

Geriatric Depression Scale Report



Name: _____

Gender: Female

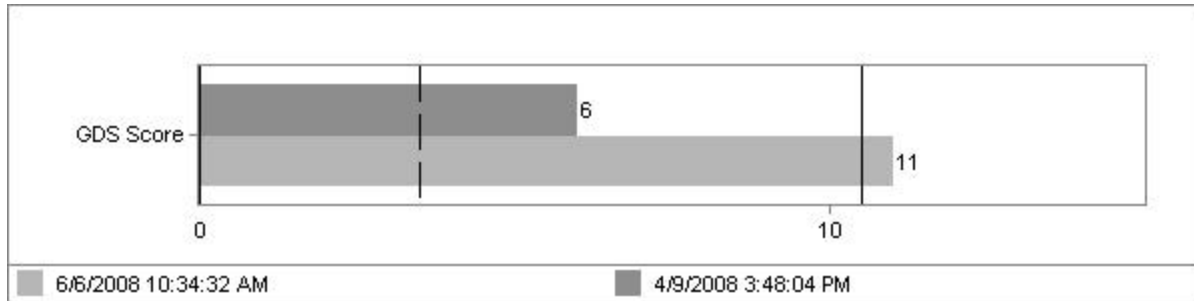
ID Number: 222222222222

Age: 59

Date Tested: 6/6/2008 10:34:32 AM

Reviewed by: _____

Severe Depression: This individual's most recent test results indicate Severe Depression.



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

Note: Item responses are from the most recent test administration.