

Kessler Psychological Distress Scale (K10)

Name: _____

Date: _____

Instructions:

The Kessler Psychological Distress Scale (K10) has 10 questions for you to answer. Answering these questions is simple because all you need to do is to think about yourself in relation to the question, and rate yourself between 1-5 per question!

Scoring:

Each question can be scored 1-5. 1 means "none of the time" while 5 means "all of the time."

All scores will be added up to make a total score. The lowest possible total score is 10. The highest is 50.

Low scores mean that the client has no psychological distress/low level of psychological distress. High scores mean that they have a high level of psychological distress.

Interpretation of Scores:

This assessment uses the score range designations of the 2001 Victorian Population Health Survey:

- 10-19: this means that your client is likely to be psychologically well and sound
- 20-24: your client is likely to have a mild mental disorder
- 25-29: this means that they're likely to have a moderate mental disorder
- 30-50: means that they are likely to have a severe mental disorder

Please tick the answer that is correct for you:	5 All of the time	4 Most of the time	3 Some of the time	2 A little of the time	1 None of the time
1. In the past 4 weeks, about how often did you feel tired out for no good reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In the past 4 weeks, about how often did you feel nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In the past 4 weeks, about how often did you feel hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In the past 4 weeks, about how often did you feel restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In the past 4 weeks, about how often did you feel so restless you could not sit still?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past 4 weeks, about how often did you feel depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In the past 4 weeks, about how often did you feel that everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In the past 4 weeks, about how often did you feel worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total score: _____