Outcome Measures

In order to view and measure your progress following sessions, please could you complete this two-sided questionnaire and place it in the box provided. Al answers will be treated confidentially.

Please state your date of birth: ____ / ____ / **19**____

Please state today's date: ____ / ____ / **20**____

Please state your full postcode: __ __ __ __ __ __ __

Place a tick ☑ in one box for each question. If you make a mistake, fill in the box ☒ and tick the correct box

Section 1 – Over the Last Two Weeks

Over the **last two weeks**, 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
Little interest or pleasure in doing things	☐	☐	☐	☐
Feeling down, depressed or hopeless	☐	☐	☐	☐
Trouble falling or staying asleep, or sleeping on the couch	☐	☐	☐	☐
Feeling tired or having little energy	☐	☐	☐	☐
Poor appetite or overeating	☐	☐	☐	☐
Feeling bad about yourself – or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
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 that	☐	☐	☐	☐
Thoughts that you would be better off dead or of hurting yourself in some way	☐	☐	☐	☐

Over the **last two weeks**, 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
Feeling nervous, anxious or on edge	☐	☐	☐	☐
Not being able to stop or control worrying	☐	☐	☐	☐
Worrying too much about different things	☐	☐	☐	☐
Trouble relaxing	☐	☐	☐	☐
Being so restless that it is hard to sit still	☐	☐	☐	☐
Becoming easily annoyed or irritable	☐	☐	☐	☐
Feeling afraid as if something awful might happen	☐	☐	☐	☐

Please continue the questionnaire overleaf

Section 2 – Certain Situations

For each of the following situations please tick whether you would avoid it or not:

	Would not avoid it 0	1	Slightly avoid it 2	3	Definitely avoid it 4	5	Markedly avoid it 6	7	Always avoid it 8
Social situations due to a fear of being embarrassed or making a fool of myself	☐	☐	☐	☐	☐	☐	☐	☐	☐
Certain situations because of fear of having panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness)	☐	☐	☐	☐	☐	☐	☐	☐	☐
Certain situations because of fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying)	☐	☐	☐	☐	☐	☐	☐	☐	☐

Section 3 – Employment Status Questions

The following questions relate to your employment status.

Which of the following options best describes your current status (choose only **one** option):

- ☐ Employed
- ☐ Unemployed and Seeking Work
- ☐ Student who is undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training and who are not working or actively seeking work
- ☐ Long-term sick or disabled, and receiving Incapacity Benefit, Income Support or both; or Employment and Support Allowance
- ☐ Homemaker looking after the family or home and not working or actively seeing work
- ☐ Not receiving benefits and not working or actively seeking work
- ☐ Unpaid voluntary work, not working or actively seeking work
- ☐ Retired

Are you currently receiving Statutory Sick Pay? ☐ Yes ☐ No ☐ Unknown

Are you currently receiving Jobseekers Allowance, Income Support or Incapacity Benefit? ☐ Yes ☐ No

Section 4 – Work and Social Adjustment

People's problems sometimes affect their inability 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 **<u>your day-to-day problems</u>** impair your ability to carry out the activity

	Not at all 0	1	Slightly 2	3	Definitely 4	5	Markedly 6	7	Very severely 8
Work – if you are retired or choose not to have a job for reasons unrelated to your problem, please leave blank	☐	☐	☐	☐	☐	☐	☐	☐	☐
Home Management- Cleaning, tidying, shopping, cooking, looking after home/children paying bills etc	☐	☐	☐	☐	☐	☐	☐	☐	☐
Social Leisure Activities – with other people, e.g. parties, pubs, outings, entertaining etc	☐	☐	☐	☐	☐	☐	☐	☐	☐
Private Leisure Activities – done alone, e.g. reading, gardening, sewing, hobbies, walking etc	☐	☐	☐	☐	☐	☐	☐	☐	☐
Family & Relationships – form and maintain close relationships with others including people that I live with	☐	☐	☐	☐	☐	☐	☐	☐	☐