



K-10

Surname:
Other Name:
Date of Birth: ____ / ____ / ____
Gender: M F
Address:
Email address:
Phone:
Date: ____ / ____ / ____

Instructions:

The following ten questions ask about how you have been feeling in the *last 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 last 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 type="radio"/>
2	In the last four weeks, about how often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	In the last four weeks, about often did you feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	In the last four weeks, about how often did you feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	In the last four weeks, about how often did you feel so restless you could not sit still?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	In the last four weeks, about how often did you feel depressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	In the last 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 type="radio"/>
9	In the last 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 type="radio"/>	<input type="radio"/>
10	In the last four weeks, about how often did you feel worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please turn over....

Client Name:

Date:

The next few questions are about how these feelings have affected you in the *last four weeks*.

You need not answer these questions if you answered '*None of the time*' to all the earlier ten questions about your feelings.

11	In the last four weeks, how many days were you TOTAL UNABLE to work, study or manage your day to day activities because of these feelings? (number of days)
12	[aside from those days], in the last 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? (number of days)
13	In the last four weeks, how many times have you seen a doctor or any other health professional about these feelings? (number of consultations)
14	In the last four weeks, how often have physical health problems been the main cause of these feelings?	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 <input type="radio"/>

Thank you for completing this questionnaire