Please read e	Subcodes Numbers only (1) Numbers or Date form given d d m m m / ons are about how you have been	F First Therapy Session P Pre-therapy (unspecified) D During Therapy L Last Therapy Session F First Therapy Session D During Therapy F Follow up 1 Y Follow up 2  En feeling OVER THE LAST WEEK. Ow often you have felt like that in the box you think fits best.
OVER THE LAS	ST WEEK	Not at all Only could sometimes most of the time
1. I've felt edgy	or nervous	
2. I haven't felt like talking to anyone		0 1 2 3 4
3. I've felt able to cope when things go wrong		ng 4 3 2 1 1 0
4. I've thought of hurting myself		0 1 2 3 4
5. There's been someone I felt able to ask for help		or help 4 3 2 1 1 0
6. My thoughts	and feelings distressed me	0 1 2 3 4
7. My problems have felt too much for me		0 1 2 3 4
8. It's been hard to go to sleep or stay asleep		ep 0 1 2 3 4
9. I've felt unhappy		0 1 2 3 4
10. I've done all the things I wanted to		
Thank you for answering these questions		

Copyright CORE System Trust Supported by www.coreims.co.uk

