



SHORT FORM B

Site ID

letters only

numbers only

Client ID

Date Completed

Stage Completed

F First Therapy Session
D During Therapy
L Last Therapy Session

Session Number

(first **therapy** session = session 001)

IMPORTANT - PLEASE READ THIS FIRST

This form has 18 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

	Not at all	Only Occasionally	Sometimes	Often	Most or all the time	OFFICE USE ONLY
1 I have felt terribly alone and isolated	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> F
2 I have had difficulty getting to sleep or staying asleep	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> P
3 I have felt optimistic about my future	<input type="text"/> 4	<input type="text"/> 3	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 0	<input type="text"/> W
4 I have felt totally lacking in energy and enthusiasm	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> P
5 I made plans to end my life	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> R
6 I have been troubled by aches, pains or other physical problems	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> P
7 I have been happy with the things I have done	<input type="text"/> 4	<input type="text"/> 3	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 0	<input type="text"/> F
8 Talking to people has felt too much for me	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> F
9 I have felt OK about myself	<input type="text"/> 4	<input type="text"/> 3	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 0	<input type="text"/> W
10 Tension and anxiety have prevented me doing important things	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> P
11 I have been disturbed by unwanted thoughts and feelings	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> P
12 I have felt overwhelmed by my problems	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> W
13 I have felt I have someone to turn to for support when needed	<input type="text"/> 4	<input type="text"/> 3	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 0	<input type="text"/> F
14 I have felt like crying	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> W
15 I have threatened or intimidated another person	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> R
16 I have been able to do most things I needed to	<input type="text"/> 4	<input type="text"/> 3	<input type="text"/> 2	<input type="text"/> 1	<input type="text"/> 0	<input type="text"/> F
17 I have thought I have no friends	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> F
18 I have thought I am to blame for my problems and difficulties	<input type="text"/> 0	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	<input type="text"/> 4	<input type="text"/> P

Total Scores

Mean Scores

(Total score for each dimension divided by number of items completed in that dimension)

(W)

(P)

(F)

(R)

All items

All minus R