

# \*\*\*\*\* Clinical Dementia Rating Worksheet \*\*\*\*\*

Record ID

\_\_\_\_\_

Site: 39

ADCID

\_\_\_\_\_

Subject ID: PTID

\_\_\_\_\_

Form Date: (Y-M-D)

\_\_\_\_\_

Visit number: 1 (Initial visit), 2 and up (Follow up visit)

VISITNUM

\_\_\_\_\_

Examiner's initials:

INITIALS

\_\_\_\_\_

Data Entry Date: (Y-M-D)

\_\_\_\_\_

Data Entry By

\_\_\_\_\_

Administered Status

- 1 Yes  
 95 - No, Physical problem  
 96 - No, Cognitive/behavior problem  
 97 - No, Other problem  
 98 - No, Verbal refusal  
 99 - Not Administered

This is a semi-structured interview. Please ask all of these questions. Ask any additional questions necessary to determine the subject's CDR. Please note information from the additional questions.

## Memory Questions for Informant:

1. Does he/she have a problem with his/her memory or thinking?

1 Yes  0 No

1a. If yes, is this a consistent problem?

1 Yes  0 No  
(as opposed to inconsistent)

2. Can he/she recall recent events?

2 Usually  1 Sometimes  
 0 Rarely

3. Can he/she remember a short list of items?

2 Usually  1 Sometimes  
 0 Rarely  
(e.g. shopping)

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4. Has there been some decline in memory during the past year?  1 Yes  0 No

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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?  1 Yes  0 No  
(Pre-retirement activities (collateral sources opinion))

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6. Does he/she completely forget a major event within a few weeks of the event?  2 Usually  1 Sometimes  
 0 Rarely  
(e.g., trip, party, family wedding)

---

7. Does he/she forget pertinent details of the major event?  2 Usually  1 Sometimes  
 0 Rarely

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8. Does he/she completely forget important information of the distant past?  2 Usually  1 Sometimes  
 0 Rarely  
(e.g., birthdate, wedding date, place of employment)

---

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).

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9a. Within 1 week

---

9b. Within 1 month

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10. When was he/she born? \_\_\_\_\_

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11. Where was he/she born? \_\_\_\_\_

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12. What was the last school he/she attended? \_\_\_\_\_

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12a. Name \_\_\_\_\_

---

12b. Place \_\_\_\_\_

---

12c. Grade \_\_\_\_\_

---

13. What was his/her main occupation?

\_\_\_\_\_

(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?

\_\_\_\_\_

### Orientation Questions for Informant

How often does he/she know of the exact:

1. Date of the Month?

2 Usually    1 Sometimes    0 Rarely    9 Don't Know

---

2. Month?

2 Usually    1 Sometimes    0 Rarely    9 Don't Know

---

3. Year?

2 Usually    1 Sometimes    0 Rarely    9 Don't Know

---

4. Day of the Week?

2 Usually    1 Sometimes    0 Rarely    9 Don't Know

---

5. Does he/she have difficulty with time relationships (when events happened in relation to each other)?

2 Usually    1 Sometimes    0 Rarely    9 Don't Know

---

6. Can he/she find his/her way about familiar streets?

2 Usually    1 Sometimes    0 Rarely    9 Don't Know

---

7. How often does he/she know how to get from one place to another outside his/her neighborhood?

2 Usually    1 Sometimes    0 Rarely    9 Don't Know

---

8. How often can he/she find his/her way about indoors?

2 Usually    1 Sometimes    0 Rarely    9 Don't Know

## Judgment 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:

- 0 As good as they have ever been  
 1 Good, but not as good as before  
 2 Fair  
 3 Poor  
 4 No ability at all

2. Rate his/her ability to cope with small sums of money (e.g., make change, leave a small tip):

- 0 No loss  
 1 Some loss  
 2 Severe loss

3. Rate his/her ability to handle complicated financial or business transactions (e.g., balance check-book, pay bills):

- 0 No loss  
 1 Some loss  
 2 Severe loss

4. Can he/she handle a household emergency (e.g., plumbing leak, small fire)?

- 0 As well as before  
 1 Worse than before because of trouble thinking  
 2 Worse than before, another reason

4a. Why?

\_\_\_\_\_

5. Can he/she understand situations or explanations?

- 2 Usually    1 Sometimes    0 Rarely    9 Don't Know

6. Does he/she behave\* appropriately in social situations and interactions with other people? [i.e., in his/her usual (premorbid) manner]

(\*This item rates behavior, not appearance.)

- 2 Usually    1 Sometimes    0 Rarely    9 Don't Know

## Community Affairs Questions for Informant

Occupational

1. Is the subject still working?

- 1 Yes    0 No    9 N/A

2. Did memory or thinking problems contribute to the subject's decision to retire?

- 1 Yes    0 No    9 Don't Know

3. Does the subject have significant difficulty in his/her job because of problems with memory or thinking?

- 0 Rarely or Never    1 Sometimes    2 Usually    9 Don't Know

Social

4. Did he/she ever drive a car?

- 1 Yes    0 No

4a. Does the subject drive a car now?  1 Yes  0 No

4b. If no, is this because of memory or thinking problems?  1 Yes  0 No

5. If he/she is still driving, are there problems or risks because of poor thinking?  1 Yes  0 No

6. Is he/she able to independently shop for needs?  
(Please add notes if needed to clarify subject's level of functioning in this area.)

- 0 Rarely or Never (Need to be accompanied on any shopping trip)  
 1 Sometimes (Shops for limited number of items; buys duplicate items or forgets needed items)  
 2 Usually (Meaningful participation in activities, e. g., voting)  
 9 Don't Know

7. Is he/she able to independently carry out activities outside the home?

- 0 Rarely or Never (Generally unable to perform activities without help)  
 1 Sometimes (Limited and/or routine, e.g., superficial participation in church or meetings; trips to beauty parlor)  
 2 Usually (Meaningful participation in activities, e.g., voting)  
 9 Don't Know

8. Is he/she taken to social functions outside a family home?  1 Yes  0 No

8a. Why not?

\_\_\_\_\_

9. Would a casual observer of the subject's behavior think the subject was ill?  1 Yes  0 No

10. If in nursing home, does he/she participate well in social functions (thinking)?  1 Yes  0 No

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 with friends or family, political activities, professional organizations such as bar association, other professional groups, social clubs, service organizations, educational programs.

### Home and Hobbies Question for Informant

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

\_\_\_\_\_

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 (H and H)? \_\_\_\_\_

### Everyday Activities (Blessed)

4. Ability to perform household tasks  0 No Loss  0.5  1.0 Severe Loss

4a. Please describe: \_\_\_\_\_

5. Is he/she able to perform household chores at the level of:  
(Pick one. Informant does not need to be asked directly)

- 0 No meaningful function. (Performs simple activities, such as making a bed, only with much supervision)
- 1 Functions in limited activities only. (With some supervision, washes dishes with acceptable cleanliness; sets table)
- 2 Functions independently in some activities. (Operates appliances, such as a vacuum cleaner; prepares simple meals)
- 3 Functions in usual activities but not at usual level.
- 4 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, laundry, cleaning, grocery shopping, taking out garbage, yard work, simple care maintenance, and basic home repair.

Hobbies: Sewing, painting, handicrafts, reading, entertaining, photography, gardening, going to theater or symphony, woodworking, participation in sports.

### Personal Care Question for Informant

What is your estimate of his/her mental ability in the following areas: A, B, C, D.

\*A box-score of 1 can be considered if the subject's personal care is impaired from a previous level, even if they do not receive prompting.

#### A. Dressing (Blessed)

- 0 Unaided
- 1 Occasionally misplaced buttons, etc.
- 2 Wrong sequence commonly forgotten items
- 3 Unable to dress

#### B. Washing, grooming

- 0 Unaided
- 1 Needs prompting
- 2 Sometimes needs help
- 3 Always or nearly always needs help

#### C. Eating habits

- 0 Cleanly; proper utensils
- 1 Messily; spoon
- 2 Simple solids
- 3 Has to be fed completely

D. Sphincter control (Blessed)

- 0 Normal complete control
- 1 Occasionally wets bed
- 2 Frequently wets bed
- 3 Doubly incontinent

Memory Questions for Subject

1. Do you have problems with memory or thinking?  1 Yes  0 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 subject or other participants got there).

2a1. Within 1 week

Within 1 week answer is:

- 1.0 Largely correct
- 0.5
- 0.0 Largely incorrect

2a2. Within 1 week  
0.5

\_\_\_\_\_

2a3. Within 1 week  
0.0 - Largely incorrect

\_\_\_\_\_

2b1. Within 1 month

Within 1 month answer is:

- 1.0 Largely correct
- 0.5
- 0.0 Largely incorrect

2b2. Within 1 month  
0.5

\_\_\_\_\_

2b3. Within 1 month  
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
----------	---	---	---	---	---

John Brown, 42 Market Street, Chicago

---

3a. Elements  
(Check elements repeated correctly in each trial)

1 John    2 Brown,    3 42    4 Market Street,    5 Chicago

---

3b. Elements  
(Check elements repeated correctly in each trial)

1 John    2 Brown,    3 42    4 Market Street,    5 Chicago

---

3c. Elements  
(Check elements repeated correctly in each trial)

1 John    2 Brown,    3 42    4 Market Street,    5 Chicago

---

4. When were you born?

\_\_\_\_\_

---

5. Where were you born?

\_\_\_\_\_

---

6a. What was the last school you attended?  
Name

\_\_\_\_\_

---

6b. Place

\_\_\_\_\_

---

6c. Grade

\_\_\_\_\_

---

7. What was your main occupation?

\_\_\_\_\_  
(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:  
(Check elements repeated correctly.)

1 John    2 Brown,    3 42    4 Market Street,    5 Chicago

---

Orientation Questions for Subject

---

1. What is the date today?

\_\_\_\_\_

---

1a. DATE

1 Correct    0 Incorrect

---

2. What day of the week is it?

\_\_\_\_\_

---

---

2a. WEEK  1 Correct  0 Incorrect

---

3. What is the month?

\_\_\_\_\_

---

3a. MONTH  1 Correct  0 Incorrect

---

4. What is the year?

\_\_\_\_\_

---

4a. YEAR  1 Correct  0 Incorrect

---

5. What is the name of this place?

\_\_\_\_\_

---

5a. PLACE  1 Correct  0 Incorrect

---

6. What town or city are we in?

\_\_\_\_\_

---

6a. CITY  1 Correct  0 Incorrect

---

7. What time is it?

\_\_\_\_\_

---

7a. TIME  1 Correct  0 Incorrect

---

8. Does the subject know who the informant is?

\_\_\_\_\_

(In your judgment)

---

8a. KNOWN INFORMANT  1 Correct  0 Incorrect

---

Judgment and Problem Solving Questions for Subject

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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 nearest response.

Similarities Example: "How are a pencil and a pen alike? (writing instruments). How are these things alike?"

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Similarities:

Example: "How are a pencil and pen alike? (writing instruments). How are these things alike?"

---

1. turnip.....cauliflower

- 0 vegetables
- 1 edible foods, living things, can be cooked, etc.
- 2 not pertinent, differences

---

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 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

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5. How many nickels in a dollar?  1 Correct  0 Incorrect

---

6. How many quarters in \$6.75?  1 Correct  0 Incorrect

---

7. Subtract 3 from 20 and keep subtracting 3 from each new number all the way down.  1 Correct  0 Incorrect

---

Judgment

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

- 0 try the telephone book, city directory, Internet search, call a mutual friend  
 1 call the police, call 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):

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9. Subject's assessment  0 Good Insight  1 Partial Insight  
 2 Little Insight

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CDR Score

- 0  0.5  1  2  
 3

## Memory

### MEMORY

- 0 None. No memory loss, or slight inconsistent forgetfulness
- 0.5 Questionable. Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness
- 1 Mild. Moderate memory loss, more marked for recent events; defect interferes with everyday activities
- 2 Moderate. Severe memory loss; only highly learned material retained; new material rapidly lost
- 3 Severe. Severe memory loss; only fragments remain

## Orientation

### ORIENTATION

- 0 None. Fully oriented
- 0.5 Questionable. Fully oriented except for slight difficulty with time relationships
- 1 Mild. Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere
- 2 Moderate. Severe difficulty with time relationships; usually disoriented to time, often to place
- 3 Severe. Oriented to person

## Judgment and problem solving

### JUDGMENT

- 0 None. Solves everyday problems, handles business and financial affairs well; judgment good in relation to past performance
- 0.5 Questionable. Slight impairment in solving problems, similarities, and differences
- 1 Mild. Moderate difficulty in handling problems, similarities, and differences; social judgment usually maintained
- 2 Moderate. Severely impaired in handling problems, similarities, and differences; social judgment usually impaired
- 3 Severe. Unable to make judgments or solve problems

## Community Affairs

### COMMUN

- 0 None. Independent function at usual level in job, shopping, volunteer and social groups
- 0.5 Questionable. Slight impairment in these activities
- 1 Mild. Unable to function independently at these activities, although may still be engaged in some; appears normal to casual inspection
- 2 Moderate. No pretense of independent function outside the home; appears well enough to be taken to functions outside the family home
- 3 Severe. No pretense of independent function outside the home; appears too ill to be taken to functions outside the family home

## Home and Hobbies

### HOMEHOBB

- 0 None. Life at home, hobbies, and intellectual interests well maintained
- 0.5 Questionable. Life at home, hobbies, and intellectual interests slightly impaired
- 1 Mild. Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned
- 2 Moderate. Only simple chores preserved; very restricted interests, poorly maintained
- 3 Severe. No significant function in the home

**Personal Care**

## PERSONCARE

- 0 None. Fully capable of self-care (= 0).
- 0.5 Questionable
- 1 Mild. Needs prompting
- 2 Moderate. Requires assistance in dressing, hygiene, keeping of personal effects
- 3 Severe. Requires much help with personal care; frequent incontinence