



# Depression: Cornell Scale for Depression in Dementia

Resident: \_\_\_\_\_ Room #: \_\_\_\_\_ Date: \_\_\_\_\_

Scoring system: a = unable to evaluate 0 = absent 1 = mild or intermittent 2 = severe

Mood-related Signs	a	0	1	2
<b>Anxiety:</b> anxious expression, ruminations, worrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sadness:</b> sad expression, sad voice, tearfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lack of reactivity to pleasant events</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Irritability:</b> easily annoyed, short-tempered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral Disturbance	a	0	1	2
<b>Agitation:</b> restlessness, hand wringing, hair pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Retardation:</b> slow movement, slow speech or slow reactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Multiple physical complaints</b> (Score 0 if GI symptoms only.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Loss of interest:</b> less involved in usual activities (Score only if change occurred acutely, e.g., in less than one month.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Signs	a	0	1	2
<b>Appetite loss:</b> eating less than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Weight loss</b> (Score 2 if greater than 5 lbs. in one month.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Lack of energy:</b> fatigues easily, unable to sustain activities (Score only if change occurred acutely, e.g., in less than one month.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cyclic Functions	a	0	1	2
<b>Diurnal variation of mood:</b> symptoms worse in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Difficulty falling asleep:</b> later than usual for this individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Multiple awakenings during sleep</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Early morning awakening:</b> earlier than usual for this individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ideational Disturbance	a	0	1	2
<b>Suicide:</b> feels life is not worth living, has suicidal wishes, makes suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Poor self-esteem:</b> self-blame, self-depreciation, feelings of failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Pessimism:</b> anticipation of the worst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Mood-congruent delusions:</b> delusions of poverty, illness or loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Score: \_\_\_\_\_

Notes/Current medications: \_\_\_\_\_

Assessor: \_\_\_\_\_

See Reverse for Directions

## Directions:

- Ratings should be based on symptoms and signs occurring the week before interview.
- No score should be given if symptoms result from physical disability or illness.
- The same licensed person should conduct the interview each time to assure consistency in the response.
- The assessment should be based on the patient's normal weekly routine.
- If uncertain of answers, questioning other care providers may further define the answer.
- Answer all questions by placing a check in the column under the appropriately numbered answer.
- Add the total score for all numbers checked for each question.
- Place the total score in the "Score" box and record any subjective observation notes in the "Notes/Current Medications" section.
- Scores totaling twelve (12) or more points indicate probable depression.