

Patient Name: _____ DOB: _____ DATE: _____

Person Completing Form and Relationship to Patient: _____

Do you live with the patient? YES / NO

How much contact do you have with the patient? (Circle One)

- Less than 1 day a week
- 1 day a week
- 2 days a week
- 3-4 days a week
- 5 or more days a week

In each section, please circle the one number that most closely applies to your loved one.

Please circle the answer that seems to apply most of the time.

Dementia Severity Rating Scale

Memory

- 0 Normal Memory
- 1 Occasionally forgets things that they were told recently. Does not cause many problems
- 2 Mild consistent forgetfulness. Remembers recent events but often forgets parts.
- 3 Moderate memory loss. Worse for recent events. May not remember something you just told them. Causes problems with everyday activities.
- 4 Substantial memory loss. Quickly forgets recent or newly-learned things. Can only remember things that they have known for a long time.
- 5 Does not remember basic facts like the day of the week, when last meal was eaten or what the next meal will be.
- 6 Does not remember even the most basic things

Speech and Language

- 0 Normal ability to talk and to understand others.
- 1 Sometimes cannot find a word, but able to carry on conversations.
- 2 Often forgets words. May use the wrong word in its place. Some trouble expressing thoughts and giving answers.
- 3 Usually answers questions using sentences but rarely starts a conversation.
- 4 Answers questions, but responses are often hard to understand or don't make sense. Usually able to follow simple instructions.
- 5 Speech often does not make sense. Cannot answer questions or follow instructions.
- 6 Does not respond most of the time.

Recognition of Family Members

- 0 Normal – Recognizes people and generally knows who they are
- 1 Usually recognizes grandchildren, cousins, or relatives who are not seen frequently but may not recall they are related
- 2 Usually does not recognize family members who are not seen frequently. Is often confused about how family members such as grandchildren, nieces, or nephew are related to them.
- 3 Sometimes does not recognize close family members or others who they see frequently. May not recognize their children, brothers or sisters who are not seen on a regular basis.
- 4 Frequently does not recognize spouse or caregiver.
- 5 No recognition or awareness of the presence of others.

Orientation to Time

- 0 Normal awareness of time of day and day of week
- 1 Some confusion about what time it is or what day of the week, but not severe enough to interfere with everybody activities
- 2 Frequently confused about time of the day
- 3 Almost always confused about time of day
- 4 Seems completely unaware of time

Orientation to Place

- 0 Normal awareness of where they are even in new places
- 1 Sometimes disoriented in new places
- 2 Frequently disoriented in new places
- 3 Usually disoriented, even in familiar places. May forget that they are already at home.
- 4 Almost always confused about place

Ability to Make Decisions

- 0 Normal-as able to make decisions as before
- 1 Only some difficulty making decisions that arise in day-to-day life
- 2 Moderate difficulty. Gets confused when things get complicated or plans change.
- 3 Rarely makes any important decisions. Gets confused easily.
- 4 Not able to understand what is happening most of the time.

Social and Community Activity

- 0 Normal-acts the same with people as before
- 1 Only mild problems that are not really important, but clearly acts differently from previous years.
- 2 Can still take part in community activities without help. May appear normal to people who don't know them.
- 3 Often has trouble dealing with people outside the home without help from caregiver. Usually can participate in quiet home activities with friends. The problem is clear to anyone who sees them.

- 4 No longer takes part in any real way activities at home involving other people. Can only deal with the primary caregiver.
- 5 Little or no response even to primary caregiver.

Home Activities and Responsibilities

- 0 Normal. No decline in ability to do things around the house.
- 1 Some problems with home activities. May have more trouble with money management (paying bills) and fixing things. Can still go to a store, cook or clean. Still watches TV or reads a newspaper with interest and understanding.
- 2 Makes mistakes with easy tasks like going to a store, cooking or cleaning. Losing interest in the newspaper, TV or radio. Often can't follow long conversations on a single topic.
- 3 Not able to shop, cook, or clean without a lot of help. Does not understand the newspaper or the TV. Cannot follow a conversation.
- 4 No longer does any home based activities.

Personal Care/Cleanliness

- 0 Normal. Takes care of self as well as they used to.
- 1 Sometimes forgets to wash, shave, comb hair, or may dress in wrong type of clothes. Not as neat as they used to be.
- 2 Requires help with dressing, washing, and personal grooming.
- 3 Totally dependent on help for personal care.

Eating

- 0 Normal, does not need help eating food that is served to them.
- 1 May need to help cutting food or have trouble with some foods, but basically able to eat by themselves.
- 2 Generally able to feed themselves but may require some help. May lose interest during the meal.
- 3 Needs to be fed. May have trouble swallowing.

Control of Urination and Bowels

- 0 Normal- does not have problems controlling urination or bowels except for physical problems.
- 1 Rarely fails to control urination (generally less than once accident per month)
- 2 Occasionally failure to control urination(about once a week)
- 3 Frequently fails to control urination (more than once a week)
- 4 Generally fails to control urination and frequently cannot control bowels.

Ability to Get from Place to Place

- 0 Normal, able to get around on their own. (May have physical problems that require can cane or walker.)
- 1 Sometimes gets confused when driving or taking public transportation, especially in new places. Able to walk places alone.

- 2 Cannot drive or take public transportation alone, even in familiar places. Can walk along outside for short distances. Might get lost if walking too far from home.
- 3 Cannot be left outside alone. Can get around the house without getting lost or confused.
- 4 Gets confused and needs help finding their way around the house.
- 5 Almost always in a bed or chair. May be able to walk a few steps with help, but lacks sense of direction.
- 6 Always in bed. Unable to sit or stand.

Total Score: _____ (0-18 Mild; 19-36 Moderate; 37+ Severe)

Activities of Daily Living Questions

| Activities | INDEPENDENCE (1 POINT) No supervision or personal assistance needed | DEPENDENCE (0 POINTS) WITH supervision, direction, personal assistance or total care |
|-----------------------------------|--|---|
| BATHING POINTS: _____ | Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity (1 point) | Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing (0 points) |
| DRESSING: POINTS: _____ | Gets clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes (1 point) | Needs help with dressing self or needs to be completely dressed (0 points) |
| TOLIETING POINTS: _____ | Goes to toilet, gets on and off, arrange clothes, cleans genital area without help (1 point) | Needs help transferring to the toilet, cleaning self or uses bedpan or commode (0 points) |
| TRANSFERRING POINTS: _____ | Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable (1 point) | Needs help in moving from bed to chair or requires a complete transfer (0 points) |
| CONTINENCE POINTS: _____ | Exercises complete self- control over urination and defecation (1 point) | Is partially or totally incontinent of bowel or bladder (0 points) |
| FEEDING POINTS: _____ | Gets food from plate into mouth without help. Preparation of food may be done by another person (1 point) | Needs partial or total help with feeding or requires parenteral (tube) feeding (0 points) |

Katz Index of Independence in Activities of Daily Living

Total Points: _____ Scoring: 6 = High (patient independent) 0 = Low (patient very dependent)

Behavior and Mood Questions: Does your loved one ...

1. Get angry or hostile? Resist care from others? YES/NO
2. See and/or hear things that no one else can see/hear? YES/NO
3. Act impatient and cranky? Mood frequently changes for no reason? YES/NO
4. Act suspicious without good reason (example: believes that others are stealing from him/her or planning to harm him/her in some way? YES/NO
5. Seem less interested in his or her usual activities and plans of others? YES/NO
6. Have trouble sleeping at night? YES/NO

Safety Assessment Checklist

- | | |
|---|--------|
| 1. Is the patient still driving? | YES/NO |
| 2. Is the patient taking medications as prescribed? | YES/NO |
| 3. Are there concerns about safety in the home? | YES/NO |
| 4. Has the patient gotten lost in familiar places or wandered? | YES/NO |
| 5. Are firearms present in the home? | YES/NO |
| 6. Has the patient experienced unsteadiness or sustained falls? | YES/NO |
| 7. Does the patient live alone? | YES/NO |

Caregiver Profile

- | | |
|---|--------|
| 1. Do you understand what Alzheimer's and/or other dementias? | YES/NO |
| 2. Do you know where you can obtain additional information about the disease? | YES/NO |
| 3. Are you able and willing to provide care of assistance? | YES/NO |
| 4. Do you know where you can receive support as a caregiver? | YES/NO |

POWER OF ATTORNEY

Does the patient have a medical power of attorney? _____

Does the patient have a financial power of attorney? _____

Is there anything you wish to share with us privately? _____

Neurology Specialists

Robert Lanoue, M.D. Anne Redding, M.D. Mary Allison Bowles, M.D.
Firas Beitinjaneh, M.D. Lina Wang, M.D. Carmen Fuentes, M.D. Steven Kanarek, M.D.
Krzysztof Romanowski, M.D. Cori Brander, NP-BC Taja Adams, FNP-BC
Makiea Crennel, FNP-C

Epworth Sleepiness Scale

Date: _____

Since your last appointment, how likely are you to fall asleep or doze off in the following situations? Please rate your response by using the scale below:

Chance of Dozing Scale:

0= never (0%) 1= Slight (1-10%) 2= moderate (11-50%) 3= high (51-100%)

| | | | | |
|---|---|---|---|---|
| Sitting and reading | 0 | 1 | 2 | 3 |
| Watching TV | 0 | 1 | 2 | 3 |
| Sitting in a public place (such as church) | 0 | 1 | 2 | 3 |
| As a passenger in a car for an hour | 0 | 1 | 2 | 3 |
| If you were to lie down in afternoon for 30 minutes | 0 | 1 | 2 | 3 |
| Sitting and talking to someone | 0 | 1 | 2 | 3 |
| Sitting quietly in a chair for 30 minutes after lunch | 0 | 1 | 2 | 3 |
| In a car, while stopped for a few minutes in traffic | 0 | 1 | 2 | 3 |

Total: _____

Name: _____ Date: _____

DOB: _____

Patient Health Questionnaire-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use “√” to indicate your answer)

Not at all Several days More than half the days Nearly every day

| | | | | |
|--|---|---|---|---|
| 1. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | 2 | 3 |
| 3. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 6. Feeling bad about yourself-or that you are a failure or have let yourself or you family down | 0 | 1 | 2 | 3 |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 8. Moving or speaking slowly that other people could have noticed? Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

FOR OFFICE CODING 0 + + + _____

= Total Score _____

If you check off any problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Scoring:

| Total Score | Depression Severity |
|--------------------|------------------------------|
| 1-4 | Minimal depression |
| 5-9 | Mild depression |
| 10-14 | Moderate depression |
| 15-19 | Moderately severe depression |
| 20-27 | Severe depression |