The Calgary Depression Scale for Schizophrenia (CDSS) has been developed by Drs. D. and J. Addington at the University of Calgary. The CDSS was specifically developed to assess the level of depression in schizophrenia. It has been extensively evaluated in both relapsed and remitted patients and appears sensitive to change.

The CDSS is currently available in 22 languages, including Czech, Danish, Dutch, Finnish, French, German, Greek, Hebrew, Hungarian, Italian, Korean, Mandarin, Norwegian, Polish, Portuguese, Romanian, Russian, Spanish (Mexico), Spanish (Spain), Swedish, Tagalog, and Turkish.

It is important to note that the CDSS is designed for use by an experienced rater. It is not intended for self-assessment, and any person concerned about schizophrenia should see a medical professional. The University of Calgary, the Calgary Regional Health Authority and Drs. D. and J. Addington accept no responsibility for the CDSS if it is not administered under appropriate conditions by a professional.

**Type:** Symptom scale.

**Subject:** Assessment of depressive symptoms separate from positive, negative, and extrapyramidal symptoms in people with schizophrenia.

**Administration:** Observer scale, semi-structured, goal-directed interview.

**Time Axis:** Two weeks unless otherwise specified.

**Item Selection:** Factor analysis from Present State Examination and Hamilton Depression Rating Scale.

**Number of Items:** Nine.

**Scoring:** The CDSS depression score is obtained by adding each of the item scores. To select a cutoff point, refer to the receiver operator curve data [below].

**Definition of Items:** All ratings of the items are defined according to operational criteria from 0-3.

**Psychometric Validity:** Construct validity has been confirmed by correlations with other depression rating scales and by the prediction of a major depressive episode. Divergent validity from positive, negative, and extrapyramidal symptoms has been established by the absence of correlations with measures of these symptoms. In addition, the level of depression assessed by CDSS and the level of negative symptoms differentially predict outcome.

**Reliability:** Internal reliability of the scale has been shown to be good, as has inter-rater reliability.

**Comments:** In comparison to the Hamilton Depression Scale, the CDSS has fewer factors and less overlap with positive and negative symptoms of schizophrenia. This lack of overlap is present both at the time of relapse and at the time of remission. The rater should have experience with people with schizophrenia and should develop inter-rater reliability with another rater experienced in the use of structured assessment instruments. An experienced rater should develop adequate inter-rater reliability within 5 practice interviews.

SOURCE: The above description of the CDSS, along with the scale (shown on next page), can also be found at www.ucalgary.ca/cdss.

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Choosing a lower score as a cutoff makes the scale more sensitive to detecting depression, but increases the likelihood that nondepressed patients will score in the depressed range (ie, that they will be incorrectly identified). Choosing a higher score as a cutoff decreases the scale’s sensitivity to detect depression, but also decreases the likelihood that nondepressed patients will score in the depressed range. For example, the data [presented at left] show that a CDSS score of 5 or higher (ie, cutoff score of 5) correctly identified 100% of the individuals who were having a major depressive episode (depression), but was only 74% accurate in screening out patients not experiencing depression. A cutoff score of 13 resulted in 54% correct identification of those experiencing depression, and correctly screened out 100% of those who were not experiencing depression (ie, none of the nondepressed patients scored a 13 or higher).

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1The presentation of this data is adapted from Addington D et al (1993) [see reference on next page]. The authors note that the reliability of the data “is limited by the relatively small number of subjects meeting criteria for major depressive disorder.”

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Calgary Depression Scale for Schizophrenia (CDSS)

Interviewer: Ask the first question of each item as written. Use followup probes or qualifiers at your discretion. Time frame refers to last two weeks unless stipulated. The last item, #9, is based on observations of the entire interview.

1. Depression: How would you describe your mood over the last two weeks? Do you keep reasonably cheerful or have you been very depressed or low spirited recently? In the last two weeks, how often have you (interviewer: insert words)? Every day? All day?

0. Absent
1. Mild Expresses some sadness or discouragement on questioning.
2. Moderate Distinct depressed mood persisting up to half the time over last two weeks: present daily.
3. Severe Markedly depressed mood persisting daily over half the time interfering with normal motor and social functioning.

2. Hopelessness: How do you see the future for yourself? Can you see any future, or has life seemed quite hopeless? Have you given up or does there still seem some reason for trying?

0. Absent
1. Mild Has at times felt hopeless over the last two weeks, but still has some degree of hope for the future.
2. Moderate Persistent, moderate sense of hopelessness over last two weeks. Can be persuaded to acknowledge possibility of things being better.
3. Severe Persistent and distressing sense of hopelessness.

3. Self Depreciation: What is your opinion of yourself compared to other people? Do you feel better, not as good or about the same as others? Do you feel inferior or even worthless?

0. Absent
1. Mild Some inferiority; not amounting to feeling of worthlessness.
2. Moderate Subject feels worthless, but less than 50% of the time.
3. Severe Subject feels worthless more than 50% of the time. May be challenged to acknowledge otherwise.

4. Guilty Ideas of Reference: Do you have the feeling that you are being blamed for something or even wrongly accused? What about? (Do not include justifiable blame or accusations. Exclude delusions of guilt.)

0. Absent
1. Mild Subject feels blamed but not accused less than 50% of the time.
2. Moderate Persisting sense of being blamed and/or occasional sense of being accused.
3. Severe Persistent sense of being accused. When challenged, acknowledges that it is not so.

5. Pathological Guilt: Do you tend to blame yourself for little things you may have done in the past? Do you think that you deserve to be so concerned about this?

0. Absent
1. Mild Subject sometimes feels overly guilty about some minor peccadillo, but less than 50% of the time.
2. Moderate Subject usually (over 50% of the time) feels guilty about past actions, the significance of which s/he exaggerates.
3. Severe Subject usually feels s/he is to blame for everything that has gone wrong, even when not his/her fault.

6. Morning Depression: When you have felt depressed over the last two weeks, have you noticed the depression being worse at any particular time of day?

0. Absent No depression.
1. Mild Depression present, but no diurnal variation.
2. Moderate Depression spontaneously mentioned to be worse in a.m.
3. Severe Depression markedly worse in a.m., with impaired functioning, which improves in p.m.

7. Early Wakening: Do you wake earlier in the morning than is normal for you? How many times a week does this happen?

0. Absent No early wakening.
1. Mild Occasionally wakes (up to twice weekly) 1 hour or more before normal time to wake or alarm time.
2. Moderate Often wakes early (up to 5 times weekly) 1 hour or more before normal time to wake or alarm time.
3. Severe Daily wakes 1 hour or more before normal time to wake or alarm time.

8. Suicide: Have you felt that life wasn’t worth living? Did you ever feel like ending it all? What did you think you might do? Did you actually try?

0. Absent
1. Mild Frequent thoughts of being better off dead, or occasional thoughts of suicide.
2. Moderate Deliberately considered suicide with a plan, but made no attempt.
3. Severe Suicidal attempt apparently designed to end in death (e.g., accidental discovery or inefficient means).

9. Observed Depression (based on interviewer’s observations during the entire interview): The question, “Do you feel like crying?” used at appropriate points in the interview, may elicit information useful to this observation.

0. Absent
1. Mild Subject appears sad and mournful even during parts of the interview involving affectively neutral discussion.
2. Moderate Subject appears sad and mournful throughout the interview, with gloomy monotonous voice, and is fearful or close to tears at times.
3. Severe Subject chokes on distressing topics, frequently sighs deeply and cries openly, or is persistently in a state of frozen misery (that the interviewer is sure is associated with depression).

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The following references provide additional information about the CDSS: