

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

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

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