

CLINICAL REFERENCE FOR THE MHQ-14

Contents

Background	3
Scoring the MHQ-14	3
Hand scoring template.....	7
Reference statistics	8
Sources of data	8
About the tables	8
Vitality (Energy or Fatigue)	9
Question 3.a (item 5): Did you feel full of life?	10
Question 3.e (item 9): Did you have a lot of energy?	10
Question 3.g (item 11): Did you feel worn out?	10
Social Functioning	11
Question 2 (item 4): To what extent has your emotional problems interfered with you normal social activities?.....	12
Question 4 (item 14): How much of the time has your emotional health interfered with your normal social activities?.....	12
Role Functioning	13
Question 1.a (item 1): Cut down the amount of time you spent on work or other activities?	14
Question 1.b (item 2): Accomplished less than you would like?	14
Question 1.c (item 3): Didn't do work or other activities as carefully as usual?.....	14
Mental Health (Depressed Mood and Anxiety)	15
Question 3.c (item 7): Have you felt so down in the dumps that nothing could cheer you up?.....	16
Question 3.f (item 10): Have you felt downhearted and blue?	16
Question 3.h (item 12): Have you been a happy person?.....	16
Question 3.b (item 6): Have you been a very nervous person?.....	17
Question 3.d (item 8): Have you felt calm and peaceful?.....	17
Total Score	18
Standard templates for the MHQ-14	19

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For more information

For further information regarding the material provided in this document (including to obtain copies of the standard templates in MS Word format) please contact the Director of the Private Mental Health Alliance's Centralised Data Management Service, Mr Allen Morris-Yates, by email to allen.yates@pmha-cdms.com.au or by telephone on +61 8 8278 5811.

Background

The MHQ-14 (Mental Health Questionnaire, 14 item version) is a patient self-report measure consisting of items that address symptoms of fatigue, anxiety and depression and the impact of those symptoms on social and role functioning. The items were derived from the much longer Medical Outcomes Study questionnaire used in the Rand Health Insurance Experiment.¹ The 14 items also constitute the mental health component of the Rand 36-Item Health Survey (also known as the SF-36²), the most widely used patient-completed outcome measure in the general health sector.

Under the PMHA's National Model, Hospitals are expected to offer the MHQ-14 to patients at Admission to and prior to Discharge from episodes of Overnight Inpatient Care, and also at Admission to, at Review during, and prior to Discharge from episodes of Ambulatory Care. Two principal exceptions are made to that protocol. First, for patients discharged within three days of admission to Overnight Inpatient Care, the MHQ-14 should not be offered at Discharge. Second, for patients discharged from Ambulatory Care due to their having been admitted into Overnight Inpatient Care, the MHQ-14 is not required to be offered on Discharge from the episode of Ambulatory Care. Further details regarding the data collection protocol can be found in the **Implementation Guide**, whilst further details regarding the process of offering the MHQ-14 to patients can be found in the **Guide for Hospital Staff**.

Scoring the MHQ-14

Four summary scores are derived from patients' responses to the 14 items: these are traditionally referred to as Mental Health (MH, 5 items), Vitality (VT, 4 items), Social Functioning (SF, 2 items) and Role Functioning (RF, 3 items). A Total Score (TS), based on all 14 items, may also be derived. The scoring algorithms now used by the PMHA's CDMS are based on those defined for the Rand 36-Item Health Survey.³ Although the RAND algorithms are a simplified version of those used in the SF-36, the results are statistically equivalent to the results obtained using the significantly more complex SF-36 algorithms.

Within the HSMdb database application, data collected using the MHQ-14 is stored in a single table (named dObservationAsMHQ14 in the database file). The information provided in Table 1 indicates how each question within a given variant is mapped to a data item within the table. Data recorded within the database should represent the original coded responses without any recoding or reverse scoring being applied. The standard templates for the MHQ-14 include the code values as superscripts to each response check box. Those are the values that should be recorded within the database. Copies of the standard templates are included at the end of this document.

Table 2 provides detailed information regarding the coded value to be assigned to each possible valid response option. The table also includes information that identifies which standard Summary Score each item contributes to and to what value the standard coded value should be transformed to when calculating the Summary Score.

¹ Stewart AL, Sherbourne C, Hays RD, et al. (1992) Summary and Discussion of MOS Measures. In Stewart AL & Ware JE (eds.), *Measuring Functioning and Well-Being: The Medical Outcome Study Approach*. Durham, NC: Duke University Press.

² Ware JE & Sherbourne C (1992) The MOS 36-Item Short-Form Health Survey (SF-36): 1. Conceptual Framework and Item Selection. *Medical care*, 30, 473-483.

³ Hays RD, Sherbourne CD & Mazel R (1993) *The RAND 36-Item Health Survey 1.0*. RAND Corporation. (Originally published in 1993 in *Health Economics*, 2, 217-227.)

As noted above, the Total Score is based on all 14 items (with the same transformations of response values as noted for the Summary Scores).

Standard values must be used for coding missing Items, and missing Summary and Total Scores. For individual Items, the missing value should be 9. For Summary and Total Scores, the missing value used should be 999.

The Summary Scores and the Total Score are computed as follows. First the item response codes are recoded to their corresponding scored value (as shown in the final column of Table 2). Second, the Score is calculated by taking the average of the scored values for the items making up the particular Score. If any item is missing (i.e., coded 9), it is excluded from the calculation. If more than 50% of the items constituting any given Score are missing then the affected Score is set as missing (i.e., coded as 999). For the Mental Health Summary Score (MH) this means that at least three items must be non-missing; for Vitality (VT) at least two items must be non-missing; for Social Functioning (SF) at least one item must be non-missing; and for Role Functioning (RF) at least two items must be non-missing. For the Total Score, at least seven items must be non-missing and each of the previously calculated Summary Scores must also be non-missing. The stricter criteria for the Total Score ensures that it is based on as complete a sample as possible of the underlying domains.

Table 1: Mapping of MHQ-14 item and question numbers to the MHI-5 and SF-36 question numbers.

MHQ-14 item number in database	MHQ-14 question number	MHI-5 question number	SF-36 question number	Valid Range
01	1.a		5.a	1 – 2 or 9
02	1.b		5.b	1 – 2 or 9
03	1.c		5.c	1 – 2 or 9
04	2.		6.	1 – 5 or 9
05	3.a		9.a	1 - 6 or 9
06	3.b	1.	9.b	1 – 6 or 9
07	3.c	2.	9.c	1 – 6 or 9
08	3.d	3.	9.d	1 – 6 or 9
09	3.e		9.e	1 – 6 or 9
10	3.f	4.	9.f	1 – 6 or 9
11	3.g		9.g	1 – 6 or 9
12	3.h	5.	9.h	1 – 6 or 9
13	3.i		9.i	1 – 6 or 9
14	4.		10.	1 – 5 or 9

Table 2: MHQ–14 Item coding and Summary Scale scoring. (continued on the following pages)

item	MHQ–14 Questions and response options	Code As	Summary Scale scoring
1	1.a Cut down on the amount of time you spent on work and other activities Yes No	1 2	RF score as 0 100
2	1.b Accomplished less than you would like Yes No	1 2	RF score as 0 100
3	1.c Didn't do work or activities as carefully as usual Yes No	1 2	RF score as 0 100
4	2. To what extent has your emotional problems interfered with you normal social activities ... Not at all A little bit Moderately Quite a bit Extremely	1 2 3 4 5	SF score as 100 75 50 25 0
5	3.a Did you feel full of life All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time	1 2 3 4 5 6	VT score as 100 80 60 40 20 0
6	3.b Been a very nervous person All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time	1 2 3 4 5 6	MH score as 0 20 40 60 80 100
7	3.c Felt so down in the dumps that nothing could cheer you up All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time	1 2 3 4 5 6	MH score as 0 20 40 60 80 100

item	MHQ-14 Questions and response options	Code As	Summary Scale scoring
8	3.d Felt calm and peaceful		MH score as
	All of the time	1	100
	Most of the time	2	80
	A good bit of the time	3	60
	Some of the time	4	40
	A little of the time	5	20
	None of the time	6	0
9	3.e Have a lot of energy		VT score as
	All of the time	1	100
	Most of the time	2	80
	A good bit of the time	3	60
	Some of the time	4	40
	A little of the time	5	20
	None of the time	6	0
10	3.f Felt downhearted and blue		MH score as
	All of the time	1	0
	Most of the time	2	20
	A good bit of the time	3	40
	Some of the time	4	60
	A little of the time	5	80
	None of the time	6	100
11	3.g Did you feel worn out		VT score as
	All of the time	1	0
	Most of the time	2	20
	A good bit of the time	3	40
	Some of the time	4	60
	A little of the time	5	80
	None of the time	6	100
12	3.h Been a happy person		MH score as
	All of the time	1	100
	Most of the time	2	80
	A good bit of the time	3	60
	Some of the time	4	40
	A little of the time	5	20
	None of the time	6	0

item	MHQ-14 Questions and response options	Code As	Summary Scale scoring
13	3.i Did you feel tired All of the time Most of the time A good bit of the time Some of the time A little of the time None of the time	1 2 3 4 5 6	VT score as 0 20 40 60 80 100
14	4. How much of the time has your emotional health interfered with your normal social activities ... All of the time Most of the time Some of the time A little of the time None of the time	1 2 3 4 5	SF score as 0 25 50 75 100

Note: All 14 items contribute to the Total Score (TS), with the same transformations of response values as indicated for the Summary Scores.

Hand scoring template

The hand scoring template provided below is also reproduced as a standard single-page template for use with the actual MHQ-14 forms completed by patients. A copy of that template is included at the end of this document.

Question Number	Coding instructions	Response	VT	SF	RF	MH	TS
1.a	1 = 0, 2 = 100						
1.b	1 = 0, 2 = 100						
1.c	1 = 0, 2 = 100						
2.	1 = 100, 2 = 75, 3 = 50, 4 = 25, 5 = 0						
3.a	1 = 100, 2 = 80, 3 = 60, 4 = 40, 5 = 20, 6 = 0						
3.b	1 = 0, 2 = 20, 3 = 40, 4 = 60, 5 = 80, 6 = 100						
3.c	1 = 0, 2 = 20, 3 = 40, 4 = 60, 5 = 80, 6 = 100						
3.d	1 = 100, 2 = 80, 3 = 60, 4 = 40, 5 = 20, 6 = 0						
3.e	1 = 100, 2 = 80, 3 = 60, 4 = 40, 5 = 20, 6 = 0						
3.f	1 = 0, 2 = 20, 3 = 40, 4 = 60, 5 = 80, 6 = 100						
3.g	1 = 0, 2 = 20, 3 = 40, 4 = 60, 5 = 80, 6 = 100						
3.h	1 = 100, 2 = 80, 3 = 60, 4 = 40, 5 = 20, 6 = 0						
3.i	1 = 0, 2 = 20, 3 = 40, 4 = 60, 5 = 80, 6 = 100						
4.	1 = 0, 2 = 25, 3 = 50, 4 = 75, 5 = 100						
(A) add the coded responses							
(B) count the number of valid responses							
Divide A by B to obtain the final Summary or Total Score							

Reference statistics

Sources of data

The data used in the preparation of the statistics for Patients in Overnight Inpatient Care and in Ambulatory Care was based on data reported by participating private hospitals to the PMHA's CDMS in respect of the period from 1 January 2010 through to 31 December 2013 inclusive.

The data used in the preparation of the statistics for the General Population was collected by the Australian Bureau of Statistics during the 1995 National Health Survey. The sample of 19,300 respondents was weighted to equivalence with the age and sex distribution of the Australian Adult General Population as at the 2003 Census.

About the tables

The reference statistics are provided in the following series of tables.

For each Summary Score the first table provides reports the summary statistics (mean, standard deviation, skewness and kurtosis) and the score at specified percentiles (5th, 10th, 25th, 50th, 75th, 90th and 95th) found for all Patients at each collection occasion in each service setting (Admission and Discharge in Overnight Inpatient Care, and Admission, Review and Discharge in Ambulatory Care), and for the General Population. That first table only is also provided for the Total Score.

For each Summary Score, that first table is then followed by tables for each of the individual questions that constitute the Summary Score. The statistics provided in those individual tables are the observed percentage of each possible response given by all Patients at each collection occasion in each service setting, and for the General Population. To aid comparisons across questions, in these tables, the responses are ordered according to their transformed value in descending order, that is, so that the response with the highest transformed value (indicating the highest level of vitality, functioning or mental health) always appears at the top.

Vitality (Energy or Fatigue)

The Vitality summary score is the average of the transformed scores on four items: (3.a) *Did you feel full of life*; (3.e) *Did you have a lot of energy*; (3.g) *Did you feel worn out*; and (3.i) *Did you feel tired*.

	Overnight Inpatient Care		Ambulatory Care			General Population
	Admission	Discharge	Admission	Review	Discharge	
N of observations	105,977	97,052	18,636	14,268	7,212	18,300
Mean	26.9	50.7	38.0	43.2	46.8	64.3
S.D.	21.3	23.6	22.8	23.4	23.7	20.0
Skewness	0.75	-0.21	0.30	0.07	-0.06	-0.78
Kurtosis	0.04	-0.63	-0.60	-0.76	-0.84	0.30
Percentiles						
5 th	0	10	5	5	10	25
10 th	0	15	10	10	15	35
25 th	10	35	20	25	30	50
50 th (median)	25	50	35	45	50	70
75 th	40	70	55	60	65	80
90 th	55	80	70	75	80	85
95 th	65	85	80	80	85	90

Question 3.a (item 5): Did you feel full of life?

Response	Coded as	Scored as	Overnight Inpatient Care		Ambulatory Care			General Population
			Admission	Discharge	Admission	Review	Discharge	
All of the time	1	100	1.9	4.0	1.7	1.9	2.8	8.9
Most of the time	2	80	4.8	20.6	11.3	16.1	19.8	45.0
A good bit of the time	3	60	5.6	19.9	12.9	15.2	19.4	18.7
Some of the time	4	40	16.8	24.9	25.7	27.0	24.4	17.5
A little of the time	5	20	31.8	19.2	29.4	25.2	22.4	6.4
None of the time	6	0	39.1	11.5	18.9	14.6	11.2	3.3

Question 3.e (item 9): Did you have a lot of energy?

Response	Coded as	Scored as	Overnight Inpatient Care		Ambulatory Care			General Population
			Admission	Discharge	Admission	Review	Discharge	
All of the time	1	100	2.6	4.4	2.2	2.2	2.9	8.0
Most of the time	2	80	5.6	17.5	9.8	12.9	16.4	43.6
A good bit of the time	3	60	6.5	18.2	12.3	14.0	17.8	18.9
Some of the time	4	40	16.8	25.0	24.5	25.7	24.3	17.1
A little of the time	5	20	29.9	21.0	29.7	27.0	24.5	8.1
None of the time	6	0	38.6	13.9	21.6	18.2	14.1	3.7

Question 3.g (item 11): Did you feel worn out?

Response	Coded as	Scored as	Overnight Inpatient Care		Ambulatory Care			General Population
			Admission	Discharge	Admission	Review	Discharge	
None of the time	6	100	5.5	15.6	6.4	8.2	9.7	14.9
A little of the time	5	80	7.9	27.7	16.5	21.8	24.7	36.2
Some of the time	4	60	12.0	24.1	20.9	24.4	23.6	30.3
A good bit of the time	3	40	15.6	18.1	19.4	18.1	17.6	9.9
Most of the time	2	20	30.6	26.7	23.9	18.5	16.8	6.3
All of the time	1	0	28.3	6.6	12.9	9.0	7.6	2.5

Social Functioning

The Social Functioning summary score is the average of the transformed scores on two items: (2.) *To what extent has your emotional problems interfered with you normal social activities;* and (4.) *How much of the time has your emotional health interfered with your normal social activities.*

	Overnight Inpatient Care		Ambulatory Care			General Population
	Admission	Discharge	Admission	Review	Discharge	
N of observations	107,218	98,364	18,795	14,341	7,261	18,300
Mean	27.5	59.1	45.8	53.7	59.0	84.8
S.D.	24.5	28.0	27.2	27.6	28.4	22.5
Skewness	0.90	-0.28	0.22	0.01	-0.24	-1.62
Kurtosis	0.39	-0.73	-0.70	-0.80	-0.85	2.03
Percentiles						
5 th	0	12	0	12	12	38
10 th	0	25	12	25	25	50
25 th	12	38	25	38	38	75
50 th (median)	25	62	50	50	62	100
75 th	38	75	62	75	75	100
90 th	62	100	88	100	100	100
95 th	75	100	100	100	100	100

Question 2 (item 4): To what extent has your emotional problems interfered with you normal social activities?

Response	Coded as	Scored as	Overnight Inpatient Care		Ambulatory Care			General Population
			Admission	Discharge	Admission	Review	Discharge	
Not at all	1	100	3.5	20.2	8.8	14.7	19.5	67.7
Slightly	2	75	7.9	30.8	21.3	26.3	31.1	17.7
Moderately	3	50	14.4	23.8	25.4	26.1	22.9	6.9
Quite a bit	4	25	37.1	17.4	30.5	24.8	19.0	5.8
Extremely	5	0	37.2	7.8	13.9	8.2	7.5	1.9

Question 4 (item 14): How much of the time has your emotional health interfered with your normal social activities?

Response	Coded as	Scored as	Overnight Inpatient Care		Ambulatory Care			General Population
			Admission	Discharge	Admission	Review	Discharge	
None of the time	5	100	3.9	20.0	9.8	15.0	20.6	62.8
A little of the time	4	75	7.2	26.0	17.6	21.5	26.2	18.5
Some of the time	3	50	20.3	29.8	32.7	34.0	28.3	11.9
Most of the time	2	25	39.1	16.8	28.8	22.2	18.7	4.7
All of the time	1	0	29.5	7.4	11.0	7.1	6.3	2.1

Role Functioning

The Role Functioning summary score is the average of the transformed scores on three items: (1.a) *Cut down the amount of time you spent on work or other activities*; (1.b) *Accomplished less than you would like*; and (1.c) *Didn't do work or other activities as carefully as usual*.

	Overnight Inpatient Care		Ambulatory Care			General Population
	Admission	Discharge	Admission	Review	Discharge	
N of observations	105,207	95,891	18,509	14,098	7,167	18,234
Mean	15.9	58.9	34.0	45.9	54.3	82.9
S.D.	30.3	42.6	39.3	41.5	41.9	32.4
Skewness	1.84	-0.36	0.67	0.16	-0.17	-1.68
Kurtosis	2.11	-1.58	-1.13	-1.60	-1.62	1.34
Percentiles						
5 th	0	0	0	0	0	0
10 th	0	0	0	0	0	33
25 th	0	0	0	0	0	67
50 th (median)	0	67	33	33	67	100
75 th	33	100	67	100	100	100
90 th	67	100	100	100	100	100
95 th	100	100	100	100	100	100

Question 1.a (item 1): Cut down the amount of time you spent on work or other activities?

Response	Coded as	Scored as	Overnight Inpatient Care		Ambulatory Care			General Population
			Admission	Discharge	Admission	Review	Discharge	
No	2	100	15.4	56.7	34.6	49.5	56.5	85.0
Yes	1	0	84.6	43.3	65.4	50.5	43.5	15.0

Question 1.b (item 2): Accomplished less than you would like?

Response	Coded as	Scored as	Overnight Inpatient Care		Ambulatory Care			General Population
			Admission	Discharge	Admission	Review	Discharge	
No	2	100	11.1	55.7	25.3	35.3	44.7	79.1
Yes	1	0	88.9	44.3	74.7	64.7	55.3	20.9

Question 1.c (item 3): Didn't do work or other activities as carefully as usual?

Response	Coded as	Scored as	Overnight Inpatient Care		Ambulatory Care			General Population
			Admission	Discharge	Admission	Review	Discharge	
No	2	100	21.0	63.8	42.0	52.8	61.4	84.5
Yes	1	0	79.0	36.2	58.0	47.2	38.6	15.5

Mental Health (Depressed Mood and Anxiety)

The Mental Health summary score is the average of the transformed scores on five items. Of those, three items are associated with Depressed Mood: (3.c) Have you felt so down in the dumps that nothing could cheer you up; (3.f) Have you felt downhearted and blue; (3.h) Have you been a happy person. The remaining two items are associated with Anxiety: (3.b) Have you been a very nervous person; (3.d) Have you felt calm and peaceful.

	Overnight Inpatient Care		Ambulatory Care			General Population
	Admission	Discharge	Admission	Review	Discharge	
N of observations	105,971	97,029	18,635	14,268	7,211	18,297
Mean	34.0	59.6	47.6	54.0	58.1	76.0
S.D.	21.2	22.3	21.8	22.4	22.5	17.0
Skewness	.58	-.38	.12	-.12	-.31	-1.09
Kurtosis	-.16	-.45	-.61	-.65	-.68	1.32
Percentiles						
5 th	4	20	12	16	20	44
10 th	8	28	20	24	28	52
25 th	16	44	32	40	40	68
50 th (median)	32	60	48	55	60	80
75 th	48	76	64	72	76	88
90 th	64	88	80	84	88	95
95 th	72	92	84	88	92	96

Question 3.c (item 7): Have you felt so down in the dumps that nothing could cheer you up?

Response	Coded as	Scored as	Overnight Inpatient Care		Ambulatory Care			General Population
			Admission	Discharge	Admission	Review	Discharge	
None of the time	6	100	10.1	35.3	20.2	26.7	36.2	55.6
A little of the time	5	80	12.9	26.8	24.0	26.7	25.4	25.9
Some of the time	4	60	16.9	18.9	22.3	22.0	17.4	12.7
A good bit of the time	3	40	17.5	9.1	15.9	12.3	10.3	3.1
Most of the time	2	20	28.4	7.2	13.7	9.5	8.2	1.9
All of the time	1	0	14.1	2.7	3.9	2.8	2.5	0.9

Question 3.f (item 10): Have you felt downhearted and blue?

Response	Coded as	Scored as	Overnight Inpatient Care		Ambulatory Care			General Population
			Admission	Discharge	Admission	Review	Discharge	
None of the time	6	100	5.5	14.4	7.1	10.9	13.7	27.0
A little of the time	5	80	9.1	32.2	21.2	26.5	32.1	40.3
Some of the time	4	60	13.2	26.1	24.7	26.6	23.7	24.1
A good bit of the time	3	40	15.2	11.7	17.8	15.7	13.3	5.0
Most of the time	2	20	32.0	10.7	21.2	14.9	12.6	2.8
All of the time	1	0	25.0	4.8	8.0	5.4	4.5	0.8

Question 3.h (item 12): Have you been a happy person?

Response	Coded as	Scored as	Overnight Inpatient Care		Ambulatory Care			General Population
			Admission	Discharge	Admission	Review	Discharge	
All of the time	1	100	2.6	6.6	2.6	3.3	4.2	15.2
Most of the time	2	80	7.7	12.4	14.1	20.5	24.9	55.6
A good bit of the time	3	60	7.2	13.6	13.9	15.2	18.4	13.5
Some of the time	4	40	19.4	24.1	28.2	28.3	24.5	11.5
A little of the time	5	20	35.8	27.7	30.3	24.4	21.5	3.2
None of the time	6	0	27.3	15.6	11.0	8.3	6.5	0.9

Question 3.b (item 6): Have you been a very nervous person?

Response	Coded as	Scored as	Overnight Inpatient Care		Ambulatory Care			General Population
			Admission	Discharge	Admission	Review	Discharge	
None of the time	6	100	7.7	15.6	9.1	13.8	16.3	42.8
A little of the time	5	80	14.3	29.8	22.2	26.6	31.1	30.6
Some of the time	4	60	20.2	25.8	24.8	26.2	23.8	16.9
A good bit of the time	3	40	16.9	13.3	18.1	15.6	13.7	4.4
Most of the time	2	20	27.1	11.2	19.3	13.3	11.7	3.4
All of the time	1	0	13.9	4.3	6.5	4.6	3.3	1.9

Question 3.d (item 8): Have you felt calm and peaceful?

Response	Coded as	Scored as	Overnight Inpatient Care		Ambulatory Care			General Population
			Admission	Discharge	Admission	Review	Discharge	
All of the time	1	100	1.3	4.9	1.5	2.3	2.9	10.2
Most of the time	2	80	4.6	22.7	10.0	16.5	19.9	45.1
A good bit of the time	3	60	5.4	18.2	11.9	13.4	16.2	16.8
Some of the time	4	40	16.8	24.3	25.5	26.8	25.6	17.7
A little of the time	5	20	35.2	20.1	33.0	27.4	25.1	7.7
None of the time	6	0	36.6	9.8	18.0	13.4	10.3	2.5

Total Score

The Total Score is the average of the transformed scores on all fourteen items, with the same transformations of response values as indicated for the Summary Scores.

	Overnight Inpatient Care		Ambulatory Care			General Population
	Admission	Discharge	Admission	Review	Discharge	
N of observations	106,012	97,064	18,642	14,270	7,213	18,300
Mean	27.2	56.7	41.7	49.1	54.2	75.4
S.D.	19.4	24.0	22.9	24.0	24.4	18.2
Skewness	1.12	-0.29	0.45	0.11	-0.17	-1.28
Kurtosis	1.11	-0.88	-0.65	-0.98	-1.05	1.27
Percentiles						
5 th	3	15	10	12	14	37
10 th	6	22	14	18	20	48
25 th	13	38	24	30	34	67
50 th (median)	23	59	38	47	56	81
75 th	37	77	58	69	75	89
90 th	54	87	76	84	86	93
95 th	68	91	84	89	90	95

Standard templates for the MHQ-14

Form SA1 is the version for completion at Admission and Review during all episodes of care and at Discharge from episodes of Ambulatory Care of one month or longer in duration.

Form SA2 is the version for completion at Discharge from all episodes of Overnight Inpatient Care and at Discharge from episodes of Ambulatory Care of less than one month in duration (defined as short episodes).

Hospital Name

SA1

Self-assessment Measures for completion
by All Patients on All Occasions **except**
Discharge from either Overnight Inpatient
Care or short episodes of Ambulatory Care

Please use gummed label if available

Patient Identifier:

Surname:

Other names:

SA1

Office Use Only

Date completed: ___ / ___ / _____

*This questionnaire asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. The questions are simple to fill out and will only take a few minutes. This is not a test and there are no right or wrong answers. Choose the response that best represents the way **you** feel. Read each question carefully. The questions refer to the way you have felt during the last **two weeks**. Please mark only one box in answer to each question.*

1. During the **past 2 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)? (mark one box on each line)

- | | YES | NO |
|--|---------------------------------------|---------------------------------------|
| a) Cut down the amount of time you spent on work or other activities | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b) Accomplished less than you would like | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c) Didn't do work or other activities as carefully as usual | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

2. During the **past 2 weeks**, to what extent has your physical health or **emotional problems** interfered with your normal social activities with family, friends, neighbours, or groups? (mark one box)

- | Not at all | A little bit | Moderately | Quite a bit | Extremely |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Please turn over the page

3. These questions are about how you feel and how things have been with you during the **past 2 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 2 weeks** – (mark one box on each line)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
a) Did you feel full of life?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b) Have you been a very nervous person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c) Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d) Have you felt calm and peaceful?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e) Did you have a lot of energy?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
f) Have you felt down?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
g) Did you feel worn out?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
h) Have you been a happy person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
i) Did you feel tired?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

4. During the **past 2 weeks**, how much of the **time** has your physical health or **emotional problems** interfered with your social activities (like visiting with friends, relatives etc.)? (mark one box)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Thank you for completing this questionnaire.

Please return it to the staff member who asked you to complete it.

Hospital Name

SA2

Self-assessment Measures for completion by All Patients at Discharge from Overnight Inpatient Care and Discharge from short (3 weeks or less) episodes of Ambulatory Care

Please use gummed label if available

Patient Identifier:

Surname:

Other names:

Office Use Only Date completed: ___ / ___ / _____

*This questionnaire asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. The questions are simple to fill out and will only take a few minutes. This is not a test and there are no right or wrong answers. Choose the response that best represents the way **you** feel. Read each question carefully. The questions refer to the way you have felt during the past **three days**. Please mark only one box in answer to each question.*

1. During the **past 3 days**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)? (mark one box on each line)

- | | YES | NO |
|--|---------------------------------------|---------------------------------------|
| a) Cut down the amount of time you spent on work or other activities | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| b) Accomplished less than you would like | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| c) Didn't do work or other activities as carefully as usual | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

2. During the **past 3 days**, to what extent has your physical health or **emotional problems** interfered with your social activities with family, friends, neighbours, or groups? (mark one box)

- | | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Not at all | A little bit | Moderately | Quite a bit | Extremely |
| <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | <input type="checkbox"/> ₅ |

Please turn over the page

3. These questions are about how you feel and how things have been with you during the **past 3 days**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 3 days** – (mark one box on each line)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
a) Did you feel full of life?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b) Have you been a very nervous person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c) Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d) Have you felt calm and peaceful?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
e) Did you have a lot of energy?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
f) Have you felt down?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
g) Did you feel worn out?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
h) Have you been a happy person?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
i) Did you feel tired?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

4. During the **past 3 days**, how much of the **time** has your physical health or **emotional problems** interfered with your social activities (with friends, relatives etc.)? (mark one)

All of the time	Most of the time	Some of the time	A little of the time	None of the time
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Thank you for completing this questionnaire.
Please return it to the staff member who asked you to complete it.

Hospital Name

MHQ-14 Scores

Hand scoring sheet for the MHQ-14

Please use self-adhesive label if available

Patient Identifier: _____

Surname: _____

Other names: _____

Question Number	Coding instructions	Response	VT	SF	RF	MH	TS
1.a	1 = 0, 2 = 100						
1.b	1 = 0, 2 = 100						
1.c	1 = 0, 2 = 100						
2.	1 = 100, 2 = 75, 3 = 50, 4 = 25, 5 = 0						
3.a	1 = 100, 2 = 80, 3 = 60, 4 = 40, 5 = 20, 6 = 0						
3.b	1 = 0, 2 = 20, 3 = 40, 4 = 60, 5 = 80, 6 = 100						
3.c	1 = 0, 2 = 20, 3 = 40, 4 = 60, 5 = 80, 6 = 100						
3.d	1 = 100, 2 = 80, 3 = 60, 4 = 40, 5 = 20, 6 = 0						
3.e	1 = 100, 2 = 80, 3 = 60, 4 = 40, 5 = 20, 6 = 0						
3.f	1 = 0, 2 = 20, 3 = 40, 4 = 60, 5 = 80, 6 = 100						
3.g	1 = 0, 2 = 20, 3 = 40, 4 = 60, 5 = 80, 6 = 100						
3.h	1 = 100, 2 = 80, 3 = 60, 4 = 40, 5 = 20, 6 = 0						
3.i	1 = 0, 2 = 20, 3 = 40, 4 = 60, 5 = 80, 6 = 100						
4.	1 = 0, 2 = 25, 3 = 50, 4 = 75, 5 = 100						
(A) add the coded responses							
(B) count the number of responses							
Divide A by B to obtain the final Summary or Total Score							

After completing this scoring sheet please attach it to the SA-1 or SA-2 form completed by the Patient.