

Section C Cognitive Patterns

C1. Should Brief Interview for Mental Status be Conducted?—Attempt to conduct interview with all residents

Enter

Code

0. **No** (resident is rarely/never understood) → instead complete C7-C10, Staff Assessment for Mental Status

1. **Yes** → Continue to C2, Repetition of Three Words

Brief Interview for Mental Status (BIMS)

C2. Repetition of Three Words

Enter

Code

Ask resident: *"I am going to say three words for you to remember. Please repeat the words after I have said all three. The words are: **sock, blue, and bed.** Now tell me the three words."*

Number of words repeated after first attempt

- 0. **None**
- 1. **One**
- 2. **Two**
- 3. **Three**

After the resident's first attempt, repeat the words using cues (*"sock, something to wear; blue, a color; bed, a piece of furniture"*). You may repeat the words up to two more times.

C3. Temporal Orientation (orientation to year, month, and day)

Enter

Code

Ask resident: *"Please tell me what year it is right now."*

- a. **Able to report correct year**
- 3. **Correct**
- 2. **Missed by 1 year**
- 1. **Missed by 2–5 years**
- 0. **Missed by > 5 years** or no answer

Enter

Code

Ask resident: *"What month are we in right now?"*

- b. **Able to report correct month**
- 2. **Accurate within 5 days**
- 1. **Missed by 6 days to 1 month**
- 0. **Missed by >1 month** or no answer

Enter

Code

Ask resident: *"What day of the week is today?"*

- c. **Able to report correct day of the week**
- 1. **Correct**
- 0. **Incorrect** or no answer

C4. Recall

Enter

Code

Ask resident: *"Let's go back to an earlier question. What were those three words that I asked you to repeat?"*

If unable to remember a word, give cue (something to wear; a color; a piece of furniture) for that word.

- a. **Able to recall "sock"**
- 2. **Yes, no cue required**
- 1. **Yes, after cueing** ("something to wear")
- 0. **No**—could not recall
- b. **Able to recall "blue"**
- 2. **Yes, no cue required**
- 1. **Yes, after cueing** ("a color")
- 0. **No**—could not recall
- c. **Able to recall "bed"**
- 2. **Yes, no cue required**
- 1. **Yes, after cueing** ("a piece of furniture")
- 0. **No**—could not recall

Enter

Code

Enter

Code

C5. Summary Score

Enter Numbers

Add scores for questions C2–C4 and fill in total score (00–15)
Enter 99 if unable to complete interview



Section C Cognitive Patterns

C6. Should the Staff Assessment for Mental Status (C7-C10) be Conducted?

Enter

Code

0. **No** (resident was able to complete interview) → Skip to C11, Signs and Symptoms of Delirium
1. **Yes** (resident was unable to complete interview) → Continue to C7, Short-term Memory OK

Staff Assessment for Mental Status

Do not conduct if Brief Interview for Mental Status (C2-C5) was completed

C7. Short-term Memory OK

Enter

Code

Seems or appears to recall after 5 minutes.

0. **Memory OK**
1. **Memory problem**

C8. Long-term Memory OK

Enter

Code

Seems or appears to recall long past.

0. **Memory OK**
1. **Memory problem**

C9. Memory/Recall Ability

Check all that the resident was normally able to recall during the last 5 days:

Check all that apply.
☐
☐
☐
☐
☐

- a. **Current season**
b. **Location of own room**
c. **Staff names and faces**
d. **That he or she is in a nursing home**
e. **None of the above** were recalled

C10. Cognitive Skills for Daily Decision Making

Enter

Code

Made decisions regarding tasks of daily life.

0. **Independent**—decisions consistent/reasonable
1. **Modified independence**—some difficulty in new situations only
2. **Moderately impaired**—decisions poor; cues/supervision required
3. **Severely impaired**—never/rarely made decisions

Section C Cognitive Patterns

Delirium—Complete on all residents

C11. Signs and Symptoms of Delirium (from CAM[®])

After completing Brief Interview for Mental Status or Staff Assessment and reviewing medical record, **code a-d** for the last 5 days.

Coding: 0. Behavior not present 1. Behavior continuously present, does not fluctuate 2. Behavior present, fluctuates (comes and goes, changes in severity)	Enter Codes in Boxes ↓ →	Enter <input type="text"/> Code	a. Inattention —Did the resident have difficulty focusing attention (easily distracted, out of touch or difficulty following what was said)?
		Enter <input type="text"/> Code	b. Disorganized thinking —Was the resident's thinking disorganized or incoherent (rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject)?
		Enter <input type="text"/> Code	c. Altered level of consciousness —Did the resident have altered level of consciousness? (e.g., vigilant —startled easily to any sound or touch; lethargic —repeatedly dozed off when being asked questions, but responded to voice or touch; stuporous —very difficult to arouse and keep aroused for the interview; comatose —could not be aroused)
		Enter <input type="text"/> Code	d. Psychomotor retardation —Did the resident have an unusually decreased level of activity such as sluggishness, staring into space, staying in one position, moving very slowly?

C12. Acute Onset Mental Status Change

Enter <input type="text"/> Code	Is there evidence of an acute change in mental status from the resident's baseline in last 5 days? 0. No 1. Yes
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