



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: 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 YP-CORE

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

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

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 YP-CORE 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 (YP-CORE) completed

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B5. Age of person completing the YP-CORE

If you really don't know, leave blank.

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

If you really don't know, leave blank.

Female ☐

Male ☐

Other/neither/prefer not to say ☐



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

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

- | | |
|---------------------------|--------------------------|
| Screening | <input type="checkbox"/> |
| Referral | <input type="checkbox"/> |
| Assessment | <input type="checkbox"/> |
| First therapy session | <input type="checkbox"/> |
| Pre-therapy (unspecified) | <input type="checkbox"/> |
| During therapy | <input type="checkbox"/> |
| Last therapy session | <input type="checkbox"/> |
| Follow-up 1 | <input type="checkbox"/> |
| Follow-up 2 | <input type="checkbox"/> |

B8. The number of the therapy/clinical episode.

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

B9. Was assistance given in completing the form?

- | | |
|---|--------------------------|
| Y | <input type="checkbox"/> |
| N | <input type="checkbox"/> |



Section C: 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.

C1. Over the last week ... I've felt edgy 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"/>

C2. Over the last week ... I haven't felt like talking to anyone

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"/>

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

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"/>

C4. Over the last week ... I've thought of hurting myself

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"/>



C5. 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 ☐

C6. Over the last week ... My thoughts and feelings distressed me

Not at all ☐

Only occasionally ☐

Sometimes ☐

Often ☐

Most or all the time ☐

C7. Over the last week ... My problems have felt too much for me

Not at all ☐

Only occasionally ☐

Sometimes ☐

Often ☐

Most or all the time ☐

C8. 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 ☐



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 ... 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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