



Kessler Psychological Distress Scale PLUS (K10+)

Instructions:

These questions concern how you have been feeling over the past 30 days. Select a box below each question that best represents how you have been.

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
1	In the last four weeks, about how often did you feel tired out for no good reason?	1	2	3	4	5
2	In the last four weeks, about how often did you feel nervous?	1	2	3	4	5
3	In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	1	2	3	4	5
4	In the past four weeks, about how often did you feel hopeless?	1	2	3	4	5
5	In the last four weeks, about how often did you feel restless or fidgety?	1	2	3	4	5
6	In the last four weeks, about how often did you feel so restless you could not sit still?	1	2	3	4	5
7	In the last four weeks, about how often did you feel depressed?	1	2	3	4	5
8	In the last four weeks, about how often did you feel that everything was an effort?	1	2	3	4	5
9	In the last four weeks, about how often did you feel so sad that nothing could cheer you up?	1	2	3	4	5
10	In the last four weeks, about how often did you feel worthless?	1	2	3	4	5
11	In the last 30 days, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?					
12	(Aside from those days), in the last 30 days, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN on what you did because of these feelings?					
13	In the last 4 weeks, how many times have you seen a doctor or any other health professional about these feelings?					
14	In the last 4 weeks, how often have physical health problems been the main cause of these feelings?	1	2	3	4	5



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Developer Reference:

Kessler, R.C., Andrews, G., Colpe, .et al (2002) Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32, 959-956

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