

Geriatric Depression Scale (Shorter Version)¹⁴

Choose the best answer for how you have felt over the **past week**:

Yes / No

- | | | | |
|-----------------------|-----------------------|------------|--|
| <input type="radio"/> | <input type="radio"/> | 1. | Are you basically satisfied with your life? |
| <input type="radio"/> | <input type="radio"/> | 2. | Have you dropped many of your activities and interests? |
| <input type="radio"/> | <input type="radio"/> | 3. | Do you feel that your life is empty? |
| <input type="radio"/> | <input type="radio"/> | 4. | Do you often get bored? |
| <input type="radio"/> | <input type="radio"/> | 5. | Are you in good spirits most of the time? |
| <input type="radio"/> | <input type="radio"/> | 6. | Are you afraid that something bad is going to happen to you? |
| <input type="radio"/> | <input type="radio"/> | 7. | Do you feel happy most of the time? |
| <input type="radio"/> | <input type="radio"/> | 8. | Do you often feel helpless? |
| <input type="radio"/> | <input type="radio"/> | 9. | Do you prefer to stay at home, rather than going out and doing new things? |
| <input type="radio"/> | <input type="radio"/> | 10. | Do you feel you have more problems with memory than most? |
| <input type="radio"/> | <input type="radio"/> | 11. | Do you think it is wonderful to be alive now? |
| <input type="radio"/> | <input type="radio"/> | 12. | Do you feel pretty worthless the way you are now? |
| <input type="radio"/> | <input type="radio"/> | 13. | Do you feel full of energy? |
| <input type="radio"/> | <input type="radio"/> | 14. | Do you feel that your situation is hopeless? |
| <input type="radio"/> | <input type="radio"/> | 15. | Do you think that most people are better off than you are? |

TOTAL GDS

(GDS maximum score = 15)

- 0 - 4** normal, depending on age, education, complaints
- 5 - 8** mild
- 8 - 11** moderate
- 12 - 15** severe

Appendix 2

Patient health questionnaire (PHQ-9)

Patient health questionnaire for depression				
Over the last 2 weeks, how often have you been bothered by any of the following problems? For each question select the option that best describes the amount of time you felt that way.				
In the last 2 weeks	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
1. Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Feeling down, depressed, or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Trouble falling or staying asleep, or sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Thoughts that you would be better off dead, or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PHQ-9 provisional diagnosis

Scoring — add up answers to questions on PHQ-9

Not at all = 0; Several days = 1; More than half the days = 2; Nearly every day = 3

Total Score	Depression Severity
10–14	Mild
15–19	Moderate depression
≥ 20	Severe depression

See www.nzgg.org.nz/CMD-assessmenttools for more information

General Practitioner Assessment of Cognition – Patient Examination⁸

Unless specified, each question should be only asked once

1. Name and address for subsequent recall

“I am going to give you a name and address. After I have said it I want you to repeat it. Remember this name and address because I am going to ask you to tell it to me again in a few minutes: **John Brown, 42 West Street, Kensington**”

(Say the info and allow the patient to repeat it up to 4 times to commit to memory. Do not score yet).

2. Time orientation

What is the date?

- Correct Incorrect *Accept exact date only*
 1 point.

3. Clock drawing (visuospatial functioning) Use a page with a printed circle

Please mark in all the numbers to indicate the hours of a clock. Correct spacing required

- Correct Incorrect *For a correct response the numbers 12,3,6 and 9 should be in the correct quadrants of the circle and other numbers should be approximately correctly placed.*
 1 point.

4. Please mark in hands to show 10 minutes past 11 o'clock (11:10).

- Correct Incorrect *For a correct response the hands should be pointing to the 11 and the 2, but do not penalise if the respondent fails to distinguish the long and short hands.*
 1 point.

5. Information

Can you tell me something that happened in the news recently (in the past week) 1 point

- Correct Incorrect *Respondents are not required to provide extensive details, as long as they demonstrate awareness of a recent news story.*
 1 point.
- If a general answer is given such as “war”, “a lot of rain”, ask for details. If unable to give details, the answer should be scored as incorrect.*

6. Recall

What was the name and address I asked you to remember?

- John *1 point each* Check each correct component – leave incorrect responses blank
 Brown
 42
 West Street
 Kensington

Score:

Score = 9 no cognitive impairment, interview not necessary

Score = 5 – 8 proceed to informant interview

Score = 0 – 4 cognitive impairment, interview not necessary

GPCOG

This informant questionnaire is only considered necessary if the results of the patient cognitive section are equivocal, i.e. score 5 – 8 inclusive).

The informant should know the patient well and will be asked to compare the patients current function with his/her performance a few years ago.

GPCOG Informant interview ⁸				
Ask the informant “Compared to a few years ago”				
1.	Does the patient have more trouble remembering things that have happened recently?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
2.	Does he or she have more trouble recalling conversations a few days later?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
3.	When speaking, does the patient have more difficulty in finding the right word or tend to use the wrong words more often?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know
4.	Is the patient less able to manage money and financial affairs (e.g. paying bills, budgeting)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know <input type="radio"/> Not applicable
5.	Is the patient less able to manage his or her medication independently?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know <input type="radio"/> Not applicable
6.	Does the patient need more assistance with transport (either private or public)?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't Know <input type="radio"/> Not applicable
Score:	Score one point for each “no” answer			<input type="text"/>
Score = 4–6	no cognitive impairment			
Score = 0–3	cognitive impairment detected			