



GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department on Disability Services
Developmental Disabilities Administration

Instructions:

- Each question should be asked in two parts.
 First, the participant is asked to choose between a ‘yes’ and ‘no’ answer. If their answer is ‘no’, then the score in the “no” column should be recorded as (‘0’).
 If their answer is ‘yes’, they should be asked if that is ‘sometimes’ or ‘always’, and the score recorded as appropriate.
- Supplementary questions (*italics*) may be used if the primary question is not understood completely.
- If a response is unclear, ask for specific examples of what the participant means, or talk with them about their answer until you feel able to score their response.

Introduction:

To establish a frame of reference for “In the last week..., remind the person about a specific event that happened one week ago that can serve as a reference point.

Start the interview by saying:

“I am going to ask you about how you have been feeling in the last week or since [state specific event from one week ago].

	In the last week...	Never/ No	Sometimes	Always/ A lot
1.	Have you felt sad? <i>Have you felt upset?</i> <i>Have you felt miserable?</i> <i>Have you felt depressed?</i>	0	1	2
2.	Have you felt as if you are in a bad mood? <i>Have you lost your temper?</i> <i>Have you felt as if you want to shout at people?</i>	0	1	2
3.	Have you enjoyed the things you’ve done? <i>Have you had fun?</i> <i>Have you enjoyed yourself?</i>	2	1	0
4.	Have you enjoyed talking to people and being with other people? <i>Have you liked having people around you?</i> <i>Have you enjoyed other people’s company?</i>	2	1	0
5.	Have you made sure you have washed yourself, worn clean clothes, brushed your teeth and combed your hair? <i>Have you taken care of the way you look?</i> <i>Have you looked after your appearance?</i>	2	1	0
6.	Have you felt tired during the day? <i>Have you gone to sleep during the day?</i> <i>Have you found it hard to stay awake during the day?</i>	0	1	2
7.	Have you cried?	0	1	2
8.	In the last week...	Never/ No	Sometimes	Always/ A lot

Continued

9.	Have you been able to pay attention to things like watching TV? <i>Have you been able to concentrate on things (like TV shows?)</i>	2	1	0
10.	Have you found it hard to make decisions? <i>Have you found it hard to decide what to wear, or what to do?</i> <i>Have you found it hard to choose between two things?</i>	0	1	2
11.	Have you found it hard to sit still? <i>Have you fidgeted when you are sitting down?</i> <i>Have you been moving around a lot, like you can't help it?</i>	0	1	2
12.	Have you been eating too little or eating too much? <i>Do people say you should eat more or less?</i> <i>[positive response for eating too much or too little is scored]</i>	0	1	2
13.	Have you found it hard to get a good night's sleep? <i>Have you found it hard to fall asleep at night?</i> <i>Have you woken up in the middle of the night and found it hard to get back to sleep?</i> <i>Have you woken up too early in the morning?</i>	0	1	2
14.	Have you felt that life is not worth living? <i>Have you wished you could die?</i> <i>Have you felt you do not want to go on living?</i>	0	1	2
15.	Have you felt as if everything is your fault? <i>Have you felt as if people blame you for things?</i> <i>Have you felt that things happen because of you?</i>	0	1	2
16.	Have you felt that other people are looking at you, talking about you, or laughing at you? <i>Have you worried about what other people think of you?</i>	0	1	2
17.	Have you become very upset if someone says you have done something wrong or you have made a mistake? <i>Do you feel sad if someone disagrees with you or argues with you?</i> <i>Do you feel like crying if someone disagrees with you or argues with you?</i>	0	1	2
18.	Have you felt worried? <i>Have you felt nervous?</i> <i>Have you felt tense/wound up/on edge?</i>	0	1	2
19.	Have you thought that bad things keep happening to you? <i>Have you felt that nothing nice ever happens to you anymore?</i>	0	1	2
20.	Have you felt happy when something good happened? <i>If nothing good has happened in the last week then ask: If someone gave you a nice present, would that make you happy?</i>	2	1	0

SCORING INSTRUCTIONS

Note: At the conclusion of the interview, add up the scores. If you calculate a score of 13 or greater, please do one of the following:

1. Seek a referral for a mental health consultation from the primary care provider; or
2. Seek the consultation of the psychologist on the interdisciplinary team (if the person resides in an ICF-IDD setting).

Document your findings and actions in the progress notes and be sure to contact the DDA service coordinator and the QIDPP.



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GLASGOW DEPRESSION SCALE
(CARE-GIVER SUPPLEMENT)

Name: _____ Date: _____

Name of Evaluator: _____ Credentials (of Evaluator): _____

What is the name of the person that you are supporting: _____
 (This person is referred to as 'X' in the following questions)

What is your relationship to X? _____
 (This questionnaire should be completed by someone who has spent time with the person in the last week)

INSTRUCTIONS: If the person being screened is not able to reliably answer the questions on the *Glasgow Depression Scale* Self- Report screening questionnaire, please complete the following observations:

The following observations ask about how you think X has been in the last week. There is no right or wrong answer. Please circle the answer that you feel best describes X in the last week.

	In the last week...	Never/ No	Sometimes/ A little	Always/ A lot
1.	Has X appeared depressed?	0	1	2
2.	Has X been more physically or verbally aggressive than usual?	0	1	2
3.	Has X avoided company or social contact?	0	1	2
4.	Has X looked after his/her appearance?	2	1	0
5.	Has X spoken or communicated as much as he/she used to?	2	1	0
6.	Has X cried?	0	1	2
7.	Has X complained of headaches or other aches and pains?	0	1	2
8.	Has X still taken part in activities which used to interest him/her?	2	1	0
9.	Has X appeared restless or fidgety?	0	1	2
10.	Has X appeared lethargic or sluggish?	0	1	2
11.	Has X eaten too little/too much? <i>(If no problem, score 0. A positive answer to either question means it should be scored. Circle which option is relevant-too little or too much)</i>	0	1	2

Continued

Please circle the answer that you feel best describes X in the last week.

12.	Has X found it hard to get a good night's sleep? <i>Circle which one of the following options is relevant:</i> <i>Has X had difficulty falling asleep when going to bed at night?</i> <i>Has X been waking in the middle of the night and finding it hard to get back to sleep?</i> <i>Has X been waking very early in the morning and finding it hard to get back to sleep?</i>	0	1	2
13.	Has X been sleeping during the day?	0	1	2
14.	Has X said that he/she does not want to go on living?	0	1	2
15.	Has X asked you for reassurance?	0	1	2
16.	Have you noticed any change in X recently? <i>Please explain what changes you have noticed, in either mood or behavior.</i>	0	1	2

SCORING INSTRUCTIONS

Note: At the conclusion of the observation, add up the scores. If you calculate a score of 13 or greater, please do one of the following:

1. Seek a referral for a mental health consultation from the primary care provider; or
2. Seek the consultation of the psychologist on the interdisciplinary team (if the person resides in an ICF-IDD setting).

Document your findings and actions in the progress notes and be sure to notify the DDA service coordinator and the QIDPP.