

Geriatric Depression Scale

Name:		Date:		
Instructions: Choose the answer that best describes how you felt over the past week.				
Question	Statement	Answer		Score
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 that you have more problems with your memory than most?	YES	NO	
11	Do you think that 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	
TOTAL SCORE:				

Scoring Instructions:

1. If the respondent answers "yes" to questions 1, 5, 7, 11, and 13, record 0 points in the score column. If the respondent answers "no", record 1 point in the score column.
2. If the respondent answers "yes" to questions 2, 3, 4, 6, 8, 9, 10, 12, 14, and 15, record 1 point in the score column. If the respondent answers "no", record 0 points in the score column.
3. Add up the score for each question to get a total score out of 15.

Interpretation:

1. A score > 5 points is suggestive of depression.
2. A score ≥ 10 points is almost always indicative of depression.
3. A score > 5 points should warrant a follow-up comprehensive assessment.