# GERIATRIC DEPRESSION SCALE (GDS-SF)

## PLEASE RESPOND "YES" OR "NO" TO THE FOLLOWING QUESTIONS

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 you 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 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 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
	Scoring:		
	A score of > 5 suggests depression Total Score:		

Client's Name:		Date:	
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#### **GERIATRIC DEPRESSION SCALE**

#### **INSTRUCTIONS**

#### **Administration:**

The Geriatric Depression Scale is administered to anyone over the age of 60 years old. For best results read each question to the client and circle their response (yes/no). This will avoid any problems with visual or cognitive impairment the client may have. It is suggested that you not allow elaboration as you go through the questions, but you may go back and utilize an answer on a particular question as a catalyst of discussion or goals and objectives on the treatment plan.

### **Scoring:**

A score of >	5 suggests dep	Total Score:	
1. no	6. yes	11. no	
2. yes	7. no	12. yes	
3. yes	8. yes	13. no	
4. yes	9. yes	14. yes	
5. no	10. yes	15. yes	