

Step 1 Assessment: Geriatric Depression Scale

Resident Name: _____ Staff Interviewer: _____

Date of Interview: ____/____/____
mm dd yy

Check Response

DK=Don't Know **NR**=No Response or Nonsense Response **REF**=Refusal to answer question

IF RESPONSE OF "SOMETIMES", RESTATE THE QUESTION: "How do you feel MOST of the time?"

- | | | | |
|---|----------------|---------------|---------------|
| 1. Are you basically satisfied with your life? | ___ YES | ___ NO | ___ DK/NR/REF |
| 2. Have you dropped most of your activities and interests? | ___ YES | ___ NO | ___ DK/NR/REF |
| 3. Do you feel that your life is empty? | ___ YES | ___ NO | ___ DK/NR/REF |
| 4. Do you often get bored? | ___ YES | ___ NO | ___ DK/NR/REF |
| 5. Are you in good spirits most of the time? | ___ YES | ___ NO | ___ DK/NR/REF |
| 6. Are you afraid that something bad is going to happen to you? | ___ YES | ___ NO | ___ DK/NR/REF |
| 7. Do you feel happy most of the time? | ___ YES | ___ NO | ___ DK/NR/REF |
| 8. Do you often feel helpless? | ___ YES | ___ NO | ___ DK/NR/REF |
| 9. Do you think it is wonderful to be alive? | ___ YES | ___ NO | ___ DK/NR/REF |
| 10. Do you feel worthless the way you are now? | ___ YES | ___ NO | ___ DK/NR/REF |
| 11. Do you feel full of energy? | ___ YES | ___ NO | ___ DK/NR/REF |
| 12. Do you feel that your situation is hopeless? | ___ YES | ___ NO | ___ DK/NR/REF |

SCORE > 4 = PROBABLE DEPRESSION

TOTAL SCORE: _____

Scoring System: Each BOLD-FACED answer counts one (1) point.

Do not calculate total score if more than 4 of the 12 questions have DK/NR/REF answers. Print note. "No score due to incomplete resident responses"

Interview outcome
Complete ___ 1
Incomplete DK ___ 2
Incomplete NR ___ 3
Incomplete REF ___ 4