Patient ID:	Date:	Session No.:	Therapist ID:

## **PHQ 9**

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

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	Not at all	Several days	More than half the days	Nearly every day	
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, such as reading the newspaper or watching television	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 of hurting yourself in some way	0	1	2	3	
	Total PHQ 9 Score:		Score:		

*If you have answered 'several days' or more to Q.9 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 suicide in the past?	Yes	No
7. How likely is it that you would act upon such thoughts and plans? 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 <u>last 2 weeks</u>, 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
	T	otal GAD 7	' Score:	

Medication  Are you currently taking any med	lication for <u>mental h</u>	ealth problem	ı <u>s?</u> (e.g. ant	i-depressan	ts) 🗌 Yes	s 🗌 No
Are you satisfied with your medic	cation/dosage? 🗌 `	Yes				
IAPT Employment						
Please tick which of the following options best describes your current status:						
<ul><li>☐ Employed part-time</li><li>☐ Self employed</li></ul>	☐ Unemploye	ed		☐ Homen		
Retired	Student (fu	II time)				
Are you currently receiving Sta	atutory Sick Pay?	☐ Yes	□ No [	Don't kno	W	
Are you suitable for or do you	feel you would be	nefit from re	ceiving em	ployment s	upport?	Yes No
Work & Social Adjustment  Please look at the questions b		umber betwe	een 0 and	8 to describ	oe how m	uch your
problems affect you in each an  1. Work (If you are retired or cho		ob for reasons	s unrelated t	to vour probl	em please	tick N/A
0 1 2 Not at all affected	3	4	5	6	7	8 erely affected
<ul><li>2. Home Management (cleaning</li><li>0</li><li>1</li><li>2</li><li>Not at all affected</li></ul>	g, tidying, shopping, 3	cooking, look 4	king after ho	me/children 6	7	lls etc) 8 erely affected
3. Social Leisure Activities (wit	h other people – e.g	g. parties, pub	s outings, e	entertaining,	etc.)	
0 1 2 Not at all affected	3	4	5	6	7 Very seve	8 erely affected
4. Private Leisure Activities (d 0 1 2 Not at all affected	one alone, e.g. read	ding, gardenin 4	ig, sewing, I 5	nobbies, wal 6	7	8 erely affected
5. Family and Relationships (foliow with)	orm and maintain cl	ose relationsh	nips with oth	ners includin	•	•
0 1 2 Not at all affected	3	4	5	6	7 Very seve	8 erely affected
			Total W&S	AS Score:		
IAPT Phobia Please choose a number from the scale below to show how much you would avoid each of the situations for the reasons given:						
1. Social situations because I for 0 1 2 Would not avoid	ear being embarra		i <b>ng a fool o</b> 5	<b>f myself</b> 6	7 W	8 ould always avoid
2. Certain situations because I fear having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness)						
0 1 2 Would not avoid	3	4	5	6	•	3 ould always avoid
<b>3. Certain situations because I fear particular objects</b> or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying)						
0 1 2 Would not avoid	3	4	5	6		8 ould always avoid
				Total Phob	ia Score:	