

Adult Day Services Client Follow-Up Assessment

Last Name: _____ First Name: _____ Date: _____

DEPRESSIVE SYMPTOMS

Unable to complete due to cognitive impairment.

1. Are you basically satisfied with your life?

- 1 Yes
- 2 No

2. Do you feel like your life is empty?

- 1 Yes
- 2 No

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

- 1 Yes
- 2 No

4. Do you feel happy most of the time?

- 1 Yes
- 2 No

Comments: _____

DEPRESSIVE SYMPTOMS CLIENT FOLLOW-UP 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. Answering yes to any question does not indicate depression, however, it should be followed up with appropriate referrals.

Please attempt 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?

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?

If the client answers yes to any question, complete the interview. Then follow your agency's protocol for making appropriate referrals for clinical evaluation.