# Adult Day Services Client Assessment First Name:

Last Name:Fin	rst Name: Date:
DEPRESSIVE SYMPTOMS	
[] Unable to complete due to cognitive impairment.	
1. Are you basically satisfied with your life?	2. Do you feel like your life is empty?
[] <b>0</b> Yes [] <b>1</b> No	[] 1 Yes [] 0 No
3. Are you afraid that something bad is going to happen to you?  [] 1 Yes [] 0 No	4. Do you feel happy most of the time?  [] 0 Yes [] 1 No
Scoring: add up the points and circle the result 0 1  Comments:	

B.5.1 ADCOP.12.2000

## DEPRESSIVE SYMPTOMS CLIENT INTAKE ASSESSMENT

#### Instructions

These questions are about whether the client is experiencing any depressive symptoms. These questions are used to screen for clients who may need further evaluation with regard to depression. Ask each question as written, asking the client for a yes or no answer.

Please attempt the interview, if client is not capable of participating in the interview, check the box at the top of the form and terminate the interview.

#### 1. Are you basically satisfied with your life?

Do you feel that you are content with your life?

#### 2. Do you feel like your life is empty?

Do you have feelings that your life has no meaning, that no one cares for or about you?

### 3. Are you afraid that something bad is going to happen to you?

Do you have recurring thoughts that something bad is going to happen or have a sense of impending doom?

#### 4. Do you feel happy most of the time?

When you think about your life are you happy more than you are sad?

After asking all 4 questions, add up the total points. (Note that YES = 1 for questions 2 and 3 and NO = 1 for questions 1 and 4.) Circle the number in the scoring section to record the result.

If the client scores a 2 or more, follow your agencies policy for mental health referrals.

Remember a positive score on this screener does not mean a person is depressed - it only means that a professional evaluation would be helpful.

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