

Depression Scale

Instructions:

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

- | | | |
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| 1. Are you basically satisfied with your life? | Yes | No |
| 2. Have you dropped many of your activities and interests? | Yes | No |
| 3. Do you feel that your life is empty? | Yes | No |
| 4. Do you often get bored? | Yes | No |
| 5. Are you in good spirits most of the time? | Yes | No |
| 6. Are you afraid that something bad is going to happen to you? | Yes | No |
| 7. Do you feel happy most of the time? | Yes | No |
| 8. Do you often feel helpless? | Yes | No |
| 9. Do you prefer to stay at home, rather than going out and doing something new? | Yes | No |
| 10. Do you feel you have more problems with memory than most? | Yes | No |
| 11. Do you think it is wonderful to be alive now? | Yes | No |
| 12. Do you feel pretty worthless the way you are now? | Yes | No |
| 13. Do you feel full of energy? | Yes | No |
| 14. Do you feel that your situation is hopeless? | Yes | No |
| 15. Do you think that most people are better off than you are? | Yes | No |

Elder Abuse Suspicion Index

Instructions:

Questions 1-5 asked of patient. Question 6 asked by doctor within the last 12 months.

1. Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?

- Yes
- No
- Did not answer

2. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids, or medical care, or from being with people you wanted to be with?

- Yes
- No
- Did not answer

3. Have you been upset because someone talked to you in a way that made you feel shamed or threatened?

- Yes
- No
- Did not answer

4. Has anyone tried to force you to sign papers or to use your money against your will?

- Yes
- No
- Did not answer

5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?

- Yes
- No
- Did not answer

6. Doctor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?

- Yes
- No
- Not Sure

Score Meaning:

Score Meaning: While all six questions should be asked, a response of "yes" on one or more of questions 2-6 may establish concern.

Copyright: Yaffe MJ, Wolfson C, Weiss D. Development and validation of a tool to improve physician identification of elder abuse: The Elder Abuse Suspicion Index (EASI). Journal of Elder Abuse and Neglect 2008; 20(3) 000-000

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