Client initial: Date:

In the last **2 weeks** the number of times I have been **bothered** by this symptom **most of the day** is...

|  |  |  |  |
| --- | --- | --- | --- |
| **0**  Not at all to a couple of days  (approx 0 – 2 days) | **1**  Several days  (approx 3 – 7 days) | **2**  More than every other day  (approx 8 – 11 days) | **3**  Nearly every day  (approx 12 days +) |

**PHQ-9 *(answers above)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |
|  |  | A10 – PHQ9 total score: | | |  |

|  |  |
| --- | --- |
| I have been thinking of ways to harm myself | Yes  No |
| I have plans to act on these thoughts | Yes  No |
| I feel safe from harm from others | Yes  No |

**GAD-7 *(answers at the top of the page)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |
|  |  | A11 – GAD7 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 | | |
| Social situations due to a fear of being embarrassed or making a fool of myself | | | | | | | | |  |
| Certain situations because of a fear of having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness) | | | | | | | | |  |
| Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying) | | | | | | | | |  |

**Economic 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 claiming Income Support, Incapacity Benefit or Employment Support Allowance |  |
| Not receiving benefits but not looking for work |  |
| Unpaid voluntary work who are not looking for work |  |

Are you currently receiving?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Statutory Sick Pay | Job seekers Allowance | Income Support | Universal Credit | ESA |
| Yes | Yes | Yes | Yes | Yes |
| No | No | No | No | No |

**Medication**

Are you currently prescribed medication for your mental health?

Yes  No  Unsure

Are you taking this medication as prescribed?

Yes  No  Unsure

**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.

If you are retired or choose not to have a job for reasons unrelated to your problem, please tick here

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

|  |  |
| --- | --- |
| 1. **WORK –** Because of my problem my **ability to work** is impaired (‘0’ means ‘not at all’ and ‘8’ means very severely impaired to the point I cannot work). |  |
| 1. **HOME MANAGEMENT** – Because of my problem my **home management** (cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc) is impaired |  |
| 1. **SOCIAL LEISURE ACTIVITIES –** Because of my problem my **social leisure activities** (with other people, e.g. parties, pubs, outings, entertaining etc) are impaired |  |
| 1. **PRIVATE LEISURE ACTIVITIES –** Because of my problem my **private leisure activities** (done alone, e.g. reading, gardening, sewing, hobbies, walking etc.) are impaired |  |
| 1. **FAMILY AND RELATIONSHIPS –** Because of my problem my ability to **form and maintain close relationships** with others including the people that I live with,is impaired |  |
|  |  |
| **Total WASA Score** |  |