

GERIATRIC DEPRESSION SCALE

Person Interviewed: \_\_\_\_\_ Date: \_\_\_\_\_  
Interviewer: \_\_\_\_\_

**Circle yes or no. Instruct the elder that the answer must be “yes” or “no”, whichever is closest to how he/she feels.**

- 1. Are you basically satisfied with your life? **Yes** No
- 2. Do you often get bored? **Yes** No
- 3. Do you often feel helpless? **Yes** No
- 4. Do you prefer to stay home rather than going out and doing new things? **Yes** No
- 5. Do you feel pretty worthless the way you are now? **Yes** No

**If less than 2 have answers in bold, STOP.**

**If 2 or more have answers in bold, continue with the remaining questions.**

- 6. Have you dropped many of your activities and interests? **Yes** No
- 7. Do you feel that your life is empty? **Yes** No
- 8. Are you in good spirits most of the time? Yes **No**
- 9. Are you afraid that something is going to happen to you? **Yes** No
- 10. Do you feel happy most of the time? Yes **No**
- 11. Do you feel you have more problems with memory than most? **Yes** No
- 12. Do you think it is wonderful to be alive? 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 some people are better off than you are? **Yes** No

TOTAL CIRCLED IN BOLD \_\_\_\_\_

**A SCORE OF 6 OR ABOVE WARRANTS REFERRAL TO A PHYSICIAN FOR FURTHER EVALUATION FOR DEPRESSION.**

Reference:

Hoyl, MT, Alessi, CA, Harker, JO et al, Journal of the American Geriatrics Society, 47:873-878, 1999.  
Sheikh JI, Yesavage JA: (1986) Clin Gerontol 165-173.