

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

References

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