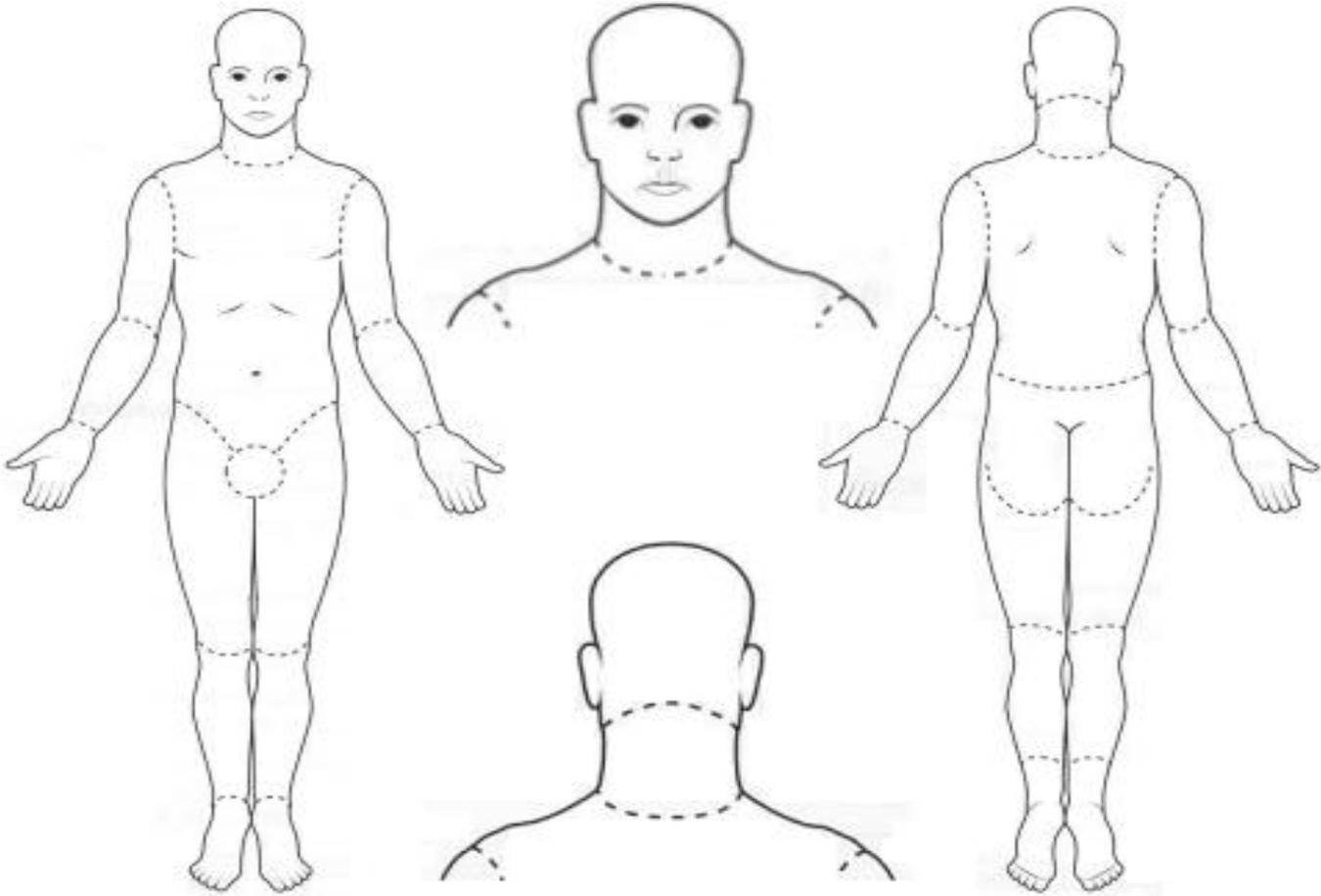


CONFUSED ELDERLY PERSON

UR No. _____
Surname _____
Given Names _____
DOB _____

Neurological and Injury Record



Geriatric Depression Scale

(Score 1 for each positive response)

If patient scores 3 or more, probable depressive disorder, more detailed assessment, and consider referral to Aged Person's Mental Health Service

- 1: Do you worry? In the past month
- 2: Have you been sad or depressed in the past month?
- 3: During the past month have you **ever** felt that life was not worth living?
- 4: How do you feel about your future? What are your hopes for the future? Pessimistic?
- 5: During the past month have you at any time felt you would be better off dead?
- 6: Do you enjoy things as much as you used to - say like a year ago? **If no go to question 8**
- 7: Is it because you are depressed or nervous that you don't enjoy things?
- 8: In general how happy are you? (read out) (score 1 for "not very happy or not happy at all")
"Are you - very happy - fairly happy - not very happy - not happy at all"

Total

