

Geriatric Depression Scale [GDS]

Participant ID: - - -

Date: / /
M M D D Y Y Y Y

Study Visit: BL Follow-Up 1 Follow-Up 2 Follow-Up 3 Follow-Up 4

Instructions: Please choose the best answer for how you felt during the past week by answering yes or no to each of the following questions.

Questions	Answers
1. Are you basically satisfied with your life? [GDS1]	<input type="radio"/> Yes <input type="radio"/> No
2. Have you dropped many of your activities and interests? [GDS2]	<input type="radio"/> Yes <input type="radio"/> No
3. Do you feel that your life is empty? [GDS3]	<input type="radio"/> Yes <input type="radio"/> No
4. Do you often get bored? [GDS4]	<input type="radio"/> Yes <input type="radio"/> No
5. Are you in good spirits most of the time? [GDS5]	<input type="radio"/> Yes <input type="radio"/> No
6. Are you afraid that something bad is going to happen to you? [GDS6]	<input type="radio"/> Yes <input type="radio"/> No
7. Do you feel happy most of the time? [GDS7]	<input type="radio"/> Yes <input type="radio"/> No
8. Do you often feel helpless? [GDS8]	<input type="radio"/> Yes <input type="radio"/> No
9. Do you prefer to stay at home, rather than going out and doing new things? [GDS9]	<input type="radio"/> Yes <input type="radio"/> No
10. Do you feel you have more problems with memory than most? [GDS10]	<input type="radio"/> Yes <input type="radio"/> No
11. Do you think it is wonderful to be alive now? [GDS11]	<input type="radio"/> Yes <input type="radio"/> No
12. Do you feel pretty worthless the way you are now? [GDS12]	<input type="radio"/> Yes <input type="radio"/> No
13. Do you feel full of energy? [GDS13]	<input type="radio"/> Yes <input type="radio"/> No
14. Do you feel that your situation is hopeless? [GDS14]	<input type="radio"/> Yes <input type="radio"/> No
15. Do you think that most people are better off than you are? [GDS15]	<input type="radio"/> Yes <input type="radio"/> No