

GERIATRIC DEPRESSION SCALE 30 ITEMS

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date: _____ **Assessment End Date:** _____ **Carried Out By:** _____

Geriatric Depression Scale 30 Items - Entry

Assessed by: _____

Assessment Date: _____

- | | | |
|--|---|--|
| 1. Are you basically satisfied with your life? | <input type="checkbox"/> YES | <input type="checkbox"/> NO (1) |
| 2. Have you dropped many of your activities and interests? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 3. Do you feel that your life is empty? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 4. Do you often get bored? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 5. Are you hopeful about the future? | <input type="checkbox"/> YES | <input type="checkbox"/> NO (1) |
| 6. Are you bothered by the thoughts that you just cannot get out of your head? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 7. Are you in good spirits most of the time? | <input type="checkbox"/> YES | <input type="checkbox"/> NO (1) |
| 8. Are you afraid that something bad is going to happen to you? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 9. Do you feel happy most of the time? | <input type="checkbox"/> YES | <input type="checkbox"/> NO (1) |
| 10. Do you often feel helpless? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 11. Do you often get restless and fidgety? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 12. Do you prefer to stay home rather than go out and do new things? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 13. Do you frequently worry about the future? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 14. Do you feel that you have more problems with memory than most? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 15. Do you think it is wonderful to be alive now? | <input type="checkbox"/> YES | <input type="checkbox"/> NO (1) |
| 16. Do you often feel downhearted and blue? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 17. Do you feel pretty worthless the way you are now? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 18. Do you worry a lot about the past? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 19. Do you find life very exciting? | <input type="checkbox"/> YES | <input type="checkbox"/> NO (1) |
| 20. Is it hard for you to get started on new projects? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 21. Do you feel full of energy? | <input type="checkbox"/> YES | <input type="checkbox"/> NO (1) |
| 22. Do you feel that your situation is hopeless? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 23. Do you think that most people are better off than you are? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 24. Do you frequently get upset over little things? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 25. Do you frequently feel like crying? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 26. Do you have trouble concentrating? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 27. Do you enjoy getting up in the morning? | <input type="checkbox"/> YES | <input type="checkbox"/> NO (1) |
| 28. Do you prefer to avoid social gatherings? | <input type="checkbox"/> YES (1) | <input type="checkbox"/> NO |
| 29. Is it easy for you to make decisions? | <input type="checkbox"/> YES | <input type="checkbox"/> NO (1) |
| 30. Is your mind as clear as it used to be? | <input type="checkbox"/> YES | <input type="checkbox"/> NO (1) |

Total Score: Please sum all bolded answers (worth one point) for a total score: _____

Comments: _____

0-9 - Normal

10-19 - Mild Depression

20-30 - Severe Depression

GERIATRIC DEPRESSION SCALE 30 ITEMS

Name:	PARIS ID:
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Needs

Need	Post to C/P	Processed	Comments
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Casenotes

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----