Geriatric Depression Scale (Short Form)

Patient's Name:	Kamerine	Doherty	Date: <u></u>	<u> 8 2009</u>
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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	O
2.	Have you dropped many of your activities and interests?	YES/ NO	
3.	Do you feel that your life is empty?	YES/NO	0
4.	Do you often get bored?	YES (NO)	0
5.	Are you in good spirits most of the time?	YES/ No	\circ
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	
9.	Do you prefer to stay at home, rather than going out and doing new things?	YES/NO	\circ
10.	Do you feel you have more problems with memory than most?	YES (NO)	\circ
11.	Do you think it is wonderful to be alive?	YES) NO	\bigcirc
12.	Do you feel pretty worthless the way you are now?	YES) NO	1
13.	Do you feel full of energy?	YES/(NO	
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			

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.