

## **We're listening to you.**

We value the information from you about how you are feeling and how you are coping with everyday activities.

You can help by filling in the simple questionnaire that is attached.

There are no right or wrong answers, just choose the response that best shows how you feel.

Helping us with these questions is optional and please be assured that if you choose not to complete this questionnaire, it will in no way prejudice the relationship with your treatment team.

The information will be kept confidential and only used to look at how you are feeling and to help us plan better health services.



NOCCAssessment  
ConsumerSelf -ReportMeasure

**K10+**

UnitRecordNo : \_\_\_\_\_

CMENumber: \_\_\_\_\_

**Instructionsfortheconsumer.**

Thefollowingtenquestionsaskabouthowyouhavebeenfeelinginthelastfourweeks.Foreachquestion,markthecircleundertheoptionthatbestdescribestheamountoftimeyoufeltthatway.

	Noneof thetime	Alittleof thetime	Someof thetime	Mostof thetime	Allofthe time
1. Inthelastfourweeks,abouthowoftendidyou feltiredou tfor nogoodreason?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Inthelastfourweeks,abouthowoftendidyou feelnervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Inthelastfourweeks,abouthowoftendidyou feelsonervousthatnothingcouldcalmyou down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Inthelastfour weeks,abouthowoftendidyou feelhopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Inthelastfourweeks,abouthowoftendidyou feelrestlessorfidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Inthelastfourweeks,abouthowoftendidyou feelsorestlessyoucouldnotsitstill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Inthelastfourweeks,abouthowoftendidyou feeldepressed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Inthelastfourweeks,abouthowoftendidyou feelthateverythingwasaneffort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. INthelastfourweeks,abouthowoftendidyou feelsosad thatnothingcouldcheeryouup?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Inthelastfourweeks,abouthowoftendidyou feelworthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.

<p>11. In the last four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day today activities because of these feelings? _____ (Number of Days)</p>					
<p>12. Aside from those days, in the last 4 weeks, HOW MANY DAYS were you able to work or study or manage your day today activities, but had to CUT DOWN on what you did because of these feelings? _____ (Number of Days)</p>					
<p>13. In the last 4 weeks, how many times have you seen a doctor or any other health professional about these feelings? _____ (Number of Days)</p>					
<p>14.. In the last 4 weeks, how often have physical health problems been the main cause of these feelings?</p>	None of the time  <input type="radio"/>	A little of the time  <input type="radio"/>	Some of the time  <input type="radio"/>	Most of the time  <input type="radio"/>	All of the time  <input type="radio"/>

**Thank-you for completing this questionnaire.**

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

