

Outcome Questionnaire

Name: _____ Date: _____ dd / mm / yyyy

Please rate the following statements based on your experiences in the past week, using the scale provided (1-5: Never to Almost Always). 1: Never - I have not experienced this symptom or problem at all in the past week. 2: Rarely - I have experienced this symptom or problem infrequently or to a minimal extent in the past week. 3: Sometimes - I have experienced this symptom or problem occasionally or moderately in the past week. 4: Often - I have experienced this symptom or problem frequently or to a considerable extent in the past week. 5: Almost Always - I have experienced this symptom or problem consistently or extensively throughout the past week.

SYMPTOM DISTRESS

I experienced distressing physical symptoms (e.g., pain, fatigue, sleep problems).

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1 2 3 4 5

I felt anxious or worried most of the time.

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1 2 3 4 5

I felt depressed or sad.

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1 2 3 4 5

I had difficulty concentrating or making decisions.

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1 2 3 4 5

I experienced intense or uncontrollable emotions.

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1 2 3 4 5

I had intrusive or unwanted thoughts.

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1 2 3 4 5

INTERPERSONAL RELATIONS

I felt understood and supported by the people in my life.

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1 2 3 4 5

I had conflicts or difficulties in my close relationships.

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1 2 3 4 5

I felt lonely or isolated.

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1 2 3 4 5

I had trouble expressing my needs or emotions to others.

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1 2 3 4 5

I received positive feedback and encouragement from others.

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1 2 3 4 5

I felt connected and valued in my social interactions.

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1 2 3 4 5

SOCIAL ROLE

I faced challenges in fulfilling my work or academic responsibilities.

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1 2 3 4 5

I struggled with balancing my personal and professional life.

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1 2 3 4 5

I experienced a lack of fulfillment or purpose in my daily activities.

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1 2 3 4 5

I had difficulty setting and achieving goals.

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1 2 3 4 5

I felt confident in my abilities and accomplishments.

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1 2 3 4 5

I felt satisfied with my contributions to society.

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1 2 3 4 5

GLOBAL DISTRESS

I experienced a general sense of unhappiness or dissatisfaction.

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1 2 3 4 5

I felt overwhelmed or unable to cope with daily life.

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1 2 3 4 5

I had frequent thoughts of giving up or hopelessness.

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1 2 3 4 5

I experienced significant stress related to various life domains.

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1 2 3 4 5

I felt a lack of enjoyment or interest in activities I used to find pleasurable.

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1 2 3 4 5

I had difficulty finding meaning or purpose in my life.

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1 2 3 4 5