

**K10+ MENTAL HEALTH SELF ASSESSMENT (FOR PEOPLE 16+)**

First Name:

Last Name:

Date of Birth:

**TODAY'S DATE:**

**Instructions:** The following 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.

In the last 4 weeks:	None of the time 1	A little of the time 2	Some of the time 3	Most of the time 4	All of the time 5
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- About how often did you feel tired out for no good reason?
- About how often did you feel nervous?
- About how often did you feel so nervous that nothing could calm you down?
- About how often did you feel hopeless?
- About how often did you feel restless or fidgety?
- About how often did you feel so restless you could not sit still?
- About how often did you feel depressed?
- About how often did you feel that everything was an effort?
- About how often did you feel so sad that nothing could cheer you up?
- About how often did you feel worthless?

**TOTAL SCORE:**

- How many days were you totally unable to work, study or manage your day to day activities because of these feelings? Number of days
- Aside from those days, in the past four 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
- How many times have you seen a doctor or any other health professional about these feelings? Number of consultations
- How often have physical health problems been the main cause of these feelings?

**SCORING**

The K10 Total score is based on the sum of K10 item 01 through 10 (range: 10-50). Items 11 through 14 are excluded from the total because they are separate measures of disability associated with the problems referred to in the preceding ten items. The Total score is computed as the sum of the scores for items 1 to 10.

Sydney North Primary Health Network is supported by funding from the Australian Government under the PHN Program