

GERIATRIC DEPRESSION SCALE

(Short Form)

INSTRUCTIONS: Interview the resident. Ask the resident to respond based on how they felt over the past week. Score 1 point for each answer printed in bold that is checked.

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

A score of ≥ 5 suggests depression.

TOTAL SCORE

Comments: _____

Signature/Title of Interviewer: _____ Date: _____

Physician Notified of Score ≥ 5 : No Yes NA – score < 5 Date: _____

NAME-Last	First	Middle	Attending Physician	Record No.	Room/Bed
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