

Appendix 1 -- Geriatric Depression Scale -- Short Form (GDS)

NAME _____ AGE _____ SEX _____ DATE _____

WING _____ ROOM _____ PHYSICIAN _____ ASSESSER _____

SCORING SYSTEM

Answers indicating depression are highlighted. Each **BOLD-FACED** answer counts one (1) point.

1. Are you basically satisfied with your life? YES / **NO**
2. Have you dropped any 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 in your room/facility, 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? YES / **NO**
12. Do you feel 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? **YES** / NO

Score great than 5 = Probable Depression

SCORE _____

Notes/Current Medications:

Instructions for use: (Short Form Geriatric Depression Assessment Tool)

1. The same CNA or caregiver should administer this test each time.
2. Choose a quiet place, preferably the same location each time the test is administered.
3. The administration of this test should not be immediately after some mental trauma or unsteady period.
4. Speak in a soft pleasant tone.
5. Answer all questions by circling the answer (yes or no) to the question.
6. Add the total number of **BOLD FACED** answers circled and record that number in the "SCORE" box.
7. Scores totaling five points or more indicate probable depression.

A 30-item version of the GDS is also available. Address inquiries regarding this scale to:

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