

Mental Health Programs

Mental Health Central Intake

Enquiries 1300 797 746 (1300 SWSPHN) Referrals confidential fax 4623 1796

K5 (Kessler 5)

Name:

DOB:

Date completed:

Instructions

The following five questions ask about how you have been feeling in the **last four weeks**. For each question, mark the option that best describes the amount of time you felt that way.

	None of the time (1)	A little of the time (2)	Some of the time (3)	Most of the time (4)	All the time (5)
1. In the last four weeks, about how often did you feel nervous?					
2. In the last four weeks, about how often did you feel without hope?					
3. In the last four weeks, about how often did you feel restless or jumpy?					
4. In the last four weeks, about how often did you feel everything was an effort?					
5. In the last four weeks, about how often did you feel so sad that nothing could cheer you up?					

Thank you for completing this questionnaire.

Please return it to the staff member who asked you to complete it.

Score: