

**Questionnaires**

**Please make sure you have completed the questionnaires below a few hours before every telephone appointment. This will help to plan and review the support or therapy you may need.**

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| --- | --- | --- | --- | --- |
| **PHQ-9** - **Over the last 2 weeks, how often have you been bothered by any of the following problems?** *(Circle your answer)* | Not at all | Several days | More than ½ 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 asleep, 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 notice, or the opposite – being so fidgety or restless that you have been moving around much more than usual | 0 | 1 | 2 | 3 |
| 9. Thoughts of being better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |
|  | | *(out of 27)* | | |
| **GAD-7 - Over the last 2 weeks, how often have you been bothered by any of the following problems?** *(Circle your answer)* | Not at all | Several days | More than ½ 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 |
|  | | *(out of 21)* | | |

**Phobia Scales** - choose a number from the scale below to show how much you avoid each of the situations or objects listed. 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 (e.g. loss of bladder control, vomiting) | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 3. Certain situations because of a fear of particular objects or activities (e.g. animals, heights, seeing blood, being in confined spaces, driving or flying) | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

**Work and Social Adjustment Scale**

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 indicate how much your problem impairs your ability to carry out the activity (choose a number from the scale below and then write the number in the box opposite).

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 0 | | 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nil | |  | | Slightly | |  | | Definitely | |  | | Markedly | |  | | Severely | |
| **WORK -** if you are retired or choose not to have a job for reasons unrelated to your problem, please write N/A (not applicable) | | | | | | | | | | | | | | | | | | | | ⁮ |
| **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 AND RELATIONSHIPS -** Form and maintain close relationships with others, including the people that I live with. | | | | | | | | | | | | | | | | | | | | ⁮ |

**The following demographic information is requested so that we can make sure italk is reaching all sections of the community**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employment Status Questions** – Please indicate (tick) which of the following options best describes your current status: | | | |
| Full-time work (30 hours or more per week) |  | Retired |  |
| Part-time work |  | Full-time homemaker or carer |  |
| Unemployed |  | Receiving Statutory Sick Pay |  |
| Full-time student |  | Receiving benefits such as JSA/ESA/  Incapacity Benefit / Income support |  |

**Thank you**

**Email us:** [hamp-pct.italkservice@nhs.net](mailto:hamp-pct.italkservice@nhs.net)

**Call us:** 023 8038 3920

**Website:** www.italk.org.uk

**For more information about depression and anxiety:** [**www.mind.org.uk**](http://www.mind.org.uk)