

GERIATRIC DEPRESSION SCALE 5 ITEMS

Name:	Age:	PARIS ID:
DOB:		PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date:

Assessment End Date:

Carried Out By:

Geriatric Depression Scale 5 Items - Entry

Assessed By:

Assessment Date:

- | | | |
|--|---|--|
| 1. Are you basically satisfied with your life? | <input type="checkbox"/> YES | <input type="checkbox"/> NO (1) |
| 2. Do you often get bored? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 3. Do you often feel helpless? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 4. Do you prefer to stay at home rather than going out to do new things? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 5. Do you feel pretty worthless the way you are now? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |

Total Score: Please sum all bolded answers (worth one point) for a total score:

Comments:

Score greater than 1 = need further assessment

Needs

Need	Post to C/P	Processed	Comments
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Casenotes

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----