

Patient Health Questionnaire – 9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Please tick the box indicate your answer	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

For office coding totals:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult

Generalised Anxiety Disorder (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Please tick the box indicate your answer	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 its 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

For office coding totals:

Work and social adjustment scale (WSAS)

Peoples 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. The assessment is not intended to be a diagnosis.

Scoring

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

1. Because of my mental health my ability to work is impaired. '0' means 'not at all impaired' and '8' means very severely impaired to the point I can't work.	
2. Because of my mental health my home management (cleaning, tidying, shopping, cooking, looking after home or children, paying bills) is impaired.	
3. Because of my mental health my social leisure activities (with other people e.g. parties, bars, clubs, outings, visits, dating, home entertaining) are impaired.	
4. Because of my mental health, my private leisure activities (done alone, such as reading, gardening, collecting, sewing, walking alone) are impaired.	
5. Because of my mental health, my ability to form and maintain close relationships with others, including those I live with, is impaired.	

Total WSAS Score:

IAPT Phobia scale

All three questions below are marked on a scale of 0-8 depending on how you would approach the following situations. Please choose a number from the scale below, then record the number in the box opposite the situation.

Scoring:

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).	