

## For the teacher/learning support staff or therapist

## How to use the PSYCHLOPS Teen Pre-therapy form

We hope that this questionnaire will help us to understand how the young person is feeling. Please sit with the young person as they fill out the form and support them to answer the questions for themselves.

Please explain to the young person that outside of the school setting this questionnaire will be anonymous i.e. this front sheet with their details will be removed from the rest of the form when the information is used for research and evaluation purposes.

Before you go through the form with the young person please fill in the information below.

# The teacher/learning support staff or therapist should fill this part in:

tilis part ill.	
Teacher/learning support staff name:	
Name of School:	
Details of young person	
Name:	Age:
Gender: M/F	
Ethnic Group:	
First language:	
Date pre-therapy PSYCHLOPS completed:	

N.B. Therapists please check that form is completed

Please answe there is somet completed, yo	onnaire about a street of the question of the	ons. Therenderstand to any support	e are no rig hen please staff memb	ht or wrong ar ask. After th per will give it	nswers. If is form is to the
Therapy session difficult in your Question 1	o <mark>ns give you a p</mark> ons give you a pons give you			**	
b. How much (Please tick one bo	has it affected y	you over t	he last we	ek?	
O D Not at all	1	2	3	<b>4</b> □	5 □ Very muc
c. How long a	go were you firs	st worried	about this	s problem?	
Just this week	last term	I:	ast year	longel	r than that
Question 2 a. Is there so	mething else tha	at worries	you?		

b. How much (Please tick one	has it affecte box below)	ed you ove	er the last wee	ek?	
<b>0</b> ☐ Not at all	1	2	3 □	<b>4</b> □	5 U Very much
c. How long a (Please tick one	ago were you box below)	first worri	ed about this	problem?	
Just this week	last term		last year	longe	r than that
	mething that' Please write in the		do because of	f the probler	m (or
	has it been to	do this th	ing over the I	ast week?	
<b>0</b>	1	2	3 □	<b>4</b>	5 Very hard
Question 4 How have yo	ou felt this last	t week? (Pl	ease tick one box b	elow) <b>4</b>	5 
Very good					Very bad

Please use this space for any other comments/drawing/doodles			

### **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 pre-therapy score:**