Geriatric Depression Scale

Name: _____ **Date:** _____ dd / mm / yyyy

Instructions: Choose the answer that best describes how you felt over the past week.

Are you basically satisfied with your life?

◯ Yes ◯ No

Have you dropped many of your activities and interests?

◯ Yes ◯ No

Do you feel that your life is empty?

◯ Yes ◯ No

Do you often get bored?

◯ Yes ◯ No

Are you in good spirits most of the time?

◯ Yes ◯ No

Are you afraid that something bad is going to happen to you?

◯ Yes ◯ No

Do you feel happy most of the time?

◯ Yes ◯ No

Do you often feel helpless?

◯ Yes ◯ No

Do you prefer to stay at home, rather than going out and doing new things?

◯ Yes ◯ No

Do you feel that you have more problems with your memory than most?

◯ Yes ◯ No

Do you think that it is wonderful to be alive now?

◯ Yes ◯ No

Do you feel pretty worthless the way you are now?

◯ Yes ◯ No

Do you feel full of energy?

◯ Yes ◯ No

Do you feel that your situation is hopeless?

◯ Yes ◯ No

Do you think that most people are better off than you are?

◯ Yes ◯ No