



## IAPT Employment Status Questions

Please indicate which of the following options best describes your current status:

Not Stated	
Employed (Full Time)	
Employed (Part Time)	
Employed (Self)	
Unemployed (Seeking Work)	
Unemployed	
Benefits	
Student (Full Time)	
Student (part Time)	
Homemaker	
Retired	

Are you currently receiving Statutory Sick Pay?

Yes		No	
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Are you suitable for or feel you would benefit from receiving employment support?

Yes		No	
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### Work and Social Adjustment

People's problems sometimes affect their ability to do certain day-to-day tasks in their lives. To rate your problems look at each section and determine on the scale provided how much your problem impairs your ability to carry out the activity.

1. **WORK** - if you are retired or choose not to have a job for reasons unrelated to your problem, please tick N/A (not applicable)

0      1      2      3      4      5      6      7      8      N/A

Not at all      Slightly      Definitely      Markedly      Very severely, I cannot work     

2. **HOME MANAGEMENT** – Cleaning, tidying, shopping, cooking, looking after home/children, paying bills etc

0      1      2      3      4      5      6      7      8

Not at all      Slightly      Definitely      Markedly      Very severely

3. **SOCIAL LEISURE ACTIVITIES** - With other people, e.g. parties, pubs, outings, entertaining etc.

0      1      2      3      4      5      6      7      8

Not at all      Slightly      Definitely      Markedly      Very severely

4. **PRIVATE LEISURE ACTIVITIES** – Done alone, e.g. reading, gardening, sewing, hobbies, walking etc.

0      1      2      3      4      5      6      7      8

Not at all      Slightly      Definitely      Markedly      Very severely

5. **FAMILY AND RELATIONSHIPS** – Form and maintain close relationships with others including the people that I live with

0      1      2      3      4      5      6      7      8

Not at all      Slightly      Definitely      Markedly      Very severely

### Medication:

Are you currently taking **any** medication? We are interested in **all** the medication you take  
Please have a list when we call or indicate here what medications you take

**Please circle as appropriate:**      Not known      Prescribed – not taking      Prescribed – taking      Not prescribed

**Have there been any changes in your medication since your last session?** .....