

GERIATRIC DEPRESSION SCALE (GDS)

CHOOSE THE BEST ANSWER FOR HOW YOU FELT THIS PAST WEEK

SELECT ONE

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

*Appropriate (nondepressed) answers - yes, all others= no
or count number of CAPITALIZED (depressed) answers

Score:
(Number of "depressed" answers)

Norms

Normal	5 +/- 4
Mildly Depressed	15 +/- 6
Very Depressed	23 +/- 5