OUTCOME MEASURE	Site ID  letters only  Client ID  Therapist ID  Sub codes  D  D  M  M  Y  Y  Date form given	Y	P Pre-therap D During The	nt py Session y (unspecified) erapy py Session 1	stage  Episode	
IMPORTANT - PLEASE READ THIS FIRST  This form has 34 statements about how you have been OVER THE LAST WEEK.  Please read each statement and think how often you felt that way last week.  Then tick the box which is closest to this.  Please use a dark pen (not pencil) and tick clearly within the boxes.						
Over the last week			No bear and Social	The Albert		
1 I have felt terribly alone and	o _	1 2	3 4	F		
2 I have felt tense, anxious or	_ o _	1 2	3 4	Р		
3 I have felt I have someone to	4	3 2	1 0	,F		
4 I have felt OK about myself	4	3 2	1 0	W		
5 I have felt totally lacking in energy and enthusiasm		o _	1 2	3 4	P	
6 I have been physically violent to others		0	1 2	3 4	R	
7 I have felt able to cope when things go wrong		4	3 2	1 0	F	
8 I have been troubled by aches, pains or other physical problems		_ o	1 2	3 4	P	
9 I have thought of hurting myself		0	1 2	3 4	R	
10 Talking to people has felt too much for me		0	1 2	3 4	F	
11 Tension and anxiety have pr	o [	1 2	3 4	P		
12 I have been happy with the	4	3 2	1 0	F		
13 I have been disturbed by unwanted thoughts and feelings		0	1 2	3 4	P	
14 I have felt like crying	0	1 2	3 4	W		
	Please turn over					

Over the last week	AND THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE PART				
15 I have felt panic or terror	0 1 2 3 4 P				
16 I made plans to end my life	0 1 2 3 4 R				
17 I have felt overwhelmed by my problems	0 1 2 3 4 W				
18 I have had difficulty getting to sleep or staying asleep	0 1 2 3 4 P				
19 I have felt warmth or affection for someone	4 3 2 1 0 F				
20 My problems have been impossible to put to one side	0 1 2 3 4 P				
21 I have been able to do most things I needed to	4 3 2 1 0 F				
22 I have threatened or intimidated another person	0 1 2 3 4 R				
23 I have felt despairing or hopeless	0 1 2 3 4 P				
24 I have thought it would be better if I were dead	0 1 2 3 4 R				
25 I have felt criticised by other people	0 1 2 3 4 F				
26 I have thought I have no friends	0 1 2 3 4 F				
27 I have felt unhappy	0 1 2 3 4 P				
28 Unwanted images or memories have been distressing me	0 1 2 3 4 P				
29 I have been irritable when with other people	0 1 2 3 4 F				
30 I have thought I am to blame for my problems and difficulties	0 1 2 3 4 P				
31 I have felt optimistic about my future	4 3 2 1 0 W				
32 I have achieved the things I wanted to	4 3 2 1 0 F				
33 I have felt humiliated or shamed by other people	0 1 2 3 4 F				
34 I have hurt myself physically or taken dangerous risks with my health	0 1 2 3 4 R				
THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE					
Total Scores   Mean Scores					
(Rotal score for each dimension divided by number of tiams completed in that dimension) (W) (P) (F)	(R) All items All minus R				