

Patient ID code:

Date:

Session no:

Therapist ID:

**PHQ 9**

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

1. Little interest or pleasure in doing things
2. Feeling down, depressed or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things e.g. reading the newspaper or watching TV
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
9. Thoughts that you would be better off dead or hurting yourself in some way

**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?
2. Do you ever feel that life is not worth living?
3. Have you made any plans to end your life?
4. Do you know how you would kill yourself?
5. Have you made actual preparations to kill yourself?
6. Have you ever attempted to kill yourself in the past?
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?

1. Feeling nervous, anxious or on edge
2. Not being able to stop or control worrying
3. Worrying too much about different things
4. Trouble relaxing
5. Being so restless that it is hard to sit still
6. Becoming easily annoyed or irritable
7. Feeling afraid as if something awful might happen

**Total GAD score:** \_\_\_\_\_

### Medication

Are you currently taking any medicine for mental health problems (e.g. antidepressants?)

Are you satisfied with your medication / dosage?

### Employment

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

|                    |                           |                   |
|--------------------|---------------------------|-------------------|
| Employed full-time | Unemployed (seeking work) | Student part-time |
| Employed part-time | Unemployed                | Homemaker         |
| Self employed      | Benefits                  | Volunteer         |
| Retired            | Student full-time         |                   |

Are you currently receiving Statutory Sick-Pay?

Are you suitable for or do you feel you would benefit from receiving employment support?

### Work and Social Adjustment

Please look at the questions below and choose 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".

- 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    N/A
- Home management** (cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc.)  
0    1    2    3    4    5    6    7    8
- 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
- Private leisure activities** (done alone, e.g. reading, gardening, sewing, hobbies, going for walks etc.)  
0    1    2    3    4    5    6    7    8
- 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".

- Social situations** because I fear being embarrassed or making a fool of myself  
0    1    2    3    4    5    6    7    8
- 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
- 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:** \_\_\_\_\_