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Depression Scale for Older Adults

Please 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 your life is empty now? | 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 home rather than going out and trying new things? | Yes | No |
| 10. Do you feel you have more problems with memory than most people? | Yes | No |
| 11. Do you think it is wonderful to be alive now? | Yes | No |
| 12. Do you feel pretty worthless the way you are now? | Yes | No |
| 13. Do you feel full of energy? | Yes | No |
| 14. Do you think your situation is hopeless? | Yes | No |
| 15. Do you think most people are better off than you are? | Yes | No |

Circle the patient's response to each question. Responses in bold get 1 point. Add the total number of bold answers: _____

Scoring: <5 suggests no depression; 5-10 suggests possible depression; >10 almost always suggests depression and warrants follow up treatment.