

**INSTRUMEN SARINGAN AWAL KESIHATAN MENTAL PROJEK E-
PSIKOTERAPI UKM**
**E – PSIKOTERAPI UKM - THE INITIAL MENTAL HEALTH SCREENING
INSTRUMENT**

Arahan Umum

Instruction

Pernyataan berikut mungkin menggambarkan status kesihatan mental anda. Sila tandakan jawapan yang paling sesuai dengan keadaan semasa anda.

All statements below may describe your mental health status. Please click the most appropriate response which BEST describes your current health status.

No.	No. Reshuffle	Domain	Soalan	Jawapan	
1.	6.	A1.	Adakah anda rasa bimbang dalam pelbagai situasi dan aktiviti harian (lebih daripada satu situasi/ aktiviti) seperti prestasi kerja/ pelajaran dan sebagainya? Do you feel worry in most situations and in your daily living activities (more than one situation/activity) such as your workplace/work performance / studies and others?	Ya Yes	Tidak No
2.	8.	A2.	Adakah anda rasa sukar untuk mengawal kerisauan anda? Do you feel it is hard to control your worry?	Ya Yes	Tidak No
3.	26.	A3.	Adakah kebimbangan dan kerisauan anda berkait dengan pelbagai simptom seperti cepat penat, cepat marah, tegang otot secara berterusan? Have your anxiety and worry make you continuously feeling tired, easily irritated and muscle tense on – end ?	Ya Yes	Tidak No
4.	12.	A4.	Adakah kebimbangan dan kerisauan anda memberi kesan negatif dan mengganggu kehidupan seharian anda dalam aktiviti sosial, pekerjaan dan aktiviti luar yang lain? Do your anxiety and worry lead to negative effects and affect your daily social activities, job and other outdoor activities?	Ya Yes	Tidak No

5.	30.	B1.	Adakah anda sukar untuk melelapkan mata? Do you find it difficult to shut your eyes for a nap?	Ya Yes	Tidak No
6.	32.	B2.	Adakah anda mengalami masalah untuk tidur semula selepas terjaga? Do you have any trouble getting back to sleep after woke up from your sleep?	Ya Yes	Tidak No
7.	1.	B3.	Adakah anda mudah terjaga dari tidur? Have you easily woken up from your sleep?	Ya Yes	Tidak No
8.	17.	B4.	Adakah anda berasa letih selepas bangun dari tidur? Do you feel tired when you wake up from sleep?	Ya Yes	Tidak No
9.	23.	C1.	Adakah anda mempunyai pemikiran, desakan atau imej yang berulang-ulang (cth: tingkah laku memeriksa/ mencuci tangan/ mengunci pintu/ menutup suis dan lain-lain) yang menyebabkan anda berasa risau atau menderita? Do you have repetitive thoughts, urges or images (e.g., washing your hand repeatedly / checking up on things /switching offs the lights etc) which have made you anxious and suffer?	Ya Yes	Tidak No
10.	10.	C2.	Adakah anda berasa didorong untuk melakukan tingkah laku berulang-ulang (cth: tingkah laku memeriksa/ mencuci tangan/ mengunci pintu/ menutup suis dan lain-lain) atau mengambil tindakan mental sebagai tindak balas kepada obsesif tersebut? Do you feel the urge to repeat the whole action that you do (e.g., washing hand repeatedly / checking up on things /switching offs the lights etc) or performing the action as responding to the urge of those actions?	Ya Yes	Tidak No
11.	20.	C3.	Adakah pemikiran obsesif (cth: fikir berulang-ulang/ tentang kebersihan diri/ keselamatan/ terlalu memikirkan seks dan lain-lain) anda mengambil masa lebih lama atau menyebabkan penderitaan? Have your obsessive thoughts (e.g., intrusive, repetitive thoughts on cleanliness, safety, sexual matters etc.) been on excessively consume your time and cause suffering?	Ya Yes	Tidak No

12.	31.	C4.	Adakah tingkah laku kompulsif (cth: tingkah laku memeriksa/ mencuci tangan/ mengunci pintu/ menutup suis dan lain-lain) anda mengambil masa lebih lama atau menyebabkan penderitaan? Do you have repetitive/compulsive behaviour, (e.g., washing your hands repeatedly / checking up on things /switching off the lights etc) which have made you suffer?	Ya Yes	Tidak No
13.	9.	D1.	Adakah anda sentiasa berasa sangat sedih dan ianya berlarutan hampir setiap hari? Do you always feel very sad and this has been throughout the day?	Ya Yes	Tidak No
14.	24.	D2.	Adakah anda rasa hilang keseronokan dan minat dalam aktiviti kegemaran anda? Do you feel that you are losing the excitement and interest in the activities that you used to like?	Ya Yes	Tidak No
15.	15.	D3.	Adakah anda rasa diri anda tidak berharga atau sentiasa rasa bersalah? Do you feel that you are worthless or always feel guilty?	Ya Yes	Tidak No
16.	4.	D4.	Adakah anda rasa sangat letih, tidak bermaya, hilang tumpuan serta hilang selera? Do you feel very tired, lethargic, out of focus and have poor appetite?	Ya Yes	Tidak No
17.	14.	D5.	Adakah anda rasa ingin mencederakan diri atau menamatkan hidup anda? Do you feel that you want to hurt yourself and take away your life?	Ya Yes	Tidak No
18.	7.	E1.	Adakah anda rasa gembira? Do you feel happy?	Ya Yes	Tidak No
19.	22.	E2.	Adakah anda mempunyai tujuan dan makna hidup? Do you have a purpose and meaning in life?	Ya Yes	Tidak No
20.	29.	E3.	Adakah anda mempunyai orang yang menyokong anda dalam kehidupan?	Ya Yes	Tidak No

			Do you have someone who supports you in your life?		
21.	25.	E4.	Adakah anda berasa tenang apabila melakukan aktiviti keagamaan dan kerohanian? Do you feel calm when you involve in religiously and spiritually based activities?	Ya Yes	Tidak No
22.	16.	F1.	Adakah anda mempunyai desakan seksual yang sangat kuat dan berulang-ulang (cth: fantasi, desakan dan tingkah laku seksual)? Do you have a strong repetitive sexual urges (e.g., fantasy, urges and acts)?	Ya Yes	Tidak No
23.	34.	F2.	Adakah anda terlibat dalam tingkah laku seksual berulang tanpa mempertimbangkan risiko dari segi emosi dan fizikal diri sendiri dan orang lain? Have you involved in repetitive sexual behaviour without considering the emotional and physical risks of yourself and others?	Ya Yes	Tidak No
24.	19.	F3.	Adakah anda berulang-ulang cuba mengawal tetapi tidak berjaya untuk mengawal fantasi, desakan dan tingkah laku seksual? Do you have repetitively try to control but fail to control the sexual urges, fantasy and sexual behaviour?	Ya Yes	Tidak No
25.	35.	F4.	Adakah anda menghabiskan masa yang berlebihan untuk berfantasi dan memenuhi desakan seksual, dan merancang untuk terlibat dalam tingkah laku seksual? Have you been spending a lot of time fantasizing and fulfilling your sexual fantasy, urges and planning to involve in sexual related behaviour?	Ya Yes	Tidak No
26.	37.	G1.	Adakah anda pernah terfikir untuk menamatkan hidup? Have you ever thought about ending your life?	Ya Yes	Tidak No
27.	18.	G2.	Adakah anda rasa mati itu lebih baik daripada hidup? Do you feel much better to die rather than being alive?	Ya Yes	Tidak No

28.	28.	G3.	Adakah anda pernah berharap bahawa anda tidak akan bangun pada keesokan hari? Do you wish that you are not awake the next day?	Ya Yes	Tidak No
29.	2.	G4.	Adakah anda pernah terfikir mengenai kematian sejak kebelakangan ini? Have you ever thought of death or dying recently?	Ya Yes	Tidak No
30.	3.	H1.	Adakah anda selalu mendengar bisikan suara yang tidak boleh didengari oleh orang lain? Do you frequently hear voices which no one else could hear them?	Ya Yes	Tidak No
31.	13.	H2.	Adakah anda percaya atau pernah nampak bayangan yang dinafikan kewujudannya oleh orang lain? Are you convinced of seeing or seen a shadow or something which cannot be seen by others, or others do not feel its presence?	Ya Yes	Tidak No
32.	27.	H3.	Adakah anda sukar untuk membezakan antara realiti dan fantasi? Do you find it is difficult to differentiate the reality from the fantasy?	Ya Yes	Tidak No
33.	36.	H4.	Adakah anda percaya anda memiliki kuasa yang luar biasa atau istimewa? Do you believe yourself to have extraordinary, gifts and power?	Ya Yes	Tidak No
34.	21.	I1.	Adakah anda mengalami masalah dalam perkahwinan? Do you have marital problems?	Ya Yes	Tidak No
35.	11.	I2.	Adakah hubungan anda dengan pasangan anda baik? Do you have a good relationship with your spouse/partner?	Ya Yes	Tidak No
36.	5.	I3.	Adakah anda kerap meluangkan masa yang berkualiti bersama pasangan? Do you frequently spend your quality time with your spouse/partner?	Ya Yes	Tidak No
37.	33.	I4.	Adakah anda berpuas hati dengan perkahwinan/ hubungan intim anda?	Ya Yes	Tidak No

			Are you satisfied with your marriage/intimate relationship?		
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Terima kasih di atas maklum balas yang telah diberikan.
 Thank you for your responses.



KAEDAH PEMARKAHAN/SCORING INSTRUCTIONS

Description:

The Initial Mental Health Screening Instrument E – Psikoterapi UKM (Instrumen Saringan Awal Kesehatan Mental Projek E-Psikoterapi UKM) is a preliminary/prequisite screening instrument to screen the present of mental health symptoms before being directed to complete mental health screening tools. It comprises of nine domains which measure mental health problem with YES/NO response. These are the screens of eight types of mental health problems (i.e., Anxiety, Insomnia, Obsessive Compulsive Disorder (OCD), Depression, Well-being, Sexual Addiction, Suicidality, and Prodromal Psychosis) and a screening on Marital Distress. The total items are 37 items.

Psychological Domain

Numbering of Reshuffle Domains

- A – Anxiety
 - (A1=6, A2=8, A3=26, A4=12)
- B – Insomnia
 - (B1=30, B2=32, B3=1, B4=17)
- C – OCD
 - (C1=23, C2=10, C3=20, C4=31)
- D – Depression
 - (D1=9, D2=24, D3=15, D4=4, D5=14)
- E – Well-being
 - (E1=7, E2=22, E3=29, E4=25)
- F – Sexual Addiction
 - (F1=16, F2=34, F3=19, F4=35)
- G – Suicidality
 - (G1=37, G2=18, G3=28, G4=2)
- H – Prodromal Psychosis
 - (H1=3, H2=13, H3=27, H4=36)
- I – Marital Distress
 - (I1=21, I2=11, I3=5, I4=33)

Scoring Description

Scoring Method

- All items will be scored based on subdomains. There is NO Total Domain Score used in the scoring procedure.
- During the initial online screening process, users will answer all 37 items and then they will be directed to specific screening instrument(s) based on their positive response(s) for further screening process.
- **Positive Response:**

Any response of “YES” indicates a **positive screen** for this screening and ONE response of “YES” in any domain indicate a **positive screen**. Therefore, IF the users click ‘Yes’ on the items number listed below, then the E- Psikoterapi page will direct them for further screening to the Specific Screening Instruments according to various domain where users have indicated **positive screen** (after they completed the 37 items). Scores of more than one positive answer may indicate the presence of more symptoms of mental health problems.
- **Scoring:**
 - Yes = 1
 - No = 0
 - Item No. = (1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34)
- **Reverse Scoring:**

For reverse score items, any response of “NO” indicates positive screen and at the end of the initial screening process, the users will be directed for further screening process using specific screening instrument(s) based on their positive response(s).
- **Scoring:**
 - Yes = 0
 - No = 1
 - Item No. = (18, 19, 20, 21, 35, 36, 37)