

Date Performed:
day month year

Rater's initials:

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: _____
 Within 1 month: _____

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? _____

© copyright by Washington University, St. Louis, MO.

Orientation Questions for Informant:*How often does he/she know of the exact:*1. Date of the Month? Usually Sometimes Rarely Don 't Know2. Month? Usually Sometimes Rarely Don 't Know3. Year? Usually Sometimes Rarely Don 't Know4. Day of the Week? Usually Sometimes Rarely Don 't Know5. Does he/she have difficulty with time relationships (when events happened in relation to each other)? Usually Sometimes Rarely Don 't Know6. Can he/she find his/her way about familiar streets? Usually Sometimes Rarely Don 't Know7. How often does he/she know how to get from one place to another outside his/her neighborhood? Usually Sometimes Rarely Don 't Know8. How often can he/she find his/her way about indoors? Usually Sometimes Rarely Don 't Know

Judgement 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., balance checkbook, pay 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 behaviour, not appearance.

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 DK
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 (Needs to be accompanied on any shopping trip) Sometimes (Shops for limited number of items, buys duplicate items or forgets needed items) Usually 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 beauty parlors) Usually (Meaningful participation in activities e.g., voting) Don 't Know
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 behaviour think the subject was ill? Yes No
10. If in 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 church, visiting with friends or family, political activities, professional organizations such as bar association, other professional groups, social clubs, service organizations, educational programs.

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

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 nursing home, what can he/she no longer do well (H and H)? _____

Everyday Activities (Blessed):

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

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.
(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 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.

Personal Care Questions for Informant:

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

A. Dressing (Blessed)

- 0 Unaided
- 1 Occasionally misplaced buttons, etc.
- 2 Wrong sequence commonly forgotten items
- 3 Unable to dress

B. Washing, grooming

- 0 Unaided
- 1 Needs prompting
- 2 Sometimes needs help
- 3 Always or nearly always needs help

C. Eating habits

- 0 Cleanly; proper utensils
- 1 Messily; spoon
- 2 Simple solids
- 3 Has to be fed completely

D. Sphincter control (Blessed)

- 0 Normal complete control
- 1 Occasionally wets bed
- 2 Frequently wets bed
- 3 Doubly incontinent

* 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.

© copyright by Washington University, St. Louis, MO.

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
	John	Brown,	42	Market Street,	Chicago
	John	Brown,	42	Market Street,	Chicago
	John	Brown,	42	Market Street,	Chicago

(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
	John	Brown,	42	Market Street,	Chicago

(Underline elements repeated correctly.)

Orientation Questions for Subject:		
1. What is the date today? _____	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
2. What day of the week is it? _____	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
3. What is the month? _____	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
4. What is the year? _____	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
5. What is the name of this place? _____	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
6. What town or city are we in? _____	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
7. What time is it? _____	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect
8. Does the subject know who the informant is (in your judgement)? _____	<input type="checkbox"/> Correct	<input type="checkbox"/> Incorrect

© copyright by Washington University, St. Louis, MO.

Judgement 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?"

<p>1. turnipcauliflower (0 = vegetables) (1 = edible foods, living things, can be cooked, etc) (2 = answers not pertinent; differences; buy them)</p> <p>2. deskbookcase (0 = furniture, office furniture; both hold books) (1 = wooden, legs) (2 = not pertinent, differences)</p>	<p>Subject 's Response</p> <p>_____</p> <p>_____</p>
---	--

Differences:

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

"What is the difference between these things?"

<p>3. liemistake (0 = one deliberate, one unintentional) (1 = one bad, the other good - or explains only one) (2 = anything else, similarities)</p> <p>4. rivercanal (0 = natural-artificial) (2 = anything else)</p>	<p>Subject 's Response</p> <p>_____</p> <p>_____</p>
---	--

Calculations:

<p>5. How many nickels in a dollar?</p> <p>6. How many quarters in \$6.75?</p> <p>7. Subtract 3 from 20 and keep subtracting 3 from each new number all the way down.</p>	<p><input type="checkbox"/> Correct <input type="checkbox"/> Incorrect</p> <p><input type="checkbox"/> Correct <input type="checkbox"/> Incorrect</p> <p><input type="checkbox"/> Correct <input type="checkbox"/> Incorrect</p>
---	---

Judgement:

8. Upon arriving in a strange city, how would you locate a friend that you wished to see?
(0 = try the telephone book, city directory, go to the courthouse for a directory; call a mutual friend)
(1 = call the police, call operator (usually will not give address))
(2 = no clear response)

9. Subjects'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

10/10

N.CDR_1

Rater's initials: |_|_|_|_|_|

DOMAIN	NO DEMENTIA CDR 0	UNCERTAIN OR DEFERRED DIAGNOSIS CDR 0.5	MILD DEMENTIA CDR 1	MODERATE DEMENTIA CDR 2	SEVERE DEMENTIA CDR 3
MEMORY	No memory loss or slight inconstant forgetfulness. 0 <input type="checkbox"/>	Mild consistent forgetfulness; partial recollection of events; "benign" forgetfulness. 0.5 <input type="checkbox"/>	Moderate memory loss, more marked for recent events; defect interferes with everyday activities. 1 <input type="checkbox"/>	Severe memory loss; only highly learned materials retained; new material rapidly lost. 2 <input type="checkbox"/>	Severe memory loss; only fragments remain. 3 <input type="checkbox"/>
ORIENTATION	Fully oriented. 0 <input type="checkbox"/>	Fully oriented except for slight difficulty with time relationships. 0.5 <input type="checkbox"/>	Moderate difficulty with time relationships; orientated for place at examination but may have geographic disorientation elsewhere. 1 <input type="checkbox"/>	Severe difficulty with time relationships; usually disoriented in time, often to place. 2 <input type="checkbox"/>	Oriented to person only. 3 <input type="checkbox"/>
JUDGEMENT & PROBLEM SOLVING	Solves every day problems well; judgment good in relation to past performance. 0 <input type="checkbox"/>	Only slight impairment in solving problems, similarities, differences. 0.5 <input type="checkbox"/>	Moderate difficulty in handling problems, similarities, differences; social judgment usually maintained. 1 <input type="checkbox"/>	Severely impaired in handling problems, similarities, differences; social judgment usually impaired. 2 <input type="checkbox"/>	Unable to make judgments or solve problems. 3 <input type="checkbox"/>
COMMUNITY AFFAIRS	Independent function at usual level in job, shopping, business and financial affairs, volunteer & social groups. 0 <input type="checkbox"/>	Slight impairment in these activities. 0.5 <input type="checkbox"/>	Unable to function independently at these activities though may still be engaged in some; appears normal to casual inspection. 1 <input type="checkbox"/>	No pretence of independent function outside home. Appears well enough to be taken to functions outside family home. 2 <input type="checkbox"/>	No pretence of independent function outside home. Appears too ill to be taken to functions outside family home. 3 <input type="checkbox"/>
HOME & HOBBIES	Life at home, hobbies, intellectual interests well maintained. 0 <input type="checkbox"/>	Life at home, hobbies, intellectual interests slightly impaired. 0.5 <input type="checkbox"/>	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies & interests abandoned. 1 <input type="checkbox"/>	Only simple chores preserved; very restricted interests, poorly sustained. 2 <input type="checkbox"/>	No significant function in home. 3 <input type="checkbox"/>
PERSONAL CARE	Fully capable of self care 0 <input type="checkbox"/>		Needs prompting 1 <input type="checkbox"/>	Requires assistance in dressing, hygiene, keeping of personal effects. 2 <input type="checkbox"/>	Requires much help with personal care; frequently incontinent. 3 <input type="checkbox"/>

Hugues CP, Berg L, Danziger WL et al : A new clinical scale for the staging of dementia. *British Journal of Psychiatry* 1982 ; 140 : 566-572. The Clinical Dementia Rating (CDR) interview and scoring table are copyrighted products of the Alzheimer's Disease Research Center, Washington University, St. Louis, Missouri, USA. Used by permission.