

Clinical Dementia Rating

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

Memory Questions for person being questioned about the patient:

1. Does the patient 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 the patient recall recent events? Usually Sometimes Rarely
3. Can the patient 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 the patient's memory impaired to such a degree that it would have interfered with his/her daily activities (or pre-retirement activities) a few years ago? (collateral source's opinion) Yes No
6. Does the patient completely forget a major event (e.g., trip, social gathering, family wedding) within a few weeks of the event? Usually Sometimes Rarely
7. Does the patient forget pertinent details about the major event? Usually Sometimes Rarely
8. Does the patient completely forget important information about the distant past (e.g., birth date, wedding date, place of employment)? Usually Sometimes Rarely
9. Tell me about some recent event in the patient's 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 patient or other participants got there).

Within 1 week:

Within 1 month:

10. When was the patient born? _____
11. Where was the patient born? _____
12. What was the last educational establishment the patient attended? _____
Name _____
Place _____
Highest level achieved _____
13. What was the patient's main occupation/job (or spouse's job if the patient was not employed)? _____
14. What was the patient's last major job (or spouse's job if the patient was not employed)? _____
15. When did he/she (or spouse) retire and why? _____

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Orientation Questions for person being questioned about the patient:

How often does the patient know of the exact:

1. Date of the Month?

Usually Sometimes Rarely I don't know

2. Month?

Usually Sometimes Rarely I don't know

3. Year?

Usually Sometimes Rarely I don't know

4. Day of the Week?

Usually Sometimes Rarely I don't know

5. Does the patient have difficulty with time relationships (when events happened in relation to each other)?

Usually Sometimes Rarely I don't know

6. Can the patient find his/her way around familiar streets?

Usually Sometimes Rarely I don't know

7. How often does the patient know how to get from one place to another outside his/her neighbourhood?

Usually Sometimes Rarely I don't know

8. How often can the patient find his/her way around indoors?

Usually Sometimes Rarely I don't know

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Judgment and Problem Solving Questions for person being questioned about the patient:

1. In general, if you had to rate the patient's 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 the patient's ability to cope with small sums of money (e.g., work out change, leave a tip):

- No loss
 Some loss
 Severe loss

3. Rate the patient's ability to handle complicated financial or business transactions (e.g., balance cheque book, pay accounts):

- No loss
 Some loss
 Severe loss

4. Can the patient handle a household emergency (e.g., plumbing leak, small fire)?

- As well as before
 Worse than before because of trouble thinking
 Worse than before due to another reason (why?) _____

5. Can the patient understand situations or explanations?

- Usually Sometimes Rarely I don't know

6. Does the patient behave* appropriately [i.e., in his/her usual (pre-morbid) manner] in social situations and interactions with other people?

- Usually Sometimes Rarely I don't know

*This item rates behaviour, not appearance.

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Community Affairs Questions for person being questioned about the patient:

Occupational

1. Is the patient 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 patient's decision to retire? (Question 4 is next) Yes No D/K
3. Does the patient have significant difficulty in his/her job because of problems with memory or thinking?
 Rarely or Never Sometimes Usually I don't know

Social life

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

IMPORTANT:

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

If not, please probe further.

Community Affairs: Such as going to church, visiting with friends or family, political activities, professional organisations, social clubs, service organizations, educational programs.

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

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Home and Hobbies Questions for person being questioned about the patient:

- 1a. What changes have occurred in the patient's abilities to perform household tasks? _____

- 1b. What can the patient still do well? _____

- 2a. What changes have occurred in the patient's abilities to perform hobbies? _____

- 2b. What can the patient still do well? _____

3. If in nursing home, what can the patient no longer do well (Household and Hobbies)? _____

Everyday Activities (Blessed Dementia Scale):

	No Loss	0.5	Severe Loss
4. Ability to perform household tasks	0	0.5	1
Please describe: _____ _____ _____			

5. Is the patient able to perform household tasks at the level of:
(Pick one. Person being questioned about the patient does not need to be asked directly).

- No meaningful function.
(Performs simple activities, such as making a bed, only with much supervision)
- 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 vacuum cleaner; 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 patient's level of impairment in HOME & HOBBIES?
If not, please probe further.

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

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

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Personal Care Questions for person being questioned about the patient:

*What is your estimate of the patient's mental ability in the following areas:

	Unaided	Occasionally misplaced buttons, etc.	Wrong sequence commonly forgotten items	Unable to dress
A. Dressing (Blessed Dementia Scale)	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 (Blessed Dementia Scale)	0	1	2	3

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

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Memory Questions for Patient:

1. Do you have problems with memory or thinking? Yes No
2. A few moments ago your (spouse, etc.) told me about a few recent experiences you had. Could you tell me something about those experiences? (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 patient or other participants got there).

Within 1 week

1.0 – Mostly correct _____
 0.5 _____
 0.0 – Mostly incorrect _____

Within 1 month

1.0 – Mostly correct _____
 0.5 _____
 0.0 – Mostly 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 for a maximum of three trials).

Elements	1	2	3	4	5
John	John	Brown,	42	Market Street,	Cape Town
John	John	Brown,	42	Market Street,	Cape Town
John	John	Brown,	42	Market Street,	Cape Town

(Underline elements repeated correctly in each trial).

4. When were you born? _____
5. Where were you born? _____
6. What was the last educational establishment you attended?
 Name _____
 Place _____ Highest level achieved _____
7. What was your main occupation/job (or spouse's if you were not employed)? _____
8. What was your last major job (or spouse's if you were not employed)? _____
9. When did you (or your spouse) retire and why? _____

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

Elements	1	2	3	4	5
John	John	Brown,	42	Market Street,	Cape Town

(Underline elements repeated correctly).

Clinical Dementia Rating

Orientation Questions for Patient:

Record the patient's answer verbatim for each question

1. What is the date today?

Correct Incorrect

2. What day of the week is it?

Correct Incorrect

3. What is the month?

Correct Incorrect

4. What is the year?

Correct Incorrect

5. What is the name of this place?

Correct Incorrect

6. What town or city are we in?

Correct Incorrect

7. What time is it?

Correct Incorrect

8. Does the patient know who the person previously questioned about him/her is (in your judgment)?

Correct Incorrect

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Judgment and Problem Solving Questions for Patient:

Instructions: If initial response by patient does not merit a grade 0, continue asking to identify the patient's best understanding of the problem. Circle the closest response.

Similarities:

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

- | How are these things alike?" | Patient's Response |
|---|--------------------|
| 1. turnip.....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/papers)
(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 the other good – or explains only one)
(2 = anything else, similarities) | _____ |
| 4. river.....canal
(0 = natural - artificial)
(2 = anything else) | _____ |

Calculations:

- | | | |
|---|----------------------------------|------------------------------------|
| 5. How many cents in a rand? | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect |
| 6. How many twenty cent pieces in R6.80? | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect |
| 7. Subtract 3 from 20 and keep subtracting 3 from each new number all the way down. | <input type="checkbox"/> Correct | <input type="checkbox"/> Incorrect |

Judgment:

8. If you arrived in a strange city, how would you find a friend that you wanted to see?
- (0 = try the telephone book, go to the Post Office for a telephone directory; phone a mutual friend)
 (1 = call the police, call telephone enquiries (usually will not give address))
 (2 = no clear response)
9. Patient's assessment of disability and position 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):	0	0.5	1	2	3
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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 disorientation with respect to time (when events happened in relation to each other)	Moderate disorientation with respect to time (when events happened in relation to each other); oriented for place at examination; may have geographic disorientation outside the place of examination	Severe disorientation with respect to time (when events happened in relation to each other); usually disoriented to time, often to place	Orientated 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 the casual observer	No possibility 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 tasks abandoned; more complicated hobbies and interests abandoned	Only simple tasks 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 belongings	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.