Clinical Dementia Rating Questionnaire

This is a questionnaire which provides a basic set of questions to guide the interview. Please ask all of these questions. Ask any additional questions necessary to determine the patient’s clinical dementia rating (CDR). Please note information from the additional questions.

Questions for the Informant (person close to the patient) about the Patient’s Memory:

1. Does he/she have a problem with his/her memory or thinking? [ ] Yes [ ] No

1a. If yes, is this a regular problem (as opposed to irregular)? [ ] 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 worsening of memory during the past year? [ ] Yes [ ] No

5. Is his/her memory worsened to such a degree that it would have interfered with his/her activities of daily life a few years ago (or pre-retirement activities)? (informant’s opinion) [ ] Yes [ ] No

6. Does he/she completely forget a major event (e.g., trip, celebration, family wedding) within a few weeks of the event? [ ] Usually [ ] Sometimes [ ] Rarely

7. Does he/she forget relevant details of the major event? [ ] Usually [ ] Sometimes [ ] Rarely

8. Does he/she completely forget important information of the distant past (e.g., birthdate, wedding date, workplace)? [ ] 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 patient 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 patient was not employed)? ________________________________

14. What was his/her last major job (or spouse’s job if patient was not employed)? ________________________________

15. When did he/she (or spouse) retire and why? ________________________________
Clinical Dementia Rating Questionnaire

Questions for the Informant about Patient’s Orientation:

How often does he/she know of the exact:

1. **Date of the Month?**
   - [] Usually
   - [] Sometimes
   - [] Rarely
   - [] Don’t Know

2. **Month?**
   - [] Usually
   - [] Sometimes
   - [] Rarely
   - [] Don’t Know

3. **Year?**
   - [] Usually
   - [] Sometimes
   - [] Rarely
   - [] Don’t Know

4. **Day of the Week?**
   - [] Usually
   - [] Sometimes
   - [] Rarely
   - [] Don’t Know

5. **Does he/she have difficulty with time relationships (when events happened in relation to each other)?**
   - [] Usually
   - [] Sometimes
   - [] Rarely
   - [] Don’t Know

6. **Can he/she find his/her way in familiar streets?**
   - [] Usually
   - [] Sometimes
   - [] Rarely
   - [] Don’t Know

7. **How often does he/she know how to get from one place to another outside his/her neighborhood?**
   - [] Usually
   - [] Sometimes
   - [] Rarely
   - [] Don’t Know

8. **How often can he/she find his/her way around the house?**
   - [] Usually
   - [] Sometimes
   - [] Rarely
   - [] Don’t Know
Clinical Dementia Rating Questionnaire

Questions for the Informant about Patient’s Judging and Problem Solving ability:

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 maintain the expenses account of the household (e.g., balance check-book, 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., “the way he/she used to behave before the onset of his/her disease”] in social situations and interactions with other people?
   - [ ] Usually  [ ] Sometimes  [ ] Rarely  [ ] Don’t Know

*This item rates behaviour, not appearance.
Clinical Dementia Rating Questionnaire

Questions for the Informant about Patient’s Outer Activities:

**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  
   - Don’t Know

**Social**

4. Did he/she ever drive a car/ a two wheeler?  
   - Yes  
   - No

   Does the patient drive a car/ a two wheeler 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  
   - Sometimes  
   - Usually  
   - Don’t Know
   
   (Needs to be accompanied on any shopping trip; Shops for limited number of items; buys duplicate items or forgets needed items)

7. Is he/she able to independently carry out activities outside the home?  
   - Rarely or Never  
   - Sometimes  
   - Usually  
   - Don’t Know
   
   (Generally unable to perform activities without help; Limited and/or routine, e.g., superficial participation in religious activities or meetings; going to the beauty parlor / barber)

8. Is he/she taken to social functions outside a family home?  
   - Yes  
   - No

9. Would a casual observer of the patient’s behavior think the patient 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 patient’s level of worsening in outer activities?  
If not, please probe further.

Outer activities: Such as going to places of worship, visiting with friends or family, political activities, professional organizations such as associations of lawyers, other professional groups, social clubs, service organizations, educational programs.

*Please add notes if needed to clarify patient’s level of functioning in this area.
Clinical Dementia Rating Questionnaire

Questions for the Informant about Patient’s Housework and Hobbies:

1a. What changes have occurred in his/her abilities to perform household tasks?  _______________________

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 (Housework and Hobbies)?

Everyday Activities (Blessed Dementia scale):

4. Ability to perform household tasks  
   | No Worsening | 0 | 0.5 | Severe Worsening | 1 |

   Please describe:  ________________________________________________________________

5. Is he/she able to perform household tasks 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 stove/cooker; 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 worsening in HOUSEWORK & HOBBIES?  
If not, please probe further.

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

Hobbies:  Sewing, painting, handicrafts, reading, entertaining, photography, gardening, going to theater or music concerts, woodworking, participation in sports.
Clinical Dementia Rating Questionnaire

Questions for the Informant about Patient’s Personal Care:

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

<table>
<thead>
<tr>
<th>Area</th>
<th>Unaided</th>
<th>Occasionally buttons up wrongly, etc.</th>
<th>Wrong sequence commonly forgotten items (Forgets to wear underwear, etc)</th>
<th>Unable to dress</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Dressing (Blessed Dementia Care)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B. Washing, grooming</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>C. Eating habits</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D. Control of bladder and bowel (Blessed Dementia Care)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

* A box-score of 1 can be considered if the patient’s hygiene is worse than before, even if they do not receive prompting.
Clinical Dementia Rating Questionnaire

Questions for the Patient about Memory:

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 patient 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).

<table>
<thead>
<tr>
<th>Elements</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joseph</td>
<td>Raj,</td>
<td>42</td>
<td>Market Street,</td>
<td>Chennai</td>
<td></td>
</tr>
<tr>
<td>Joseph</td>
<td>Raj,</td>
<td>42</td>
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<td>Joseph</td>
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<td>Market Street,</td>
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<td></td>
</tr>
</tbody>
</table>

   (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’s if not employed)?  

8. What was your last major job (or spouse’s if not employed)?  

9. When did you (or spouse) retire and why?  

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

<table>
<thead>
<tr>
<th>Elements</th>
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<th>3</th>
<th>4</th>
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</tr>
</tbody>
</table>

   (Underline elements repeated correctly).
Clinical Dementia Rating Questionnaire

Questions for the Patient about Orientation:

Record the patient’s answer word to word, 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 informant is (in your judgment)?
   ■ Correct ■ Incorrect
Clinical Dementia Rating Questionnaire

Questions for the Patient about Judging and Problem Solving ability:

Instructions: If initial response by patient does not merit a grade 0, press the matter to identify the patient’s best understanding of the problem. Circle nearest response.

Similarities:

Example: “How are a pencil and a 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 relevant; differences; buy them)

2. desk…….bookcase
   (0 = furniture, office furniture; both hold books)
   (1 = wooden, legs)
   (2 = not relevant, differences)

Differences:

Example: “What is the difference between sugar and pickle? (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 5 paise in a rupee? Correct Incorrect
6. How many 25 paise in Rs.6.75? Correct Incorrect
7. Subtract 3 from 20 and keep subtracting 3 from each new number all the way down. Correct Incorrect

Judgment:

8. Upon arriving in a strange city, how would you locate a friend that you wished to see?

   (0 = try the telephone book, go to the municipality for a directory; call a mutual friend)
   (1 = call the police, call operator (usually will not give address)
   (2 = no clear response)

9. Patient’s assessment of disability and social position and understanding of why he/she is present at the examination (even if it was already rated, give your personal opinion):

   Good Insight Partial Insight Little Insight
## CLINICAL DEMENTIA RATINGS (CDR)

<table>
<thead>
<tr>
<th>CLINICAL DEMENTIA RATING (CDR):</th>
<th>0</th>
<th>0.5</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Memory</strong></td>
<td>None</td>
<td>Questionable</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td>No memory loss or slight irregular forgetfulness</td>
<td>Regular slight forgetfulness; partial recollection of events; &quot;harmless&quot; forgetfulness</td>
<td>Moderate memory loss; more marked for recent events; defect interferes with everyday activities</td>
<td>Severe memory loss; only highly learned material retained; new material rapidly lost</td>
<td>Severe memory loss; only fragments remain</td>
<td></td>
</tr>
<tr>
<td><strong>Orientation</strong></td>
<td>Fully oriented</td>
<td>Fully oriented except for slight difficulty with time relationships</td>
<td>Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere</td>
<td>Severe difficulty with time relationships; usually disoriented to time, often to place</td>
<td>Oriented to self only</td>
</tr>
<tr>
<td><strong>Judgment &amp; Problem Solving ability</strong></td>
<td>Solves everyday problems &amp; handles business &amp; financial affairs well; judgment good in relation to past performance</td>
<td>Slight worsening in solving problems, similarities, and differences</td>
<td>Moderate difficulty in handling problems, similarities, and differences; social judgment usually maintained</td>
<td>Severely worsened in handling problems, similarities, and differences; social judgment usually worsened</td>
<td>Unable to make judgments or solve problems</td>
</tr>
<tr>
<td><strong>Outer activities</strong></td>
<td>Independent function at usual level in job, shopping, volunteer and social groups</td>
<td>Slight worsening in these activities</td>
<td>Unable to function independently at these activities although may still be engaged in some; appears normal at casual glance</td>
<td>No pretense of independent function outside home</td>
<td>Appears well enough to be taken to functions outside a family home</td>
</tr>
<tr>
<td><strong>Housework and Hobbies</strong></td>
<td>Life at home, hobbies, and intellectual interests well maintained</td>
<td>Life at home, hobbies, and intellectual interests slightly worsened</td>
<td>Mild but definite worsening of function at home; more difficult tasks abandoned; more complicated hobbies and interests abandoned</td>
<td>Only simple tasks preserved; very restricted interests, poorly maintained</td>
<td>No significant function in home</td>
</tr>
<tr>
<td><strong>Personal Care</strong></td>
<td>Fully capable of self-care</td>
<td>Needs prompting</td>
<td>Requires assistance in dressing, hygiene, keeping of personal effects</td>
<td>Requires much help with personal care; frequent loss of bladder and bowel control</td>
<td></td>
</tr>
</tbody>
</table>

Score only as worsening from previous usual level due to loss in memory or thinking, not worsening due to other factors.