



XC200040

_____ Hospital / Health Service <b>WACHS Geriatric Depression Scale (GDS)</b> Ward / Dept: _____ Doctor: _____	Surname		UMRN / MRN	
	Given Name		DOB	Gender
	Address			Post Code
				Telephone

Assessor Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Instructions:** Score 1 point for each bolded answer. A score of 5 or more suggests depression and requires a more thorough clinical investigation. The GDS is a screening tool and not a diagnosis.

	NO	YES
1. Are you basically satisfied with your life?	<b>1</b>	0
2. Have you dropped many of your activities and interests?	0	<b>1</b>
3. Do you feel your life is empty?	0	<b>1</b>
4. Do you often get bored?	0	<b>1</b>
5. Are you in good spirits most of the time?	<b>1</b>	0
6. Are you afraid that something bad is going to happen to you?	0	<b>1</b>
7. Do you feel happy most of the time?	<b>1</b>	0
8. Do you feel helpless?	0	<b>1</b>
9. Do you prefer to stay at home, rather than going out and doing new things?	0	<b>1</b>
10. Do you feel you have more problems with your memory than most?	0	<b>1</b>
11. Do you think it is wonderful to be alive?	<b>1</b>	0
12. Do you feel pretty worthless the way you are now?	0	<b>1</b>
13. Do you feel full of energy?	<b>1</b>	0
14. Do you feel that your situation is hopeless?	0	<b>1</b>
15. Do you think that most people are better off than you?	0	<b>1</b>

<b>TOTAL SCORE:</b>	
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**SCORING:**

<b>Normal</b>	0 - 4
<b>Mildly Depressed</b>	5 - 8
<b>Moderately Depressed</b>	8 - 11
<b>Severely Depressed</b>	12 - 15