

TO BE COMPLETED ON DAY OF APPOINTMENT AND KEPT WITH YOU

Outcome Measures

Name:

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 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 NOT INCLUDE Q10 AND Q11 IN THE TOTAL SCORES		PHQ9 total score			<input type="text"/>
10	Thoughts of harming other people	0	1	2	3
11	Thoughts of being at risk of harm from other people	0	1	2	3

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 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

A11 - 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, then write the number in the box opposite the situation.

0 1 2 3 4 5 6 7 8
 Would not avoid it Slightly avoid it Definitely avoid it Markedly avoid it Always avoid it

- A16 Social situations due to a fear of being embarrassed or making a fool of myself
- A17 Certain situations because of fear of having a panic attack or other distressing symptoms (such as a loss of bladder control, vomiting or dizziness)
- A18 Certain situation because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying)

IAPT Employment Status Questions

A13 - Please indicate which of the following options best describes your current status

Employed full time (30 hours or more per week)	<input type="text"/>	→ No. Hours/ Week <input type="text"/>
Employed part-time	<input type="text"/>	
Self Employed	<input type="text"/>	
Unemployed	<input type="text"/>	
Not working due to ill health or disability	<input type="text"/>	
Full-time student	<input type="text"/>	
Retired	<input type="text"/>	
Full-time homemaker or carer	<input type="text"/>	

A14 Are you currently signed off work?

Yes

No

Are you currently receiving Statutory Sick Pay?

Yes

No

A15 Please indicate which of the following you are receiving:

Job Seekers Allowance (JSA)	<input type="text"/>	Universal Credit	<input type="text"/>
Employment Support Allowance (ESA)	<input type="text"/>	Personal Independence Payment (PIP)	<input type="text"/>
Incapacity Benefit	<input type="text"/>	Other	<input type="text"/>

Are you taking any medication to manage your symptoms?

Yes

No

If yes please state name of medication

Dosage

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	I cannot work	<input type="text"/>

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	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	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	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	Severely

A12 - W & SAS total score