

Geriatric Depression Scale (Short Form)

Patient's Name: _____

Date: _____

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

No.	Question	Answer	Score
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?	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			

Scoring:

Assign one point for each of these answers:

- | | | | | |
|--------|--------|--------|---------|---------|
| 1. NO | 4. YES | 7. NO | 10. YES | 13. NO |
| 2. YES | 5. NO | 8. YES | 11. NO | 14. YES |
| 3. YES | 6. YES | 9. YES | 12. YES | 15. YES |

A score of 0 to 5 is normal. A score above 5 suggests depression.

Source:

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

Geriatric Depression Scale

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 cannot 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 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 that most people 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

Normal	0-9
Mild Depression	10-19
Severe Depression	20-30