
















Steps 2 Wellbeing Questionnaires

Name: _____












Date: _____

<p>Here are some questions for you to answer. Steps 2 Wellbeing gives these to everyone who they see.</p>	
<p>You will need to do these questions every time you have an appointment.</p>	
<p>This means your therapist can see if things are getting any better.</p> <p>Your therapist is the person helping you at Steps 2 Wellbeing</p>	
<p>Some of the questions might seem strange or upsetting. Please answer all the questions.</p>	
<p>If you need help to answer the questions, you can ask a friend or carer. You can also ask your therapist to help you.</p> <p>Thank you for answering the questions.</p>	

PHQ-9 Mood Questionnaire: Over the **last 2 weeks**, how often have you been bothered by any of the following problems?

		0 days 	3-4 days 	More than 7 days 	Nearly everyday 
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, such as reading the newspaper or watching TV					
8. Moving or speaking so slowly that other people have noticed? Or being so fidgety and 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					



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

		0 days 	3-4 days 	More than 7 days 	Nearly everyday 
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 it is hard to sit still					
6. Becoming easily annoyed or irritable					
7. Feeling afraid as though something awful might happen					

IAPT Phobia Scales: Circle a number from the scale below to show much you avoid each of the situations or objects.



1. Social situations due to fear of being embarrassed or making a fool of myself



								
Do not stay away				Stayed Away			Always stay away	
0	1	2	3	4	5	6	7	8



2. Certain situations because of fear of having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness)



								
Do not stay away				Stayed Away			Always stay away	
0	1	2	3	4	5	6	7	8

3. Certain situations because of fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying)








								
Do not stay away				Stayed Away			Always stay away	
0	1	2	3	4	5	6	7	8

Work and Social Adjustment Scale

Please circle the number on the scale to show how much of a problem things are.

How much has your problem stopped you from doing things at home like:

Cooking		Cleaning						
Paying bills		Looking after children						
								
Not at all	A bit		Quite a Lot	A Lot				
0	1	2	3	4	5	6	7	8

How much has your problem stopped you from doing social activities like:

Going to Parties		Going to the Pub						
Going out		Entertaining others						
								
Not at all	A bit		Quite a lot	A Lot				
0	1	2	3	4	5	6	7	8

How much has your problem stopped you from doing things by yourself like:

Reading



Gardening



Sewing



Walking



Not at all

A bit

Quite a lot

A Lot

0

1

2

3

4

5

6

7

8

How much has your problem stopped you from forming and maintaining close relationships?



Not at all

A bit

Quite a lot

A Lot

0

1

2

3

4

5

6

7

8

Do you go to work? YES NO

If you work, how much has your problem stopped you from doing things at work?



Not at all

A bit

Quite a lot

A Lot

0

1

2

3

4

5

6

7

8