



# UNIVERSITY MEDICAL CENTRE PSYCHOLOGICAL THERAPIES

PHQ-9 = \_\_\_\_\_

Over the <u>last 2 weeks</u> , 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 hurting yourself in some way	0	1	2	3

GAD-7 = \_\_\_\_\_

Over the <u>last 2 weeks</u> , 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

## 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. Social situations due to a fear of being embarrassed or making a fool of myself
2. Certain situations because of a fear of having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness)
3. Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confined space, driving or flying)

## Employment Status Questions

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

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

Are you currently receiving Statutory Sick Pay?                      Yes                       No

Are you currently receiving Job Seeker Allowance, Income Support or Incapacity Benefit?                      Yes                       No

## W&SAS = \_\_\_\_\_

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  
 Not at all                      Slightly                      Definitely                      Markedly                      Very severely, I cannot work                      N/A

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,