## Kessler 6 (K6) Questionnaire

Patient Name: …….. DOB: …….

Date: ……

**Instructions:**

**The following questions ask about how you have been feeling during the past 30 days. For each question, please circle the number that best describes how often you had this feeling.**

| During the last 30 days, about how often did you feel …. | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
|---|---|---|---|---|---|
| 1. …nervous? | 1 | 2 | 3 | 4 | 5 |
| 2. …hopeless? | 1 | 2 | 3 | 4 | 5 |
| 3. …restless or fidgety? | 1 | 2 | 3 | 4 | 5 |
| 4. …so depressed that nothing could cheer you up? | 1 | 2 | 3 | 4 | 5 |
| 5. …that everything was an effort? | 1 | 2 | 3 | 4 | 5 |
| 6. …worthless? | 1 | 2 | 3 | 4 | 5 |

7. The last six questions asked about feelings that might have occurred during the past 30 days. Taking them altogether did these feelings occur More often in the past 30 days than is usual for you about the same as usual or less often than usual? (If you never have any of these feelings, circle response option "4.")

| More often than usual | | | About the same as usual | Less often than usual | | |
|---|---|---|---|---|---|---|
| A lot | Some | A little | | A little | Some | A lot |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |

**The next few questions are about how these feelings may have affected you in the last four weeks. You need not answer these questions if you answered "None of the time" to all of the ten questions about your feelings**

| | |
|---|---|
| 8. In the last four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings? | _____ (number of days) |
| 9. [Aside from those days], in the last 4 weeks, 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? | _____ (number of days) |
| 10. In the last 4 weeks, how many times have you seen a doctor or any other health professional about these feelings? | _____ (number of visits) |
| 11. In the last 4 weeks, how often have physical health problems been the main cause of these feelings? | None of the time ☐<br>A little of the time ☐<br>Some of the time ☐<br>Most of the time ☐<br>All of the time ☐ |

**Thank you for completing this questionnaire**

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