THERAPIST FORM 2 CONCLUSION OF THERAPY

To be filled in by the researcher: ID_____ Date_____

1. Patient's year of birth:_____ 2. □ Male □ Female

3. Has the patient undergone individual therapy? □ No □ Yes
If yes, number of sessions (indiv. therapy):_____

4. Has the patient attended (or will he/she be attending) a patient course? □ No □ Yes

NOTE! If the patient has only attended a patient course, the course leader does not have to fill in the rest of the form (from question 5).

5. To what extent has the therapy focused on the patient returning to work (or, for patients who have not been on sick leave, on continuing to work)?
Circle the alternative you deem most suitable

Not at all 1 2 3 4 5 6 7 8 9 **Very much**

6. The patient is

	Full-time	Part-time
□ Working	□	□
□ On sick leave	□	□
□ Unemployed	□	□
□ Not working		

7. Is the patient currently on medication for his/her mental health problems?
□ No □ Yes
If yes, which type of medication?
□ Antipsychotics
□ Antidepressants
□ Anxiolytics
□ Hypnotics
□ Other

8. Diagnostic assessment on completion of treatment (ICD-10; F or Z code, e.g. F 42.1)
The diagnosis/diagnoses that best describe(s) the condition the patient has received treatment for.
1._____ (Primary diagnosis) □ Tentative
2. _____ (Secondary diagnosis, if any) □ Tentative

9. GAF on completion of treatment (final contact)

GAF-F (Functioning):_____

GAF-S (Symptoms):_____

THANK YOU VERY MUCH FOR YOUR HELP.