

KEY:

Geriatric Depression Scale (Short Form)

Choose the best answer for how you felt during the past week:

	Yes	No	
1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you basically satisfied with your life?
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have you dropped many of your activities and interests?
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you feel that your life is empty?
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you often get bored?
5	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Are you in good spirits most of the time?
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Are you afraid that something bad is going to happen to you?
7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you feel happy most of the time?
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you often feel helpless?
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you prefer to stay at home, rather than going out and doing new things?
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you feel you have more problems with memory than most?
11	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you think it is wonderful to be alive now?
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you feel pretty worthless the way you are now?
13	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Do you feel full of energy?
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you feel that your situation is hopeless?
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you think that most people are better off than you are?

Scoring: One point for each X (depressed) answer. Score of > 5 points suggests depression and warrants a follow-up interview / evaluation. Scores > 10 are severely depressed.

EMORY HEALTHCARE

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