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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: \_\_\_\_\_\_\_\_\_