

The changes, additions and corrections done in response to reviewers' comments and your guidance follow. To the extent possible, they are in the order of the reviewers' comments although some are combined.

- Rationale for Including Criteria for Depression. These were unnecessary and were deleted.
- Scale Designed for Unimpaired and Impaired? Many researchers have used scales that were originally designed for the unimpaired on cognitively impaired individuals. In some instances, the scales were used only on mild and/or moderately impaired people. In other cases, surrogates were used as informants. We have tried to clarify this in our review of the existing measures. The AD-RD Mood Scale itself is designed for people with very mild to severe cognitive impairment. It has not been designed for or tested on unimpaired people.
- OERS-Source of Data? This was added. The source is observation, not proxy reporting.
- The Statement "most researchers." This has been deleted.
- Inclusion of Positive Mood Items in Other Scales. We have clarified that in the instances where positive items are included, they number only 3 or 4 at most.
- DMAS Mean Score. This mean score was not meaningful per se and was deleted.
- Direct Observation or Proxy Reporting for AD-RD Scale. We added several lines to describe the sources of information used by raters to score the AD-RD Mood Scale.
- Determining Level of Impairment. We added Folstein's typology to describe the sample as a whole by degrees of impairment and also used it as the basis for subsequent subsample analyses that were added to the manuscript.
- Length of Testing Session. This was also added.
- Clarifying Study 1 Sample. Residence of the participants (community, assisted living, or nursing home) was added as was the approach to determining impairment/diagnosis to further describe each of the four study samples.
- Why use Only the Data from Study 4 to Address Test-Retest Reliability? The lack of test-retest data in the first 3 studies was noted by the investigators and remedied in Study 4.
- Clearer, Concise Information about Subjects. As indicated above, the diagnoses were added to each sample description as were the types of facilities in which they resided to provide a better picture of the samples.
- What are "acceptable" Levels of Reliability? Where it had been used, this term was either deleted altogether or the actual reported reliability was added to be more specific.
- Clinical Diagnosis of Alzheimer's. We added reference to the NINCDS-ADRDA criteria that were used in Studies 2 and 3 to determine diagnosis.
- Subscale Scores. . . Depressed vs. Nondepressed. This needed clarification. The source of subjects (Study 3) was added.
- Content and Length of Rater Training. The training of raters, including content and length of time, was added.
- "Accompanying Problematic Behaviors". This statement was an oversimplification and was deleted.
- There is New Information about Diagnosis of Participants in the Discussion. This information was expanded, clarified and moved out of the Discussion Section.

- Including a Subject with MMSE of 29. Occasionally (not often) an individual with very mild Alzheimer's disease can achieve a MMSE score as high as 28 or 29. We reviewed the clinical record to be sure the diagnosis was appropriate and would not have retained this individual if there had not been a clear diagnosis of AD.
- Descriptive Statistics of Overall Sample. A paragraph was added to provide these statistics, including degree of impairment using the Folstein typology.
- Interrater Reliability for Revised Scale, not Pilot Version. Interrater reliability data for the 5 subscales replaced the pilot version data.
- Test-Retest Reliability Coefficients. These were added as requested.
- Subscale Homogeneity-Sample Used? This was done on the total sample and has been clarified in the manuscript.
- "Validity Coefficient". Pearson r was used. This has been added.
- 10 Minute OERS. The reviewer is correct that the 10 minute scales do not measure mood. The 10 minute scale results were deleted, the 2 week results were retained. Technically, "OERS" or Observed Emotion Rating Scale is the name of a revised version of the Observed Affect Rating Scale which was actually used. This has been corrected as well.
- Address Dementia Severity. This has been addressed in several ways: the sample has been described in terms of Folstein's typology for mild, moderate and severe dementia, homogeneity of the subscales has been evaluated by stage and a comparison of subscale means across stages has been added as suggested.
- Tighten Discussion Section. A number of changes were made to reduce redundancy, correct the statement related to pathology and address the four points listed by the reviewer.
- Edits and Corrections. The corrections suggested were made. The use of short forms (CSDD, DMAS) has been reduced or eliminated and the names of the measures spelled out instead with the exceptions of the MMSE and AD-RD Mood Scale.
- Access to the Instrument. The instrument can be obtained by mail or email to the author. Alternatively we could include it as a table or appendix if the Editor prefers this.

We would like to thank the reviewers for their thoughtful commentary and questions about the manuscript. Thank you for the opportunity to revise the manuscript.