NAME: DATE:

# PHQ-9

	ver the <u>last 2 weeks</u> , how often have you been bothered by any 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 T	otal Score	

## GAD7

	ver the <u>last 2 weeks</u> , how often have you been bothered by any 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	
Would avoid		Slightly Definitely Markedly avoid it avoid it avoid it			,	Always avoid it			
1	Social situations due to a fear of being embarrassed or making a fool of myself								
2	Certain situation (such as loss of	mptoms							
3	Certain situation heights, seeing	animals,							

## **IAPT Employment Status**

1. Please indicate which of the following options best describe your current status:

Employed (Full time)	Student (Full time)
Employed (Part time)	Student (Part time)
Employed (Self)	Homemaker
Unemployed (Seeking work)	Volunteer
Unemployed	Retired
Benefits	

k pav	√?
ļ	k pay

YES/NO

3. Are you suitable for or feel you would benefit from receiving employment support?

YES/NO

#### Medication

Are you currently taking any medications for your difficulties e.g. anti-depressants?

YES/NO

### **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 leave blank

0	1	2	3	4	5	6	7	8
Not	at Slightly			Definitel	у	Markedly	Very severely,	
all							I cann	ot work

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

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

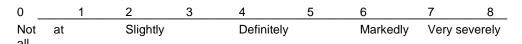
3. SOCIAL LEISURE ACTIVITIES - With other people, e.g. parties, pubs, outings, entertaining etc.

0 _	1	2	3	4	5	6	7	8
Not all	at	Slightly		Definite	ely	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	at Slightly		Definitely	<b>y</b>	Markedly	Very s	everely	

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



W&SAS total score