

Affix patient label within this box.

Geriatric Depression Scale (Short Version)

Instructions: This questionnaire is to be administered by a Health Care Professional. Circle the patient's responses and total the YES and NO columns to reach a score out of 15. Answers in **bold** indicate depression. Although differing sensitivities and specificities have been obtained across studies, for clinical purposes a score > 5 points is suggestive of depression and should warrant a follow-up interview. Scores > 10 are almost always depression.

Ask the patient to choose the best answer for how he/she felt over the past week.		YES	NO
1	Are you basically satisfied with your life?	0	1
2	Have you dropped many of your activities and interests?	1	0
3	Do you feel that your life is empty?	1	0
4	Do you often get bored?	1	0
5	Are you in good spirits most of the time?	0	1
6	Are you afraid that something bad is going to happen to you?	1	0
7	Do you feel happy most of the time?	0	1
8	Do you often feel helpless?	1	0
9	Do you prefer to stay at home, rather than going out and doing new things?	1	0
10	Do you feel you have more problems with memory than most?	1	0
11	Do you think it is wonderful to be alive now?	0	1
12	Do you feel pretty worthless the way you are now?	1	0
13	Do you feel full of energy?	0	1
14	Do you feel that your situation is hopeless?	1	0
15	Do you think that most people are better off than you are?	1	0
TOTAL		/15	
Printed Name:			
Signature		Profession	Date (yyyy-Mon-dd)
Routing: This form stays in the assessment section of the chart.			