

## Depression & anxiety symptoms checklist (K10)

To take the test, print it out and answer each question.

These questions concern how you have been feeling over the past 30 days.

Circle the answer below each question that best represents how you have been feeling.

Example:

4. During the last 30 days, about how often did you feel hopeless?

None of the time    A little of the time     Some of the time    Most of the time    All of the time

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1. During the last 30 days, about how often did you feel tired out for no good reason?

None of the time    A little of the time    Some of the time    Most of the time    All of the time

2. During the last 30 days, about how often did you feel nervous?

None of the time    A little of the time    Some of the time    Most of the time    All of the time

3. During the last 30 days, about how often did you feel so nervous that nothing could calm you down?

None of the time    A little of the time    Some of the time    Most of the time    All of the time

4. During the last 30 days, about how often did you feel hopeless?

None of the time    A little of the time    Some of the time    Most of the time    All of the time

5. During the last 30 days, about how often did you feel restless or fidgety?

None of the time    A little of the time    Some of the time    Most of the time    All of the time

6. During the last 30 days, about how often did you feel so restless you could not sit still?

None of the time    A little of the time    Some of the time    Most of the time    All of the time

7. During the last 30 days, about how often did you feel depressed?

None of the time    A little of the time    Some of the time    Most of the time    All of the time

8. During the last 30 days, about how often did you feel that everything was an effort?

None of the time    A little of the time    Some of the time    Most of the time    All of the time

9. During the last 30 days, about how often did you feel so sad that nothing could cheer you up?

None of the time    A little of the time    Some of the time    Most of the time    All of the time

10. During the last 30 days, about how often did you feel worthless?

None of the time    A little of the time    Some of the time    Most of the time    All of the time

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Scoring:

None of the time: 1 point

A little of the time: 2 points

Some of the time: 3 points

Most of the time: 4 points

All of the time 5: points

Results:

10-15: Low risk

16-21: Moderate risk

22-29: High risk

30-50: Very high risk

Your responses place you in a range of risk for depression and anxiety.

The higher the score the more likely it is that you are experiencing anxiety or depression

It is not a diagnosis: only a health professional or GP can provide this.

If you are feeling overwhelmed or distressed by any of these symptoms please seek support from your GP or phone Lifeline 13 11 14

The Buttery Private is designed to work intensively with people experiencing these feelings of depression and anxiety

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