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

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:	Mode:	Key (remote reason):	Key (not completed reason):
☐1 English ☐2 Spanish	☐1 In-person ☐2 Remote *(reason):* ___ ☐1 Telephone ☐2 Video ☐0 Not completed *(reason):* ___ ___	*1=Too cognitively impaired* *2=Too physically impaired* *3=Homebound or nursing home* *4=Refused in-person visit* *5=Other*	*95=Physical problem* *96=Cognitive/behavioral problem* *97=Other* *98=Verbal refusal*

***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, 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?	☐0	☐1	☐9
2.	Have you dropped many of your activities and interests?	☐1	☐0	☐9
3.	Do you feel that your life is empty?	☐1	☐0	☐9
4.	Do you often get bored?	☐1	☐0	☐9
5.	Are you in good spirits most of the time?	☐0	☐1	☐9
6.	Are you afraid that something bad is going to happen to you?	☐1	☐0	☐9
7.	Do you feel happy most of the time?	☐0	☐1	☐9
8.	Do you often feel helpless?	☐1	☐0	☐9
9.	Do you prefer to stay at home, rather than going out and doing new things?	☐1	☐0	☐9
10.	Do you feel you have more problems with memory than most?	☐1	☐0	☐9
11.	Do you think it is wonderful to be alive now?	☐0	☐1	☐9
12.	Do you feel pretty worthless the way you are now?	☐1	☐0	☐9
13.	Do you feel full of energy?	☐0	☐1	☐9
14.	Do you feel that your situation is hopeless?	☐1	☐0	☐9
15.	Do you think that most people are better off than you are?	☐1	☐0	☐9
16.	Sum all checked answers for a Total GDS Score *(max score = 15; did not complete = 88)*	— —		

[1]Sheikh 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.