

Staff please tick the boxes next to the symptoms that occur (for frequency and severity) during your shift **during the seven days** prior to the ACFI assessment

ACFI 10 Depression – Symptom checklist: Day _____

No	Symptom	Frequency		Severity	
		Occasional	Often	Mild	Severe
1	Feeling anxious.				
2	Worried about things more than other people.				
3	Sad or down.				
4	Sad or unhappy appearance.				
5	Unable to enjoy pleasant events.				
6	Feeling irritable, easily annoyed or short-tempered.				
7	Restless – unable to sit still for even an hour.				
8	Pacing up and down, wringing hands or sighing.				
9	Spoken or moved very slowly.				
10	Seems to be thinking and reacting more slowly.				
11	Complained of physical symptoms in excess of what you would expect given her/ his physical health.				
12	Complained more than you or her/ his GP would expect? Things like pain, head/ back/ muscle aches, frequent urination, stomach cramps, palpitations, shortness of breath.				
13	Less interested in her/ his usual activities or hobbies in the last week.				
14	Stopped doing things she used to do?				
15	Does not look forward to anything from which she/ he derives pleasure?				
16	Appetite poor.				
17	Needed reminding or encouragement to eat (more than normal).				
18	Lost weight in the last month that was not intended.				
19	Decreased energy				
20	Tired all the time				



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No	Symptom	Frequency		Severity	
		Occasional	Often	Mild	Severe
21	Wanted to stay in bed or sleep during the day				
22	Felt like he/she is dragging through the day.				
23	Mood is better in the morning than any other part of the day				
24	Difficulty falling asleep				
25	Taking longer than usual to fall asleep once in bed.				
26	Waking up in the middle of the night.				
27	Unable to go back to sleep quickly.				
28	Gets out of bed due to waking in middle of the night				
29	Waking earlier than usual.				
30	Says that life isn't worth living.				
31	Says he/she would rather be dead.				
32	Spoken of wanting to harm self.				
33	Feeling especially critical of him/herself				
34	Feeling that he/she has done things wrong or let others down.				
35	Described him/herself as "no-good" or "useless".				
36	Feeling guilty about things they have done or not done.				
37	Felt pessimistic or discouraged about his/her future				
38	Cannot see their situation improving				
39	Unable to reassure her/him				
40	Had strange ideas such as she/he thinks she/he has no money or possessions or that he/she is being punished for something.				

ACFI assessors please use this evidence as a guide when interviewing the resident and/or carer informants at the conclusion of the seven day period.

