

Geriatric Depression Scale

Patient _____ Examiner _____ Date _____

Directions to Patient: Please choose the best answer for how you have felt over the past week.


Directions to Examiner: Present questions VERBALLY. Circle answer given by patient. Do not show to patient.

1. Are you basically satisfied with your life? **yes** (1) **no** (1)
2. Have you dropped many of your activities and interests? **yes** (1) **no**
3. Do you feel that your life is empty? **yes** (1) **no**
4. Do you often get bored? **yes** (1) **no**
5. Are you hopeful about the future? **yes** (1) **no** (1)
6. Are you bothered by thoughts you can't get out of your head? **yes** (1) **no**
7. Are you in good spirits most of the time? **yes** (1) **no** (1)
8. Are you afraid that something bad is going to happen to you? **yes** (1) **no**
9. Do you feel happy most of the time? **yes** (1) **no** (1)
10. Do you often feel helpless? **yes** (1) **no**
11. Do you often get restless and fidgety? **yes** (1) **no**
12. Do you prefer to stay at home rather than go out and do things? **yes** (1) **no**
13. Do you frequently worry about the future? **yes** (1) **no**
14. Do you feel you have more problems with memory than most? **yes** (1) **no**
15. Do you think it is wonderful to be alive now? **yes** (1) **no** (1)
16. Do you feel downhearted and blue? **yes** (1) **no**
17. Do you feel pretty worthless the way you are now? **yes** (1) **no**
18. Do you worry a lot about the past? **yes** (1) **no**
19. Do you find life very exciting? **yes** (1) **no** (1)
20. Is it hard for you to get started on new projects? **yes** (1) **no**
21. Do you feel full of energy? **yes** (1) **no** (1)
22. Do you feel that your situation is hopeless? **yes** (1) **no**
23. Do you think that most people are better off than you are? **yes** (1) **no**
24. Do you frequently get upset over little things? **yes** (1) **no**
25. Do you frequently feel like crying? **yes** (1) **no**
26. Do you have trouble concentrating? **yes** (1) **no**
27. Do you enjoy getting up in the morning? **yes** (1) **no** (1)
28. Do you prefer to avoid social occasions? **yes** (1) **no**
29. Is it easy for you to make decisions? **yes** (1) **no** (1)
30. Is your mind as clear as it used to be? **yes** (1) **no** (1)

TOTAL: Please sum all bolded answers (worth one point) for a total score. _____

Scores: 0 - 9 Normal 10 - 19 Mild Depressive 20 - 30 Severe Depressive

Source: www.stanford.edu/~yesavage

	<p>A series provided by The Hartford Institute for Geriatric Nursing (hartford.ign@nyu.edu) www.hartfordign.org</p>
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