

K10

Patient Name

DOB

**Date of
Assessment**

GP

**OUTCOME
TOOL
K 10**

RESULT

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 none of the time | 2 a little of the time | 3 some of the time | 4 most of the time | 5 all 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 of fidgety? | | | | | |
| 6. About how often did you feel so restless you could not sit still? | | | | | |
| 7. About how often did you feel depressed? | | | | | |
| 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? | | | | | |