



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

## Section A: Demographic questions from the YP-CORE

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

**A1. Please put your name and Email address here so your therapist knows these are your answers (the data is strictly confidential).**

*You must have a value for this.*

**A2. Date questionnaire (YP-CORE) completed**

|  |  |  |  |  |  |  |  |  |  |
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**A3. Was assistance given in completing the form?**

Y ☐

N ☐

## Section B: YP-CORE 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 you think fits best.

**B1. Over the last week ... I've felt edgy or nervous**

Not at all ☐

Only occasionally ☐

Sometimes ☐

Often ☐

Most or all the time ☐



**B2. Over the last week ... I haven't felt like talking to anyone**

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

**B3. 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 ☐

**B4. Over the last week ... I've thought of hurting myself**

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

**B5. Over the last week ... There's been someone I felt able to ask for help**

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



**B6. Over the last week ... My thoughts and feelings distressed me**

Not at all ☐

Only occasionally ☐

Sometimes ☐

Often ☐

Most or all the time ☐

**B7. Over the last week ... My problems have felt too much for me**

Not at all ☐

Only occasionally ☐

Sometimes ☐

Often ☐

Most or all the time ☐

**B8. Over the last week ... It's been hard to go to sleep or stay asleep**

Not at all ☐

Only occasionally ☐

Sometimes ☐

Often ☐

Most or all the time ☐

**B9. Over the last week ... I have felt unhappy**

Not at all ☐

Only occasionally ☐

Sometimes ☐

Often ☐

Most or all the time ☐



**B10. Over the last week ... I've done all the things I wanted to**

- |                      |                          |
|----------------------|--------------------------|
| 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 ANSWERING THESE QUESTIONS**

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