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: