

RN: CB LE DH KA JC

ID _____

Staffing Date _____

INITIAL FOLLOW-UP

Checklist One

Checklist for Dementia (DSM-IV)	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Memory Impairment (short or long term)	1	2	8	1 must be answered yes	1	2
2 Aphasia	1	2	8	At least one of 2-5 must be answered yes.	1	2
3 Apraxia	1	2	8			
4 Agnosia	1	2	8			
5 Disturbance in executive functioning	1	2	8	Both 6 and 7 must be answered yes.	1	2
6 1 – 5 cause significant impairment in social or occupational functioning	1	2	8			
7 1 – 5 Represent significant decline from previous level of functioning	1	2	8	Both 6 and 7 must be answered yes.	1	2
8 Cognitive deficits occur exclusively during delirium	1	2	8			
				8 must be answered no	1	2

Criteria Met 1 2

Checklist Two

Checklist for Dementia (DSM-III-R)	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Short Term Memory	1	2	8	1 and 2 must be yes	1	2
2 Long Term Memory	1	2	8			
3 Abstract thinking	1	2	8	At least one of 3-6 must be answered yes	1	2
4 Judgement	1	2	8			
5 Other Higher Cortical Functioning	1	2	8			
6 Personality Change	1	2	8	Both 7 and 8 must be answered yes.	1	2
7 1 – 6 cause significant impairment in social or occupational functioning	1	2	8			
8 1 - 6 Represent significant decline from previous level of functioning	1	2	8	Both 7 and 8 must be answered yes.	1	2
9 Cognitive deficits occur exclusively during delirium	1	2	8			
				9 must be answered no	1	2

Criteria Met 1 2

1. Meets Neuropsych criteria for Dementia Yes..... 1
 No..... 2
 DK..... 8

2. If Checklist One and/or Two = dementia and Neuropsych = dementia, then diagnosis = dementia.
 If this is not true, explain why: _____

Checklist Three

Checklist for Probable Alzheimer's Disease	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Dementia established by DSM-III-R or DSM-IV criteria (based on clinical and neuropsychological assessment information)	1	2	8	1-5 must be answered yes.	1	2
2 Progression of cognitive symptoms over time.	1	2	8			
3 Absence of other conditions or other brain diseases that may alone be sufficient to cause dementia	1	2	8			
4 Report that a medical evaluation has been done to rule out other causes for the dementia	1	2	8			
5 Onset after age 40	1	2	8			

Criteria Met 1 2

Checklist Four

Checklist for Possible Alzheimer's Disease	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Dementia established by DSM-III-R or DSM-IV criteria (based on clinical and neuropsychological assessment information)	1	2	8	1-3 must be answered yes.	1	2
2 Progression of symptoms over time	1	2	8			
3 Onset after age 40	1	2	8			
4 Atypical onset, presentation or progression of cognitive/personality symptoms	1	2	8	At least one of 4-6 must be answered yes.	1	2
5 Presence of another systemic or brain disorder sufficient to cause dementia, but which is not thought to be the sole cause of the dementia Specify condition(s):	1	2	8			
6 No report that a medical evaluation has been done to rule out other causes for the dementia	1	2	8			

Criteria Met 1 2

Checklist Five

Checklist for Probable Vascular Dementia	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Dementia based on DSM-III-R or DSM-IV criteria.	1	2	8	1 – 5 must be answered yes	1	2
2 Impairment in memory and two other cognitive domains.	1	2	8			
3 Impairment in occupational and social functioning and in daily activities is not due solely to physical effects of stroke.	1	2	8			
4 Cerebrovascular disease (CVD) based history or examination. This may include focal signs on neurologic examination that are consistent with stroke (with or without history of stroke).	1	2	8			
5 Evidence of relevant CVD noted on report of brain imaging.	1	2	8			
6 Temporal relationship between stroke and dementia (onset of dementia generally within three months of stroke).	1	2	8	At least one of 6 – 8 must be answered yes	1	2
7 Abrupt or stepwise deterioration in mental function or fluctuating course.	1	2	8			
8 Specific brain imaging findings, indicating damage to regions important for higher cerebral function.	1	2	8			

Criteria Met 1 2

Checklist Six

Checklist for Possible Vascular Dementia	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Dementia based on DSM-III-R or DSM-IV criteria.	1	2	8	1 – 4 must be answered yes	1	2
2 Impairment in memory and two other cognitive domains.	1	2	8			
3 Impairment in occupational and social functioning and in daily activities is not due solely to physical effects of stroke.	1	2	8			
4 Cerebrovascular disease (CVD) based history or examination. This may include focal signs on neurologic examination that are consistent with stroke (with or without history of stroke).	1	2	8			
5 Brain imaging has not been done.	1	2	8	At least one of 5 – 7 must be answered yes	1	2
6 There is an absence of a clear temporal relationship between stroke and dementia	1	2	8			
7 There was a subtle onset and variable course (plateau or improvement) of cognitive deficits.	1	2	8			

Criteria Met 1 2

Checklist Seven

Checklist for Cognitive Impairment, Not Demented	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Short-term and/or long-term impairment based on performance >1.5 standard deviations below appropriate mean on any of the memory measures and/or	1	2	8	At least one of 1-6 must be answered yes	1	2
2 Executive function (>1.5 s.d. below mean)	1	2	8			
3 Language (>1.5 s.d. below mean)	1	2	8			
4 Praxis (>1.5 s.d. below mean)	1	2	8			
5 Orientation (>1.5 s.d. below mean) and/or	1	2	8			
6 Dementia Severity Rating Scale score >5, but generally < 12	1	2	8			
7 Does <u>not</u> meet DSM-III-R or DSM-IV criteria for dementia	1	2	8	7 must be answered yes	1	2

Criteria Met 1 2

Checklist Eight

Checklist for Mild Cognitive Impairment (MCI)	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Memory complaint verified by informant (determined by Memory score on Dementia Severity Rating Scale >2)	1	2	8	Items 1-6 must be answered yes	1	2
2 Memory impairment based on objective measurement (>1.5 standard deviation below appropriate mean on either Wechsler Memory Scale Revised Logical Memory II or Delayed Recall on CERAD Word List or the Delayed Recall)	1	2	8			
3 MMSE \geq 24	1	2	8			
4 Memory score on CDR = 0.5 and overall CDR < 1.0	1	2	8			
5 Major depression as determined by NPI and clinical history can <u>not</u> explain impairment.	1	2	8			
6 Meets criteria for Cognitive Impairment, No Dementia	1	2	8			

Criteria Met 1 2

Checklist Nine

Checklist for Depression	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Presence of Major Depression based on the NPI, CIDI or clinical/medical history	1	2	8	1-3 must be answered yes	1	2
2 Impairment can not be better explained by another etiology listed under Cognitive Impairment, Not Demented.	1	2	8			
3 Meets criteria for Cognitive Impairment	1	2	8			

Criteria Met 1 2

Checklist Ten

Checklist for Psychiatric Disorder	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Presence of a neuropsychiatric disorder (includes bipolar disorder, schizophrenia, personality disorder) based on clinical and medical history.	1	2	8	1-3 must be answered yes	1	2
2 Impairment can not be better explained by another etiology listed under Cognitive Impairment, Not Demented	1	2	8			
3 Meets criteria for Cognitive Impairment, No Dementia	1	2	8			

Criteria Met 1 2

Checklist Eleven

Checklist for Mental Retardation/ Learning Disorder/Low Baseline Intellect	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Lifelong history of mental retardation of marked learning disorder based clinical, educational, social, and medical history. Performance on the Shipley Vocabulary Test may be used to support this.	1	2	8	Items 1-3 must be answered yes	1	2
2 Impairment can not be explained by another etiology listed under Cognitive Impairment, Not Demented	1	2	8			
3 Meets criteria for Cognitive Impairment, No Dementia	1	2	8			

Criteria Met 1 2

Checklist Twelve

Checklist for Alcohol Abuse (past)	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 History of past abuse of alcohol based on clinical and medical history. History of DUI's, missing work, alcohol-abuse related treatment, alcohol-related medical conditions or neurological signs, and negative effects of alcohol use on personal relationships support this.	1	2	8	Items 1-4 must be answered yes	1	2
2 Discontinued alcohol abuse \geq 6 months prior.	1	2	8			
3 Impairment can not be better explained by another etiology listed under Cognitive Impairment, Not Demented.	1	2	8			
4 Meets criteria for Cognitive Impairment, Not Dementia.	1	2	8			

Criteria Met 1 2

Checklist Thirteen

Checklist Alcohol Abuse (current)	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Report of past and current abuse of alcohol based on clinical and medical history. History of DUI's, missing work, alcohol-abuse related treatment, alcohol-related medical conditions or neurological signs, and negative effects of alcohol use on personal relationships support this.	1	2	8	Items 1-4 must be answered yes	1	2
2 Has abused alcohol in the past 6 months.	1	2	8			
3 Impairment can not be better explained by another etiology, listed under Cognitive Impairment, Not Demented.	1	2	8			
4 Meets criteria for Cognitive Impairment, No Dementia	1	2	8			

Criteria Met 1 2

Checklist Fourteen

Checklist for Stroke	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 History of stroke based on clinical or medical history or neurological exam.	1	2	8	Items 1-4 must be answered "yes" to meet criteria for Stroke.	1	2
2 Onset of symptoms within three months after reported stroke.	1	2	8			
3 Impairment can not be explained by another etiology listed under Cognitive Impairment, No Dementia	1	2	8			
4 Meets criteria for Cognitive Impairment, No Dementia	1	2	8			

Criteria Met **1** **2**

Checklist Fifteen

Checklist for Other Neurological Condition	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Presence of a neurological condition sufficient to cause cognitive impairment. Based on clinical history, medical history or neurological exam. May include: Parkinson's disease, history of head injury, normal pressure hydrocephalus w/out dementia, multiple sclerosis, Parkinsonism, hypoxic episode.	1	2	8	Items 1-3 must be answered "yes" to meet criteria for Other Neurological Condition.	1	2
2 Impairment can not be explained by another etiology listed under Cognitive Impairment, No Dementia	1	2	8			
3 Meets criteria for Cognitive Impairment, No Dementia	1	2	8			

Criteria Met **1** **2**

Checklist Sixteen

Checklist for Other Medical Condition	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Presence of a medical condition sufficient enough to cause cognitive impairment. Based on clinical history, medical history May include: medication effects, COPD, delirium, toxic effects of chemotherapy or other chemicals, congestive heart failure, chronic pain, and many other chronic conditions.	1	2	8	Items 1-3 must be answered "yes" to meet criteria for Other Medical Condition.	1	2
2 Impairment can not be explained by another etiology listed under Cognitive Impairment, No Dementia	1	2	8			
3 Meets criteria for Cognitive Impairment, No Dementia	1	2	8			

Criteria Met **1** **2**

Checklist Seventeen

Checklist for Cognitive Impairment Secondary to Vascular Disease	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Presence of a cerebrovascular/ cardiovascular conditions thought sufficient to cause cerebrovascular changes. May include: atrial fibrillation, history of possible TIA's history of coronary bypass, diabetes mellitus, coronary artery disease.	1	2	8	Items 1-5 must be answered "yes" to meet Cognitive Impairment Secondary to Vascular Disease.	1	2
2 Impairment was not linked in time to one focal vascular lesion and can not be explained by one focal lesion.	1	2	8			
3 Gradual onset of symptoms and history suggests progression of symptoms	1	2	8			
4 Impairment can not be better explained by another etiology listed under Cognitive Impairment, No Dementia	1	2	8			
5 Meets criteria for Cognitive Impairment, No Dementia	1	2	8			

Criteria Met 1 2

Checklist Eighteen

Checklist for Mild Ambiguous	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Impairment can not be better explained by another etiology listed under Cognitive Impairment, No Dementia. Typically is primarily memory impairment, but memory is not always the only impairment.	1	2	8	Items 1-3 must be answered "yes" to meet criteria for Mild-Ambiguous	1	2
2 Gradual onset of symptoms and history suggests progression of symptoms	1	2	8			
3 Meets criteria for Cognitive Impairment, No Dementia	1	2	8			

Criteria Met 1 2

Checklist Nineteen

Checklist for Dementia Undetermined Etiology	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Dementia established by DSM-III-R or DSM-IV criteria (based on clinical and neuropsychological assessment information)	1	2	8	1-3 must be answered yes.	1	2
2 Progression of symptoms over time	1	2	8			
3 Atypical features that exceed those usually seen in Possible AD, but they do not clearly meet the criteria for any other type of dementia	1	2	8			

Criteria Met 1 2

Checklist Twenty

Checklist for Parkinson's Dementia	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Dementia established by DSM-III-R or DSM-IV criteria (based on clinical and neuropsychological assessment information)	1	2	8	1-4 must be answered yes.	1	2
2 Diagnosis of Parkinson's disease	1	2	8			
3 Cognitive symptoms primarily subcortical in nature	1	2	8			
4 Onset of cognitive symptoms at least one year after onset of motor symptoms	1	2	8			

Criteria Met 1 2

Checklist Twenty-one

Checklist for Probable Lewy Body Dementia	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Dementia established by DSM-III-R or DSM-IV criteria (based on clinical and neuropsychological assessment information)	1	2	8	1 must be answered yes.	1	2
2 Fluctuating cognition with pronounced variation in attention and alertness	1	2	8	At least two of 2 - 4 must be answered yes.	1	2
3 Recurrent visual hallucinations that are typically well formed and detailed	1	2	8			
4 Spontaneous motor features of parkinsonism	1	2	8			
5 Repeated falls	1	2	8	5 – 12 are features supportive of the diagnosis but are not required.		
6 Syncope	1	2	8			
7 Transient loss of consciousness	1	2	8			
8 Neuroleptic sensitivity	1	2	8			
9 Systematized delusions	1	2	8			
10 Hallucinations in other modalities	1	2	8			
11 REM sleep behavior disorder	1	2	8			
12 Depressive symptoms	1	2	8			

Criteria Met 1 2

Checklist Twenty-two

Checklist for Progressive Supranuclear Palsy Dementia	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Dementia established by DSM-III-R or DSM-IV criteria (based on clinical and neuropsychological assessment information)	1	2	8	1-3 must be answered yes.	1	2
2 Impairment of voluntary downward gaze	1	2	8			
3 Impairment can not be better explained by another type of dementia	1	2	8			

Criteria Met 1 2

Checklist Twenty-three

Checklist for Dementia due to Normal Pressure Hydrocephalus	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Dementia established by DSM-III-R or DSM-IV criteria (based on clinical and neuropsychological assessment information)	1	2	8	1-3 must be answered yes.	1	2
2 Report of NPH based on neuroimaging	1	2	8			
3 Impairment can not be better explained by another type of dementia	1	2	8			

Criteria Met 1 2

Checklist Twenty-four

Checklist for Huntington's Dementia	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Dementia established by DSM-III-R or DSM-IV criteria (based on clinical and neuropsychological assessment information)	1	2	8	1-2 must be answered yes.	1	2
2 Diagnosis of Huntington's disease	1	2	8			

Criteria Met 1 2

Checklist Twenty-five

Checklist for Frontal Lobe Dementia	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1. Behavioral disorder which is insidious in onset, slowly progressive, and characterized by any of the following early features: <ul style="list-style-type: none"> a. Loss of personal awareness (neglect of personal hygiene or grooming) b. Loss of social awareness (e.g. loss of social tact, misdemeanors, etc) c. Decreased insight of pathologic changes in their own behavior or mental state d. Disinhibition early in course (e.g. unrestrained sexuality) e. Mental inflexibility f. Hyperorality g. Sterotyped and perseverative behaviors h. Utilization behavior (unrestrained exploration of objects in the environment) 	1	2	8	1 must be answered yes.	1	2
2. Neuropsychological findings of profound failure on frontal lobe tests. Absence of severe memory impairments, aphasic disorder, or perceptual spatial disturbance.	1	2	8	2 must be answered yes.	1	2
3. Perceptual spatial disorders are absent. Intact abilities to negotiate the environment	1	2	8	3 must be answered yes.	1	2
4. Speech disturbances characteristic of the disorder uniquely identify it from other common dementias. Symptoms include: <ul style="list-style-type: none"> a. Progressive reduction of speech (aspontaneity, economy of utterance) b. Sterotyped speech (limited repertoire of words or themes) c. Echolalia or perseveration d. Late mutism 	1	2	8	4 must be answered yes.	1	2

5. Affective symptoms are common and include any of the following: a. Depression, anxiety, sentimentality, suicidal and fixed ideation of delusions early in the disorder b. Hypochondriasis or bizarre somatic preoccupations early in the illness c. Emotional indifference or lack of empathy, sympathy, apathy Amimia (inertia, asponaneity)	1	2	8	5-9 may be yes, but are not required		
6. Frontal lobe signs and other physical signs a. Early primitive reflexes b. Early incontinence c. Late akinesia, rigidity, tremor Low and labile blood pressure	1	2	8			
7. Normal EEG despite clinically evident dementia	1	2	8			
8. Brain imaging (structural or functional or both) that show predominantly frontal or anterior temporal lobe abnormalities	1	2	8			
9. Supportive Diagnostic Features a. Onset before age 65 b. Positive family history of similar disorder in first degree relative (parent, sibling) c. Bulbar palsy, muscular weakness, wasting, fasciculations (motor neuron disease)	1	2	8			
10. <u>Exclusionary Features</u> Abrupt onset with ictal events Head trauma related to the onset Early severe amnesia Early spatial disorientation or other signs of agnosia Early severe apraxia Logoclonic speech with rapid Loss of train of thought Myoclonus Corticobulbar and spinal deficits Cerebellar ataxia Coreo-athetosis Early, severe pathological EEG Laboratory tests indicating brain inflammatory process Brain imaging with either predominant post-central structural or functional defect or multi-focal cerebral lesions on CT or MRI.	1	2	8	10 must be answered no	1	2

Criteria Met **1** **2**

Checklist Twenty-six

Checklist for Possible Lewy Body Dementia	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Dementia established by DSM-III-R or DSM-IV criteria (based on clinical and neuropsychological assessment information)	1	2	8	1 must be answered yes.	1	2
2 Fluctuating cognition with pronounced variation in attention and alertness	1	2	8	At least one of 2 - 4 must be answered yes.	1	2
3 Recurrent visual hallucinations that are typically well formed and detailed	1	2	8			
4 Spontaneous motor features of parkinsonism	1	2	8			
5 Repeated falls	1	2	8	5 – 12 are features supportive of the diagnosis but are not required.		
6 Syncope	1	2	8			
7 Transient loss of consciousness	1	2	8			
8 Neuroleptic sensitivity	1	2	8			
9 Systematized delusions	1	2	8			
10 Hallucinations in other modalities	1	2	8			
11 REM sleep behavior disorder	1	2	8			
12 Depressive symptoms	1	2	8			

Criteria Met 1 2

Checklist Twenty-seven

Checklist for Dementia due to Severe Head Trauma	Y	N	DK		ALL criteria must be met	
					Met	Not Met
1 Dementia established by DSM-III-R or DSM-IV criteria (based on clinical and neuropsychological assessment information)	1	2	8	1-3 must be answered yes.	1	2
2 Report of head trauma resulting in severe cognitive sequelae that begins immediately after trauma and does not resolve over time	1	2	8			
3 Impairment can not be better explained by another type of dementia	1	2	8			

Criteria Met 1 2