

Service User Initials:.....

Date:.....

Please complete and have with you

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

PLEASE TOTAL THE NUMBERS AND WRITE HERE:

CORE 10

	Not at all	Only occasionally	Sometimes	Often	Most or all of the time
Over the last week I made plans to end my life	0	1	2	3	4

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

PLEASE TOTAL THE NUMBERS AND WRITE HERE:

PLEASE TURN OVER

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 not avoid it				Slightly avoid it				Definitely avoid it				Markedly avoid it				Always avoid it
1																
																<input type="text"/>
2																<input type="text"/>
3																<input type="text"/>

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

Long term sick or disabled	<input type="checkbox"/>
Employed full-time (30 hours or more per week)	<input type="checkbox"/>
Employed part-time	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>
Full-time student	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Full-time homemaker or carer	<input type="checkbox"/>
Not receiving benefits and not actively seeking work	<input type="checkbox"/>
Unpaid voluntary work and not working or actively seeking work	<input type="checkbox"/>

Are you currently receiving Sick Pay? **Yes** **No**

Are you currently receiving Job Seekers Allowance, Income support or Incapacity benefit? **Yes** **No**

Do you currently take anti-depressants or anti-anxiety medication (eg Prozac, Propanalol, Diazepam)?

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,			<input type="checkbox"/>
														I cannot 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 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		

PLEASE TOTAL THE NUMBERS AND WRITE HERE: