

Practice:

Practitioner:

Date:

Client:

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 choose the option that you think fits best.

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

TOTAL SCORES
 YP-CORE YP-CORE R