



THERAPY NOW TEXAS

In-Home and Online Counseling

Contact information

P. O. Box 131563
Houston, TX 77219
(866) 841-1414
support@therapynowusa.com

GERIATRIC DEPRESSION SCALE (GDS) CHOOSE THE BEST ANSWER FOR HOW FELT THIS PAST WEEK

CIRCLE ONE

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

*Appropriate (nondepressed) answers = yes, all others = no
OR count number of CAPITALIZED (depressed) answers

SCORE: _____ (Number of "depressed" answers)

Norms

Normal	5 +/- 4
Mildly Depressed	15 +/- 6
Very Depressed	23 +/- 5

References:

1. Yesavage JA, Brink TL, Rose TL, et al. Development and validation of a geriatric depression rating scale: a preliminary report. *J Psych Res.* 1983; 17:27.
2. Sheikh JI, Yesavage JA. Geriatric Depression Scale: recent evidence and development of a shorter version. *Clin Gerontol.* 1986; 5:165-172.