

Patient: _____

Date: _____

Geriatric Depression Scale: Short Form

The GDS-S should be given orally. A clear YES or NO answer is required for each question. If necessary, repeat the question but do not accept a qualified answer from the test-taker.

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 people? ***YES*** / NO
11. Do you think it is wonderful to be alive? 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

Scoring:

Answers indicating depression are in bold and italicized; score one point for each one selected. A score of 0 to 5 is normal. A score greater than 5 suggests depression.

TOTAL: _____