

Geriatric Depression Scale

Directions: Think about how you have felt during the past two weeks, then answer the questions. In the blank following the question, put a “Y” if your answer is “mostly yes” and an “N” if it is “mostly no.”

	<u>YES</u>	<u>NO</u>
1. Are you basically satisfied with your life?	_____ 0	_____ 1
2. Have you dropped many of your activities and interests?	_____ 1	_____ 0
3. Do you feel your life is empty?	_____ 1	_____ 0
4. Do you get bored often?	_____ 1	_____ 0
5. Are you hopeful about the future?	_____ 0	_____ 1
6. Are you bothered by thoughts you can't get out of your head?	_____ 1	_____ 0
7. Are you in good spirits most of the time?	_____ 0	_____ 1
8. Are you afraid that something bad is going to happen to you?	_____ 1	_____ 0
9. Do you feel happy most of the time?	_____ 0	_____ 1
10. Do you often feel helpless?	_____ 1	_____ 0
11. Do you often get restless and fidgety?	_____ 1	_____ 0
12. Do you prefer to stay at home, rather than going out and doing new things?	_____ 1	_____ 0
13. Do you frequently worry about the future?	_____ 1	_____ 0
14. Do you feel you have more problems with memory than most?	_____ 1	_____ 0
15. Do you think it is wonderful to be alive now?	_____ 0	_____ 1
16. Do you often feel downhearted and blue?	_____ 1	_____ 0
17. Do you feel pretty worthless the way you are now?	_____ 1	_____ 0
18. Do you worry a lot about the past?	_____ 1	_____ 0
19. Do you find life very exciting?	_____ 0	_____ 1
20. Is it hard for you to get started on new projects?	_____ 1	_____ 0
21. Do you feel full of energy?	_____ 0	_____ 1
22. Do you feel that your situation is hopeless?	_____ 1	_____ 0
23. Do you think that most people are better off than you are?	_____ 1	_____ 0
24. Do you frequently get upset over little things?	_____ 1	_____ 0
25. Do you frequently feel like crying?	_____ 1	_____ 0
26. Do you have trouble concentrating?	_____ 1	_____ 0
27. Do you enjoy getting up in the morning?	_____ 0	_____ 1
28. Do you prefer to avoid social gatherings?	_____ 1	_____ 0
29. Is it easy for you to make decisions?	_____ 0	_____ 1
30. Is your mind as clear as it used to be?	_____ 0	_____ 1

0-9 = WNL (within normal limit)

If your score is 9 or higher, please contact Center for Behavioral Health for a free screening and additional information.