## **Kessler Psychological Distress Scale (K10)**

Source: Kessler RC, Barker PR, Colpe LJ, Epstein JF, Gfroerer JC, Hiripi E, et al. Screening for serious mental illness in the general population. *Arch Gen Psychiatry*. 2003 Feb;60(2):184-9.

The Kessler Psychological Distress Scale (K10) <sup>[1]</sup> is a simple measure of psychological distress. The K10 scale involves 10 questions about emotional states each with a five-level response scale. The measure can be used as a brief screen to identify levels of distress. The tool can be given to patients to complete, or alternatively the questions can be read to the patient by the practitioner.

In the context of injury management, the measure can be provided to the patient where recovery is not proceeding as anticipated (for instance, between weeks four and six), and may highlight the need for more regular review, or referral to a specialist health provider such as a psychologist.

Questions three and six do not need to be asked if the response to the preceding question was 'none of the time'. In such cases questions three and six should receive an automatic score of one.

#### **Scoring instructions**

Each item is scored from one 'none of the time' to five 'all of the time'. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores indicate low levels of psychological distress and high scores indicate high levels of psychological distress.

#### Interpretation of scores

The 2001 Victorian Population Health Survey [2] adopted a set of cut-off scores that may be used as a guide for screening for psychological distress. These are outlined below:

K10 Score: Likelihood of having a mental disorder (psychological distress)

- 10 19 Likely to be well
- 20 24 Likely to have a mild disorder
- 25 29 Likely to have a moderate disorder
- 30 50 Likely to have a severe disorder

# **Kessler Psychological Distress Scale (K10)**

Please tick the answer that is correct for you:		All of the time (score 5)	Most of the time (score 4)	Some of the time (score 3)	A little of the time (score 2)	None of the time (score 1)
1.	In the past 4 weeks, about how often did you feel tired out for no good reason?					
2.	In the past 4 weeks, about how often did you feel nervous?					
3.	In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?					
4.	In the past 4 weeks, about how often did you feel hopeless?					
5.	In the past 4 weeks, about how often did you feel restless or fidgety?					
6.	In the past 4 weeks, about how often did you feel so restless you could not sit still?					
7.	In the past 4 weeks, about how often did you feel depressed?					
8.	In the past 4 weeks, about how often did you feel that everything was an effort?					
9.	In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?					
10.	In the past 4 weeks, about how often did you feel worthless?					

### References

- 1. Kessler RC, Barker PR, Colpe LJ, Epstein JF, Gfroerer JC, Hiripi E, et al. Screening for serious mental illness in the general population. *Arch Gen Psychiatry*. 2003 Feb;60(2):184-9.
- 2. Victorian Population Health Survey. Melbourne: Department of Human Services, Victoria; 2001.