**Expert System Question Interview for Mental Disorder.**

**Ask more what is the difference between psychiatrist with psychology?**

1. In general, how do you explain what is mental illness and mental health? What is the difference between it?
2. How are people with disabilities express their feelings in dealing with mental disorders?
3. What is your experience with treating others with mental health condition?
4. What does a typical appointment with you look like?
5. What treatments or therapies are you licensed to administer?
6. Are there benefits or risks that patients should know about these therapies?
7. What is the general time frame in which most patients will see results?
8. How will they know if the treatment is having an effect?
9. How long does this type of treatment last?
10. What does research say about this type of treatment?
11. Does sleeping habits matters?
12. What can they expect from the first appointment with the psychiatrist?

**General Questions for below type of mental disorders.**

DASS21, OCD, PTSD, ADHD, BIPOLAR, SCHIZOPHRENIA.

1. How do you determine people for this type of disorder and their level of severity? How are their symptoms?
2. Can the symptoms change every time and how do you deal with to diagnose people with what type of mental disorder they have?
3. Can the question from page () be used in self screening for people who wants to try and screen their mental health conditions first?
4. What type or is there any type of medicine is used for treating this mental disorder?
5. Other than medicine, what kind of treatment can the patients expect from seeking a therapist?
6. Is the treatment for every mental disorder different?
7. Can all the mental disorders listed above lead to suicide? And if there is, which is most likely the highest risk of mental disorder?
8. From where does this mental disorder begin with? Are there any specific environments that can trigger an individual? Can individuals be born with this type of mental disorders?
9. Is the individual information being keep confidential or can it be used as a research purpose but with a consent from the individual?

**General Questions for Expert System.**

1. Do you feel that it is okay by having this self-screening test for individual who wants to check their mental health conditions online?
2. What do you expect from the system? What more features do you expect to be put in the system to ease individual who wants to check their mental health conditions online?
3. Can the treatment suggest in the page below be allowed to be put as suggestion for patients after they completed the screening test as another alternative to help them calm down or in need of distraction?
4. Can I combine all the hospitals that currently providing the mental health services?
5. Can I also list some of the NGO or organizations that prepared any individual for activities.
6. Can the system be used in future?

**DASS21 Question. Scale 0-3.**

0 Did not apply to me at all

1 Applied to me to some degree, or some of the time

2 Applied to me to a considerable degree or a good part of time

3 Applied to me very much or most of the time

|  |  |
| --- | --- |
| 1 (s) | I found it hard to wind down |
| 2 (a) | I was aware of dryness of my mouth |
| 3 (d) | I couldn’t seem to experience any positive feeling at all |
| 4 (a) | I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion) |
| 5 (d) | I found it difficult to work up the initiative to do things |
| 6 (s) | I tended to over-react to situations |
| 7 (a) | I experienced trembling (e.g. in the hands) |
| 8 (s) | I felt that I was using a lot of nervous energy |
| 9 (a) | I was worried about situations in which I might panic and make a fool of myself |
| 10 (d) | I felt that I had nothing to look forward to |
| 11 (s) | I found myself getting agitated |
| 12 (s) | I found it difficult to relax |
| 13 (d) | I felt down-hearted and blue |
| 14 (s) | I was intolerant of anything that kept me from getting on with what I was doing |
| 15 (a) | I felt I was close to panic |
| 16 (d) | I was unable to become enthusiastic about anything |
| 17 (d) | I felt I wasn’t worth much as a person |
| 18 (s) | I felt that I was rather touchy |
| 19 (a) | I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat) |
| 20 (a) | I felt scared without any good reason |
| 21 (d) | I felt that life was meaningless |

**OCD Question. Scale 1-5. Never to very often.**

1. Do you ever experience unwanted repetitive and persistent thoughts that cause you anxiety?

2. Do you ever fear contamination (i.e., germs) from people or the environment and engage in excessive cleaning? If so, how often?

3. Do you experience the need to constantly check on something (i.e., repeatedly checking to be sure doors are locked, light switches and/or appliances are off) or arrange the order of things (a shelf in a bedroom or a kitchen cabinet, for example)?

4. Do you experience intrusive thoughts that are aggressive (i.e., harm to yourself or others) or about taboo topics such as porn?

5. Do you attempt to ignore/suppress these unwanted thoughts/images or engage in another activity (i.e., counting, hand washing, checking repeatedly to be sure doors are locked) to neutralize them and if so, how often?

6. Do you engage in rituals that provide temporary relief to your anxiety, such as counting, checking, or cleaning?

7. Do you spend at least one hour a day thinking obsessive thoughts or performing ritualistic behavior to avoid angst? If so, how often?

8. Is your job performance, home life, or social relationships significantly affected by your obsessive thinking or ritual behaviors?

**PTSD. Scale 0-1. Yes or No.**

* Sometimes things happen to people that are unusually or especially frightening, - horrible, or traumatic. For example:

- a serious accident or fire  
- a physical or sexual assault or abuse  
- an earthquake or flood  
- a war  
- seeing someone be killed or seriously injured  
- having a loved one die through homicide or suicide.

Have you ever experienced this kind of event?

**If YES - please answer the questions below.**

In the past month, have you.…

1. had nightmares about the event(s) or thought about the event(s) when you did not want to?

2. 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)?

3. been constantly on guard, watchful, or easily startled?

4. felt numb or detached from people, activities, or your surroundings?

5. felt guilty or unable to stop blaming yourself or others for the event(s) or any problems the event(s) may have caused?

**ADHD. Scale 1-5. Never to very often.**

1. How often do you have trouble wrapping up the final details of a project once the challenging parts have been done?

2. How often do you have difficulty getting things in order when you must do a task that requires organization?

3. How often do you have problems remembering appointments or obligations?

4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?

5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?

6. How often do you feel overly active and compelled to do things, like you were driven by a motor?

7. How often do you make careless mistakes when you must work on a boring or difficult project?

8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?

9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?

10. How often do you misplace or have difficulty finding things at home or at work?

11. How often are you distracted by activity or noise around you?

12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?

13. How often do you feel restless or fidgety?

14. How often do you have difficulty unwinding and relaxing when you have time to yourself?

15. How often do you find yourself talking too much when you are in social situations?

16. When you’re in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?

17. How often do you have difficulty waiting your turn in situations when turn taking is required?

18. How often do you interrupt others when they are busy?

**BIPOLAR. Scale 0-1. Yes or No. (1 Q with 0-3 / 1-4) Confirm back**

1. Has there ever been a period when you were not your usual self and...

* You felt so good or hyper that other people thought you were not your normal self or were so hyper that you got into trouble?
* You were so irritable that you shouted at people or started fights or arguments?
* You felt much more self-confident than usual?
* You got much less sleep than usual and found you didn’t really miss it?
* You were much more talkative or spoke much faster than usual?
* Thoughts raced through your head, or you couldn’t slow your mind down?
* You were so easily distracted by things around you that you had trouble concentrating or staying on track?
* You had much more energy than usual?
* You were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?
* You were much more interested in sex than usual?
* You did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?
* Spending money got you or your family into trouble.

2. If you checked YES to more than one of the above, have several of these ever happened during the same period?

3. How much of a problem did any of this cause you? \*

Like being unable to work; having family, money, or legal troubles; getting into arguments or fights?

4. Have any of your blood relatives had manic-depressive illness or bipolar disorder?

i.e., Children, siblings, parents, grandparents, aunts, and uncles.

5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?

**SCHIZOPHRENIA. Scale 1-5. Never to very often.**

1. Do you ever hear or see things that others cannot?

2. Do you struggle to trust that what you are thinking is real?

3. Do you get the sense that others are controlling your thoughts and emotions?

4. Do you struggle to keep up with daily living tasks such as showering, changing clothes, paying bills, cleaning, cooking, etc.?

5. Do you feel that you have powers that other people cannot understand or appreciate?

6. Do you find it difficult to organize or keep track of your thinking?

7. Do other people say that it is difficult for you to stay on subject or for them to understand you?

8. Are you struggling with maintaining social relationships, employment, and/or academic demands?

9. Do you feel that you are being tracked, followed, or watched at home or outside?

10. Do other people have a difficult time guessing your emotions by your facial expressions?