## Cornell Scale for Depression in Dementia

Name $\qquad$

Age $\qquad$
Nursing Home Resident

## Scoring System

$\mathrm{A}=$ unable to evaluate $\quad 0=$ absent $\quad 1=$ mild or intermittent $\quad 2=$ severe

Sex $\qquad$ Date $\qquad$ Outpatient

Ratings should be based on symptoms and signs occurring during the week prior to interview. No score should be given in symptoms result from physical disability or illness.

## A. Mood-Related Signs

1. Anxiety: anxious expression, ruminations, worrying
2. Sadness: sad expression, sad voice, tearfulness
3. Lack of reactivity to pleasant events
4. Irritability: easily annoyed, short-tempered

## B. Behavioral Disturbance

5. Agitation: restlessness, handwringing, hairpulling
6. Retardation: slow movement, slow speech, slow reactions
7. Multiple physical complaints (score 0 if GI symptoms only)
8. Loss of interest: less involved in usual activities (score only if change occurred acutely, i.e. in less than 1 month)

## C. Physical Signs

9. Appetite loss: eating less than usual
10. Weight loss (score 2 if greater than 5 lb . in 1 month)
11. Lack of energy: fatigues easily, unable to sustain activities (score only if change occurred acutely, i.e., in less than 1 month)

## D. Cyclic Functions

12. Diurnal variation of mood: symptoms worse in the morning
13. Difficulty falling asleep: later than usual for this individual
14. Multiple awakenings during sleep
15. Early morning awakening: earlier than usual for this individual

## E. Ideational Disturbance

16. Suicide: feels life is not worth living, has suicidal wishes, or makes suicide attempt
17. Poor self esteem: self-blame, self-depreciation, feelings of failure
18. Pessimism: anticipation of the worst
19. Mood congruent delusions: delusions of poverty, illness, or loss

| a | 0 | 1 | 2 |
| :--- | :--- | :--- | :--- |
| a | 0 | 1 | 2 |
| a | 0 | 1 | 2 |
| a | 0 | 1 | 2 |
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| a | 0 | 1 | 2 |
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| a | 0 | 1 | 2 |
| a | 0 | 1 | 2 |
| a | 0 | 1 | 2 |

