

GERIATRIC DEPRESSION SCALE

NO.	Question- <i>Choose the best answer for how you felt over the past week.</i>	Answer	Score
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?	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	
TOTAL			

Score: 1 for Yes & Zero (0) for No