

GERIATRIC DEPRESSION SCALE

Questionnaire

Name: _____

Date: _____

Please circle yes or no for each question. 5 items scored as **grey response** indicates need for further assessment for depression. (Cinamon et al. 2011)

- YES/NO 1. Are you basically satisfied with your life?
- YES/NO 2. Do you feel that your life is empty?
- YES/NO 3. Do you often get bored?
- YES/NO 4. Are you hopeful about the future?
- YES/NO 5. Are you bothered by thoughts you can't get out of your head?
- YES/NO 6. Are you in good spirits most of the time?
- YES/NO 7. Are you afraid that something bad is going to happen to you?
- YES/NO 8. Do you often get restless and fidgety?
- YES/NO 9. Do you think it is wonderful to be alive now?
- YES/NO 10. Do you worry a lot about the past?
- YES/NO 11. Do you feel full of energy?
- YES/NO 12. Do you feel that your situation is hopeless?
- YES/NO 13. Do you think that most people are better off than you are?
- YES/NO 14. Do you frequently get upset over little things?
- YES/NO 15. Do you frequently feel like crying?
- YES/NO 16. Do you have trouble concentrating?
- YES/NO 17. Do you enjoy getting up in the morning?

Number scored with the response in **GREY** _____ (If 5 or more, a referral for an evaluation of depression is indicated)

Cinamon JS, Finch L, Miller S, Higgins J, Mayo N. Preliminary evidence for the development of a stroke specific geriatric depression scale. *Int J Geriatr Psychiatry* 2011;26(2):188-198