

PPMI

GERIATRIC DEPRESSION SCALE (Short Version)

1 3 2

4 8

SUBJECT ID

VISIT NO

INITIALS

SITE NO

VISIT DATE
MM

DD

YYYY

Choose the best answer for how you have felt over the **past week**. (0 = No, 1 = Yes)

- 1. Are you basically satisfied with your life? 1.
- 2. Have you dropped many of your activities and interests? 2.
- 3. Do you feel that your life is empty? 3.
- 4. Do you often get bored? 4.
- 5. Are you in good spirits most of the time? 5.
- 6. Are you afraid that something bad is going to happen to you? 6.
- 7. Do you feel happy most of the time? 7.
- 8. Do you often feel helpless? 8.
- 9. Do you prefer to stay at home, rather than going out and doing new things? 9.
- 10. Do you feel you have more problems with memory than most? 10.
- 11. Do you think it is wonderful to be alive now? 11.
- 12. Do you feel pretty worthless the way you are now? 12.
- 13. Do you feel full of energy? 13.
- 14. Do you feel that your situation is hopeless? 14.
- 15. Do you think that most people are better off than you are? 15.