### We'relist eningtoyou.

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

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

There are no right or wrong answers, just choose the respons e that best showshowyoufeel.

Helping us with these questions is optional and please be assured that if you choose not to complete this question naire, it will innow a yprejudice the relationship with your treatment team.

The information will be kept c onfidential and only used to look at how youarefeeling and to help usplan better health services.

 sert h unit here

# NOCCAssessment ConsumerSelf -ReportMeasure

UnitRecordNo :	·
CMENumber:	

## K10+

#### Instructionsfortheconsumer.

The following ten questions as kabout how you have been feeling in the last four weeks. For each question that be still be a substitution of the properties of the propertie

uestion,markthe

		Noneof thetime	Alittleof thetime	Someof thetime	Mostof thetime	Allofthe time
1.	Inthelastfourweeks,abouthowoftendidyou					
	feeltiredou tfornogoodreason?	0	0	0	0	0
2.	Inthelastfourweeks,abouthowoftendidyou					
	feelnervous?	0	0	0	0	0
3.	Inthelastfourweeks,abouthowoftendidyou					
	feelsonervousthatnothingcouldcalmyou	0	0	0	0	0
4.	down? Inthelastfour weeks,abouthowoftendidyou					
	feelhopeless?	0	0	0	0	0
5.	Inthelastfourweeks,abouthowoftendidyou					
	feelrestlessorfidgety?	0	0	0	0	0
6.	Inthelastfourweeks,abouthowoftendidyou					
	feelsorestlessyoucouldnotsitstill?	0	Ο	0	0	0
7.	Inthelastfourweeks,abouthowoftendidyou					
	feeldepressed?	0	Ο	0	0	0
8.	Inthelastfourweeks,abouthowoftendidyou					
	feelthateverythingwasaneffort?	0	0	0	0	0
9.	INthelastfourweeks,abouthowoftendidyou					
	feelsosad thatnothingcouldcheeryouup?	0	0	0	0	0
10.	Inthelastfourweeks,abouthowoftendidyou					
	feelworthless?	0	0	0	0	0

lastfourweeks .

Youneednotanswert hesequestionsifyouanswered "Noneofthetime" to all of the tenquestions about your feelings.

11.	Inthelastfourweeks,howmanydayswereyou						
	TOTALLYUNABLEtowork,studyormanageyou	ırday					
	todayactivitiesbecauseofthesefeelings?			(NumberofDa	iys)		
12.	Asidefromthosedays,inthelast4weeks,HOWM	IANY					
	DAYSwereyouabletoworkorstudyofmanageyo	ur					
	daytodayactivities,buthadtoCUTDOWNonwhatyou			(NumberofDays)			
	didbecauseofthesefeelings?						
13.	Inthe last4weeks,howmanytimeshaveyouseena						
	doctororanyotherhealthprofessionalaboutthes	e					
	feelings?		(NumberofDays)				
		Noneof	Alittleof	Someof	Mostof	Allofthe	
		thetime	thetime	thetime	thetime	time	
14	Inthelast4weeks,h owoftenhave						
	physicalhealthproblemsbeenthemain	0	0	0	0	0	
	causeofthesefeelings?						

#### Thank-youforcompletingthis question naire.

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

#### **FOROFFICEUSEONLY**

CollectionPoint					
ServiceU nit	ServiceUnitCode[][][][][				
StaffMember(PrintName)Sign					
Designation					
MentalHealthServiceSetting (pleasecircleoneonly)					
Inpatient01CommunityResiden	tial02Ambulatory03				
ReasonforCollection(CollectionOccasion) (pleasecircleoneonly)					
Admission	Review	Discharge			
NewReferral01	ThreeMonthReview 04	NoFurtherCare06			
Admittedfromother	Review –Other	Dischargetochange oftreatmentsetting07			
treatmentsetting02		Death08			
Admission –Other03		Discharge –Other09			
CollectionStatus (pleasecircleoneonly)					
Completeorpartiallycomplete01					
Notcompletedduetotemporarycontraindication					
Notcompletedduetogeneralexclusion					
Notcompletedduetorefusalbyconsumer					