

# Geriatric Depression Scale: Short Form

Choose the best answer for how you have felt over the past week:

- 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 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 are? **(YES)** / NO -

Answers in **bold** indicate depression. Score 1 point for each bolded answer.

A score > 5 points is suggestive of depression.

A score ≥ 10 points is almost always indicative of depression.

A score > 5 points should warrant a follow-up comprehensive assessment.

Source: <http://www.stanford.edu/~yesavage/GDS.html>

This scale is in the public domain.

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A series provided by The Hartford Institute for Geriatric Nursing, New York University College of Nursing

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CLINICAL NURSING WEBSITE: [www.ConsultGerIRN.org](http://www.ConsultGerIRN.org)

# Geriatric Depression Scale (Long Form)

Patient's Name: \_\_\_\_\_

Date: 3/27/19

**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 / <u>NO</u>	1
2.	Have you dropped many of your activities and interests?	<u>YES</u> / NO	1
3.	Do you feel that your life is empty?	<u>YES</u> / NO	1
4.	Do you often get bored?	YES / <u>NO</u>	0
5.	Are you hopeful about the future?	<u>YES</u> / NO	1
6.	Are you bothered by thoughts you can't get out of your head?	<u>YES</u> / NO	1
7.	Are you in good spirits most of the time?	YES / <u>NO</u>	1
8.	Are you afraid that something bad is going to happen to you?	YES / <u>NO</u>	0
9.	Do you feel happy most of the time?	YES / <u>NO</u>	1
10.	Do you often feel helpless?	<u>YES</u> / NO	1
11.	Do you often get restless and fidgety?	<u>YES</u> / NO	1
12.	Do you prefer to stay at home, rather than going out and doing new things?	<u>YES</u> / NO	1
13.	Do you frequently worry about the future?	YES / <u>NO</u>	0
14.	Do you feel you have more problems with memory than most?	YES / <u>NO</u>	0
15.	Do you think it is wonderful to be alive now?	<u>YES</u> / NO	0
16.	Do you often feel downhearted and blue?	<u>YES</u> / NO	1
17.	Do you feel pretty worthless the way you are now?	<u>YES</u> / NO	1
18.	Do you worry a lot about the past?	YES / <u>NO</u>	0
19.	Do you find life very exciting?	YES / <u>NO</u>	1
20.	Is it hard for you to get started on new projects?	<u>YES</u> / NO	1
21.	Do you feel full of energy?	YES / <u>NO</u>	1
22.	Do you feel that your situation is hopeless?	YES / <u>NO</u>	0
23.	Do you think that most people are better off than you are?	<u>YES</u> / NO	1
24.	Do you frequently get upset over little things?	<u>YES</u> / NO	1
25.	Do you frequently feel like crying?	YES / <u>NO</u>	0
26.	Do you have trouble concentrating?	<u>YES</u> / NO	1
27.	Do you enjoy getting up in the morning?	<u>YES</u> / NO	0
28.	Do you prefer to avoid social gatherings?	<u>YES</u> / NO	1
29.	Is it easy for you to make decisions?	<u>YES</u> / NO	0
30.	Is your mind as clear as it used to be?	YES / <u>NO</u>	1
<b>TOTAL</b>			<b>20</b>

This is the original scoring for the scale: One point for each of these answers.  
Cutoff: normal-0-9; mild depressives-10-19; severe depressives-20-30.

- |        |         |         |         |         |         |
|--------|---------|---------|---------|---------|---------|
| 1. NO  | 6. YES  | 11. YES | 16. YES | 21. NO  | 26. YES |
| 2. YES | 7. NO   | 12. YES | 17. YES | 22. YES | 27. NO  |
| 3. YES | 8. YES  | 13. YES | 18. YES | 23. YES | 28. YES |
| 4. YES | 9. NO   | 14. YES | 19. NO  | 24. YES | 29. NO  |
| 5. NO  | 10. YES | 15. NO  | 20. YES | 25. YES | 30. NO  |

Yesavage JA, Brink TL, Rose TL, et al. Development and validation of a geriatric depression screening scale: a preliminary report. *J Psychiatr Res* 1983; 17:37-49.

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11/7/18  
Karissa  
Gacelmer

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4

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3/27/19

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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** - vulnerable
9. Do you prefer to stay at home, rather than going out and doing new things? YES / **NO**
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**try this:**

geriatric assessment

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