

A Comprehensive Screening Tool for Holistic Elderly Care: The Geriatric Health Questionnaire (GEHQ)

Aaravdeep Sindhu*

Research Assistant, Optimus Centre for Well Being, India

***Corresponding Author:** Aaravdeep Sindhu, Research Assistant, Optimus Centre for Well Being, India.

Received: April 07, 2025; **Published:** May 13, 2025

Abstract

The global rise in the aging population has created an urgent demand for comprehensive and reliable assessment tools that can effectively evaluate and monitor the multifaceted aspects of older adults' health. As individuals age, they often experience overlapping physical, emotional, and cognitive challenges that require early identification and timely intervention. The Geriatric Health Questionnaire (GeHQ) emerges as a valuable multidimensional screening tool specifically designed to meet these evolving needs. By encompassing five critical domains general health, mobility and physical function, mood disorders, cognitive impairments, and physiological disorders the GeHQ offers a structured and holistic approach to geriatric health assessment. This paper provides an in-depth exploration of the GeHQ, detailing its structure, standardized administration protocol, scoring methodology, and interpretation framework. The questionnaire is designed for use by healthcare professionals including clinical psychologists, physicians, geriatricians, and counsellors, and is applicable in both clinical and community settings. It incorporates both self-reported and caregiver-reported responses, thereby enhancing accuracy and offering a fuller picture of the individual's condition. The paper also emphasizes the practical benefits of the GeHQ in geriatric mental health care. These include early detection of age-related health issues, better individualized care planning, and improved clinical decision-making. Furthermore, the GeHQ aids in monitoring changes over time, enabling professionals to adjust treatment strategies and interventions accordingly. Ultimately, the use of the GeHQ contributes significantly to improving the overall quality of life, and psychological well-being of the elderly, making it a crucial component in modern geriatric healthcare practices.

Keywords: Geriatric Health; Cognitive Impairment; Mood Disorders; Aging Population; Holistic Health

Introduction

With the advancements in the field of healthcare and improvements in standards of living, worldwide, life expectancy has increased significantly. This socio-demographic shift has drawn attention to the complex health challenges faced by the elderly population in the present times. Many geriatric individuals suffer from chronic medical issues, psychological conditions, and cognitive decline, which often leads to dependency and a reduction in the quality of life. There is a pressing need for a user-friendly, structured assessment tool that can holistically evaluate the health of elders and help in early intervention.

The Geriatric Health Questionnaire (GeHQ) is designed as a screening tool to serve this purpose exactly. It collects valuable information that can help health professionals assess multiple dimensions of well-being. Its simplicity, clarity, and comprehensiveness make it especially suited for primary care, geriatric clinics, mental health settings, and home-based care models.

Verma and Bhatia [1] explored the psychological well-being of the elderly in India, emphasizing the widespread neglect of mental health and the need for culturally appropriate screening tools. Their research highlighted how sociocultural factors, such as stigma and traditional beliefs, contribute to the underdiagnosis of mental health conditions among older adults. Similarly, Prince, *et al.* [2] conducted a global review on aging, stressing the urgent need for early detection tools, particularly in low- and middle-income countries like India, where healthcare infrastructure remains inadequate.

The study pointed out the increasing burden of cognitive and mental disorders, advocating for cost-effective screening measures to improve early diagnosis. Addressing cognitive assessment, Borson, *et al.* [3] validated the Mini-Cog as a dementia screening tool, demonstrating its effectiveness in primary care settings. It recommended the inclusion of cognitive elements in mental health assessments such as the General Health Questionnaire (GeHQ). Further, Bharath, *et al.* [4] found that mood and cognitive disorders are significantly underdiagnosed in southern parts of India due to the lack of accessible screening tools and cultural barriers preventing help-seeking behaviours. They stressed the importance of integrating mental health assessments into routine healthcare services to enhance early detection and intervention.

Similarly, Ganguli, *et al.* [5] were among the first to advocate for culturally sensitive cognitive tests for elderly Indian populations, noting that Western-developed screening tools fail to accommodate linguistic and educational differences. Their work laid the foundation for the development of region-specific cognitive assessments, such as the Hindi Mental State Examination (HMSE), which have since improved diagnostic accuracy in India. Collectively, these studies underscore the pressing need for culturally tailored mental health and cognitive screening tools to better serve India's aging population.

Structure of the geriatric health questionnaire

The GeHQ is divided into the following sections:

1. General health: Self-assessment of overall health status.
2. Mobility and physical function: Evaluation of daily functioning and physical limitations.
3. Mood disorders: Indicators of depression, anxiety, and emotional distress.
4. Psychological illness: Screening for mood fluctuations and memory lapses.
5. Cognitive and physiological disorders: Identification of neurological and cognitive impairments such as tremors, speech difficulties, and rigidity.

Each item is rated on a 5-point Likert scale (0-4), with higher scores generally indicating greater impairment or symptom severity.

Scoring, administration, and interpretation

Administration:

- Can be self-administered or filled out with the help of a caregiver or clinician.
- Takes approximately 15-20 minutes to complete.
- Suitable for both outpatient and inpatient settings.

Scoring:

- Each section includes 3-6 items, scored from 0 (no issue) to 4 (severe issue).
- Sub-totals for each section are calculated to reflect the domain-specific risk.
- A cumulative score is derived by adding all sub-totals for a holistic view of geriatric health.

Interpretation:

- Domain-specific high scores (e.g. mood or cognition) should trigger targeted assessments and referrals for specialized care.

Benefits of using GeHQ

The General Health Questionnaire (GeHQ) is a valuable tool widely used by clinical psychologists, counsellors, and physicians to assess and monitor mental well-being. For clinical psychologists, it serves as a quick and efficient screening instrument to identify psychological distress, aiding in early diagnosis and guiding treatment plans. It also allows therapists to track client progress over time and is frequently used in research for studying mental health trends.

Counsellors benefit from the GeHQ by gaining a baseline understanding of a client's emotional state, helping to uncover underlying psychological issues that may not be immediately visible. It facilitates timely referrals to mental health specialists and encourages clients to reflect on their own well-being. For physicians, the GeHQ bridges the gap between physical and mental health by detecting psychological causes behind somatic symptoms.

It supports holistic care, saves time in busy clinical settings, and helps initiate conversations about mental health with patients who might otherwise hesitate. Overall, the GeHQ is a reliable, easy-to-administer, and time-efficient tool that comes in flexible formats (like GHQ-12 and GHQ-28), offering validated support across diverse healthcare and mental health contexts.

Conclusion

The Geriatric Health Questionnaire (GeHQ) stands out as a vital instrument in the evolving landscape of geriatric care, particularly within the Indian context where the elderly population is projected to grow significantly in the coming years. As age-related health concerns become increasingly complex, the need for tools that are not only scientifically robust but also culturally sensitive becomes paramount. GeHQ addresses this need by offering a structured, multidimensional framework that enables healthcare professionals to detect physical, emotional, and cognitive issues at an early stage, allowing for timely and targeted interventions.

Its accessibility and adaptability make it a practical resource across diverse healthcare settings ranging from hospitals and clinics to rural health camps and community centres. For India's elderly population, which often faces stigma, neglect, and limited access to specialized care, the GeHQ offers a dignified and person-centered approach to assessment. By integrating both self and caregiver perspectives, it ensures a more accurate and holistic understanding of the individual's well-being.

Moreover, the GeHQ empowers professionals from both physical and mental health disciplines to collaborate effectively, ensuring that elder care is not fragmented but rather cohesive and interdisciplinary. It not only informs clinical decision-making but also aids in policy formulation, resource allocation, and the design of preventive programs. In an era where elder care must shift from reactive to proactive, preventive, and compassionate models, tools like the GeHQ are indispensable. They not only support healthier aging but also uphold the values of empathy, respect, and quality of life for one of the most vulnerable and deserving segments of our society.

Appendix

Geriatric Health Questionnaire (GeHQ)

Figure A

1. How would you describe your overall health?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excellent	Good	Fair	Poor	Very poor

Figure B

2. Do you have any difficulty with walking, climbing, stairs or balance?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

3. Do you experience loss of bladder or bowel control (incontinence)?
How good is your Control

☐ ☐ ☐ ☐ ☐

Excellent good fair poor no control

4. Do you have trouble with constipation bowel movement?

☐ ☐ ☐ ☐ ☐

normal daily hard once in not without
 stool 2-3 days laxatives

5. Do you eat at least three balanced meals per day?

☐ ☐ ☐ ☐ ☐

Three two two one doesn't
Big proper small small feel like
Meals meals meals meal eating

6. Do you have difficulty seeing even with glasses?

☐ ☐ ☐ ☐ ☐

Normal low normal less than poor
Without Glasses without with normal with
Glasses Glasses Glasses with Glasses Glasses

7. Do you have difficulty hearing conversations?

☐ ☐ ☐ ☐ ☐

Normal low normal less than poor
Without without without normal with normal with
Hearing Hearing Hearing Hearing Hearing
Aid Aid Aid Aid Aid

Figure C

Section 3: Mood Disorder

8. I feel overwhelmed by sadness or hopelessness.

☐ ☐ ☐ ☐ ☐

0 1 2 3 4

9. I experience excessive worry or anxiety about daily activities.

☐ ☐ ☐ ☐ ☐

0 1 2 3 4

10. I avoid unfamiliar places and meeting new people.

☐ ☐ ☐ ☐ ☐

0 1 2 3 4

11. I have difficulty controlling unpleasant or repetitive thoughts.

☐ ☐ ☐ ☐ ☐

0 1 2 3 4

Figure D

Section 4: Psychological Illness

12. My mood fluctuates between extreme highs and lows.

☐ ☐ ☐ ☐ ☐

0 1 2 3 4

13. I forget important appointments dates, or tasks.

☐ ☐ ☐ ☐ ☐

0 1 2 3 4

14. I have trouble recalling names or familiar faces.

☐ ☐ ☐ ☐ ☐

0 1 2 3 4

Figure E

Section 5: Cognitive and Physiological Disorder

15. I find it difficult to understand instructions.

0

1

2

3

4

16. I experience uncontrollable shaking or tremors.

0

1

2

3

4

17. I have difficulty maintaining balance or co-ordination.

0

1

2

3

4

18. I struggle with sudden muscle stiffness, speech, rigidity and swallowing.

0

1

2

3

4

Figure F

Bibliography

1.

Verma SK and Bhatia A. "Development of geriatric depression scale in Hindi: A preliminary report". *Indian Journal of Psychiatry* 49.4 (2007): 215-218.

2.

Prince MJ., *et al.* "The burden of disease in older people and implications for health policy and practice". *The Lancet* 385.9967 (2015): 549-562.

3.

Borson S., *et al.* "The Mini-Cog as a screen for dementia: Validation in a population-based sample". *Journal of the American Geriatrics Society* 51.10 (2003): 1451-1454.

4.

Bharath S., *et al.* "Mental health of the elderly in India: Need for sensitization and services". *Indian Journal of Psychological Medicine* 34.2 (2012): 120-124.

5.

Ganguli M., *et al.* "Effects of age, gender, and education on cognitive tests in an elderly community population". *Neurology* 41.12 (1991): 1889-1895.