

GDS

Geriatric Depression Scale
(Short Form - 15)

Surname: _____ MRN: _____

Given Names: _____

Date of Birth: ___ / ___ / _____ Sex: _____

Circle the applicable answer

1. Are you basically satisfied with your life?	Yes / No
2. Have you dropped many of your activities or 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 feel helpless?	Yes / No
9. Do you prefer to stay at home, rather than go out and do things?	Yes / No
10. Do you feel that you have more problems with your memory than most?	Yes / No
11. Do you think it is wonderful to be alive now?	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?	Yes / No
SCORE	_____

Scoring:

Each time a question is answered in the following way ONE point is scored

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

Each answer counts for one point

Scores greater than 5 indicate probable depression

When a score of more than 5 is indicated, a more thorough clinical investigation should be undertaken

DATE:

Signature of assessor & designation:.....