

Mental Health Screening Form III Filipino Version

Name _____

Sex: Male Female Prefer not to say

Age _____ Birthdate _____

Date of Interview. _____ Time Started _____ Time Ended _____

Interviewer _____

Patient Code No. _____

Interviewer administered

Interviewer assisted

INTERVIEWER'S GUIDE

The preferred mode of administration is for staff members to read each item to the respondent and get their "yes" and "no" responses. All questions reflect the respondent's entire life history; therefore all questions begin with the phrase "Have you ever..."

Please read the following instructions to the patient:

- *Ang bawat tanong ay tungkol sa kabuuang kasaysayan ng inyong buhay, kasama nito ang inyong kasalukuyang buhay. Kaya ang bawat tanong ay nagsisimula sa katagang, "Kahit minsan....?"*
- *Basahin at unawaing mabuti ang tanong. Walang tama o maling kasagutan dahil ito ay base sa inyong personal na karanasan. Sagutan lang po ng "Oo" o "Hindi" depende sa naayon sa inyong karanasan.*
- *At Lalagyan ng markang tsek (/) kung OO o HINDI ang bawat tanong.*
- *Maaaring Basahin para sa iyo ang survey at may mga karagdagan pang tanong ang interviewer sa iyo.*

Additional Instructions and follow up questions for the patient:

After completing all 18 questions (question 6 has two parts), the staff member should inquire about any "yes" response. There is additional space for staff member comments at the bottom of the form.

Each "yes" response should be followed up by the staff member administering the MHSF-III asking:

- When did the problem first develop?;
- How long did it last?; and,
- Was it drug/alcohol related?

The nature of any psychiatric-addiction relationship can be determined by asking these additional questions:

- Did the mental health problem occur only when the person was using/drinking?;
- Did the mental health problem get worse when using/drinking?;
- Did the mental health problem go away as a result of using/drinking?

DISCLAIMER

Only a professional – psychiatrist, nurse, physician—as long as within an institution that provides at the same time psychiatric services or is within a referral system of mental health services. This may contain general information related to psychiatric conditions. Use of this screening tool is only recommended for screening, it is strongly advised that referral should be made based on the scoring. Performance against semi-structured psychiatric clinical interview was a sensitivity of 73% at the cut-off score of 3 and 72% at a cut-off score of 6.

The developer of this questionnaire is not liable for risks or issues associated with using or acting upon the information gathered in the use of this questionnaire or screening tool.

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Scoring and Interpretation

The first four questions on the MHSF III are not unique to any particular diagnosis; however, questions 5 through 17 reflect symptoms associated with a corresponding DSM V diagnoses/diagnostic categories.

Question No.	DSM V Diagnosis
Q5	Schizophrenia
Q6a	Mood Disorder
Q6b	Depressive Disorder with Suicidal Attempt
Q7	Trauma and Stressor Related Disorders
Q8	Phobias
Q9	Intermittent Explosive Disorder
Q10	Delusional Disorder
Q11	Gender Dysphoria
Q12	Eating Disorders
Q13	Manic Disorders
Q14	Panic Disorder
Q15	Obsessive-Compulsive Disorder
Q16	Gambling Disorder
Q17	Neurodevelopmental Disorders
If Q6a and Q13 are yes	Bipolar Disorder

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Blg.	Tanong	Oo	Hindi
1	Kahit minsan ikaw ba ay nakipag-usap na sa psychiatrist (doktor na espesyalista sa kalusugang pangkaisipan), psychologist (espesyalista sa sikolohiya na pag-intindi sa pag-uugali ng isang tao), o social worker o counselor (tagapagpayo) tungkol sa mga problema o suliraning pang-emosyon?	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Blg.	Tanong	Oo	Hindi
2	Kahit minsan, ikaw ba ay nakaramdam na kailangan mo ng tulong para sa iyong problemang emosyonal o may ibang nakapagsabi sa inyo na kailangan niyo nang humingi ng tulong para sa inyong pinagdadaanang emosyonal na suliranin?	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Blg.	Tanong	Oo	Hindi
3	Kahit minsan, kayo po ba ay napayuhan na uminom ng gamot para sa kaba o matinding nerbyos (anxiety), matinding pagkalungkot (depression), naririnig na mga boses o iba pang emosyonal na problema?	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Blg.	Tanong	Oo	Hindi
4	Kahit minsan kayo po ba ay nangailangan ng dagliang pagpapatingin sa isang emergency room o pagpapaospital dahil sa problemang pang-kaisipan?	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

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Blg.	Tanong	Oo	Hindi
5	Kahit minsan, kayo po ba nakakarinig ng mga boses o tinig na hindi naririnig ng iba, o nakakakita ng mga bagay na hindi nakikita ng ibang tao?	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Blg.	Tanong	Oo	Hindi
6.a	Kahit minsan, ikaw ba ay <ul style="list-style-type: none">• nakaramdam na ng matinding pagkalungkot na tumagal ng halos ilang linggo,• Nawalan ng interes o kasiyahan sa mga gawain o aktibidad?• Nagkaproblema sa konsentrasyon (hirap sa pagbibigay atensyon) at paggawa ng desisyon, o• Naisip na magpakamatay?	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Blg.	Tanong	Oo	Hindi
6.b.	Kahit na minsan ba ikaw ay nagtangkang magpakamatay?	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

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Blg.	Tanong	Oo	Hindi
13	Kahit minsan kayo po ba ay, <ul style="list-style-type: none"> • nakaramdam ng mga panahon na kayo ay nakaranas ng sobrang kasiglahan at mabilis na pag-iisip, • kayo ay sobrang daldal at hindi na mapigilan sa pagsasalita, • gumagawa ng mga bagay bagay sa mabilis na pamamaraan, • pagkakaroon ng paiba-ibang gawain na hindi nakakaramdam ng pagka-antok at naniwala na kaya mong gawin ang lahat ng bagay? 	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Blg.	Tanong	Oo	Hindi
14	Kahit minsan kayo po ba ay <ul style="list-style-type: none"> • nakaranas ng pakakataon ng inatake sa kaba o nerbyos, • nakaranas ng pagkakataon ng labis na pagkatakot, • nakaranas ng pagkakataon na ikaw ay may pagkabalisa na umaabot sa pagpapawis, pagbilis ng tibok ng puso, panginginginig, pagsakit ng tiyan, pakiramdam na nahilo o tila mahihimatay? 	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Blg.	Tanong	Oo	Hindi
15	Kahit minsan ba ikaw ay nagkaroon ng pagkakataong umuulit-ulit ang iniisip o may naguudyok na gawin ninyo ang isang bagay ng paulit-ulit na nagdudulot sa inyo ng labis na pagkabalisa at nakaksagabal na sa inyong araw araw na gawain, trabaho o mga relasyon? Halimbawa, <ul style="list-style-type: none"> • paulit-ulit na pagbibilang ng bagay • pagsuri nang paulit-ulit sa mga bagay na nagawa mo na • paulit-ulit na paghuhugas ng kamay • pagdasal at striktong pagsunod sa iyong mga araw-araw na gawain na hinding-hindi puwedeng mabago. 	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

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Blg.	Tanong	Oo	Hindi
16	Kahit minsan kayo po ba ay nawalan ng malaking halaga ng pera dahil sa pagsusugal o kaya'y nagkaroon ng mga problema sa trabaho, eskwela, pamilya at kaibigan dahil sa iyong pagsusugal?	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Blg.	Tanong	Oo	Hindi
17	Kahit minsan kayo po ba ay nasabihan ng inyong mga guro, gabay na tagapayo (guidance counselors), o iba pa na mayroon kayong espesyal na problema sa pagaaral or pagkatuto?	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Total Yes: _____
 Total No : _____
 Total Score : _____

Comment and Recommendations (Please refer to Guidelines on administration for the scoring of the questionnaire)

Thank you for using this screening form for psychiatric comorbidity for your client.

The Mental Health Screening Form III - Filipino Version is only a screening tool to identify if your client needs further assessment and referral to a specialist to address his/ her needs for further management. This is the first step in his/ her journey towards wellness.

If you feel that after having completed the questionnaire, your client may need further assessment by a mental health specialist please follow your institution's policies and procedures. If there is an emergency, please advise to go to the nearest Emergency Department or call national telesupport hotlines for mental health services.