

THE PSYCHOLOGY SERVICE

Midloe Grange, Southoe
Cambridgeshire PE19 5YD
www.psychologyservice.co.uk

SELF REPORT QUESTIONNAIRE

Ref No:
Name:
Address:
Date of Birth:
Date of Incident:

This questionnaire asks you about your emotional reactions since the incident. Your answers will be examined by a clinical psychologist experienced in the psychological impact of trauma. On the basis of your answers it may be necessary for you to be examined in order to prepare a psychological report. All information will be treated confidentially. Please answer truthfully, to the best of your ability. There are no right or wrong answers. Please do not leave questions out even if they seem irrelevant to you or seem very personal. The questions are designed for all sorts of people in all sorts of situations.

Please read the comments on the following pages and circle the response that best describes how you have felt since the incident. A section at the end allows you to add additional information. Please do not forget to sign and date the final page.

- T 0845 226 4800
- F 0845 226 4802
- E info@psychologyservice.co.uk

Personal Injury Division

COMMENT		RESPONSE			
1	Do you feel that you have been emotional affected by the incident?	Not at all	A little	Quite a bit	Yes, it's changed my whole personality
2	How would you describe the incident that you were involved in?	One of those things	A stressful life event	Very distressing	The worst thing I've ever experienced
3	What has been the worst impact of the incident?	Pain	Panicky feelings	Feeling very low	A mixture of everything
4	Has your life been affected by the incident?	Not at all	A little	Quite a bit	Yes, definitely
5	Do you still do things that you enjoy?	Same as usual	Less often than usual	I rarely enjoy anything now	I have no interest in anything
6	What aspects of your life have changed?	Work	Hobbies	Social life	Everything
7	Have your relationships with family and friends been affected?	Not at all	A little	Quite a bit	Yes, definitely
8a	Have you dwelt upon the incident?	Not at all	A little	Quite a bit	Yes, definitely
8b	Please describe your thoughts in a little more detail at the end of the questionnaire				
9	Have you experienced flashbacks of the incident?	No	A few at first	Often, for awhile	Often, they're still bad now
10	Have you had nightmares of the incident?	No	A few at first	Often, for awhile	Often, they're still bad now
11	Have you avoided things that remind you of the incident?	Not at all	Sometimes	Yes, if possible	Yes, at all costs
12a	Has your sleep been affected by worry since the incident?	Not at all	A little	Quite a bit	Yes, definitely
12b	Please describe how your sleep has been affected in more detail at the end of the questionnaire				
13	Has your appetite been affected since the incident?	Not at all	A little	Quite a bit	Yes, definitely
14	Has your interest in sex changed since the incident?	Not at all	A little	Quite a bit	Yes, definitely
15	Has your concentration changed since the incident?	Not at all	A little	Quite a bit	Yes, definitely
16	Has your mood changed since the incident?	No, I don't think so	I've felt a bit low at times	I've felt very low at times	I've felt very low all of the time
17	Have you improved in how you feel emotionally about the incident at all over time?	No	A little	Yes, I'm nearly back to normal	Yes, I'm completely better
18	If you have improved how long did you feel at your worst?	Few days	Several weeks	Several months	Years

19	Have you been to your doctor about your emotional problems since the incident?	No	No but I thought about it	Yes, once or twice	Yes, I been several times
20	Have you been referred for any psychological treatment since the incident?	No	No, but the doctor suggested it	Yes, but I didn't find it of any help	Yes, it's been very helpful
21	Has your doctor prescribed you any medication for sleep, anxiety or depression since the incident?	No	Yes, but I decided not to take it	Yes, I took it for awhile	Yes, I'm still taking it now
22	Have you had emotional problems before the incident?	No	Yes, but a long while ago	Yes, but they had improved before the incident	Yes, I've always suffered with my nerves
23	Had your doctor prescribed you any medication for sleep, anxiety or depression before the incident?	No	Yes, but I decided not to take it	Yes, I took it for awhile	Yes, I was still taking it when the accident occurred
24a	Have you had any other stressful things going on in your life around the time of the incident or since?	No	Yes, but not as bad as the incident	Yes, they've been as bad as the incident	Yes, they've been worse than the incident
24b	If you have had any other stressful things going on in your life please could you describe them briefly at the end of the questionnaire				

If you were involved in a road traffic accident please answer the following questions:

25	If you drive has this changed?	Not at all	I don't drive as much	I avoid it where possible	I avoid it completely
26	When you are in the car as a driver do you feel differently?	No	A little more anxious	Very anxious	I dread every journey
27	As a passenger have you changed?	Not at all	I don't like it as much	I avoid it where possible	I avoid it completely
28	When you are in the car as a passenger do you feel differently?	No	A little more anxious	Very anxious	I dread every journey
29	Has anxiety in the car been the worst aspect of the accident?	Yes	No		
30	Does anxiety in the car restrict your life in anyway?	No	A little	I often avoid things if it means I have to go in a car	I always avoid going places if I have to go in the car

<p>8b Please describe your thoughts about the incident in a little more detail here:</p>
<p>12b Please describe how your sleep has been affected in more detail here:</p>
<p>24b Please briefly describe any other stressful things that you have been going through here:</p>
<p>Is there is anything else you would like to add about your feelings since the incident?</p>

I confirm that the above responses are a true record of my reactions since the accident and consent to a report being prepared, if necessary, on the basis of my answers and a discussion with a psychologist.

Signed.....

Date.....