This is a **Sample** version of the

**Geriatric Depression Scale (GDS-30 & 15)**

The **full version** of Geriatric Depression Scale (GDS-30 & 15) comes without ‘sample’ watermark.

The **full complete 19 page version includes** –

- GDS-30 & 15 Clinical Validity
- Scoring/ Administration instructions.
- GDS-30 long form Complete questionnaire Assessment
- GDS-15 short form complete questionnaire Assessment

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The evaluation of depression in the elderly: A modification of the geriatric depression scale (GDS)

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Received 20 September 2005; received in revised form 3 April 2006; accepted 5 April 2006
Available online 18 May 2006

Abstract

A modified version of the GDS was created to manage the difficulties often encountered with very old respondents. The scale was applied to 195 old persons (mean age of 78 years), males and females, community-dwelling, and nursing home residents. Results indicate that the participants comprehend significantly better the modified than the original version of the scale, and both versions retain comparably good psychometric properties.

Keywords: Depression in elderly; Italian version of GDS; Psychometric properties; Nursing home residents

1. Introduction

Senile depression is very widespread yet not easily identifiable. Its symptoms are often confused with those typical of dementia, or of physiological pathologies that are common among older adults, or of adaptation problems. However, sensitivity towards this pathology on part of professionals is increasing; at the institutional level in particular, depressive symptoms are now more commonly measured along with other more general evaluations of the functional conditions of the elderly, thus establishing differences among mood, functionality, adaptation, quality of life, and health.

This study is dealing with the adaptation of an internationally used tool, the GDS (Yesavage et al., 1983) and attempts to solve some problems in relation to its administration to old–old adults.

The GDS is one of the most widespread and reliable scales for the evaluation of depression among the elderly. It was first created by Brink et al. (1982) following the

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0167-4943/$ – see front matter © 2006 Elsevier Ireland Ltd. All rights reserved.
need for a diagnostic instrument, specifically for the elderly, which could distinguish a patient suffering from depressive illness from one suffering from other pathologies. This is not an easy task, if considering the frequently occurring comorbidities among the elderly.

The GDS is presently the most common testing tool used for the older population. This scale can be administered by an interviewer or be self-reported directly by the patient. It is made up of 30 yes/no items and was initially adopted in the attempt to overcome the limits of the Beck Depression Inventory (BDI) (Beck et al., 1961) with the elderly. In fact, it is easier for the elderly to answer dichotomic questions rather than to have them choose among level of intensity, as occurs with the BDI.

In preparing the GDS, peculiar characteristics of depression in older adults were taken into consideration. Somatic symptoms were excluded for the sake of avoiding any possible confusion with frequent disorders, deriving from polypharmacotherapy or from the presence of neurological rather than endocrine or arthritic pathologies. Psychosis-related symptoms were excluded as well.

This scale is, therefore, based on the behavioral and cognitive aspects of depression. Several studies have confirmed the validity of the GDS over the years, in many languages and even in the reduced forms that have been developed and that have similar diagnostic abilities to the original (Sheikh and Yesavage, 1986; Gori et al., 1998; Chattat et al., 2001; Cheng and Chan, 2004; Vinkers et al., 2004).

Despite the items have proven reliable and stable, they are not always easily comprehensible to its respondents, especially if they are older or institutionalized patients. In fact, several of the questions on the scale have been written using terminology that is not always adequate for its target users (Kafonek et al., 1989; Watson et al., 2004).

A study (Gori et al., 1998) revealed that the GDS has a number of limitations, especially among institutionalized elderly patients. Some of the items do not easily integrate with the background of elderly nursing home residents. Knight et al. (2004) also observed that the GDS represents some comprehension problems for the elderly, even though on the whole it remains a reliable tool. Similarly, Parmelee et al. (1989) and Olin et al. (1992) noted that some GDS items remained often unanswered, e.g., in the study by Parmelee et al. (1989) only 51.7% of the interviewed patients answered all the questions. Flacker and Spiro (2003) suggested that cultural factors may be in part responsible for inadequate comprehension of GDS items, representing a limitation of this test. The above observations confirm that the problem of partial understanding of the GDS items cannot be ignored.
Development and initial validation of a 15-item informant version of the Geriatric Depression Scale

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SUMMARY
Objective To develop a brief informant version of the Geriatric Depression Scale for use in screening for depression in older adults.
Design A scale development and validation study.
Setting Internal medicine and geriatric outpatient clinics located at the James A. Haley Veterans’ Medical Center and the University of South Florida Medical Center, Tampa, Florida.
Participants A total of 147 patients (81 females and 66 males) and their adult informants.
Measurements Self and informant versions of the 30-item Geriatric Depression Scale, NEO-FFI, and a health behaviors questionnaire.
Results The 15-item informant version of the GDS was found to have sufficient internal consistency reliability (alpha = 0.86) and retest reliability (r = 0.81) to support its use as a clinical instrument. Construct validity was demonstrated by a pattern of correlations with external demographic and personality variables consistent with those of other versions of the GDS, as well as substantive correlations with these other versions. Efficacy of the GDSI-15 was found to be as good as that for the full 30-item informant version of the GDS.
Conclusions The GDSI-15 may be a useful adjunct or alternative to standard screening methods in assessing patients in outpatient settings. Copyright © 2005 John Wiley & Sons, Ltd.

KEYWORDS—depression; GDS; assessment; informant report; aging

INTRODUCTION

Although depressive disorders are among the most common mental health conditions experienced by older adults, clinically significant depression is frequently undetected and untreated in primary care settings, general hospitals, and nursing homes (Lebowitz et al., 1997; Mulsant and Ganguli, 1999). In part, the lack of detection may arise from the fact that health care professionals and patients alike often believe that depression is an expected byproduct of the interpersonal losses, declining functional capability, and medical illnesses that commonly occur with increasing age. Other obstacles in the identification of depressive disorders in older adults in primary care settings are system delivery barriers (e.g. time limited visits, restrictive reimbursement policies), and shortcomings in clinician expertise (e.g. lack of knowledge about differences in young vs older adult symptom manifestation and presentation, or management of treatment for a mental disorder). The most critical problem in the identification of depression in the elderly, however, likely lies in patient characteristics: the reluctance to admit depressive symptoms, the social stigma associated with mental illness, the

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Contract/grant sponsor: University of South Florida Internal Awards Program; contract/grant number: 5860-RO48067.

Received 18 January 2005
Accepted 13 April 2005
# Geriatric Depression Scale (Long Form)

Patient’s Name: _______________________________  Date: _______________________________

**Instructions:** Choose the best answer for how you felt over the past week.

<table>
<thead>
<tr>
<th>No.</th>
<th>Question</th>
<th>Answer</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Are you basically satisfied with your life?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Have you dropped many of your activities and interests?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Do you feel that your life is empty?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Do you often get bored?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Are you hopeful about the future?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Are you bothered by thoughts you can’t get out of your head?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Are you in good spirits most of the time?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Are you afraid that something bad is going to happen to you?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Do you feel happy most of the time?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Do you often feel helpless?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Do you often get restless and fidgety?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>Do you prefer to stay at home, rather than going out and doing new things?</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Do you frequently worry about the future?</td>
<td>YES / NO</td>
<td></td>
</tr>
</tbody>
</table>

This is the end of the sample GDS 30 questionnaire. Please goto page 1 to purchase full complete version.
Scoring the GDS-30...

This is the original scoring for the scale: One point for each of these answers.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. NO</td>
<td>6. YES</td>
<td>26. YES</td>
</tr>
<tr>
<td>2. YES</td>
<td>7. NO</td>
<td>27. NO</td>
</tr>
<tr>
<td>3. YES</td>
<td>8. YES</td>
<td>28. YES</td>
</tr>
<tr>
<td>4. YES</td>
<td>9. NO</td>
<td>29. NO</td>
</tr>
<tr>
<td>5. NO</td>
<td>10. YES</td>
<td>30. NO</td>
</tr>
</tbody>
</table>

Cutoff: normal-0-9; Mild depressives-10-19;
Severe depressives-


This is the end of the sample GDS 30 scoring instructions. Please goto page 1 to purchase full complete version.
Geriatric Depression Scale 15: Short Form

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

This is the end of the sample GDS 15 questionnaire. Please goto page 1 to purchase full complete version.
Scoring the GDS-15...

- Answers in bold indicate depression.
- Score 1 point for each bolded answer.

A score > 5 points is suggestive of depression.

This is the end of the sample GDS 15 scoring instructions. Please goto page 1 to purchase full complete version.