

### Client Information

<i>Client Name</i>	Demo Client
<i>Date of birth (age)</i>	16 April 1990 (30)

### Assessment Information

<i>Assessment</i>	Clinical Outcomes in Routine Evaluation (CORE-OM)
<i>Date administered</i>	5 October 2020
<i>Assessor</i>	Mr Demo Account
<i>Time taken</i>	2 minutes 18 seconds

### Results

	Raw Score	Mean Score	Clinical Percentile
Total	79	2.32	73
Well-being	12	3.00	74.4
Problems/symptoms	30	2.50	58.5
Life functioning	32	2.67	83.3
Risk/harm	5	0.83	60.5

### Scoring and Interpretation Information

Higher total raw scores total (range 0-136) represent poorer overall functioning and scores are also presented as a the mean score (from 0 - 4) which represents the clients average answer. In addition, scores are presented as a percentile compared to a clinical normative sample, where a percentile of 50 represents the average psychological distress of someone seeking psychological intervention.

There are 4 subscales:

- Subjective well-being (items 4, 14, 17, 31)
- Problems/symptoms (items 2, 5, 8, 11, 13, 15, 18, 20, 23, 27, 28, 30)
- Life functioning (1, 3, 7, 12, 10, 19, 21, 25, 26, 29, 32, 33)
- Risk/harm (9, 6, 16, 22, 24, 34)

### Interpretive Text

Overall the results indicate this person has moderate-to-severe levels of psychological distress. (As indicated by raw scores between 68 and 84)

The score on the Risk/Harm sub scale indicate that this individual reported ideas of harming themselves or others which were above average. Compared to the normative clinical sample the scores indicate reported risk above the 50th percentile. It is recommended that responses to the risk items in this questionnaire be reviewed and a further risk assessment be conducted.

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<b>Client Responses</b>		Not at all	Only occasionally	Sometimes	Often	Most or all the time
1	I have felt terribly alone and isolated	0	1	2	3	4
2	I have felt tense, anxious or nervous	0	1	2	3	4
3	I have felt I have someone to turn to for support when needed	4	3	2	1	0
4	I have felt O.K. about myself	4	3	2	1	0
5	I have felt totally lacking in energy and enthusiasm	0	1	2	3	4
6	I have been physically violent to others	0	1	2	3	4
7	I have felt able to cope when things go wrong	4	3	2	1	0
8	I have been troubled by aches, pains or other physical problems	0	1	2	3	4
9	I have thought of hurting myself	0	1	2	3	4
10	Talking to people has felt too much for me	0	1	2	3	4
11	Tension and anxiety have prevented me doing important things	0	1	2	3	4
12	I have been happy with the things I have done	4	3	2	1	0
13	I have been disturbed by unwanted thoughts and feelings	0	1	2	3	4
14	I have felt like crying	0	1	2	3	4
15	I have felt panic or terror	0	1	2	3	4
16	I made plans to end my life	0	1	2	3	4
17	I have felt overwhelmed by my problems	0	1	2	3	4
18	I have had difficulty getting to sleep or staying asleep	0	1	2	3	4
19	I have felt warmth or affection for someone	4	3	2	1	0

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### Client Responses (cont.)

		Not at all	Only occasionally	Sometimes	Often	Most or all the time
20	My problems have been impossible to put to one side	0	1	2	3	4
21	I have been able to do most things I needed to	4	3	2	1	0
22	I have threatened or intimidated another person	0	1	2	3	4
23	I have felt despairing or hopeless	0	1	2	3	4
24	I have thought it would be better if I were dead	0	1	2	3	4
25	I have felt criticised by other people	0	1	2	3	4
26	I have thought I have no friends	0	1	2	3	4
27	I have felt unhappy	0	1	2	3	4
28	Unwanted images or memories have been distressing me	0	1	2	3	4
29	I have been irritable when with other people	0	1	2	3	4
30	I have thought I am to blame for my problems and difficulties	0	1	2	3	4
31	I have felt optimistic about my future	4	3	2	1	0
32	I have achieved the things I wanted to	4	3	2	1	0
33	I have felt humiliated or shamed by other people	0	1	2	3	4
34	I have hurt myself physically or taken dangerous risks with my health	0	1	2	3	4