



INSTRUCTIONS FOR THE CLINICAL DEMENTIA RATING (CDR) – SUMMARY; (CDS) FORM



I. General Instructions

The Clinical Dementia Rating or CDR was developed at the Memory and Aging Project at Washington University School of Medicine in 1979 for the evaluation of staging severity of dementia. The CDR is a five-point scale in which CDR-0 connotes no cognitive impairment, and then the remaining four points are for various stages of dementia:

0.5 = questionable, or very mild dementia

1 = mild

2 = moderate

3 = severe

The CDR score is derived from information collected from the informant interview as well as the subject interview. The six domains used to construct the overall CDR score are: Memory, Orientation, Judgment and Problem-Solving, Community Affairs, Home and Hobbies, and Personal Care. Each of the domains is rated separately based on the participant's cognitive ability to function in these areas. If the participant is limited in performing activities at home because of physical frailty, this should not affect their scoring on the CDR.

To aid in rating the severity in each of the domains, the CDR table, which shows the six cognitive domains the various severity levels, also provides descriptors for each severity at each box score. These descriptors are meant to be used as guides. The clinician should attempt to distinguish which is the best representation of severity for that particular domain. In situations where the clinician cannot decide between one and two severity levels, the standard rule is to rate a higher severity level. An example would be if memory is between a mild and a moderate severity rating, between a 1 and a 2 box score, and the clinician cannot determine where the best representation is, the rule would be that memory is rated as a 2.

To the degree that the informant is observant and their information is thought to be accurate, the CDR information provides essential information in scoring. This is particularly true because three of the six domains of the CDR (Community Affairs, Home and Hobbies, and Personal Care) are almost entirely dependent upon the informant interview.

The Informant Interview (CDI) and the Subject Interview (CDP) should be completed within 90 days of each other. If more than 90 days has passed between these interviews, it should be noted in notelogs on both forms. Scoring on the CDS should be based primarily on the later form. The CDS form, which is used to compute the CDR score, is completed only in those participants who have both the CDP (participant CDR) and the CDI (informant CDR). Note that for any participant who brings an informant with him/ her to the visit, the CDI and the NPI are to be administered to the informant. For all participants, the selection algorithm will determine who goes on to stage 2 to complete the CDI and NPI over the phone at a later time.

For those participants who are selected to stage 2 but in whom an informant cannot be successfully contacted (or for whom no informant is available), the following information should be used to score the CDR (the CDS form): the CDP interview, the participant's behavior and demeanor during the CDP, and the MMSE. There is no cutoff that should be used in incorporating MMSE information, but rather it should be used to see if staff feels that there is a discrepancy between reported cognitive performance and memory (on the CDP), and actual performance (MMSE), which might warrant a higher CDS score. All domains with the exception of Personal Care are part of the CDP. For the personal care item, in the event of selection to stage 2 but with no available informant, the

interviewer should make a judgement based on the appearance of the participant. When in doubt, the participant should be given the benefit of the doubt and a score of 0 for personal care should be given. In the event that the participant is especially disheveled/ unkempt/ smells as though there are problems with hygiene or continence, a higher score can be selected based upon these observations.

II. Detailed Instructions for Each Item

- 0a. Enter the date on which the participant was seen in the clinic.
- 0b. Enter the staff ID for the person who completed this form.
- 1. Memory: It may be difficult to make a distinction between CDR memory score of 2 or 3. CDR-2 says essentially only highly learned material is recalled and new material is rapidly forgotten, while for CDR-3 only fragments of memory remain. CDR-2 level should be assigned to an individual that appears to have a fairly good recall of essential past personal and historical items and may recall some portions of recent events but not the entire event. Someone with CDR-3 level may recall only a few relatively minor items from the past such as where they were born and whether or not they were married.
- 2. Items 2-5 are self-explanatory, in conjunction with the online CDR training that is required of all individuals who administer this scale. In general, the items from the CDI and CDP are labeled by section, to assist the examiner in estimating box scores.
- 6. Personal Care: Personal Care is unique among the six domains in that it does not have a CDR-0.5 score. At the point where the participant requires some help, if only prompting to change clothes, to shave or to groom their hair, that becomes CDR-1 score. If the participant requires no help, is fully independent, then CDR score should be 0. It is important to emphasize to the participant and the informant that we are asking about change in cognitive ability from prior levels of functioning (sometime over the past year, sometimes compared to 10 years previous).
- 7-8. Item #7 will be auto-calculated by the DMS, which is simply a sum of the box scores from #1-6. Item # 8 (Standard Global CDR) can be calculated at the following website: <http://www.biostat.wustl.edu/adrc/> which will be provided in a link from the CDS form, is based on the individual box scores from the first 6 items.