

# 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
<input type="checkbox"/>				

How much have your difficulties been upsetting or distressing you?

Not at all	A little	A medium amount	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
Home life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn or work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature.....

Date.....

**Thank you very much for your help**