

**Patient Name:** \_\_\_\_\_

**GERIATRIC DEPRESSION SCALE (Short Form)**

Choose the best answer for how you felt over the past week.

- |     |  |                 |
|-----|--|-----------------|
| 1.  | Are you basically satisfied with your life?                                | <b>YES / NO</b> |
| 2.  | Have you dropped many of your activities and interests?                    | <b>YES / NO</b> |
| 3.  | Do you feel that your life is empty?                                       | <b>YES / NO</b> |
| 4.  | Do you often get bored?  | <b>YES / NO</b> |
| 5.  | Are you in good spirits most of the time?                                  | <b>YES / NO</b> |
| 6.  | Are you afraid that something bad is going to happen to you?               | <b>YES / NO</b> |
| 7.  | Do you feel happy most of the time?  | <b>YES / NO</b> |
| 8.  | Do you often feel helpless?  | <b>YES / NO</b> |
| 9.  | Do you prefer to stay at home, rather than going out and doing new things? | <b>YES / NO</b> |
| 10. | Do you feel you have more problems with memory than most?                  | <b>YES / NO</b> |
| 11. | Do you think it is wonderful to be alive now?                              | <b>YES / NO</b> |
| 12. | Do you feel pretty worthless the way you are now?                          | <b>YES / NO</b> |
| 13. | Do you feel full of energy?  | <b>YES / NO</b> |
| 14. | Do you feel that your situation is hopeless?                               | <b>YES / NO</b> |
| 15. | Do you think that most people are better off than you are?                 | <b>YES / NO</b> |

This is the scoring for the scale. One point for each of these answers. Cut-off: normal (0-5), above 5 suggests depression.

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

SOURCE: Courtesy Jerome A Yesavage, MD  
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Score: \_\_\_\_\_

Date: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_