~	Site ID	Ma	le 🗌
Core	Client ID Therapist ID numbers only (1) numbers only (2)	Stage Completed S Screening R Referral A Assessment F First Therapy Session	Stage
OUTCOME MEASURE	Sub codes D D M M Y Y Y Y Date form given	P Pre-therapy (unspecified) D During Therapy L Last Therapy Session X Follow up 1 Y Follow up 2	Episode

IMPORTANT - PLEASE READ THIS FIRST

This form has 34 statements about how you have been OVER THE LAST WEEK.

Please read each statement and think how often you felt that way last week.

Then tick the box which is closest to this.

Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week	Lot of all Children South Cher	Me tille Story
1 I have felt terribly alone and isolated	0 1 2 3	4F
2 I have felt tense, anxious or nervous	0 1 2 3	4P
3 I have felt I have someone to turn to for support when needed	4 3 2 1	0F
4 I have felt OK about myself	4 3 2 1	oW
5 I have felt totally lacking in energy and enthusiasm	0 1 2 3	4P
6 I have been physically violent to others	0 1 2 3	4R
7 I have felt able to cope when things go wrong	4 3 2 1	0F
8 I have been troubled by aches, pains or other physical problems	0 1 2 3	4P
9 I have thought of hurting myself	0 1 2 3	4R
10 Talking to people has felt too much for me	0 1 2 3	4F
11 Tension and anxiety have prevented me doing important things	0 1 2 3	4P
12 I have been happy with the things I have done	4 3 2 1	0 F
13 I have been disturbed by unwanted thoughts and feelings	0 1 2 3	4P
14 I have felt like crying	0 1 2 3	4W
Please turn over		

Over the last week	To so of the the the state state of the stat		
15 I have felt panic or terror	0 1 2 3 4 P		
16 I made plans to end my life	0 1 2 3 4 R		
17 I have felt overwhelmed by my problems	0 1 2 3 4 W		
18 I have had difficulty getting to sleep or staying asleep	0 1 2 3 4 P		
19 I have felt warmth or affection for someone	4 3 2 1 0 F		
20 My problems have been impossible to put to one side	0 1 2 3 4 P		
21 I have been able to do most things I needed to	4 3 2 1 0 F		
22 I have threatened or intimidated another person	0 1 2 3 4 R		
23 I have felt despairing or hopeless	0 1 2 3 4 P		
24 I have thought it would be better if I were dead	0 1 2 3 4 R		
25 I have felt criticised by other people	0 1 2 3 4 F		
26 I have thought I have no friends	0 1 2 3 4 F		
27 I have felt unhappy	0 1 2 3 4 P		
28 Unwanted images or memories have been distressing me	0 1 2 3 4 P		
29 I have been irritable when with other people	0 1 2 3 4 F		
30 I have thought I am to blame for my problems and difficulties	0 1 2 3 4 P		
31 I have felt optimistic about my future	43210W		
32 I have achieved the things I wanted to	43210F		
33 I have felt humiliated or shamed by other people	0 1 2 3 4 F		
34 I have hurt myself physically or taken dangerous risks with my health 0			
THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE			
Total Scores Mean Scores (Total score for each dimension divided by number of items completed in that dimension) (W) (P)	(R) All items All minus R		