

# Geriatric Depression Rating Scale

(GDS-15)

Protocol

Site Number

Screening Number

Randomization Number

**Assessment Date** 

Rater

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.

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1.	Are vou	basically	satisfied	with v	vour lif	e?
	, <del>.</del> ,	<b>Dadioan</b> ,		** :	,	$\mathbf{\circ}$

( ) Yes

2.	Have v	ou dropped	I many of	your activities	or interests?
				,	

( ) Yes

3.	Do y	ou f	eel t	that	your	life	is	emp	ty?	)
					_					

( ) Yes

4.	Do v	vou	often	get	bored?
	_	,			

( ) Yes

5. Are you in good spirits most of the tim	5.	Are v	ou in	aood	spirits	most	of the	time	e?
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( ) Yes

6.	Are you afraid	that something	bad is going	to happen to	you?
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( ) Yes

<ol><li>Do you feel happy most of the time</li></ol>	7.	Do you fee	I happy	most of the	time
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( ) Yes

8.	Do y	ou 1	feel l	hel	ple	essí	?
	_ ,						-

( ) Yes

9.	Do you prefer to stay at home, rather than go out and do
	hings?

( ) Yes

Choose the best answer for how you have felt over	the	<u>past</u>
week.		

10.	Do you	feel you	have mo	ore problems	with	memory	than	most?
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( ) Yes

11. [	o vou	think	it is	wonderful	to	be alive	now?
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Yes

	12.	Do yo	u feel pi	etty wo	rthless	the way	you a	are now
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( ) Yes

13. Do you feel full of energy?

Yes

i i. Bo toa iooi tiiat toai oitaatioii io iiopoioo	14.	Do ۱	vou feel <sup>1</sup>	that v	our/	situation	is	hope	ess	?
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( ) Yes

Choose the best answer for how you have felt over t	the	<u>past</u>
week.		

<ol><li>Do you think t</li></ol>	hat most peo	ple are better	off than v	vou are?
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Yes

### Conclusion