

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? _____

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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

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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.

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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 (Needs to be accompanied on any shopping trip) Sometimes (Shops for limited number of items; buys duplicate items or forgets needed items) Usually Don't Know
7. Is he/she able to independently carry out activities outside the home?
 Rarely or Never (Generally unable to perform activities without help) Sometimes (Limited and/or routine, e.g., superficial participation in religious activities or meetings; going to the beauty parlor / barber) Usually (Meaningful participation in activities, e.g., voting) Don't Know
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 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.**

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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):

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

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Questions for the Informant about Patient's Personal Care:

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

	Unaided	Occasionally buttons up wrongly, etc.	Wrong sequence commonly forgotten items (Forgets to wear underwear, etc)	Unable to dress
A. Dressing (Blessed Dementia Care)	0	1	2	3
	Unaided	Needs prompting	Sometimes needs help	Always or nearly always needs help
B. Washing, grooming	0	1	2	3
	Cleanly; proper utensils	Messily; spoon	Simple solids	Has to be fed completely
C. Eating habits	0	1	2	3
	Normal complete control	Occasionally wets bed	Frequently wets bed	Doubly uncontrollable
D. Control of bladder and bowel (Blessed Dementia Care)	0	1	2	3

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

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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).

Elements	1	2	3	4	5
Joseph	Joseph	Raj,	42	Market Street,	Chennai
Joseph	Joseph	Raj,	42	Market Street,	Chennai
Joseph	Joseph	Raj,	42	Market Street,	Chennai

(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:

Elements	1	2	3	4	5
Joseph	Joseph	Raj,	42	Market Street,	Chennai

(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

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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 RATING (CDR)

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

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