



## Geriatric Depression Scale GDS-15

Subject ID: \_\_\_\_\_

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

**Choose the best answer for the way you have felt over the last week:**

Please circle:

- |   |            |           |
|---|------------|-----------|
| 1. Are you basically satisfied with your life?                                | <b>YES</b> | <b>NO</b> |
| 2. Have you dropped many of your interests and activities?                    | <b>YES</b> | NO        |
| 3. Do you feel that your life is empty?                                       | <b>YES</b> | NO        |
| 4. Do you often get bored?  | <b>YES</b> | NO        |
| <b>5.</b> Are you in good spirits most of the time?                           | YES        | <b>NO</b> |
| 6. Are you afraid that something bad is going to happen to you?               | <b>YES</b> | NO        |
| 7. Do you feel happy most of the time?  | YES        | <b>NO</b> |
| 8. Do you often feel helpless?  | <b>YES</b> | NO        |
| 9. Do you prefer to stay at home, rather than going out and doing new things? | <b>YES</b> | NO        |
| 10. Do you feel that you have more problems with your memory than most?       | <b>YES</b> | NO        |
| 11. Do you think that it is wonderful to be alive now?                        | YES        | <b>NO</b> |
| 12. Do you feel pretty worthless the way you are now?                         | <b>YES</b> | NO        |
| <b>13.</b> Do you feel full of energy?  | YES        | <b>NO</b> |
| 14. Do you feel that your situation is hopeless?                              | <b>YES</b> | NO        |
| 15. Do you feel that most people are better off than you are?                 | <b>YES</b> | NO        |

Total score:

Answers in **bold** indicate depression. Although differing sensitivities and specificities have been obtained across studies, for clinical purposes a score > 5 points is suggestive of depression and should warrant a follow-up interview. Scores > 10 are almost always depression.