Name:…… Date, time and location:……

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

PHQ total score ☐

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

GAD 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 Never avoid it — 1 — 2 Slightly avoid it — 3 — 4 Definitely avoid it — 5 — 6 Markedly avoid it — 7 — 8 Always avoid it

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):	☐

Use of Psychotropic medication?
(medication for mental health problems)

Prescribed and taking	☐	Would rather not say	☐
Prescribed but not taking	☐	Not sure	☐
Not Prescribed	☐		

IAPT Employment Status Questions

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

Employed full-time (30 hours or more per week)	☐
Employed part-time	☐
Unemployed	☐
Full-time student	☐
Retired	☐
Full-time homemaker or carer	☐
Long term sick or disabled, receiving incapacity benefit, income support or both, or Employment support allowance	☐
Not working or seeking work and not on benefits	☐
Rather not say	☐
Unpaid voluntary work who are not working or seeking work	☐

Employment Attendance Status

Employed and in work	☐
Employed and off sick	☐
Not applicable	☐

The number of hours worked in a typical week

30+ hours	☐	Would rather not say	☐
16-29 hours	☐	Not applicable	☐
5-15 hours	☐	Not sure	☐
1- 4 hours	☐		

Are you currently receiving Statutory Sick Pay?	**Yes** ☐	**No** ☐	**Would rather not say** ☐	**Not sure** ☐

Receiving benefits

Job Seekers Allowance	**Yes** ☐	**No** ☐	**Would rather not say** ☐	**Not sure** ☐
Employment and Support Allowance	**Yes** ☐	**No** ☐	**Would rather not say** ☐	**Not sure** ☐
Universal Credit	**Yes** ☐	**No** ☐	**Would rather not say** ☐	**Not sure** ☐
Personal Independence Payment	**Yes** ☐	**No** ☐	**Would rather not say** ☐	**Not sure** ☐
Other benefits	**Yes** ☐	**No** ☐	**Would rather not say** ☐	**Not sure** ☐

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		☐

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 ☐

Therapist Use Only: Update/review Diagnosis, Use Disorder Specific Measure if appropriate, Complete/Update Cluster