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| K10 – Self Assessment |

Please fill in this survey to enable our team to best meet your individual needs.

For each question please put an “ X “ in one of the boxes.

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| --- | --- | --- | --- |
| **Your Name:** |  | **Today’s Date:** |  |

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| --- | --- | --- | --- | --- | --- |
| **IN THE PAST 4 WEEKS:** | **None of the time score: 1** | **A little of the time score: 2** | **Some of the time score: 3** | **Most of the time score: 4** | **All of the time score: 5** |
| Example Question: How often do you feel like playing scrabble? |  |  | X |  |  |
| 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 is 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? |  |  |  |  |  |

Office Use Only – TOTAL: \_\_\_\_\_\_\_\_\_