Please complete the following 4 questionnaires:   
 A) PHQ9, B) GAD 7, C) Phobia Scales and D) Work & Social Adjustment   
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1. **PHQ- 9** Using the following scale answer each question by inserting the relevant number at the end

* 0 = Not at all
* 1 = Several Days
* 2 = more than half the days
* 3 = nearly every day

|  |  |  |
| --- | --- | --- |
| Over the last 2 weeks, how often have you been **bothered** by any of the following problems? | | |
| 1 | Little interest or pleasure in doing things |  |
| 2 | Feeling down, depressed, or hopeless |  |
| 3 | Trouble falling or staying asleep, or sleeping too much |  |
| 4 | Feeling tired or having little energy |  |
| 5 | Poor appetite or overeating |  |
| 6 | Feeling bad about yourself — or that you are a failure or have let yourself or your family down |  |
| 7 | Trouble concentrating on things, such as reading the newspaper or watching television |  |
| 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 |  |
| 9 | Thoughts that you would be better off dead or of hurting yourself in some way |  |

**B) GAD-7** Using the following scale answer each question by inserting the relevant number at the end

* 0 = Not at all
* 1 = Several Days
* 2 = more than half the days
* 3 = nearly every day

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| Over the last 2 weeks, how often have you been **bothered** by any of the following problems? | |  |
| 1 | Feeling nervous, anxious or on edge |  |
| 2 | Not being able to stop or control worrying |  |
| 3 | Worrying too much about different things |  |
| 4 | Trouble relaxing |  |
| 5 | Being so restless that it is hard to sit still |  |
| 6 | Becoming easily annoyed or irritable |  |
| 7 | Feeling afraid as if something awful might happen |  |

1. **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 at the situation. | | | | | | | | | | |
|  | |  |  |  |  |  |  |  |  | |
| 0 | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
|  |  |  |  |  |  |  |  |  |  |  |
| Never 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): |  |

1. **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.

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

|  |  |  |
| --- | --- | --- |
| 1 | **WORK** - if you are retired or choose not to have a job for reasons unrelated to your problem, please tick N/A (not applicable) |  |
| 2 | **HOME MANAGEMENT** – Cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc |  |
| 3 | **SOCIAL LEISURE ACTIVITIES -** With other people, e.g. parties, pubs, outings, entertaining etc. |  |
| 4 | **PRIVATE LEISURE ACTIVITIES –** Done alone, e.g. reading, gardening, sewing, hobbies, walking etc. |  |
| 5 | **FAMILY AND RELATIONSHIPS –** Form and maintain close relationships with others including the people that I live with |  |