

Patient ID code:	Date:	Session no:	Therapist ID:
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PHQ 9
Over **the last 2 weeks**, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things e.g. reading the newspaper or watching TV	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite, being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3
Total PHQ score:				

If you have answered 'several days' or more (scored 1 - 3) to the previous question, please also answer the following questions:

1. Do you ever feel so bad that you think about harming or killing yourself?	Yes	No									
2. Do you ever feel that life is not worth living?	Yes	No									
3. Have you made any plans to end your life?	Yes	No									
4. Do you know how you would kill yourself?	Yes	No									
5. Have you made actual preparations to kill yourself?	Yes	No									
6. Have you ever attempted to kill yourself in the past?	Yes	No									
7. How likely is it that you would act upon such thoughts and plans? (0 = Not at all likely; 10 = Extremely likely)	0	1	2	3	4	5	6	7	8	9	10
8. What is preventing you from killing or harming yourself at the moment?											

GAD 7
Over **the last 2 weeks**, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Total GAD score:				

Medication

Are you currently taking any medicine for mental health problems (e.g. antidepressants?) Yes No

Are you satisfied with your medication / dosage? Yes No

Employment

Please indicate which of the following options best describes your current status:

- | | | |
|---|--|--|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Unemployed (seeking work) | <input type="checkbox"/> Student part-time |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Self employed | <input type="checkbox"/> Benefits | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Student full-time | |

Are you currently receiving Statutory Sick-Pay? Yes No Don't know

Are you suitable for or do you feel you would benefit from receiving employment support? Yes No

Work and Social Adjustment

Please look at the questions below and give a number between 0 and 8 to describe how much your problems affect you in each area. 0 means "Not at all affected" and 8 means "Very severely affected".

1. **Work** (if you are retired or choose not to have a job for reasons unrelated to your problem, please tick N/A

0 1 2 3 4 5 6 7 8

2. **Home management** (cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc.)

0 1 2 3 4 5 6 7 8

3. **Social leisure activities** (done with other people e.g. parties, visits to the pub, entertaining etc.)

0 1 2 3 4 5 6 7 8

4. **Private leisure activities** (done alone, e.g. reading, gardening, sewing, hobbies, going for walks etc.)

0 1 2 3 4 5 6 7 8

5. **Family and relationships** (forming and maintaining close relationships with others including the people you live with)

0 1 2 3 4 5 6 7 8

Total W&SA Score:

Phobias

Please choose a number from the scale below to show how much you would avoid the kinds of situations described for the reasons given). 0 means "Would not avoid" and 8 means "Would always avoid".

1. **Social situations** because I fear being embarrassed or making a fool of myself

0 1 2 3 4 5 6 7 8

2. **Certain situations because I fear having a panic attack** (e.g. loss of bladder control, vomiting or dizziness)

0 1 2 3 4 5 6 7 8

3. **Certain situations because I fear particular objects or activities** (e.g. animals, heights, seeing blood, confined spaces, driving or flying)

0 1 2 3 4 5 6 7 8

Total Phobia Score: