



**Ways to Wellbeing
Online Course Workbook**





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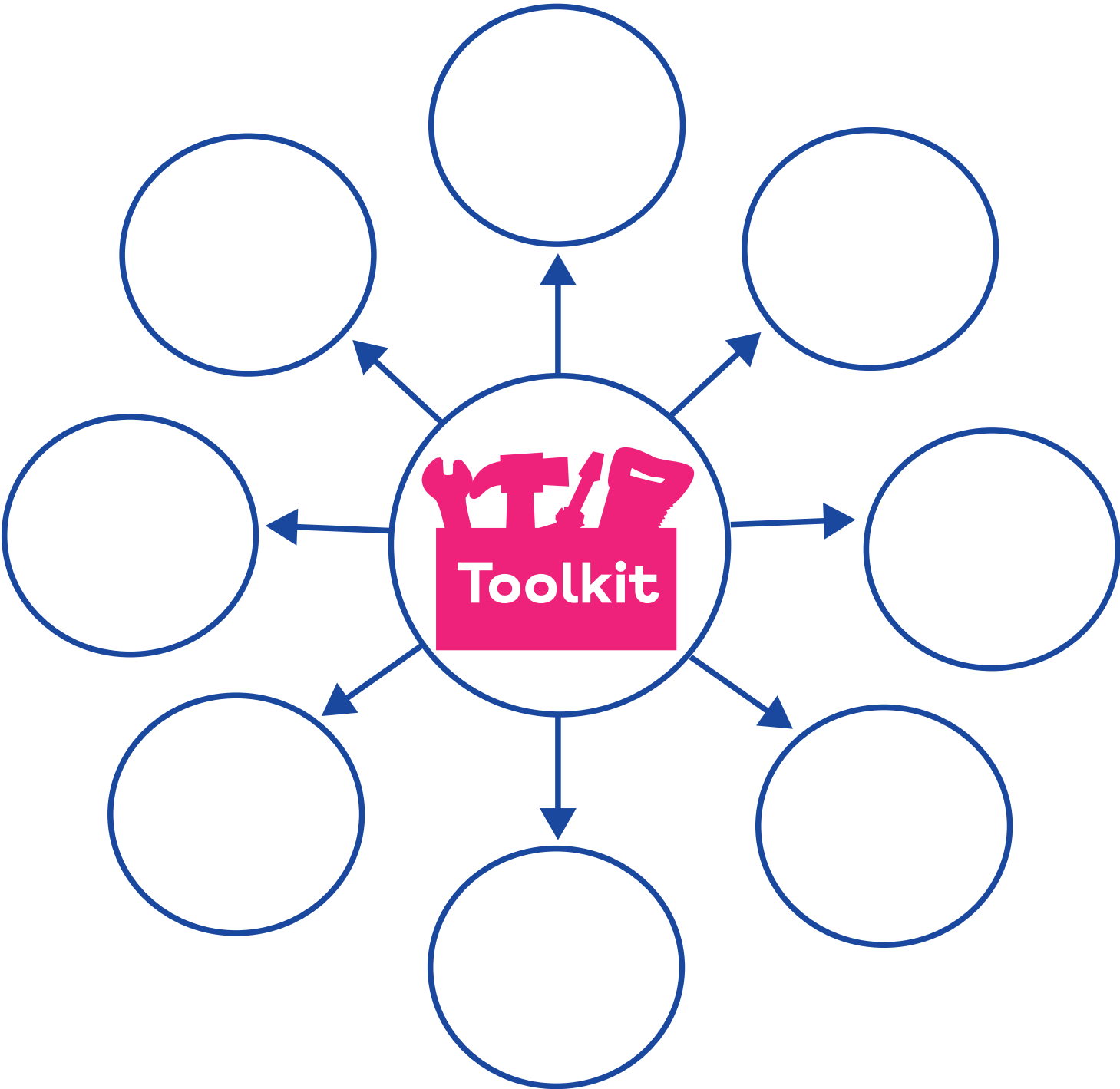
PHQ & GAD 7

To complete at start of course

PHQ & GAD 7

To complete at end of course

Feedback Form



My Personal Plan

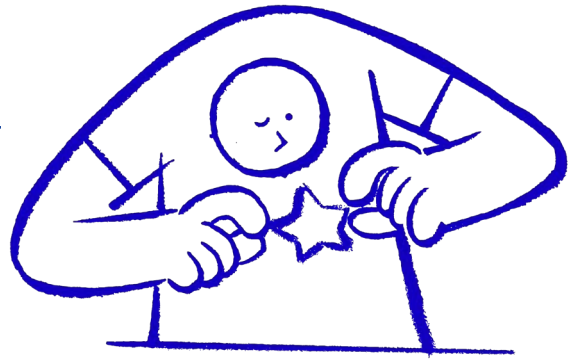


Be Active



My Personal Plan

Take Notice



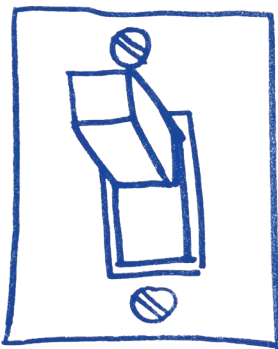
My Personal Plan

Give



My Personal Plan

Learn



My Personal Plan

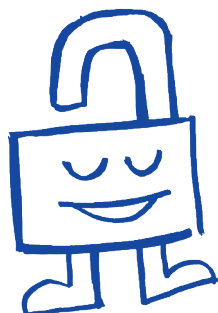


Connect



A large, empty rectangular box with rounded corners and a blue border, intended for writing a personal plan.

My Support Network



Useful Contacts

| | |
|--------------------------------|-------------------|
| B&NES Crisis Team | 01225 362814 |
| Breathing Space | 01225 983130 |
| Bath Mind | 01225 316199 |
| Community Wellbeing Hub | 0300 247 0050 |
| Samaritans | 116 123 |
| Shout | 85258 (text line) |

Before Course Assessment

| PHQ-9 | Over the last 2 weeks how often have you been bothered by any of the following problems? (Please circle) | Not at all | Several Days | More than half the days | Nearly every day |
|----------------------------|--|------------|--------------|-------------------------|------------------|
| 1. | Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. | Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. | Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. | Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. | Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. | Feeling bad about yourself – or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. | Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. | Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. | Thoughts that you would be better off dead or hurting yourself in some way | 0 | 1 | 2 | 3 |
| PHQ-9 Total Score = | | | | | |

| GAD-7 | Over the last 2 weeks how often have you been bothered by any of the following problems? | Not at all | Several Days | More than half the days | Nearly every day |
|----------------------------|--|------------|--------------|-------------------------|------------------|
| 1. | Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| 2. | Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 3. | Worrying too much about different things | 0 | 1 | 2 | 3 |
| 4. | Trouble relaxing | 0 | 1 | 2 | 3 |
| 5. | Being so restless that it is hard to sit still | 0 | 1 | 2 | 3 |
| 6. | Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 7. | Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |
| GAD-7 Total Score = | | | | | |



After Course Assessment

| PHQ-9 | Over the last 2 weeks how often have you been bothered by any of the following problems? (Please circle) | Not at all | Several Days | More than half the days | Nearly every day |
|----------------------------|--|------------|--------------|-------------------------|------------------|
| 1. | Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. | Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. | Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. | Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. | Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. | Feeling bad about yourself – or that you are a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 7. | Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. | Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. | Thoughts that you would be better off dead or hurting yourself in some way | 0 | 1 | 2 | 3 |
| PHQ-9 Total Score = | | | | | |

| GAD-7 | Over the last 2 weeks how often have you been bothered by any of the following problems? | Not at all | Several Days | More than half the days | Nearly every day |
|----------------------------|--|------------|--------------|-------------------------|------------------|
| 1. | Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| 2. | Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 3. | Worrying too much about different things | 0 | 1 | 2 | 3 |
| 4. | Trouble relaxing | 0 | 1 | 2 | 3 |
| 5. | Being so restless that it is hard to sit still | 0 | 1 | 2 | 3 |
| 6. | Becoming easily annoyed or irritable | 0 | 1 | 2 | 3 |
| 7. | Feeling afraid as if something awful might happen | 0 | 1 | 2 | 3 |
| GAD-7 Total Score = | | | | | |




Course Feedback

Bath Mind – Evaluation Form

Name:

Date:

| |  |  |  |  |  |
|--|---|---|---|---|---|
| Do you feel your awareness of wellbeing has developed from this course? | | | | | |
| Do you feel your understanding of how to create a wellbeing plan has increased from this course? | | | | | |
| Do you feel confident or equipped to talk to other people about your own mental health and wellbeing needs and to ask for help? | | | | | |
| What is your impression of the quality of the training ? | | | | | |
| Would you recommend this course to others? | | | | | |

Additional Comments:-



For more information and support,
visit our website

www.bathmind.org.uk

Follow us on social media for regular wellbeing tips and support,
and to keep up with all our news.



If you'd like to make a donation to support our vital
services, you can do so here:-
www.bathmind.org.uk/support

