

Anxiety Programme Self-Assessment (v1.1)

Please provide us with as much information as you feel necessary. Don't be put off by the length of this form! It's not mandatory, though it can help us understand your situation better. This document can be saved to your hard drive and can retain information typed into it. Where 'Yes / No' questions are not appropriate, please provide more information on a separate sheet.

Any information you provide will be treated in the strictest confidence in accord with our privacy policy. An encrypted version of this form is available on email request.

(1) Date completed

About you ...

(2) Forename(s)

(3) Surname

(4) Ms. / Mrs. / Mr. / Dr. /
Rev. / Other (please specify)

(5) Date of birth

Anxiety Programme Self-Assessment (v1.1)

(6) Occupation

(7) Are you currently
working?

(8) If no, are you currently
off work for health reasons?

Making contact ...

(9) Your email address

(10) Is it OK to send email?

(11) Your evening 'phone
number

Anxiety Programme Self-Assessment (v1.1)

(12) Is it OK to leave a message on your evening 'phone?

(13) Your daytime 'phone number

(14) Is it OK to leave a message on your daytime 'phone?

(15) Your mobile 'phone number

(16) Is it OK to leave a message on your mobile 'phone?

(17) Preferred method and time of contact

About your background ...

Anxiety Programme Self-Assessment (v1.1)

(18) Please describe your background and provide a brief overview of your close and more distant family relationships

(19) How would you describe your family of origin?

(20) How would you describe your childhood?

(21) How would you describe your adult life so far?

About your diagnosis ...

(22) Have you had a formal diagnosis from a GP, Psychiatrist or other mental health professional?

(23) If yes, what was it?

Anxiety Programme Self-Assessment (v1.1)

(24) If yes, do you agree or disagree with it?

About your support ...

(25) Are you currently receiving any psychological therapy or seeing any other health care professional at the moment?

(26) To what extent do you feel supported by your family?

(27) To what extent do you feel supported by your friends?

(28) To what extent do you feel supported by your work colleagues? (if applicable)

About the stress you've been under ...

Anxiety Programme Self-Assessment (v1.1)

(29) Please provide a brief overview of the current stresses in your life

(30) Health concerns

(31) Financial worries

(32) Relationship problems

(33) Legal concerns

(34) Loss of attachment

(35) Employment worries

Anxiety Programme Self-Assessment (v1.1)

(36) Sexual problems

(37) Accommodation
concerns

(38) Exploitation, bullying or
abuse by others

(39) Sleep problems

(40) Anticipated future
stresses

(41) Controlling self (e.g.
anger or impulsive acts)

(42) Addiction issues

Anxiety Programme Self-Assessment (v1.1)

(43) Other (please specify)

About your sleep pattern ...

(44) Please describe your current sleep pattern

(45) Do you have difficulty getting to sleep?

(46) Do you wake frequently during the night?

(47) Do you wake up too early in the morning?

(48) Is your sleep disturbed by dreams?

Anxiety Programme Self-Assessment (v1.1)

(49) How many hours sleep do you get each night

(50) How much sleep would you like to have, or need, each night?

When things started to go wrong ...

(51) When did your current problems start?

(52) Did your problems seem to start after a specific event or situation?

(52a) If yes, what was it?

(53) Why do you think your current problems started?

Anxiety Programme Self-Assessment (v1.1)

The lighter side ...

(54) What do you enjoy doing?

(55) How much time have you spent enjoying yourself over the last month?

(56) When did you last take a holiday? Did you enjoy it? (what was good and bad about it)

(57) What are you most proud of?

The future ...

(58) When you overcome this problem, what do you look forward to being able to do that you're not able to do now?

Anxiety Programme Self-Assessment (v1.1)

Expectations ...

(59) The extent to which you expect this programme to help (please tick one)

1 2 3 4 5 6 7 8 9 10

Not at all ----- Completely

What works ...

(60) What treatments have you had in the past? (if any)

(61) What treatments have you had in the past which worked? (if any)

(62) What have you discovered yourself that helps?

About the medicines you take ...

Anxiety Programme Self-Assessment (v1.1)

(63) Medication

How often do you take it?

Dose

About any non-prescribed drugs or stimulants ...

Please include caffeinated and stimulant drinks, pain killers, tea, coffee, smoking, non-prescription drugs, cough and cold remedies and alcohol use - please record how much and how often

(64) What do you take?

How much do you take?

How often do you take it?

Anxiety Programme Self-Assessment (v1.1)

A few more specific questions ...

(65) What is the **main problem** that you would like help with?

(66) What do you avoid (or do less of) because of the problem?

Anxiety Programme Self-Assessment (v1.1)

(67) Are there any things you do more of because of the problem, or to make yourself feel better, or to help you cope?

(68) Are there any things that your family or friends do for you to help you cope with the problem or to make you feel better?

(69) Do you avoid public places from which a quick escape may be difficult (e.g. public transport, shops, town centres, queues, cinema, unfamiliar buildings, being far away from home)?

(70) Over the last month, have you experienced any sudden or 'out of the blue' attacks of anxiety?

(71) If your answer to the question above was 'yes', how long did the anxiety (panic) attacks last for?

(72) During the last few weeks, have you avoided any social situations for fear that attention might be drawn to you, or that people might be judging or criticizing you?

(73) Do you have any specific phobias? e.g. small enclosed spaces, vomit, blood, injury, hospitals, heights, flying, thunder, animals, insects etc.

Anxiety Programme Self-Assessment (v1.1)

(74) Do you have any unwanted thoughts about bad things that you can't seem to get rid of? e.g. thoughts about things going wrong, self-doubts etc.

(75) Do you have to do anything to counteract unwanted thoughts or to prevent or to control anxiety? e.g. checking, counting, cleaning, putting things in order, hoarding, repeating something in your head, touching etc.

(76) Have you ever experienced, or witnessed an unusually upsetting event and suffered any after-effects as a result?

If 'Yes', please answer questions (a) to (g) below

(a) How long ago did the event occur?

(b) How long after the event did your symptoms start?

(c) Do you have intrusive images, nightmares or thoughts?

(d) How often do they occur, can you get rid of them and, if so, how do you get rid of them?

Anxiety Programme Self-Assessment (v1.1)

(e) Do you have any difficulty remembering any aspects of the event?

(f) Do you feel 'on edge' or are you easily startled or 'jumpy'?

(g) Do you avoid things, places or people that remind you of the event?

(77) Do you check yourself or go to the doctor's frequently because of worry about your health?

(78) Do you find it hard to stop worrying about physical problems or symptoms?

(79) Do you think there is something seriously wrong with your health that other people, or your doctor, have missed?

(80) During the past 6 months have you been feeling worried for much of the time and feeling tense or anxious about everyday events and problems?

If 'Yes', please answer questions (h) to (m) below

Anxiety Programme Self-Assessment (v1.1)

(h) What sort of everyday things do you worry about?
(e.g. children's health, safety of home and family, school
or work performance)

(i) How easy is it for you to control your worry? Have you
been worrying much more than other people in your
situation would?

(j) Would you describe yourself as 'a worrier'?

(k) Does worry interfere with your everyday life? In what
way? (e.g. work, home, private, leisure, relationships)

(l) When you feel anxious and worried, what physical
and psychological symptoms do you get?

(m) Is there any seasonal, cyclical or menstrual variation
in your symptoms or their intensity?

Some questions about feeling low ...

Anxiety Programme Self-Assessment (v1.1)

Please answer the following questions for ***the past month***

(81) Would you say you had a low mood for much of the time?

(82) Have you lost interest or pleasure in things?

(83) Are your energy levels low?

(84) Have you lost self-confidence or self-esteem?

(85) Do you feel guilty or blame yourself for things?

(86) Has your ability to concentrate diminished?

Anxiety Programme Self-Assessment (v1.1)

(87) Have you found it harder to make decisions?

(88) Have you felt 'speeded up' or 'slowed down'?

(89) Have you been waking up too early in the morning and not being able to get back to sleep?

(90) Has your appetite decreased or increased?

(91) Do you have any thoughts of ending your life?

(92) Have you ever tried to end your life?

(93) If yes, please describe what happened

Anxiety Programme Self-Assessment (v1.1)

Additional information ...

(94) Are there any other questions you hoped we would ask? What else is important that we should know?

Thank you very much for taking the time to complete this questionnaire! If you would like to supply any more detail, please do so on a separate sheet. We can provide additional password protected forms for this purpose on request.