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## A Questionnaire about You and How You Are Feeling

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

1. This is what you said you were most worried about last time we asked. Please write in the box below (add drawings if you want to).

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

Please tick one box below.



0

Not at all



1



2



3



4



Very much

3. This is what you said was hard to do because of the problem.

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






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

Please tick one box below.

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

5. How have you felt this last week?

Please tick one box below.

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

**6. How do you feel about therapy now?**

Please circle one of the hands below and add a word to say how you feel



**7. Questions about you in the therapy sessions...**

a) What did you like most about therapy?

b) Was there anything you didn't like about therapy?

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

Please tick one box below

0  
  
Much better

1

2

3

4  
  
Much worse



Please use this space for any other comments/drawings or doodles

Thank you

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## **Therapist Assessment Form – post-therapy**

**School ID**                                      **Child's gender**                                      **M/F**

**Therapist ID**                                      **Child's age**                                      **years**

**Child's initials**

**Number of sessions attended:**                                      **Group or 1:1:**

**Date therapy ended (DD/MM/YY):**

**Date PSYCHLOPS Kids Post-Therapy completed (DD/MM/YY):**

### **Validation question**

**Now that the therapy has finished, how would you describe the child overall?** *(Please tick one box below.)*

<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Much better	better	little better	about the same	worse	much worse

### **Scoring**

PSYCHLOPS Kids consists of three domains (Problems, Functioning and Wellbeing) which are scored. These are Q2 + Q4 + Q5. The maximum score for each question is 4 (scored 0-4), therefore total score range is 0–12. Other questions provide useful qualitative information but do not contribute to the change score.

**Total PSYCHLOPS Kids post-therapy score: \_\_\_\_\_**

The change score is the difference between the total pre-therapy score and the total post-therapy score. The Effect Size can only be calculated by using a software package such as Excel to calculate a Standard Deviation.

$$\text{The Effect Size} = \frac{(\text{mean pre-therapy score} - \text{mean post-therapy score})}{\text{Standard Deviation of the pre-therapy score.}}$$