

# Geriatric Depression Scale – Short Form (GDS-15)

(Public domain; based on Yesavage et al., 1982; Sheikh & Yesavage, 1986)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for patient:** Please answer **Yes** or **No** to each question. Answer how you have been feeling **over the past week or so**.

Circle one answer for each question.

#	Question	Response (circle one)
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

**Scoring (for clinician use):** Each depression-indicative answer scores 1 point. Total score range: 0–15. Higher scores indicate more depressive symptoms.