



Therapist Every Session Form

Client Name

RJ8 Client Code (Assigned to you at triage)

RJ8 Client Number

Therapist Name

Date and Time of seeing client

Type of treatment? (Counselling, group, CBT etc)

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

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
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PHQ 9 Q5 - Poor appetite or overeating

- Not at all - 0 Several Days - 1 More than half of the days - 2
- Nearly everyday - 3
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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
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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
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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
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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
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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
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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
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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
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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
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GAD 7 Q4 - Trouble relaxing

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