



Trial ID :

Patient Status : Existing Re-entered

Date: _____	Session Number: _____
Session duration (minutes): _____	Session Type: HV <input type="checkbox"/> Clinic <input type="checkbox"/> Tel <input type="checkbox"/>
Homework: <input type="checkbox"/> Done <input type="checkbox"/> Partially Done <input type="checkbox"/> Not Done <input type="checkbox"/> NA	
PHQ-9 Score: _____	

SESSION NOTES



SESSION NOTES

Overall Status for follow-up sessions	<input type="checkbox"/> Better	<input type="checkbox"/> No Change	<input type="checkbox"/> Worse
Risk Assessment	<input type="checkbox"/> No/Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High

Activity	Degree of activation			
	0 (Did not perform the activity)	1 (Did the activity to some extent)	2 (Did the activity to large extent)	3 (Did activity as planned)



Homework Given		
Challenges (related to social problems, treatment engagement, homework)	How did you handle it	
Referrals, if any:		
Next Appointment date: _____ Time: _____		
Place:	<input type="checkbox"/> Home <input type="checkbox"/> PHC <input type="checkbox"/> Telephone	
Was the SO present for the session: NO <input type="checkbox"/> YES <input type="checkbox"/>		
If yes, in which part of the treatment was the SO involved?		
<input type="checkbox"/> Assessing <input type="checkbox"/> Activating <input type="checkbox"/> Problem solving <input type="checkbox"/> Any other (Please specify) _____		
Remarks:		
Counsellor's signature:		



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PHASE I		Complete this check-list at the end of each session	
<input type="checkbox"/> Introducing ourselves	<input type="checkbox"/> Involving a significant other	<input type="checkbox"/> Keeping things private	<input type="checkbox"/> Eliciting commitment
<input type="checkbox"/> Establishing agreement about the length of your first meeting	<input type="checkbox"/> Overcoming barriers <input type="checkbox"/> Addressing the patient's main concern e.g. referral to social agency, advice for sleep problems	<input type="checkbox"/> Setting an agenda	<input type="checkbox"/> Planning homework
<input type="checkbox"/> Getting to know your patient		<input type="checkbox"/> Summarising	
<input type="checkbox"/> Assessing suicide risk		<input type="checkbox"/> Setting next session date	
<input type="checkbox"/> Explaining the Healthy Activity Program and providing hope and encouragement	<input type="checkbox"/> Completing documentation	<input type="checkbox"/> Talking about the specifics of counselling	
ABBREVIATED SESSION			
<i>Outline for Abbreviated Session</i>		<input type="checkbox"/> Assessing suicide risk (based on PHQ9 score)	
<input type="checkbox"/> Introducing yourself		<input type="checkbox"/> Explaining about what we didn't have time to talk about (Give Patient Booklet)	
<input type="checkbox"/> Establishing agreement about the length of your first meeting		<input type="checkbox"/> Providing the patient booklet and encouraging the patient to read the first page before the next session.	
<input type="checkbox"/> Providing a brief description of the counselling (refer to the patient brochure) with an emphasis on providing encouragement and hope		<input type="checkbox"/> Setting next session date	
		<input type="checkbox"/> Completing documentation	
PHASE II			
<input type="checkbox"/> Reviewing progress (PHQ 9)	<input type="checkbox"/> Involving a significant other in structuring and scheduling	<input type="checkbox"/> Setting an agenda	<input type="checkbox"/> Planning homework (including addressing barriers)
<input type="checkbox"/> Reviewing homework		<input type="checkbox"/> Planning end of treatment	
<input type="checkbox"/> Learning together (Explain activity and mood monitoring)	<input type="checkbox"/> Summarising	<input type="checkbox"/> Encouraging activation	<input type="checkbox"/> Setting next session date
<input type="checkbox"/> Getting active	<input type="checkbox"/> Completing documentation	<input type="checkbox"/> Solving problems	
<input type="checkbox"/> Addressing specific problems (thinking too much, feeling anxious and tense, problems with someone close to you, sleep problems)			
PHASE III			
<input type="checkbox"/> Reviewing progress (PHQ 9)	<input type="checkbox"/> Preparing to stay well over time	<input type="checkbox"/> Setting an agenda	<input type="checkbox"/> Summarising
<input type="checkbox"/> Reviewing homework	<input type="checkbox"/> Completing documentation	<input type="checkbox"/> Reviewing skills that the patient has learnt	