MEDICAL USE ONLY

MENTAL HEALTH SCREENING FOR AVIATION MEDICAL ASSESSMENT

Note: this questionnaire shall be administered by clinician and **NOT** self-answered by the candidate

General Question *(if the response to any item 'Yes', obtain report from the attending psychiatrist/psychologist)*	**YES**	**NO**
Have you been on psychiatric follow-up anytime?		
Have you been on psychologist follow-up anytime?		

Depression (Whooley Questions) *(If the response to any item is 'Yes', proceed with a formal assessment + PHQ-9 or BDI)*	**YES**	**NO**
During the past month, have you often been bothered by feeling down, depressed or hopeless?		
During the past month, have you often been bothered by little interest or pleasure in doing things?		
Have you ever felt, thought or planned to end your life now or any time previously? *(to refer psychiatrist if 'Yes')*		

Anxiety (GAD-2) How often have you been bothered by the following over the past two weeks? *(If the total score is 3 or above, proceed with a formal assessment + GAD-7 or BAI)*	**Not at all** **(0)**	**Several days** **(1)**	**More than half the days** **(2)**	**Nearly all days** **(3)**
Feeling nervous, anxious or on edge				
Not being able to stop or control worrying				
TOTAL SCORE				

Psychosis and Mania (PSQ) Have you experienced any of these symptoms at any time in you live? *(If the response to any item is 'Yes', refer psychiatrist)*	**YES**	**NO**
Hypomania: Over the past year, have there been times when you felt very happy indeed without a break for days on end?		
Thought insertion: Over the past year, have you ever felt that your thoughts were directly interfered with or controlled by some outside force or person?		
Paranoia: Over the past year, have there been times when you felt that people were against you?		
Strange experiences: Over the past year, have there been times when you felt that something strange was going on?		
Hallucinations: Over the past year, have there been times when you heard or saw things that other people couldn't?		

PTSD (PC-PTSD-5) Have you ever experienced these events before? *(If the response to any item is 'Yes', continue to other questions, otherwise can stop here*	**YES**	**NO**
Life threatening incident or accident		
Physical or sexual assault or abuse		
Earthquake or flood or war or other natural disaster		
Seeing someone be killed or seriously injured		
Having a loved one die through homicide or suicide		
If the response to any of the above item is 'Yes', continue to questions below, otherwise can stop here		
In the past months, have you experienced these symptoms? (*If the response to any 2 item is 'Yes', refer psychiatrist/psychologist)*		
Had nightmares about the event(s) or thought about the event(s) when you did not want to?		
Tried hard not to think about the event(s) or went out of your way to avoid situations that reminded you of the event(s)		
Been constantly on guard, watchful, or easily startled		
Felt numb or detached from people, activities, or your surroundings		
Felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused		

Mental State Examination Did the clinician notice any of these symptoms during observation? *(if the response to any item 'Yes', detailed psychiatric assessment or referral to a psychiatrist is recommended)*	**YES**	**NO**
Inappropriate grooming and personal care		
Abnormal eye contact		
Abnormal behaviour, movements or tics		
Appears sad/anxious/restless/irritable		
Abnormal facial expression (affect)		
Abnormal speech (including contents, rate, volume and tone of speech)		
Hallucinatory behaviour (mumbling/smiling to self)		

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Patient Health Questionnaire and General Anxiety Disorder (PHQ-9 and GAD-7)

Date_____ Patient Name:_____ Date of Birth: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
Please circle your answers.

PHQ-9	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed, or hopeless.	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or overeating.	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way.	0	1	2	3
Add the score for each column				

Total Score (add your column scores): _____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

Not difficult at all **Somewhat difficult** **Very Difficult** **Extremely Difficult**

PHQ 9 SCORING: 0-5 mild. 6-10 moderate. 11-15 moderately severe anxiety. 15-21 moderately

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Over the last 2 weeks, how often have you been bothered by any of the following problems?
Please circle your answers.

GAD-7	**Not at all sure**	**Several days**	**Over 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's 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
Add the score for each column				

Total Score (add your column scores): _____

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people? (Circle one)

Not difficult at all **Somewhat difficult** **Very Difficult** **Extremely Difficult**

GAD 7 SCORING: 0-5 mild. 6-10 moderate. 11-15 moderately severe anxiety.

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BECK DEPRESSION INVENTORY **(BDI)**

Instruction: Please pick one statement in each group that describes the way you have been feeling during the PAST 2 WEEKS, including today.

1. Sadness
0 I do not feel sad
1 I feel sad
2 I am sad all the time and I can't snap out of it.
3 I am so sad and unhappy that I can't stand it.

2. Pessimism
0 I am not particularly discouraged about the future.
1 I feel discouraged about the future
2 I feel I have nothing to look forward to.
3 I feel the future is hopeless and that things cannot improve.

3. Past failure
0 I do not feel like a failure
1 I feel I have failed more than the average person.
2 As I look back on my life, all I can see is a lot of failures.
3 I feel I am a complete failure as a person.

4. Loss of pleasure
0 I get as much satisfaction out of things as I used to.
1 I don't enjoy things the way I used to.
2 I don't get real satisfaction out of anything anymore.
3 I am dissatisfied or bored with everything.

5. Guilt feelings
0 I don't feel particularly guilty
1 I feel guilty a good part of the time.
2 I feel quite guilty most of the time.
3 I feel guilty all of the time.

6. Punishment feelings
0 I don't feel I am being punished.
1 I feel I may be punished.
2 I expect to be punished.
3 I feel I am being punished.

7. Self-dislike
0 I don't feel disappointed in myself.
1 I am disappointed in myself.
2 I am disgusted with myself.
3 I hate myself.

8. Self-criticalness
0 I don't feel I am any worse than anybody else.
1 I am critical of myself for my weaknesses or mistakes.
2 I blame myself all the time for my faults.
3 I blame myself for everything bad that happens.

9. Suicidal thought or wishes
0 I don't have any thoughts of killing myself.
1 I have thoughts of killing myself, but I would not carry them out.
2 I would like to kill myself.
3 I would kill myself if I had the chance.

10. Crying
0 I don't cry any more than usual.
1 I cry more now than I used to.
2 I cry all the time now.
3 I used to be able to cry, but now I can't cry even though I want to.

11. Agitation
0 I am no more irritated by things than I ever was.
1 I am slightly more irritated now than usual.
2 I am quite annoyed or irritated a good deal of the time.
3 I feel irritated all the time.

12. Loss of interest
0 I have not lost interest in other people.
1 I am less interested in other people than I used to be.
2 I have lost most of my interest in other people.
3 I have lost all of my interest in other people.

13. Indecisiveness
0 I make decisions about as well as I ever could.
1 I put off making decisions more than I used to.
2 I have greater difficulty in making decisions more than I used to.
3 I can't make decisions at all anymore.

BECK DEPRESSION INVENTORY

14. Worthlessness

0 I don’t feel that I look any worse than I used to.
1 I worried that I am looking old or unattractive.
2 I feel there are permanent changes in my appearance that make me look unattractive
3 I believe that I look ugly.

15. Loss of energy

0 I can work about as well as before.
1 It takes an extra effort to get started at doing something.
2 I have to push myself very hard to do anything.
3 I can't do any work at all.

16. Change in sleep pattern

0 I can sleep as well as usual.
1 I don't sleep as well as I used to.
2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
3 I wake up several hours earlier than I used to and cannot get back to sleep.

17. Irritability

0 I don't get more tired than usual.
1 I get tired more easily than I used to.
2 I get tired from doing almost anything.
3 I am too tired to do anything.

18. Change in appetite

0 My appetite is no worse than usual.
1 My appetite is not as good as it used to be.
2 My appetite is much worse now.
3 I have no appetite at all anymore.

19. Loss of weight

0 I haven't lost much weight, if any, lately
1 I have lost more than 2KG
2 I have lost more than 5KG
3 I have lost more than 7KG

20. Physical health

0 I am no more worried about my health than usual.
1 I am worried about physical problems like aches, pains, upset stomach, or constipation.
2 I am very worried about physical problems and it's hard to think of much else.
3 I am so worried about my physical problems that I cannot think of anything else.

21. Loss of interest in sex

0 I have not noticed any recent change in my interest in sex.
1 I am less interested in sex than I used to be.
2 I have almost no interest in sex.
3 I have lost interest in sex completely.

Score Interpretation	
1-10	These ups and downs are considered normal
11-16	Mild mood disturbance
17-20	Borderline clinical depression
21-30	Moderate depression
31-40	Severe depression
>40	Extreme depression

Total Score:

BECK ANXIETY INVENTORY (BAI)

Senarai di bawah adalah pelbagai simptom kerisauan. Dengan menggunakan skala yang diberi, anggarkan sebanyak mana anda terganggu dengan situasi berikut semenjak 2 MINGGU YANG LEPAS, termasuk hari ini.

*Below is a list of common symptoms of anxiety. Please indicate how much you have been bothered by that symptom during the **PAST 2 WEEKS, including today**, by circling the number in the corresponding space.*

指示：本量表包含 21 项焦虑症状。请仔细阅读并指出最近**两周内（包括今天）**被各种症状烦扰的程度。

0 Tiada langsung *Not at all* 无症状	1 Sedikit sahaja *Mildly,* *didn't bother me much* **轻度**，无多大烦忧	2 Sederhana *Moderately,* *wasn't pleasant at times* **中度**，感到不适但尚能	3 Sangat teruk *Severely,* *bothered me a lot* **重度**，只能勉强忍受

Kebas atau rasa mencucuk *Numbness of tingling* 麻木或刺痛	⓪	①	②	③
Rasa panas *Feeling hot* 感到发热	⓪	①	②	③
Jalan berhuyung-hayang *Wobbliness in leg* 腿部颤抖	⓪	①	②	③
Sukar untuk bertenang *Unable to relax* 不能放松	⓪	①	②	③
Takut perkara amat teruk akan berlaku *Fear of worst happening* 害怕发生不好的事情	⓪	①	②	③
Bingung atau sedikit pening *Dizzy or light-headedness* 头晕	⓪	①	②	③
Hati berdebar-debar *Heart pounding or racing* 心悸或心率加快	⓪	①	②	③
Tak tetap *Unsteady* 心神不定	⓪	①	②	③
Sangat takut *Terrified or afraid* 惊吓	⓪	①	②	③
Gelisah *Nervous* 紧张	⓪	①	②	③
Rasa tercekik *Feeling of choking* 窒息感	⓪	①	②	③

Tangan menggeletar *Hands trembling* 手发抖	⓪	①	②	③
Gementar *Shaky or unsteady* 摇晃	⓪	①	②	③
Takut hilang kawalan *Fear of losing control* 害怕失控	⓪	①	②	③
Sukar untuk bernafas *Difficulty in breathing* 呼吸困难	⓪	①	②	③
Takut mati *Fear of dying* 害怕快要死去	⓪	①	②	③
Gentar *Scared* 恐慌	⓪	①	②	③
Ketakcernaan dan ketidakselesaan *Indigestion* 消化不良或腹部不适	⓪	①	②	③
Pengsan Fain/ light-headedness 昏厥	⓪	①	②	③
Muka merah padam *Facial flushing* 面发红	⓪	①	②	③
Berpeluh bukan kerana panas *Hot/cold sweat* 出汗（不是因为暑热）	⓪	①	②	③
Total:				

0-7 no or minimal, 8-15 mild, 16-25 moderate, 26-63 severe anxiety