

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Service: \_\_\_\_\_

### Cornell Scale for Depression in Dementia (CSDD)

The CSDD is specially designed for assessing depression in elderly residents with dementia. Please answer the items in each section and enter the value of the answer in the column labeled Score. Sum the scores of the items to determine the total score, and apply the interpretation rule that appears at the bottom of the page. The ratings should be based on symptoms and signs occurring during the week prior to this assessment. No score should be given if symptoms result from physical disability or illness. \* Assign the item a score of 0 if you cannot detect or evaluate the sign or symptom.

Mood-Related Signs	Absent*	Mild or Intermittent	Severe	Score
1. Anxiety (anxious expression, ruminations, worrying)	0	1	2	___
2. Sadness (sad expression, sad voice, tearfulness)	0	1	2	___
3. Lack of reactivity to pleasant events	0	1	2	___
4. Irritability (easily annoyed, short tempered)	0	1	2	___
<b>Behavioral Disturbance</b>				
5. Agitation (restlessness, handwringing, hairpulling)	0	1	2	___
6. Retardation (slow movements, slow speech, slow reactions)	0	1	2	___
7. Multiple physical complaints (score 0 if GI symptoms only)	0	1	2	___
8. Loss of interest (less involved in usual activities; score only if change occurred acutely, that is, in less than one month)	0	1	2	___
<b>Physical Signs</b>				
9. Appetite loss (eating less than usual)	0	1	2	___
10. Weight loss (score 2 if greater than 5 lb in one month)	0	1	2	___
11. Lack of energy (fatigues easily, unable to sustain activities; score only if change occurred acutely, that is, in less than one month)	0	1	2	___
<b>Cyclic Functions</b>				
12. Diurnal variation of mood symptoms worse in the morning	0	1	2	___
13. Difficulty falling asleep later than usual for the resident	0	1	2	___
14. Multiple awakening during sleep	0	1	2	___
15. Early morning awakening earlier than usual for this individual	0	1	2	___
<b>Ideational Disturbance</b>				
16. Suicide (feels life is not worth living, has suicidal wishes, or makes suicide attempt)	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)	0	1	2	___

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Current Axis I Diagnosis: \_\_\_\_\_

**Cornell Scale for Depression in Dementia (CSDD)**

**Total Score from Page 1=**

\_\_\_\_\_

**Interpretation of the Total Score**

A total score of 8 or more suggests significant depressive symptoms.

**Provider's notes:**

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

*By signing below I acknowledge and confirm that I have read the information contained above in the questionnaire and notes and agree that it accurately reflects the patient's statements regarding his/her symptoms and my impressions regarding the patient.*

**Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_