



**Form B6: BEHAVIORAL ASSESSMENT – Geriatric Depression Scale (GDS)<sup>1</sup>**

ADRC: \_\_\_\_\_ PTID: \_\_\_\_\_ Form date: \_\_\_/\_\_\_/\_\_\_\_ Visit #: \_\_\_\_\_ Examiner's initials: \_\_\_\_\_

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

<sup>1</sup>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.