

# K10

Patient Name

OUTCOME  
TOOL

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 are 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?					