

K10

Name:

Date:

These questions concern how you have been feeling over the past 30 days. Circle a number 1, 2, 3, 4, or 5, which indicate a response for each question that best represents how you have been.

The rating scale is as follows:

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

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|----|--|---|---|---|---|---|
| 1 | During the last 30 days, about how often did you feel tired out for no good reason? | 1 | 2 | 3 | 4 | 5 |
| 2 | During the last 30 days, about how often did you feel nervous? | 1 | 2 | 3 | 4 | 5 |
| 3 | During the last 30 days, about how often did you feel so nervous that nothing could calm you down? | 1 | 2 | 3 | 4 | 5 |
| 4 | During the last 30 days, about how often did you feel hopeless? | 1 | 2 | 3 | 4 | 5 |
| 5 | During the last 30 days, about how often did you feel restless or fidgety? | 1 | 2 | 3 | 4 | 5 |
| 6 | During the last 30 days, about how often did you feel so restless you could not sit still? | 1 | 2 | 3 | 4 | 5 |
| 7 | During the last 30 days, about how often did you feel depressed? | 1 | 2 | 3 | 4 | 5 |
| 8 | During the last 30 days, about how often did you feel that everything was an effort? | 1 | 2 | 3 | 4 | 5 |
| 9 | During the last 30 days, about how often did you feel so sad that nothing could cheer you up? | 1 | 2 | 3 | 4 | 5 |
| 10 | During the last 30 days, about how often did you feel worthless? | 1 | 2 | 3 | 4 | 5 |