

## Pre Session sPaCE

Name:		Sex: M <input type="radio"/> F <input type="radio"/>	Date of Birth:    /    /19
Today's Date:	/ /10	Session Number	Therapist

This questionnaire is about problems or difficulties that people may have. It is concerned with how you have felt in the last **week**, including today. Please fill it in before the session and hand it to your therapist.

The statements below refer to problems or difficulties that may have distressed you over the last week. Please read each statement carefully. Circle the number to the right that best indicates how much you have been bothered or distressed. For example, if "Finding it an effort to remember things" has distressed you "Quite a bit", circle 3.

01	Finding it an effort to remember things	0	1	2	3	4
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	Not at all	A little bit	Moderately	Quite a bit	Extremely
01 Finding it an effort to remember things	0	1	2	3	4
02 Thoughts about killing myself	0	1	2	3	4
03 Feeling anxious or nervous	0	1	2	3	4
04 Feeling hopeless	0	1	2	3	4
05 Having to avoid things because they frighten me	0	1	2	3	4
06 Not being able to get going	0	1	2	3	4
07 Finding it hard to concentrate	0	1	2	3	4
08 Wanting to harm myself	0	1	2	3	4
09 Panicky feelings	0	1	2	3	4
10 Feeling worthless	0	1	2	3	4
11 Feeling afraid to go out	0	1	2	3	4
12 Feeling tired most of the time	0	1	2	3	4
13 Feeling confused	0	1	2	3	4
14 Impulses to cut or mutilate myself	0	1	2	3	4
15 Feeling tense	0	1	2	3	4
16 Feeling life is pointless	0	1	2	3	4
17 Feeling anxious in crowds	0	1	2	3	4
18 Having no energy	0	1	2	3	4
19 Having difficulty making decisions	0	1	2	3	4

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**PLEASE CHECK THAT YOU HAVE RESPONDED TO ALL THE STATEMENTS**

GLOBAL		APA		COG		DEP		ANX	
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