

13.12.24

Melbourne - good. Caught up in lots of people. F.I.L.

Good.

Did presentation;

Straight back to work.

Kids' Xmas party - postponed.

Long days.

Friday last week - wedding anniversary

Worse this year; v. emotional

Thoughts kept coming

Good things

- Hunter Valley trip in friend (Sheree's friend)

Want to see Cold Chisel & wine tasting.

Didn't want to open up to her as ~~not~~ Sheree.

Validating too to hear her perspective about Sheree.

Less impacted by Sheree not contacting me re anniversary.

< this year as no one to grieve to.

He recovered quicker

> without family contact, but gave it like an adult  
- because never had the acknowledged love from him.  
Doubting the love I had from Sheree because of the change  
in dynamics.

Hard at Xmas - as no one to spend the time to

Booked 2 things on own

- Blueberry Picking

- Market Piche exhibition

D.C.T. final training 29<sup>th</sup> Jan.

Had to put boundaries on self not to stay back late  
every day to complete tasks.

Coming up to A° Sharon's anniversary.

Did Park Run - 1st me in years. - weekly on Saturdays.  
Gets me out + walking

**K-10+**

Patient or Client Identifier

Surname GlaverOther names Selena MareeDate of Birth: 10.08.77

Gender:

Male

Female

Other

Address:

32 Neptune Cres BliDate completed: 13/12/2024**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 type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" 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 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 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 checked="" type="radio"/>	<input 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 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**

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 <b>TOTALLY UNABLE</b> to work, study or manage your day to day activities because of these feelings?	<input type="text"/>	(Number of days)
12.	[Aside from those days], in the past 4 weeks, <b>HOW MANY DAYS</b> were you able to work or study or manage your day to day activities, but had to <b>CUT DOWN</b> on what you did because of these feelings?	<input type="text"/>	(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?	<u>3</u>	(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 checked="" 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	

**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 RO1 MH46376, RO1 MH52861, RO1 MH49098, and K05 MH00507 and by the John D and Catherine T MacArthur Foundation Network on Successful Midlife Development (Gilbert Brim, Director).