

# How are you doing?

## Thinking about the recent past:

Since coming last time, are your difficulties:

Much worse

A bit worse

About the same

A bit better

Much better

- How much have your difficulties been upsetting or distressing you?

Not at all

A little

A medium amount

A great deal

- How much have your difficulties been interfering with your everyday life in the following areas?

	Not at all	A little	A medium amount	A great deal
Your home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your ability to learn or work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Thinking about the future:

- How much better do you think you will be in one month's time?

No better, maybe worse

Only a little better

Quite a lot better

A great deal better

Your name .....

Today's date .....

**Thank you very much for your help**