

CORE-10 USER MANUAL

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Contents

PREAMBLE	IV
Acknowledgements & enquires	iv
Citing the manual	iv
Copyright	iv
IT support for IAPT pathfinder sites	iv
Reproduction of CORE measures	iv
CORE-Net	iv
SECTION I	1
Introduction	1
Overview	2
Development	2
Structure	5
Format	5
Scoring procedures and meaning	6
Normative data	7
Non-clinical sample: General population (Sample 1)	7
Clinical sample: Primary care routine practice (Sample 2)	7
Clinical sample: GP practice (Sample 3)	7
Gender differences	8
SECTION II	8
Psychometric qualities: Is the measure reliable and valid?	8
Discrimination between clinical and non-clinical populations	9
Discrimination between clients with and without a diagnosis of depression	9
Correlation with other measures	11
Internal reliability: Do all the items measure the same trait?	12
Sensitivity to change	12
Acceptability	13
Comparison of embedded vs. 'stand-alone' measure	13
SECTION III	15
Reliable and clinically significant change	15
SECTION IV	17
Comparison of CORE-10 with CORE-OM	17
Correlation with the CORE-OM	17
Correlation with other measures	17
Internal reliability	17
Reliable and clinical change	17
SECTION V	19
The CORE family of measures and CORE System	19
CORE-Net software	22
References	24

Tables

1	CORE-10 development – Selection of items	4
2	CORE-10 items	5
3	Means, standard deviations and confidence intervals for clinical and non-clinical sample populations	8
4	Sensitivity and specificity of the CORE-10 against a SCID diagnosis of depression	10
5	Correlation of the CORE-10 with other measures	11
6	Rates of reliable and clinically significant change	16
7	Comparison of the CORE-10 and CORE-OM correlation with other measures	17
8	Comparison of reliable and clinically significant change for CORE-10 and CORE-OM	18

Figures

1	Practice guide for interpreting CORE-10 clinical scores	6
2	Box-plot showing difference between clinical and non-clinical populations	9
3	ROC curve of the CORE-10 against the SCID diagnosis of moderate depression	11
4	Box-plot showing difference between pre-and post-therapy scores	12
5	Box plot showing similarities between embedded and ‘stand alone’ CORE-10 measure	13
6	Back-to-back histograms of embedded and non-embedded CORE-10 items	14

Appendices

I	CORE-10	26
II	CORE-OM	27
III	Practitioner completed measures	29
	Therapy Assessment Form	29
	End of Therapy Form	31
IV	CORE Publications	33

PREAMBLE

Acknowledgements & enquires

The development of the CORE-10 and manual was funded by the Artemis Trust and Priorities & Needs R&D funding via Leeds Mental Health Teaching NHS Trust. Enquires regarding CORE-10 itself should be sent to CORE-IMS at admin@coreims.co.uk

Citing the manual

This manual should be referenced as follows:

Connell, J. & Barkham, M. (2007). *CORE-10 User Manual, Version 1.1*. CORE System Trust & CORE Information Management Systems Ltd.

Copyright

Paper versions of all CORE measures are copyleft: that is, all measures can be freely photocopied but cannot be changed in any way or used for commercial gain. Services who wish to incorporate CORE-questionnaires into locally developed/commissioned software should seek permission from the CORE-System Trustees at cst-iapt@psyctc.org.

IT support for IAPT pathfinder sites

The CORE System Trust (CST) and CORE User Network have asked for the following information to be available to potential Improving Access to Psychological Therapy pathfinder sites.

Reproduction of CORE measures in Trust software

CST recognises that pathfinder sites may prefer to develop/commission local software to capture, store and report on data for all the measures in the Minimum Data Set (MDS) or to incorporate such functionality into an existing software application. A service wishing to incorporate the CORE questionnaires into locally developed/commissioned software (or to incorporate them into an existing software application) should seek prior permission from the Trustees of CST because this would otherwise constitute a breach of copyright. The CST Trustees can be contacted at cst-iapt@psyctc.org. CORE questionnaires may be reproduced freely on paper.

CORE-Net software

CST and the CORE User Network welcome the Improving Access to Psychological Therapies Pathfinder programme and are supportive of the central role given to the measurement and evaluation. The pathfinder programme sets a demanding schedule which involves capture and reporting of data from a wide range of measures, including CORE, starting in September 2007 for a period of 6-7 months. At the request of services who are already using CORE and who are considering bidding as a pathfinder site, CORE Information Management Systems Ltd (CORE IMS) have agreed to develop the existing CORE-Net software to allow data capture for the key measures included in the Minimum Data Set. For further details of available support, see Section V.

SECTION I

Introduction

The CORE-10 is a brief outcome measure comprising 10 items drawn from the CORE-OM which is a 34-item assessment and outcome measure. The CORE-OM has been widely adopted in the evaluation of counselling and the psychological therapies in the UK.

Where resources and time allow, the CORE-OM remains the preferred version for the assessment and measurement of outcome. This is because it offers a wider range of items for clients to identify to practitioners at assessment and provides more precise estimates of outcomes and change following an intervention. In addition, there is to date a far larger amount of accumulated data on the CORE-OM from which to derive benchmarks and comparisons.

However, there is a need for a shorter measure in such settings as busy practices where information is needed quickly and which places minimum demands on clients and practitioners. In addition, further measures tapping other outcomes may be needed from services such that some trade-offs have to be made. For the pathfinder sites taking part in the Improving Access to Psychological Therapies initiative, the CORE-10 has been selected as part of a minimum data set that will enable services to meet the requirements of the Balanced Score Card with the least burden to clients and services.

The CORE family of measures

The CORE-10 is one instrument within the CORE family of measures which, together with the CORE System, are briefly summarised in Section V. The parent measure is the CORE-OM, the properties of which have been reported widely in the literature.^[1-10] In addition it has been used widely in benchmarking applications within NHS settings.^[11-14] The CORE-OM is part of a broader CORE System which has also been reported in the literature and provides a context within which to evaluate outcomes.^[15,16]

Acknowledging that one outcome measure is not fit for all purposes, shorter versions derived from the CORE-OM have also been developed. These include CORE Short Forms A&B for session-by-session use in research settings^[3, 7] and the CORE-5 for session-by-session use in practice settings.^[17] Population-specific versions of CORE also exist for the general population (GP-CORE)^[18] and learning disabilities (LD-CORE).^[19] A range of translations are also available (see Section V). Training and IT support for CORE is available and has been documented together with a resulting national research database.^[20, 21]

Overview

The CORE-10 has 10 items on one side of A4, making it quick and easy to administer. It can easily be scored by hand. The CORE-10 has been designed to tap into a pan-theoretical 'core' of users' distress, including commonly experienced symptoms of anxiety and depression and associated aspects of life and social functioning. In addition, there is a key item on risk to self.

The CORE-10 taps global distress and is, therefore, suitable for use as an initial quick screening tool and also as an outcome measure. Like most self report measures, it cannot be used to gain a diagnosis of a specific disorder. A *clinical score* can be derived directly by summing the items and used as a global index of distress. The risk item should be regarded as a clinical flag and some services may wish to use it to trigger more discussion of risk at assessment. A non-response to the risk item should also be explored further.

It is important to remember that no service can be fully evaluated through the use of one outcome measure alone. Hence, the CORE-10 should be viewed as one component of an evaluation system to be used either with the CORE System tools (see Section V) or with whatever local or theory-specific methods and clinical supervision/audit practices are in place.

Development

The CORE-10 was derived from the 34 item CORE-OM using a number of specific requirements to determine item selection. First, we sought to devise a tool that met the following characteristics: item coverage, format, range of intensity, and content. Secondly, we sought to find a balance between the role of statistical procedures, face and clinical validity.

Item coverage: We aimed to ensure that the measure provided a balance in terms of being short and easily scored but still giving sufficient scope to tap as far as possible the 10 item clusters in the CORE-OM: (1) subjective well-being, (2) anxiety, (3) depression, (4) physical, (5) trauma, (6) general functioning, (7) close relationships (functioning); (8) social relationships (functioning), (9), risk to self, and (10) risk to others.

Format: Although our aim of restricting the item number to 10 was driven by brevity, the specificity of 10 items yielded additional advantages in terms of simplicity of scoring. Simple summing of the individual item totals would directly yield a 'clinical' score for the CORE measure as has been used in recent reports and would therefore not require practitioners to make any further calculations.^[9]

Range of intensity: We sought to draw on both high and low intensity items. Excluding the 6 risk items, the CORE-OM is balanced between high and low intensity items (i.e., 14 each). Hence, we sought a structure that reflected 6 high and 4 low intensity items.

Content: Although our aim of 10 items tapping 10 item clusters would appear to fit a one-item per cluster assignment, we were cognisant of the need to sample both high and low items in relation to *depression* and *anxiety* due to their high prevalence in the population. Hence, this combination alone would require a total of 4 items. In terms of functioning, we elected to select one item from each of the three clusters – *general, social, and close* relationships yielding a total of 3 items. In addition, we selected single items from *physical* and from *trauma* – a total of 2 items. To keep to 10 items, we selected a single *risk* item as a key component in screening with ‘risk to self’ taking priority over ‘risk to others’ which has a relatively low incidence rate in people presenting in primary care. To accommodate this structure, we elected to omit items from the Subjective Well-being domain due to their having a high correlation with the problem domain, higher than the correlation between any other two domains^[3]. In addition, we aimed to exclude symptom and functioning items which had been found to be most frequently omitted by clients in previous reports on the CORE-OM.^[3, 5]

In order to achieve the above requirements, we employed a method comprising four steps:

Step 1: Omission of items First, we omitted ‘Subjective Well Being’ items [4, 14, 17, 31] and ‘Risk to Others’ items [6 and 22]. Second we omitted frequently missed items from the symptom and functioning dimensions [19, 20, 21, 30, and 32].^[3, 5]

Step 2: Item coverage and mapping The omission of items in step 1 resulted in some items being ‘forced choices’ in order to retain items from specific clusters and the balance of 6/4 high and low intensity items. This resulted in the selection of items **2** (*low anxiety*), **7** (*high general functioning*), **27** (*low depression*), and **3** (*low close relationship*) with the subsequent omission of items 12, 1, 26, 25, 29, 9, 24. There remained 6 paired items in which one item from each pair needed to be selected.

Step 3: Regression analyses We then employed regression analyses to identify items which best predicted item cluster scores on the CORE-OM. This resulted in the selection of items **23** (*high depression*), **10** (*high social functioning*), **18** (*low physical*), and **16** (*high risk to self*).

Step 4: Clinical judgement Where decisions on the basis of regression analyses were marginal, we invoked clinical judgement to inform item selection. For *trauma* item **28** was more focused specifically on trauma than item 13. For *high anxiety* there was a clear preference for item **15** rather than item 11.

The data used for the development of the CORE-10 measure consisted of 6610 clients drawn from 33 primary care services. Using SPSS 12.01 the data was split into 3 random groups with each data set drawing from the 33 services. One data set was used for item selection, as detailed above. The second dataset was used as a means of replicating results obtained from the first sample. The third sample, together with other datasets, was used as an independent sample to determine a range of psychometric properties of the extracted items.

Table 1: CORE-10 development – Selection of items

Item	Domain: Cluster	Item	Intensity	Step Omitted/Included
4	Subj Wellbeing	I have felt O.K. about myself	Lo	1 (omit)
14	Subj Wellbeing	I have felt like crying	Hi	1 (omit)
17	Subj Wellbeing	I have felt overwhelmed by my problems	Hi	1 (omit)
31	Subj Wellbeing	I have felt optimistic about my future	Lo	1 (omit)
2	P: Anxiety	I have felt tense, anxious or nervous	Lo	2 (incl)
20	P: Anxiety	My problems have been impossible to put to one side	Lo	1 (omit)
11	P: Anxiety	Tension and anxiety have prevented me doing important things	Hi	3 (omit)
15	P: Anxiety	I have felt panic or terror	Hi	3 (incl)
5	P: Depression	I have felt totally lacking in energy and enthusiasm	Hi	3 (omit)
23	P: Depression	I have felt despairing or hopeless	Hi	3 (incl)
27	P: Depression	I have felt unhappy	Lo	2 (incl)
30	P: Depression	I have thought I am to blame for my problems and difficulties	Lo	1 (omit)
8	P: Physical	I have been troubled by aches, pains or other physical problems	Lo	3 (omit)
18	P: Physical	I have difficulty getting to sleep or staying asleep	Lo	3 (incl)
13	P: Trauma	I have been disturbed by unwanted thoughts and feelings	Hi	3 (omit)
28	P: Trauma	Unwanted images or memories have been distressing me	Hi	3 (incl)
1	F: Close Rel	I have felt terribly alone and isolated	Hi	2 (omit)
3	F: Close Rel	I have felt I have someone to turn to for support when needed	Lo	2 (incl)
19	F: Close Rel	I have felt warmth and affection for someone	Lo	1 (omit)
26	F: Close Rel	I have thought I have no friends	Hi	2 (omit)
7	F: General F	I have felt able to cope when things go wrong	Hi	2 (incl)
12	F: General F	I have been happy with the things I have done	Lo	2 (omit)
21	F: General F	I have been able to do most things I needed to	Lo	1 (omit)
32	F: General F	I have achieved the things I wanted to	Hi	1 (omit)
33	F: Social Rel	I have felt humiliated or shamed by other people	Hi	3 (omit)
10	F: Social Rel	Talking to people has felt too much for me	Hi	3 (incl)
25	F: Social Rel	I have felt criticised by other people	Lo	2 (omit)
29	F: Social Rel	I have been irritable when with other people	Lo	2 (omit)
22	R: Harm to O	I have threatened or intimidated another person	Hi	1 (omit)
6	R: Harm to O	I have been physically violent to others	Hi	1 (omit)
9	R: Harm to S	I have thought of hurting myself	Lo	2 (omit)
16	R: Harm to S	I made plans to end my life	Hi	3 (incl)
24	R: Harm to S	I have thought it would be better if I were dead	Lo	2 (omit)
34	R: Harm to S	I have hurt myself physically or taken dangerous risks with my Health	Hi	3 (omit)

Domains: Subj Wellbeing = Subjective Wellbeing; P = Problems; F = Functioning; R = Risk

Clusters: Close Rel = Close Relationships; General F = General Functioning; Social Rel = Social Relationships
Harm to O = Harm to Others; Harms to S = Harm to Self

Structure

Item selection for the CORE-10 was determined by a combination of clinical utility, coverage of item clusters, and statistical procedures (i.e., regression analyses). The 10 items comprise the following: Depression (2 items), Anxiety (2 items), Functioning (3 items, 1 each for 'general' 'social', and 'close'); Trauma (1 item); Physical (1 item); and Risk (1 item). The measure includes high and low intensity items to increase sensitivity and is loaded slightly in favour of higher intensity items (6 items) in order to reduce any ceiling effect. Two of the items are 'positively' framed. The items are presented in Table 2. They are presented here grouped according to problem areas (i.e., item clusters).

Table 2: CORE-10 items

Item	Problem Area	Item	Positive/ Negative	Intensity
1	Anxiety	I have felt tense, anxious or nervous	-	Low
5	Anxiety	I have felt panic or terror	-	High
9	Depression	I have felt unhappy	-	Low
8	Depression	I have felt despairing or hopeless	-	High
7	Physical	I have had difficulty getting to sleep or staying asleep	-	Low
10	Trauma	Unwanted images or memories have been distressing me	-	High
2	Close relationships	I have felt I have someone to turn to for support when needed	+	Low
4	Social relationships	Talking to people has felt too much for me	-	High
3	General Functioning	I have felt able to cope when things go wrong	+	High
6	Risk	I made plans to end my life	-	High

Format

The actual sequence of items in the CORE-10 follows the order they appear in the CORE-OM and is shown in the item number in Table 2. The final version of the CORE-10 is presented in Appendix I.

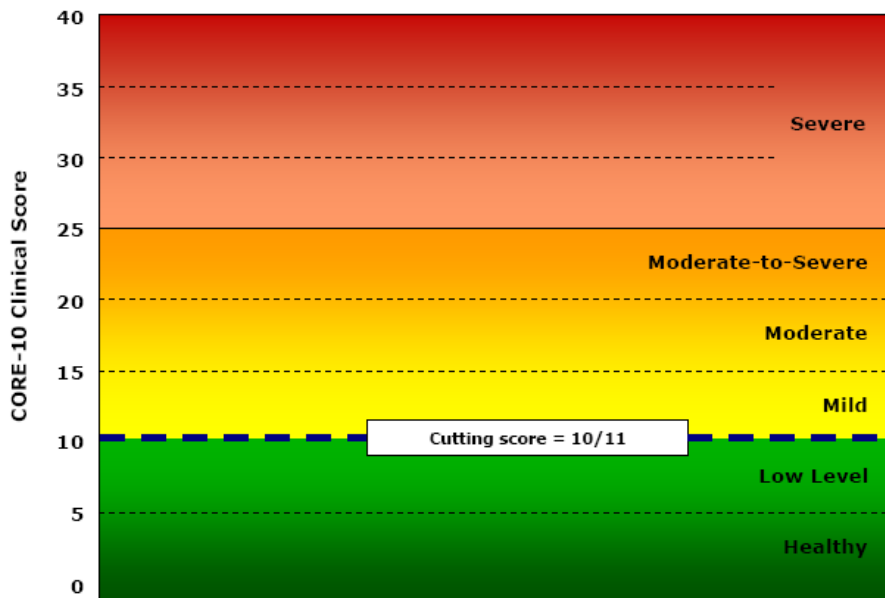
Scoring procedures and meaning

Key points in the scoring of the CORE-10 are as follows:

1. Each item within the CORE-10 is scored on a 5-point scale ranging from 0 ('not at all') to 4 ('most or all the time').
2. The clinical score is calculated by adding the response values of all 10 items.
3. Where there are missing data the clinical score is derived by calculating the total mean score (dividing the total score by the number of completed items) and multiplying by 10.
4. We do not recommend re-scaling the clinical score if more than one item is missing.
5. The minimum score that can be achieved is 0 and the maximum is 40.
6. The measure is problem scored, that is, the higher the score the more problems the individual is reporting and/or the more distressed they are.

A score of 10 or below denotes a score within the non-clinical range and of 11 or above within the clinical range. Within the non-clinical range we have identified two bands called 'healthy' and 'low' level distress. People may score on a number of items at any particular time but still remain 'healthy'. Similarly, people may score in the 'low' range which might be a result of raised pressures or particular circumstances but which is still within a non-clinical range. Within the clinical range we have identified the score of 11 as the lower boundary of the 'mild' level, 15 for the 'moderate' level, and 20 for the 'moderate-to-severe' level. A score of 25 or over marks the 'severe' level.

Figure 1: Practice guide for interpreting CORE-10 clinical scores



Normative data

Normative data is available for three samples, two clinical and one non-clinical population (Table 3). For samples 1 and 3 the normative data is for the CORE-10 items as embedded in the CORE-OM (i.e., the CORE-OM has been administered to the sample and the scores for the items making up the CORE-10 subsequently extracted).

Non-clinical sample: General population (sample 1)

The sample comprised 553 adults who participated in the follow-up to the psychiatric morbidity survey and returned valid CORE-OM forms was used.^[22] This data was weighted to be representative of a general population taking into account design factors, non-response and sampling procedures from the original psychiatric morbidity sample to the subsequent follow-up sample.^[23] This resulted in an effective general population sample of 535 cases consisting of 268 males (50.2%) and 267 females (49.8%) with a mean age of 43.4 years (SD = 15.3).

Clinical sample: Primary care routine practice (sample 2)

The sample comprised one third, randomly selected, of a dataset of 5831 people presenting in 33 primary care services who had completed a CORE-OM. The other two thirds of the dataset were used in the development and psychometric analysis of the measure. This clinical sample consisted of 1835 clients comprising 1319 females (72%) and 516 males (28%). The average age was 38 (SD = 12.6) ranging from 16 to 84 years. Ethnicity data was available for 1606 (87.5%) people. Of these, 92% were White/European and the remainder were Asian (4%), African/Caribbean (2%), and Mixed/Other (2.3%). The majority of clients presented with anxiety (71%) and/or depression (65%). Half of the sample reported experiencing interpersonal problems (50.9%).

Clinical sample: GP practice (sample 3)

This data was drawn from a naturally occurring sample from a GP practice in the north of England who completed the CORE-10 consistent with the Quality Outcomes Framework agenda. A total of 323 measures were completed. In the majority of cases (n = 271; 84%) the client completed the measure directly onto computer. The ten items comprising the CORE-10 were presented individually to the client on the computer monitor. A response was required before the next item was offered. The remaining clients (n = 52; 16%) completed a pen and paper version of the CORE-10. Data was collected between April and October 2006. A reliable measure (no more than 1 missing item) was completed by 321 patients; 209 (65%) females and 112 (35%) males. Age data was unavailable.

Table 3: Means, standard deviations, and confidence intervals for clinical and non-clinical sample populations

	Sample 1 General Population (n=535)			Sample 2 Primary Care Counselling (n =1835)			Sample 3 GP Practice (n=321)		
	Mean	SD	CI	Mean	SD	CI	Mean	SD	CI
Males	4.8	4.6	4.3-5.4	18.5	8.1	17.8-19.2	19.8	7.6	18.3-21.2
Females	4.7	4.9	4.1-5.2	20.1	7.5	19.7-20.5	20.4	8.0	19.3-21.5
Total	4.7	4.8	4.3-5.2	19.7	7.7	19.3-20.0	20.2	7.9	19.3-21.0

Gender differences

There was no significant difference between males and females in the General Practitioner (stand alone/non-embedded, clinical) sample (19.8 vs. 20.4; $t = .68$, $p = .50$) or the General Population (non-clinical) sample (4.8 vs. 4.7; $t = .46$, $p = .64$). There was, however, a statistically significant difference between males and females for the Primary Care Counselling (embedded, clinical) sample (18.5 vs. 20.1; $t = -4.1$, $p < .001$). More data is required to establish whether gender should be taken into account when relating individual scores to clinical distribution data.

Section II

Psychometric qualities: Is the measure valid and reliable?

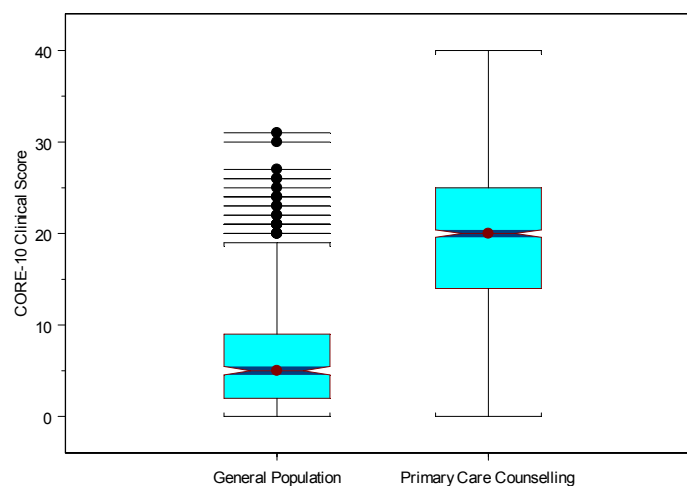
A measure should be reliable, valid, and responsive to the clinical change that occurs over time.

- Validity is the extent to which the measure measures what it intends to measure; that is, is it asking the right questions?
- Reliability is how uniformly the test can be repeated when administered on more than one occasion or by more than one rater.
- Responsiveness or sensitivity is the ability of the measure to detect true change in clients' status over time; that is, is it sensitive to the subtle changes patients make?

Discrimination between clinical and non-clinical populations

One aspect of validity is the requirement of the measure to show a statistically and clinically significant difference between the clinical population for which it has been designed and a non-clinical sample. A comparison of the Primary Care Counselling (clinical) and the General Population (non-clinical) samples revealed a large and clinically significant difference between the two populations (19.7 vs. 4.7; $t = 37.3$; $p < .001$). This is illustrated in the box plot of the data (Figure 2). The boxes cover the middle 50% of the scores in each group. The (red) dot in the box indicates the median and the dark blue 'notched' area around the line is the confidence interval (CI) around the median. Neither the boxes nor the confidence intervals overlap, indicating the statistically significant difference between the two populations. It also shows that there are very few cases in the clinical sample scoring zero and very few outliers in the non-clinical sample scoring very high, a further indication of the difference in scores between the two populations.

Figure 2: Box-plot showing difference between clinical and non-clinical populations



Discrimination between clients with and without a diagnosis of depression

Whether a measure can discriminate between those diagnosed and not diagnosed with a problem refers to the sensitivity and specificity of the measure. Sensitivity and specificity relate to the proportion of people correctly 'diagnosed' by a measure when compared with a well established 'gold standard' diagnostic tool. The sensitivity of the measure is the proportion of people with a positive diagnosis on both tests and specificity the proportion of people with a negative diagnosis on both tests. A perfect test is one that achieves 100% sensitivity and 100% specificity. However this state is virtually unobtainable and there is always some trade off between the rates. The lower the trade off between sensitivity and specificity the better the measure performs as a diagnostic test.

Table 4 shows a range of cut off scores on the CORE-10 against a diagnosis of DSM-IV depression using the SCID.^[24] A cut-off score for depression of 13 on the CORE-10 yields sensitivity and specificity values of .92 (CI = .83-1.0) and 0.72 (CI = .60-.83) respectively.

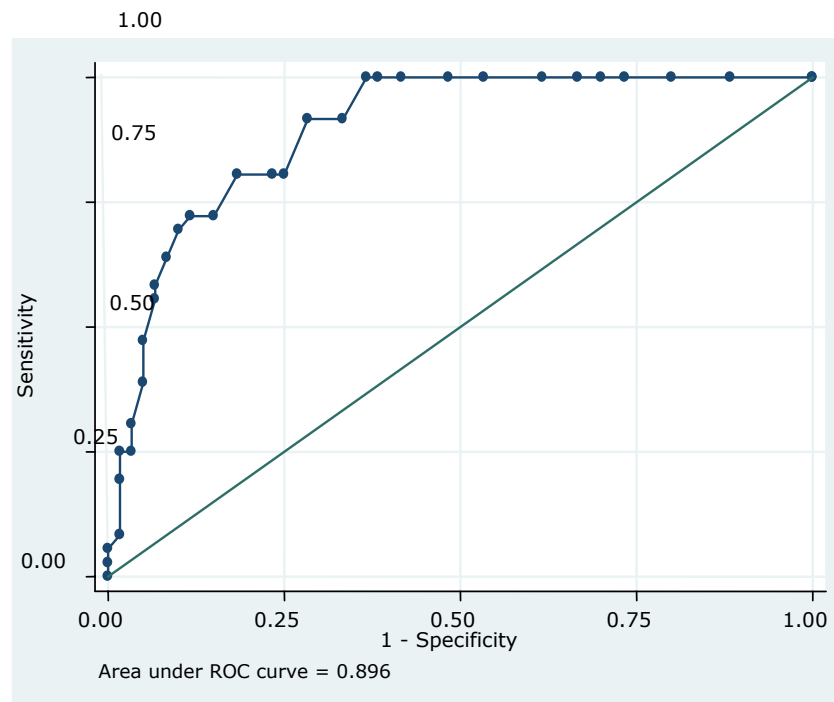
Table 4: Sensitivity and specificity of the CORE-10 against a SCID diagnosis of depression

Cut point	Sensitivity (true positives)	Specificity (true negatives)
≥ 13	0.92	0.72
≥ 14	0.81	0.75
≥ 15	0.81	0.77
≥ 16	0.81	0.82
≥ 17	0.72	0.85
≥ 18	0.72	0.88
≥ 19	0.69	0.90
≥ 20	0.64	0.92
≥ 21	0.58	0.93

As outlined above a good diagnostic test is one that has small false positive (high sensitivity) and small false negative (high specificity) rates across a reasonable range of cut off values. This can be tested using a ROC (Receiver Operating Characteristic) curve which is a graphical representation of the trade off between the false negative and false positive rates for every possible cut off (see Figure 3).

A rapid climb towards the upper left hand corner of the graph signifies that the false negative rate is high and the false positive rate is low. A diagonal path from the lower left hand corner to the upper right hand corner means that every improvement in false positive rate is matched by a corresponding decline in the false negative rate. To quantify how quickly the graph climbs towards the left hand corner the area under the curve is measured. The closer the area is to 1.0 the better the test. The area under the curve for the cut off values of the CORE-10 compared with a DSM-IV SCID diagnosis was 0.896 (SE = 0.031, 95%CI = 0.835 to 0.957).

Figure 3: ROC curve of the CORE-10 against the SCID diagnosis of moderate depression



Correlation with other measures

It is expected that a measure of psychological distress would correlate with other well-established mental health measures examining similar constructs. We identified reports in which the CORE-OM had been correlated with other outcome measures to which we had access to the original data.^[3, 7, 23, 25] We recalculated the correlations using the 10 CORE items drawn from the CORE-OM. The correlation between the CORE-10 items and other measures is shown in Table 5. These results indicate a good correlation between the CORE-10 and other measures of anxiety, depression and overall mental health.

Table 5: Correlation of the CORE-10 with other measures

Measure	CORE-10	Reference for dataset used
Symptom Checklist-90-R	.81	[3]
Brief Symptom Inventory	.75	[3]
Beck Depression Inventory	.77	[3]
Beck Depression Inventory-II	.75	[7]
Beck Depression Inventory-II	.76	[3]
Beck Anxiety Inventory	.65	[3]
Patient Health Questionnaire-9	.56	[25]
Clinical Interview Schedule-R	.74	[23]

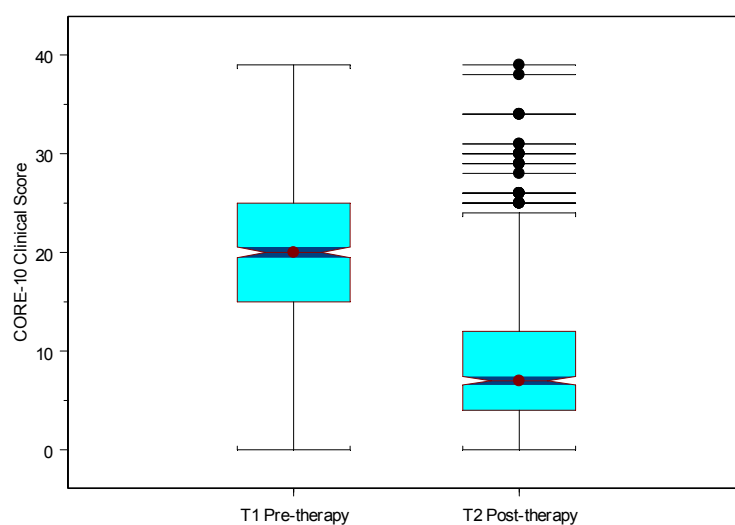
Internal reliability: Do all the items measure the same trait?

One minimal requirement of any measure is that it shows high internal reliability. Internal reliability tells you whether the items are all measuring the same trait by examining the consistency of responses. Thus a series of random unrelated questions would have a low internal consistency and conversely a series of related items (e.g., known symptoms of depression) should have a high internal consistency. Internal consistency is measured on a scale of 0-1. A very high score (e.g., .9) may indicate redundant items, a low score (e.g., .2) indicates inconsistent or random responses. A measure does not need to be uni-dimensional to achieve a high internal consistency as multiple dimensions can be inter-related. Internal reliability is measured using Cronbach's coefficient alpha which is the percentage of the variance in a score that is covariance between items. An alpha of 0.82 (CI .79 to .85) provides evidence of very good internal consistency. For women the alpha was .82 (CI .78 to .86) and for men .81 (CI .76 to .86).

Sensitivity to change

The most important requisite of an outcome measure is that it is responsive to change over time. To test this we used the pre- and post-therapy data within the Primary Care Counselling (clinical) sample. The sample consisted of 780 clients of whom 27% were male and 73% female with an average age of 40. The clients had an average of 6 therapy sessions. The pre-therapy score for those clients with both a pre- and post-therapy measure was 19.5 (SD = 7.6) compared with a post-therapy score of 8.6 (SD = 6.7) yielding a change score of 10.9 (SD = 8.0). The difference was statistically significant ($t = 38.1$, $p < .001$). The difference between the pre- and post-therapy scores is illustrated in Figure 4.

Figure 4: Difference between CORE-10 pre- and post-therapy scores



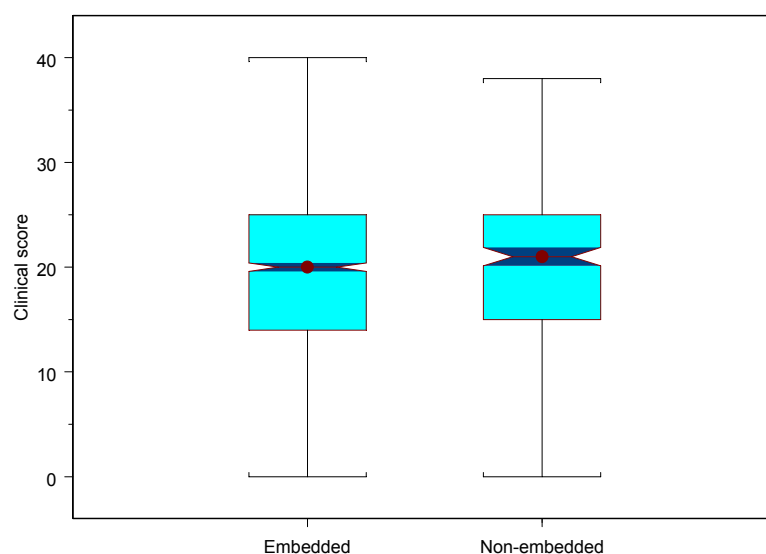
Acceptability

One aspect of acceptability can be judged by the rates of completion and non-completion of items. One of the criteria for inclusion of items in CORE-10 was a low rate of missing data for each of the chosen 10 items from the original CORE-OM. From the Primary Care Counselling (clinical) sample there was a mean of .08 (SD = .35) missing items. All ten items were completed by 94.4% of the sample. This analysis was repeated on the General Population (non-clinical) sample. When clients who had obviously not turned over the page were omitted ($n = 4$), for the CORE-10 items there was a mean of .06 (SD = .46) missing items with 520 (96.7%) completing all 10 items. The analysis could not be repeated on the General Practitioner sample as this was administered using computer software where it was mandatory to complete one item before the next item became available.

Comparison of embedded vs. stand alone version

The majority of the psychometric testing of the CORE-10 has been performed on the CORE-10 items as embedded within the CORE-OM. This is a logical step in measure development. Although presenting items outside the context of the other items may yield slight differences in how clients respond, it would be expected that these differences will be relatively small. Indeed, a comparison of the Primary Care (embedded) and General Practitioner (non-embedded) samples found the CORE-10 measure yielded a significantly higher score than from the embedded items (19.7 vs. 20.2 $t=41.3$, $p<.001$). However the difference was small and clinically insignificant as illustrated in Figure 5.

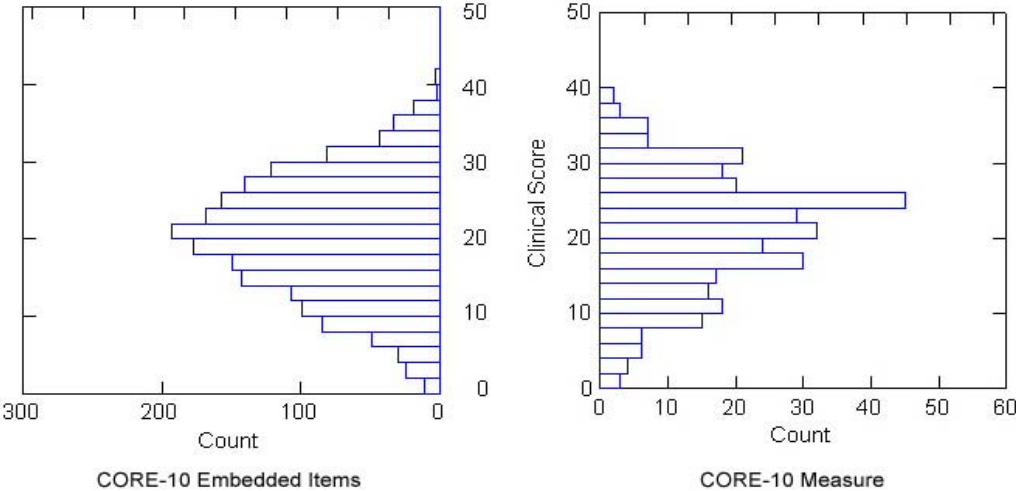
Figure 5: Notched box plot of embedded and non-embedded CORE-10 items



The boxes cover the middle 50% of the scores in each group. The (red) dot in the box indicates the median and the dark blue 'notched' area around the line is the confidence interval (CI) of the median. The similarity between the two samples is illustrated by the comparable range of scores for the two samples. The narrow confidence interval for the Primary Care Counselling sample is an indication of the precision of the median score as a result of the large number of clients in this dataset. This is the reason for the non-overlap of the confidence intervals and hence the statistically significant difference between the two samples.

We also plotted the distribution of scores for the CORE-10 measure against that of the CORE-10 embedded items which are shown in Figure 6. The shapes of the plots are similar. The clinical scores ranged from 0 to 38. Of the total sample of 321 people, 85.7% scored 11 or above (i.e., scored above the cut-off as indicating psychological distress) while the percentage of people presenting with depression was 81.7% as determined by use of a cutting score of 13. But this value would be lower if a higher cutting score was adopted.

Figure 6: Back-to-back histograms of embedded and non-embedded CORE-10 items



Section III

Reliable and clinically significant change

Researchers traditionally compare group means for treatments using statistical methods to suggest whether change is a sampling artefact or chance finding. Practitioners are more concerned with changes in particular individuals and often dichotomise outcome as 'successful' or 'not successful'. Jacobson and colleagues proposed methods bridging these languages by presenting changes in the group under investigation at the level of the individual.^[26] The methods rest on two questions being asked of each client's data:

- Has the client's score changed sufficiently to be confident that the change is not attributable to measurement error? This question relates to 'reliable change'.
- How does the end state score of the client compare with the scores observed in socially and clinically meaningful comparison groups? And more precisely, is the end-state score better represented by a non-clinical or general population rather than a clinical population? This question relates to 'clinically significant change'.

To achieve reliable and clinically significant change a client's score must fulfil both these criteria.

Reliable change

Reliable change refers to the extent to which change falls beyond that likely based on the measurement variability of the measure. This is calculated using the following formulae:

$$(SE_{diff} = SD_1 \sqrt{2\sqrt{1-r}}) \times 1.28$$

where SD_1 is the standard deviation of the baseline (pre-therapy) observations and, r is the reliability (coefficient alpha) of the measure. Multiplying by 1.28 yields a value which is unlikely to occur more than 10% of the time due to the unreliability of the measure alone. The value of 1.28 is recommended for use with short outcome measures as opposed to the traditional value of 1.96.^[27, 28]

The resulting values for the CORE-10 ($SD_1 = 7.9$ $r = .82$) gives us a reliability figure of 5.9 which we would round up to 6.0 for ease of measurement. *The client must therefore improve by 6.0 or more from pre- to post-therapy to be able to say that they have made reliable improvement.*

Cutting score between clinical and non-clinical populations

The cutting score to discriminate between a clinical and non-clinical population was calculated using the Primary Care Counselling (clinical) and General Population (non-clinical) samples and the formulae proposed by Jacobson and Truax:^[26]

$$\frac{mean_{clin}sd_{norm} + mean_{norm}sd_{clin}}{sd_{norm} + sd_{clin}}$$

Replacing this with the values for the CORE-10 (see Table 3) yielded a cutting score for the sample as a whole of 11.0. The difference between men (10.6) and women (11.1) was less than 1 full point.

It is therefore recommended that a cut off of 10/11 is used where 10 is in the non-clinical range and 11 in the clinical range.

In summary, to achieve reliable improvement, a client must improve by 6.0 or more points from pre- to post-therapy. To achieve clinically significant change they must change from a pre-therapy score of 11 or above to a post-therapy score of 10 or below. To achieve reliable and clinically significant change both criteria must be fulfilled. Note that those clients whose pre-therapy score is below the cutting score (average 13% of total clients), while it is possible to achieve reliable improvement it is not possible to achieve clinical improvement because their score is already below the cutting score. For this reason it is often necessary to calculate reliable and clinical improvement rates for (a) only for those clients above the cut off value and (b) for all clients, particularly if a service has a high rate of clients with lower client scores at intake. Table 6 shows comparative improvement rates for the Primary Care Counselling sample using four mutually exclusive groups: (1) reliable and clinically significant improvement, (2) reliable improvement only, (3) no reliable change, and (4) reliable deterioration.

Table 6: Rates of reliable and clinically significant change for Primary Care Counselling

	All clients (n=323)		Clients above cut off only (n=263)	
	N	%	N	%
Reliable and clinically significant improvement	439	54.8	439	63.4
Reliable improvement only	170	21.2	146	21.1
No reliable change	173	21.6	95	13.7
Reliable deterioration	19	2.4	12	1.7

Section IV

Comparison of CORE-10 with CORE-OM

Correlation with the CORE-OM

CORE-OM and CORE-10 clinical scores were calculated for the clinical (Primary Care Counselling) and the non-clinical (General Population) samples. For the clinical sample the two scores correlated at $r = 0.94$ (CI 0.93 to 0.95). For the non-clinical sample the two scores correlated at $r = 0.92$ (CI 0.91 to 0.93). This high correlation is an indication of the close relationship between the clinical scores of the CORE-10 and the CORE-OM.

Correlation with other measures

The differences between correlations of the CORE-10 and CORE-OM with other common mental health measures are shown in Table 7. Despite the considerable reduction in items from the CORE-OM to the CORE-10, the correlations with mental health measures measuring similar constructs remains high.

Table 7: Comparison of the CORE-10 and CORE-OM correlation with other measures

Measure	CORE-10	CORE-OM	Difference
Symptom CheckList-90-R	.81	.88	.07
Brief Symptom Inventory	.75	.81	.06
Beck Depression Inventory	.77	.85	.08
Beck Depression Inventory-II	.75	.75	.00
Beck Depression Inventory-II	.76	.81	.05
Beck Anxiety Inventory	.65	.65	.00
Patient Health Questionnaire-9	.56	.63	.07
Clinical Interview Schedule-R	.74	.77	.03

Internal reliability

Despite the considerable reduction in the number of items, which will almost invariably result in a lowering of the coefficient alpha, the internal consistency for the CORE-10 is good at 0.82 (CI .79-.85). By comparison, the coefficient alpha for the CORE-OM is .94 (CI .93-.95) for both clinical and non-clinical populations.^[3] Such a high value might suggest redundancy of items.

Reliable and clinical change

Using the Primary Care Counselling sample a comparison of the rates of reliable and clinical change for the CORE OM and CORE-10 was carried out (Table 8). For the CORE-OM a cut off value of 10 and an RCI of 5 were used while the values for the CORE-10 a cutting score of 11 and an RCI of 6 were used.^[22] The difference between the two measures was small with a slightly higher proportion of clients achieving reliable and clinical change on the CORE-OM who did not on the CORE-10 and a corresponding higher rate of clients achieving reliable change, but not clinical change, on the CORE-10.

Table 8: Comparison of rates of reliable and clinical change for CORE-10 and CORE-OM

	CORE-10		CORE-OM	
	N	%	N	%
Reliable and clinically significant improvement	439	54.8	452	56.1
Reliable improvement only	170	21.2	154	19.1
No reliable change	173	21.6	186	23.1
Reliable deterioration	19	2.4	14	1.7

Section V

The CORE family of outcome measures

The CORE-10 is one of a family of CORE outcome measures which have been developed to be used under different circumstances and for different populations. These measures are outlined below.

CORE Measures	Thumbnail summary
CORE-OM: <i>'Parent' outcome measure</i>	The CORE-OM is a 34-item generic measure of psychological distress which is pan-theoretical (i.e., not associated with a school of therapy), pan-diagnosis (i.e., not focused on a single presenting problem), and draws upon the views of what practitioners considered to be the most important aspects of mental health to measure. The CORE-OM comprises 4 domains Well-being (4 items); Symptoms (12 items - depression x 4, anxiety x 4, trauma x 2 physical x 2); Functioning (12 items general x 4, social x 4, & close x 4); and Risk (6 items - to self x 4 or to others x 2). It takes between 5-10 minutes to complete.
Short Forms A&B: <i>Session-by-session repeated administration (research)</i>	Two parallel 18 item psychometrically balanced measures for use at alternate therapy sessions and which together make up the CORE-OM. The use of two short forms at alternate sessions rather than the CORE-OM measure at every session reduces memory effects. Due to administrative complexities, repeated administration of the two short forms is usually used only in research studies.
CORE-10: <i>Review or quick initial assessment</i>	A short 10 item version of the CORE-OM to be used as a screening tool and outcome measure when the CORE-OM is considered too long for routine use. Items cover anxiety (2 items), depression (2 items), trauma (1 item), physical problems (1 item) functioning (3 items – day to day, close relationships, social relationships) and risk to self (1 item). The measure has 6 high intensity/severity (e.g., and 4 low intensity/severity items.
CORE-5: <i>Session-by-session monitoring</i>	The CORE-5 comprises 5 items drawn from the CORE-OM and was designed to provide a brief tool for practitioners to monitor ongoing progress session by session. Items cover anxiety, depression, and functioning.

The CORE family of population-specific outcome measures

CORE Measures	Thumbnail summary
GP-CORE: <i>General Population</i> <i>For use with general or student populations</i>	A short 14 item measure derived from the CORE-OM suitable for use with general populations, including students. In contrast to the CORE-OM, the GP-CORE does not comprise items denoting high-intensity presenting problems or risk and over half the items are positively keyed. These aspects increase its acceptability in a non-clinical population.
YP-CORE: <i>Young Person's</i>	A 10-item measure derived from the CORE-OM and designed for use in the 11-16 age range. Structure is similar to that of the CORE-OM but with items rephrased to be more easily understood by the target age group.
LD-CORE: <i>Learning Disability</i>	LD-CORE is being developed by therapists and adults with LD in Scotland and England. The measure includes simplified items from the CORE-OM selected by therapists and adults with LD, and also includes new items designed to cover the major issues they face that are not in the CORE-OM.
CORE Translations	Approved translations now exist for Gujarati, Norwegian, Italian, Slovak, Swedish, Icelandic, Albanian and Greek. Kannada, Tamil and Welsh versions are nearing completion. Referential and psychometric data for the Slovak, Italian, Norwegian and Greek translations should be available in 2008. People seeking other translations or wishing to help produce them should contact core-trans@psyctc.org .

The CORE System

The CORE System was developed by a multidisciplinary group of practitioners and researchers and the content of the system was informed by extensive collaboration with practitioners, managers, and service commissioners.^[15] The system comprises three tools, sharing the onus of evaluation data provision equally between clients completing a CORE outcome measure pre- and post-therapy and practitioners completing the CORE Assessment Form at pre-therapy and End of Therapy Form at post-therapy.

CORE System	Thumbnail summary
A CORE measure	See section above.
Therapy Assessment Form	The CORE Therapy Assessment Form captures a 'core' set of contextual information that aids the quality of both client assessment and overall service development. To enhance client assessment, the form collects important contextual information including client support, previous/concurrent attendance for psychological therapy, medication, as well as a categorisation system to record presenting difficulties, their impact on day-to-day functioning, and any associated risk. To aid the development of service quality, the form collects data on critical assessment audit items that profile the accessibility and appropriateness of service provision. These include client demographics, waiting times, and the suitability of referral.
End of Therapy Form	The CORE End of Therapy Form complements the other components and captures a 'core' set of treatment descriptors that aid the interpretation of CORE-OM scores to help contextualize therapy outcomes and inform service development. The form collects profile information that includes therapy length, type of intervention, modality, and frequency. To enhance the development of service quality, the form collects data on critical discharge audit items that profile the effectiveness and efficiency of service provision. These include problem and risk review, therapy benefits, session attendance rates, and therapy ending (i.e., planned or unplanned).

Currently available software

The CORE-Net software currently available from CORE IMS:

- Allows data capture, storage, analysis and reporting facilities of data for CORE measures
- Allows data capture of most of the routine data specified in the MDS (nature of intervention/treatment offered; number of sessions; type of therapist; therapist identifier; gender; age; ethnicity)
- Is being used by a rapidly growing number of staff (currently estimated at about 100) spread across a number of services, including services operating in the stepped care environment. About 600 new patients are currently being added per month in CORE-Net
- Allows data to be entered either by therapists or administrative staff spread across multiple locations (an essential requirement if data entry is carried out in surgeries)
- Allows any PC with internet access to be used without the installation of any local software since CORE-Net requires only a standard internet browser
- CORE-Net server software can either be mounted on a local server or, to minimise potential delays arising from local IT installation and support tasks can be used on a currently available secure hosted server
- Provides a high level of security in order to protect data confidentiality

Development

In order to provide a more complete data capture and reporting system for IAPT pathfinder sites in CORE-Net:

- The data capture of sexuality and disability is under development
- Data capture for the PHQ-9 and IAPT Inclusion & Employment Questionnaire is in development
- Development of data capture for the other primary measures included in the IAPT Outcome Framework and Data Collection Minimum Data Set (GAD-7; PEQ1; PEQ2; Work & Social Adjustment Scale) is subject to agreement with pathfinder sites, agreement of copyright holders of the measures and availability of development funding
- Development of data capture for disorder specific measures (e.g., SPIN; OCI; IES; HAI; Mobility Inventory; HADS; BDI; Fear Questionnaire; Penn State Worry) and other measures (e.g., CSQ8; SF6-D; EQ5-D) is subject to specific requests from

pathfinder sites, agreement of copyright holders of the measures and availability of funding for software development.

- Reporting the aggregate data at monthly intervals
- CORE-Net provides a facility to download all data to an Excel spreadsheet for analysis and reporting purposes. This facility will be extended to allow downloading of data captured from the additional measures (PHQ-9, etc) to assist pathfinder sites in meeting the aggregate reporting requirements specified in Appendix 1, IAPT Reporting Template 1, Service Activity Data and Appendix 3, IAPT Reporting Template 3, Data Collection Framework & Key Findings.

Availability of the software supporting additional measures is in all cases subject to the agreement of the copyright owner for the specific measure. CORE-Net can provide interoperability with a local EPR system but it is **not** intended to provide EPR functionality within CORE-Net. There is a license fee payable for use of the CORE-Net software (but there is no charge for use of CORE measures). CORE-IMS can be contacted for more information at admin@coreims.co.uk

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Appendix I: CORE-10

**CLINICAL
OUTCOMES in
ROUTINE
EVALUATION**

CORE-10 v.1

Site ID	<input type="text"/>	Stage Completed S Screening R Referral A Assessment F First Therapy Session P Pre-therapy (unspecified) D During Therapy (review) L Last therapy session X Follow up 1 Y Follow up 2
Client ID	<input type="text"/> / <input type="text"/>	
	letters only numbers only	
Sub codes	<input type="text"/> / <input type="text"/> / <input type="text"/>	
	Therapist ID numbers only (1) numbers only (2)	
Date form given	<input type="text"/> / <input type="text"/> / <input type="text"/>	Episode <input type="text"/> Stage <input type="text"/>
	<small>D D / M M / Y Y Y Y</small>	Gender <input type="checkbox"/> Male Age <input type="text"/>
		<input type="checkbox"/> Female

IMPORTANT - PLEASE READ THIS FIRST
 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.
 Then tick the box which is closest to this.
Please use a dark pen (not pencil) and tick clearly within the boxes.

Over the last week...

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

Total (Clinical Score*)

* **Procedure:** Add together the item scores, then divide by the number of questions completed to get the mean score, then multiply by 10 to get the Clinical Score.
Quick method for the CORE-10 (if all items completed): Add together the item scores to get the Clinical Score.

Thank you for your time in completing this questionnaire

Copyright CORE System Trust



Appendix II: CORE-OM

<p>CLINICAL OUTCOMES in ROUTINE EVALUATION</p> <p style="text-align: center;">OUTCOME MEASURE</p>	<p>Site ID <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>letters only numbers only</p> <p><input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>Client ID</p> <p>Therapist ID numbers only (1) numbers only (2)</p> <p><input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>Sub codes</p> <p>D D M M Y Y Y Y</p> <p><input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>Date form given</p>	<p><input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/></p> <p>Age</p>	<p>Male <input type="checkbox"/></p> <p>Female <input type="checkbox"/></p>	<p>Stage Completed</p> <p>S Screening Stage</p> <p>R Referral <input type="checkbox"/></p> <p>A Assessment</p> <p>F First Therapy Session</p> <p>P Pre-therapy (unspecified)</p> <p>D During Therapy</p> <p>L Last therapy session Episode</p> <p>X Follow up 1 <input type="checkbox"/></p> <p>Y Follow up 2</p>
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IMPORTANT – PLEASE READ THIS FIRST

This form has 34 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 tick the box which is closest to this.
Please use a dark pen (not pencil) and tick clearly within the boxes.

	Not at all	Only Occasionally	Sometimes	Often	Most or all the time	OFFICE USE ONLY
1 I have felt terribly alone and isolated	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
2 I have felt tense, anxious or nervous	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
3 I have felt I have someone to turn to for support when needed	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
4 I have felt O.K. about myself	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> W
5 I have felt totally lacking in energy and enthusiasm	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
6 I have been physically violent to others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
7 I have felt able to cope when things go wrong	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
8 I have been troubled by aches, pains or other physical problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
9 I have thought of hurting myself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
10 Talking to people has felt too much for me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
11 Tension and anxiety have prevented me doing important things	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
12 I have been happy with the things I have done	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
13 I have been disturbed by unwanted thoughts and feelings	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
14 I have felt like crying	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> W

Please turn over

CORE-OM (cont'd)

Over the last week		<i>Not at all</i>	<i>Only Occasionally</i>	<i>Sometimes</i>	<i>Often</i>	<i>Most or all the time</i>	OFFICE USE ONLY
15	I have felt panic or terror	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
16	I made plans to end my life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
17	I have felt overwhelmed by my problems	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> W
18	I have had difficulty getting to sleep or staying asleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
19	I have felt warmth or affection for someone	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
20	My problems have been impossible to put to one side	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
21	I have been able to do most things I needed to	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
22	I have threatened or intimidated another person	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
23	I have felt despairing or hopeless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
24	I have thought it would be better if I were dead	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R
25	I have felt criticised by other people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
26	I have thought I have no friends	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
27	I have felt unhappy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
28	Unwanted images or memories have been distressing me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
29	I have been irritable when with other people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
30	I have thought I am to blame for my problems and difficulties	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> P
31	I have felt optimistic about my future	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> W
32	I have achieved the things I wanted to	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> F
33	I have felt humiliated or shamed by other people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> F
34	I have hurt myself physically or taken dangerous risks with my health	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> R

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE

Total Scores	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>
	↓	↓	↓	↓	↓	↓
Mean Scores	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>	<input style="width: 50px; height: 25px;" type="text"/>
(Total score for each dimension divided by number of items completed in that dimension)	(W)	(P)	(F)	(R)	All items	All minus R

Appendix III: CORE Practitioner-completed measures

Therapy Assessment Form

CLINICAL OUTCOMES in ROUTINE EVALUATION THERAPY ASSESSMENT FORM v.2	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Site ID</td> <td style="width: 30%;"><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> <td style="width: 20%;">Age</td> <td style="width: 20%;"><input type="text"/><input type="text"/></td> </tr> <tr> <td></td> <td style="font-size: small;">letters numbers</td> <td></td> <td></td> </tr> <tr> <td>Client ID</td> <td><input type="text"/><input type="text"/> <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> <td>Male</td> <td><input type="checkbox"/> Female <input type="checkbox"/></td> </tr> <tr> <td></td> <td style="font-size: small;">TH ID number SC2 numbers SC3 numbers</td> <td></td> <td></td> </tr> <tr> <td>Sub Codes</td> <td><input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></td> <td>Employment</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Referrer(s)</td> <td><input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></td> <td>Ethnic Origin</td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>	Site ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Age	<input type="text"/> <input type="text"/>		letters numbers			Client ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Male	<input type="checkbox"/> Female <input type="checkbox"/>		TH ID number SC2 numbers SC3 numbers			Sub Codes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Employment	<input type="checkbox"/> <input type="checkbox"/>	Referrer(s)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Ethnic Origin	<input type="checkbox"/> <input type="checkbox"/>
Site ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Age	<input type="text"/> <input type="text"/>																						
	letters numbers																								
Client ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Male	<input type="checkbox"/> Female <input type="checkbox"/>																						
	TH ID number SC2 numbers SC3 numbers																								
Sub Codes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Employment	<input type="checkbox"/> <input type="checkbox"/>																						
Referrer(s)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Ethnic Origin	<input type="checkbox"/> <input type="checkbox"/>																						

Referral date	<table style="width: 100%; border: none;"> <tr> <td style="font-size: small;">D D</td><td style="font-size: small;">M M</td><td style="font-size: small;">Y Y Y Y</td> </tr> <tr> <td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> </tr> </table>	D D	M M	Y Y Y Y	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Total number of assessments	<input type="text"/>
D D	M M	Y Y Y Y							
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
First assessment date attended	<table style="width: 100%; border: none;"> <tr> <td style="font-size: small;">D D</td><td style="font-size: small;">M M</td><td style="font-size: small;">Y Y Y Y</td> </tr> <tr> <td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> </tr> </table>	D D	M M	Y Y Y Y	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Previously seen for therapy in this service?	Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/>
D D	M M	Y Y Y Y							
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
Last assessment date	<table style="width: 100%; border: none;"> <tr> <td style="font-size: small;">D D</td><td style="font-size: small;">M M</td><td style="font-size: small;">Y Y Y Y</td> </tr> <tr> <td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td> </tr> </table>	D D	M M	Y Y Y Y	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Months since last episode	<input type="text"/> <input type="text"/> <input type="text"/>
D D	M M	Y Y Y Y							
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
		Is this a follow-up/review appointment?	Yes <input type="checkbox"/> No <input type="checkbox"/>						

Relationships/support <i>Please tick as many boxes as appropriate</i>	
Living alone (not including dependents) <input type="checkbox"/>	Full time carer (of disabled/elderly etc) <input type="checkbox"/>
Living with partner <input type="checkbox"/>	Living in shared accommodation (e.g. lodgings) <input type="checkbox"/>
Caring for children under 5 years <input type="checkbox"/>	Living in temporary accommodation (e.g. hostel) <input type="checkbox"/>
Caring for children over 5 years <input type="checkbox"/>	Living in institution/hospital <input type="checkbox"/>
Living with parents/guardian <input type="checkbox"/>	Other <input type="checkbox"/> <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>
Living with other relatives/friends <input type="checkbox"/>	

Current/previous use of services for psychological problems?			
<i>Please tick as many boxes as appropriate</i>			
		Concurrent	< 12 mths
Primary GP or other member of primary care team (eg practice nurse, counsellor)...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary In primary care setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In community setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In hospital setting on sessional basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day care services (e.g. day hospital).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital admission <=10 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital admission >=11 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Psychotherapy/psychological treatments from specialist team (sessional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance at day therapeutic programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Counsellor in eg voluntary, religious, work, educational setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Therapy Assessment Form (cont'd)

Is the client currently prescribed medication to help with their psychological problem(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																																											
If yes, please indicate type of medication:																																																																																											
Anti-psychotics <input type="checkbox"/> (neuroleptics/major tranquilizers)	Anti-depressants <input type="checkbox"/>																																																																																										
Anxiolytics/Hypnotics <input type="checkbox"/> (minor tranquilizers)	Other <input type="checkbox"/>																																																																																										
Brief description of reason for referral																																																																																											
Identified Problems/Concerns <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">severity</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);"><6 months</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">6-12 months</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">>12 months</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Recurring/ continuous</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">severity</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);"><6 months</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">6-12 months</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">>12 months</th> <th style="writing-mode: vertical-rl; transform: rotate(180deg);">Recurring contin.</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Depression</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/> Trauma/abuse</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Anxiety/Stress</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/> Bereavement/loss</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Psychosis</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/> Self esteem</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Personality Problems</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/> Interpersonal/relationship</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Cognitive/Learning</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/> Living/Welfare</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Eating Disorder</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/> Work/Academic</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Physical Problems</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/> Other (specify below)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Addictions</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td colspan="5" style="border: 1px solid black; height: 20px;"></td> </tr> </tbody> </table>		severity	<6 months	6-12 months	>12 months	Recurring/ continuous	severity	<6 months	6-12 months	>12 months	Recurring contin.	<input type="checkbox"/> Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Trauma/abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Anxiety/Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bereavement/loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Self esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Personality Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Interpersonal/relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cognitive/Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Living/Welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Work/Academic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Physical Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other (specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Addictions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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What has the client done to cope with/avoid their problems? Please tick, and then specify actions																																																																																											
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Assessment outcome (tick one box only) <table style="width: 100%;"> <tr> <td>Assessment/one session only</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Accepted for therapy</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Accepted for trial period of therapy</td> <td><input type="checkbox"/></td> </tr> </table>	Assessment/one session only	<input type="checkbox"/>	Accepted for therapy	<input type="checkbox"/>	Accepted for trial period of therapy	<input type="checkbox"/>	*If the client is not entering therapy give brief reason <div style="border: 1px solid black; height: 60px; width: 100%;"></div>																																																																																				
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End of Therapy Form

**CLINICAL
OUTCOMES in
ROUTINE
EVALUATION
END OF
THERAPY
FORM v.2**

Site ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Number of sessions planned
Client ID	letters <input type="text"/> <input type="text"/> numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Sub Codes	Therapist ID SC4 numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SC5 numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Number of sessions attended
Date therapy commenced	D D <input type="text"/> <input type="text"/> / M M <input type="text"/> <input type="text"/> / Y Y Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Date therapy completed	D D <input type="text"/> <input type="text"/> / M M <input type="text"/> <input type="text"/> / Y Y Y Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Number of sessions unattended
		<input type="text"/> <input type="text"/> <input type="text"/>

What type of therapy was undertaken with the client? *Please tick as many boxes as appropriate*

Psychodynamic <input type="checkbox"/>	Person-centred <input type="checkbox"/>
Psychoanalytic <input type="checkbox"/>	Integrative <input type="checkbox"/>
Cognitive <input type="checkbox"/>	Systemic <input type="checkbox"/>
Behavioural <input type="checkbox"/>	Supportive <input type="checkbox"/>
Cognitive/Behavioural <input type="checkbox"/>	Art <input type="checkbox"/>
Structured/Brief <input type="checkbox"/>	Other (<i>specify below</i>) <input type="checkbox"/>

What modality of therapy was undertaken with the client? *Please tick as many boxes as appropriate*

Individual <input type="checkbox"/>	Family <input type="checkbox"/>
Group <input type="checkbox"/>	Marital/Couple <input type="checkbox"/>

What was the frequency of therapy with the client?

More than once weekly <input type="checkbox"/>	Less than once weekly <input type="checkbox"/>
Weekly <input type="checkbox"/>	Not at a fixed frequency <input type="checkbox"/>

Which of the following best describes the ending of therapy?

Unplanned <input type="checkbox"/>	Planned <input type="checkbox"/>
Due to crisis <input type="checkbox"/>	Planned from outset <input type="checkbox"/>
Due to loss of contact <input type="checkbox"/>	Agreed during therapy <input type="checkbox"/>
Client did not wish to continue <input type="checkbox"/>	Agreed at end of therapy <input type="checkbox"/>
Other unplanned ending (<i>specify below</i>) <input type="checkbox"/>	Other planned ending (<i>specify below</i>) <input type="checkbox"/>

End of Therapy Form (cont'd)

Review of Identified Problems/Concerns																																													
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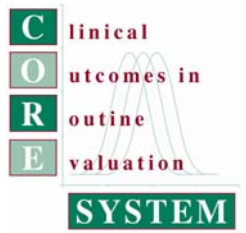
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Benefits of Therapy			
	Improved		Improved
	Yes	No	Not addressed
Personal insight/understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expression of feelings/problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exploration of feelings/problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coping strategies/techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to practical help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other benefits	<input type="checkbox"/>		
<i>Tick box and then specify below</i>			
<input style="width: 100%; height: 100%;" type="text"/>			

Has contact with this service resulted in a change of medication? Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>
If yes, is this change likely to be of benefit to the client? Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of change: Started <input type="checkbox"/> Discontinued <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Modified <input type="checkbox"/>

Has the client been given a follow-up appointment?	Number of months until appointment
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input style="width: 20px; height: 15px;" type="text"/>

Appendix IV: CORE Publications

<h3>The CORE Measures & CORE System</h3> <p>Publications Up to June 2007</p>	
<p>This is a chronological listing of publications which focuses on the following:</p> <ul style="list-style-type: none">A: CORE System and its constituent measures (i.e., CORE-OM, CORE-SF, GP-CORE)B: Use of the CORE System or its components in trials and routine settingsC: Outcome measurement, implementation, & infrastructure (e.g., other outcome measures, core battery, practice research networks, outcomes policy)D: Broader issues of practice-based evidence and evidence-based practice	

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