

Geriatric Depression Scale – Short Form

Think over the past week and answer the questions below as “yes” or “no.”
There are no right or wrong answers, only what best applies to you.

		* = 1 point
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 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 new things?	*YES No
10)	Do you feel you have more problems with memory than most people?	*YES No
11)	Do you think it is wonderful to be alive now?	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
		TOTAL * SCORE =

If the * score is 10 or greater, or if numbers 1, 5, 7, 11, and 13 are answered with a *, then the individual may be depressed and they should consult with their doctor or other qualified health professional. Health professionals should proceed with a referral and/or treatment plan as necessary.

Dr. L. Stephen Miller, Professor of Psychology, University of Georgia provided the scoring. Dr. Yesavage provided the questionnaire,
<http://www.stanford.edu/~yesavage/GDS.english.short.html>,
<http://www.stanford.edu/~yesavage/GDS.html>.

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