	○
11. Do you think it is wonderful to be alive now? Sa tingin mo ba kahanga-hanga na ikaw ay buhay ngayon?	○	○
12. Do you feel worthless the way you are now? Pakiramdam mo ba sa kalagayan mo ngayon ikaw ay wala nang halaga?	○	○
13. Do you feel full of energy? Pakiramdam mo ba punung-puno ka pa ng lakas?	○	○
14. Do you feel that your situation is hopeless? Pakiramdam mo ba sa sitwasyon mo ngayon ay wala nang pag-asa?	○	○
15. Do you think that most people are better off than you are? Sa tingin mo ba halos lahat ng tao ay mas angat kaysa sa iyo?	○	○

IV.

Instructions: Select the answer that best describes yourself.
Panuto: Piliin ang pinakamainam na sagot na naglalarawan ng iyong sarili.

Kodigo Code	Kasagutan Response
16	Strongly disagree Matindi ang hindi pagsang-ayon
17	Disagree Hindi sumasang-ayon
18	Neutral Alanganin
19	Agree

Sumasang-ayon

20 Strongly agree
Matindi ang pagsang-ayon

4. If I were to have problems, I have people I could turn to
Kung ako man ay magkakaroon ng problema, may mga tao akong pwedeng lapitan o pag sabihan.
2. My family or friends are very supportive of me
Ang aking pamilya o maging ang aking mga kaibigan ay laging nakasuporta sa akin
3. In difficult situations, I can manage my emotions
Sa mahihirap na mga sitwasyon, kaya kong pangasiwaan ang aking mga emosyon
4. I can put up with my negative emotions
Kaya kong ipasantabi ang mga negatibo kong emosyon
5. When faced with a problem I can usually find a solution
Kapag ako ay humaharap sa problema, madalas ako nakakahanap ng solusyon
6. If I were in trouble, I know of others who would be able to help me
Kung ako man nakakaranas ng problema, kilala ko ang mga taong makakatulong sa akin
7. I can generally solve problems that occur
Sa pangkalahatan, kaya kong solusyunan ang mga problemang dumarating
8. I can control my emotions
Kaya kong kontrolin ang aking emosyon
9. I can usually find a way of overcoming problems
Madalas kaya kong makahanap ng paraan para lutasin ang mga problema

10. I could find family of friends who listen to me if I needed them to
Nakakahanap ako ng mga kaibigan na handang makinig sa akin sa oras ng pangangailangan
11. If faced with a set-back, I could probably find a way round the problem
Kapag nakakaranas ako ng pagsubok, ako ay maaaring makahanap ng paraan para malagpasan ito.
12. I can handle my emotions
Kaya kong hawakan ang aking emosyon

V.

Instructions: Select the answer that best describes how you felt over the past week
Panuto: Piliin ang pinakamainam na sagot na naglalarawan ng iyong naramdaman noong nakaraang linggo

Social interaction subscale
Iskala ng interaksyong panlipunan

1. Other than members of your family how many persons in your local area do you feel you can depend on or feel very close to?
Bukod sa miyembro ng iyong pamilya, ilang tao sa inyong lokal na lugar ang maaari mong sandalan o ramdam mong malapit na malapit sa iyo?

Kodigo Code	Sagot Response
1	None Wala
2	1-2 people 1-2 tao
3	More than 2 people Higit sa 2 na tao

2. How many times during the past week did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together?
Noong nakaraang linggo, ilang beses ka naglaan ng oras kasama ang ibang tao na hindi naninirahan sa inyo? Eto ay yung mga tao na pinuntahan mo para makita o binisita ka o lumabas kayong magkasama.

3. How many times did you talk to someone (friends, relatives or others) on the telephone in the past week (either they called you, or you called them)?
Ilang beses ka nakipag-usap sa isang tao (kaibigan, kamag-anak o ibang tao) sa telepono noong nakaraang lingo (pwedeng sila yung tumawag o ikaw ung tumawag)?

4. About how often did you go to meetings of clubs, religious meetings, or other groups that you belong to in the past week?
Noong nakaraang linggo, gaano ka kadalas pumunta sa pagpupulong ng inyong organisasyon, pangrelihiyon o kahit ano mang grupo na kung saan ka kabilang?

Code	Recode Item 2	Recode Item 3&4	Response
0	1	1	None Wala
1	2	1	Once Isang beses
2	2	2	Twice Dalawang beses
3	3	2	Three times Tatlong beses
4	3	2	Four times Apat na beses

5	3	2	Five times Limang beses
6	3	3	Six times Anim na beses
7	3	3	Seven or more times Pitong beses

Satisfaction with social support sub-scale
Iskala ng kasiyahan ng panlipunang suporta

5. Does it seems that your family and friends (people who are important to you) understand you?
Parang wari bang naiintindihan ka ng iyong pamilya at mga kaibigan (mga taong importante sa iyo)?
6. Do you feel useful to your family and friends (people important to you)?
Pakiramdam mo ba na kapaki-pakinabang ka sa iyong pamilya at mga kaibigan (mga taong importante sa iyo)?
7. Do you know what is going on with your family and friends?
Alam mo ba ang mga kaganapang nangyayari sa iyong pamilya at sa iyong mga kaibigan?
8. When you are talking with your family and friends, do you feel you are being listened to?
Sa tuwing kinakausap mo ang iyong pamilya at mga kaibigan, sa tingin mo ba, nakikinig sila sa iyo?
9. Do you feel you have a definite role (place) in your family and among your friends?
Pakiramdam mo ba may tiyak kang gampanin sa iyong pamilya at mga kaibigan?

10. Can you talk about your deepest problems with at least some of your family and friends?
Kaya mo bang sabihin ang mga malalim mong problema sa iilang miyembro ng iyong pamilya o mga kaibigan?

Code	Sagot Response
1	Hardly ever Bihirang-bihira
2	Some of the time Minsan
3	Most of the time Madalas

VI.
Instructions: Indicate how often each of the statements below is descriptive of you.
Panuto: Ipahiwatig kung gaano mo kadalas maramdaman ang mga pahayag/salaysay sa ibaba.

O indicates "I often feel this way"
O nangangahulugang " madalas ko itong maramdaman"

S indicates “I sometimes feel this way”
S nangangahulugang “ minsan ko itong maramdaman”
R indicates “I rarely feel this way”
R nangangahulugang “bihira ko itong maramdaman”
N indicates “I never feel this way”
N nangangahulugang “hindi ko ito nararamdaman”

1. I lack companionship Wala akong nakakasama	O	S	R	N
2. There is no one I can turn to Wala akong mapagsabihan kahit isa	O	S	R	N
3. I am an outgoing person Ako ang tipo ng tao na magiliw at pala-kaibigan	O	S	R	N
4. I feel left out Pakiramdam ko ako ay napagiiwanan	O	S	R	N
5. I feel isolation from others Pakiramdam ko hiwalay o iba ako sa ibang tao	O	S	R	N
6. I can find companionship when I want it Nakakahanap ako ng kasama pag ginusto ko	O	S	R	N
7. I am unhappy being so withdrawn Nalulungkot ako kapag ako ay malayo sa tao	O	S	R	N
8. People are around me but not with me May mga tao sa paligid ko pero hindi ko maramdaman na kasama ko sila	O	S	R	N

Appendix 33: Back translation of survey questionnaires

Back translation (Filipino to English)

I. Panuto: Piliin ang sagot na pinakamainam na naglalarawan ng iyong sarili.
I. Instruction: Choose the answer that best describes yourself

Edad:
Age:

Kasarian
Gender

9. Lalaki
   Male
10. Babae
    Female

Estado sibil
Marital status

17. Kasal/Kinasal ulit
    Married/ remarried
18. Hindi kinasal kailanman
    Never get married
19. Hiwalay sa asawa
    Separated/ Divorced
20. Biyudo/Biyuda
    Widowed

Antas ng Edukasyon
Education level

17. Walang pinag-aralan
    No education
18. Elementarya
    Elementary
19. Sekondarya/ Haiskul
    Secondary
20. Kolehiyo
    Tertiary

Trabaho:
Occupation:

Buwanang Kita
Monthly income

17. Walang pinagkakakitaan
    No income
18. Mababa o hindi sapat ang kita

Low or not enough income
19. Sapat na kita
    Average income
20. Higit sa sapat na kita
    Better than average income

Pensiyon
Pension
17. Walang pensiyon
    No pension
18. Pensiyon mula sa Gobyerno
    Government pension
19. Pensiyon mula sa Pribado
    Private pension
20. Panlipunang Pensiyon
    Social pension

Kalagayang Pangkalusugan
Health status

A. Listahan ng mga pangmatagalang (Bilugan ang lahat ng naaangkop)
A. List of chronic diseases (Encircle all applicable)

29. high blood/alta presyon
    hypertension
30. sakit sa puso
    heart diseases
31. stroke/istrok
    stroke
32. diyabetis
    diabetes
33. pangmatagalang bronchitis
    chronic bronchitis
6. pananakit ng kasukasuan/ rayuma
   joint pain/ arthritis
7. sakit sa baga (hika/hirap sa paghinga)
   lung disease (asthma/ difficulty of breathing)
8. kanser
   cancer
9. iba pa (________________________)
   others

B. Sariling pananaw sa kalagayang pangkalusugan
B. Self-rated health status
Sa kabuuan kumusta ang iyong kalusugan?
In general, how is your health?

37. Napakabuti
    Very good
38. Mabuti
    Good
39. Sakto lang
    Fair
40. Hindi mabuti
    Bad
41. Napakasama
    Very bad

Uri ng pamumuhay
Living arrangement

17. namumuhay mag-isa
    Living alone
18. namumuhay kasama lang ang asawa
    Living with only spouse
19. namumuhay kasama lang ang mga anak
    Living with only children
20. namumuhay kasama ang asawa at mga anak
    Living with spouse and children

Bisyo
Vices

E. Paninigarilyo
A. Smoking
13. Hindi kailanman nanigarilyo
    Never-smokers
14. Dating naninigarilyo
    Ex-smokers
15. Kasalukuyang naninigarilyo
    Current smokers

Paginom ng Alak
Alcohol intake
13. Hindi umiinom
    Nondrinkers
14. Paminsan-minsan lang umiinom
    Occasional drinkers
15. Araw-araw umiinom
    Daily drinkers

II.

Panuto: Sa bawat pahayag, pumili ng numero na pinakamalapit sa iyong naramdaman noong nakalipas na dalawang lingo. Punahin na ang mas mataas na numero ay indikasyon nang mas mataas na kalidad ng buhay o mas mabuting kalagayan.

Instructions: For each of the statement, indicate which is closest to how you have been feeling in the past two weeks. Notice that higher numbers mean better well-being.

Halimbawa: Kung ika'y nakaramdam ng kasiyahan at kasiglaan nang higit sa kalahati ng oras sa nakaraang dalawang linggo, markahan ang kahon na may numerong 3 sa may kanang gilid.

Example: If you have felt cheerful and in good spirits more than half of the time in the past two weeks, put a tick in the box with the number 3 in the upper right corner.

Kodigo Code	Kasagutan Response
6	Hindi nangyari At no time
7	Madalang nangyari Some of the time
8	Minsan nangyari Less than half of the time
9	Madalas nangyari More than half of the time
10	Parating nangyari Most of the time
11	Nangyari sa lahat ng panahon All of the time

Sa nakalipas na dalawang linggo
Over the last two weeks

6. Ako'y nakaramdam ng saya at sigla
   I have felt joy and in good mood
7. Ako'y nakaramdam ng kapayapaan at katiwasayan
   I have felt peace and relaxed
8. Ako'y naging aktibo at masigasig
   I have felt active and energetic
9. Nagising ako nang sariwa at mahimbing ang tulog
   I woke up feeling fresh and well rested

10. Napupuno ang bawat araw ko ng mga bagay na aking kinagigiliwan
My daily life has been filled with things that interest me

III.

Panuto: Piliin ang pinakamainam na sagot na naglalarawan ng iyong naramdaman noong nakaraang linggo

Instruction: Choose the answer that best describes how you felt over the past week.

	Oo **Yes**	Hindi **No**
1. Ikaw ba ay kuntento sa buhay mo ngayon? Are you satisfied with your life?	○	○
10. Marami ka bang mga aktibidad at hilig na hindi na ginagawa? Have you stopped doing many of your activities and interests?	○	○
11. Pakiramdam mo ba ang iyong buhay ay walang kabuluhan? Do you feel that your life is meaningless?	○	○
4. Madalas ka bang mainip? Do you often get bored?	○	○
5. Ikaw ba ay masigla halos sa lahat ng oras? Are you in good mood most of the time?	○	○
42. Nangangamba ka ba na may masamang mangyayari sa iyo? Are you afraid that something bad might happen to you?	○	○
43. Nararamdam mo bang masaya ka halos sa lahat ng oras? Do you feel happy most of the time?	○	○
44. Madalas mo bang maramdaman na ikaw ay walang laban? Do you often feel helpless?	○	○
45. Mas gusto mo bang manatili sa inyong tahanan kaysa lumabas at gumawa ng mga bagay- bagay? Do you prefer to stay at home, rather than going out and doing things?	○	○
10. Pakiramdam mo ba mas may problema ka sa memorya kaysa sa karamihan? Do you feel that you have more memory problems than most people?	○	○
11. Sa tingin mo ba kahanga-hanga na ikaw ay buhay ngayon? Do you think it is wonderful to be alive now?	○	○
12. Pakiramdam mo ba sa kalagayan mo ngayon ikaw ay wala nang halaga? Do you feel worthless the way you are now?	○	○
13. Pakiramdam mo ba punung-puno ka pa ng lakas? Do you feel full of energy?	○	○
14. Pakiramdam mo ba sa sitwasyon mo ngayon ay wala nang pag-asa? Do you feel that your situation now is hopeless?	○	○

Yes No

15. Sa tingin mo ba halos lahat ng tao ay mas angat kaysa sa iyo?

Do you think that most people are better off than you are?

IV.

Panuto: Piliin ang pinakamainam na sagot na naglalarawan ng iyong sarili.

Instruction: Choose the answer that best describes yourself.

Kodigo Code	Kasagutan Response
21	Matindi ang hindi pagsang-ayon Strongly disagree
22	Hindi sumasang-ayon Disagree
23	Alanganin Neutral
24	Sumasang-ayon Agree
25	Matindi ang pagsang-ayon Strongly agree

5. Kung ako man ay magkakaroon ng problema, may mga tao akong pwedeng lapitan o pag sabihan.
   If I were to have problems, there are people I could turn to
2. Ang aking pamilya o maging ang aking mga kaibigan ay laging nakasuporta sa akin
   My family or friends are always supportive of me
3. Sa mahihirap na mga sitwasyon, kaya kong pangasiwaan ang aking mga emosyon
   In difficult situations, I can manage my emotions

4. Kaya kong ipasantabi ang mga negatibo kong emosyon
   I can put off my negative emotions
5. Kapag ako ay humaharap sa problema, madalas ako nakakahanap ng solusyon
   When faced with a problem I can usually find a solution
6. Kung ako man nakakaranas ng problema, kilala ko ang mga taong makakatulong sa akin
   If I were experiencing problems, I know of others who would be able to help me
7. Sa pangkalahatan, kaya kong solusyunan ang mga problemang dumarating
   Generally, I can solve problems that occur
8. Kaya kong kontrolin ang aking emosyon
   I can control my emotions
9. Madalas kaya kong makahanap ng paraan para lutasin ang mga problema
   I can usually find a way of solving my problems

10. Nakakahanap ako ng mga kaibigan na handang makinig sa akin sa oras ng pangangailangan
   I could find friends who are ready to listen to me if I needed them
11. Kapag nakakaranas ako ng pagsubok, ako ay maaaring makahanap ng paraan para malagpasan ito.
   If faced with a set-back, I could probably find a way to solve the problem
12. Kaya kong hawakan ang aking emosyon
   I can handle my emotions

V.

Panuto: Piliin ang pinakamainam na sagot na naglalarawan ng iyong naramdaman noong nakaraang linggo
Instruction: Choose the answer that best describes how you felt last week

Iskala ng interaksyong panlipunan
Social interaction subscale

1. Bukod sa miyembro ng iyong pamilya, ilang tao sa inyong lokal na lugar ang maaari mong sandalan o ramdam mong malapit na malapit sa iyo?
Other than members of your family how many persons in your local area do you feel you can depend on or feel very close to?

Kodigo Code	Sagot Response
1	Wala None
2	1-2 tao 1-2 people
3	Higit sa 2 na tao More than 2 people

2. Noong nakaraang linggo, ilang beses ka naglaan ng oras kasama ang ibang tao na hindi naninirahan sa inyo? Eto ay yung mga tao na pinuntahan mo para makita o binisita ka o lumabas kayong magkasama.
During the past week, how many times did you spend time with someone who does not live with you, that is, you went to see them or they came to visit you or you went out together?

3. Ilang beses ka nakipag-usap sa isang tao (kaibigan, kamag-anak o ibang tao) sa telepono noong nakaraang lingo (pwedeng sila yung tumawag o ikaw ung tumawag)?

How many times did you talk to someone (friends, relatives or others) on the telephone in the past week (either they called you, or you called them)?

4. Noong nakaraang linggo, gaano ka kadalas pumunta sa pagpupulong ng inyong organisasyon, pangrelihiyon o kahit ano mang grupo na kung saan ka kabilang?
In the past week, about how often did you go to meetings of clubs, religious meetings, or other groups that you belong to?

Code	Recode Item 2	Recode Item 3&4	Response
0	1	1	Wala None
1	2	1	Isang beses Once
2	2	2	Dalawang beses Twice
3	3	2	Tatlong beses Three times
4	3	2	Apat na beses Four times
5	3	2	Limang beses Five times
6	3	3	Anim na beses Six times
7	3	3	Pitong beses o higit pa Seven or more times

Iskala ng kasiyahan ng panlipunang suporta
Satisfaction with social support sub-scale

5. Parang wari bang naiintindihan ka ng iyong pamilya at mga kaibigan (mga taong importante sa iyo)?
Does it seems that your family and friends (people who are important to you) understand you?
6. Pakiramdam mo ba na kapaki-pakinabang ka sa iyong pamilya at mga kaibigan (mga taong importante sa iyo)?
Do you feel useful to your family and friends (people who are important to you)?
7. Alam mo ba ang mga kaganapang nangyayari sa iyong pamilya at sa iyong mga kaibigan?
Do you know what is going on with your family and friends?
8. Sa tuwing kinakausap mo ang iyong pamilya at mga kaibigan, sa tingin mo ba, nakikinig sila sa iyo?
When you are talking with your family and friends, do you feel you are being listened to?

9. Pakiramdam mo ba may tiyak kang gampanin sa iyong pamilya at mga kaibigan?
Do you feel you have a definite role in your family and among your friends?
10. Kaya mo bang sabihin ang mga malalim mong problema sa iilang miyembro ng iyong pamilya o mga kaibigan?
Can you talk about your deepest problems to some of your family and friends?

Code	Sagot Response
1	Bihirang-bihira Hardly ever
2	Minsan Some of the time
3	Madalas Most of the time

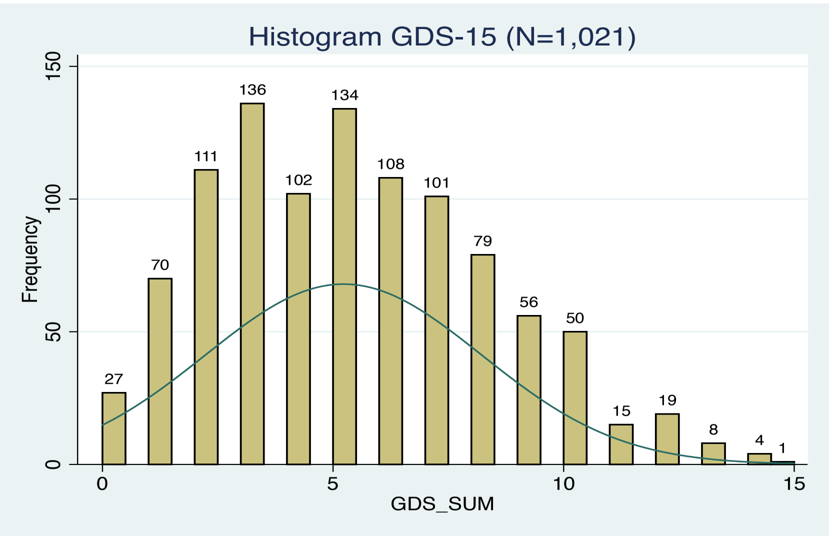
VI.
Panuto: Ipahiwatig kung gaano mo kadalas maramdaman ang mga pahayag/salaysay sa ibaba.
Instruction: Indicate how often each of the statements below is descriptive of you.

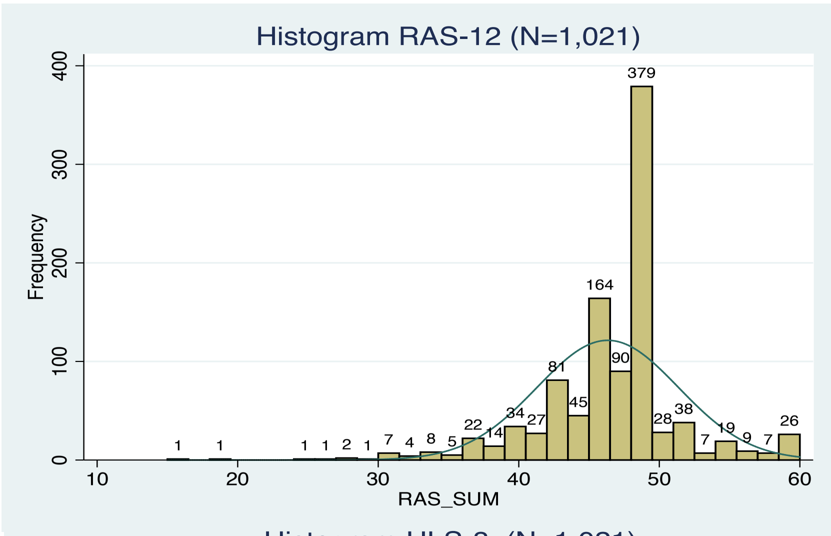
O nangangahulugang "madalas ko itong maramdaman"
O indicates "I often feel this way"
S nangangahulugang "minsan ko itong maramdaman"
S indicates "I sometimes feel this way"
R nangangahulugang "bihira ko itong maramdaman"
R indicates "I rarely feel this way"

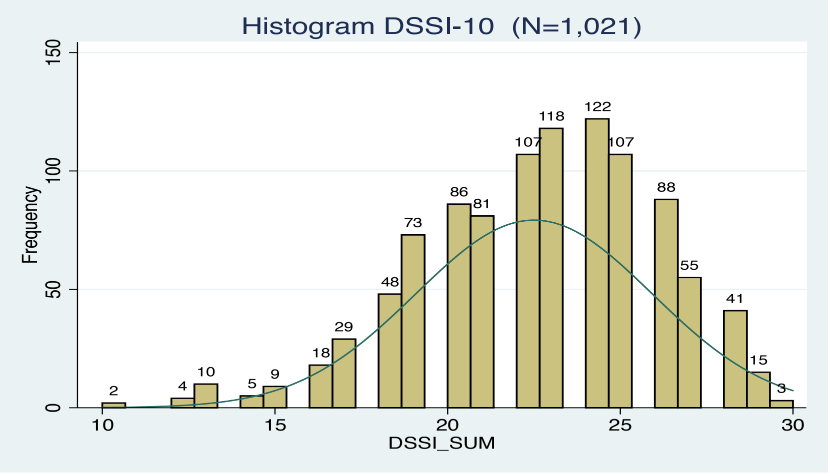
N nangangahulugang "hindi ko ito nararamdaman"
N indicates "I never feel this way"

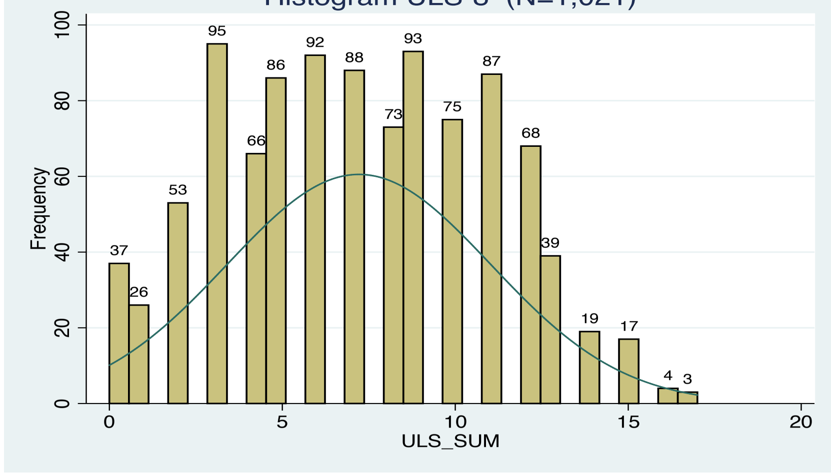
1. Wala akong nakakasama I lack companionship	O	S	R	N
2. Wala akong mapagsabihan kahit isa There is no one I can turn to	O	S	R	N
3. Ako ang tipo ng tao na magiliw at pala-kaibigan I am an outgoing person	O	S	R	N
4. Pakiramdam ko ako ay napagiiwanan I feel left out	O	S	R	N
5. Pakiramdam ko hiwalay o iba ako sa ibang tao I feel isolated from others	O	S	R	N
6. Nakakahanap ako ng kasama pag ginusto ko I can find companionship when I want it	O	S	R	N
7. Nalulungkot ako kapag ako ay malayo sa tao I feel sad being so withdrawn	O	S	R	N
8. May mga tao sa paligid ko pero hindi ko maramdaman na kasama ko sila People are around me but I don't feel they are with me	O	S	R	N

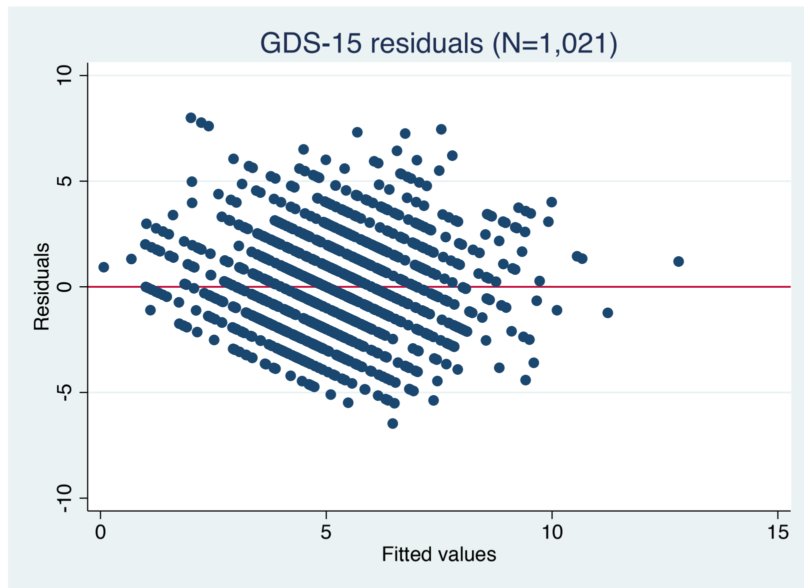
Appendix 34: Graphs

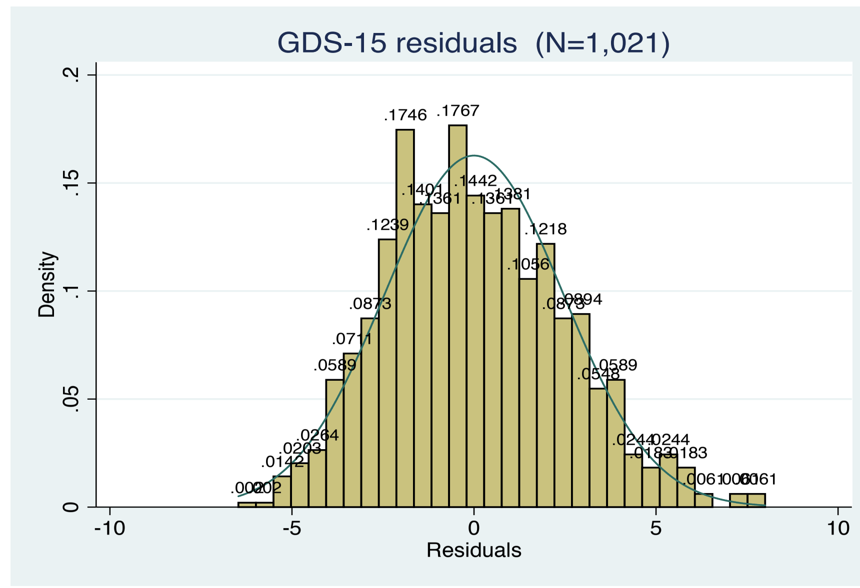


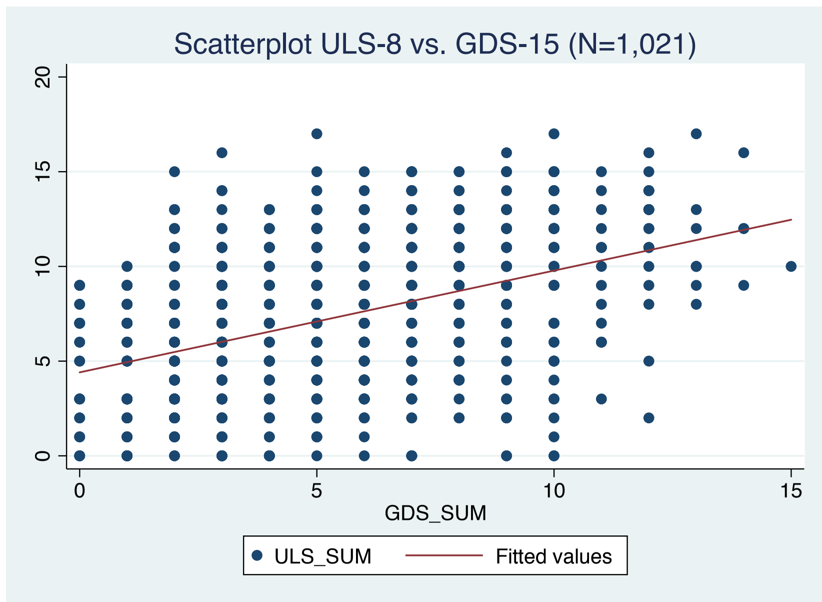


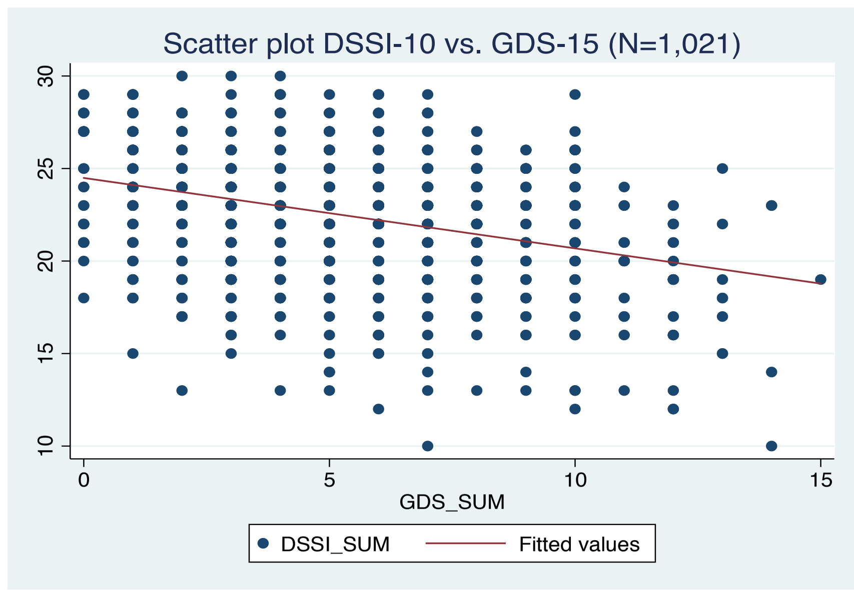


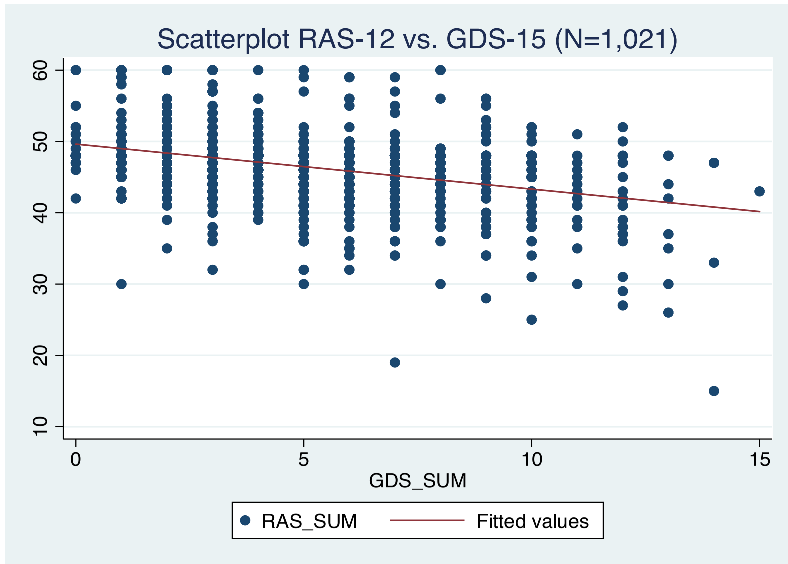


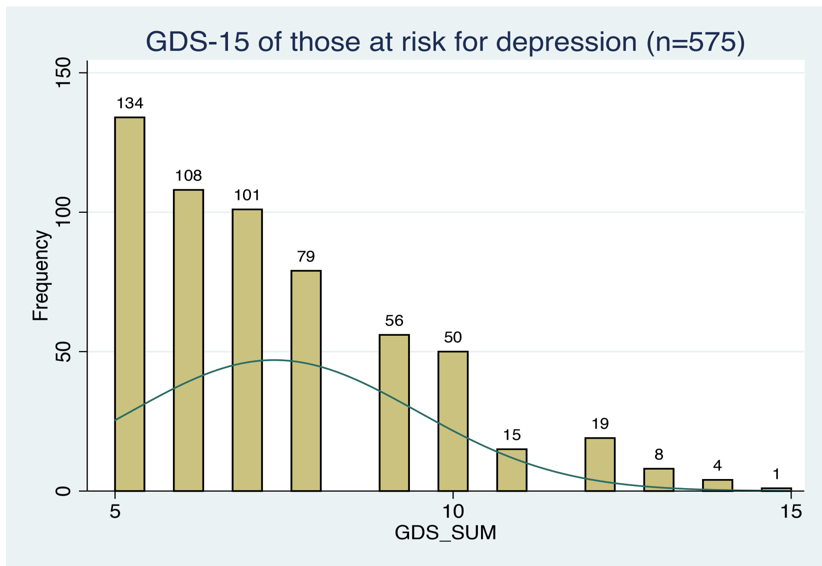

GDS-15 residuals (N=1,021)
Residuals
Fitted values
-10
-5
0
5
10
15

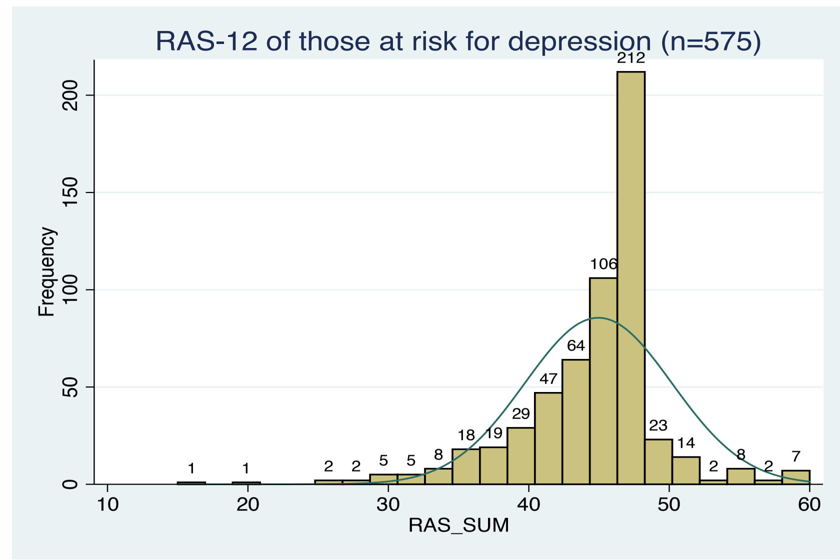

GDS-15 residuals (N=1,021)
Density
Residuals
0
.05
.1
.15
.2
-10
-5
0
5
10
.1746
.1767
.1442
.1239
.1218
.1056
.0873
.0711
.0589
.0264
.0203
.0142

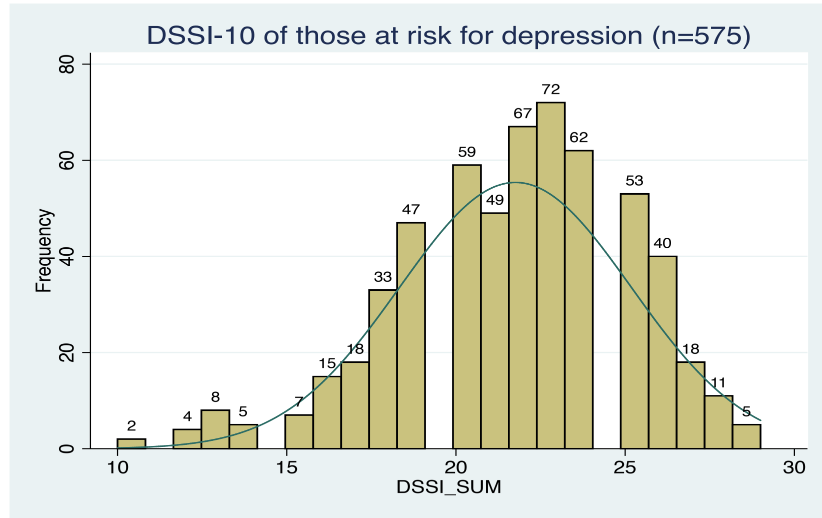

Scatterplot ULS-8 vs. GDS-15 (N=1,021)
0
5
10
15
20
0
5
10
15
GDS_SUM
ULS_SUM
Fitted values

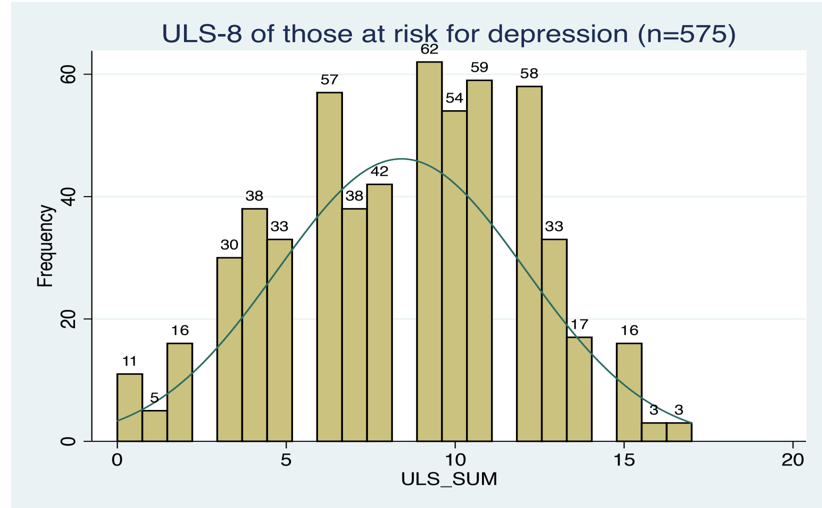

Scatter plot DSSI-10 vs. GDS-15 (N=1,021)
10
15
20
25
30
0
5
10
15
GDS_SUM
DSSI_SUM
Fitted values

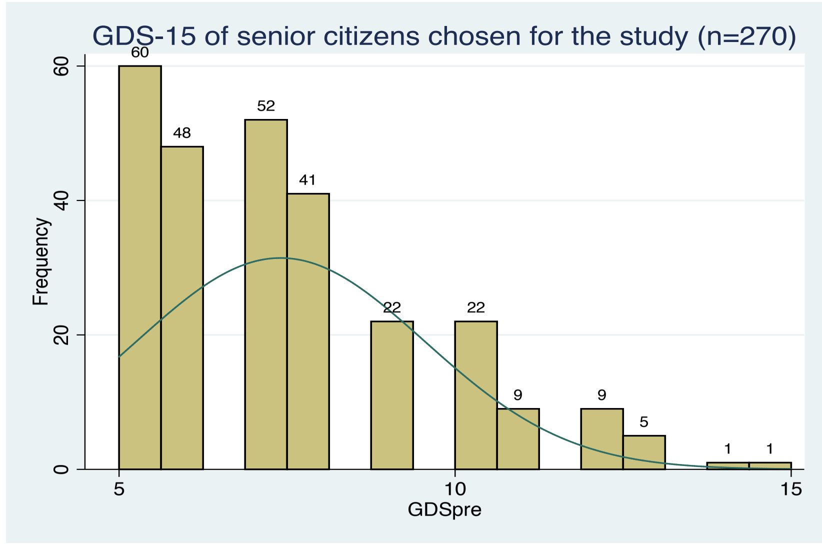

Scatterplot RAS-12 vs. GDS-15 (N=1,021)
10
20
30
40
50
60
0
5
10
15
GDS_SUM
RAS_SUM
Fitted values

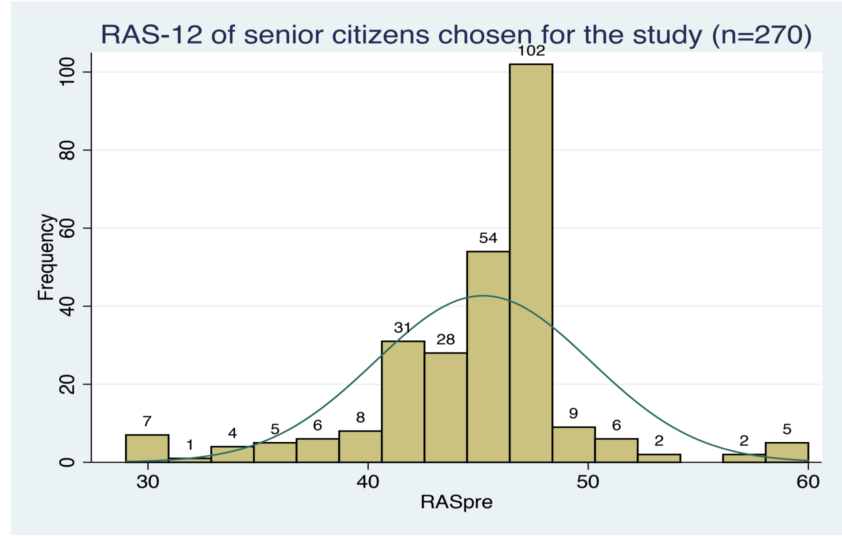

GDS-15 of those at risk for depression (n=575)
Frequency
0
50
100
150
134
108
101
79
56
50
15
19
8
4
1
5
10
15
GDS_SUM

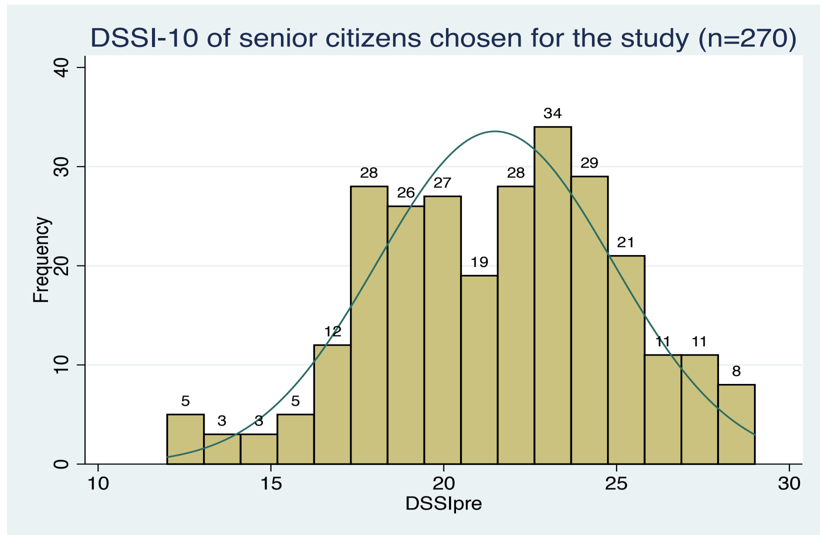

RAS-12 of those at risk for depression (n=575)
Frequency
0
50
100
150
200
1
1
2
2
5
5
8
18
19
29
47
64
106
212
23
14
2
8
2
7
10
20
30
40
50
60
RAS_SUM

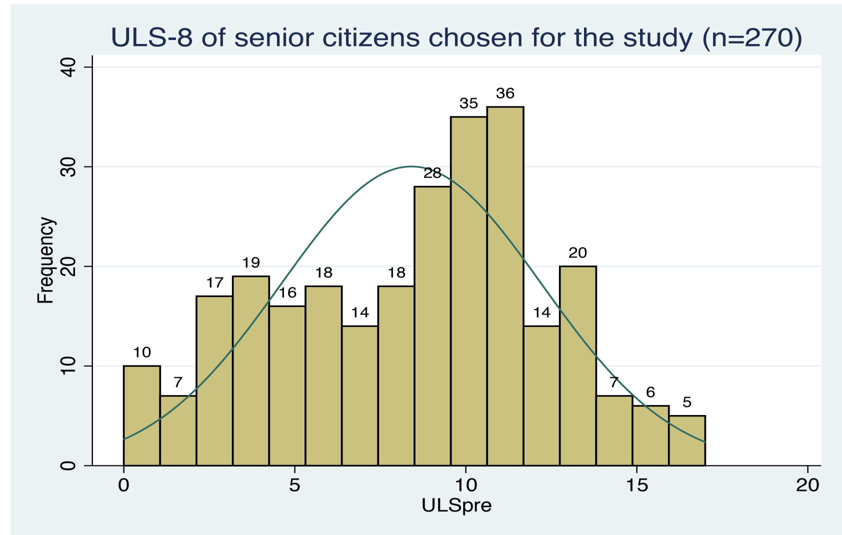

DSSI-10 of those at risk for depression (n=575)
Frequency
0
20
40
60
80
2
4
8
5
7
15
18
33
47
59
49
67
72
62
53
40
18
11
5
10
15
20
25
30
DSSI_SUM

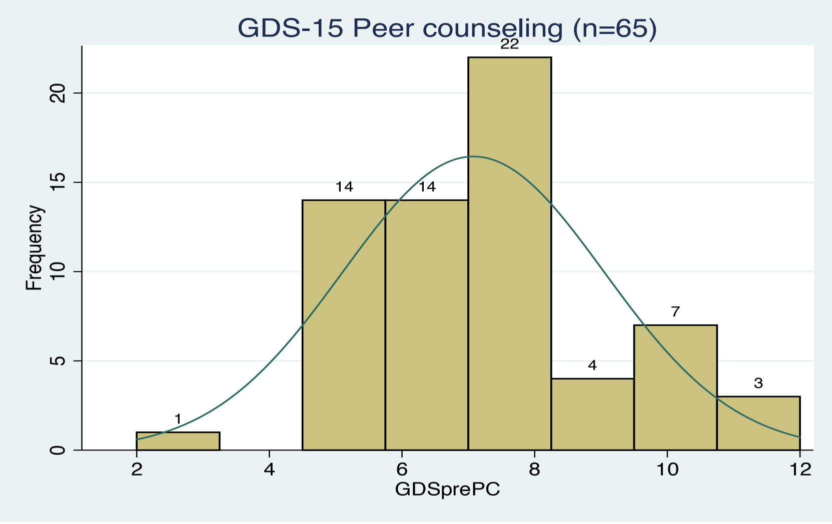

ULS-8 of those at risk for depression (n=575)
Frequency
0
20
40
60
11
5
16
30
38
33
57
38
42
62
54
59
58
33
17
16
3
3
0
5
10
15
20
ULS_SUM


GDS-15 of senior citizens chosen for the study (n=270)
Frequency
0
20
40
60
5
10
15
GDSpre
60
48
52
41
22
22
9
9
5
1
1


RAS-12 of senior citizens chosen for the study (n=270)
Frequency
0
20
40
60
80
100
30
40
50
60
RASpre
7
1
4
5
6
8
31
28
54
102
9
6
2
2
5


DSSI-10 of senior citizens chosen for the study (n=270)
Frequency
0
10
20
30
40
10
15
20
25
30
DSSIpre
5
3
3
5
12
28
26
27
19
28
34
29
21
11
11
8


ULS-8 of senior citizens chosen for the study (n=270)
Frequency
0
10
20
30
40
0
5
10
15
20
ULSpre
10
7
17
19
16
18
14
18
28
35
36
14
20
7
6
5


GDS-15 Peer counseling (n=65)
Frequency
GDSprePC
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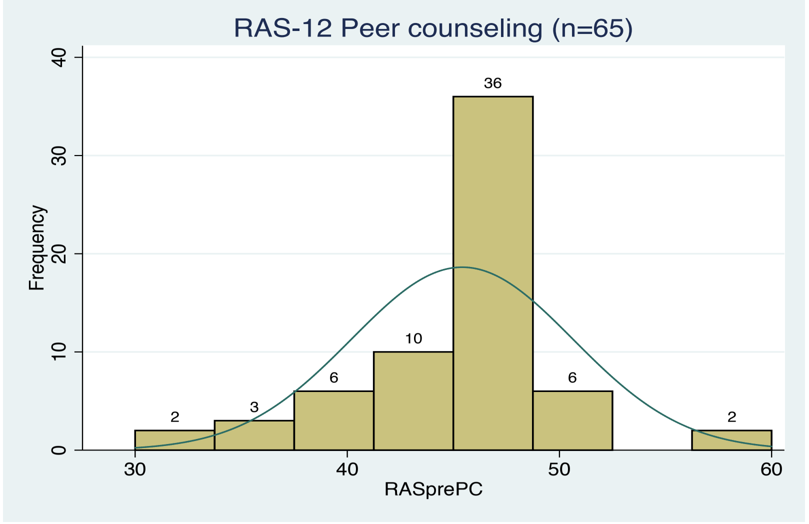
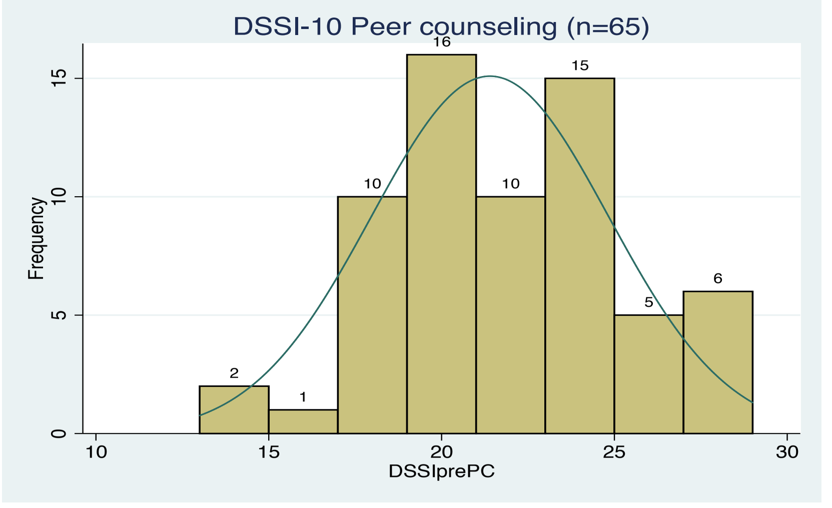
14
14
22
4
7
3
0
5
10
15
20
2
4
6
8
10
12


RAS-12 Peer counseling (n=65)
Frequency
RASprePC
2
3
6
10
36
6
2
0
10
20
30
40
30
40
50
60


DSSI-10 Peer counseling (n=65)
Frequency
DSSIprePC
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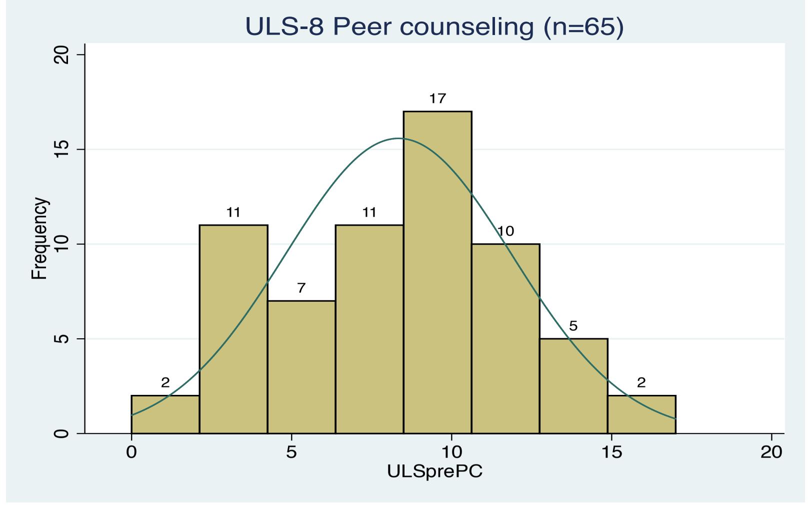
1
10
16
10
15
5
6
0
5
10
15
10
15
20
25
30


ULS-8 Peer counseling (n=65)
Frequency
ULSprePC
2
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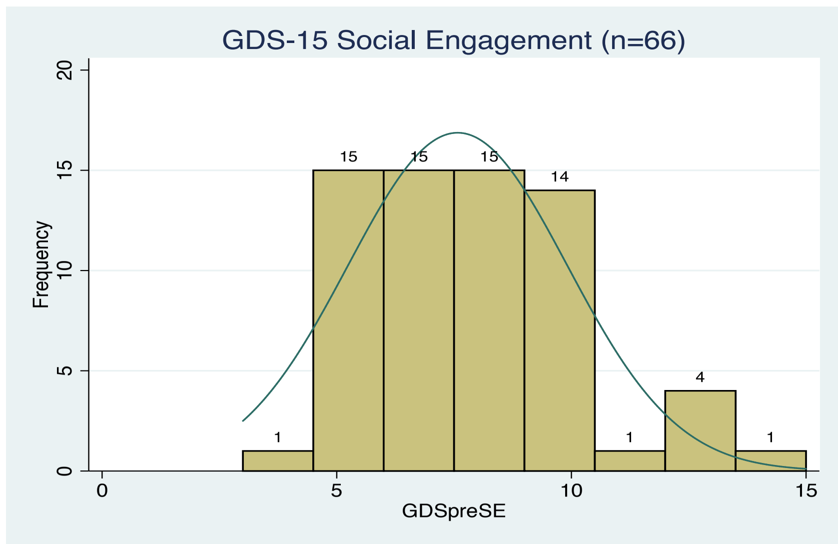
7
11
17
10
5
2
0
5
10
15
20
0
5
10
15
20


GDS-15 Social Engagement (n=66)
Frequency
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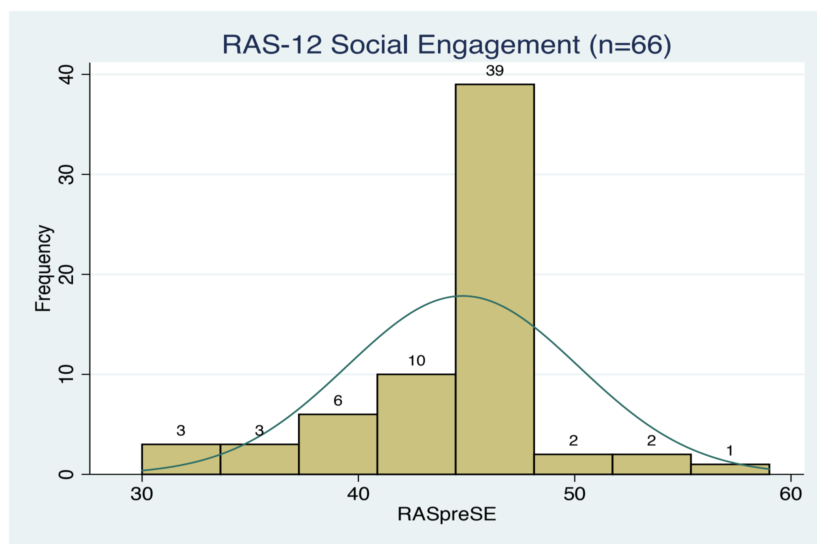
15
20
1
15
15
15
14
1
4
1
0
5
10
15
GDSpreSE


RAS-12 Social Engagement (n=66)
Frequency
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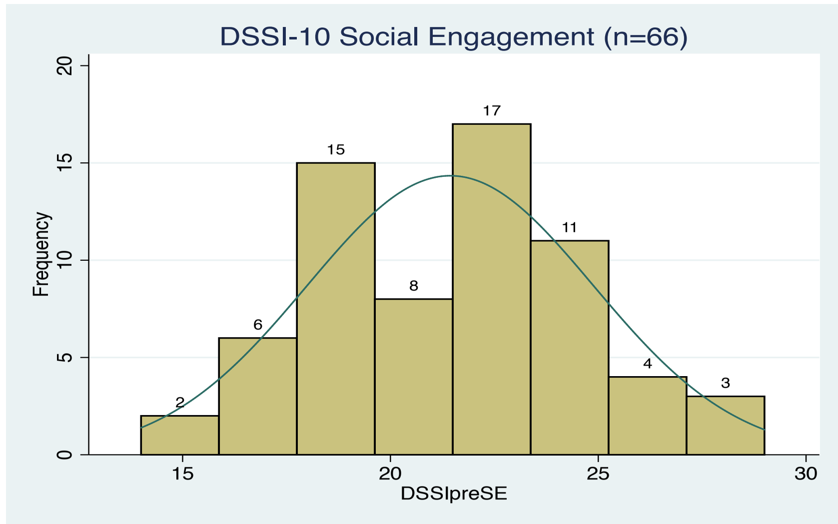
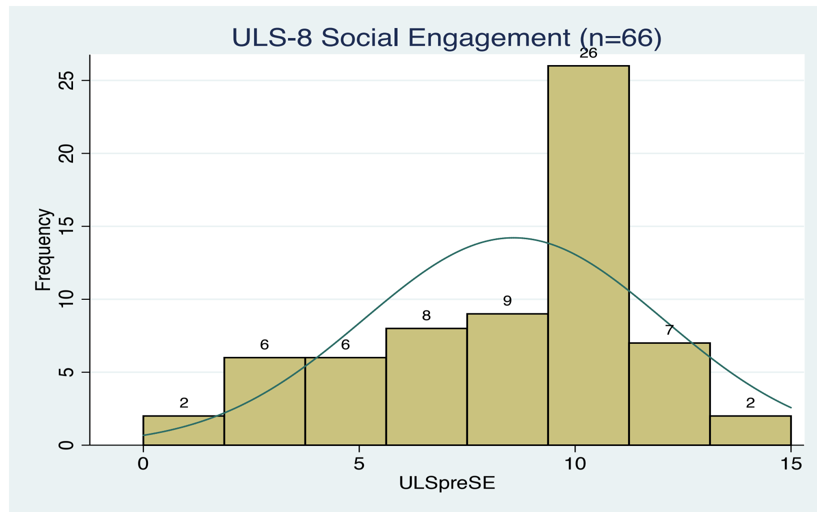
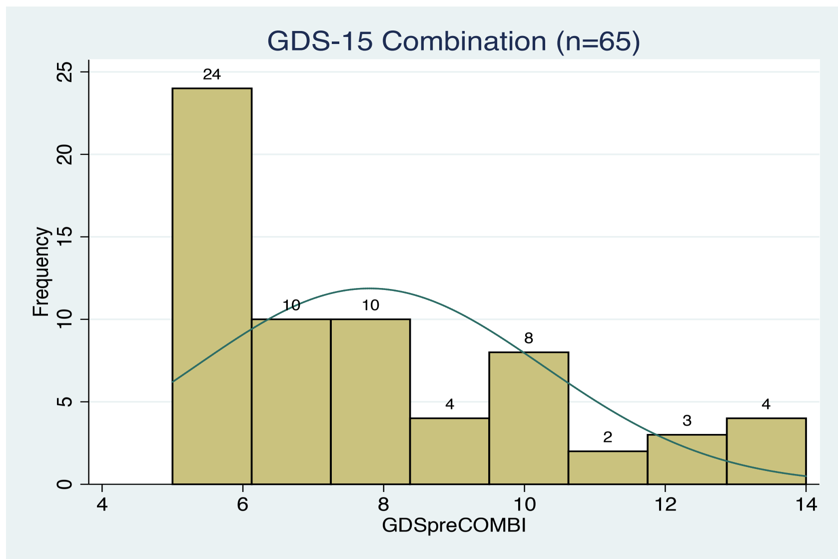
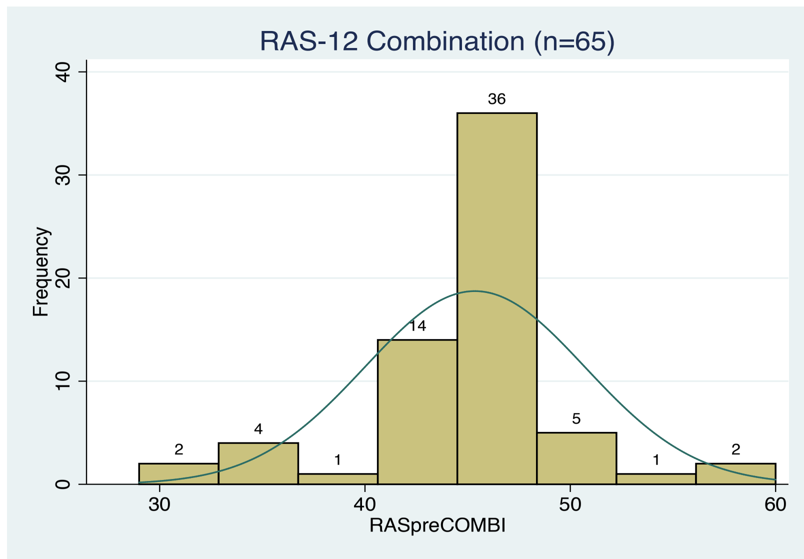
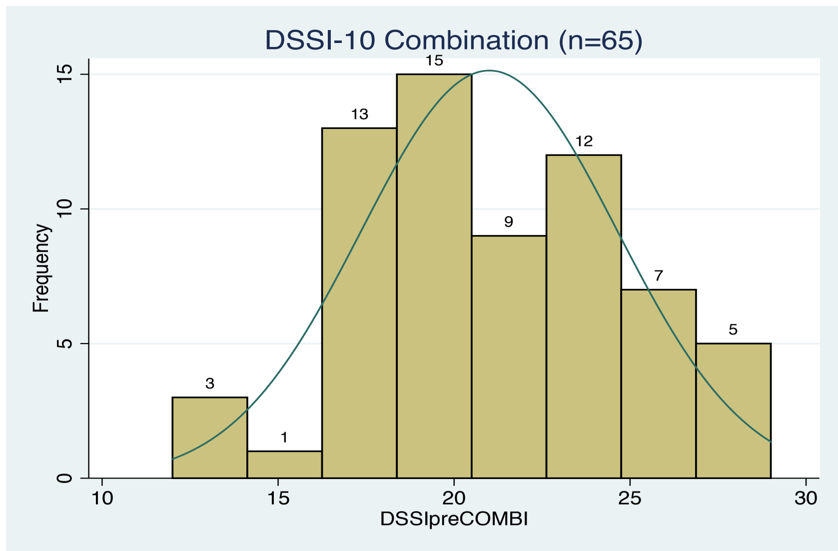
40
3
3
6
10
39
2
2
1
30
40
50
60
RASpreSE

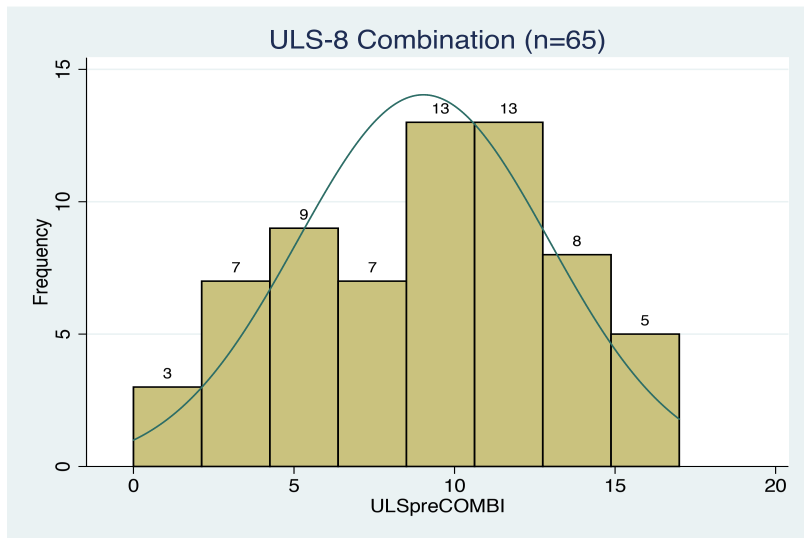

DSSI-10 Social Engagement (n=66)
Frequency
0
5
10
15
20
2
6
15
8
17
11
4
3
15
20
25
30
DSSIpreSE

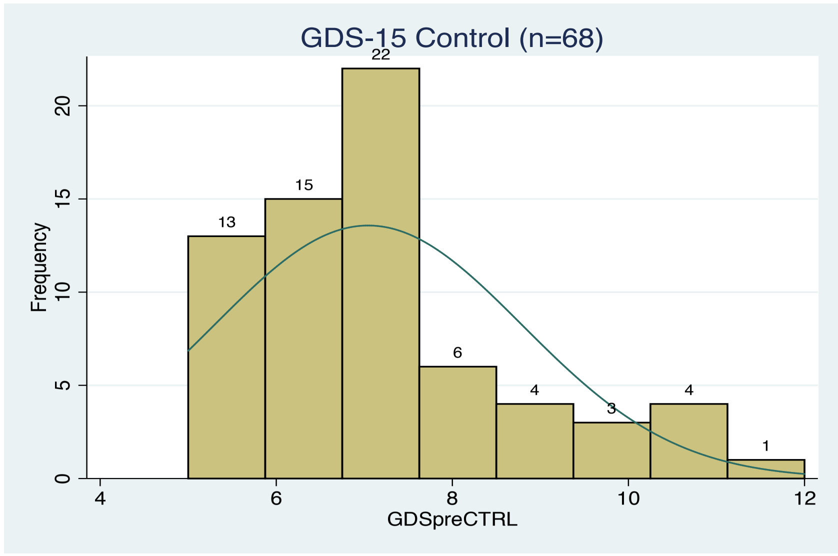

ULS-8 Social Engagement (n=66)
Frequency
0
5
10
15
20
25
2
6
6
8
9
26
7
2
0
5
10
15
ULSpreSE

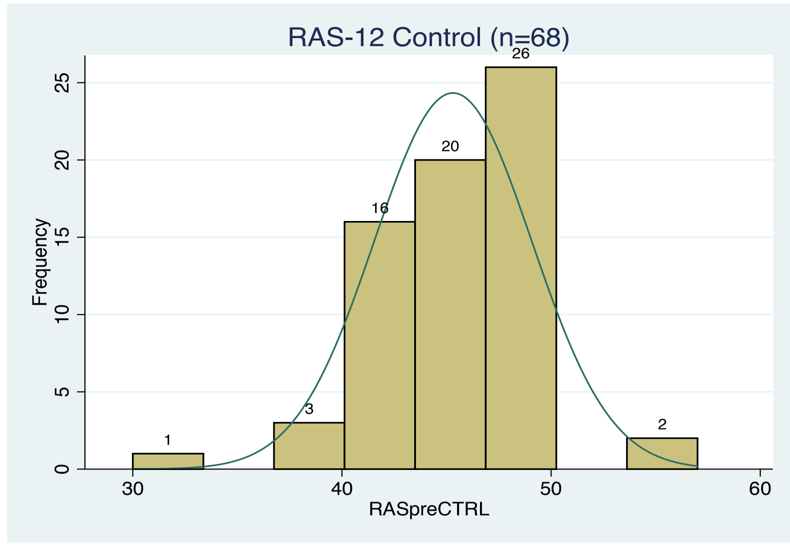

GDS-15 Combination (n=65)
Frequency
GDSpreCOMBI
24
10
10
4
8
2
3
4

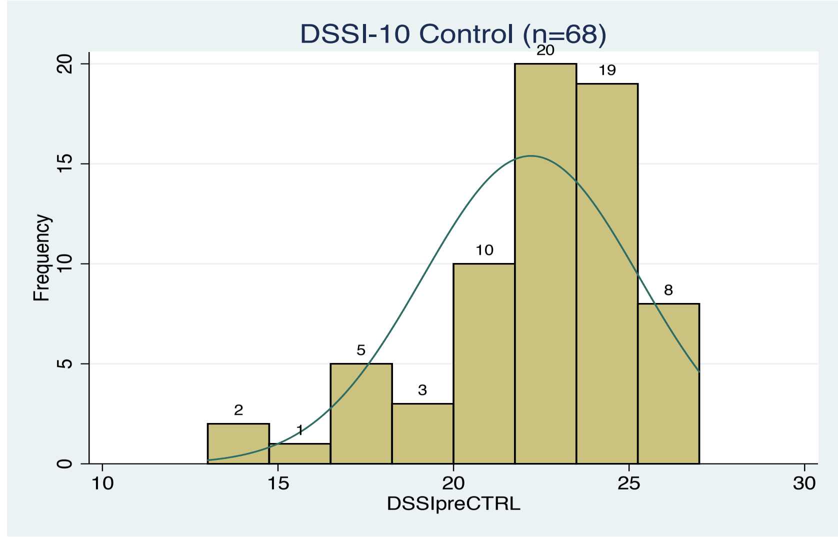

RAS-12 Combination (n=65)
Frequency
RASpreCOMBI
2
4
1
14
36
5
1
2

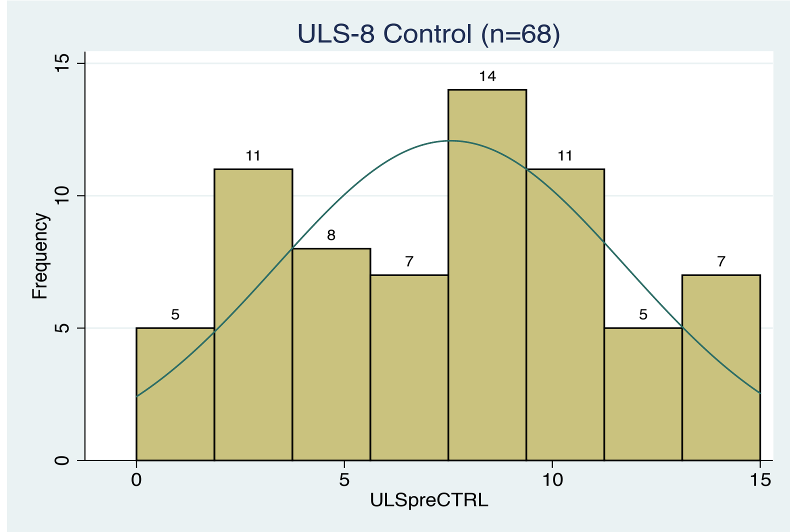

DSSI-10 Combination (n=65)
Frequency
DSSIpreCOMBI
3
1
13
15
9
12
7
5

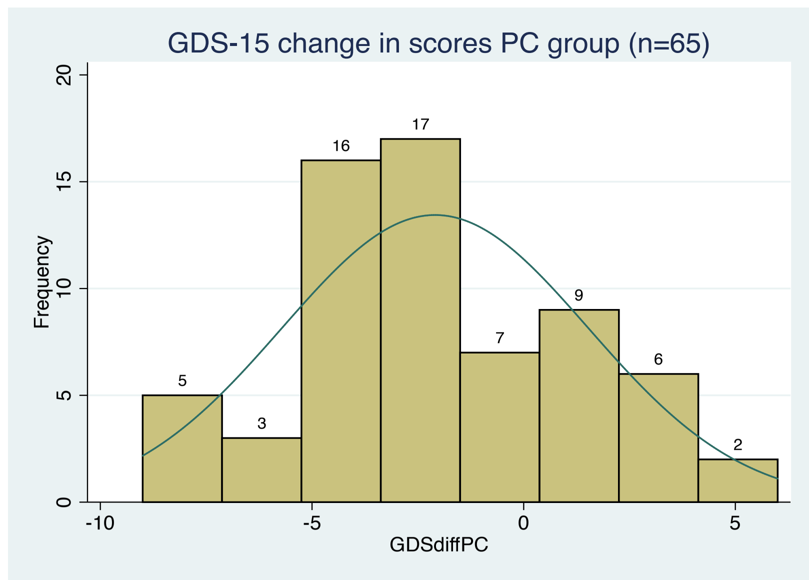

ULS-8 Combination (n=65)
Frequency
ULSpreCOMBI
3
7
9
7
13
13
8
5

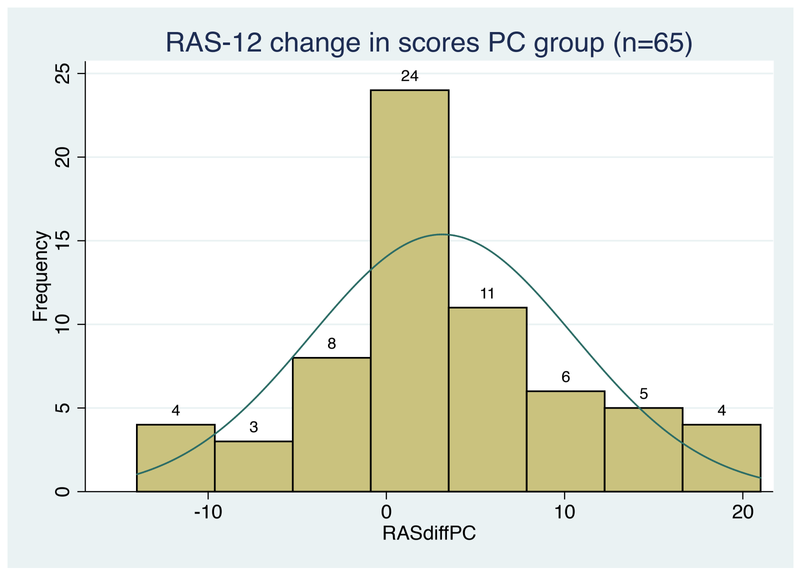

GDS-15 Control (n=68)
Frequency
GDSpreCTRL
0
5
10
15
20
4
6
8
10
12
13
15
22
6
4
3
4
1

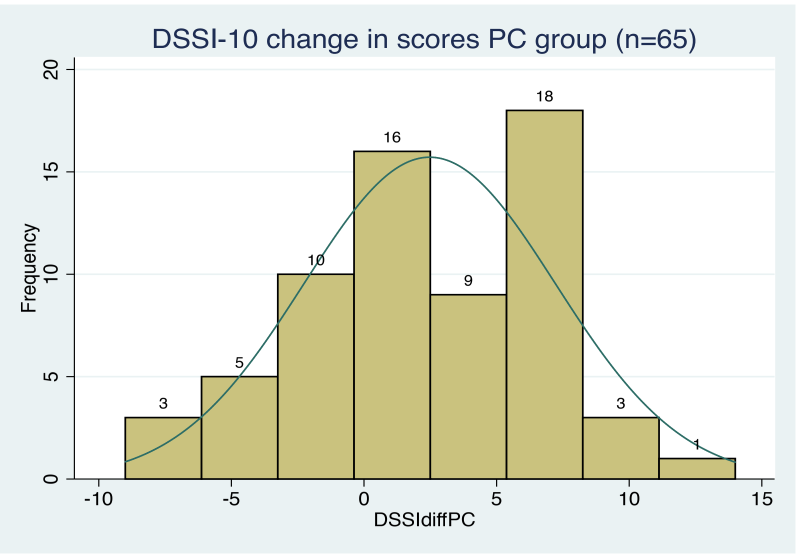

RAS-12 Control (n=68)
Frequency
RASpreCTRL
0
5
10
15
20
25
30
40
50
60
1
3
16
20
26
2

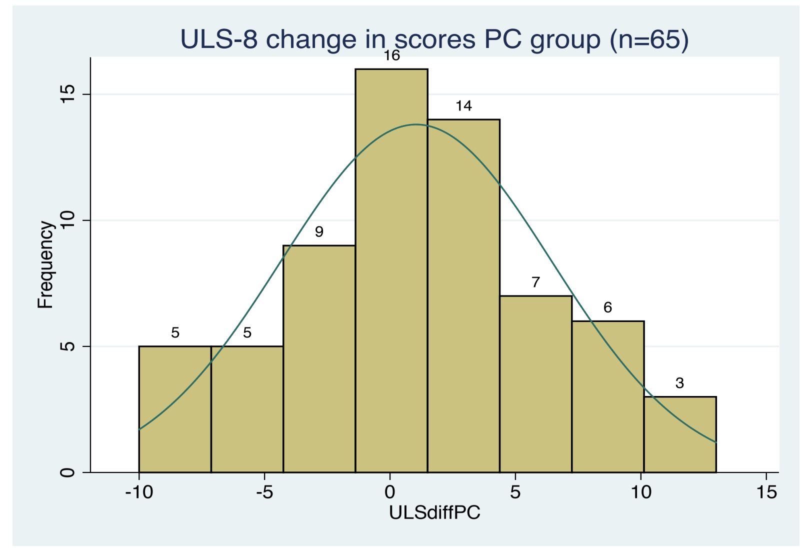

DSSI-10 Control (n=68)
Frequency
DSSIpreCTRL
0
5
10
15
20
10
15
20
25
30
2
1
5
3
10
20
19
8

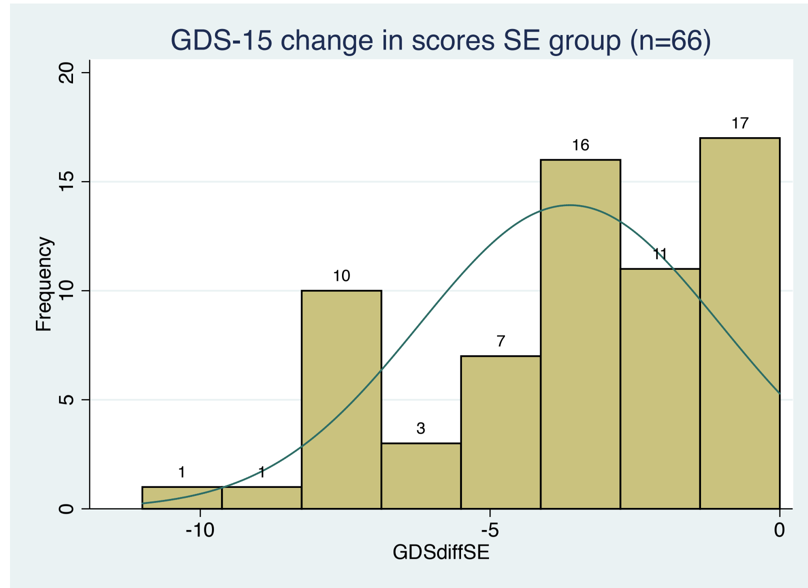

ULS-8 Control (n=68)
Frequency
ULSpreCTRL
0
5
10
15
0
5
10
15
5
11
8
7
14
11
5
7

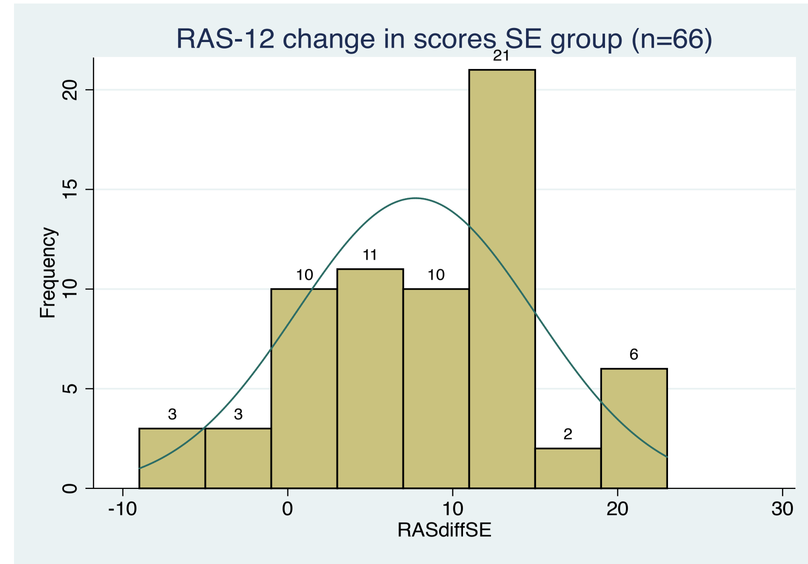

GDS-15 change in scores PC group (n=65)
Frequency
0
5
10
15
20
5
3
16
17
7
9
6
2
-10
-5
0
5
GDSdiffPC

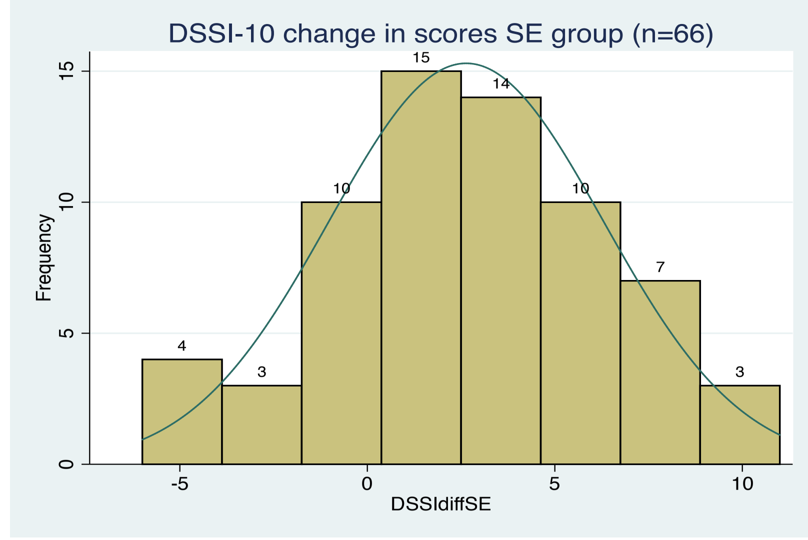

RAS-12 change in scores PC group (n=65)
Frequency
0
5
10
15
20
25
4
3
8
24
11
6
5
4
-10
0
10
20
RASdiffPC

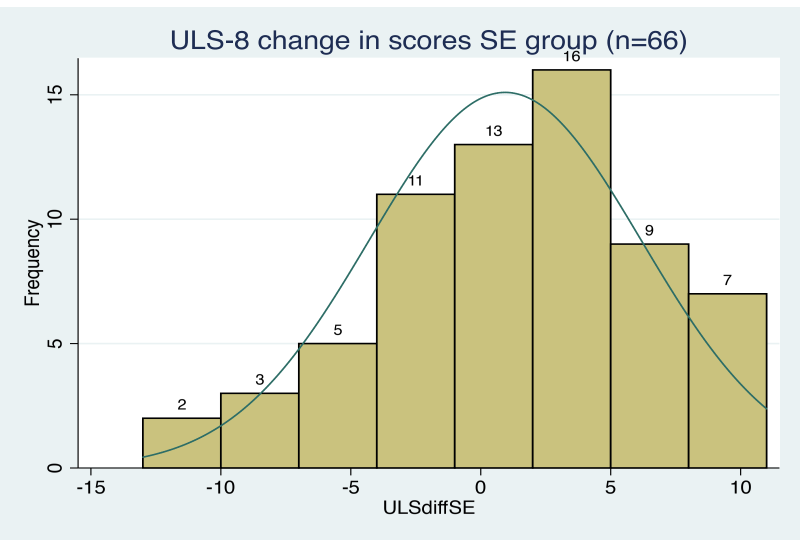

DSSI-10 change in scores PC group (n=65)
Frequency
0
5
10
15
20
3
5
10
16
9
18
3
1
-10
-5
0
5
10
15
DSSIdiffPC

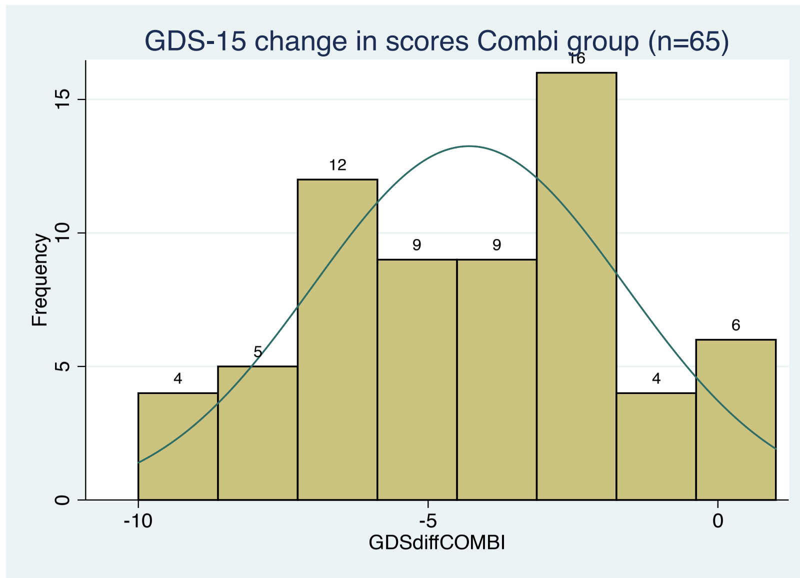

ULS-8 change in scores PC group (n=65)
Frequency
0
5
10
15
5
5
9
16
14
7
6
3
-10
-5
0
5
10
15
ULSdiffPC

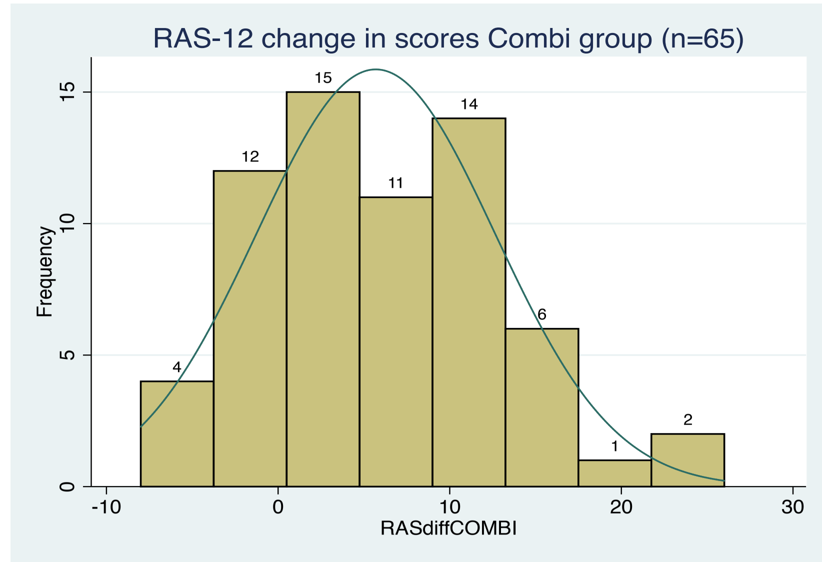

GDS-15 change in scores SE group (n=66)
Frequency
0
5
10
15
20
1
1
10
3
7
16
11
17
-10
-5
0
GDSdiffSE

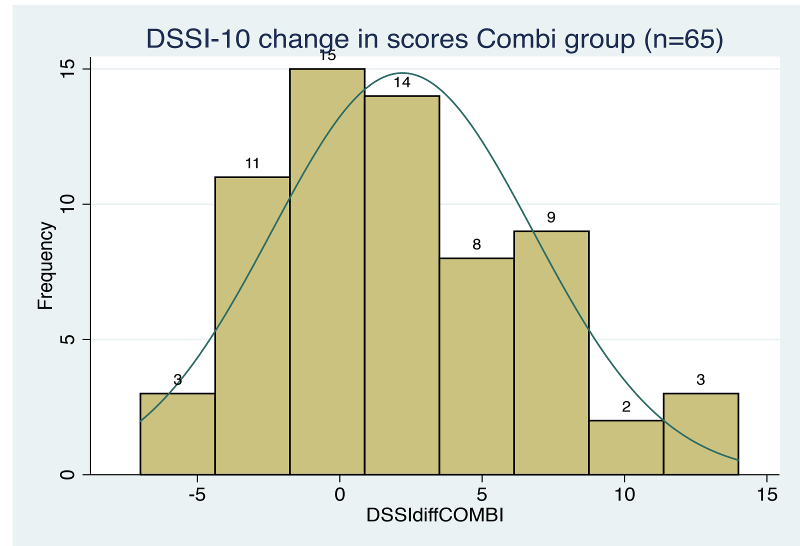

RAS-12 change in scores SE group (n=66)
Frequency
0
5
10
15
20
3
3
10
11
10
21
2
6
-10
0
10
20
30
RASdiffSE

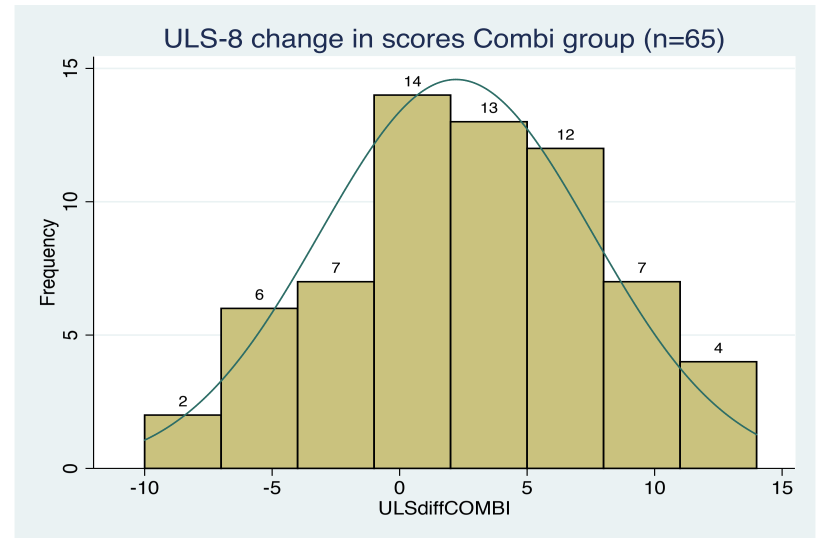

DSSI-10 change in scores SE group (n=66)
Frequency
0
5
10
15
4
3
10
15
14
10
7
3
-5
0
5
10
DSSIdiffSE

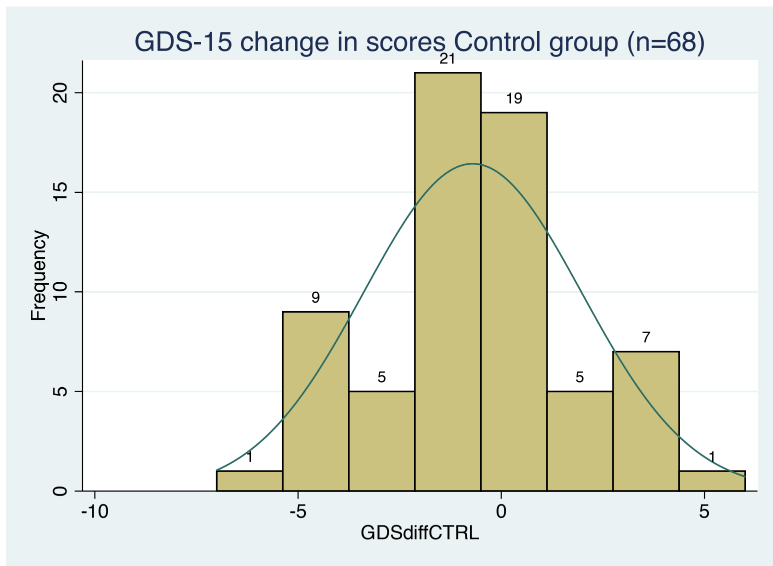

ULS-8 change in scores SE group (n=66)
Frequency
0
5
10
15
2
3
5
11
13
16
9
7
-15
-10
-5
0
5
10
ULSdiffSE

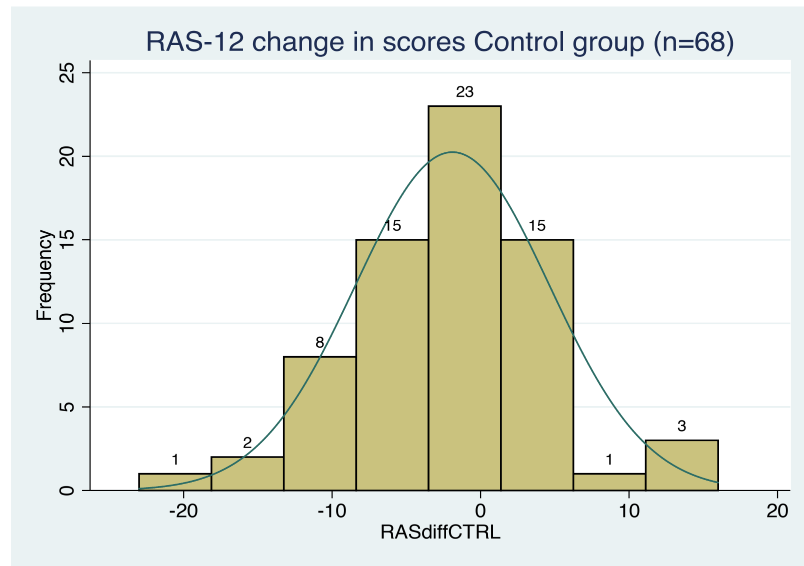

GDS-15 change in scores Combi group (n=65)
Frequency
GDSdiffCOMBI
4
5
12
9
9
16
4
6

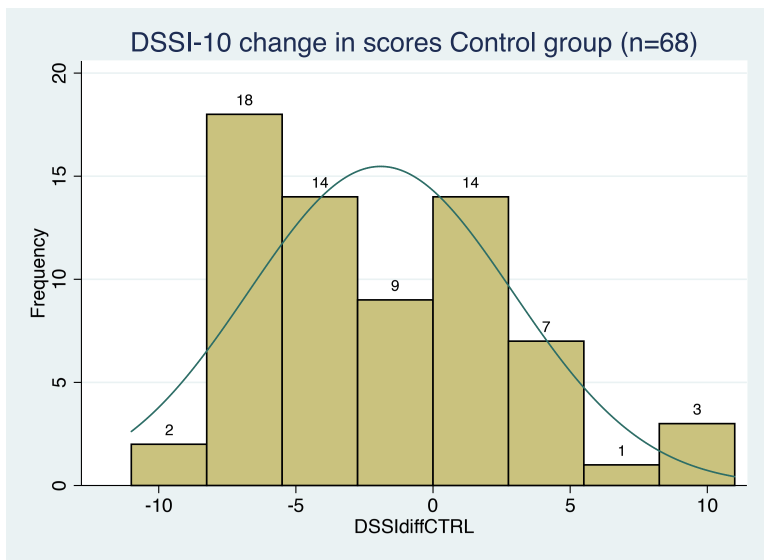

RAS-12 change in scores Combi group (n=65)
Frequency
RASdiffCOMBI
4
12
15
11
14
6
1
2

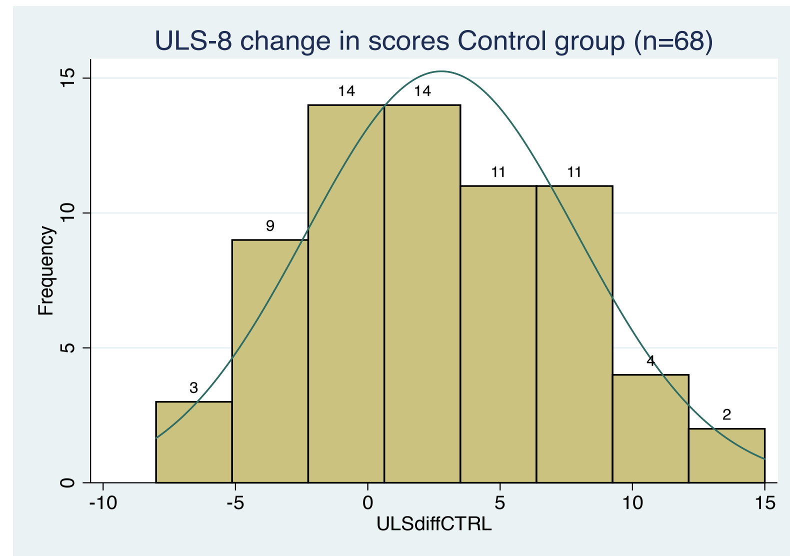

DSSI-10 change in scores Combi group (n=65)
Frequency
DSSIdiffCOMBI
3
11
15
14
8
9
2
3


ULS-8 change in scores Combi group (n=65)
Frequency
ULSdiffCOMBI
2
6
7
14
13
12
7
4


GDS-15 change in scores Control group (n=68)
Frequency
GDSdiffCTRL
0
5
10
15
20
-10
-5
0
5
1
9
5
21
19
5
7
1


RAS-12 change in scores Control group (n=68)
Frequency
RASdiffCTRL
0
5
10
15
20
25
-20
-10
0
10
20
1
2
8
15
23
15
1
3


DSSI-10 change in scores Control group (n=68)
Frequency
DSSIdiffCTRL
0
5
10
15
20
-10
-5
0
5
10
2
18
14
9
14
7
1
3


ULS-8 change in scores Control group (n=68)
Frequency
ULSdiffCTRL
0
5
10
15
-10
-5
0
5
10
15
3
9
14
14
11
11
4
2