

# Geriatric Depression Screen (GDS)

**Instructions:** Please mark an "X" in the check box that best corresponds to your answer for each question.

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

(For Clinic Use Only: Total  = \_\_\_\_\_ + \_\_\_\_\_ )