## **Geriatric Depression Scale (Short Form)**

Patient's Name:	Mrs	Amy	Wood	Date: <u>07</u>	110	109
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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)	ì
2.	Have you dropped many of your activities and interests?	YES/ NO	1
3.	Do you feel that your life is empty?	YESV NO	ì
4.	Do you often get bored?	YES/NO	0
5.	Are you in good spirits most of the time?	YES (NO	) 1
6.	Are you afraid that something bad is going to happen to you?	YES NO	Ó
7.	Do you feel happy most of the time?	YES (NO)	ľ
8.	Do you often feel helpless?	YES) NO	١
9.	Do you prefer to stay at home, rather than going out and doing new things?	YESY NO	l
10.	Do you feel you have more problems with memory than most?	YES (NO	0
11,	Do you think it is wonderful to be alive?	YES /NO	1
12.	Do you feel pretty worthless the way you are now?	YESY NO	į
13.	Do you feel full of energy?	YES (NO	1
14.	Do you feel that your situation is hopeless?	(YES) NO	Ì
15.	Do you think that most people are better off than you are?	YES/NO	Q
		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.