CORE-OM

Patient name: _____ **Age:** _____

Examiner: _____ **Date:** _____ dd / mm / yyyy

InstructionsThis form has 34 statements about how you have been over the last week. Please read each statement and think about how often you felt that way last week. Then tick the box which is closest to this.

1. I have felt terribly alone and isolated.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

2. I have felt tense, anxious, or nervous.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

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

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

4. I have felt OK about myself.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

5. I have felt totally lacking in energy and enthusiasm.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

6. I have been physically violent to others.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

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

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

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

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

9. I have thought of hurting myself.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

10. Talking to people has felt too much for me.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

11. Tension and anxiety have prevented me doing important things.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

12. I have been happy with the things I have done.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

13. I have been disturbed by unwanted thoughts and feelings.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

14. I have felt like crying.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

15. I have felt panic or terror.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

16. I made plans to end my life.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

17. I have felt overwhelmed by my problems.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

18. I have had difficulty getting to sleep or staying asleep.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

19. I have felt warmth or affection for someone.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

20. My problems have been impossible to put to one side.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

21. I have been able to do most things I needed to.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

22. I have threatened or intimidated another person.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

23. I have felt despairing or hopeless.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

24. I have thought it would be better if I were dead.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

25. I have felt criticized by other people.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

26. I have thought I have no friends.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

27. I have felt unhappy.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

28. Unwanted images or memories have been distressing me.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

29. I have been irritable when with other people.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

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

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

31. I have felt optimistic about my future.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

32. I have achieved the things I wanted to.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

33. I have felt humiliated or shamed by other people.

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

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

- ◯ Not at all
- ◯ Only occasionally
- ◯ Sometimes
- ◯ Often
- ◯ Most or all the time

Additional notes - Specify below:

Healthcare professional's name: _____ **License number:** _____

Contact details: _____

Signature: