

## Geriatric Depression Scale (Short Form) Self-Rated Version

Patient's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:** Choose the best answer for how you felt over the past week.

| No.   | Question   | Answer   | Score |
|-------|--|----------|-------|
| 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?                                  | 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 |  |          |       |

(Sheikh & Yesavage, 1986)