GERIATRIC DEPRESSION SCALE - 30	Patient Name:	DOB:
Select the best answer for how you felt over the past week.		
Are you basically satisfied with your life?	Yes	□No
Have you dropped many of your activities and interests?	Yes	□No
Do you feel that your life is empty?	Yes	□No
Do you often get bored?	Yes	□No
Are you hopeful about the future?	Yes	□No
Are you bothered by thoughts you can't get out of your he	ead? Yes	□No
Are you in good spirits most of the time?	Yes	□No
Are you afraid that something bad is going to happen to yo	ou? Yes	□No
Do you feel happy most of the time?	Yes	No
Do you often feel hopeless?	Yes	No
Do you often get restless and fidgety?	Yes	□No
Do you prefer to stay at home, rather than going out and doing new things?	Yes	□No
Do you frequently worry about the future?	Yes	□No
Do you feel you have more problems with memory than m	nost? Yes	□No

Do you think it is wonderful to be alive now?	Yes	No
Do you often feel downhearted and blue?	Yes	□No
Do you feel pretty worthless the way you are now?	Yes	□No
Do you worry a lot about the past?	Yes	□No
Do you find life very exciting?	Yes	□No
Is it hard for you to get started on new projects?	Yes	□No
Do you feel full of energy?	Yes	□No
Do you feel that your situation is hopeless?	Yes	□No
Do you think that most people are better off than you are?	Yes	□No
Do you frequently get upset over little things?	Yes	□No
Do you frequently feel like crying?	Yes	□No
Do you have trouble concentrating?	Yes	□No
Do you enjoy getting up in the morning?	Yes	□No
Do you prefer to avoid social gatherings?	Yes	□No
Is it easy for you to make decisions?	Yes	□No
Is your mind as clear as it used to be?	Yes	No