STEP 1 ASSESSMENT: GERIATRIC DEPRESSION SCALE

Resident Name:_______________________ Staff Interviewer:___________________________

Date of Interview:_____/_____/_____ mm          dd         yy

Check Response
DK=Don’t Know  NR=No Response or Nonsense Response  REF=Refusal to answer question
IF RESPONSE OF “SOMETIMES”, RESTATE THE QUESTION: “How do you feel MOST of the time?”

1. Are you basically satisfied with your life? ___YES     ___NO     ___DK/NR/REF
2. Have you dropped most of your activities and interests? ___YES     ___NO     ___DK/NR/REF
3. Do you feel that your life is empty? ___YES     ___NO     ___DK/NR/REF
4. Do you often get bored? ___YES     ___NO     ___DK/NR/REF
5. Are you in good spirits most of the time? ___YES     ___NO     ___DK/NR/REF
6. Are you afraid that something bad is going to happen to you? ___YES     ___NO     ___DK/NR/REF
7. Do you feel happy most of the time? ___YES     ___NO     ___DK/NR/REF
8. Do you often feel helpless? ___YES     ___NO     ___DK/NR/REF
9. Do you think it is wonderful to be alive? ___YES     ___NO     ___DK/NR/REF
10. Do you feel worthless the way you are now? ___YES     ___NO     ___DK/NR/REF
11. Do you feel full of energy? ___YES     ___NO     ___DK/NR/REF
12. Do you feel that your situation is hopeless? ___YES     ___NO     ___DK/NR/REF

SCORE > 4 = PROBABLE DEPRESSION

TOTAL SCORE:_________

Scoring System: Each BOLD-FACED answer counts one (1) point.
Do not calculate total score if more than 4 of the 12 questions have DK/NR/REF answers.

Interview outcome (check one):
Complete ___
Refused ___