

Geriatric Depression Assessment Form

Name:

Age:

Date:

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 people?



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

Comments: