		-				
Name		Age	Sex	Date	e	
Inpatient	Nursi	ing Home Resident				Outpatient
	So	coring System				
A = unable to evaluate $0 = absent$ $1 = mild or interm$						2 = severe
Ratings should be based o should be	on symptoms and sign given in symptoms					w. No score
	A. Mo	ood-Related Signs				
1. Anxiety: anxious expres		6	а	0	1	2
2. Sadness: sad expression, sad voice, tearfulness				0	1	2
3. Lack of reactivity to pleasant events			а	0	1	2
4. Irritability: easily annoyed, short-tempered			а	0	1	2
	B. Beha	ivioral Disturbanc	e			
5. Agitation: restlessness, handwringing, hairpulling				0	1	2
6. Retardation: slow movement, slow speech, slow reactions			а	0	1	2
7. Multiple physical complaints (score 0 if GI symptoms only)			а	0	1	2
8. Loss of interest: less involved in usual activities			а	0	1	2
(score only if change oc	curred acutely, i.e. i	n less than 1 month	n)			
	C.	Physical Signs				
9. Appetite loss: eating les			а	0	1	2
10. Weight loss (score 2 if greater than 5 lb. in 1 month)				0	1	2 2 2
11. Lack of energy: fatigues easily, unable to sustain activities (score only if change occurred acutely, i.e., in less than 1 month			a nth)	0	1	2
	D (	Cyclic Functions				
12. Diurnal variation of me			а	0	1	2
			a	0	1	2
13. Difficulty falling asleep: later than usual for this individual 14. Multiple awakenings during sleep			a	0	1	2
15. Early morning awakening: earlier than usual for this individual				0	1	2
15. Early morning awaken	-			0	1	2
16 Quinida, facto life in m		tional Disturbance		0	1	2
16. Suicide: feels life is no or makes suicide at	-	suicidal wisnes,	a	0	1	2
17. Poor self esteem: self-blame, self-depreciation, feelings of failure				0	1	2
18. Pessimism: anticipation of the worst				0	1	2
19. Mood congruent delusions: delusions of poverty, illness, or loss			oss a	0	1	2
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## **Cornell Scale for Depression in Dementia**