



Geriatric Depression Scale (short form)

Patient: _____ **Examiner:** _____ **Date:** _____

Directions to Patient: Please choose the best answer for how you have felt over the past week.

Directions to the Examiner: Read the questions to the client and record their responses. If appropriate, allow the client to complete the form on his/her own.

1	Are you basically satisfied with your life?	YES	No
2	Have you dropped many of your activities and interests?	YES	No
3	Do you feel that your life is empty?	YES	No
4	Do you often get bored?	YES	No
5	Are you in good spirits most of the time?	YES	No
6	Are you afraid that something bad is going to happen to you?	YES	No
7	Do you feel happy most of the time?	YES	No
8	Do you often feel helpless?	YES	No
9	Do you prefer to stay at home, rather than going out and doing new things?	YES	No
10	Do you feel you have more problems with memory than most?	YES	No
11	Do you think it is wonderful to be alive now?	YES	No
12	Do you feel pretty worthless the way you are now?	YES	No
13	Do you feel full of energy?	YES	No
14	Do you feel that your situation is hopeless?	YES	No
15	Do you think that most people are better off than you are?	YES	No
Total Score:			

References:

Yesavage JA. The use of Rating Depression Series in the Elderly, in Poon (ed.): Clinical Memory Assessment of Older Adults, American Psychological Association, 1986.

Sheikh JI, Yesavage JA. Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. Clinical Gerontology: A Guide to Assessment and Intervention 165-173, NY: The Haworth Press, 1986.