

Are you currently receiving Statutory Sick Pay  Yes  No

Are you currently in receipt of benefits?  Yes  No  Unknown

If yes, please tick the benefits you currently receive:

	Yes	No	Unknown
Jobseeker's Allowance (JSA)			
Employment Support Allowance (ESA)			
Universal Credit (UC)			
Personal Independence Payment (PIP)			
Other			

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

**SPACE FOR NOTES** (e.g. appointment time, things to remember to discuss, etc.)

**CONTACT DETAILS**

If you cannot make your next appointment as planned, please call 0300 123 9122 to cancel or rearrange.

If you would like further information on First Step and how to get the most out of therapy, please see our website at [www.cntw.nhs.uk/firststep](http://www.cntw.nhs.uk/firststep)

NAME.....

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

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 IAPT programme in helping people stay in work, return to work or change jobs (if and when 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 hours or more per week)

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

Unemployed  Self-employed  Full-time student

Full-time homemaker/carer  Retired  Long-Term sickness or disabled

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

Employed and in work  Employed & off work through sickness leave

UNDERSTANDING HOW YOUR PROBLEMS ARE AFFECTING YOU DAY TO DAY										
How much do your problems affect the following areas? <i>Rate each of the following questions on a 0 to 8 scale: 0 indicates no impairment at all and 8 indicates very severe impairment</i>										
<b>Work</b> (if you are retired or choose not to have a job for reasons unrelated to your problem, please tick N/A)										
0	1	2	3	4	5	6	7	8	N/A	
Not at all							Very severely			
<b>Home Management</b> (Cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc.)										
0	1	2	3	4	5	6	7	8	N/A	
Not at all							Very severely			
<b>Social leisure activities</b> (with other people, e.g. parties, pubs, outings, entertaining etc.)										
0	1	2	3	4	5	6	7	8	N/A	
Not at all							Very severely			
<b>Private leisure activities</b> (Done alone, e.g. reading, gardening, sewing, hobbies, walking etc.)										
0	1	2	3	4	5	6	7	8	N/A	
Not at all							Very severely			
<b>Family &amp; relationships</b> (Form and maintaining close relationships with others, including people that I live with)										
0	1	2	3	4	5	6	7	8	N/A	
Not at all							Very severely			

Choose a number from the scale below to show how much you would avoid each of the situations listed below..

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