



Transcranial Magnetic Stimulation (TMS)

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Geriatric Depression Scale

NAME: _____ DATE _____

Choose the best answer for how you have felt over the past week:

1. Are you basically satisfied with your life?	YES	NO
2. Have you dropped many of your activities and interests?	YES	NO
3. Do you feel that your life is empty?	YES	NO
4. Do you often get bored?	YES	NO
5. Are you in good spirits most of the time?	YES	NO
6. Are you afraid that something bad is going to happen to you?	YES	NO
7. Do you feel happy most of the time?	YES	NO
8. Do you often feel helpless?	YES	NO
9. Do you prefer to stay at home, rather than going out and doing new things?	YES	NO
10. Do you feel you have more problems with memory than most?	YES	NO
11. Do you think it is wonderful to be alive now?	YES	NO
12. Do you feel worthless the way you are now?	YES	NO
13. Do you feel full of energy?	YES	NO
14. Do you feel that your situation is hopeless?	YES	NO
15. Do you think that most people are better off than you are?	YES	NO

Score 1 point for each bolded orange answer.

SCORE: _____

- A score > 5 points is suggestive of depression and should warrant a follow-up comprehensive assessment.
- A score ≥ 10 points is almost always indicative of depression.