

Appendices

Transplant Surgery Psychological Assessment Form

(This is to be completed by the assessing doctor and is valid for 90 days from the date of assessment)

Date:

1. Demographic data

Name (sticker)	Age	Gender	Role
			<input type="checkbox"/> Donor <input type="checkbox"/> Recipient
Relation to donor/recipient	Language <i>(used in assessment)</i>		

2. Type of transplant

Liver
 Kidney
 Others: _____

3. Psychological screening

Depression (Whooley Questions) <i>(If the response to any item is 'Yes', proceed with a formal assessment)</i>	Yes (1)	No (0)
During the past month, have you often been bothered by feeling down, depressed or hopeless?		
During the past month, have you often been bothered by little interest or pleasure in doing things?		

Anxiety (GAD-2) How often have you been bothered by the following over the past two weeks: <i>(If the total score is 3 or above, proceed with a formal assessment)</i>	Not at all (0)	Several days (1)	More than half the days (2)	Nearly all the days (3)
Feeling nervous, anxious or on edge				
Not being able to stop or control worrying				

Psychosis and Mania (PSQ) <i>(If the response to any item is 'Yes', proceed with a formal assessment)</i>	Yes	No
Hypomania: Over the past year, have there been times when you felt very happy indeed without a break for days on end?		
Thought insertion: Over the past year, have you ever felt that your thoughts were directly interfered with or controlled by some outside force or person?		
Paranoia: Over the past year, have there been times when you felt that people were against you?		
Strange experiences: Over the past year, have there been times when you felt that something strange was going on?		
Hallucinations: Over the past year, have there been times when you heard or saw things that other people couldn't?		

Other symptoms *(if applicable)*

Transplant Surgery Psychological Assessment Form

(This is to be completed by the assessing doctor and is valid for 90 days from the date of assessment)

Date:

4. Procedure-specific assessment

Parameters	N/A	Adequate	Inadequate
Knowledge on illness and surgery			
Purpose of surgery and illness process			
Process of surgery (pre-/intra-/post-operation)			
Potential risks and complications			
Psychosocial issues			
Absence of coercion/inducement in decision-making process			
Level of social support			
Level of financial and logistical support			
Motivation to proceed with surgery			
Lifestyle factors and substance use			
Awareness of quality of life changes			
Capacity and motivation to adapt to long-term lifestyle modifications			
Capacity and motivation to adhere to immunosuppressive therapy*			
Substance use history and associated issues			

*Only applies to recipient.

5. Additional notes (if applicable)

Transplant Surgery Psychological Assessment Form

(This is to be completed by the assessing doctor and is valid for 90 days from the date of assessment)

Date:

6. Conclusion – Suitability to undergo procedure

Yes

No

According to MHA 2001, Section 77 (5), this individual with a mental disorder is not capable of providing informed consent due to the lack of understanding in one or more of the following (check whichever applies):

- The condition for which the treatment is proposed
- The nature and purpose of the treatment
- The risks involved in undergoing the treatment
- The risks involved in not undergoing the treatment
- Whether or not his ability to consent is affected by his condition

No

According to the MMC Guideline on Consent for Treatment of Patients by Registered Medical Practitioners, the individual is not able to provide a valid consent as one or more of the following criteria is not fulfilled:

- Adequate knowledge on the illness
- Adequate knowledge on the surgery
- Absence of coercion/inducement in decision-making process
- Consent taken in a language which the individual understands

No

In scenarios other than the above, regardless of the absence or presence of a mental disorder, this individual is not suitable to undergo surgery because (please specify):

7. Done by

Signature	Stamp

Bariatric Surgery Psychological Assessment Form

(This is to be completed by the assessing doctor and is valid for 90 days from the date of assessment)

Date:

1. Demographic data

Name (sticker)	Age	Gender	Language (used in assessment)

2. Relevant psychiatric history

Include diagnosis, medication, follow-up, adherence to treatment and any other relevant information

3. Psychological screening

Eating Disorder (SCOFF Questionnaire) <i>(If the total score is 2 or above, proceed with a formal assessment)</i>	Yes	No
Do you make yourself S ick because you feel uncomfortably full?		
Do you worry you have lost C ontrol over how much you eat?		
Have you recently lost more than O ne stone (6.35 kg) in a three-month period?		
Do you believe yourself to be F at when others say you are too thin?		
Would you say F ood dominates your life?		
The following two questions have been shown to indicate a high sensitivity and specificity for bulimia nervosa. Positive responses for these questions indicate a need for further questioning and discussion.		
Are you satisfied with your eating patterns?		
Do you ever eat in secret?		

Body Dysmorphic Disorder Questionnaire (BDDQ) <i>(If the response to any item is 'Yes', proceed with a formal assessment)</i>	Yes	No
Are you worried about how you look?		
Is your main concern with how you look that you aren't thin enough or that you might get too fat?		
How has this problem with how you look affected your life?		
On an average day, how much time do you usually spend thinking about how you look? <i>(Add up all the time you spend in total in a day, then circle one.)</i>		
< 1 hour a day	1-3 hours a day	>3 hours a day

Bariatric Surgery Psychological Assessment Form

(This is to be completed by the assessing doctor and is valid for 90 days from the date of assessment)

Date:

Depression (Whooley Questions) <i>(If the response to any item is 'Yes', proceed with a formal assessment)</i>	Yes (1)	No (0)
During the past month, have you often been bothered by feeling down, depressed or hopeless?		
During the past month, have you often been bothered by little interest or pleasure in doing things?		

Anxiety (GAD-2) How often have you been bothered by the following over the past two weeks: <i>(If the total score is 3 or above, proceed with a formal assessment)</i>	Not at all (0)	Several days (1)	More than half the days (2)	Nearly all the days (3)
Feeling nervous, anxious or on edge				
Not being able to stop or control worrying				

Psychosis and Mania (PSQ) <i>(If the response to any item is 'Yes', proceed with a formal assessment)</i>	Yes	No
Hypomania: Over the past year, have there been times when you felt very happy indeed without a break for days on end?		
Thought insertion: Over the past year, have you ever felt that your thoughts were directly interfered with or controlled by some outside force or person?		
Paranoia: Over the past year, have there been times when you felt that people were against you?		
Strange experiences: Over the past year, have there been times when you felt that something strange was going on?		
Hallucinations: Over the past year, have there been times when you heard or saw things that other people couldn't?		

4. Procedure-specific assessment

Parameters	N/A	Adequate	Inadequate
Knowledge on illness and surgery			
Purpose of surgery and illness process			
Process of surgery (pre-/intra-/post-operation)			
Potential risks and complications			
Psychosocial issues			
Absence of coercion/inducement in decision-making process			
Level of social support			
Level of financial and logistical support			
Motivation to proceed with surgery			
Lifestyle factors and substance use			
Awareness of quality of life changes			
Capacity and motivation to adapt to long-term lifestyle modifications			
Substance use history and associated issues			

Bariatric Surgery Psychological Assessment Form

(This is to be completed by the assessing doctor and is valid for 90 days from the date of assessment)

Date:

5. Additional notes (if applicable)

6. Conclusion – Suitability to undergo procedure

Yes

No

According to MHA 2001, Section 77 (5), this individual with a mental disorder is not capable of providing informed consent due to the lack of understanding in one or more of the following (check whichever applies):

- The condition for which the treatment is proposed
- The nature and purpose of the treatment
- The risks involved in undergoing the treatment
- The risks involved in not undergoing the treatment
- Whether or not his ability to consent is affected by his condition

No

According to the MMC Guideline on Consent for Treatment of Patients by Registered Medical Practitioners, the individual is not able to provide a valid consent as one or more of the following criteria is not fulfilled:

- Adequate knowledge on the illness
- Adequate knowledge on the surgery
- Absence of coercion/inducement in decision-making process
- Consent taken in a language which the individual understands

No

In scenarios other than the above, regardless of the absence or presence of a mental disorder, this individual is not suitable to undergo surgery because (please specify):

7. Done by

Signature	Stamp

Deep Brain Stimulation Surgery Psychological Assessment Form

(This is to be completed by the assessing doctor and is valid for 90 days from the date of assessment)

Date:

1. Demographic data

Name (sticker)	Age	Gender	Language (used in assessment)

2. Relevant psychiatric history

Include diagnosis, medication, follow-up, adherence to treatment and any other relevant information

3. Psychological screening

Depression (Whooley Questions) <i>(If the response to any item is 'Yes', proceed with a formal assessment)</i>	Yes (1)	No (0)
During the past month, have you often been bothered by feeling down, depressed or hopeless?		
During the past month, have you often been bothered by little interest or pleasure in doing things?		

Anxiety (GAD-2) How often have you been bothered by the following over the past two weeks: <i>(If the total score is 3 or above, proceed with a formal assessment)</i>	Not at all (0)	Several days (1)	More than half the days (2)	Nearly all the days (3)
Feeling nervous, anxious or on edge				
Not being able to stop or control worrying				

Psychosis and Mania (PSQ) <i>(If the response to any item is 'Yes', proceed with a formal assessment)</i>	Yes	No
Hypomania: Over the past year, have there been times when you felt very happy indeed without a break for days on end?		
Thought insertion: Over the past year, have you ever felt that your thoughts were directly interfered with or controlled by some outside force or person?		
Paranoia: Over the past year, have there been times when you felt that people were against you?		
Strange experiences: Over the past year, have there been times when you felt that something strange was going on?		
Hallucinations: Over the past year, have there been times when you heard or saw things that other people couldn't?		

Cognitive Deficit	Score
Montreal Cognitive Assessment (MoCA)	

Deep Brain Stimulation Surgery Psychological Assessment Form

(This is to be completed by the assessing doctor and is valid for 90 days from the date of assessment)

Date:

Obsession and Compulsion (Zohar-Fineberg Obsessive-Compulsive Screen) <i>(If the total score is 3 or above, proceed with a formal assessment)</i>	Yes	No
Do you wash or clean a lot?		
Do you check things a lot?		
Is there any thought that keeps bothering you that you would like to get rid of but can't?		
Do your daily activities take a long time to finish?		
Are you concerned about orderliness or symmetry?		

Impulsivity (Impulsive Behavior Screening, I-BeS)* Have you ever experienced any recurrent behaviours listed below driven by urges/impulses that are difficult to control and negatively affect your daily life? Each score (0-4) reflects the degree of impairment of the behaviour to the patient's daily life. <i>(This test is to be administered by a clinician; if the response to any item is 2 and above, proceed with assessment to look for major psychiatric disorder)</i>	Not at all (0)	Mild (1)	Moderate (2)	Severe (3)	Profound (4)
Anger outbursts or easily irritable over trivial matters					
Engaging in physical or verbal arguments					
Lying or engaging in deceitful behaviours					
Stealing or obtaining items without permission					
Gambling					
Online gaming to the point of neglecting personal responsibilities					
Shopping/excessive spending					
Binge eating					
Increased libido and sexual behaviours					
Driving above speed limit and/or disregarding traffic laws					

*Developed by UMMC Consultation-Liaison Psychiatry Team (2024)

4. Procedure-specific assessment

Parameters	N/A	Adequate	Inadequate
Knowledge on illness and surgery			
Purpose of surgery and illness process			
Process of surgery (pre-/intra-/post-operation)			
Potential risks and complications			
Psychosocial issues			
Absence of coercion/inducement in decision-making process			
Level of social support			
Level of financial and logistical support			
Motivation to proceed with the operation			
Substance use			
Substance use history and associated issues			

5. Additional notes *(if applicable)*

Deep Brain Stimulation Surgery Psychological Assessment Form

(This is to be completed by the assessing doctor and is valid for 90 days from the date of assessment)

Date:

6. Conclusion - Suitability to undergo procedure

Yes

No

According to MHA 2001, Section 77 (5), this individual with a mental disorder is not capable of providing informed consent due to the lack of understanding in one or more of the following (check whichever applies):

- The condition for which the treatment is proposed
- The nature and purpose of the treatment
- The risks involved in undergoing the treatment
- The risks involved in not undergoing the treatment
- Whether or not his ability to consent is affected by his condition

No

According to the MMC Guideline on Consent for Treatment of Patients by Registered Medical Practitioners, the individual is not able to provide a valid consent as one or more of the following criteria is not fulfilled:

- Adequate knowledge on the illness
- Adequate knowledge on the surgery
- Absence of coercion/inducement in decision-making process
- Consent taken in a language which the individual understands

No

In scenarios other than the above, regardless of the absence or presence of a mental disorder, this individual is not suitable to undergo surgery because (please specify):

7. Done by

Signature	Stamp

Fitness for Consent Assessment Form

(This is to be completed by the assessing doctor and is valid for 90 days from the date of assessment)

Date:

1. Demographic data

Name <i>(sticker)</i>	Age	Gender	Language <i>(used in assessment)</i>

2. Purpose of consent

Procedure	
Indication	

3. Relevant psychiatric history

Include diagnosis, medication, follow-up, adherence to treatment and any other relevant information

4. Psychological screening

Confusion Assessment Method (CAM) <i>(The diagnosis of delirium requires 1, 2 AND either 3 or 4)</i>	Yes	No
1. Acute onset and fluctuating course		
2. Inattention		
3. Disorganized thinking		
4. Altered level of consciousness "Overall, how would you rate this patient's level of consciousness?" <input type="checkbox"/> Normal = alert <input type="checkbox"/> Hyperalert = vigilant <input type="checkbox"/> Drowsy, easily aroused = lethargic <input type="checkbox"/> Difficult to arouse = stupor <input type="checkbox"/> Unarousable = coma		

Cognitive Deficit <i>(Screen in the presence of subjective complaint from patient/carer)</i>	Score
Montreal Cognitive Assessment (MoCA)	

Depression (Whooley Questions) <i>(If the response to any item is 'Yes', proceed with a formal assessment)</i>	Yes (1)	No (0)
During the past month, have you often been bothered by feeling down, depressed or hopeless?		
During the past month, have you often been bothered by little interest or pleasure in doing things?		

Anxiety (GAD-2) How often have you been bothered by the following over the past two weeks: <i>(If the total score is 3 or above, proceed with a formal assessment)</i>	Not at all (0)	Several days (1)	More than half the days (2)	Nearly all the days (3)
Feeling nervous, anxious or on edge				
Not being able to stop or control worrying				

Fitness for Consent Assessment Form

(This is to be completed by the assessing doctor and is valid for 90 days from the date of assessment)

Date:

Psychosis and Mania (PSQ) <i>(If the response to any item is 'Yes', proceed with a formal assessment)</i>		Yes	No
Hypomania:	Over the past year, have there been times when you felt very happy indeed without a break for days on end?		
Thought insertion:	Over the past year, have you ever felt that your thoughts were directly interfered with or controlled by some outside force or person?		
Paranoia:	Over the past year, have there been times when you felt that people were against you?		
Strange experiences:	Over the past year, have there been times when you felt that something strange was going on?		
Hallucinations:	Over the past year, have there been times when you heard or saw things that other people couldn't?		

Other symptoms *(if applicable)*

Fitness for Consent Assessment Form

(This is to be completed by the assessing doctor and is valid for 90 days from the date of assessment)

Date:

5. Procedure-specific assessment

Parameters	Adequate	Inadequate
Able to understand indication(s) of intended procedure		
Able to understand pre-operative or pre-procedural expectations		
Able to understand intra-operative and post-operative or procedural risks and complications		
Able to understand consequence(s) of not undergoing the intended procedure		
Able to retain the information long enough to make a decision		
Able to weigh up the information to make a decision		
Able to communicate his decision to the doctor		

6. Additional notes (if applicable)

7. Conclusion - Suitability to undergo procedure

Yes

No

According to MHA 2001, Section 77 (5), this individual with a mental disorder is not capable of providing informed consent due to the lack of understanding in one or more of the following (check whichever applies):

- The condition for which the treatment is proposed
- The nature and purpose of the treatment
- The risks involved in undergoing the treatment
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No

According to the MMC Guideline on Consent for Treatment of Patients by Registered Medical Practitioners, the individual is not able to provide a valid consent as one or more of the following criteria is not fulfilled:

- Adequate knowledge on the illness
- Adequate knowledge on the surgery
- Absence of coercion/inducement in decision-making process
- Consent taken in a language which the individual understands

No

In scenarios other than the above, regardless of the absence or presence of a mental disorder, this individual is not suitable to undergo surgery because (please specify):

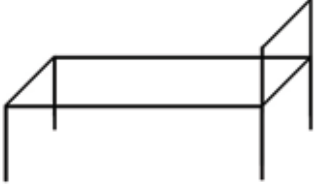
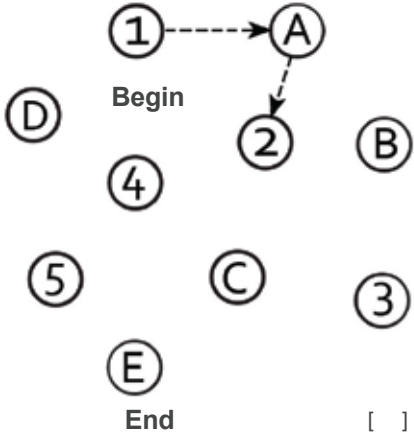
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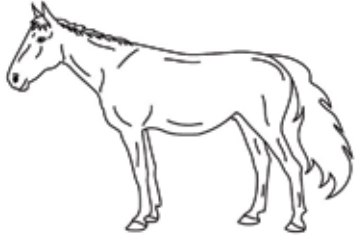


Signature	Stamp

MONTREAL COGNITIVE ASSESSMENT (MoCA®)

Version 8.3 English

Name:
 Education: Date of birth:
 Sex: Date:

VISUOSPATIAL / EXECUTIVE	POINTS
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">Copy bed</p>  </div> <div style="width: 45%;"> <p>Draw CLOCK (Five past ten) (3 points)</p> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> [] [] [] </div> <p style="text-align: center; margin-top: 5px;">Contour Numbers Hands</p> </div> </div> <div style="margin-top: 20px;">  </div>	<p>___ / 5</p>

NAMING	
<div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  <p>[]</p> </div> <div style="text-align: center;">  <p>[]</p> </div> <div style="text-align: center;">  <p>[]</p> </div> </div>	<p>___ / 3</p>

MEMORY		LEG	COTTON	SCHOOL	TOMATO	WHITE	
Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.	1st TRIAL						NO POINTS
	2nd TRIAL						

ATTENTION		
Read list of digits (1 digit/sec.).	Subject has to repeat them in the forward order. [] 2 4 8 1 5 Subject has to repeat them in the backward order. [] 4 2 7	<p>___ / 2</p>

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors.	[] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B	<p>___ / 1</p>
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Serial 7 subtraction starting at 60.	[] 53 [] 46 [] 39 [] 32 [] 25 4 or 5 correct subtractions: 3 pts , 2 or 3 correct: 2 pts , 1 correct: 1 pt , 0 correct: 0 pt	<p>___ / 3</p>
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LANGUAGE		
Repeat: The child walked his dog in the park after midnight.	[]	<p>___ / 2</p>
The artist finished his painting at the right moment for the exhibition.	[]	

Language Fluency. Name maximum number of words in one minute that begin with the letter B.	[] _____ (N ≥ 11 words)	<p>___ / 1</p>
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ABSTRACTION		
Similarity between e.g. banana - orange = fruit	[] hammer - screwdriver [] matches - lamp	<p>___ / 2</p>

DELAYED RECALL		LEG	COTTON	SCHOOL	TOMATO	WHITE		
(MIS) Has to recall words							Points for UNCUED recall only	<p>___ / 5</p>
Memory Index Score (MIS)	X3	WITH NO CUE	[]	[]	[]	[]		
	X2	Category cue						
	X1	Multiple choice cue					MIS = ___ / 15	

ORIENTATION		
[] Date [] Month [] Year [] Day [] Place [] City		<p>___ / 6</p>

© Z. NasreddineMD	www.mocatest.org	MIS: ___ / 15 (Normal ≥ 26/30)	
Administered by: _____	Training and Certification are required to ensure accuracy.	Add 1 point if ≤12 yr education	<p>TOTAL ___ / 30</p>

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