

## GERIATRIC DEPRESSION SCALE<sup>1</sup> SHORT FORM

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

**Note:** For administration by interview format.

	<u>A</u>	<u>B</u>
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 in good spirits most of the time?	No	Yes
6. Are you afraid that something bad is going to happen to you?	Yes	No
7. Do you feel happy most of the time?	No	Yes
8. Do you often feel helpless?	Yes	No
9. Do you prefer to stay home at night, rather than go out and do new things?	Yes	No
10. Do you feel that you have more problems with memory than most?	Yes	No
11. Do you think that it is wonderful to be alive now?	No	Yes
12. Do you feel pretty worthless the way you are now?	Yes	No
13. Do you feel full of energy?	No	Yes
14. Do you feel that your situation is hopeless?	Yes	No
15. Do you think most persons are better off than you are?	Yes	No

Score: Count responses circled in column A. A total greater than 4 may indicate depression.

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<sup>1</sup> Yesavage JA, Brink TL, Rose TL, et al. Development and validation of a geriatric depression screening scale: a preliminary report. J Psychiatr Res. 1983;17:37-49.