

The Geriatric Depression Scale

INSTRUCTIONS

Undertake the test orally. Obtain a clear yes or no answer. If necessary, repeat the question. Cross off either yes or no for each question (depressive answers are bold/italicised). Count up 1 for each depressive answer.

Scoring Intervals: 0-4=No depression 5-10=Mild 11+=Severe

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 happy most of the time? Yes **No**
4. Do you prefer to stay at home rather than going out and doing new things? **Yes** No

If none of the above responses suggests depression, STOP HERE. If any of the above responses suggests depression ask questions 5-15.

5. Do you feel that life is empty? **Yes** No
6. Do you often get bored? **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 helpless? **Yes** No
10. Do you feel that you have more problems with memory than most? **Yes** No
11. Do you think it is wonderful to be alive? Yes **No**
12. Do you feel pretty 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