

Geriatric Depression Scale (Short form)

Self Rated Version

Name : _____

Date : _____

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

No.	Question	Answer	Score
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	
TOTAL			

(Sheikh & Yesavage, 1986)