

Geriatric Depression Scale

Name: _____

Date: _____

Instructions: Please circle the best answer for how you felt over the past week.

	Question	Answer	
		Yes	No
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?	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

Source: 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.

Scoring

Assign one point for each of these answers:

- | | | | | |
|--------|--------|--------|---------|---------|
| 1. No | 4. Yes | 7. No | 10. Yes | 13. No |
| 2. Yes | 5. No | 8. Yes | 11. No | 14. Yes |
| 3. Yes | 6. Yes | 9. Yes | 12. Yes | 15. Yes |

A score of 0 to 5 is normal. A score above 5 suggests depression.