Addressograph with Resident's Name:

SIG E CAPS

Assessor: _____

Depressive Symptoms	Initial Assessment Date:	Re-Assessment Date:
At least five (5) of the following symptoms* have been present nearly every day, for most of the day, during the same two-week period and represent a change from previous functioning:		
S – Sleep is disturbed.	□ Yes □ No	□ Yes □ No
I – Interest is decreased.	□ Yes □ No	□ Yes □ No
G – Guilt (feelings of guilt are common, having regrets, etc.).	□ Yes □ No	□ Yes □ No
E – Energy is lower than usual.	□ Yes □ No	□ Yes □ No
C – Concentration is poor and memory problems may be exacerbated.	□ Yes □ No	□ Yes □ No
A – Appetite is disturbed, usually a loss of appetite accompanied (or not) by weight loss.	□ Yes □ No	□ Yes □ No
P – Psychomotor retardation or agitation (agitation may be misconstrued as a result of anxiety only).	□ Yes □ No	□ Yes □ No
S – Suicidal ideation, at least a passive wish to die, is frequently present.	□ Yes □ No	□ Yes □ No
Additional symptoms: At least one of the symptoms is either (1) Depressed Mood	□ Yes □ No	□ Yes □ No
(2) Loss of interest in pleasure	□ Yes □ No	□ Yes □ No
SIG E CAPS Score (Total number of "Yes" answers)		

(Adapted from DSM-IV, American Psychiatric Association, 1994.)

*Symptoms cause significant distress or impairment in daily activities, social life, or other important areas of functioning.

*Symptoms are not due to the direct effects of a substance (e.g., drugs of abuse or medication) or a general medical condition.

Comments:

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Excerpt from 3 Ds Delirium Depression Dementia Resource Guide. Toronto Best Practice in LTC Initiative 2007