Geriatric Depression Scale (Short Version)

:

○ 0 of 15 completed

Form Instructions		
Choose the best answer for how you have	e felt over the past week .	
Assessment Date		
10/26/2020		
1. Are you basically satisfied with your life?		:
◯ No	◯ Yes	
2. Have you dropped many of your activitie	es and interests?	:
◯ No	◯ Yes	
3. Do you feel that your life is empty?		
◯ No	◯ Yes	
4. Do you often get bored?		:
◯ No	◯ Yes	
5. Are you in good spirits most of the time?	?	:
◯ No	◯ Yes	

6. Are you afraid that something bad is going to happen to you?		
○ No	◯ Yes	
7. Do you feel happy most of the time?		
◯ No	◯ Yes	
8. Do you often feel helpless?		
◯ No	◯ Yes	
9. Do you prefer to stay at home, rather than going out and doing new things?		
◯ No	◯ Yes	
10. Do you feel you have more problems with memory than most?		
◯ No	◯ Yes	
11. Do you think it is wonderful to be alive r	now?	:
No	Yes	
12. Do you feel pretty worthless the way yo	u are now?	:
◯ No	◯ Yes	
13. Do you feel full of energy?		:
○ No	◯ Yes	•

14. D)o vou	feel th	at vour	[·] situation	is ho	opeless?
17.6	/0 y0u	ICCI U	at your	JILUULION	10 110	

14. D	o you feel that your situation is hopeless	5?	:
С) No	◯ Yes	
15. D	o you think that most people are better	off than you are?	• •
С) No	◯ Yes	
	· · · · · · · · · · · · · · · · · · ·	e (GDS): Recent evidence and development of a shorter versio Intervention. 165-173, NY: The Haworth Press, 1986	n.
<	State-Trait Anxiety Inventory	Questionnaire for Impulsive-Compulsive Disorders in Parkinson's Disease (QUIP-Current-	>

State-Trait Anxiety Inventory

Questionnaire for Impulsive-Compulsive Disorders in Parkinson's Disease (QUIP-Current-Short)