



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: Demographic questions from CORE-10

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

- A1. Please put your name and Email address in here. This is vital to be sure that your therapist/practitioner who sent you this form can identify that the responses you give are yours.**

*You must have a value for this.*

- A2. Date questionnaire (CORE-10) completed.**

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## Section B: 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.

- B1. Over the last week ... I have felt tense, anxious or nervous**

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"/>

- B2. Over the last week ... I have felt I have someone to turn to for support when needed**

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"/>



**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 ... Talking to people has felt too much for me**

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

**B5. Over the last week ... I have felt panic or terror**

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

**B6. Over the last week ... I made plans to end my life**

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



**B7. Over the last week ... I have had difficulty getting to sleep or staying asleep**

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"/>

**B8. Over the last week ... I have felt despairing or hopeless**

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"/>

**B9. 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"/>

**B10. 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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