

Clinical Dementia Rating. Modified Family-Caregiver version

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Please tick ALL the statements that describe your loved one/patient's current behaviours

Recent Memory

- Poor recall of recent events, or repeatedly forgets appointments or other important obligations.
- Repeats statements or questions during same conversation (can't remember prior statements and/or questions by self or others; can't seem to learn anything new).
- Forgets familiar names or faces (can't recall names and/or faces of spouse, children, close associates).
- Word-finding disorder (*often* can't think of the word to use in a sentence, especially nouns or names).
- Losing train of thought (*often* forgets what he/she is talking about in the middle of a conversation).

Long-Term Memory

- Poor recall of important personal details (forgets own date of birth/age/marriage, death of spouse, etc.).
- Confused chronology of life (confused as to who is the oldest sibling/child, or the year of important events).
- Poor recall of current age of children and/or spouse (forgets year of birth or approximate age).
- Poor recall of history (can't remember details of important historical events that were known previously).
- Doesn't pay attention to news anymore (used to be interested and knowledgeable).

Orientation

- Confused about personal identity (can't remember married name, or one's role in the current family).
- Repeatedly confused about date/time (can't determine what month or year it is; confuses night & day).
- Confused about location (can't identify where they are, or asks to "go home" when they are at home).
- Any episodes of being lost (confused in *familiar* areas; lost in a parking lot for more than 15 min).
- Asks family members date or time repeatedly, rather than figuring it out independently.

Judgement & Problem Solving

- Poor complex task completion (trouble doing 2 things at once, such as writing a phone message while talking; trouble completing tasks with a sequence of steps such as baking a cake or changing oil in the car).
- Poor social skills (embarrassing or inappropriate behaviors or speech, or unusual anger outbursts).
- Poor procedural memory (trouble remembering how to do something, or how to start a familiar task).
- Employment or home management problems (reprimands regarding work; incompetence in home tasks).
- Apathy about task demands or competence decline (reduced ability to notice chores, tasks problems).

Insight & Awareness

- Poor insight about memory deficits (denial after others have confronted patient with memory problems).
- Constantly misplaces or loses personal items (even when family establishes permanent storage spots).
- Suspecting thievery (sure that someone is *stealing* items that have been misplaced).
- Blames others when items are lost (says spouse or child misplaced missing wallet, keys, purse, etc.).
- Refuses to accept responsibility for consequences of decline in task competence (apathetic).

Community Affairs & Concentration

- Recent onset of money management problems (forgets to pay bills; pays too much or pays twice; sends money to sweepstakes, organizations, or charities indiscriminately).
- Frequent shopping problems (forgets about needed items; purchases wrong items; buys same items refuses to go shopping when it is necessary).
- Making change mistakes (hands clerk a \$5 bill when the price is \$10; unable to compute change).
- Math (cannot or will not do math more such as doubling a recipe).
- Apathy regarding financial affairs (little interest in bills, income, budgeting).

Home & Hobbies

- Poor driving skills (recent increase in accidents/tickets; weaving in lanes; changing lanes without signalling; tailgating or poor judgment of distances; stepping on gas pedal when braking is required).
- Lack of safety (turns on kitchen stove burners but forgets them; poor judgment about danger; frequent falls in familiar areas; medication mistakes or confusion about dosages; refusal to take needed medications).
- Poor chore completion (can't complete familiar tasks; poor recognition of important needed chores).
- Inadequate cooking or meal preparation (loss of motivation to prepare complete meal; forgetting recipes).
- Abandonment of hobbies (withdrawal from familiar activities or social events; reduction in competence).

Personal Care

- Poor hygiene (reluctance to bath, shave, brush teeth; insisting bathing happened when it didn't).
- Inappropriate clothing (putting on summer clothes in cold weather, or the opposite; wearing dirty or same clothes repeatedly; putting together bizarre outfits or combinations of clothing).
- Poor grooming (can't fix hair, wear makeup, or keep self clean; can't recognize when grooming is needed).
- Apathy about hygiene or grooming tasks (can do tasks competently, and *used to be* careful about them).
- Uses poor judgment about hygiene or grooming (often doesn't notice soiled face or clothing, brushes teeth without toothpaste; irons soiled clothing, etc.).

This questionnaire is an adaptation of the CLINICAL DEMENTIA RATING from: Berg. L. Mild senile dementia of the Alzheimer type. Mt. Sinai Journal of Medicine. 55:87-96. 1988. Adaptation by Marilee Monnot, PhD, Meg Brosey, MS, and Elliott Ross, MD: Screening for Dementia: Family Caregiver Questionnaires Reliably Predict Dementia, published in the Journal of the American Board of Family Medicine, July-August 2005 vol. 18 no. 4 240-256. A summary of Monnot, Brosey and Ross' research can be found [here](#).

On experimental application of this questionnaire Monnot, Brosey and Ross found that:

- 95% of patients with dementia had a score of 1.6 or more
- 95% of patients without dementia had a score of 0.4 or less

Questionnaire data, whilst of great value in the diagnostic process can never render a conclusive diagnosis. Many diseases are associated with symptoms as recorded in questionnaires of this sort, and where significant scores are registered on any of them, more specific and specialized assessment and investigation is indicated.

ALL questionnaire data must be evaluated for significance by a clinician qualified to do so.

Further examination is usually a multidisciplinary process, and in cases of dementia, typically involves EEG, brain imaging (with MRI and CT scans), clinical-neurological examination and neuropsychometric assessment.

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