

TARIKH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

# K10

PENEMUDUGA: \_\_\_\_\_

ID PENEMUDUGA:

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NOMBOR KAJIAN:

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NAMA:

NAMA LAIN:

TARIKH LAHIR:

JANTINA:  
\_\_\_\_ / \_\_\_\_ / \_\_\_\_ LELAKI  PEREMPUAN

ALAMAT:

Soalan-soalan di bawah adalah mengenai perasaan anda dalam tempoh **4 minggu kebelakangan ini**. Sila tanda satu kotak yang dapat menyatakan perasaan anda dengan paling dekat.

Dalam tempoh 4 minggu kebelakangan ini, berapa kerap kah anda:	1 Tidak pernah sekali	2 Jarang	3 Kadang-kadang	4 Hampir setiap masa	5 Setiap masa
1. Berasa letih tanpa sebarang sebab?	<input type="checkbox"/>				
2. Berasa cemas?	<input type="checkbox"/>				
3. Berasa cemas sehingga tiada apa yang mampu menenangkan anda?	<input type="checkbox"/>				
4. Berasa tiada harapan?	<input type="checkbox"/>				
5. Berasa gelisah atau resah?	<input type="checkbox"/>				
6. Berasa sangat gelisah sehingga tidak boleh duduk diam?	<input type="checkbox"/>				
7. Berasa murung?	<input type="checkbox"/>				
8. Berasa semuanya memerlukan usaha?	<input type="checkbox"/>				
9. Berasa sangat sedih sehingga tiada apa yang mampu menceriakan anda?	<input type="checkbox"/>				
10. Berasa diri tiada nilai atau tiada guna	<input type="checkbox"/>				

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### **Acknowledgements**

Translation of this document was performed on behalf of the Composite International Diagnostic Interview Advisory Committee by a team from Clinical Research Center, Sarawak General Hospital, Malaysia and Yong Loo Lin School of Medicine, National University of Singapore. The team members are: Nur Sara Shahira Abdullah, Clinical Research Centre, Sarawak General Hospital, Malaysia, B.Sc. Hons Degree in Resource Biotechnology (UNIMAS), MSc (UNIMAS); Sithy Harjieah Ibrahim, Clinical Research Centre, Sarawak General Hospital, Malaysia, Bachelor of Biomedical Science (UM); Dr Wong Kung Yee, Clinical Research Centre, Sarawak General Hospital, Malaysia, B.Sc. Hons Degree in Medical (UNIMAS); Chong Kok Joon, Department of Medicine, Yong Loo Lin School of Medicine, National University of Singapore, Singapore, BSc (Hons), NUS.