



Welcome to this limesurvey data entry form for CORE-10 data. (Created by Chris Evans for CORE System Trust © <https://www.coresystemtrust.org.uk/copyright.pdf>.)

Section A: Data entry admin

Questions to help with data entry and information governance

A1. Please put your name or ID here (and use the same one every time you are entering data!)

You must put something here. Please be consistent!

A2. Please put your Email address here so I can contact you if I or the survey administrator (which might be you) needs to.

Section B: Demographic questions from CORE-10

These are the questions in the box at the top of page one of the CORE-10

B1. ID of the person who completed the CORE-10

You must have a value for this. The format should have been defined by the survey boss/administrator.



B2. This is the name or ID of the service, location or the survey for which the CORE-10 was completed.

If you don't know what to put here, you need to get your survey boss to tell you!

B3. ID of practitioner/interviewer

This might be the ID of the therapist or other practitioner if this is a clinical survey or it might be the ID of the interviewer if this is a research survey. Your survey boss should have told you what to use! It's a mandatory question but if you really don't know, put "-999".

B4. Date questionnaire (CORE-10) completed.

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B5. Age of person completing the CORE-10

If you really don't know, leave blank.

B6. Gender of the person completing the CORE-10.

If you really don't know, leave blank.

Female ☐

Male ☐

Other/neither/prefer not to say ☐



B7. Stage at which the CORE-10 was completed.

Only applies in clinical usage. Leave blank if not known or doesn't apply.

- Screening
- Referral
- Assessment
- First therapy session
- Pre-therapy (unspecified)
- During therapy
- Last therapy session
- Follow-up 1
- Follow-up 2

B8. The number of the therapy/clinical episode.

So if this is first ever episode, enter 1. Only applies to clinical use/surveys.



Section C: CORE-10 items

OVER THE LAST WEEK. Please read each question carefully. Think how often you have felt like that in the last week and then select the option which is closest to this.

C1. Over the last week ... I have felt tense, anxious or nervous

- Not at all ☐
- Only occasionally ☐
- Sometimes ☐
- Often ☐
- Most or all the time ☐

C2. Over the last week ... I have felt I have someone to turn to for support when needed

- Not at all ☐
- Only occasionally ☐
- Sometimes ☐
- Often ☐
- Most or all the time ☐

C3. Over the last week ... I have felt able to cope when things go wrong

- Not at all ☐
- Only occasionally ☐
- Sometimes ☐
- Often ☐
- Most or all the time ☐

C4. Over the last week ... Talking to people has felt too much for me

- Not at all ☐
- Only occasionally ☐
- Sometimes ☐
- Often ☐
- Most or all the time ☐



C5. Over the last week ... I have felt panic or terror

Not at all ☐
Only occasionally ☐
Sometimes ☐
Often ☐
Most or all the time ☐

C6. Over the last week ... I made plans to end my life

Not at all ☐
Only occasionally ☐
Sometimes ☐
Often ☐
Most or all the time ☐

C7. Over the last week ... I have had difficulty getting to sleep or staying asleep

Not at all ☐
Only occasionally ☐
Sometimes ☐
Often ☐
Most or all the time ☐

C8. Over the last week ... I have felt despairing or hopeless

Not at all ☐
Only occasionally ☐
Sometimes ☐
Often ☐
Most or all the time ☐



C9. Over the last week ... I have felt unhappy

Not at all	<input type="checkbox"/>
Only occasionally	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Often	<input type="checkbox"/>
Most or all the time	<input type="checkbox"/>

C10. Over the last week ... Unwanted images or memories have been distressing me

Not at all	<input type="checkbox"/>
Only occasionally	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Often	<input type="checkbox"/>
Most or all the time	<input type="checkbox"/>

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

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