

This is a **Sample** version of the
**The Cornell Scale for Depression
in Dementia (CSDD)**

The **full version** of the The Cornell Scale for Depression in Dementia (CSDD) comes without 'sample' watermark

The full complete version includes –

- Overview
- Scoring Guide
- Informant questionnaire and Patient questionnaire

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The Cornell Scale for Depression in Dementia (CSDD)

Background and Development Overview:

The CSDD is a 19-item instrument specifically designed for the rating of symptoms of depression in demented patients. Items were constructed so that they can be rated primarily on the basis of observation. To simplify the use of the scale, the severity of each item is rated according to three explicitly defined grades: absent, mild or intermittent, and severe. The scale is administered in two steps. First the clinician interviews the patient's caregiver on each of the 19 items, and then briefly interviews the patient. The caregiver is instructed to base his report on observations of the patient's behavior during the week prior to the interview. After interviewing the patient, if there are any large discrepancies between the clinician's observations and the caregiver's report, then the clinician will again interview the caregiver to clarify the reason for disagreement. The CSDD is scored on the basis of the clinician's final judgement. Total time for the administration is approximately 30 minutes: 20 minutes with the caregiver and 10 minutes with the patient.

The clinician must be a professional trained in the current concepts of the phenomenology of depression. Further training to use the CSDD is minimal.
Assessment in Elderly Populations:

The CSDD is specifically designed for elderly patients. In the initial study the median age of the 26 patients was 81 years with a range of 63 to 93. Interrater reliability was judged by comparing scores given by two psychiatrists. Because patients with more severe dementia may be more difficult to score, the patient population was divided into two groups based upon their Mini-Mental State Examination scores (above or below the median). The concordance of the total CSDD scores obtained independently by the two psychiatrists was the same for each group ($k=0.6$). The measurement of internal consistency yielded a Cronbach alpha of 0.84 suggesting the CSDD is internally consistent. There was a significant correlation between the total CSDD score and the rank order of the Research Diagnostic Criteria (RDC) measure of depression ($r=0.83$, $p<0.001$). In another measure of validity, CSDD scores for demented patients hospitalized for major depression were significantly lower upon discharge than those obtained on admission. Differences in the CSDD score are sensitive to differences in the RDC categories of depression.

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Administration & Scoring

The Cornell Scale for Depression in Dementia (CSDD) was specifically developed to assess signs and symptoms of major depression in patients with dementia. Because some of these patients may give unreliable reports, the CSDD uses a comprehensive interviewing approach that derives information from the patient and the informant. Information is elicited through two semi structured interviews; an interview with an informant and an interview with the patient. Based on these interviews, the interviewer can score the CSDD by assigning a preliminary score to each item of the scale on the basis of the informant's report in the "Informant" column. The next step is for the rater to interview the patient using the Cornell scale items as a guide.

The interviews focus on depressive symptoms and signs occurring during the week preceding the interview. Many of the items during the patient interview can be filled after direct observation of the patient. If there are discrepancies in ratings generated from the informant and the patient interviews, the rater should re-interview both the informant and the patient to resolve the discrepancies. The final ratings of the CSDD items represent the rater's clinical impression rather than the responses of the informant or the patient. The CSDD takes approximately 20 minutes to administer.

Each item is rated for severity on a scale of 0-2 (0=absent, 1=mild or intermittent, 2=severe). The item scores are added. Scores above 10 indicate a probable major depression. Scores above 18 indicate a definite major depression. Scores below 6 as a rule are associated with absence of significant depressive symptoms.

Interview with the Informant

Who qualifies as an Informant? Informants should know and have frequent contact with the patient. Reliable informants can include nursing staff for patients in the hospital and nursing homes or a family member for outpatients.

The informant interview should be conducted first. The interviewer should ask about any change in symptoms of depression over the prior week. The rater should complete each item on the scale. The rater can expand on the descriptions of the symptoms in order to help the informant understand each item.

Each item is rated for severity on a scale of 0-2 (0=absent, 1=mild or intermittent, 2=severe)

Interview with the Informant

I am going to ask you questions about how your relative has been feeling during the past week. I am interested in changes you have noticed and the duration of these changes.

A. Mood Related Signs

1. Anxiety: (anxious expression, ruminations, worrying) Has your relative been feeling anxious this past week? Has she been worrying about things she may not ordinarily worry about, or ruminating over things that may not be that important? Has your relative had an anxious, tense, distressed or apprehensive expression?	0	1	2
2. Sadness: (sad expression, sad voice, tearfulness) Has your relative been feeling down, sad, or blue this past week? Has s/he been crying at all? How many days out of the past week has she been feeling like this? For how long each day?	0	1	2
3. Lack of reactivity to pleasant events: If a pleasant event were to occur today (i.e., going out with spouse, friends, seeing grandchildren), would your relative be able to enjoy it fully, or might his/her mood get in the way of his/her interest in the event or activity? Does your relative's mood affect any of the following: <ul style="list-style-type: none"> • His/her ability to enjoy activities that used to give him/her pleasure? • His/her surroundings? • His/her feelings for family and friends? 	0	1	2
4. Irritability: (easily annoyed, short tempered) Has your relative felt short-tempered or easily annoyed this past week? Has she been feeling irritable, impatient, or angry this week?	0	1	2

B. Behavioral Disturbance

5. Agitation: (restlessness, handwringing, hair pulling) Has your relative been so fidgety or restless this past week that she was unable to sit still for at least an hour? Was your relative so physically agitated that you or others noticed it? Agitation may include such behaviours as playing with one's hands, hair, hand-wringing, hair-pulling, and/or lip-biting: have you observed any such behaviour in your relative during the past week?	0	1	2
6. Retardation: (slow movements, slow speech, slow reactions) Has your relative been talking or moving more slowly than is normal for him/her? This may include: <ul style="list-style-type: none"> • slowness of thoughts and speech • delayed response to your questions • decreased motor activity and/or reactions. 	0	1	2
7. Multiple physical complaints: In the past week, has your relative had any of the following physical symptoms? (in excess of what is normal for him/her): <ul style="list-style-type: none"> • indigestion, constipation, diarrhea, stomach cramps, belching, joint pain, backaches, muscles aches, frequent urination, sweating, headaches, heart palpitations hyperventilation (shortness of breath), If you have observed any of these physical symptoms, how much these things been bothering your relative? How severe have the symptoms gotten? How often have they occurred in the past week? Rating guideline: Do not rate symptoms that are side effects from medications or those symptoms that are only related to gastrointestinal ailments.	0	1	2