

# Geriatric Depression Scale

Check the best answer:	YES	NO
Are you basically satisfied with your life?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Have you dropped many of your activities and interests?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you feel your life is empty?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you often get bored?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are you in good spirits most of the time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are you afraid that something is going to happen to you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you feel happy most of the time?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you often feel helpless?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you prefer staying home, rather than going out and trying new things?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you feel you have more problems with memory than most?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you think it's wonderful to be alive now?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you feel worthless the way you are now?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you feel full of energy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do you feel your situation is hopeless?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do you think that most people are better off than you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Total number responses in shaded boxes**

If you checked **more than 5** shaded boxes you may be depressed.

**More than 10** shaded boxes almost always means you are depressed.

If you have checked more than 5 shaded boxes, you should show this to your health care practitioner for further assessment.

(Source: [www.stanford.edu/yesavage/GDS.html](http://www.stanford.edu/yesavage/GDS.html))