Name

Date

For all questions, please circle the answer most commonly related to you. Questions 3 and 6 automatically receive a score of one if the proceeding question was "None of the time".

In the past four 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?	1	2	3	4	5
2. About how often did you feel nervous?	1	2	3	4	5
3. About how often did you feel so nervous that nothing could calm you down?	1	2	3	4	5
4. About how often did you feel hopeless?	1	2	3	4	5
5. About how often did you feel restless or fidgety?	1	2	3	4	5
6. About how often did you feel so restless you could not sit still?	1	2	3	4	5
7. About how often did you feel depressed?	1	2	3	4	5
8. About how often did you feel that everything is an effort?	1	2	3	4	5
9. About how often did you feel so sad that nothing could cheer you up?	1	2	3	4	5
10. About how often did you feel worthless?	1	2	3	4	5
TOTAL					

Test: Kessler, R.C. (1996). Kessler's 10 Psychological Distress Scale. Harvard Medical School: Boston, MA.

K10 Score	Level of Psychological Distress		
10 – 15	Low		
16 – 21	Moderate		
22 – 29	High		
30 - 50	Very High		

For detailed information on administering and scoring the K-10 go to: www.abs.gov.au/ausstats/abs@.nsf/mf/4817.0.55.001