

# Geriatric Depression Scale (Long Form)

**Patient's Full Name:**

**Date accomplished:**

**Instructions:** Choose the best answer (Yes or No) for each item based on how you've felt for the past week prior to answering this questionnaire.

Item	Yes	No
<b>1. Are you basically satisfied with your life?</b>	<input type="checkbox"/> (0 points)	<input type="checkbox"/> (1 point)
<b>2. Have you dropped many of your activities and interests?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>3. Do you feel that your life is empty?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>4. Do you often get bored?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>5. Are you hopeful about the future?</b>	<input type="checkbox"/> (0 points)	<input type="checkbox"/> (1 point)
<b>6. Are you bothered by thoughts you can't get out of your head?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>7. Are you in good spirits most of the time?</b>	<input type="checkbox"/> (0 points)	<input type="checkbox"/> (1 point)
<b>8. Are you afraid that something bad is going to happen to you?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>9. Do you feel happy most of the time?</b>	<input type="checkbox"/> (0 points)	<input type="checkbox"/> (1 point)
<b>10. Do you often feel helpless?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>11. Do you often get restless and fidgety?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>12. Do you prefer to stay at home, rather than</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)

<b>going out and doing new things?</b>		
<b>13. Do you frequently worry about the future?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>14. Do you feel you have more problems with memory than most?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>15. Do you think it is wonderful to be alive now?</b>	<input type="checkbox"/> (0 points)	<input type="checkbox"/> (1 point)
<b>16. Do you often feel downhearted and blue?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>17. Do you feel pretty worthless the way you are now?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>18. Do you worry a lot about the past?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>19. Do you find life very exciting?</b>	<input type="checkbox"/> (0 points)	<input type="checkbox"/> (1 point)
<b>20. Is it hard for you to get started on new projects?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>21. Do you feel full of energy?</b>	<input type="checkbox"/> (0 points)	<input type="checkbox"/> (1 point)
<b>22. Do you feel that your situation is hopeless?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>23. Do you think that most people are better off than you are?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>24. Do you frequently get upset over little things?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>25. Do you frequently feel like crying?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>26. Do you have trouble concentrating?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>27. Do you enjoy getting up in the morning?</b>	<input type="checkbox"/> (0 points)	<input type="checkbox"/> (1 point)

<b>28. Do you prefer to avoid social gatherings?</b>	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
<b>29. Is it easy for you to make decisions?</b>	<input type="checkbox"/> (0 points)	<input type="checkbox"/> (1 point)
<b>30. Is your mind as clear as it used to be?</b>	<input type="checkbox"/> (0 points)	<input type="checkbox"/> (1 point)

**TOTAL SCORE:**            (field)

**Scoring and Designations:**

<b>Normal</b>	0 - 9
<b>Mild Depressive</b>	10 - 19
<b>Severe Depressive</b>	20 - 30

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.