P2 – Local Patient/t Identifier

PHQ-9

Over the last week, 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 of speak 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

PHQ9 total score ☐

GAD-7

Over the last week, 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

GAD7 total score ☐

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.

1. **WORK** – If you are returned 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
Not at all		Slightly		Definitely		Markedly		Very severely, I cannot work

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

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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 ACTIVITES** – 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

W&SAS total score

IAPT Phobia Scales
Choose a number from the scale below to show how much you would avoid each of the situation or objects listed below and 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)	

IAPT Employment Status Questions

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

Employed full-time (30 hours of more per week)	☐
Employed part-time	☐
Unemployed	☐
Full-time student	☐
Retired	☐
Full-time homemakers or carer	☐

Are you currently receiving Statutory Sick Pay?

Yes	☐
No	☐

Are you currently receiving Job Seekers Allowance, Income Support or Incapacity benefit?

Yes	☐
No	☐

Use of Psychotropic Medication Yes ☐ No ☐