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***Resource Guide***

***<http://www.positiveager.com>***

***Mental Health and Substance Abuse  
Conference on Aging***

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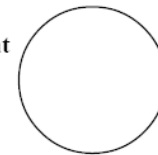
# VAMC SLUMS Examination

Questions about this assessment tool? E-mail [aging@slu.edu](mailto:aging@slu.edu).

Name \_\_\_\_\_ Age \_\_\_\_\_  
Is patient alert? \_\_\_\_\_ Level of education \_\_\_\_\_

\_\_\_\_/1  
\_\_\_\_/1  
\_\_\_\_/1  
  
\_\_\_\_/3  
\_\_\_\_/3  
\_\_\_\_/5  
  
\_\_\_\_/2  
  
\_\_\_\_/4  
\_\_\_\_/2  
  
\_\_\_\_/8

- 1** 1. What day of the week is it?
- 1** 2. What is the year?
- 1** 3. What state are we in?
4. Please remember these five objects. I will ask you what they are later.  
Apple Pen Tie House Car
5. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20.
- 1** How much did you spend?  
**2** How much do you have left?
6. Please name as many animals as you can in one minute.  
**0** 0-4 animals **1** 5-9 animals **2** 10-14 animals **3** 15+ animals
7. What were the five objects I asked you to remember? 1 point for each one correct.
8. I am going to give you a series of numbers and I would like you to give them to me backwards.  
For example, if I say 42, you would say 24.  
**0** 87 **1** 649 **1** 8537
9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.
- 2** Hour markers okay  
**2** Time correct
- 1** 10. Please place an X in the triangle. 
- 1** Which of the above figures is largest?
11. I am going to tell you a story. Please listen carefully because afterwards, I'm going to ask you some questions about it.  
Jill was a very successful stockbroker. She made a lot of money on the stock market. She then met Jack, a devastatingly handsome man. She married him and had three children. They lived in Chicago. She then stopped work and stayed at home to bring up her children. When they were teenagers, she went back to work. She and Jack lived happily ever after.
- 2** What was the female's name?  
**2** When did she go back to work?
- 2** What work did she do?  
**2** What state did she live in?



TOTAL SCORE \_\_\_\_\_



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SCORING		
HIGH SCHOOL EDUCATION		LESS THAN HIGH SCHOOL EDUCATION
27-30	Normal	25-30
21-26	MNCD*	20-24
1-20	Dementia	1-19

\* Mild Neurocognitive Disorder

## **Groningen Activity Restriction Scale**

1. Wash face/hands (ADL)
2. Feed yourself (ADL)
3. Get around inside the house (ADL)
4. Get on/off toilet (ADL)
5. Prepare breakfast/lunch (IADL)
6. Get in/out of bed (ADL)
7. Stand up from chair (ADL)
8. Light cleaning (IADL)
9. Dress yourself (ADL)
10. Walk outdoors (ADL)
11. Wash/dry body (ADL)
12. Prepare dinner (IADL)
13. Go up/down stairs (ADL)
14. Wash/iron clothes (IADL)
15. Take care of feet/toenails (ADL)
16. Make bed (IADL)
17. Do shopping (IADL)
18. Heavy cleaning (IADL)

### Scoring Scheme:

- 1=no problem doing this independently
- 2=a little problem doing this independently
- 3=very problematic doing this independently
- 4=can't do this without help
- 5=can't do this with or without help

### **Score is descriptive: Higher scores mean more problems**

#### Source Reference:

Kempen GI, Miedema I, Ormel J, Molenaar W. (1996). The assessment of disability with the Groningen Activity Restriction Scale. Conceptual framework and psychometric properties. *Soc Sci Medicine*, 43(11):1601-10.

## Geriatric Depression Scale

- T=0 \_\_\_ 1. Are you basically satisfied with your life?
- T=1 \_\_\_ 2. Have you dropped many of your activities and interests?
- T=1 \_\_\_ 3. Do you feel that your life is empty?
- T=1 \_\_\_ 4. Do you often get bored?
- T=0 \_\_\_ 5. Are you in good spirits most of the time?
- T=1 \_\_\_ 6. Are you afraid that something bad is going to happen to you
- T=0 \_\_\_ 7. Do you feel happy most of the time?
- T=1 \_\_\_ 8. Do you often feel helpless?
- T=1 \_\_\_ 9. Do you prefer to stay at home, rather than going out and doing new things?
- T=1 \_\_\_ 10. Do you feel you have more problems with memory than most?
- T=0 \_\_\_ 11. Do you think it is wonderful to be alive now?
- T=1 \_\_\_ 12. Do you feel pretty worthless the way you are now?
- T=0 \_\_\_ 13. Do you feel full of energy?
- T=1 \_\_\_ 14. Do you feel that your situation is hopeless?
- T=1 \_\_\_ 15. Do you think that most people are better off than you are?

**-Format is True/False., T = 1.**

**A score of 5 or higher indicates possible depression**

-Key Reference: Sheikh, J. I., & Yesavage, J. A. (1986). Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. In T. L. Brink (Ed.), *Clinical Gerontology: A guide to assessment and intervention* (pp. 165-173)

## Geriatric Anxiety Inventory

- \_\_\_1. I worry a lot of the time
- \_\_\_2. I find it difficult to make a decision
- \_\_\_3. I often feel jumpy
- \_\_\_4. I find it hard to relax
- \_\_\_5. I often cannot enjoy things because of my worries
- \_\_\_6. Little things bother me a lot
- \_\_\_7. I often feel like I have butterflies in my stomach
- \_\_\_8. I think of myself as a worrier
- \_\_\_9. I can't help worrying about even trivial things
- \_\_\_10. I often feel nervous
- \_\_\_11. My own thoughts often make me anxious
- \_\_\_12. I get an upset stomach due to my worrying
- \_\_\_13. I think of myself as a nervous person
- \_\_\_14. I always anticipate the worst will happen
- \_\_\_15. I often feel shaky inside
- \_\_\_16. I think that my worries interfere with my life
- \_\_\_17. My worries often overwhelm me
- \_\_\_18. I sometimes feel a great knot in my stomach
- \_\_\_19. I miss out on things because I worry too much
- \_\_\_20. I often feel upset

**-Format is True/False T=1;**

**A score of 10 or greater indicates possible Anxiety Diagnosis**

-Key Reference: Pachana, et al.. (2006). Development and validation of the Geriatric Anxiety Inventory, *International Psychogeriatrics*, 18, 1-12.

## LOT-R (Life Orientation Test-Revised)

Please be as honest and accurate as you can throughout. Try not to let your response to one statement influence your responses to other statements. There are no "correct" or "incorrect" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

1. \_\_\_\_ In uncertain times, I usually expect the best.
2. \_\_\_\_ If something can go wrong for me, it will.
3. \_\_\_\_ I'm always optimistic about my future.
4. \_\_\_\_ I hardly ever expect things to go my way.
5. \_\_\_\_ I rarely count on good things happening to me.
6. \_\_\_\_ Overall, I expect more good things to happen to me than bad.

- 1 = I agree a lot
- 2 = I agree a little
- 3 = I neither agree nor disagree
- 4 = I disagree a little
- 5 = I disagree a lot

Responses to "scored" items are to be coded so that high values imply optimism.

Items 1, 3, & 6 are reverse scored (**1=5**)

**Scale score: Descriptive, Higher scores = more propensity for optimism**

Key Reference: Scheier, et al. (1994). Distinguishing optimism from neuroticism and trait anxiety, self-mastery, and self-esteem: A re-evaluation of the Life Orientation Test. *Journal of Personality and Social Psychology*, 67, 1063-1078.

**Key Reference: McCullough, M. E., Emmons, R. A., & Tsang, J. (2002). The Grateful Disposition: A conceptual and Empirical Topography. *Journal of Personality and Social Psychology*, 82, 112-127.**

**The Gratitude Questionnaire-Six Item Form (GQ-6)**

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By Michael E. McCullough, Ph.D., Robert A. Emmons, Ph.D., Jo-Ann Tsang, Ph.D.

Using the scale below as a guide, write a number beside each statement to indicate how much you agree with it.

- 1 = strongly disagree
- 2 = disagree
- 3 = slightly disagree
- 4 = neutral
- 5 = slightly agree
- 6 = agree
- 7 = strongly agree

- \_\_\_ 1. I have so much in life to be thankful for.
- \_\_\_ 2. If I had to list everything that I felt grateful for, it would be a very long list.
- \_\_\_ 3. When I look at the world, I don't see much to be grateful for.\*
- \_\_\_ 4. I am grateful to a wide variety of people.
- \_\_\_ 5. As I get older I find myself more able to appreciate the people, events, and situations that have been part of my life history.
- \_\_\_ 6. Long amounts of time can go by before I feel grateful to something or someone.\*

\* Items 3 and 6 are reverse-scored.

# The Zarit Burden Interview

**Instructions for caregiver:** The questions above reflect how persons sometimes feel when they are taking care of another person. After each statement, circle the word that best describes how often you feel that way.

Circle the response that best describes how you feel.

(0) Never (1) Rarely (2) Sometimes (3) Quite frequently (4) Nearly always

1. Do you feel that your relative asks for more help than he/she needs? 0 1 2 3 4.
2. Do you feel that because of the time you spend with your relative that you don't have enough time for yourself? 0 1 2 3 4.
3. Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work? 0 1 2 3 4.
4. Do you feel embarrassed over your relative's behavior? 0 1 2 3 4.
5. Do you feel angry when you are around your relative? 0 1 2 3 4.
6. Do you feel that your relative currently affects your relationships with other family members or friends in a negative way? 0 1 2 3 4.
7. Are you afraid what the future holds for your relative? 0 1 2 3 4.
8. Do you feel your relative is dependent on you? 0 1 2 3 4.
9. Do you feel strained when you are around your relative? 0 1 2 3 4
10. Do you feel your health has suffered because of your involvement with your relative?  
0 1 2 3 4.
11. Do you feel that you don't have as much privacy as you would like because of your relative?  
0 1 2 3 4.
12. Do you feel that your social life has suffered because you are caring for your relative?  
0 1 2 3 4.
13. 13. Do you feel uncomfortable about having friends over because of your relative? 0 1 2 3 4.
14. Do you feel that your relative seems to expect you to take care of him/her as if you were the only one he/she could depend on? 0 1 2 3 4.
15. Do you feel that you don't have enough money to take care of your relative in addition to the rest of your expenses? 0 1 2 3 4.
16. Do you feel that you will be unable to take care of your relative much longer? 0 1 2 3 4.
17. Do you feel you have lost control of your life since your relative's illness? 0 1 2 3 4.
18. Do you wish you could leave the care of your relative to someone else? 0 1 2 3 4.
19. Do you feel uncertain about what to do about your relative? 0 1 2 3 4
20. Do you feel you should be doing more for your relative? 0 1 2 3 4.
21. Do you feel you could do a better job in caring for your relative? 0 1 2 3 4.
22. Overall, how burdened do you feel in caring for your relative? 0 1 2 3 4

**Scoring instructions:** Add the scores for the 22 questions. The total score ranges from 0 to 88. A high score correlates with higher level of burden.