|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| K10 | | |  | | |  | | | | A picture containing man, holding, woman, water  Description automatically generated | | | |
| For all questions, please select the appropriate response. | | | | | | | | | | | | | |
| **Client Name:** | |  | | | | | ***Date:*** |  | | | | |
|  | | | | Please write yes in the appropriate column. | | | | | | | | | |
|  | | | | 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. About how often did you feel nervous? | | | |  | |  | | |  | |  |  | |
|  |  |
| 1. About how often did you feel so nervous that nothing could calm you down? | | | |  | |  | | |  | |  |  | |
|  |  |
| 1. About how often did you feel hopeless? | | | |  | |  | | |  | |  |  | |
|  | | | |  |
| 1. About how often did you feel restless or fidgety? | | | |  | |  | | |  | |  |  | |
|  | | | |  |
| 1. About how often did you feel so restless you could not sit still? | | | |  | |  | | |  | |  |  | |
|  | | | |  |
| 1. About how often did you feel depressed? | | | |  | |  | | |  | |  |  | |
|  | | | |  |
| 1. About how often did you feel that everything was an effort? | | | |  | |  | | |  | |  |  | |
|  | | | |  |
| 1. About how often did you feel so sad that nothing could cheer you up? | | | |  | |  | | |  | |  |  | |
|  | | | |  |
| 1. About how often did you feel worthless? | | | |  | |  | | |  | |  |  | |