

PHQ-9	Over the last 2 weeks (or other agreed time period) 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-9 total score =

GAD-7	Over the last 2 weeks (or other agreed time period) 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-7 total score =

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 spaces, driving or flying).							



Date:

Patient Name:

DOB:

IAPTus Number:

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

- 1) Employment Full-time (30 hours or more per week)
- 2) Employed Part-time
- 3) Unemployed
- 4) Full-time Student
- 5) Retired
- 6) Full-time homemaker or Carer
- 7) Long-term sick or disabled
- 8) Not receiving benefits and not working or actively seeking work
- 9) Not stated (You are declining to provide a response)
- 10) Unpaid voluntary work, you are not working or actively seeking work.
- 11) Unpaid voluntary work and seeking paid employment

Are you currently receiving any of the following?

Statutory sick pay Job Seekers Allowance Income Support Incapacity Benefit Employment and support Allowance

Are you on medication from your GP?

Yes No

Are you taking it regularly?

Yes No

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.

WORK:

If you are retired or choose not to have a job for reasons unrelated to your problem tick n/a

0	1	2	3	4	5	6	7	8	n/a
Not at All		Slightly		Definitely		Markedly		Very Severely, I cannot work	

HOME MANAGEMENT:

Looking after your home/children. Paying bills/Cleaning/tidying/shopping/cooking

0	1	2	3	4	5	6	7	8
Not at All		Slightly		Definitely		Markedly		Very Severely

SOCIAL LEISURE ACTIVITIES:

With other people; Parties/pubs/outings/entertainment

0	1	2	3	4	5	6	7	8
Not at All		Slightly		Definitely		Markedly		Very Severely

PRIVATE LEISURE ACTIVITIES:

Done alone; reading/gardening/sewing/hobbies/walking

0	1	2	3	4	5	6	7	8
Not at All		Slightly		Definitely		Markedly		Very Severely

FAMILY AND RELATIONSHIPS:

Form/maintain close relationships with others and people I live with.

0	1	2	3	4	5	6	7	8
Not at All		Slightly		Definitely		Markedly		Very Severely

W&SAS Score	
-------------	--