

K10

Patient Name		OUTCOME TOOL	RESULT
DOB		K 10	
Date of Assessment			
GP			

Please place an X in the correct box.

Do not answer questions 3-6 if the answer to question 2 is "none of the time" in which case questions 3-6 automatically receive a score of one each.

The maximum score is 50 indicating severe distress and the minimum score is 10 indicating no distress.

In the past 4 weeks	1 none of the time	2 a little of the time	3 some of the time	4 most of the time	5 all the time
1. About how often did you feel tired out for no good reason?					
2. About how often did you feel nervous?					
3. About how often did you feel so nervous that nothing could calm you down?					
4. About how often did you feel hopeless?					
5. About how often did you feel restless of fidgety?					
6. About how often did you feel so restless you could not sit still?					
7. About how often did you feel depressed?					
8. About how often did you feel that everything is an effort?					
9. About how often did you feel so sad that nothing could cheer you up?					
10. About how often did you feel worthless?					

DASS

Name:

Date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	I found myself getting upset by quite trivial things	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I just couldn't seem to get going	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I had a feeling of shakiness (eg, legs going to give way)	0	1	2	3
8	I found it difficult to relax	0	1	2	3
9	I found myself in situations that made me so anxious I was most relieved when they ended	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting upset rather easily	0	1	2	3
12	I felt that I was using a lot of nervous energy	0	1	2	3
13	I felt sad and depressed	0	1	2	3
14	I found myself getting impatient when I was delayed in any way (eg, lifts, traffic lights, being kept waiting)	0	1	2	3
15	I had a feeling of faintness	0	1	2	3
16	I felt that I had lost interest in just about everything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life wasn't worthwhile	0	1	2	3

Please turn the page 

Reminder of rating scale:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

22	I found it hard to wind down	0	1	2	3
23	I had difficulty in swallowing	0	1	2	3
24	I couldn't seem to get any enjoyment out of the things I did	0	1	2	3
25	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
26	I felt down-hearted and blue	0	1	2	3
27	I found that I was very irritable	0	1	2	3
28	I felt I was close to panic	0	1	2	3
29	I found it hard to calm down after something upset me	0	1	2	3
30	I feared that I would be "thrown" by some trivial but unfamiliar task	0	1	2	3
31	I was unable to become enthusiastic about anything	0	1	2	3
32	I found it difficult to tolerate interruptions to what I was doing	0	1	2	3
33	I was in a state of nervous tension	0	1	2	3
34	I felt I was pretty worthless	0	1	2	3
35	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
36	I felt terrified	0	1	2	3
37	I could see nothing in the future to be hopeful about	0	1	2	3
38	I felt that life was meaningless	0	1	2	3
39	I found myself getting agitated	0	1	2	3
40	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
41	I experienced trembling (eg, in the hands)	0	1	2	3
42	I found it difficult to work up the initiative to do things	0	1	2	3

DASS

Scoring Template

S
A
D
A

D
S
A
S
A

D
S
S
D
S

A
D
D
S
A

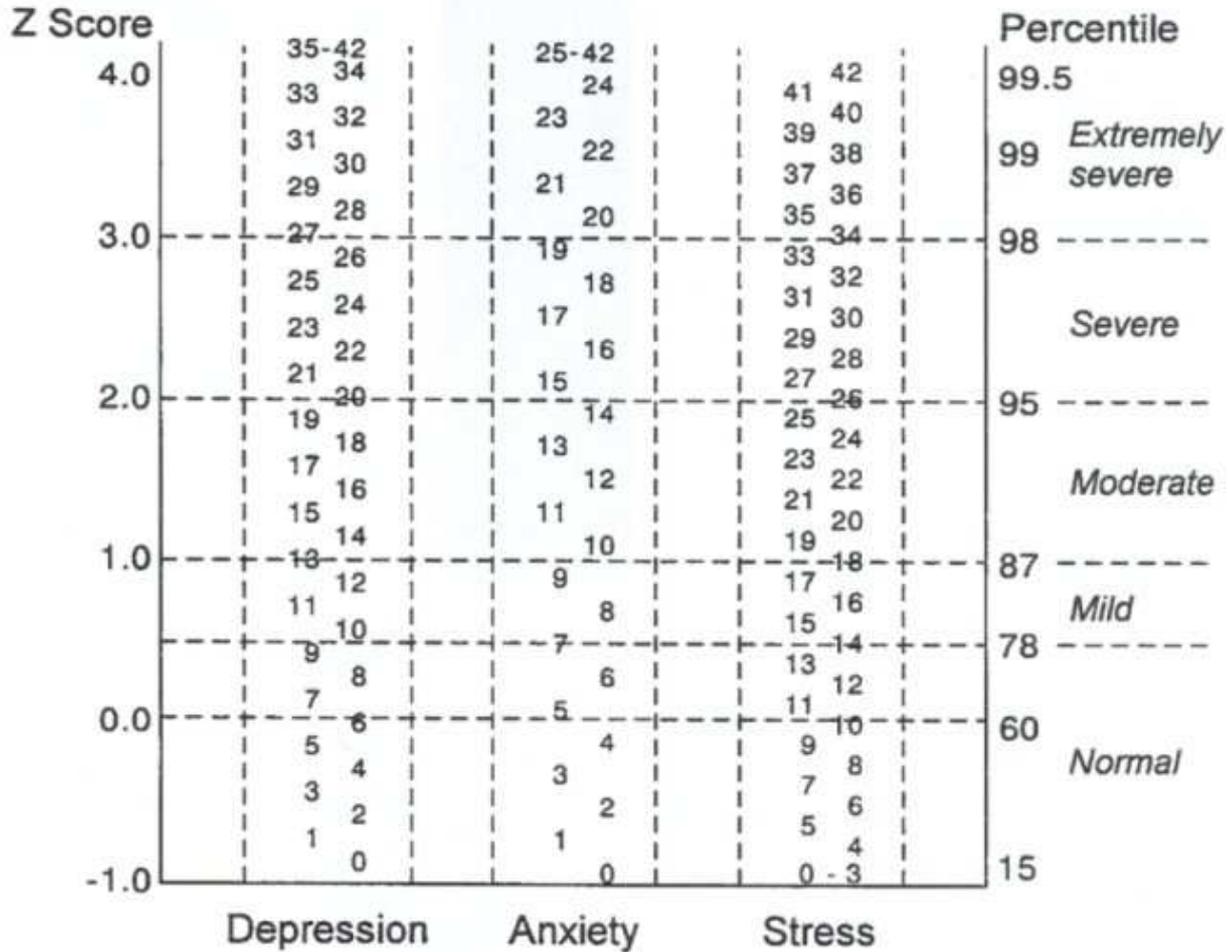
A
D

Apply template to both sides of sheet and sum scores for each scale.
For short (21-item) version, multiply sum by 2.

DASS Profile Sheet

Name: _____ Date: _____

Age: _____ Sex: _____



For each scale, draw a horizontal line through the score obtained for that scale, and fill in the dotted lines below to form a bar graph. The heights of the bars are in Z score units and may be compared with each other and with the severity labels. Note that conversion to percentiles on the right hand axes is approximate only.