K10

For all questions, please fill in the appropriate response circle. Fill in the circles like this: ● Please do not tick or cross the circles.

In the past 4 weeks:		None of the time	A little of the time	Some of the time	Most of the time	All of the time
1.	About how often did you feel tired out for no good reason?	\bigcirc	-0-	-0-	-0-	$-\bigcirc$
2.	About how often did you feel nervous?	\bigcirc	-0-	-0-	-0-	$-\bigcirc$
3.	About how often did you feel so nervous that nothing could calm you down?	\bigcirc	-0-	-0-	-0-	———————————————————————————————————————
4.	About how often did you feel hopeless?	0-	-0-	-0-	-0-	———————————————————————————————————————
5.	About how often did you feel restless or fidgety?	\bigcirc	-0-	-0-	-0-	———————————————————————————————————————
6.	About how often did you feel so restless you could not sit still?	\bigcirc	-0-	-0-	-0-	$-\!\!\bigcirc$
7.	About how often did you feel depressed?	\bigcirc	-0-	-0-	-0-	$-\bigcirc$
8.	About how often did you feel that everything was an effort?	\bigcirc	-0-	-0-	-0-	———————————————————————————————————————
9.	About how often did you feel so sad that nothing could cheer you up?	\bigcirc	-0-	-0-	-0-	$-\bigcirc$
10.	About how often did you feel worthless?	\bigcirc	-0-	-0-	-0-	$-\!$

Today's date

Day Month Year