

# Form B6: BEHAVIORAL ASSESSMENT – Geriatric Depression Scale (GDS)<sup>1</sup>

ADRC: \_\_\_\_\_ PTID: \_\_\_\_\_ Form date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Visit #: \_\_\_\_\_ Examiner's initials: \_\_\_\_\_

|  |  |  |   |
|--|--|--|---|
| <b>Language:</b><br><input type="checkbox"/> 1 English<br><input type="checkbox"/> 2 Spanish | <b>Mode:</b><br><input type="checkbox"/> 1 In-person<br><input type="checkbox"/> 2 Remote (reason): ____<br><input type="checkbox"/> 1 Telephone <input type="checkbox"/> 2 Video<br><input type="checkbox"/> 0 Not completed (reason): ____ | <b>Key (remote reason):</b> 1=Too cognitively impaired<br>2=Too physically impaired<br>3=Homebound or nursing home<br>4=Refused in-person visit<br>5=Other | <b>Key (not completed reason):</b><br>95=Physical problem<br>96=Cognitive/behavioral problem<br>97=Other<br>98=Verbal refusal |
|--|--|--|---|

**INSTRUCTIONS:** This form is to be completed by the clinician or other trained health professional, based on participant response. For additional clarification and examples, see **UDS Coding Guidebook for Form B6**. Check only one answer per question.

☐ Check this box and enter "88" below for the Total GDS Score **if and only if the participant:** 1.) does not attempt the GDS, or 2.) answers fewer than 12 questions.

**Instruct the participant:** "In the next part of this interview, I will ask you questions about your feelings. Some of the questions I will ask you may not apply, and some may make you feel uncomfortable. For each question, please answer "yes" or "no," depending on how you have been feeling **in the past week, including today.**"

|   | Yes                        | No                         | Did not answer             |
|---|----------------------------|----------------------------|----------------------------|
| 1. Are you basically satisfied with your life?  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 9 |
| 2. Have you dropped many of your activities and interests?                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 9 |
| 3. Do you feel that your life is empty?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 9 |
| 4. Do you often get bored?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 9 |
| 5. Are you in good spirits most of the time?  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 9 |
| 6. Are you afraid that something bad is going to happen to you?                           | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 9 |
| 7. Do you feel happy most of the time?  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 9 |
| 8. Do you often feel helpless?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 9 |
| 9. Do you prefer to stay at home, rather than going out and doing new things?             | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 9 |
| 10. Do you feel you have more problems with memory than most?                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 9 |
| 11. Do you think it is wonderful to be alive now?   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 9 |
| 12. Do you feel pretty worthless the way you are now?                                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 9 |
| 13. Do you feel full of energy?   | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 9 |
| 14. Do you feel that your situation is hopeless?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 9 |
| 15. Do you think that most people are better off than you are?                            | <input type="checkbox"/> 1 | <input type="checkbox"/> 0 | <input type="checkbox"/> 9 |
| 16. Sum all checked answers for a Total GDS Score (max score = 15; did not complete = 88) | — —                        |                            |                            |

<sup>1</sup>Sheikh JI, Yesavage JA. Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. Clinical Gerontology: A Guide to Assessment and Intervention 165–173, NY: The Haworth Press, 1986. Reproduced by permission of the publisher.