

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

## Geriatric Depression Scale

### Instructions:

Choose the best answer for have you have felt over the past week:

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 now?  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

### Score Meaning:

Answers in **bold** indicate depression. Score 1 point for each bolded answer.

A score > 5 points is suggestive of depression

A score ≥ 10 points is almost always indicative of depression

A score > 5 points should warrant a follow-up comprehensive assessment

Copyright: Bring, TL., Yesavage, JA., Lum, O., Heersema, P., Adey, MB., Rose, TL.: Screening tests for geriatric depression. Clinical Gerontologist 1: 37-44, 1982.