

Memory/Language Questionnaire

Name of Person Completing Form _____

Relationship to Patient _____ Do you live with the patient? Y | N

How much contact do you have with the patient?

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 number that most *closely* applies to the patient most of the time:

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. Can not 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 nephews 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 everyday activities
2. Frequently confused about time of 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 arises 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.

Patient Name: _____ DOB: _____ Today's Date: _____

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 previously 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 in 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 in eating food that is served to them.
1. May need 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 one 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 can not 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 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)

Patient Name: _____ DOB: _____ Today's Date: _____

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)	Needs help with bathing more than one part of the body, getting in or out of the tub or shower, or requires total bathing (0 points)
Dressing ___ Points	Gets clothes from closets and drawers and puts them on. May have help tying shoes (1 point)	Needs help with dressing self or needs to be completely dressed (0 points)
Toileting ___ Points	Goes to toilet, gets on and off, arranges 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 tube feeding (0 points)

Katz Index of Independence in Activities of Daily Living

Total Points: _____

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

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

Safety Assessment Checklist

1. Is the patient still driving? Y | N
2. Is the patient taking medications as prescribed? Y | N
3. Are there concerns about safety in the home? Y | N
4. Has the patient gotten lost in familiar places or wandered? Y | N
5. Are firearms present in the home? Y | N
6. Has the patient experienced unsteadiness or sustained falls? Y | N
7. Does the patient live alone? Y | N

Caregiver Profile

1. Do you understand what Alzheimer's and/or other dementias are? Y | N
2. Do you know where you can obtain additional information about the disease? Y | N
3. Are you able and willing to provide care or assistance? Y | N
4. Do you know where you can receive support as a caregiver? Y | N

Power of Attorney

1. Does the patient have a medical power of attorney? _____
2. Does the patient have a financial power of attorney? _____

Anything else you wish to share with us privately? (Use back of sheet for more space) _____

Patient Name: _____ DOB: _____ Today's Date: _____