

IAPT Employment

Please tick which of the following options best describes your current status:

Employed: Full time Part time Self

Unemployed Unemployed and seeking work

Benefits

Student: Full time Full time

Home maker Volunteer Retired

Are you currently receiving Statutory Sick Pay? Yes No Not known

Are you suitable for or feel you would benefit from receiving employment support? Yes No

Work & Social Adjustment

Please look at the questions below and give a number between 0 and 8 to describe how much your problems affect you in each area:

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

0 1 2 3 4 5 6 7 8 N/A
Not at all affected Very severely affected

2. Home Management (e.g. cleaning, tidying, shopping, cooking, paying bills, etc)

0 1 2 3 4 5 6 7 8
Not at all affected Very severely affected

3. Social Leisure Activities (Mixing with others, going to the gym, going out on exercise, etc.)

0 1 2 3 4 5 6 7 8
Not at all affected Very severely affected

4. Private Leisure Activities (Hobbies done alone, e.g. reading, watching T.V., etc.)

0 1 2 3 4 5 6 7 8
Not at all affected Very severely affected

5. Family and Relationships (Being able to form and keep good relationships with others who you want to be close to)

0 1 2 3 4 5 6 7 8
Not at all affected Very severely affected

.....
Total W&SAS Score:

Medication

Are you currently taking any medication for mental health problems? (e.g. anti-depressants)

Yes No

If yes: Do you know what medication you are taking? _____ and

what dose? _____

Are you taking your medication/dosage as prescribed? Yes No