

Facility : \_\_\_\_\_

File # \_\_\_\_\_

Name, First name \_\_\_\_\_

Date of birth \_\_\_\_\_  F  M  
YYYY-MM-DD

NAM \_\_\_\_\_ Exp. \_\_\_\_\_  
YYYY-MM

Mother's name \_\_\_\_\_

## GERIATRIC DEPRESSION SCALE – SHORT VERSION (15 QUESTIONS)

Questions	Responses	
	Yes	No
Are you basically satisfied with your life?	0	1
Have you dropped many of your activities and interests?	1	0
Do you feel that your life is empty?	1	0
Do you often get bored?	1	0
Are you in good spirits most of the time?	0	1
Are you afraid that something bad is going to happen to you?	1	0
Do you feel happy most of the time?	0	1
Do you often feel helpless?	1	0
Do you prefer staying at home (in your room) rather than going out and doing new things?	1	0
Do you feel that you have more problems with memory than most?	1	0
Do you think it's wonderful to be alive now?	0	1
Do you feel pretty useless the way you are now?	1	0
Do you feel full of energy?	0	1
Do you feel that your situation is hopeless?	1	0
Do you think most people are better off than you?	1	0
<b>Interpretation of results:</b>	From 0 to 5 points: normal state	<b>Total</b>
	From 6 to 11 points: slight depression	
	From 12 to 15 points: major depression	

Source: Adapted from J.I. Sheikh and J.A. Yesavage (1986). Geriatric Depression Scale (GDS): recent evidence and development of a shorter version. In T.L. Brink (dir.) Clinical gerontology: a guide to assessment and intervention. Binghamton (New York): Haworth Press, 165-173.

Signature and profession: \_\_\_\_\_

Date: \_\_\_\_\_  
YYYY-MM-DD