

CORE-OM (34) w.components

Instructions to Client

This form has statements about how you have been OVER THE LAST WEEK. Please read each statement and think how often you felt that way last week. Then check the box which is closest to this.

1. I have felt terribly alone and isolated

Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. I have felt tense, anxious or nervous

Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. I have felt I have someone to turn to for support when needed

Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. I have felt OK about myself

Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. I have felt totally lacking in energy and enthusiasm

Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. I have been physically violent to others

Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. I have felt able to cope when things go wrong

Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. I have been troubled by aches, pains or other physical problems

Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. I have thought of hurting myself

Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Talking to people has felt too much for me				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Tension and anxiety have prevented me from doing important things				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I have been happy with the things I have done				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I have been disturbed by unwanted thoughts and feelings				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I have felt like crying				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I have felt panic or terror				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I made plans to end my life				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I have felt overwhelmed by my problems				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I have had difficulty getting to sleep or staying asleep				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I have felt warmth or affection for someone				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. My problems have been impossible to put to one side				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. I have been able to do most things I needed to				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I have threatened or intimidated another person				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I have felt despairing or hopeless				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I have thought it would be better if I were dead				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I have felt criticised by other people				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I have thought I have no friends				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I have felt unhappy				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Unwanted images or memories have been distressing me				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I have been irritable when with other people				
Not at all	Occasionally	Sometimes	Often	Most or all of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. I have thought I am to blame for my problems and difficulties

Not at all

Occasionally

Sometimes

Often

Most or all of the
time

31. I have felt optimistic about my future

Not at all

Occasionally

Sometimes

Often

Most or all of the
time

32. I have achieved the things I wanted to

Not at all

Occasionally

Sometimes

Often

Most or all of the
time

33. I have felt humiliated or shamed by other people

Not at all

Occasionally

Sometimes

Often

Most or all of the
time

34. I have hurt myself physically or taken dangerous risks with my health

Not at all

Occasionally

Sometimes

Often

Most or all of the
time

End of questions