

Geriatric Depression Scale¹

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General

The original Geriatric Depression Scale is a 30-item instrument developed from 100 popular questions commonly used to diagnose depression. A 15-item short version has also been validated.

Applicability

Depressive symptomatology in elders, but has also been used across ages.

Utilization

As a screening device or weekly in treatment outcome studies.

Time Span Rated

Now or within the past week.

Reliability and Validity

See two references below.

Scoring

The scale is in a yes/no format. A scoring and interpretation key is provided in Table 1.

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Special Instructions

The scale can be used as a self-rating or observer-rated metric. It has also been used as an observer-rated scale in mildly demented subjects.

TABLE 1. Scoring Key for Geriatric Depression Scale (Short Form).

Answers indicating depression are highlighted. Each answer counts one point; scores greater than 5 indicate probable depression.

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?	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

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References

Sheikh, J.I., and Yesavage, J.A. Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. In: Brink, T.L., ed. *Clinical Gerontology: A Guide to Assessment and Intervention*. New York: The Haworth Press, 1986. pp. 165-173.

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Name _____ Date _____

Mood Scale (short form)

Choose the best answer for how you have felt over the past week:

- | | |
|--|----------|
| 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? | 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 |