

Geriatric Depression Scale (GDS) Short Form

Name _____ DOB _____ Today's Date _____

Choose the best answer for 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 think 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 that your situation is hopeless?	Yes	No
15. Do you think that most people are better off than you are?	Yes	No

	Never	Less than Monthly	Monthly	Weekly	Daily or Almost Daily
1. How often do you have eight or more alcohol drinks on one occasion?					
2. How often during the last year have you been unable to remember what happened the night before because you had been drinking?					
3. How often during the last year have you failed to do what was normally expected of you because of your drinking?					
4. Has a relative or friend, a doctor or other health worker been concerned about your drinking or suggested you cut down?	No___	Yes, but not in the last year. ___		Yes in the last year. ___	

Do you smoke or use nicotine products?	If yes, how much?
Are you interested in quitting nicotine products?	