

# Goldberg's Depression Scale

Patient information						
Name:		Date of birth:				
Gender:		Date of test:				
<b>Instructions:</b> Complete the questionnaire independently by rating how much each statement applies to them over the past week on a scale from 0 to 5, where 0 = "Not at all" and 5 = "Very much".						
	0	1	2	3	4	5
1. I do things slowly.						
2. My future seems hopeless.						
3. It is hard for me to concentrate on reading.						
4. The pleasure and joy has gone out of my life.						
5. I have difficulty making decisions.						
6. I have lost interest in aspects of life that used to be important to me.						
7. I feel sad, blue, and unhappy.						
8. I am agitated and keep moving forward.						
9. I feel fatigued.						
10. It takes great effort for me to do simple things.						

	0	1	2	3	4	5
11. I feel that I am a guilty person who deserves to be punished.						
12. I feel like a failure.						
13. I feel lifeless– more dead than alive.						
14. My sleep has been disturbed too little, too much, or broken sleep.						
15. I spend time thinking about HOW I might kill myself.						
16. I feel trapped or caught.						
17. I feel depressed even when good things happen to me.						
18. Without trying to diet, I have lost, or gained, weight.						
<b>Total score:</b>						
<b>Scoring and interpretation</b>			<b>Additional notes</b>			
<ul style="list-style-type: none"> <li>• 0-9: Depression is unlikely</li> <li>• 10-17: Possibly minor depression</li> <li>• 18-21: On the verge of depression</li> <li>• 22-35: Minor to moderate depression</li> <li>• 36-53: Moderate to severe depression</li> <li>• 54+: Severe depression</li> </ul>						
<b>Examiner/professional information</b>						
<b>Name:</b>			<b>License ID:</b>			
<b>Signature:</b>			<b>Date of test:</b>			