

**A. Toilet**

1. Cares for self at toilet completely, no incontinence.
2. Needs to be reminded, or needs help in cleaning self, or has rare (weekly at most) accidents.
3. Soiling or wetting while asleep more than once a week.
4. Soiling or wetting while awake more than once a week.
5. No control of bowels or bladder.

Comments: \_\_\_\_\_

**B. Feeding**

1. Eats without assistance.
2. Eats with minor assistance at meal times and/or with special preparation of food, or help in cleaning up after meals.
3. Feeds self with moderate assistance and is untidy.
4. Requires extensive assistance for all meals.
5. Does not feed self at all and resists efforts of others to feed him.

Comments: \_\_\_\_\_

**C. Dressing**

1. Dresses, undresses and selects clothes from own wardrobe.
2. Dresses and undresses self, with minor assistance.
3. Needs moderate assistance in dressing or selection of clothes.
4. Needs major assistance in dressing, but cooperates with efforts of others to help.
5. Completely unable to dress self and resists efforts of others to help.

Comments: \_\_\_\_\_

**D. Grooming (neatness, hair, nails, hands, face, clothing)**

1. Always neatly dressed, well-groomed, without assistance.
2. Grooms self adequately with occasional minor assistance, e.g., shaving
3. Needs moderate and regular assistance or supervision in grooming.
4. Needs total grooming care, but can remain well-groomed after help from others.
5. Actively negates all efforts of others to maintain grooming.

Comments: \_\_\_\_\_

**E. Physical Ambulation**

1. Goes about neighbourhood or city.
2. Ambulates within residence or about one block distant.
3. Ambulates with assistance of another person.
4. Sits unsupported in chair or wheelchair, but cannot propel self without help.
5. Bedridden more than half the time.

Walking aids: ☐ cane ☐ walker ☐ wheelchair ☐ scooter

Comments: \_\_\_\_\_

**F. Bathing**

1. Bathes self (tub, shower) without help.
2. Bathes self with assistance.
3. Washes face and hands only, but cannot bathe rest of body.
4. Does not wash self but is cooperative with those who bathe him.
5. Does not try to wash self and resists efforts to keep him clean.

Comments: \_\_\_\_\_

Total Score: \_\_\_\_\_

Minor Assistance: Requires verbal cueing to initiate task or to be redirected to task, and/or requires assistance with set-up (removing lid, gathering clothes) - individual does not require hands-on assist.  
Moderate Assistance: Requires continuous verbal cues to maintain task, and/or requires hands-on assist to complete task (50%).  
Major/Extensive Assistance: The task is performed by another person but the patient participates (opens mouth, lift arms).

# Functional Activities Questionnaire

## Administration

Ask informant to rate patient's ability using the following scoring system:

- Dependent = 3
- Requires assistance = 2
- Has difficulty but does by self = 1
- Normal = 0
- Never did [the activity] but could do now = 0
- Never did and would have difficulty now = 1

Writing checks, paying bills, balancing checkbook	
Assembling tax records, business affairs, or papers	
Shopping alone for clothes, household necessities, or groceries	
Playing a game of skill, working on a hobby	
Heating water, making a cup of coffee, turning off stove after use	
Preparing a balanced meal	
Keeping track of current events	
Paying attention to, understanding, discussing TV, book, magazine	
Remembering appointments, family occasions, holidays, medications	
Traveling out of neighborhood, driving, arranging to take buses	
<b>TOTAL SCORE:</b>	

## Evaluation

Sum scores (range 0-30). Cutpoint of 9 (dependent in 3 or more activities) is recommended to indicate impaired function and possible cognitive impairment.

Pfeffer RI et al. Measurement of functional activities in older adults in the community. J Gerontol 1982; 37(3):323-329. Reprinted with permission of The Gerontological Society of America, 1030 15<sup>th</sup> Street NW, Suite 250, Washington, DC 20005 via Copyright Clearance Center, Inc.

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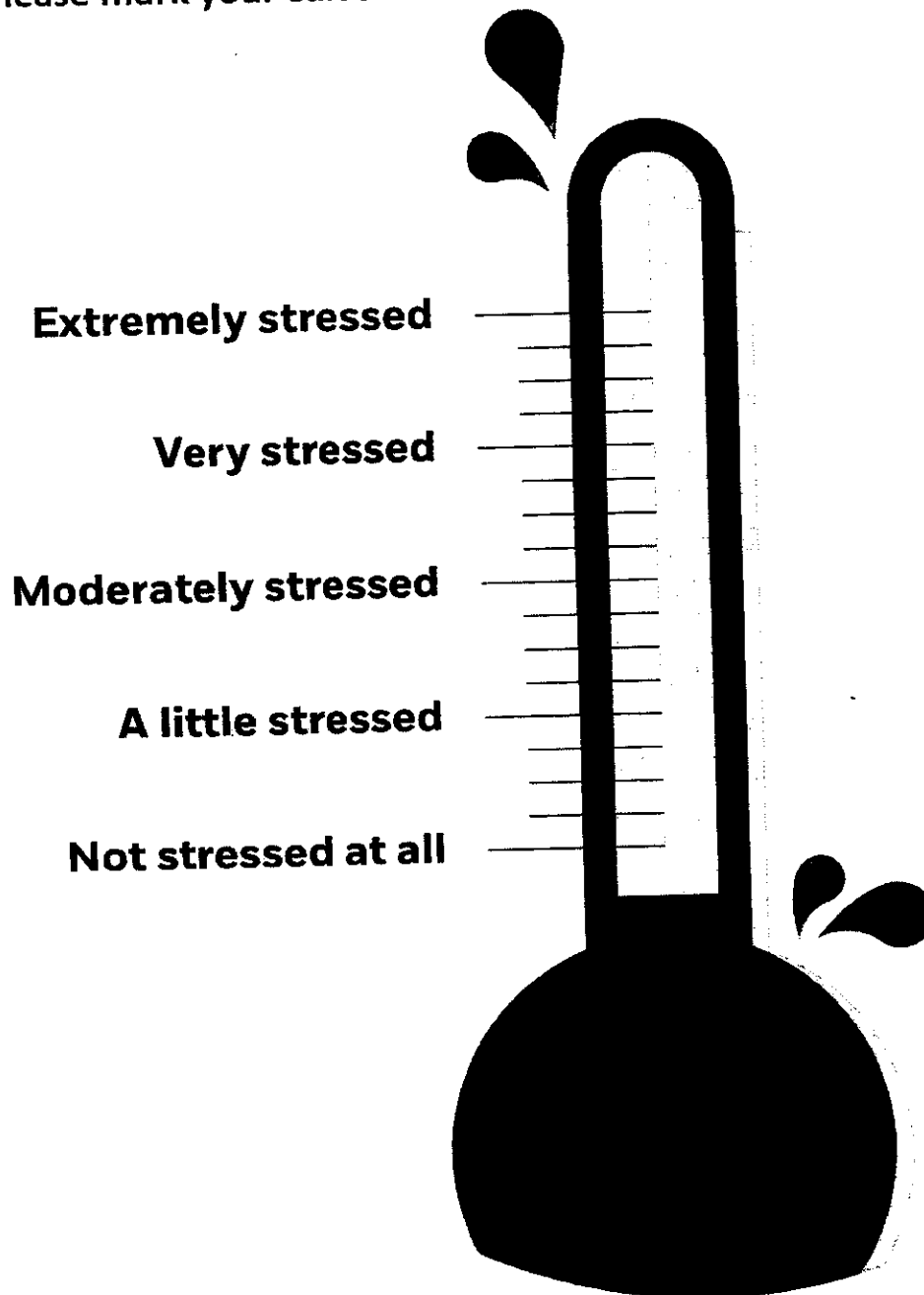
## Questions to ask the individuals who will provide care and assistance to the patient with dementia

Questions	Yes	No	Resources
Do you understand Alzheimer's disease and other dementias?			<p><b>Alzheimer's Association®</b>  <a href="http://alz.org">alz.org</a>  800.272.3900  Provides disease education, support groups, and personalized care consultation in person, online and through a free 24/7 Helpline.</p> <p><b>Alzheimer's Disease Education and Referral (ADEAR)</b>  <a href="http://nia.nih.gov/alzheimers">nia.nih.gov/alzheimers</a>  800.438.4380  Offers disease information online or by phone for individuals with Alzheimer's or other dementias and their families.</p> <p><b>Administration on Community Living</b>  <a href="http://alzheimers.gov">alzheimers.gov</a>  Supports individuals living with Alzheimer's or other dementias and their caregivers by increasing access to community resources.</p>
Do you know where you can obtain additional information about the disease?			
Are you able and willing to provide care and/or assistance?			<p><b>Alzheimer's Association</b>  <a href="http://alz.org">alz.org</a>  800.282.3900  Care consultants are available to talk all day, every day via the 24/7 Helpline, and support groups take place in communities nationwide.</p> <p><b>ALZConnected®</b>  <a href="http://alzconnected.org">alzconnected.org</a>  Online community that connects individuals facing the disease and provides online support.</p> <p><b>Community Resource Finder</b>  <a href="http://alz.org/CRF">alz.org/CRF</a>  Find local programs, resources and support services.</p>
Do you know where you can receive support as a caregiver?			<p><b>Aging Life Care Association</b>  <a href="http://aginglifecare.org">aginglifecare.org</a>  Locate a geriatric care manager.</p> <p><b>Family Caregiver Alliance</b>  <a href="http://caregiver.org">caregiver.org</a>  Offers support for family and friends providing long-term, in-home care.</p> <p><b>Eldercare Locator</b>  <a href="http://eldercare.gov">eldercare.gov</a>  Connects older adults and their caregivers with local services and provides resource referrals and contact information for state and local agencies on aging.</p>

## My Stress Thermometer

*STRESS: Feeling tense, nervous, anxious, restless, or unable to sleep because your mind is troubled all the time.\**

Please mark your current stress level on the thermometer:



ID: \_\_\_\_\_ Date: \_\_\_\_\_

**Neuropsychiatric Inventory Questionnaire**

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Care giver's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please answer the questions based on changes that occurred since the patient first began to have memory problems.

Circle "Yes" only if the symptom(s) has been present in the last month. Otherwise, circle "No".

If "Yes", rate the SEVERITY of the symptom  
(how it affects the patient):

- 1 = Mild (noticeable, but not a significant change)  
2 = Moderate (significant, but not a dramatic change)  
3 = Severe (very marked or prominent, a dramatic change)

Rate the DISTRESS that you experience due to that symptom  
(how it affects the care giver):

- 0 = Not distressing at all  
1 = Minimal (slightly distressing, not a problem coping)  
2 = Mild (not very distressing, generally easy to cope)  
3 = Moderate (fairly distressing not always easy to cope)  
4 = Severe (very distressing, difficult to cope with)  
5 = Extreme/Very Severe (extremely distressing, unable to cope)

Please answer each question honestly and carefully. Ask for assistance if you have any questions.

<b>Delusions</b>	Does the patient have false ideas such as thinking others are stealing from him or planning to harm him/her?
Yes No	SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5
<b>Hallucinations</b>	Does the patient have hallucinations such as visions/voices? Does he seem to hear/see things that are not there?
Yes No	SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5
<b>Agitation/Aggression</b>	Is the patient resistive to help from others at times, or hard to handle?
Yes No	SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5
<b>Depression/Dysphoria</b>	Does the patient seem sad or say that he /she is depressed?
Yes No	SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5
<b>Anxiety</b>	Is the patient upset when separated from you? Does he have any other signs of nervousness such as: shortness of breath, sighing, being unable to relax, or feeling excessively tense?
Yes No	SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5
<b>Elation/Euphoria</b>	Does the patient appear to feel too good or act excessively happy?
Yes No	SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5
<b>Apathy/Indifference</b>	Does the patient seem less interested in his/her usual activities or in the activities and plans of others?
Yes No	SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5
<b>Disinhibition</b>	Does the patient act impulsively, ie, talk to strangers as if he knows them, say things that may hurt people's feelings?
Yes No	SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5
<b>Irritability/Lability</b>	Is the patient impatient and cranky? Does he/she have difficulty coping with delays or waiting for planned activities?
Yes No	SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5
<b>Motor Disturbance</b>	Does the patient engage in repetitive activities, such as pace around the house, handle buttons, wrap string?
Yes No	SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5
<b>Nighttime Behaviors</b>	Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?
Yes No	SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5
<b>Appetite/Eating</b>	Has the patient lost or gained weight, or had a change in the type of food he/she likes?
Yes No	SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5