

Supplementary files

Annexure-I: Questionnaire

Section 1

Part A: Socio-demographic Details

1. Name :
2. Gender:
 - a) Male
 - b) Female
 - c) Others
 - d) Prefer not to say
3. Age (in years):
4. Year of study:
 - a) First professional
 - b) Second professional
 - c) Third professional part 1
 - d) Third professional part 2
5. Total family income:
6. Number of siblings:
7. Birth order:
8. Home town:
 - a) Delhi NCR
 - b) Outside Delhi NCR
9. Where do you live:
 - a) With parents
 - b) Hostel
 - c) PG

- d) Rented
- e) Others

10. Academic performance

- A) Are you satisfied by your academic performance?
 - a) Yes
 - b) No
- B) Any supplementary exam appearing/appeared?
 - a) Yes
 - b) No
 - c) Not applicable
- C) Have you repeated any year?
 - a) Yes
 - b) No

Part B: Personal history

11. Social media use

On an average how much time do you spend on social media?

- a) Not at all
- b) Less than 1 hour
- c) 1-4 hours
- d) More than 4 hours

12. Physical activity level

- A) During last 7 days did you do any vigorous physical activities like heavy lifting, digging, aerobics, Running, Swimming or fast bicycling?
 - a) Yes
 - b) No

- B) During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, Running, Swimming or fast bicycling?
_____ days

C) How much time did you usually spend (Minutes) doing vigorous physical activities on one of those days?

_____ Minutes

D) During last 7 days did you do any moderate physical activities like jogging, recreational badminton etc?

a) Yes

b) No

E) During the last 7 days, on how many days did you do moderate physical activities like jogging, recreational badminton etc?

_____ days

F) How much time did you usually spend (Minutes) doing moderate physical activities on one of those days?

_____ Minutes

13. Smoking habits

A) Do you currently smoke any tobacco products, such as cigarettes, cigars or pipes?

a) Yes

b) No

B) In the past, did you ever smoke any tobacco products?

a) Yes

b) No

14. Alcohol use disorder

AUDIT-C

1. Within the past year, how often did you have a drink of alcohol?

a. Never

b. Monthly (e.g., Special occasions/Rare)

c. 2-4 times a month (e.g., 1x on weekend - "Fridays only" or "every other Thursday")

d. 2-3 times a week (e.g., weekends – Friday-Saturday or Saturday-Sunday)

e. 4 or more times a week (e.g., daily or most days/week)

2. Within the past year, how many standard drinks containing alcohol did you have on a typical day?

- a. 1 or 2
- b. 3 or 4
- c. 5 or 6
- d. 7 to 9
- e. 10 or more

3. Within the past year, how often did you have six or more drinks on one occasion?
- a. Never
 - b. Less than monthly
 - c. Monthly
 - d. Weekly
 - e. Daily or almost daily

CAGE

Have you ever felt you should Cut down on your drinking?

- a. Yes
- b. No

Have people Annoyed you by criticizing your drinking?

- a. Yes
- b. No

Have you ever felt bad or Guilty about your drinking?

- a. Yes
- b. No

Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (eye opener)?

- a. Yes
- b. No

Section 2

Part D: GAD-7

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T_____ = _____ + _____ + _____)

Section 3

Part F:

1. During the past 12 months, have you thought you might need professional help for any psychological, emotional, substance use or other mental health problem?
 - a. Yes
 - b. No
2. During the past 12 months, have you sought professional help for help for any psychological, emotional, substance use or other mental health problem?
 - a. Yes
 - b. No
3. If you answered "Yes" to the previous question, whom did you go to for mental healthcare?
 - a. Psychiatrist
 - b. Psychologist
 - c. General Medical Practitioner
 - d. Other, please specify: