

K-10+

| | |
|------------------------------|------------------------------|
| Patient or Client Identifier | |
| Surname | hart |
| Other names | Wendy |
| Date of Birth | 03/11/1984 |
| Gender | Female |
| Address | 183 Church St, South Windsor |
| Date completed: 24/01/24 | |

Instructions

The following ten questions ask about how you have been feeling in the **past four weeks**. For each question, mark the circle under the option that best describes the amount of time you felt that way.

| | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
|--|-----------------------|-----------------------|----------------------------------|----------------------------------|----------------------------------|
| 1. In the past four weeks, about how often did you feel tired out for no good reason? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 2. In the past four weeks, about how often did you feel nervous? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 3. In the past four weeks, about how often did you feel so nervous that nothing could calm you down? | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. In the past four weeks, about how often did you feel hopeless? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 5. In the past four weeks, about how often did you feel restless or fidgety? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 6. In the past four weeks, about how often did you feel so restless you could not sit still? | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. In the past four weeks, about how often did you feel depressed? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 8. In the past four weeks, about how often did you feel that everything was an effort? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> |
| 9. In the past four weeks, about how often did you feel so sad that nothing could cheer you up? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |
| 10. In the past four weeks, about how often did you feel worthiness? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input checked="" type="radio"/> | <input type="radio"/> |

Please turn over – there are a few more questions on the other side

The next few questions are about how these feelings may have affected you in the **past four weeks**. You need not answer these questions if you answered 'None of the time' to all of the ten questions about your feelings

| | | | |
|-----|---|--|---------------------------|
| 11. | In the past four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings? | 0 | (Number of days) |
| 12. | [Aside from those days], in the past 4 weeks, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN on what you did because of these feelings? | everyday | (Number of days) |
| 13. | In the past 4 weeks, how many times have you seen a doctor or any other health professional about these feelings? | 1 | (Number of consultations) |
| 14. | In the past 4 weeks, how often have physical health problems been the main cause of these feelings? | <input checked="" type="radio"/> None of the time <input type="radio"/> A little of the time <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> All of the time | |

Thankyou for completing this questionnaire.

Please return it to the staff member who asked you to complete it.

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