



Clinical Outcomes in Routine Evaluation 10 (CORE-10)

Instructions:

This form has 10 statements about how you have been OVER THE LAST WEEK.
Please read each statement and think how often you felt that way last week.

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