

MENTAL SYMPTOM QUESTIONNAIRE

PART A: RECENT COMPLAINTS

GHQ-36

SOURCE: Goldberg DP. The detection of psychiatric illness by questionnaire. (pp. 139-146). London: Oxford University Press, 1972. (In parentheses the GHQ-60 questionnaire question number)

We should like to know if you have had any medical complaints over the past few weeks. Please answer all the questions on the following pages marking the choice which you think most nearly applies to you. Remember that we only want to know about present and recent complaints.

Have you recently:

1. – been able to concentrate on whatever you're doing? (7)

1 Better than usual	2 Same as usual	3 Less than usual	4 Much less than usual
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2. – been having hot or cold spells? (9)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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3. – found yourself waking early and unable to get back to sleep? (11)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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4. – lost much sleep over worry? (14)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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5. – had difficulty in staying asleep once you are off? (18)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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6. – been having frightening or unpleasant dreams? (19)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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7. – been having restless, disturbed nights? (20)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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8. – been managing to keep yourself busy and occupied? (21)

1 More so than usual	2 Same as usual	3 Rather less than usual	4 Much less than usual
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9. – tended to lose interest in your ordinary activities? (23)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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10. – felt on the whole you were doing things well? (28)

1 Better than usual	2 About the same	3 Less well than usual	4 Much less well
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11. – been satisfied with the way you've carried out your task? (30)

1 More satisfied	2 About same as usual	3 Less satisfied than usual	4 Much less satisfied
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12. – kept feeling afraid to say anything to people in case you made a fool of yourself? (34)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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13. – felt that you are playing a useful part in things? (35)

1 More so than usual	2 Same as usual	3 Less useful than usual	4 Much less useful
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14. – felt capable of making decisions about things? (36)

1 More so than usual	2 Same as usual	3 Less so than usual	4 Much less capable
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15. – felt that you're just not able to make a start on anything? (37)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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16. – felt yourself dreading everything that you have to do? (38)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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17. – felt yourself constantly under strain? (39)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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18. – felt you couldn't overcome your difficulties? (40)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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19. – been finding life a struggle all the time? (41)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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20. – been able to enjoy your normal day-to-day activities? (42)

1 More so than usual	2 Same as usual	3 Less so than usual	4 Much less than usual
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21. – been taking things hard? (43)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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22. – been getting scared or panicky for no good reason? (45)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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23. – been able to face up to your problems? (46)

1 More so than usual	2 Same as usual	3 Less able than usual	4 Much less able
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24. – found everything getting on top of you? (47)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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25. – been feeling unhappy and depressed? (49)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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26. – been losing confidence in yourself? (50)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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27. – been thinking of yourself as a worthless person? (51)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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28. – felt that life is entirely hopeless? (52)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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29. – been feeling hopeful about your own future? (53)

1 More so than usual	2 About same as usual	3 Less so than usual	4 Much less hopeful
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30. – been feeling reasonable happy, all things considered? (54)

1 More so than usual	2 About same as usual	3 Less so than usual	4 Much less than usual
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31. – been feeling nervous and strung-up all the time? (55)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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32. – felt that life isn't worth living? (56)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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33. – thought of the possibility that you might make away with yourself? (57)

1 Definitely not	2 I don't think so	3 Has crossed my mind	4 Definitely have
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34. – found at times you couldn't do anything because your nerves were too bad? (58)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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35. – found yourself wishing you were dead and away from it all? (59)

1 Not at all	2 No more than usual	3 Rather more than usual	4 Much more than usual
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36. – found that the idea of taking your own life kept coming into your mind? (60)

1 Definitely not	2 I don't think so	3 Has crossed my mind	4 Definitely has
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PART B: SYMPTOMS

The Hopkins Symptom Check List – somatization dimension

SOURCE: Derogatis LR, Lipman RS and Covi L. SCL-90: an outpatient psychiatric rating scale--preliminary report. Psychopharmacology Bulletin 1973; 9: 13-28.

(In parentheses the original SCL-90 questionnaire question number)

Listed below are some symptoms that people sometimes have. Please circle the answer that best reflects how much that symptom has bothered you recently.

0 = Not at all

1 = A little bit

2 = Moderately

3 = Quite a bit

4 = A great deal

37. Headaches (1)

38. Faintness or dizziness (4)

39. Pains in the heart or chest (12)

40. Pains in the lower part of your back (27)

41. Nausea or upset stomach (40)

42. Soreness in your muscles (42)

43. Trouble getting your breath (48)

44. Hot or cold spells (49)

45. Numbness or tingling in parts of your body (52)

46. A lump in your throat (53)

47. Weakness in parts of your body (56)

48. Heavy feeling in your arms or legs (58)

PART C: WHAT IS YOUR ATTITUDE TOWARDS YOUR HEALTH

Whitely Index

Source: Speckens AEM, Spinhoven P, Sloekers PPA, Bolk JH, van Hemert AM. A validation study of the Whiteley Index, the Illness Attitude Scales, and the Somatosensory Amplifications Scale in general medical and general practice patients. *J Psychosom Res* 1996, 40: 95-104.

(In parentheses the original Whiteley Index questionnaire question number)

Below is a list of questions about your health. For each one, please circle the number indicating how much this is true for you.

0 = Not at all

1 = A little bit

2 = Moderately

3 = Quite a bit

4 = A great deal

49. Are you bothered by many aches and pains? (2)

50. Do you often worry a lot about the possibility that you have got a serious illness? (1)

51. Do you find that you are often aware of various things happening in your body? (3)

52. Do you worry a lot about your health? (4)

53. Do you often have the symptoms of very serious illnesses? (5)

54. If a disease is brought to your attention (through the radio, TV, newspapers, or someone you know), do you worry about getting it yourself? (6)

55. If you feel ill and someone tells you that you are looking better, do you become annoyed? (7)

56. Do you find that you are bothered by many different symptoms? (8)

57. Is it easy for you to forget about yourself and think about all sorts of other things? (9)

58. Is it hard for you to believe the doctor when he tells you there is nothing for you to worry about? (10)

59. Do you get the feeling that people are not taking your illness seriously enough? (11)

60. Do you think that you worry about your health more than most people? (12)

61. Do you think that there is something seriously wrong with your body? (13)

62. Are you afraid of illness? (14)

PART D: WORK ABILITY AND FUNCTIONAL CAPACITY, NEED FOR CARE

63. Within the previous 12 months, have you had an appointment with the following due to a neurological or mental health issue or disorder?

a. A mental health clinic or some similar outpatient care

No 0
Yes 1

b. Private psychiatrist practice

No 0
Yes 1

c. Private practice of some other doctor due to a mental health disorder or issue

No 0
Yes 1

d. Private psychologist practice

No 0
Yes 1

64. Do you think you currently have a neurological or mental health disorder or issue?

No 0
Yes 1
Cannot say 2

65. How long have you experienced these mental disorders?

Less than 2 months 1
Less than 6 months 2
Less than a year 3
Couple of years 4
Several years 5
I don't have mental disorders (YOU MAY END THE SURVEY HERE) 6

66. Does the mental disorder impair your work ability? (Evaluate this in the context of your current job or, if you no longer work, in the context of your previous job.)

1. I have full work ability despite the mental disorder 1
2. My work ability is slightly reduced due to the mental disorder 2
3. My work ability is considerably reduced due to the mental disorder 3
4. I am fully unable to work due to the mental disorder 4
5. I have retired due to age or have not been in paid employment 5

67. Does your mental disorder impair your other work ability, such as coping with housework or managing your own and your family's issues?

1. I have full functional capacity 1
2. My functional capacity is slightly reduced due to the mental disorder 2
3. My functional capacity is considerably reduced due to the mental disorder 3
4. I have full functional incapacity due to the mental disorder 4

68. Do you feel that you need treatment or other help due to the neurological or mental health issue or disorder?

- 1. I do not -> YOU MAY END THE SURVEY HERE 1
- 2. Cannot say 2
- 3. It could be beneficial 3
- 4. I think there is a clear need for it 4

69. What kind of help or treatment do you think you need?

	No	Yes	Cannot say
Medication	0	1	2
Treatment that consists of discussing with a doctor, psychologist or other specialist	0	1	2
Hospital treatment	0	1	2