

Short Geriatric Depression Scale (SGDS)

Name _____ Date _____

Please choose the answer that best describes how you have felt over the past week.

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

References

Sheikh JL, Yesavage JA. Geriatric Depression Scale (GDS): recent evidence and development of a shorter version. *Clin Gerontologist*. 1986;5:165-173.