

DATE:

Name:

**CORE-10**

DOB:

- This questionnaire has 10 statements about how you have been **OVER THE LAST WEEK**
- Please read each statement and think how often you felt that way over the last week
- Then, **please tick (✓) the box which is closest to this**

<b>Over the last week:</b>	<b>Not at all</b>	<b>Only occasionally</b>	<b>Sometimes</b>	<b>Often</b>	<b>Most of the time</b>
1. I have felt tense, anxious or nervous (0-4)					
2. I have felt I have someone to turn to for support when needed (4-0)					
3. I have felt able to cope when things go wrong (4-0)					
4. Talking to people has felt too much for me (0-4)					
5. I have felt panic or terror (0-4)					
6. I made plans to end my life (0-4)					
7. I have difficulty getting to sleep or staying asleep (0-4)					
8. I have felt despairing or hopeless (0-4)					
9. I have felt unhappy (0-4)					
10. Unwanted images or memories have been distressing me (0-4)					
<b>TOTAL SCORE</b>					