

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
1. Are you basically satisfied with your life?	<input type="checkbox"/> (0 points)	<input type="checkbox"/> (1 point)
2. Have you dropped many of your activities and interests?	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
3. Do you feel that your life is empty?	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
4. Do you often get bored?	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
5. Are you hopeful about the future?	<input type="checkbox"/> (0 points)	<input type="checkbox"/> (1 point)
6. Are you bothered by thoughts you can't get out of your head?	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
7. Are you in good spirits most of the time?	<input type="checkbox"/> (0 points)	<input type="checkbox"/> (1 point)
8. Are you afraid that something bad is going to happen to you?	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
9. Do you feel happy most of the time?	<input type="checkbox"/> (0 points)	<input type="checkbox"/> (1 point)
10. Do you often feel helpless?	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
11. Do you often get restless and fidgety?	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)
12. Do you prefer to stay at home, rather than	<input type="checkbox"/> (1 point)	<input type="checkbox"/> (0 points)

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

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

TOTAL SCORE: (field)

Scoring and Designations:

Normal	0 - 9
Mild Depressive	10 - 19
Severe Depressive	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.