1. **Please press REPLY on this email**
2. **Please complete the form prior to the session**
3. **Once the form is completed, please press SEND to submit the form**

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| --- | --- | --- | --- |
| NAME | Click here to enter text. | DATE | Click here to enter a date. |
| PHQ-9**Over the last 2 weeks, how often have you been bothered by any of the following problems?**   | **Not at all****0** | **Several Days****1** | **More than half the days****2** | **Nearly every day****3** |
| Little interest or pleasure in doing things ? |[ ] [ ] [ ] [ ]
| Feeling down, depressed, or hopeless? |[ ] [ ] [ ] [ ]
| Trouble falling or staying asleep, or sleeping too much? |[ ] [ ] [ ] [ ]
| Feeling tired or having little energy? |[ ] [ ] [ ] [ ]
| Poor appetite or overeating? |[ ] [ ] [ ] [ ]
| Feeling bad about yourself — or that you are a failure or have let yourself or your family down? |[ ] [ ] [ ] [ ]
| Trouble concentrating on things, such as reading the newspaper or watching television? |[ ] [ ] [ ] [ ]
| 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? |[ ] [ ] [ ] [ ]
| Thoughts that you would be better off dead or of hurting yourself in some way? |[ ] [ ] [ ] [ ]

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| **Risk Assessment responses**  |
| **I have thoughts of killing myself:** | Y [ ]  | N [ ]  |
| **I have thoughts of killing myself, but I would not carry them out:** | Y [ ]  | N [ ]  |
| **I have thought of killing myself and I have made plans or preparations to act on these thoughts:** | Y [ ]  | N [ ]  |
| **What is the likelihood that you will act on these thoughts/plans?** | 1 [ ]  | 2 [ ]  | 3 [ ]  | 4 [ ]  | 5 [ ]  | 6 [ ]  | 7 [ ]  | 8 [ ]  | 9 [ ]  | 10 [ ]  |

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| GAD-7**Over the last 2 weeks, how often have you been bothered by any of the following problems?**   | **Not at all****0** | **Several Days****1** | **More than half the days****2** | **Nearly every day****3** |
| Feeling nervous, anxious or on edge? |[ ] [ ] [ ] [ ]
| Not being able to stop or control worrying? |[ ] [ ] [ ] [ ]
| Worrying too much about different things? |[ ] [ ] [ ] [ ]
| Trouble relaxing? |[ ] [ ] [ ] [ ]
| Being so restless that it is hard to sit still? |[ ] [ ] [ ] [ ]
| Becoming easily annoyed or irritable? |[ ] [ ] [ ] [ ]
| Feeling afraid as if something awful might happen? |[ ] [ ] [ ] [ ]

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| **Are you prescribed medication for anxiety or depression** | Y [ ]  | N [ ]  |
| **Are you taking the medication prescribed for anxiety or depression?** | Y [ ]  | N [ ]  |

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| **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 not avoid it | Slightly avoid it | Definitely avoid it  | Markedly Avoid it | Always Avoid it |
| **Social situations due to a fear of being embarrassed or making a fool of myself** | Choose an item. |
| **Certain situations because of a fear of having a panic attack or other distressing symptoms such as loss of bladder control, vomiting or dizziness)** | Choose an item. |
| **Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying).** | Choose an item. |

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| **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 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). **N/A** [ ]  |
|  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 |
|  **ANSWER 1-8** Choose an item. |

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| 2. **HOME MANAGEMENT** – Cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc.  |
|  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 |
|  **ANSWER 1-8** Choose an item. |
| 3. **SOCIAL LEISURE ACTIVITIES** - With other people, e.g. parties, pubs, outings, entertaining etc. |
|  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 |
|  **ANSWER 1-8** Choose an item. |
| 4. **PRIVATE LEISURE ACTIVITIES** – Done alone, e.g. reading, gardening, sewing, hobbies, walking etc. |
|  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 |
|  **ANSWER 1-8** Choose an item. |
| 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  |
| Would not avoid it | Slightly avoid it | Definitely avoid it  | Markedly Avoid it | Always Avoid it |
|  **ANSWER 1-8** Choose an item. |

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| **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 homemaker or carer [ ]   | Full-time student [ ]  | Retired [ ]  |
| **Are you currently receiving Statutory Sick Pay?**  **Y** [ ]  **N** [ ]  |
| **Are you currently receiving Job Seekers Allowance, Income support or Incapacity benefit? Y** [ ]  **N** [ ]  |