

ANXIETY SYMPTOM CHECK				
Over the last 2 weeks, how often have you been bothered by 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

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

(These questions help us provide anonymised information about the effectiveness of the service in helping people stay in work, return to work or change jobs (if the patient wants to work on this), and to help us evaluate the future use of employment advisors within this service)

Employed full-time (30 hrs or more per week) Self-employed

Employed part-time (hrs worked in typical week) 16-29 hours 5-15 hours
1-4 hours Not known

Full-time student Full-time homemaker/carer Retired

Unemployed Long-Term sickness or disabled

Not Working or Actively Seeking Work (No Benefits being Received)

Unpaid voluntary work if you are not working or actively seeking work

If you are employed, what is your current employment status?

Employed and in work Employed & off work through sickness leave

Prefer not to say

Are you currently receiving Statutory Sick Pay Yes No

UNDERSTANDING HOW YOUR PROBLEMS ARE AFFECTING YOU DAY TO DAY
<p>How much do your problems affect the following areas?</p> <p>Rate each of the following questions on a 0 to 8 scale: 0 indicates no impairment at all and 8 indicates very severe impairment</p>
<p>Work (if you are retired or choose not to have a job for reasons unrelated to your problem, please tick N/A)</p> <p>0 1 2 3 4 5 6 7 8 N/A Not at all Very severely</p>
<p>Home Management (Cleaning, tidying, shopping, cooking, looking after home/ children, paying bills etc.)</p> <p>0 1 2 3 4 5 6 7 8 Not at all Very severely</p>
<p>Social leisure activities (with other people, e.g. parties, pubs, outings, entertaining etc.)</p> <p>0 1 2 3 4 5 6 7 8 Not at all Very severely</p>
<p>Private leisure activities (Done alone, e.g. reading, gardening, sewing, hobbies, walking etc.)</p> <p>0 1 2 3 4 5 6 7 8 Not at all Very severely</p>
<p>Family & relationships (form and maintaining close relationships with others, including people that I live with)</p> <p>0 1 2 3 4 5 6 7 8 Not at all Very severely</p>
<p>Choose a number from the scale below to show how much you would avoid each of the situations listed below.</p>
<p>Social situations due to a fear of being embarrassed or making a fool of myself</p> <p>0 1 2 3 4 5 6 7 8 Would not avoid it Always avoid it</p>
<p>Certain situations because of fear of having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness)</p> <p>0 1 2 3 4 5 6 7 8 Would not avoid it Always avoid it</p>
<p>Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying)</p> <p>0 1 2 3 4 5 6 7 8 Would not avoid it Always avoid it</p>

MEDICATION: Please provide details (name and dosage) of any medication you are currently taking for anxiety problems or depression:

EMPLOYMENT SUPPORT

Would you like to be seen by one of our Employment Advisors?

If you want to find a suitable job, are currently off sick from work or you are feeling worried or depressed because of difficulties at work then our Employment Advisors can help. Please speak to your therapist for more information.

Please tick if you would like to see one of our Employment Advisors

Are you currently in receipt of benefits? Yes No (If yes please complete below)

Do you receive one of the following three benefits (you will only be in receipt of one of these)?

Jobseeker's Allowance (JSA) Employment Support Allowance (ESA)

Universal Credit (UC) None Prefer not to Say

Other benefits you might be receiving?

Personal Independence Payment (PIP) Yes No Prefer Not to Say

Other e.g. Maternity, DLA, Industrial Injury Yes No Prefer Not to Say

If Other, please record here

Do you have financial worries or debt that is adding to your low mood or anxiety?

If so please discuss with our staff who can advise on sources of help e.g. StepChange <https://www.stepchange.org/> or phone 0800 138 1111

NOTES:

CONTACT DETAILS

If you cannot make your next appointment as planned, please call 0300 555 0345 to cancel or rearrange.



Name:

Date:

UNDERSTANDING YOUR MOOD

Over the last 2 weeks, how often have you been bothered by 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 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

SAFETY CHECK

A. Have you had any thoughts about ending your life?	0	1	2	3
B. Have you had any intention to end your life?	0	1	2	3
C. Have you had any plans to end your life?	0	1	2	3