

Senior Mental Health Questionnaire

Helping improve the lives of people age 55+



The elderly are at high risk for depression and other mental illnesses because they are more likely than younger people to have experienced illness, death of loved ones, impaired function and loss of independence. The cumulative effect of negative life experiences may be overwhelming to an older individual.

If a family member, or individual under your care, is exhibiting any signs of a current or potential mental illness coupled with a physical illness or injury, North Vista Hospital's Senior Behavioral Health Unit may be able to help.

The following questions are intended for the general, preliminary review of someone who may benefit from our care and expertise. These questions can also be helpful in opening a dialog with the individual's physician. Upon completion, please share the answers to these questions with the patient's primary care physician or your facility's clinical administrator.

For more details about the services provided by North Vista Hospital's Senior Behavioral Health Unit, please call Charissa Davis, director, North Vista Hospital Senior Behavioral Health Unit at (702) 657-5751.

1. **What is the individual's age?** _____
2. **What is the individual's gender?** _____
3. Has the individual been diagnosed with depression or other mental illness in the past? Yes No
If yes, please specify as accurately as possible _____
4. **How would the individual generally describe their mood over the past few weeks?**
 Sad, blue, unhappy, miserable or 'down in the dumps'
 Angry and frustrated
 Happy, upbeat and positive
 Sometimes happy and upbeat, sometimes sad and unhappy
 None of the above
5. **How often does this individual's mood interfere with their personal, family and other interactions?**
 Always Sometimes Never
6. **Which statement most accurately describes the individual's sleep pattern?**
 This individual has no trouble falling or staying asleep and wake feeling rested.
 This individual has trouble falling asleep, but once asleep stays asleep.
 This individual has no trouble falling asleep, but wakes up frequently during the night.
 This individual has no trouble falling asleep, but awakes very early in the morning (like 3 or 4 a.m.) for the day.
7. **How would the individual describe their appetite lately?**
 Normal, unchanged for quite some time
 Much more hungry than usual
 Much less hungry than usual
8. **Has the individual had any recent thoughts of death or suicide?** Yes No
9. **Has the individual recently made any plans to commit suicide or hurt someone else?** Yes No

Please see other side for more questions.

10. Has the individual ever acted on thoughts to commit suicide or hurt someone else? Yes No

11. Do any of the following statements apply to this individual? (Check all that apply.)

- This individual is tired and has no energy.
- This individual does not like themselves and feels worthless.
- This individual has feelings of guilty much of the time.
- This individual has a hard time concentrating.
- This individual feels agitated, restless or irritable.
- This individual feels hopeless and helpless.

12. Do any activities and situations give this individual any pleasure? (Examples include movies, TV, sports, being with friends or family, etc.)

- Yes, this individual enjoys many things in life.
- Sometimes they enjoy activities, but other times they do not.
- There are many times when nothing makes this individual happy.
- This individual enjoys nothing, withdraws and is not an active participant in life.

13. Does this individual experience sudden bursts of anger on occasion? Yes No

14. Does, or has, this individual have/had a close relative (parent, sibling, or child) who suffers, or suffered, from depression? Yes No

15. Do any of the following life events apply to this individual?

- Recent disappointment at home, work or school
- Recent death of friend or relative
- Recent end of a significant relationship, like divorce or breakup
- Prolonged pain
- Thyroid disorder
- Chronic medical condition like heart disease, diabetes or lupus
- Use of medications like sleeping drugs or high blood pressure drugs
- Abuse of alcohol and/or street or prescription drugs.
- Physical, sexual or emotional abuse
- Lack of a social support system, such as close friends or family

16. Does this individual exercise regularly? Yes No

17. How would this individual describe their life?

- "My life is filled with ongoing, almost constant stress and I have difficulty coping."
- "My life is stressful and I sometimes have difficulty coping."
- "My life is stressful, but I feel I cope well."
- "My life is stressful, but I use a practice like yoga meditation or regular exercise to cope with the stress."
- "My life is fairly relaxed."

18. Does this individual feel sad in the fall and winter months? Yes No

19. How would this individual best describe his or her self?

- "I am a recluse. I tend to keep to myself, withdraw and do not socialize."
- "I like to be with other people, but I like to spend time alone as well."
- "I am a social butterfly. I love to be around others as much as possible."

