# A questionnaire about you and how you are feeling – now that you are starting therapy



## **Question 1**

Choose the problem	that trou	bles you mo	st. (Please	write it in the b	ox below.)			
How much has it affe	-				-	5		
Not at all affected	Ď		Ū		ò		Severely affecte	ed
How long ago were y	vou first o	oncerned at	pout this pr	oblem? (Ple	ase tick one	box below	r.)	
Under one month					One to f	ïve years	Over five y	ears
					[			
uestion 2								
Choose another prot	olem that	troubles you	<b>u.</b> (Please w	rite it in the bo	x below.)			
How much has it affe	ected you	over the las	st week? (F	Please tick one	box below.)			
Not at all affected			$\overset{2}{\square}$	3	4	5	Severely affecte	d
How long ago were y	vou first c	oncerned at	pout this pr	oblem? (Plea	ase tick one	box below	r.)	
	Between	one and three	Over th	ree months				ears.
	Between		Over th			box below ïve years		rears
	Between	one and three	Over th	ree months				ears
Under one month	Between o m	one and three onths	Over th but und	eree months ler one year	One to f	ïve years	Over five y	
Under one month	Between o m	one and three onths	Over th but und	eree months ler one year	One to f	ïve years	Over five y	
Under one month	Between o m	one and three onths	Over th but und	eree months ler one year	One to f	ïve years	Over five y	
Under one month	Between om m at is hard	one and three onths	Over the last we	problem (or	One to f	ïve years	Over five y	
Under one month Under one month Under one month Choose one thing the	Between o m at is hard	one and three onths	Over the but und	problem (or	One to f	ïve years	Over five y	
Under one month Under one month Uestion 3 Choose one thing the How hard has it been Not at all hard	Between om m at is hard	one and three onths	Over the last we	problem (or	One to f	ive years	Over five y	
Under one month Uestion 3 Choose one thing the How hard has it beer Not at all hard Question 4	Between om mat is hard n to do th 0	is thing over	Over the but und	problem (or eek? ( <i>Please</i> 3	One to f	ive years	Over five y	
Under one month Under one month Uestion 3 Choose one thing the How hard has it been Not at all hard	Between om mat is hard n to do th 0	is thing over	Over the but und	problem (or eek? ( <i>Please</i> 3	One to f	ive years	Over five y	
Under one month Uestion 3 Choose one thing the How hard has it beer Not at all hard Question 4	Between om at is hard n to do th 0	is thing over 1 this last wee	Over the but und	e tick one box b	One to f	ive years	Over five y	
Under one month Uestion 3 Choose one thing the How hard has it been Not at all hard Question 4 How have you felt in	Between om at is hard n to do th 0	is thing over 1 this last wee	Over the but und	e tick one box k	One to f	ive years	Over five y	
	How much has it afferent of the second secon	How much has it affected you Not at all affected How long ago were you first of Between of Under one month m Under one	How much has it affected you over the las Not at all affected 0 1 How long ago were you first concerned al Between one and three Under one month months Under one month months How much has it affected you over the las	How much has it affected you over the last week? (F         Not at all affected       0       1       2         Not at all affected       0       1       2         How long ago were you first concerned about this pr         Between one and three       Over the         Under one month       months       but und         Image: Choose another problem that troubles you. (Please week)       (Please week)         How much has it affected you over the last week? (F       0       1       2	How much has it affected you over the last week? ( <i>Please tick one</i> Not at all affected $0$ 1 2 3 Not at all affected $0$ 1 2 3 How long ago were you first concerned about this problem? ( <i>Please under one month months but under one year</i> Under one month months but under one year <b>uestion 2</b> Choose another problem that troubles you. ( <i>Please write it in the box</i> How much has it affected you over the last week? ( <i>Please tick one update </i>	How much has it affected you over the last week? ( <i>Please tick one box below.</i> ) Not at all affected $0$ 1 2 3 4 How long ago were you first concerned about this problem? ( <i>Please tick one about the problem one and three over three months but under one year one to the problem of the probl</i>	Not at all affected $0$ $1$ $2$ $3$ $4$ $5$ How long ago were you first concerned about this problem?       (Please tick one box below         Between one and three       Over three months       One to five years         Under one month       months       but under one year       One to five years         uestion 2       Choose another problem that troubles you.       (Please write it in the box below.)         How much has it affected you over the last week?       (Please tick one box below.)	How much has it affected you over the last week? (Please tick one box below.)         Not at all affected $0$ $1$ $2$ $3$ $4$ $5$ Not at all affected $0$ $1$ $2$ $3$ $4$ $5$ How long ago were you first concerned about this problem? (Please tick one box below.)       Between one and three       Over three months         Under one month       months       but under one year       One to five years       Over five y         uestion 2       Choose another problem that troubles you. (Please write it in the box below.)       How much has it affected you over the last week? (Please tick one box below.) $5$

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## **Therapist Assessment Form – pre therapy**

#### To be completed by the therapist and attached to the completed questionnaire.

clinic / surgery ID	client ID or initials			client age or DOB						
therapist ID		client gender								
referral date										
assessment date										
date pre-therapy PSYCHLOPS completed										
date of first session (unless same as above)										
How does the client describe their ethnic group? (Please tick one of the boxes below)										
Asian or Asian British Bangladeshi Indian Pakistani Other Asian background (please specify)	n or Asian British Chi deshi C ni C I C sian background C		ıps □ □	Irish						
Black or Black British Caribbean African Other Black background (please specify)		<b>ed background</b> /hite & Asian /hite & Black African /hite & Black Caribbean ther Mixed background blease specify)		client's first language:						

### **Scoring PSYCHLOPS**

- PSYCHLOPS has been designed as a mental health outcome measure. As such, the pre-therapy score is compared with subsequent scores (during therapy and post-therapy). The difference is the 'change score'.
- All of the responses in PSYCHLOPS are scored on a six point scale ranging from zero to five. The higher the value, the more severely the person is affected.
- Not every question in PSYCHLOPS is used for scoring. Only the questions relating to Problems (Questions 1b and 2b), Functioning (Question 3b) and Wellbeing (Question 4) are scored. Other questions provide useful information but do not contribute to the change score.
- The questions used for scoring are indicated with the symbol: \_\_\_\_\_ This symbol appears after the scoring boxes. The therapist may find it helpful to insert the score inside this symbol.
- PSYCHLOPS therefore consists of three domains (Problems, Functioning and Wellbeing) and four questions which are scored.
- The maximum PSYCHLOPS score is 20.
- The maximum score for each question is 5.
- If both Q1 (Problem 1) and Q2 (Problem 2) have been completed, the total score is: Q1b + Q2b + Q3b + Q4.
- If Q1 (Problem 1) has been completed and Q2 (Problem 2) has been omitted, the total score is: (Q1b x 2) + Q3b + Q4. In other words, the score of Q1b (Problem 1) is doubled. This ensures that the maximum PSYCHLOPS score remains 20.

#### Total PSYCHLOPS Pre-Therapy score: