



Kessler Psychological Distress Scale PLUS (K10+)

<i>Client Name</i>	Douglas Flynn	<i>Date administered</i>	17 Nov 2025
<i>Date of birth (age)</i>	22 Jun 1963 (62)	<i>Time taken</i>	1 min 55s
<i>Assessor</i>	Ms Michelle Hookham		

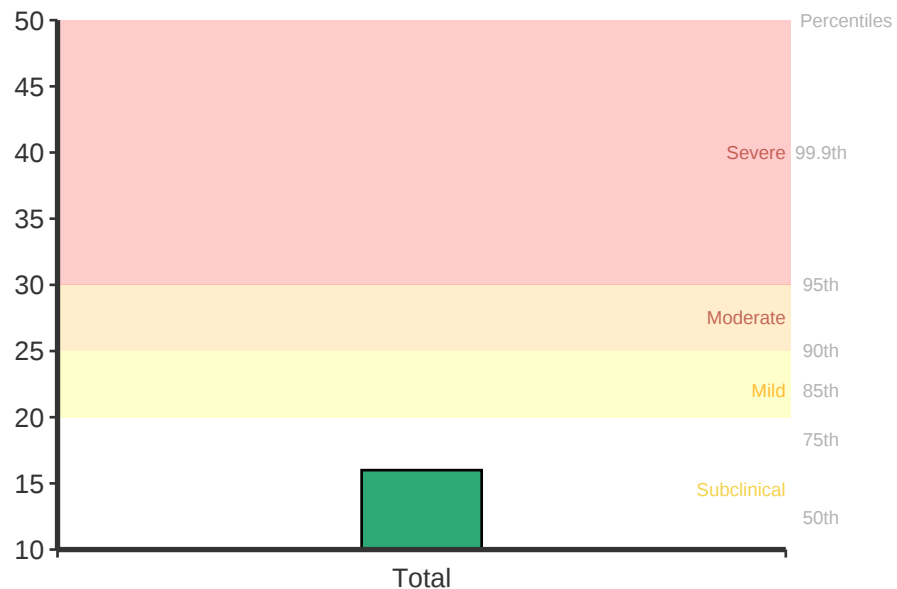
Results

	Score	Clinical Percentile	Normative Percentile	Descriptor
Total (10 to 50)	16	11	66	Subclinical

Symptom Clusters

	Score	Clinical Percentile	Descriptor
Depression (5 to 30)	10	14	Subclinical
Anxiety (4 to 20)	6	12	Subclinical
Nervous (2 to 10)	2	5	Subclinical
Agitated (2 to 10)	4	29	Mild
Fatigue (2 to 10)	6	44	Moderate
Negative Affect (4 to 20)	4	8	Subclinical

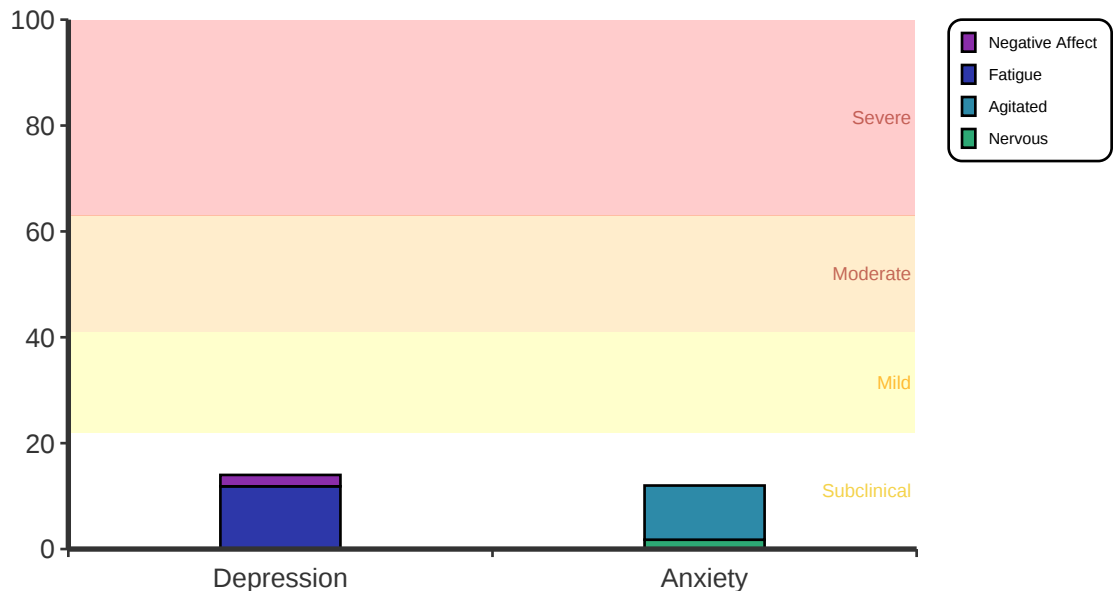
K10 Psychological Distress





Client Name | Douglas Flynn

K10 Clinical Percentiles



Interpretation

The respondent's K10 total score was in the 'Subclinical' range indicating that they are likely to be psychologically well and not experiencing significant feelings of distress.

In the last 30 days, the respondent indicated that they were able to work, study, or manage their day-to-day activities, but had to cut down on what they did because of their feelings for **3 days**.

In the last 4 weeks, the respondent indicated that they had seen a doctor or any health care professional about their feelings on **2 occasions**.

Scoring and Interpretation Information

For comprehensive information on the K10, [see here](#).

Total Scores for the K10 range from 10 to 50 with higher scores indicating a higher severity of psychological distress.

Percentiles are used to compare scores against both normative community and clinical samples. The normative community percentiles contextualise scores in comparison to those typically found within the community. A percentile of 50 indicates average levels of psychological distress in comparison to Australian norms (Australian Bureau of Statistics, 2020-2022).

A clinical percentile compares the respondent's scores to other people seeking mental health support. A clinical percentile of 50 for the total score signifies typical symptom levels for individuals seeking psychological treatment, with a score within the "moderate" range. This raw score of 27 corresponds to a normative community percentile of 93.



Client Name	Douglas Flynn
--------------------	---------------

The total scores are categorised using the following qualitative descriptors:

-Subclinical: Scores of 19 and under (normative community percentiles up to and including 77), reflecting likely psychological well-being.

-Mild: Scores between 20-24 (normative community percentiles between 80 and 89), indicating some mild psychological distress.

-Moderate: Scores between 25-29 (normative community percentiles between 90 and 94.1), suggesting moderate psychological distress.

-Severe: Scores of 30 and above (normative community percentiles of 95 and above), representing severe psychological distress.

The two main subscale scores and clinical percentiles are presented:

-Depression (Items 1, 4, 7, 8, 9, 10): Higher scores on these items reflect increased emotional and physical symptoms of depression.

-Anxiety (Items 2, 3, 5, 6): Higher scores on these items indicate more severe symptoms of anxiety, such as excessive worry and restlessness.

In addition, scores and clinical percentiles are also presented for four first-order factors, showing the specific makeup of a patient's psychological distress.

-Nervous (Items 2 & 3): Higher scores on these items reflect greater anxiety and nervousness.

-Agitation (Items 5 & 6): Higher scores on these items suggest increased restlessness and motor agitation, commonly linked to anxiety.

-Fatigue (Items 1 & 8): Higher scores on these items indicate greater fatigue and lack of energy, often associated with depression but also physical ailments.

-Negative Affect (Items 4, 7, 9, 10): Higher scores on these items reflect greater emotional distress, including feelings of hopelessness, depression, and worthlessness.

When administered multiple times, the total scores are graphed over time.

A significant change in score is defined as an increase or decrease of at least 7 or more points for the total score. This criterion is based on the Reliable Change Index, as employed in studies involving Australian populations (Gonda et al., 2012; Rickwood et al., 2023). Such changes indicate significant improvement or reduction in symptoms, while a change of less than the specified points suggests no significant change in symptom severity between assessments.

People who score 20 or higher on the K10 are likely to meet the diagnostic criteria for a psychiatric disorder. Scores of 20 plus had a sensitivity to Major Depressive Disorder, Dysthymia, Generalised Anxiety Disorder, Panic Disorder, and Social Phobia ranging from 0.78 to 1 (Donker et al., 2009). Higher total scores on the K10 have been associated with reduced Global Assessment of Functioning (GAF) scores, social support and activity, increased



Client Name | Douglas Flynn

functional impairments, and a higher physical health burden (Atkins et al., 2013). Individuals with high scores on the fatigue factor are more likely to experience physical impairments that affect their daily activities and overall physical functioning. Those with elevated scores on the negative affect factor often face a lower quality of life, reduced autonomy, and an increased risk of comorbid alcohol or other drug (AOD) issues (Brooks et al., 2006).

Client Responses

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
1	In the last four weeks, about how often did you feel tired out for no good reason?	1	2	3	4	5
2	In the last four weeks, about how often did you feel nervous?	1	2	3	4	5
3	In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	1	2	3	4	5
4	In the past four weeks, about how often did you feel hopeless?	1	2	3	4	5
5	In the last four weeks, about how often did you feel restless or fidgety?	1	2	3	4	5
6	In the last four weeks, about how often did you feel so restless you could not sit still?	1	2	3	4	5
7	In the last four weeks, about how often did you feel depressed?	1	2	3	4	5
8	In the last four weeks, about how often did you feel that everything was an effort?	1	2	3	4	5
9	In the last four weeks, about how often did you feel so sad that nothing could cheer you up?	1	2	3	4	5
10	In the last four weeks, about how often did you feel worthless?	1	2	3	4	5
11	In the last 30 days, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?	0				
12	(Aside from those days), in the last 30 days, 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?	3				
13	In the last 4 weeks, how many times have you seen a doctor or any other health professional about these feelings?	2				



Client Name	Douglas Flynn
--------------------	---------------

Client Responses (cont.)

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
14	In the last 4 weeks, how often have physical health problems been the main cause of these feelings?	1	2	3	4	5