

P2 – Local Patient/t Identifier

### 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.

1. **WORK** – If you are returned or choose not to have a job for reasons unrelated to your problem, please tick N/A (not applicable) N/A

|            |          |   |            |   |          |   |                                 |   |
|------------|----------|---|------------|---|----------|---|---------------------------------|---|
| 0          | 1        | 2 | 3          | 4 | 5        | 6 | 7                               | 8 |
| -----      |          |   |            |   |          |   |                                 |   |
| Not at all | Slightly |   | Definitely |   | Markedly |   | Very severely,<br>I cannot work |   |

2. **HOME MANAGEMENT** – Cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc.

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

3. **SOCIAL LEISURE ACTIVITIES** – With other people, e.g. parties, pubs, outings, entertaining etc.

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

4. **PRIVATE LEISURE ACTIVITIES** – Done alone, e.g. reading, gardening, sewing, hobbies, walking etc.

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

5. **FAMILY AND RELATIONSHIPS** – Form and maintain close relationships with others including the people that I live with

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

W&SAS total score

### IAPT Phobia Scales

Choose a number from the scale below to show how much you would avoid each of the situation or objects listed below and 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 |   |

Social situations due to a fear of being embarrassed or making a fool of myself

Certain situations because of a fear of having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness)

Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying)

|  |
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### IAPT Employment Status Questions

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

|  |                          |
|--|--------------------------|
| Employed full-time (30 hours or more per week) | <input type="checkbox"/> |
| Employed part-time                             | <input type="checkbox"/> |
| Unemployed                                     | <input type="checkbox"/> |
| Full-time student                              | <input type="checkbox"/> |
| Retired  | <input type="checkbox"/> |
| Full-time homemakers or carer                  | <input type="checkbox"/> |

Are you currently receiving Statutory Sick Pay?

|     |                          |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No  | <input type="checkbox"/> |

Are you currently receiving Job Seekers Allowance, Income Support or Incapacity benefit?

|     |                          |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No  | <input type="checkbox"/> |

Use of Psychotropic Medication

Yes

No