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MENTAL HEALTH QUESTIONNAIRE

Name:

Date:

Date of Birth:

UK CAA Reference Number:

EASA Reference Number:

		YES	NO
<u>1</u>	Do you have any current work and / or life stressors?		
<u>2</u>	Do you have difficulty applying coping strategies during periods of psychological stress or pressure, including seeking advice from others?		
<u>3</u>	Do you have any difficulties with operational crew resource management (CRM), or with your employer or work colleagues?		
<u>4</u>	Do you have any significant interpersonal or relationship issues, including difficulties with relatives, friends or work colleagues?		
<u>5</u>	Have you suffered from any periods of anxiety affecting your behaviour or ability to cope?		
<u>6</u>	Have you lost interest and / or motivation in personal or work-related activities?		
<u>7</u>	Do you have sleep problems?		
<u>8</u>	Has there been an unexplained change in your eating habits?		
<u>9</u>	Has there been an unexplained change in your weight?		
<u>10</u>	Have you increased your use of alcohol or other substances, including illicit or prescribed drugs, to help cope with stress?		
<u>11</u>	Are you low in mood and / or have you had or do you have suicidal thoughts?		
<u>12</u>	Are you experiencing feelings of anger, agitation or very high mood?		
<u>13</u>	Are you experiencing feelings of detachment from important things around you or loss of control?		
<u>14</u>	Do you have a family history of psychiatric disorders, including suicide or addiction disorders?		
<u>15</u>	Is there anything else causing you concern that you would like to discuss, mental or physical?		

Name:

Signature:

Date:

If you have answered 'Yes' to any of the questions above, please give further details below, stating the question number.

Name:

Signature:

Date: