

Geriatric Depression Scale (Long Form)

Patient's Name: _____

Date: _____

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

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.