

## GERIATRIC DEPRESSION SCALE

**Patient Name :** \_\_\_\_\_ **Date:** \_\_\_\_\_

Circle the answers that best describe how you have felt over the **past-week**:

1	Are you basically satisfied with your life ?	YES	NO
2	Are you in good spirits most of the time ?	YES	NO
3	Do you think it is wonderful to be alive now ?	YES	NO
4	Do you feel full of energy ?	YES	NO
5	Do you feel happy most of the time ?	YES	NO
6	Have you dropped many of your activities and interests ?	YES	NO
7	Do you feel that your life is empty ?	YES	NO
8	Do you often feel bored ?	YES	NO
9	Are you afraid that something bad is going to happen to you ?	YES	NO
10	Do you feel helpless ?	YES	NO
11	Do you prefer to stay home rather than going out and doing things ?	YES	NO
12	Do you feel you have more problems with your memory than most people ?	YES	NO
13	Do you feel pretty worthless the way you are right now ?	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

<b>Total Score :</b>	/15
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### GAD - 7

Over the **last two weeks** how often have you been bothered by the following problems ?

Use a circle to indicate your answer.

		Not at all	Several Days	More than half the days	Nearly every day
1	Feeling nervous, anxious, or on edge.	0	1	2	3
2	Not being able to stop or control worrying.	0	1	2	3
3	Worrying too much about different things.	0	1	2	3
4	Trouble relaxing.	0	1	2	3
5	Being so restless that is hard to sit still.	0	1	2	3
6	Becoming easily annoyed or irritable.	0	1	2	3
7	Feeling afraid as if something awful might happen.	0	1	2	3
<b>GAD-7 Total Score : (add columns _____/21) =</b>					

If you have checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people ?

**Not difficult at all**

☐

**Somewhat difficult**

☐

**Very difficult**

☐

**Extremely difficult**

☐