Patient ID:	Date	<b>3:</b>	Session No.:	Thera	pist ID:
			이 이 그렇지 않아지는 네트		

PHQ 9  Over the <u>last 2 weeks</u> , how often have you been bothered by an	nv of the fo	llowina pr	oblems?	
	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, 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

. Do you ever feel so bad that you think about harming or killing yourself?	Yes	No	
. Do you ever feel that life is not worth living?	Yes	No	
. Have you made any plans to end your life?	- Yes	No	
. Do you know how you would kill yourself?	Yes	No	
. Have you made actual preparations to kill yourself?	Yes	No	. 97
. Have you ever attempted suicide in the past?	Yes	No	
. How likely is it that you would act upon such thoughts and plans? 0 1 2 3 4 . What is preventing you from killing or harming yourself at the moment?	5 6	7 8	9 10
요즘 통하기 불로 하셨다. 그런 그렇게 보는 이 사람은 경고 하면 하게 되었다. 나는			
			and the Agent The American

**Total PHQ 9 Score:** 

GAD 7				
Over the last 2 weeks, how often have you been bothered by	y any of the	following p	oroblems?	
	Not at all	Several days	More than half the days	Nearly every day
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	<b>(1</b> )	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
	7	otal GAD 7	Score:	-1

<u>Medication</u>						
Are you currently taking any medi	cation for <u>ment</u>	al health pro	<u>blems?</u> (e.g.	anti-depres	sants) 🔲	Yes 🗌 No
Are you satisfied with your medica	ation/dosage?	☐ Yes ☐	] No			
IAPT Employment						
Please tick which of the following	ng options bes	st describes	s your curre	nt status:		
☐ Employed full-time	☐ Unempl	oyed (seek	ing work)	☐ Stud	lent (part	time)
☐ Employed part-time	☐ Unempl	oyed		☐ Hon	nemaker	
☐ Self employed	☐ Benefits	;		☐ Volu	ınteer	
Retired	☐ Student	(full time)				
Are you currently receiving Sta	tutory Sick Pa	y? 🔲 \	′es □ No	☐ Don't	know	
Are you suitable for or do you f	eel you would	benefit from	m receiving	employme	nt support	? 🗌 Yes 🔲 No
Work & Social Adjustment						
Please look at the questions be problems affect you in each are	_	a number b	oetween 0 a	nd 8 to des	cribe how	much your
1. Work (If you are retired or choose					roblem ple	ase tick N/A 🗌
0 1 2 Not at all affected	3	4	5	6	7 Verv s	8 everely affected
Home Management (cleaning, 0 1 2  Not at all affected	tidying, shopp	ing, cooking .4	, looking after 5	home/child 6	ren, paying 7	and the second s
3. Social Leisure Activities (with	other people -	e.g. parties	, pubs outing	s, entertaini	ng, etc.)	
0 1 2 Not at all affected	3	4	5	6	7 Very s	8 everely affected
4. Private Leisure Activities (do	ne alone, e.g. ı	reading, gard	dening, sewin	g, hobbies,	walking, et	c.)
0 1 2 Not at all affected	. 3	4	5	6	7 Verv s	8 everely affected
5. Family and Relationships (fo live with)	rm and maintai	n close relat	ionships with	others inclu		
0 1 2 Not at all affected	3	4	5	6	7	8
Not at all allected			Total W	&SAS Scor		everely affected
IAPT Phobia	. <u>.</u>					
Please choose a number from for the reasons given:	the scale belo	w to show	how much y	ou would a	void each	of the situations
1. Social situations because I fe	ar being emba	rrassed or	making a foo	ol of myself	F	
0 1 2 Would not avoid	3	4	5	6	7	8 Would always avoid
2. Certain situations because I f bladder control, vomiting or dizzing	ess)				•	
-02 Would not avoid		4	5	6		8 Would always avoid
3. Certain situations because I f		<b>objects</b> or a	ctivities (such	n as animals	s, heights, s	seeing blood, being
in confined spaces, driving or flyin  0 1 2  Would not avoid	g) 3	4	5	6	7	8 Would always avoid
				Total P	hobia Sco	