



Form B6: BEHAVIORAL ASSESSMENT – Geriatric Depression Scale (GDS)¹

In-person Remote Not completed _____ (Reason not completed: 95=Physical problem, 96=Cognitive/behavioral problem, 97=Other, 98=Verbal refusal)

ADRC name: _____ Participant ID: _____ Form date: ____ / ____ / _____

Visit #: _____ Examiner's initials: _____ Language: English Spanish

INSTRUCTIONS: This form is to be completed by the clinician or other trained health professional, based on participant response. For additional clarification and examples, see **UDS Coding Guidebook for Initial Visit Packet, Form B6**. Check only one answer per question.

Check this box and enter "88" below for the Total GDS Score **if and only if the participant:** 1.) does not attempt the GDS, or 2.) answers fewer than 12 questions.

Instruct the participant: "In the next part of this interview, I will ask you questions about your feelings. Some of the questions I will ask you may not apply, and some may make you feel uncomfortable. For each question, please answer "yes" or "no," depending on how you have been feeling **in the past week, including today.**"

		Yes	No	Did not answer
1.	Are you basically satisfied with your life?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉
2.	Have you dropped many of your activities and interests?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₉
3.	Do you feel that your life is empty?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₉
4.	Do you often get bored?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₉
5.	Are you in good spirits most of the time?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉
6.	Are you afraid that something bad is going to happen to you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₉
7.	Do you feel happy most of the time?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉
8.	Do you often feel helpless?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₉
9.	Do you prefer to stay at home, rather than going out and doing new things?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₉
10.	Do you feel you have more problems with memory than most?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₉
11.	Do you think it is wonderful to be alive now?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉
12.	Do you feel pretty worthless the way you are now?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₉
13.	Do you feel full of energy?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉
14.	Do you feel that your situation is hopeless?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₉
15.	Do you think that most people are better off than you are?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₉
16.	Sum all checked answers for a Total GDS Score (max score = 15; did not complete = 88)	_____		

¹Sheikh JI, Yesavage JA. Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. Clinical Gerontology: A Guide to Assessment and Intervention 165–173, NY: The Haworth Press, 1986. Reproduced by permission of the publisher.