## **Geriatric Depression Scale (Long Form)**

Patient's Name:\_\_\_

Date:\_\_\_\_

## Instructions: Choose the best answer for how you felt over the past week.

| No. | Question   | 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 hopeful about the future?  | YES / NO |       |
| 6.  | Are you bothered by thoughts you can t get out of your head?               | YES / NO |       |
| 7.  | Are you in good spirits most of the time?                                  | YES / NO |       |
| 8.  | Are you afraid that something bad is going to happen to you?               | YES / NO |       |
| 9.  | Do you feel happy most of the time?  | YES / NO |       |
| 10. | Do you often feel helpless?  | YES / NO |       |
| 11. | Do you often get restless and fidgety?                                     | YES / NO |       |
| 12. | Do you prefer to stay at home, rather than going out and doing new things? | YES / NO |       |
| 13. | Do you frequently worry about the future?                                  | YES / NO |       |
| 14. | Do you feel you have more problems with memory than most?                  | YES / NO |       |
| 15. | Do you think it is wonderful to be alive now?                              | YES / NO |       |
| 16. | Do you often feel downhearted and blue?                                    | YES / NO |       |
| 17. | Do you feel pretty worthless the way you are now?                          | YES / NO |       |
| 18. | Do you worry a lot about the past?   | YES / NO |       |
| 19. | Do you find life very exciting?  | YES / NO |       |
| 20. | Is it hard for you to get started on new projects?                         | YES / NO |       |
| 21. | Do you feel full of energy?  | YES / NO |       |
| 22. | Do you feel that your situation is hopeless?                               | YES / NO |       |
| 23. | Do you think that most people are better off than you are?                 | YES / NO |       |
| 24. | Do you frequently get upset over little things?                            | YES / NO |       |
| 25. | Do you frequently feel like crying?  | YES / NO |       |
| 26. | Do you have trouble concentrating?   | YES / NO |       |
| 27. | Do you enjoy getting up in the morning?                                    | YES / NO |       |
| 28. | Do you prefer to avoid social gatherings?                                  | YES / NO |       |
| 29. | Is it easy for you to make decisions?                                      | YES / NO |       |
| 30. | Is your mind as clear as it used to be?                                    | YES / NO |       |
|     |  | TOTAL    |       |

This is the original scoring for the scale: One point for each of these answers. Cutoff: normal-0-9; mild depressives-10-19; severe depressives-20-30.

| 1.NO  | 6.YES  | 11.YES | 16.YES | 21.NO  | 26.YES |
|-------|--------|--------|--------|--------|--------|
| 2.YES | 7. NO  | 12.YES | 17.YES | 22.YES | 27.NO  |
| 3.YES | 8.YES  | 13.YES | 18.YES | 23.YES | 28.YES |
| 4.YES | 9. NO  | 14.YES | 19.NO  | 24.YES | 29.NO  |
| 5.NO  | 10.YES | 15.NO  | 20.YES | 25.YES | 30. NO |

Yesavage JA, Brink TL, Rose TL, et al. Development and validation of a geriatric depression screening scale: a preliminary report. *J Psychiatr Res* 1983; 17:37-49.