



CLINICAL DEMENTIA RATING SUBJECT INTERVIEW

ID NUMBER:							
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FORM CODE:

C	D	P
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DATE: 06/01/2011
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date:

		/			/				
Month		Day		Year					

0b. Staff ID:

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Instructions: *This form is administered to the participant.***Script:** "Next, I would like to ask you about your memory and day to day functioning over the past year."

MEMORY

1. Do you forget appointments and (or) rely more on a calendar?

1	Yes
0	No

2. Do you repeat the same questions or stories?

1	Yes
0	No

3. Do you forget what people say in conversations or on the phone, or forget to pass on messages?

1	Yes
0	No

4. Do you spend more time than you used to looking for objects (such as papers, glasses, keys, wallet, etc.)?

1	Yes
0	No

5. Do you have more trouble finding the words that you want to use?

1	Yes
0	No

6. Do you have more trouble coming up with names of people that you see often?

1	Yes
0	No

7. Do you have problems leaving the stove on, or leaving car lights on, or doors unlocked?

1	Yes
0	No

8. Do you think these changes in your memory have gotten worse in the past year?

1	Yes
0	No
N/A	No memory problems

ORIENTATION

9. Have you had any accidents or close calls while driving in the past year?

1	Yes
0	No
N/A	Does not drive

If N/A Does not drive, go to #11

10. Does someone always ride with you as a navigator when you drive?

1	Yes
0	No

11. Have you gotten lost in a familiar area?

1	Yes
0	No

12. Have you had more difficulty finding your way around outside your own neighborhood?

1	Yes
0	No

JUDGMENT AND PROBLEM-SOLVING

13. Have you noticed any changes in your ability to deal with money, for example, figuring out a tip or getting back correct change?

0	No loss
1	Some loss
2	Severe loss

14. Have you noticed any changes in your ability to balance your checkbook or pay bills? For example, have you bounced any checks, forgotten to pay a bill or paid it twice?

0	No change
1	Some change
2	Severe change

Instructions: For remainder of this section, if initial response by subject does not merit a grade 0, press the matter to identify the subject's best understanding of the problem. Indicate nearest response.

Similarities

15. Can you tell me how these things are alike?

a. turnip ----- cauliflower

0	Vegetables
1	Edible foods, living things, can be cooked, etc
2	Answers not pertinent; differences; buy them

b. desk ----- bookcase

0	Furniture, office furniture, both hold books
1	Wooden, legs
2	Not pertinent, differences

Differences

16. Can you tell me what is the difference between these things?

a. lie ----- mistake

0	one deliberated, one unintentional
1	one bad, the other good - or explains only one
2	anything else

b. river ----- canal

0	Natural - artificial
1	anything else

Calculations

17. How many nickels are in a dollar? (20)

0	Correct
1	Incorrect

18. How many quarters in \$6.75? (27)

0	Correct
1	Incorrect

19. Subtract 3 from 20 and keep subtracting 3 from each number, all the way down? (20, 17, 14, 11, 8, 5, 2)

1	Correct
0	Incorrect

COMMUNITY AFFAIRS

20. Are you still working?

1	Yes	→ go to item 21
0	No	
N/A	Never worked	→ go to item 21

a. Did memory problems interfere with your ability to do your job?

1	Yes
0	No

21. Do you belong to any groups (examples: senior citizen, religious, political, professional, volunteer, or social)?

1	Yes
0	No

22. Have you attended group functions or meetings in the past few months?

0	As often as you used to
1	Less often than you used to
2	Not at all

23. Does someone help you with shopping (food or clothes) who previously hadn't (for transportation, driving, etc)?

1	Yes
0	No
N/A	Does not shop

HOME & HOBBIES

24. Have you noticed changes in your ability to do household chores (choose 1-2 examples: cooking, laundry, cleaning, using household appliances like dishwasher, vacuum, or television, doing grocery shopping, yard work, taking out the garbage, taking care of the car, or fixing things around the house)?

0	No change
1	Some change
N/A	Never do household chores

25. Has there been any change in your involvement in any hobbies or pastimes (examples: sewing, knitting, painting, playing cards, reading, watching or playing sports)?

0	No change
1	Some change
N/A	Do not have hobbies or pastimes

BLESSED TEST

Instructions: *The subject must be within one hour for the “time of day” and within one day for the “date.” Similarly, no errors are scored if the subject gives a month that is correct within one day, or a season that is correct within one week.*

Script: “Now I am going to ask some questions about where we are and today’s date.”

	Correct (1)	Incorrect (0)
26. What is the name of this place where we are right now?		
27. What is the name of this city?		
28. What is the name of the county?		
29. What state are we in?		
30. What is today’s numerical date?		
31. What month is it?		
32. What year is it?		
33. What is the day of the week?		
34. What is the approximate time of day?		
35. What season is it now?		
36. What is your full name?		
37. How old are you?		
38. What is the full date of your birth?		