Geriatric Depression Scale (Short Form)

Patient's Name:	Henry	Zhene	Date:	11	17/	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	0	
2.	Have you dropped many of your activities and interests?	YES/ NO	ĺ	
3.	Do you feel that your life is empty?	YES (No	0	
4.	Do you often get bored?	YES/(NO)	\circ	
5.	Are you in good spirits most of the time?	YES/ NO	\bigcirc	
6.	Are you afraid that something bad is going to happen to you?	YES (NO	0	
7.	Do you feel happy most of the time?	YES/ NO	0	
8.	Do you often feel helpless?	YES (NO	0	
9.	Do you prefer to stay at home, rather than going out and doing new things?	YES NO	1	
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	0	
12.	Do you feel pretty worthless the way you are now?	YES (NO	0	
13.	Do you feel full of energy?	YES/NO	0	
14.	Do you feel that your situation is hopeless?	YES/NO	0	
15.	Do you think that most people are better off than you are?	YES (NO	0	
TOTAL				

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.