



## **Carroll Depression Scales-Revised**

*By Bernard Carroll, M.B., Ph.D., F.R.C. Psych.*

### **Profile Report**

**Client Name:**

**John Sample**

Age:

30

Gender:

Male

Ethnic Origin:

White/Caucasian

Duration:

N/A - QuickEntry

Administration Date:

Tuesday, December 21, 2004



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## Introduction

CDS-R is a 61 statement scale that contains the original 52 CDS statements and 9 additional statements for the depression-related symptoms in DSM-IV.

This report is based on an algorithm that produces interpretations based on the individual's scores with best communality and strength. The individual's scores are compared to those of two norm groups: inpatients and outpatients with independent diagnoses of mild to extreme Major Depression; and normal respondents.

This computerized report is an interpretative aid and should not be used as the sole basis for intervention, clinical diagnosis, or decision making. Its contents are best utilized when combined with other sources of information, such as records on file, supportive psychometric assessment results, and/or references. While the responses reflect how the individual has felt during the past few days, other sources of information are required for a full assessment. It is critical that the scores and interpretations contained in this report be used only by professionals who are qualified to work in the area of depression. These professionals have a mandatory ethical responsibility to the individual assessed in this report.

## Response Validation

The individual has 0 unanswered statement(s). This constitutes an irregular response rate of 0%. A percentage above 10% renders the responses invalid.

## The Global Severity Score = 24

The individual's total score for overall symptom severity of depression is 24 (the range is 0-52). This score is often associated with an individual who has moderate depression. This score can also be compared to that of the general population using depressed and control norm groups. The individual's score is compared to the two norm groups to determine the percentage of those who scored above and below the individual.

When compared to the control norm group, the individual's score of 24 converts to a T-score of 102 and a percentile of 99.6.

When compared to the depressed norm group, the individual's score of 24 converts to a T-score of 50 and a percentile of 48.

The results indicate that when compared to the control norm group, the individual's overall symptom severity of depression is very much above average. This description implies that the individual scored higher than 99.6% of the control norm group. This description should be read in the context of the individual having scored higher than 48% of the depressed norm group. In contrast, compared to the depressed norm group, the individual's overall symptom severity of depression is average.

These scores should be evaluated against other clinical information, and any discrepancies should be clarified. Care should be taken that general medical conditions associated with frequent symptoms contained in CDS do not result in misleadingly high scores.

## Support Indexes

The support indexes provide categorical judgements for Major Depression, Melancholic Features, Dysthymia, and Atypical Features. Nevertheless, there is a correspondence between diagnostic confidence and severity. Hence the diagnosis is more likely to be correct when the symptoms are more numerous and severe.

(For typical signs and symptoms of Major Depression, Melancholic Features, Dysthymic Disorder, & Atypical Features, see Appendix A.)

### Diagnostic Support™ Index for Major Depression

The symptomatic concordance between the CDS-R responses and the DSM-IV diagnostic criterion A indicates that Major Depression is present in the individual. In this case, 8 of 9 symptom groups are present.

### Diagnostic Support™ Index for Melancholic Features of Major Depression

The crosswalk from the CDS-R responses to the DSM-IV diagnostic criteria A and B is used to determine that Melancholic Features as a modifier of Major Depression are present in the individual, and 6 out of 8 symptom groups are present.

### Diagnostic Support™ Index for Dysthymic Disorder

Not present

### Diagnostic Support™ Index for Atypical Features

Not present

Care should be taken that general medical conditions associated with frequent symptoms contained in the CDS-R do not result in misleadingly high scores. Specific target symptoms of depression can be identified by inspecting the CDS-R responses through the HDRS scoring grid (next page).

## The Hamilton Depression Rating Scales (HDRS)

CDS-R is a direct, self-rated adaptation of the 17 clinical signs of HDRS. These signs (or items) each represent symptoms that together comprise the key clinical features of depression, including all the diagnostic criteria of DSM-IV for major depression and dysthymic disorder.

The HDRS total score can range from 0 to 52. The individual obtained a score of 24. The breakdown of HDRS into the 17 scores serves as a guideline when specific diagnoses are targeted (see Appendix B).

The individual's 17 HDRS scores and brief interpretations provided in the next section should be considered in the context of the item descriptions in Appendix B.

## Individual's HDRS scores and brief interpretation

No	HDRS item and range of levels	Score	Interpretation
H1	Depressed Mood (0-4)	2	Mild, occasional weeping. Feeling states spontaneously reported.
H2	Pathological Guilt (0-4)	0	Not Guilty.
H3	Suicidal Tendency (0-4)	2	Mild. Has recurrent thoughts of death. Wishes he/she were dead. These thoughts may be spontaneously given or elicited only by questioning.
H4	Initial Insomnia (0-2)	1	Mild, trivial, infrequent, less than 30 minutes.
H5	Middle Insomnia (0-2)	1	Mild, infrequent. Patient complains of being restless and disturbed during night. If patient wakes to void, is unable to return to sleep quickly.
H6	Late Insomnia (0-2)	1	Mild, infrequent. Patient wakes earlier than usual, but for less than 60 minutes or infrequently over 60 minutes.
H7	Work and Interests (0-4)	2	Mild. Has to push him/her self to undertake normal daily activities. Has lost interest, sees no point in undertaking tasks, obtains little satisfaction.
H8	Psychomotor Retardation (0-4)	3	Severe. Retardation prolongs interview to a marked degree. Slow movement and gait with diminished associated movement. Takes a long time to complete self-ratings.
H9	Psychomotor Agitation (0-4)	1	Mild. Patient fidgets at interview, clenching fists or side of chair, and/or kicks feet.
H10	Psychic Anxiety (0-4)	3	Moderate. Behavioral evidence of anxiety (distinguish from agitation); spontaneously expresses feeling states in significant number and frequency.
H11	Somatic Anxiety (0-4)	2	Mild. Spontaneously describes symptoms that are not marked or incapacitating.
H12	Gastrointestinal Symptoms (0-2)	2	Obvious, severe, marked reduction of appetite and food intake. Difficulty eating without urging. Other symptoms variable.
H13	General Somatic Symptoms (0-2)	1	Mild, infrequent. Feelings noted but not marked.
H14	Loss of Libido (0-2)	0	Absent.
H15	Hypochondriasis (0-4)	3	Severe. Expresses convictions of organic disease to explain present condition (e.g., brain tumor, cancer).
H16	Loss of Insight (0-2)	0	Absent.
H17	Loss of Weight (0-2)	0	Absent.

## Crosswalk Between DSM-IV Symptoms of Criterion A for Major Depressive Episode and CDS-R Statements

DSM-IV Criteria	Criteria Met	Corresponding CDS-R Item Number and Statement
<b>1. Depressed mood</b>	<input checked="" type="checkbox"/> 32	<input checked="" type="checkbox"/> Good spirits (no)
	16	<input checked="" type="checkbox"/> Feels like crying (yes)
	34	<input type="checkbox"/> Feels hopeless (yes)
	48	<input type="checkbox"/> Perceives miserable future (yes)
<b>2. Anhedonia</b>	<input checked="" type="checkbox"/> 25	<input type="checkbox"/> Experiences pleasure and satisfaction from activities (no)
	42	<input type="checkbox"/> Outgoing and social (no)
	3	<input checked="" type="checkbox"/> Has dropped interests and activities (yes)
	7	<input checked="" type="checkbox"/> Able to function (no)
<b>3. Weight loss</b>	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> Losing weight (yes)
	52	<input type="checkbox"/> Noticeable weight loss (yes)
<b>or weight gain</b>	58	<input type="checkbox"/> Noticeable weight gain (yes)
<b>or decreased appetite</b>	36	<input checked="" type="checkbox"/> Appetite unchanged (no)
	50	<input checked="" type="checkbox"/> Loss of appetite (yes)
<b>or increased appetite</b>	57	<input checked="" type="checkbox"/> Elevated appetite (yes)
<b>4. Insomnia</b>	<input checked="" type="checkbox"/> 22	<input checked="" type="checkbox"/> Falling asleep takes longer than usual (yes)
	8	<input type="checkbox"/> Falling asleep takes over half an hour (yes)
	27	<input checked="" type="checkbox"/> Sleep disturbances (yes)
	19	<input type="checkbox"/> Suffers sleep interruptions (yes)
	35	<input checked="" type="checkbox"/> Wakes up too early (yes)
	11	<input type="checkbox"/> Awakes earlier than necessary (yes)
<b>or hypersomnia</b>	59	<input checked="" type="checkbox"/> Gets excess sleep daily (yes)
<b>5. Psychomotor agitation</b>	<input checked="" type="checkbox"/> 43	<input type="checkbox"/> Calm appearance (no)
	10	<input type="checkbox"/> Restless and fidgety (yes)
	6	<input type="checkbox"/> Disturbed and agitated (yes)
	37	<input checked="" type="checkbox"/> Paces around (yes)
<b>or retardation</b>	30	<input type="checkbox"/> Voice lacks expression (yes)
	47	<input checked="" type="checkbox"/> Can't get anything done (yes)
	21	<input checked="" type="checkbox"/> Slowed down/needs assistance with bathing and dressing (yes)
<b>6. Fatigue/loss of energy</b>	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Energetic (no)
	51	<input checked="" type="checkbox"/> Feels exhausted (yes)
<b>7. Worthlessness/guilt</b>	<input type="checkbox"/> 44	<input type="checkbox"/> Positive self-worth (no)
	24	<input type="checkbox"/> Regrets about the past are a problem (yes)
	20	<input type="checkbox"/> Feels worthless and ashamed (yes)
	15	<input type="checkbox"/> Sense of being punished for past (yes)
<b>8. Ability to think or concentrate;</b>	<input checked="" type="checkbox"/> 9	<input type="checkbox"/> Able to concentrate (no)
	28	<input checked="" type="checkbox"/> Mentally alert (no)
<b>9. Morbid/suicidal ideas</b>	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> Feel life is worth living (no)
	17	<input type="checkbox"/> Frequent death wish (yes)
	46	<input checked="" type="checkbox"/> Suicidal thoughts (yes)
	12	<input checked="" type="checkbox"/> Death viewed as solution (yes)

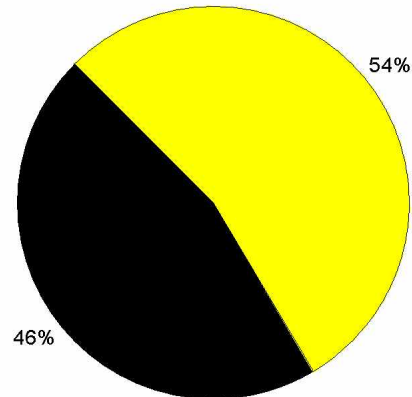
## Crosswalk Between DSM-IV Symptoms of Criteria A and B for Melancholic Features and CDS-R Statements

DSM-IV Criteria	Criteria Met	Corresponding CDS-R Item Number and Statement
1. Pervasive anhedonia	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Has dropped interests and activities (yes)
2. Nonreactive mood	<input checked="" type="checkbox"/> 53	<input checked="" type="checkbox"/> Depressed mood irrespective of good events (yes)
3. Distinct quality	<input checked="" type="checkbox"/> 54	<input checked="" type="checkbox"/> Feelings of grief (no)
4. Diurnal variation	<input checked="" type="checkbox"/> 55	<input checked="" type="checkbox"/> Feels worst in the morning (yes)
5. Early awakening	<input type="checkbox"/> 11	<input type="checkbox"/> Awakes earlier than necessary (yes)
6. Retardation	<input checked="" type="checkbox"/> 47	<input checked="" type="checkbox"/> Can't get anything done (yes)
	21	<input checked="" type="checkbox"/> Slowed down/needs assistance with bathing and dressing (yes)
or Agitation	6	<input type="checkbox"/> Disturbed and agitated (yes)
	37	<input checked="" type="checkbox"/> Paces around (yes)
7. Anorexia	<input checked="" type="checkbox"/> 50	<input checked="" type="checkbox"/> Loss of appetite (yes)
or weight loss	52	<input type="checkbox"/> Noticeable loss of weight (yes)
8. Pathologic guilt	<input type="checkbox"/> 20	<input type="checkbox"/> Feels worthless/ashamed (yes)
	15	<input type="checkbox"/> Sense of being punished for past (yes)

## Carroll Depression Scale-Revised (CDS-R) Responses

The following table lists CDS-R item responses. The pie graph shows the distribution of responses

Item	Response	Item	Response
1.	1	32.	2
2.	2	33.	1
3.	1	34.	2
4.	2	35.	1
5.	1	36.	2
6.	2	37.	1
7.	2	38.	1
8.	2	39.	1
9.	1	40.	2
10.	2	41.	2
11.	2	42.	1
12.	1	43.	1
13.	2	44.	1
14.	1	45.	2
15.	2	46.	1
16.	1	47.	1
17.	2	48.	2
18.	1	49.	1
19.	2	50.	1
20.	2	51.	1
21.	1	52.	2
22.	1	53.	1
23.	1	54.	2
24.	2	55.	1
25.	1	56.	2
26.	2	57.	1
27.	1	58.	2
28.	2	59.	1
29.	1	60.	2
30.	2	61.	1
31.	1		



Response 1 = Yes  
 Response 2 = No

## Appendix A – Signs and Symptoms of Disorders

### 1. Typical signs and symptoms of Major Depression are shown below.

- Sad mood
- Empty mood
- Loss of pleasure
- Loss of interest
- Weight loss/gain
- Increased/Decreased appetite
- Insomnia/Hypersomnia
- Psychomotor agitation/retardation
- Suicidal ideation
- Morbid ideation
- Fatigue/decreased energy
- Feeling worthless
- Pathologic guilt
- Diminished concentration
- Indecisiveness

### 2. Typical signs and symptoms of Melancholic Features of Major Depression are shown below.

- Pervasive anhedonia
- Non-reactive mood
- Distinct quality of depressed mood
- Diurnal morning worsening of mood
- Early morning awakening
- Marked psychomotor retardation/agitation
- Significant anorexia
- Significant weight loss
- Excessive or inappropriate guilt

### 3. Typical signs and symptoms of Dysthymic Disorder are the following.

- Depressed mood
- Overeating
- Insomnia/Hypersomnia
- Decreased appetite
- Low self-esteem
- Indecisiveness
- Fatigue/Decreased energy
- Weight gain
- Poor appetite
- Poor concentration
- Feeling hopeless

### 4. Typical signs and symptoms of Atypical Features for Major Depression or Dysthymic Disorder are shown below.

- Mood reactivity
- Increase in appetite
- Leaden paralysis
- Hypersomnia
- Significant weight gain
- Lifelong rejection sensitivity with social impairment



## Appendix B – Hamilton Depression Rating Scales

HDRS interpretations should be placed in the context of the following item descriptions:

No	Item	Description
H1	Depressed Mood	Patient is/feels sad, hopeless, gloomy, pessimistic, weeping, worthless. Severely depressed patients may “go beyond” weeping.
H2	Pathological Guilt	Feelings of guilt and irrational self-blame.
H3	Suicidal Tendency	Rate for feelings or behavior of the past week.
H4	Initial Insomnia	Patient has difficulty getting to sleep, as part of present illness; distinguished from habitual insomnia, note where hypnotics are being used.
H5	Middle Insomnia	Patient is restless and disturbed or wakes during the night.
H6	Late Insomnia	Patient wakes in early hours of the morning and is unable to fall asleep again. Not often present without initial and/or middle insomnia.
H7	Work and Interests	Apathy; loss of pleasure and interest in work, hobbies, and social activities; inability to obtain satisfaction.
H8	Psychomotor Retardation	Slowing of thought, speech, and movement. Often shows diurnal variation.
H9	Psychomotor Agitation	In mild form, can be present together with mild retardation. May also have motor agitation with verbal retardation, often shows diurnal variation.
H10	Psychic Anxiety	Patient is tense, unable to relax or concentrate, irritable, easily startled, worried over trivia (distinguish from depressive ruminations); phobic symptoms, apprehension of impending doom, fear of loss of control, panic episodes.
H11	Somatic Anxiety	Physiological concomitants of anxiety, has “butterflies,” indigestion, stomach cramps, belching, diarrhea, palpitations. Patient faints, hyperventilates, has paresthesias, sweats, experiences flushing, tremor, headache, blurred vision, and/or urinary frequency.
H12	Gastrointestinal Symptoms	Loss of appetite and dry mouth (diminished salivary flow) are more common and characteristic than constipation. Heavy feelings in abdomen also occur. Distinguish from gastrointestinal somatic anxiety.
H13	General Somatic Symptoms	Fatigue, exhaustion, loss of energy, diffuse muscular aches, heavy dragging feelings in arms or legs.
H14	Loss of Libido	Difficult symptom to assess, especially in the elderly. Rate only definite change associated with illness.
H15	Hypochondriasis	Morbid preoccupation with real or imagined bodily symptoms or functions.
H16	Loss of Insight	Denial of “nervous” illness. Attributes illness to virus, overwork, climate, physical symptoms. Does not recognize, breaks with reality.
H17	Loss of Weight	Symptom occurred since onset of illness. Estimate weight loss in the absence of definite information.

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**End of Report**