Please complete <u>both sides</u> of this questionnaire

Livewell Southwest

Name:	**Date of Birth:**			
PHQ-9 - Over the <u>last 2 weeks</u>, have you been bothered by any of the following problems? *(Circle your answer)*	Not at all	Several days	More than ½ the days	Nearly every day
1. Little interest, pleasure or motivation 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 in some way	0	1	2	3
7. Trouble concentrating on things such as reading and watching TV	0	1	2	3
8. Moving or speaking so slowly that other people could notice, or the opposite, being so restless and moving much more than usual	0	1	2	3
9. Thoughts of being better off dead or of hurting yourself in some way	0	1	2	3

TOTAL **(out of 27)**

Do you have any intent or plans to harm yourself or end your life? Yes or No? If YES please talk to your Practitioner

GAD-7 - Over the <u>last 2 weeks</u>, have you been bothered by any of the following problems? *(Circle your answer)*	Not at all	Several days	More than ½ 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

TOTAL **(out of 21)**

Phobia Scales - choose a number from the scale below to show how much you avoid the situations or objects listed then write the number in the box.

0 1 2 3 4 5 6 7 8

Would not avoid it — Slightly avoid it — Definitely avoid it — Markedly avoid it — Severely avoid it

1. Social situations due to a fear of being embarrassed or making a fool of myself	
2. Situations because of a fear of having a panic attack or other distressing symptoms (e.g. loss of bladder control, vomiting)	
3. Situations because of a fear of particular objects or activities (e.g. animals, heights, driving or flying)	

P.T.O.

Work & Social Adjustment Scale - Our problems sometimes affect our ability to do certain day-to-day tasks. To rate your problems, look at each area and indicate (by circling the number) how much your problem affects 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. N/A ☐

0	1	2	3	4	5	6	7	8
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 & RELATIONSHIPS – Form & maintain close relationships with others, including the people I live with.

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

Total (out of 40)

IAPT Employment Status Questionnaire

A13 please indicate which of the following options best describes your current status:

Employed Full time (16 hours or more)	
Employed Part time (under 16 hours)	
Unemployed	
Full Time Student	
Retired	
Full Time Home maker or Carer	
Self Employed	
Voluntary Worker	

A14- Are you currently receiving Statutory Sick Pay or in work but on sick leave?

Yes	
No	

A15- Are you currently receiving Job Seekers Allowance, Income Support or Incapacity Benefit, Employment and Support Allowance (ESA) or health related benefit?

Yes	
No	

Medication

A5-Use of Psychotropic Medication such as antidepressants or beta blockers?

Yes	
No	