

ID number and session date:

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, 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 |

PHQ9 total score

If you ticked 1,2 or 3 to question 9, how likely are you to act on these thoughts (from 0=not at all to 10=will definitely act)?

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 |

GAD7 total score

IAPT Phobia Scales:

Choose a number from the scale below to show how much you would avoid each of the situations or objects listed below. Then write the number in the box opposite the situation.

0 1 2 3 4 5 6 7 8

Never avoid it	Slightly avoid it	Definitely avoid it	Markedly avoid it	Always avoid it
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- | | |
|-----|---|
| A17 | Social situations due to a fear of being embarrassed or making a fool of myself |
| A18 | Certain situations because of a fear of having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness) |
| A19 | Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying). |

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IAPT Employment Status Questions:

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

Employed full-time		Unemployed	
Employed part-time		Full-time homemaker or carer	
Self-employed		Long-term sick or disabled, those who are receiving Incapacity Benefit, Income Support or both; or employment and support allowance	
Retired		Not receiving benefits and who are not working or actively seeking work	
Full-time student		Unpaid voluntary work who are not working or actively seeking work	

1) If you are working, how many hours a week do you work?

2) If you are signed off, are you currently receiving Statutory Sick Pay?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

3) Do you have any issues at work that you would benefit from receiving employment support with? (e.g. grievance procedures)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

4) If you are on benefits, please indicate which:

Jobseekers Allowance (JSA)	
Employment and Support Allowance (ESA)	
Universal Credit	
Personal Independence Payment	
Other	

5) Have you been prescribed any medication for your psychological difficulties? Please indicate the name, the dose and how long you have been taking it:

Prescribed and taking	
Prescribed but not taking	
Not prescribed	

Work and Social Adjustment

People's problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems look at each section and determine on the scale provided how much your problem impairs your ability to carry out the activity.

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

0	1	2	3	4	5	6	7	8	N/A
Not at all		Slightly		Definitely		Markedly		Very severely, I cannot work	<input type="checkbox"/>

2. **HOME MANAGEMENT** – Cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very severely

3. **SOCIAL LEISURE ACTIVITIES** - With other people, e.g. parties, pubs, outings, entertaining etc.

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very severely

4. **PRIVATE LEISURE ACTIVITIES** – Done alone, e.g. reading, gardening, sewing, hobbies, walking etc.

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very severely

5. **FAMILY AND RELATIONSHIPS** – Form and maintain close relationships with others including the people that I live with

0	1	2	3	4	5	6	7	8
Not at all		Slightly		Definitely		Markedly		Very severely

W&SAS total score