

Social and emotional wellbeing

Purpose: to screen for consumer's social and emotional wellbeing needs, including anxiety and depression.

Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

Personal and social support

During the past 4 weeks, was someone available to help you if you needed and wanted help? _____ Code:

For example if you: felt very nervous, lonely or sad, got sick and had to stay in bed, needed someone to talk to, needed help with daily chores, needed help just taking care of yourself.

Comment on personal and social support, including social isolation, family and personal relationships, and friendship groups

Kessler psychological distress scale (K10)

Screening for anxiety and depression

In the past 4 weeks about how often did you feel:

K10 Scale		All of the time 5	Most of the time 4	Some of the time 3	A little of the time 2	None of the time 1
1	Tired out for no good reason?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	So nervous that nothing could calm you down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Restless or fidgety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	So restless you could not sit still?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	That everything was an effort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	So sad that nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Worthless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total K-10 Score:

Score of 20 and above – Consider referral for mental health assessment by a GP, community health counsellor, or mental health professional (eg psychologist or psychiatrist)

If you think the person may have a serious mental illness and/or be at risk of self harm, seek advice about the need for referral from the triage clinician at the public specialist mental health services applicable to your area.

Produced by the Victorian Department of Health, 2012

This information collected by:		SWE Page 1 of 1	
Name:	Position/Agency:		
Sign:	Date: dd/mm/yyyy / /	Contact number:	