



Patient Name: _____

Geriatric Depression Scale: Short Form

Choose the best answer for how 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 |

DATE: _____

TOTAL SCORE: _____