



ATAPS – OUTCOMES TOOL – FORM 5 (K10)



Name _____

Date _____

For all questions, please circle the appropriate response.

There are no right or wrong answers. Do not spend too much time on any statement.

In the past 4 weeks:	None of the time	A little of the time	Some of the time	Most of the time	All of the time
About how often did you feel tired out for no good reason?	1	2	3	4	5
About how often did you feel nervous?	1	2	3	4	5
About how often did you feel so nervous that nothing could calm you down?	1	2	3	4	5
About how often did you feel hopeless?	1	2	3	4	5
About how often did you feel restless or fidgety?	1	2	3	4	5
About how often did you feel so restless you could not sit still?	1	2	3	4	5
About how often did you feel depressed?	1	2	3	4	5
About how often did you feel that everything is an effort?	1	2	3	4	5
About how often did you feel so sad that nothing could cheer you up?	1	2	3	4	5
About how often did you feel worthless?	1	2	3	4	5

Office Use:			
K10 Score Total		Client ID	