

## During Therapy Questionnaire

### **A questionnaire about you and how you are feeling**

You filled in a questionnaire before you started therapy. This is a follow-up questionnaire that will help us see if anything has changed since you started therapy. Please answer all the questions below and remember there are no right or wrong answers.

#### Question 1

**a. This is what you said you were most worried about last time we asked.** (Teacher/SENCO/Therapist writes in this box)

**b. How much has it affected you over the last week?**

*(Please tick one box below)*

0

1

2

3

4

5

Not at all



Very much



#### Question 2

**a. This is what else you said you were worried about last time we asked.**

(Teacher/SENCO/Therapist writes in this box)

**b. How much has it affected you over the last week?**

*(Please tick one box below)*

0

1

2

3

4

5

Not at all



Very much





**Question 3**

**a. This is what you said was hard to do because of the problem(s).**



**b. How hard has it been to do this thing over the last week?**

*(Please tick one box below.)*

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not at all hard					very hard
					

**Question 4**

**How have you felt this last week?** *(Please tick one box below.)*

0	1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very good					Very bad
					

#### Question 4

Now that you are having therapy, you may find other problems have come up. If this has happened to you, please tell us what you are most worried about now or leave blank if you have no new worries.

*Please write in the box below (add drawings if you want to.)*

How much has the new thing you're worried about affected you over the last week?

*(Please tick one box below.)*

0

1

2

3

4

5

Not at all



Very much



Compared to when you started therapy, how do you feel now?

*(Please tick one box below.)*

0

1

2

3

4

5

Much better



Much worse



