YP-CORE

Client ID

Age

Male ☐
Female ☐

Date form given

D D M M Y Y Y Y

Stage completed

S Screening
R Referral
A Assessment
F First Therapy Session
P Pre-therapy (unspecified)
D During Therapy
L Last Therapy Session
X Follow up 1
Y Follow up 2

Site/service ID

Therapist ID

Episode

Subcodes

Assistance given? ☐
(If yes, please tick)

These questions are about how you have been feeling – OVER THE LAST WEEK.
Please read each question carefully.
Think how often you have felt like that in the last week and then put a cross in the box you think fits best.

OVER THE LAST WEEK...

		Not at all	Only occasoinally	Sometimes	Often	Mosr or all of the time
1	**I've felt edgy or nervous**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
2	**I haven't felt like talking to anyone**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
3	**I've felt able to cope when things go wrong**	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
4	**I've thought of hurting myself**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
5	**There's been someone I felt able to ask for help**	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0
6	**My thoughts and feelings distressed me**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
7	**My problems have felt too much for me**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
8	**It's been hard to go to sleep or stay asleep**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
9	**I've felt unhappy**	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4
10	**I've done all the things I wanted to**	☐ 4	☐ 3	☐ 2	☐ 1	☐ 0

THANK YOU FOR ANSWERING THESE QUESTIONS