

06.11.24

Rebecca.

Flare up in acne rosacea.

Court - not had to go in - parents, siblings (24th Oct)

2 days - went for nothing

Adj. till next year. 25 Aug. 2025.

Hopefully I'll be in a better place to cope in it.

Frustrating as we don't know why.

21.11. - neurosurgeon.

Saw ind. medical advisor - went ok. awaiting results

Sessions been really helpful

1 day in intrusive thoughts - after friction in son.

(K10: 36/50. was 42/50 on 3/4)

1 felt concerned about his safety & wanting to drive & be independent.

Saw son cry over type of car - (in his f^o) shattered me.

→ is me being here worth it?

I'm not needed here if everyone going to be like that.

v. protective. If not needed to keep then receive, + no one else needs me

- told friends to go as all one sided

f: nothing here; why bother.

My heart hurts when feel like that.

in chest: intensity

ripple out like in a pond but rock (and on

chest & ripple out through body & arms.

Broken; not belonging; worthless.

Challenge myself to think rationally

Trying to keep the emotional balance.

Overwhelmed at times

K-10+

Patient or Client Identifier	
Last Name: VALADE	
First Name: REBECCA	
Date of Birth: 29.06.1983	Gender: <input checked="" type="radio"/> Female <input type="radio"/> Male <input type="radio"/> Other
Address:	

Date completed: **6/11/2024****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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2.	In the past four weeks, about how often did you feel nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3.	In the past four weeks, about how often did you feel so nervous that nothing could calm you down?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4.	In the past four weeks, about how often did you feel hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5.	In the past four weeks, about how often did you feel restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" 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 worthless?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

4 6 16 10

36

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?	5-6 (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?	2-3 (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?	3 (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 type="radio"/> Some of the time <input checked="" 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).