

GERIATRIC DEPRESSION SCALE - LONG FORM

Patient _____ Examiner _____ Date _____

Directions to Patient: Please choose the best answer for how you have felt over the past week.

Directions to Examiner: Present questions VERBALLY. Circle answer given by patient. Do not show to patient.

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

TOTAL: Please sum all bolded answers (worth one point) for a total score. _____

Scores: **0 - 9 Normal** **10 - 19 Mild Depressive** **20 - 30 Severe Depressive**

 Clinician's Signature and Credential Date Time