

The 5-item Geriatric Depression Scale (GDS) is used as a screening tool for identifying Depression in older adults that can be used as a self-assessment or it can be clinician administered.

<b>Time to Administer</b>	2-3 minutes
<b>Type</b>	Standardized Screening Tool > electronic form
<b>Setting</b>	This short screening tool is used to identify the possible presence of a depression.
<b>Administration</b>	The 5-item GDS consists of 5 questions. It can be filled in by patient or administered by the HCP.
<b>Interpretation</b>	<p>The 5-item GDS consists of 5 items from the traditional short form (1, 4, 8, 9 and 12):</p> <ol style="list-style-type: none"> <li>1. Are you basically satisfied with your life? <b>YES/ NO</b></li> <li>2. Do you often get bored? <b>YES/ NO</b></li> <li>3. Do you often feel helpless? <b>YES/ NO</b></li> <li>4. Do you prefer to stay at home rather than going out and doing new things? <b>YES/ NO</b></li> <li>5. Do you feel pretty worthless the way you are now? <b>YES/ NO</b></li> </ol> <p><b>When two or more answers in bold are found it suggests a depression warranting further assessment.</b> The clinician may proceed to the full 15-item scale for further clinical information.</p> <p>The five-item GDS is as effective as the 15-item GDS for the screening of depression in cognitively intact older subjects<sup>2</sup>.</p> <p>This screening tool <b>does not assess for suicide risk.</b></p>
<b>Reference</b>	<ol style="list-style-type: none"> <li>1. <b>Development and testing of a five-item version of the Geriatric Depression Scale.</b></li> <li>2. <b>Validation of the Five-Item Geriatric Depression Scale in Elderly Subjects in Three Different Settings</b></li> </ol>

Patient Name:

Patient Birthdate:

HCP Evaluator:

Evaluation Date:

Ask the patient to answer the following questions that reflect their status for the last week.  
If the appropriate answer is in **RED BOLDED CAPITALIZED** text, please choose "1" from the dropdown list provided.

Are you basically satisfied with your life?	<b>NO</b>	Yes
Do you often get bored?	No	<b>YES</b>
Do you often feel helpless?	No	<b>YES</b>
Do you prefer to stay home rather than going out and doing new things?	No	<b>YES</b>
Do you feel pretty worthless the way you are now?	No	<b>YES</b>
<p><b>PLEASE NOTE:</b> When saving this form rename the by <b>appending the patient's name</b> to the original file name.</p>		<b>Score:</b>