

CORE-10 (with Risk component)

Instructions to Client

This form has statements about how you have been OVER THE LAST WEEK. Please read each statement and think how often you felt that way last week. Then check the box which is closest to this.

1. I have felt tense, anxious or nervous

Not at all Occasionally Sometimes Often All of the time

2. I have felt I have someone to turn to for support when needed

Not at all Occasionally Sometimes Often All of the time

3. I have felt able to cope when things go wrong

Not at all Occasionally Sometimes Often All of the time

4. Talking to people has felt too much for me

Not at all Occasionally Sometimes Often All of the time

5. I have felt panic or terror

Not at all Occasionally Sometimes Often All of the time

6. I made plans to end my life

Not at all Occasionally Sometimes Often All of the time

7. I have had difficulty getting to sleep or staying asleep

Not at all Occasionally Sometimes Often All of the time

8. I have felt despairing or hopeless

Not at all Occasionally Sometimes Often All of the time

9. I have felt unhappy

Not at all Occasionally Sometimes Often All of the time

10. Unwanted images or memories have been distressing me

Not at all Occasionally Sometimes Often All of the time

End of questions