Clinical Dementia Rating Worksheet

This is a semi-structured interview. Please ask all of the following questions. Ask any additional questions necessary to determine the subject’s CDR. Please record 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 from the distant past (e.g., birthdate, 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 educational establishment that he/she attended?  ________________________________

   Name  ________________________________
   Town/City  ________________________________
   Highest Level achieved  ________________________________

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?  ________________________________
Clinical Dementia Rating Worksheet

Orientation Questions for Informant:

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 happen in relation to each other)?**
   - [ ] Usually  [ ] Sometimes  [ ] Rarely  [ ] Don’t Know

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

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

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

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., 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., check bank statement(s), 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 difficulty thinking
   - [ ] Worse than before, for 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 question rates behaviour, not appearance.
Clinical Dementia Rating Worksheet

Community Affairs Questions for Informant:

**Occupational**
1. Is the subject still working? Yes ☐ No ☐ N/A ☐
   - If not applicable, proceed to question 4
   - If yes, proceed to question 3
   - If no, proceed to question 2

2. Did memory or thinking problems contribute to the subject’s decision to retire? (Proceed to question 4) Yes ☐ No ☐ Don’t know ☐

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. Has he/she ever driven 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 shop for needs independently?
   
   - 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 carry out activities outside the home independently?
   
   - Rarely or Never ☐
   - Sometimes ☐
   - Usually ☐
   - Don’t Know ☐

   - (Generally unable to perform activities without help)
   - (Limited and/or routine, e.g., superficial participation in church or meetings; trips to beauty salons)

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 a 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 friends or family, political activities, professional organisations such as bar association, other professional groups, social clubs, service organisations and educational programmes.

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

Home and Hobbies Questions for Informant:

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 a nursing home, what can he/she no longer do well (Home and Hobbies)?  

Everyday Activities (The Dementia Scale of Blessed):

4. Ability to perform household tasks  
   No Loss  Severe Loss  
   0  0.5  1  
   Please describe:  

5. Is he/she able to perform household tasks at the level of:  
(Choose one. Infromant 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 in some activities independently.  
   (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, washing, cleaning, food shopping, taking out rubbish, gardening, simple maintenance and basic home repair.  

Hobbies:  Sewing, painting, handicrafts, reading, entertaining, photography, looking after plants, going to the theatre or concert, woodwork, participation in sports.
**Clinical Dementia Rating Worksheet**

**Personal Care Questions for Informant:**

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

<table>
<thead>
<tr>
<th></th>
<th>Unaided</th>
<th>Occasionally misplaced buttons, etc.</th>
<th>Wrong sequence, commonly forgotten items</th>
<th>Unable to dress</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Dressing (The Dementia Scale of Blessed)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Unaided</th>
<th>Needs prompting</th>
<th>Sometimes needs help</th>
<th>Always or nearly always needs help</th>
</tr>
</thead>
<tbody>
<tr>
<td>B. Washing, grooming</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Cleanly; proper utensils</th>
<th>Messily; spoon</th>
<th>Simple solids</th>
<th>Has to be fed completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>C. Eating habits</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Normal complete control</th>
<th>Occasionally wets the bed</th>
<th>Frequently wets the bed</th>
<th>Doubly incontinent</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Sphincter control (The Dementia Scale of Blessed)</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 subject’s personal care is impaired from a previous level, even if he/she does not receive prompting.
Clinical Dementia Rating Worksheet

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 have had. Will you tell me something about those? (Prompt for details, if needed, such as the 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 attempts.)

   Elements 1 2 3 4 5
   John Brown, 42 Market Street, London
   John Brown, 42 Market Street, London
   John Brown, 42 Market Street, London

   (Underline elements repeated correctly at each attempt).

4. When were you born? ______________________________

5. Where were you born? ______________________________

6. What was the last educational establishment you attended?
   Name ______________________________
   Town/City ______________________________ Highest Level achieved ______________________________

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, London

    (Underline elements repeated correctly.)
Clinical Dementia Rating Worksheet

Orientation Questions for Subject:

Record the subject’s answer verbatim 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 the place we are in? [Correct] [Incorrect]

6. What town or city are we in? [Correct] [Incorrect]

7. What time is it? [Correct] [Incorrect]

8. Does the subject know who the informant is (in your judgement)? [Correct] [Incorrect]
Clinical Dementia Rating Worksheet

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 the nearest response.

Similarities:

Example: “How are a pencil and pen alike? (writing instruments)

How are the following alike?” Subject’s Response

1. turnip……cauliflower
   (0 = vegetables)
   (1 = edible foods, living things, can be cooked, etc)
   (2 = answers not pertinent; differences; buy them)

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

Differences:

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

What is the difference between the following?”

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 pence pieces in a pound? Correct Incorrect

6. How many 20 pence pieces in £5.40? Correct Incorrect

7. Subtract 3 from 20 and keep subtracting 3 from each new number all the way down. Correct Incorrect

Judgement:

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

9. Subject’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)

<table>
<thead>
<tr>
<th>Impairment</th>
<th>0</th>
<th>0.5</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memory</td>
<td>None</td>
<td>Questionable</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
</tr>
<tr>
<td></td>
<td>No memory loss or slight inconsistent forgetfulness</td>
<td>Consistent slight forgetfulness; partial recollection of events; &quot;benign&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 lost rapidly</td>
<td>Severe memory loss; only fragments remain</td>
</tr>
<tr>
<td>Orientation</td>
<td>Fully oriented</td>
<td>Fully oriented except for slight difficulty with time relationships</td>
<td>Moderate difficulty with time relationships; oriented to place of examination; may have geographic disorientation elsewhere</td>
<td>Severe difficulty with time relationships; usually disoriented to time, often to place</td>
<td>Oriented to person only</td>
</tr>
<tr>
<td>Judgement &amp; Problem Solving</td>
<td>Solves everyday problems &amp; handles business &amp; financial affairs well; judgement good in relation to past performance</td>
<td>Slight impairment in solving problems, similarities, and differences</td>
<td>Moderate difficulty in handling problems, similarities and differences; social judgement usually maintained</td>
<td>Severely impaired in handling problems, similarities and differences; social judgement usually impaired</td>
<td>Unable to make judgements or solve problems</td>
</tr>
<tr>
<td>Community Affairs</td>
<td>Independent function at usual level in job, shopping, volunteer and social groups</td>
<td>Slight impairment in these activities</td>
<td>Unable to function at these activities independently although may still be engaged in some; appears normal to casual inspection</td>
<td>No pretence of independent function outside the home</td>
<td>Appears well enough to be taken to functions outside a family home</td>
</tr>
<tr>
<td>Home and Hobbies</td>
<td>Life at home, hobbies, and intellectual interests well maintained</td>
<td>Life at home, hobbies and intellectual interests slightly impaired</td>
<td>Mild but definite impairment 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 the home</td>
</tr>
<tr>
<td>Personal Care</td>
<td>Fully capable of self-care</td>
<td>Needs prompting</td>
<td>Requires assistance in dressing, hygiene, keeping of personal belongings</td>
<td>Requires much help with personal care; frequent incontinence</td>
<td></td>
</tr>
</tbody>
</table>

Score only as decline from previous usual level due to cognitive loss, not impairment due to other factors.