



YP-CORE

Assistance given?   
 (If yes, please tick)

Site ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Male <input type="checkbox"/>
Client ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Female <input type="checkbox"/>
	<small>Letters only</small> <small>Numbers only</small>	Age <input type="text"/> <input type="text"/>
Therapist ID	<input type="text"/> <input type="text"/> <input type="text"/>	
Subcodes	Numbers only (1) <input type="text"/> <input type="text"/> <input type="text"/> Numbers only (2) <input type="text"/> <input type="text"/> <input type="text"/>	Stage Completed
		S Screening
		R Referral
		A Assessment
		F First Therapy Session
		P Pre-therapy (unspecified)
		D During Therapy
		L Last Therapy Session
		X Follow up 1
		Y Follow up 2
Date form given	<small>d d / m m / y y y y</small> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Stage <input type="text"/>
		Episode <input type="text"/>

**These questions are about how you have been feeling OVER THE LAST WEEK. Please read each question carefully. Think how often you have felt like that in the last week and then put a cross in the box you think fits best. Please use a dark pen (not pencil) and mark clearly within the boxes.**

**OVER THE LAST WEEK...**

	Not at all	Only occasionally	Sometimes	Often	Most of all of the time
1. I've felt edgy or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. I haven't felt like talking to anyone	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. I've felt able to cope when things go wrong	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4. I've thought of hurting myself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. There's been someone I felt able to ask for help	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
6. My thoughts and feelings distressed me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. My problems have felt too much for me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
8. It's been hard to go to sleep or stay asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9. I've felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10. I've done all the things I wanted to	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

**Thank you for answering these questions**