# **During Therapy Questionnaire**

A questionnaire about you and how you are feeling
You filled in a questionnaire before you started therapy. This is a follow-up
questionnaire that will help us see if anything has changed since you started therapy. Please answer all the questions below and remember there are no right or wrong answers.

Question						
a. This is what you said you were most worried about last time we asked. (Please write in the box below)						
b. How muc (Please tick one	ch has it affect	cted you ove	r the last we	ek?		
<b>0</b> □	1 	2 	3 	<b>4</b>	5 	
Not at all					Very much	
Question 2						
a. This is w	hat else you and the box below)	said you wer	e worried ab	out last tim	e we asked.	
b. How muc (Please tick one	ch has it affect box below)	cted you ove	r the last we	ek?		
<b>0</b> □	1 	2 	3 	<b>4</b>	5	
Not at all					Very much	

# Question 3

a. This is what you said was hard to do because of the problem(s) last					
time we ask (Please write in					
(r reade write iii	THE DOX BOIOWY				
b. How hard (Please tick one	has it been	to do this thi	ng over the l	ast week?	
(i lease tick one	BOX Delow)				
0	1	2	3	4	5
Ш	Ш	Ш	Ш	Ш	Ш
Not at all hard					very hard
$\odot$					
Question 4					
How have w	ou falt this la	st wook?			
How have you felt this last week? (Please tick one box below)					
_	_			_	_
0	1	2	3	4	5
Ш	Ш			Ш	Ш
Very good					Very bad
$\odot$					$oldsymbol{eta}$

# Question 5

a. Now that you are having therapy, you may find other problems have come up. If this has happened to you, please tell us what you are most worried about now or leave blank if you have no new worries.  (Please write in the box below and add drawings if you want to)					
ver the las		ew thing yoเ	i're worried a	about affecte	<mark>ed you</mark>
<b>0</b> □	1 	2 	3	<b>4</b> □	5 
t at all					Very mud
. Compare (Please tick o	d to when y one box below)	ou started th	erapy, how	do you feel ı	now?
<b>0</b> □	1	2 	3 	4	5 
uch better					Much wo

# Therapist Assessment Form – during-therapy

School ID	Child's gender	M/F
Therapist ID	Child's age	years
Child's initials		
Number of sessions attended	so far:	Group or 1:1:
Date during-therapy form com	pleted (DD/MM/YY):	
Comments – this box is provide record on the therapy so far.	led for any comme	nts you may want to

#### **Scoring**

PSYCHLOPS Teen consists of three domains (Problems, Functioning and Wellbeing) which are scored. These are Q1b + Q2b + Q3b + Q4, the maximum score for each question is 5 (scored 0-5), therefore total score range is 0 - 20. The change score is the difference between the total pre-therapy score and the total post-therapy score.

Other questions provide useful qualitative information but do not contribute to the change score.

#### **Total PSYCHLOPS Teen during-therapy score:**

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