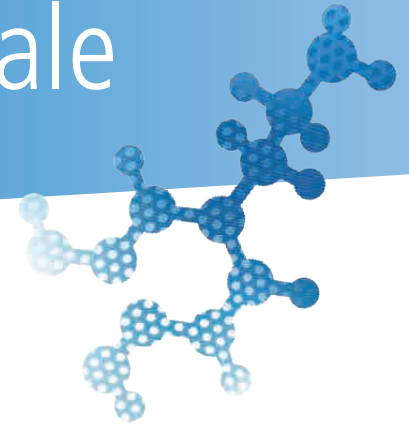


# Geriatric Depression Scale (Short form)



Name : \_\_\_\_\_

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

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

**Clinician note:** When asking the patient to complete the form, provide them with the *Self-rated Version*.

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

(Sheikh & Yesavage, 1986)

**Scoring:**

Answers indicating depression are in colour and bolded; score one point for each one selected. A total score of 0 to 5 is normal. A score greater than 5 suggests depression.