

16.8.24

17th Aug

DR Roberts

Letter, v. short & concise

K/O was 3%

It's helped.

Got through all boxes but 4. Goal to do it this w/e.  
Still got all the documents & diaries from legal proceedings  
Proof of what happened. Family might realise it was true.  
Not ready to let it go.

Having a lid on it is like closure  
Kembrey doesn't talk about her story. Worry <sup>she</sup> ~~it~~ will  
have to deal w. it. I still worry about it & ~~was~~ don't  
want her to go fall into a bad situation.

Mood. Normal. It's been o.k.

I'm still v. negative re people. v. untrusting & wary.  
I say what I want & not filter or consequence.

Not always been like that.

Lost trust from Chris. Blame him for everything.

? how do you separate that from rest of humanity.

Don't give people 2nd chances.

Don't trust my kids not to talk → don't say anything.  
Broken that trust.

? fear

Chris used to talk about things I told in confidence

Disappointment

Judged for having emotions - easier out to have them.

Sleep.

Fine. Need TV on for background noise to stop rumination  
Watch friends over & over. Distraction.

Physical =

Need op. on eyes

Pace maker working well. HR to below 46pm (watch  
told me) → cardiologist. Unsure why. Set at 55-60pm.

Want to continue.

**K-10+**

Patient or Client Identifier

Surname <b>MCGATH</b>		
Other names <b>JONIE</b>		
Date of Birth <b>13.10.1965</b>	Gender Male <input type="radio"/> Female <input checked="" type="radio"/> Other <input type="radio"/>	
Address <b>1620A GEORGE ST. 5TH WINDSOR</b>		

Date completed: **16/8/2024****Instructions**

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

		None of the time	A little of the time	Some of the time	Most of the time	All of the time
1.	In the past four weeks, about how often did you feel tired out for no good reason?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	In the past four weeks, about how often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	In the past four weeks, about how often did you feel so nervous that nothing could calm you down?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	In the past four weeks, about how often did you feel hopeless?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	In the past four weeks, about how often did you feel restless or fidgety?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	In the past four weeks, about how often did you feel so restless you could not sit still?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	In the past four weeks, about how often did you feel depressed?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	In the past four weeks, about how often did you feel that everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9.	In the past four weeks, about how often did you feel so sad that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	In the past four weeks, about how often did you feel worthiness?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

**Please turn over – there are a few more questions on the other side**

1 6 12 8  
 27

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

11.	In the past four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?	10 (Number of days)
12.	[Aside from those days], in the past 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?	10 (Number of days)
13.	In the past 4 weeks, how many times have you seen a doctor or any other health professional about these feelings?	2 (Number of consultations)
14.	In the past 4 weeks, how often have physical health problems been the main cause of these feelings?	<input type="radio"/> None of the time <input type="radio"/> A little of the time <input checked="" type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> All of the time

**Thankyou for completing this questionnaire.**

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

Professor Ronald C Kessler of the Department of Health Care Policy, Harvard Medical School is thanked for the use of research on the K10 funded by US Public Health Service Grants R01 MH46376, R01 MH52861, R01 MH49098, and K05 MH00507 and by the John D and Catherine T MacArthur Foundation Network on Successful Midlife Development (Gilbert Brim, Director).