

## **Westminster IAPT Primary Care Psychology Service**

### **Opt-In Questionnaire**

In order to get a better idea of your difficulties, we would be grateful if you could complete the attached registration form and questionnaire. Then either leave them at reception in your GP surgery or post them back.

The information given on this form will allow us to make a decision about the type of help you need and which of our practitioners would be best placed to work with you. If you don't know an answer or would prefer not to answer a particular question please leave the section blank.

Once we have received this information, a member of the IAPT team will contact you by telephone to discuss your needs.

Please note that we are not an emergency service. If you feel you need to see someone urgently about your difficulties please contact your GP.

**If you have any difficulty completing the form or would prefer to talk to someone over the telephone please contact the IAPT team on 030 3333 0000.**

**We can also be contacted by email at [westminster.iapt@nhs.net](mailto:westminster.iapt@nhs.net)**

# REGISTRATION FORM FOR WESTMINSTER IAPT PRIMARY CARE PSYCHOLOGY SERVICE

Use a “√” to indicate your answer in the .

<b>DATE COMPLETED:</b>			
<b>PERSONAL DETAILS</b>		<b>Gender:</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Surname:</b>		<b>Date of Birth:</b>	
<b>Forename(s):</b>		<b>NHS No (if known):</b>	
<b>Address:</b>			
<b>Postcode:</b>			
<b>Telephone No:</b>		Can we leave messages? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Mobile No:</b>		Can we leave messages? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Email:</b>			
<b>Occupation:</b>			
<b>General Practitioner (GP) Name / Surgery:</b>			

<b>ETHNICITY, NATIONALITY AND CULTURAL DETAILS:</b>		
<p><b>White</b> <i>(tick one box only)</i></p> <input type="checkbox"/> British (A) <input type="checkbox"/> Irish (B) <input type="checkbox"/> Other (C) <p><b>Mixed</b></p> <input type="checkbox"/> White & Black Caribbean (D) <input type="checkbox"/> White & Black African (E) <input type="checkbox"/> White & Asian (F) <input type="checkbox"/> Other (G)	<p><b>Asian or Asian British</b></p> <input type="checkbox"/> Indian (H) <input type="checkbox"/> Pakistani (J) <input type="checkbox"/> Bangladeshi (K) <input type="checkbox"/> Other (L) <p><b>Black or Black British</b></p> <input type="checkbox"/> Caribbean (M) <input type="checkbox"/> African (N) <input type="checkbox"/> Arab (P) <input type="checkbox"/> Other (P)	<p><b>Other Ethnic Group</b></p> <input type="checkbox"/> Chinese (R) <input type="checkbox"/> Arab (S) <input type="checkbox"/> Other (S)  <input type="checkbox"/> I do not wish to state (ZR)
<b>Please Specify Exact Ethnic Group:</b>		
<b>Nationality:</b>		
<b>Religion:</b>		
<b>Sexuality:</b> Heterosexual <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/>		
<b>Marital / Civil Status:</b>		

<b>Are you able to read and write in English:</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>What is your first language (if not English)</b>	
<b>Ability to read and write in First Language:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Where did you hear about our service?</b>			



Patient Code: \_\_\_\_\_

Date: \_\_\_\_\_

**IAPT Employment Status Questions**

A14 - Please indicate which of 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 homemaker or carer	<input type="checkbox"/>

A15 - Are you currently receiving Statutory Sick Pay?

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

A16 - Are you currently receiving Job Seekers Allowance, Income support or Incapacity benefit?

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

**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.

**WORK** - 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
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Not at all	Slightly		Definitely		Markedly	Very severely,			<input type="checkbox"/>
I cannot work									

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

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

**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		

**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		

**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		

A13 – W&SAS total score

**PHQ- 9**

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1 Little interest or pleasure in doing things	0	1	2	3
2 Feeling down, depressed, or hopeless	0	1	2	3
3 Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4 Feeling tired or having little energy	0	1	2	3
5 Poor appetite or overeating	0	1	2	3
6 Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7 Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8 Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9 Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

**GAD-7**

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all	Several days	More than half the days	Nearly every day
1 Feeling nervous, anxious or on edge	0	1	2	3
2 Not being able to stop or control worrying	0	1	2	3
3 Worrying too much about different things	0	1	2	3
4 Trouble relaxing	0	1	2	3
5 Being so restless that it is hard to sit still	0	1	2	3
6 Becoming easily annoyed or irritable	0	1	2	3
7 Feeling afraid as if something awful might happen	0	1	2	3

**IAPT Phobia Scales**

Choose a number from the scale below to show how much you would avoid each of the situations or objects listed below. Then write the number in the box opposite the situation.

0	1	2	3	4	5	6	7	8
Would avoid it	not	Slightly avoid it		Definitely avoid it		Markedly avoid it		Always avoid it
A17	Social situations due to a fear of being embarrassed or making a fool of myself							<input type="text"/>
A18	Certain situations because of a fear of having a panic attack or other distressing symptoms (such as loss of bladder control, vomiting or dizziness)							<input type="text"/>
A19	Certain situations because of a fear of particular objects or activities (such as animals, heights, seeing blood, being in confined spaces, driving or flying).							<input type="text"/>