|  |  |  |  |
| --- | --- | --- | --- |
| 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?
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|  |  |
| 1. About how often did you feel restless or fidgety?
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|  |  |
| 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?
 |  |  |  |  |  |