

## Clinical Dementia Rating Worksheet

This is a semi-structured interview. Please ask all of these questions. Ask any additional questions necessary to determine the subject's CDR. Please note information from the additional questions.

### Memory Questions for Informant:

1. Does he/she have a problem with his/her memory or thinking?  Yes  No
- 1a. If yes, is this a consistent problem (as opposed to inconsistent)?  Yes  No
2. Can he/she recall recent events?  Usually  Sometimes  Rarely
3. Can he/she remember a short list of items (shopping)?  Usually  Sometimes  Rarely
4. Has there been some decline in memory during the past year?  Yes  No
5. Is his/her memory impaired to such a degree that it would have interfered with his/her activities of daily life a few years ago (or pre-retirement activities)? (collateral sources opinion)  Yes  No
6. Does he/she completely forget a major event (e.g., trip, party, family wedding) within a few weeks of the event?  Usually  Sometimes  Rarely
7. Does he/she forget pertinent details of the major event?  Usually  Sometimes  Rarely
8. Does he/she completely forget important information of the distant past (e.g., birth date, wedding date, place of employment)?  Usually  Sometimes  Rarely
9. Tell me about some recent event in his/her life that he/she should remember. (For later testing, obtain details such as location of the event, time of day, participants, how long the event was, when it ended and how the subject or other participants got there).

Within 1 week:

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Within 1 month:

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10. When was he/she born? \_\_\_\_\_
11. Where was he/she born? \_\_\_\_\_
12. What was the last school he/she attended? \_\_\_\_\_  
 Name \_\_\_\_\_  
 Place \_\_\_\_\_  
 Grade \_\_\_\_\_
13. What was his/her main occupation/job (or spouse's job if subject was not employed)? \_\_\_\_\_
14. What was his/her last major job (or spouse's job if subject was not employed)? \_\_\_\_\_
15. When did he/she (or spouse) retire and why? \_\_\_\_\_

## Clinical Dementia Rating Worksheet

### Orientation Questions for Informant:

How often does he/she know of the exact:

1. Date of the Month?

Usually    Sometimes    Rarely    Don't Know

2. Month?

Usually    Sometimes    Rarely    Don't Know

3. Year?

Usually    Sometimes    Rarely    Don't Know

4. Day of the Week?

Usually    Sometimes    Rarely    Don't Know

5. Does he/she have difficulty with time relationships (when events happened in relation to each other)?

Usually    Sometimes    Rarely    Don't Know

6. Can he/she find his/her way about familiar streets?

Usually    Sometimes    Rarely    Don't Know

7. How often does he/she know how to get from one place to another outside his/her neighborhood?

Usually    Sometimes    Rarely    Don't Know

8. How often can he/she find his/her way about indoors?

Usually    Sometimes    Rarely    Don't Know

## Clinical Dementia Rating Worksheet

### Judgment and Problem Solving Questions for Informant:

1. In general, if you had to rate his/her abilities to solve problems at the present time, would you consider them:

- As good as they have ever been
- Good, but not as good as before
- Fair
- Poor
- No ability at all

2. Rate his/her ability to cope with small sums of money (e.g., make change, leave a small tip):

- No loss
- Some loss
- Severe loss

3. Rate his/her ability to handle complicated financial or business transactions (e.g., handling bank accounts, paying bills):

- No loss
- Some loss
- Severe loss

4. Can he/she handle a household emergency (e.g., plumbing leak, small fire)?

- As well as before
- Worse than before because of trouble thinking
- Worse than before, another reason (why) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

5. Can he/she understand situations or explanations?

- Usually       Sometimes       Rarely       Don't Know

6. Does he/she behave\* appropriately [i.e., in his/her usual (premorbid) manner] in social situations and interactions with other people?

- Usually       Sometimes       Rarely       Don't Know

\*This item rates behavior, not appearance.

## Clinical Dementia Rating Worksheet

### Community Affairs Questions for Informant:

#### Occupational

1. Is the subject still working?  Yes  No  N/A  
 If not applicable, proceed to item 4  
 If yes, proceed to item 3  
 If no, proceed to item 2
2. Did memory or thinking problems contribute to the subject's decision to retire? (Question 4 is next)  Yes  No  D/K
3. Does the subject have significant difficulty in his/her job because of problems with memory or thinking?  
 Rarely or Never     Sometimes     Usually     Don't Know

#### Social

4. Did he/she ever drive a car?  Yes  No  
 Does the subject drive a car now?  Yes  No  
 If no, is this because of memory or thinking problems?  Yes  No
5. If he/she is still driving, are there problems or risks because of poor thinking?  Yes  No
- \*6. Is he/she able to independently shop for needs?  
 Rarely or Never     Sometimes     Usually     Don't Know  
(Needs to be accompanied on any shopping trip)      (Shops for limited number of items; buys duplicate items or forgets needed items)
7. Is he/she able to independently carry out activities outside the home?  
 Rarely or Never     Sometimes     Usually     Don't Know  
(Generally unable to perform activities without help)      (Limited and/or routine, e.g., superficial participation in synagogue/shul or meetings; visits to the hairdresser)      (Meaningful participation in activities, e.g., voting)
8. Is he/she taken to social functions outside a family home?  Yes  No  
 If no, why not? \_\_\_\_\_
9. Would a casual observer of the subject's behavior think the subject was ill?  Yes  No
10. If in a nursing home, does he/she participate well in social functions (thinking)?  Yes  No

#### IMPORTANT:

Is there enough information available to rate the subject's level of impairment in community affairs?

**If not, please probe further.**

Community Affairs: Such as going to synagogue/shul, visiting with friends or family, political activities, other professional groups, social clubs, service organizations, educational programs.

**\*Please add notes if needed to clarify subject's level of functioning in this area.**

## Clinical Dementia Rating Worksheet

### Home and Hobbies Questions for Informant:

- 1a. What changes have occurred in his/her abilities to perform household chores? \_\_\_\_\_  
\_\_\_\_\_
- 1b. What can he/she still do well? \_\_\_\_\_  
\_\_\_\_\_
- 2a. What changes have occurred in his/her abilities to perform hobbies? \_\_\_\_\_  
\_\_\_\_\_
- 2b. What can he/she still do well? \_\_\_\_\_  
\_\_\_\_\_
3. If in a nursing home, what can he/she no longer do well (H and H)? \_\_\_\_\_  
\_\_\_\_\_

### Everyday Activities (The Dementia Scale of Blessed):

- |  | No Loss |     | Severe Loss |
|--|---------|-----|-------------|
| 4. Ability to perform household tasks    | 0       | 0.5 | 1           |
| Please describe: _____<br>_____<br>_____ |         |     |             |

5. Is he/she able to perform household chores at the level of:  
(Pick one. Informant does not need to be asked directly).

- No meaningful function.  
(Only with much supervision, performs simple activities, such as making a bed)
- Functions in limited activities only.  
(With some supervision, washes dishes with acceptable cleanliness; sets table)
- Functions independently in some activities.  
(Operates appliances, such as a washing machine; prepares simple meals)
- Functions in usual activities but not at usual level.
- Normal function in usual activities.

### IMPORTANT:

Is there enough information available to rate the subject's level of impairment in HOME & HOBBIES?  
**If not, please probe further.**

Homemaking Tasks: Such as cooking, laundry, cleaning, grocery shopping, taking out garbage, yard work, simple care maintenance, and basic home repair.

Hobbies: Sewing, painting, handicrafts, reading, entertaining, photography, gardening, going to theater or symphony, woodworking, participation in sports.

## Clinical Dementia Rating Worksheet

### Personal Care Questions for Informant:

\*What is your estimate of his/her mental ability in the following areas:

	Unaided	Occasionally misplaced buttons, etc.	Wrong sequence, commonly forgotten items	Unable to dress
A. Dressing (The Dementia Scale of Blessed)	0	1	2	3
	Unaided	Needs prompting	Sometimes needs help	Always or nearly always needs help
B. Washing, grooming	0	1	2	3
	Cleanly; proper utensils	Messily; spoon	Simple solids	Has to be fed completely
C. Eating habits	0	1	2	3
	Normal complete control	Occasionally wets bed	Frequently wets bed	Doubly incontinent
D. Sphincter control (The Dementia Scale of Blessed)	0	1	2	3

\* A box-score of 1 can be considered if the subject's personal care is impaired from a previous level, even if they do not receive prompting.

## Clinical Dementia Rating Worksheet

### Memory Questions for Subject:

1. Do you have problems with memory or thinking?  Yes  No
2. A few moments ago your (spouse, etc.) told me a few recent experiences you had. Will you tell me something about those? (Prompt for details, if needed such as location of the event, time of day, participants, how long the event was, when it ended and how the subject or other participants got there).

Within 1 week

1.0 – Largely correct \_\_\_\_\_  
 0.5 \_\_\_\_\_  
 0.0 – Largely incorrect \_\_\_\_\_

Within 1 month

1.0 – Largely correct \_\_\_\_\_  
 0.5 \_\_\_\_\_  
 0.0 – Largely incorrect \_\_\_\_\_

3. I will give you a name and address to remember for a few minutes. Repeat this name and address after me: (Repeat until the phrase is correctly repeated or to a maximum of three trials).

Elements	1	2	3	4	5
	Ben	Stern,	42	Kaplan Street,	Tel Aviv
	Ben	Stern,	42	Kaplan Street,	Tel Aviv
	Ben	Stern,	42	Kaplan Street,	Tel Aviv

(Underline elements repeated correctly in each trial).

4. When were you born? \_\_\_\_\_
5. Where were you born? \_\_\_\_\_
6. What was the last school you attended?  
 Name \_\_\_\_\_  
 Place \_\_\_\_\_ Grade \_\_\_\_\_
7. What was your main occupation job (or spouse if not employed)? \_\_\_\_\_
8. What was your last major job (or spouse if not employed)? \_\_\_\_\_
9. When did you (or spouse) retire and why? \_\_\_\_\_

10. Repeat the name and address I asked you to remember:

Elements	1	2	3	4	5
	Ben	Stern,	42	Kaplan Street,	Tel Aviv

(Underline elements repeated correctly).

## Clinical Dementia Rating Worksheet

### Orientation Questions for Subject:

Record the subject's answer verbatim for each question.

1. What is the date today?

Correct  Incorrect

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2. What day of the week is it?

Correct  Incorrect

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3. What is the month?

Correct  Incorrect

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4. What is the year?

Correct  Incorrect

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5. What is the name of this place?

Correct  Incorrect

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6. What yishuv or city are we in?

Correct  Incorrect

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7. What time is it?

Correct  Incorrect

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8. Does the subject know who the informant is (in your judgment)?

Correct  Incorrect

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## Clinical Dementia Rating Worksheet

### Judgment and Problem Solving Questions for Subject:

Instructions: If initial response by subject does not merit a grade 0, press the matter to identify the subject's best understanding of the problem. Circle nearest response.

#### Similarities:

Example: "How are a pencil and pen alike? (writing instruments)

How are these things alike?"      Subject's Response

1. onion .....cauliflower \_\_\_\_\_  
 (0 = vegetables)  
 (1 = edible foods, living things, can be cooked, etc.)  
 (2 = answers not pertinent; differences; buy them)
2. desk.....bookcase \_\_\_\_\_  
 (0 = furniture, office furniture; both hold books)  
 (1 = wooden, legs)  
 (2 = not pertinent, differences)

#### Differences:

Example: "What is the difference between sugar and vinegar? (sweet vs. sour)

What is the difference between these things?"

3. lie.....mistake \_\_\_\_\_  
 (0 = one deliberate, one unintentional)  
 (1 = one bad, one good – or explains only one)  
 (2 = anything else, similarities)
4. lake.....reservoir \_\_\_\_\_  
 (0 = one natural, one artificial)  
 (2 = anything else)

#### Calculations:

5. How many 5 agorot coins in a shekel?       Correct    Incorrect
6. How many half shekel coins are in 13.50₪?       Correct    Incorrect
7. Subtract 3 from 20 and keep subtracting 3 from each new number all the way down.       Correct    Incorrect

#### Judgment:

8. Upon arriving in a strange city, how would you locate a friend that you wished to see?  
 (0 = try the telephone book, call information (144); call a mutual friend)  
 (1 = call the police, go to city hall (usually will not give address))  
 (2 = no clear response)
9. Subject's assessment of disability and station in life and understanding of why he/she is present at the examination (may have covered, but rate here):  
 Good Insight       Partial Insight       Little Insight

## CLINICAL DEMENTIA RATING (CDR)

CLINICAL DEMENTIA RATING (CDR):	<b>0</b>	<b>0.5</b>	<b>1</b>	<b>2</b>	<b>3</b>
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	Impairment				
	None 0	Questionable 0.5	Mild 1	Moderate 2	Severe 3
Memory	No memory loss or slight inconsistent forgetfulness	Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness	Moderate memory loss; more marked for recent events; defect interferes with everyday activities	Severe memory loss; only highly learned material retained; new material rapidly lost	Severe memory loss; only fragments remain
Orientation	Fully oriented	Fully oriented except for slight difficulty with time relationships	Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere	Severe difficulty with time relationships; usually disoriented to time, often to place	Oriented to person only
Judgment & Problem Solving	Solves everyday problems & handles business & financial affairs well; judgment good in relation to past performance	Slight impairment in solving problems, similarities and differences	Moderate difficulty in handling problems, similarities and differences; social judgment usually maintained	Severely impaired in handling problems, similarities and differences; social judgment usually impaired	Unable to make judgments or solve problems
Community Affairs	Independent function at usual level in job, shopping, volunteer and social groups	Slight impairment in these activities	Unable to function independently at these activities although may still be engaged in some; appears normal to casual inspection	No pretense of independent function outside home Appears well enough to be taken to functions outside a family home	Appears too ill to be taken to functions outside a family home
Home and Hobbies	Life at home, hobbies, and intellectual interests well maintained	Life at home, hobbies, and intellectual interests slightly impaired	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned	Only simple chores preserved; very restricted interests, poorly maintained	No significant function in home
Personal Care	Fully capable of self-care		Needs prompting	Requires assistance in dressing, hygiene, keeping of personal effects	Requires much help with personal care; frequent incontinence

Score only as decline from previous usual level due to cognitive loss, not impairment due to other factors.