

GERIATRIC DEPRESSION SCALE¹

Instructions: Choose the best answer for how you felt over the past week.

Note: When asking the participant to complete the form, provide the self-rated form.

	<u>A</u>	<u>B</u>
1. Are you basically satisfied with your life?	No	Yes
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 hopeful about the future?	No	Yes
6. Are you bothered by thoughts that you just can't get out of your head?	Yes	No
7. Are you in good spirits most of the time?	No	Yes
8. Are you afraid that something bad is going to happen to you?	Yes	No
9. Do you feel happy most of the time?	No	Yes
10. Do you often feel helpless?	Yes	No
11. Do you often get restless and fidgety?	Yes	No
12. Do you prefer to stay home at night, rather than go out and do new things?	Yes	No
13. Do you frequently worry about the future?	Yes	No
14. Do you feel that you have more problems with memory than most?	Yes	No
15. Do you think that it is wonderful to be alive now?	No	Yes
16. Do you often feel downhearted and blue?	Yes	No
17. Do you feel pretty worthless the way you are now?	Yes	No
18. Do you worry a lot about the past?	Yes	No
19. Do you find life very exciting?	No	Yes
20. Is it hard for you to get started on new projects?	Yes	No
21. Do you feel full of energy?	No	Yes
22. Do you feel that your situation is hopeless?	Yes	No
23. Do you think most persons are better off than you are?	Yes	No
24. Do you frequently get upset over little things?	Yes	No
25. Do you frequently feel like crying?	Yes	No
26. Do you have trouble concentrating?	Yes	No
27. Do you enjoy getting up in the morning?	No	Yes
28. Do you prefer to avoid social gatherings?	Yes	No
29. Is it easy for you to make decisions?	No	Yes
30. Is your mind as clear as it used to be?	No	Yes

Score: Count responses circled in column A. A total greater than 12 may indicate depression.

Short form consists of 15 questions including items 1-4, 7-9, 12, 14, 15, 17, and 21-23. A total greater than 4 column A responses may indicate depression.

¹ Yesavage JA, Brink TL, Rose TL, et al. Development and validation of a geriatric depression screening scale: a preliminary report. J Psychiatr Res. 1983;17:37-49.