



## Geriatric Depression Scale

Patient's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Date: \_\_\_\_\_

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

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 hopeful about the future? YES / NO
6. Are you bothered by thoughts you can't get out of your head? YES / NO
7. Are you in good spirits most of the time? YES / NO
8. Are you afraid that something bad is going to happen to you? YES / NO
9. Do you feel happy most of the time? YES / NO
10. Do you often feel helpless? YES / NO
11. Do you often get restless and fidgety? YES / NO
12. Do you prefer to stay at home, rather than going out and doing new things? YES / NO
13. Do you frequently worry about the future? YES / NO
14. Do you feel you have more problems with memory than most? YES / NO
15. Do you think it is wonderful to be alive now? YES / NO
16. Do you often feel downhearted and blue? YES / NO
17. Do you feel pretty worthless the way you are now? YES / NO
18. Do you worry a lot about the past? YES / NO
19. Do you find life very exciting? YES / NO



20. Is it hard for you to get started on new projects? YES / NO
21. Do you feel full of energy? YES / NO
22. Do you feel that your situation is hopeless? YES / NO
23. Do you think that most people are better off than you are? YES / NO
24. Do you frequently get upset over little things? YES / NO
25. Do you frequently feel like crying? YES / NO
26. Do you have trouble concentrating? YES / NO
27. Do you enjoy getting up in the morning? YES / NO
28. Do you prefer to avoid social gatherings? YES / NO
29. Is it easy for you to make decisions? YES / NO
30. Is your mind as clear as it used to be? YES / NO