



Therapist Session 4 and 8 Form

Client Name

RJ8 Client Code (Assigned to you at triage)

RJ8 Client Number

Therapist Name

Date and Time of seeing client

Are there any communication methods the client doesn't want us to use to contact them about their treatment?

Mode of delivery

- Face to face Video Telephone
- Other (Please specify)

Client Attendance

- 5 - Attended on time or, if late, before the relevant professional was ready to see the patient
- 2 - Appointment cancelled by, or on behalf of the patient
- 6 - Arrived late, after the relevant professional was ready to see the patient, but was seen
- 7 - Patient arrived late and could not be seen
- 3 - Did not attend, no advance warning given
- 4 - Appointment cancelled or postponed by the health care provider

How has the client's mental health affected their work life recently?

- Not at all Severely impacted
- 1 2 3 4 5

How has the client's mental health affected their relationships recently?

- Not at all Severely impacted
- 1 2 3 4 5

How has the client's mental health affected their social life recently?

- Not at all Severely impacted
- 1 2 3 4 5

How has the client's mental health affected their home life recently?

Not at all

1

2

3

4

Severely
impacted

5

Is the client taking any medication?

Over the last 30 days how many days has the clients personal problems and / or mental health caused them to miss work?

Did staff listen to you and treat your concerns seriously?
(747901000000107)

- 4 - At all times 3 - Most of the time 2 - Sometimes
 1 - Rarely 0 - Never
-

Do you feel that the service has helped you to better understand and address your difficulties? (747911000000109)

- 4 - At all times 3 - Most of the time 2 - Sometimes
 1 - Rarely 0 - Never
-

Did you feel involved in making choices about your treatment and care?
(747921000000103)

- 4 - At all times 3 - Most of the time 2 - Sometimes
 1 - Rarely 0 - Never
-

On reflection, did you get the help that mattered to you?

(747931000000101)

- 4 - At all times 3 - Most of the time 2 - Sometimes
 1 - Rarely 0 - Never
-

Did you have confidence in your therapist and his / her skills and techniques? (747941000000105)

- 4 - At all times 3 - Most of the time 2 - Sometimes
 1 - Rarely 0 - Never
-

How likely are you to recommend our service to friends and family if they needed similar care or treatment?

- 4 - At all times 3 - Most of the time 2 - Sometimes
 1 - Rarely 0 - Never
-

Has the clients therapy goal changed from when they started in therapy?

Employment Status

- 01 - Employed . 02 - Unemployed and actively seeking work
- 03 - Undertaking full (at least 16 hours per week) or part-time (less than 16 hours per week) education or training as a student and not working or actively seeking work
- 04 - Long-term sick or disabled, those receiving government sickness and disability benefits
- 05 - Looking after the family or home as a homemaker and not working or actively seeking work
- 06 - Not receiving government sickness and disability benefits and not working or actively seeking work
- 07 - Unpaid voluntary work and not working or actively seeking work
- 08 - Retired ZZ - Not Stated (Person asked but declined to provide a response)
-

Please tell us, in your own words, how you feel about the RJ8 service.

PHQ 9 Q1 - Little interest or pleasure in doing things

- Not at all - 0
- Several Days - 1
- More than half of the days - 2
- Nearly everyday - 3
-

PHQ 9 Q2 - Feeling down, depressed, or hopeless

- Not at all - 0
- Several Days - 1
- More than half of the days - 2
- Nearly everyday - 3
-

PHQ 9 Q3 - Trouble falling or staying asleep, or sleeping too much

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

PHQ 9 Q4 - Feeling tired or having little energy

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

PHQ 9 Q5 - Poor appetite or overeating

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

PHQ 9 Q6 - Feeling bad about yourself - or that you are a failure or have let yourself or your family down

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

PHQ 9 Q7 - Trouble concentrating on things, such as reading the newspaper or watching television

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

PHQ 9 Q8 - 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

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

PH9 Q9 - Thoughts that you would be better off dead or of hurting yourself in some way

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

Over the last week I have made plans to end my life

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

GAD 7 Q1 - Feeling nervous, anxious or on edge

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

GAD 7 Q2 - Not being able to stop or control worrying

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

GAD 7 Q3 - Worrying too much about different things

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

GAD 7 Q4 - Trouble relaxing

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

GAD 7 Q5 - Being so restless that it is hard to sit still

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

GAD 7 Q6 - Becoming easily annoyed or irritable

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

GAD 7 Q7 - Feeling afraid as if something awful might happen

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
-

Client Comments

Therapist Comments