APPENDIX C

Montana BRFSS, 2012

Serious Psychological Distress Scoring Using Kessler K-6 Scale and Scoring[1]

1. About how often during the past 30 days did you feel **nervous**—would you say *all* of the time, *most* of the time, *some* of the time, *a* little of the time, or *none* of the time?
   - a. All. 1
   - b. Most. 2
   - c. Some. 3
   - d. A little. 4
   - e. None. 5
   - Don't know/not sure. 7
   - Refused. 9

2. During the past 30 days, about how often did you feel **hopeless**—*all* of the time, *most* of the time, *some* of the time, *a* little of the time, or *none* of the time?
   - a. All. 1
   - b. Most. 2
   - c. Some. 3
   - d. A little. 4
   - e. None. 5
   - Don't know/not sure. 7
   - Refused. 9

3. During the past 30 days, about how often did you feel restless or **fidgety?** [*If necessary: all, most, some, a little, or none of the time?*]
   - a. All. 1
   - b. Most. 2
   - c. Some. 3
   - d. A little. 4
   - e. None. 5
   - Don't know/not sure. 7
   - Refused. 9

4. During the past 30 days, about how often did you feel so depressed that **nothing could cheer you up?** [*If necessary: all, most, some, a little, or none of the time?*]
   - a. All. 1
   - b. Most. 2
   - c. Some. 3
   - d. A little. 4
   - e. None. 5
   - Don't know/not sure. 7
   - Refused. 9

5. During the past 30 days, about how often did you feel that **everything was an effort?** [*If necessary: all, most, some, a little, or none of the time?*]
   - a. All. 1
   - b. Most. 2
   - c. Some. 3
   - d. A little. 4
   - e. None. 5
   - Don't know/not sure. 7
   - Refused. 9

6. During the past 30 days, about how often did you feel **worthless?** [*If necessary: all, most, some, a little, or none of the time?*]
   a. All. 1
   b. Most. 2
   c. Some. 3
   d. A little. 4
   e. None. 5
   Don't know/not sure. 7
   Refused. 9

Algorithm

- Scoring of individual items is based on a scale of between 0 and 4 points, according to increased frequency of the problem.
- Points are scored across the 6 questions.
- Total K6 score ranges between 0 and 24.
- Respondent with a score of ≥13 is considered to have *serious psychological distress (SPD)*.

RESPONSE		POINTS
All (1)	=	4 points
Most (2)	=	3 points
Some (3)	=	2 points
A little (4)	=	1 point
None (5)	=	0 points

- Both continuous (total score) and dichotomous scales (SPD) can be used based upon research need.
- Respondents with SPD are very likely to have a mental disorder.

[1] Kessler RC, Barke, PR, Colpe, LJ, Epstein JF, Gfroerer JC, Hiripi E, Howes MJ, Normand S-LT, Manderscheid RW, Walters EE, and Zaslavsky AM. Screening for serious mental illness in the general population. **Archives of General Psychiatry** 2003; 60(2), 184-189.

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