GDS-15 Documentation Cheat Sheet

Reviewed by the BastionGPT Clinical Advisory Board · September 2026 · Reproduces no scale items or forms

The GDS-15 is the 15-item short form of the Geriatric Depression Scale (Sheikh and Yesavage, 1986), a public-domain, yes-or-no self-report screen for older adults scored one point per answer in the depressive direction. It has no somatic items and no suicide item, it screens rather than diagnoses, and its threshold conventions belong to the form, so the 30-, 5-, and 4-item versions are not interchangeable. Defensible charting names the form and mode, states cognitive status, gives the score with the threshold applied, assesses suicide risk separately, and documents a dated follow-up plan.

Form, denominator, and time frame GDS-15, GDS-30, GDS-5, GDS-4; language
Do: write the form and its denominator, the author of any 4- or 5-item set, the language or translation, and the past-week frame.
Pitfall: "GDS 7" with no form: positive on 15 items, normal on 30, impossible on 4 or 5.

Mode and answer source self-completed, read aloud, or informant
Do: record self-completed or read aloud with the patient's own answers, interpreter use, and label an informant version as such.
Pitfall: a relative's answers charted as the patient's GDS score; a translation charted as plain GDS-15.

Cognitive status and capacity to answer name the screen and the result
Do: chart the cognitive screen and result, delirium status, diagnosis and stage, and whether the patient followed yes-or-no questions.
Pitfall: a GDS in advanced dementia with no cognitive statement; "valid" declared from a diagnosis label alone.

Score, key, and completeness one point per depressive-direction answer
Do: give the total over 15, confirm the key was applied to both directions, note missing items and any proration, and who computed it.
Pitfall: a count of yes answers charted as the score; a prorated total with no note that items were missing.

Threshold applied, screen not diagnosis state the convention and its source
Do: name the threshold and its source, write "positive screen; depression not established," and keep informal severity labels out of the diagnosis.
Pitfall: "GDS-15 9, moderate depression" charted as a diagnosis, or "positive" with no threshold named.

Suicide risk assessed separately the GDS has no suicide item
Do: ask directly, record the question, the answer, and the tool used, and file the formulation in the risk section; a low score says nothing.
Pitfall: "GDS-15 3, no safety concerns" with no direct question asked.

Follow-up plan, claim, and record what the measure and the claim need
Do: document the tool's name, the plan (referral, treatment, or other intervention) on the date or within two calendar days, and the claim.
Pitfall: a positive screen with no plan; a repeat screen or suicide assessment logged as the plan.

Before the note is signed

- [ ] Form and denominator named
- [ ] Mode and answer source recorded
- [ ] Cognitive screen and result charted
- [ ] Score checked against the key
- [ ] Threshold stated, result labeled a screen
- [ ] Suicide risk asked about directly
- [ ] Follow-up plan dated and tool named

Drafting with AI

Give it the facts: form and language, mode, the cognitive screen and result, the total over 15, any missing items, the threshold your practice applies, the prior score, interview findings, the suicide-risk question and answer, and the plan.

"Draft GDS-15 documentation: English, self-completed on paper 09/15, all items answered, total 7 of 15, practice threshold 5 or more; Mini-Cog 4 of 5, no delirium; prior 2 of 15; bereaved five months; denies suicidal thoughts on direct questioning, C-SSRS screener negative; referral to collaborative care, nurse call 09/22; claim G0444 with G0439."

Never paste patient-identifying information into consumer AI tools. BastionGPT is HIPAA-compliant with a signed BAA on every plan.

15 yes/no items	Name the form	Screen, not diagnosis	Public domain
one point each, total 0 to 15	the 30, 15, 5, 4 forms differ	no suicide item; ask directly	Stanford site; cite the authors

Full guide and sample note:
bastiongpt.com/template/geriatric-depression-scale

GDS-15 Documentation Template

Copy or print for your practice · Adapt fields to your organization's, payer's and jurisdiction's documentation requirements. Contains no scale items.

Setting: | Patient (initials): | Date: | Clinician:

Form + language + mode (self / read aloud / informant): | Cognitive screen + result:

Score and completeness
Total ___ of 15 · key applied to both answer directions · who computed the total · all items answered, or items missed and the proration used

Capacity to answer
Delirium absent or present · diagnosis and stage if any · followed and answered yes-or-no questions · self-report judged reliable or not

Threshold applied and interpretation
Convention named and its source (author site, practice protocol, guideline) · positive or negative under it · a screen, not a diagnosis · congruence with the interview

Change from prior
Prior date, same form and mode · prior total · change described, not labeled · context: grief, medical illness, medication, sleep, function

Suicide risk (assessed separately)
The GDS-15 has no suicide item · direct question asked and the answer · tool used (C-SSRS or other) · protective factors · where the formulation is filed

Follow-up plan
Referral, treatment, or other intervention for depression · discussed at the encounter · documented on the date or within two calendar days · labs · next visit

Record and billing
Tool name in the record · code claimed (bare number) · MDS or OASIS mood interview completed separately where required · repeat plan and interval

Clinician (name and credentials): | Signature: | Date: