

Stroke Assessment Across the Continuum of Care

Cornell Scale for Depression in Dementia

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Client Name: _____ Date: _____

Administered at: Assessment _____ By: _____

Discharge: _____

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

Behavioural Disturbance

- 5. Agitation
restlessness, handwringing, hairpulling
- 6. Retardation
slow movements, 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,
e.g., less than 1 month)

Physical Signs

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

Cyclic Functions

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

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

Total:

Scoring System

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

- 0 = absent
- 1 = mild or intermittent
- 2 = severe
- N/A = unable to evaluate