

# A follow-up questionnaire about you and how you are feeling

You kindly helped us by filling in one of these questionnaires before your therapy started. This is the follow-up questionnaire. We would be grateful if you would fill this in so we can see what effect therapy has had for you. All your answers will be confidential. Please answer the five questions on this page and then return this form to your therapist.

## Question 1

a This is the problem you said troubled you the most when we last asked. (Therapist - please write it in the box below.)

b How much has it affected you over the last week? (Please tick one box below.)

Not at all affected    0    1    2    3    4    5    Severely affected

                      

## Question 2

a This is the other problem you said troubled you when we last asked. (Therapist - please write it in the box below.)

b How much has it affected you over the last week? (Please tick one box below.)

Not at all affected    0    1    2    3    4    5    Severely affected

                      

## Question 3

a This is the thing you said was hard to do when we last asked. (Therapist - please write it in the box below.)

b How hard has it been to do this thing over the last week? (Please tick one box below.)

Not at all hard    0    1    2    3    4    5    Very hard

                      

## Question 4

How have you felt in yourself this last week? (Please tick one box below.)

Very good    0    1    2    3    4    5    Very bad

                      

## Question 5

Now that you have finished your course of therapy, how would you describe yourself? (Please tick one box below.)

Much better    Quite a lot better    A little better    About the same    A little worse    Much worse

                  

0    1    2    3    4    5



This questionnaire is called the Psychological Outcome Profiles questionnaire (PSYCHLOPS). It has been written by STaRNet, a primary care research network funded by the NHS.

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## Therapist Assessment Form – post therapy

To be completed by therapist

surgery ID	xx	client initials	xx	client age	years
therapist ID	xx	client gender	M / F		
number of therapy sessions attended	xx				
end of therapy date	DD/MM/YY				
date post-therapy PSYCHLOPS completed					

### Medication question 1

Is the client taking antidepressants (at the time of *final* therapy session)? (Please tick one box below.)

Yes  No  Don't know

### Medication question 2

Is the client taking tranquillisers (at the time of *final* therapy session)? (Please tick one box below.)

Yes  No  Don't know

### Validation question

Now that the therapy has finished, how would you describe the client overall? (Please tick one box below.)

Much better  Quite a lot better  A little better  About the same  A little worse  Much worse   
0 1 2 3 4 5