

## K10

**Patient Name:**

**Result :**

**DOB:**

**Date of Assessment:**

**GP:**

Please place an X in the correct box.

Do not answer questions 3-6 if the answer to Question 2 is “none of the time” in which case questions 3-6 automatically receive a score of one each.

The maximum score is 50 indicating severe distress and the minimum score is 10 indicating no distress.

| In the past 4 weeks  | 1<br>None of<br>the time | 2<br>A little of<br>the time | 3<br>Some of<br>the time | 4<br>Most of<br>the time | 5<br>All of<br>the time |
|--|--------------------------|------------------------------|--------------------------|--------------------------|-------------------------|
| 1. About how often did you feel tired out for no good reason?                |                          |                              |                          |                          |                         |
| 2. About how often did you feel nervous?                                     |                          |                              |                          |                          |                         |
| 3. About how often did you feel so nervous that nothing could calm you down? |                          |                              |                          |                          |                         |
| 4. About how often did you feel hopeless?                                    |                          |                              |                          |                          |                         |
| 5. About how often did you feel restless or fidgety?                         |                          |                              |                          |                          |                         |
| 6. About how often did you feel so restless you could not sit still?         |                          |                              |                          |                          |                         |
| 7. About how often did you feel that everything is an effort?                |                          |                              |                          |                          |                         |
| 8. About how often did you feel that everything is an effort?                |                          |                              |                          |                          |                         |
| 9. About how often did you feel so sad that nothing could cheer you up?      |                          |                              |                          |                          |                         |
| 10. About how often did you feel worthless?                                  |                          |                              |                          |                          |                         |