30-32 (1) FORM NUMBER

40 (518) SEQUENCE

33 (2) VERSION

DIAGNOSTIC CRITERIA FOR DEMENTIA

1. a. Participant's Name: (4) _____

   b. SHEP ID: (3) 22 23 - 24 25 26 27 - 28 29 (5)

   c. Acrostic: 41 42 43 44 45 46 (6)

2. Date of Clinic Visit: 36 37 (Month) 38 39 (Day) 34 35 (Year) (7)

3. Sequence #: 47 48 (8)

4. Date of SHORTCARE Evaluation: 51 52 (Month) 53 54 (Day) 49 50 (Year) (9)

For each of the following criteria for dementia taken from DSM III, please indicate if the criterion is present or not. If present, please indicate on what basis the judgment is made.

Criteria (DSM III)	Present?	Basis of Judgment
5. Loss of intellectual abilities of sufficient severity to interfere with social or occupational functioning. (10) 55	Yes □ 1 No □ 2	
6. Memory Impairment 56 (11)	Yes □ 1 No □ 2	
7. At least one of the following:		
a. Impairment of abstract thinking (12) 57	Yes □ 1 No □ 2	
b. Impaired judgment (13)	Yes □ 1 No □ 2	
c. Other disturbances of higher cortical function, e.g., aphasia, apraxia, agnosia, constructional difficulty 58 (14) 59	Yes □ 1 No □ 2	
d. Personality change 60 (15)	Yes □ 1 No □ 2	
8. An unclouded state of consciousness 61 (16)	Yes □ 1 No □ 2	
9. Evidence from the history, physical examination and laboratory tests that no specific reversible course of the dementia is present (17) 62	Yes □ 1 No □ 2	
OTHERS		
10. Results of CT Scan, if performed (18) 63	Yes □ 1 No □ 2	

11. Hachinski Ischemic Score. (See next section.) (19) 64 65

12. Does patient have a psychiatric cause for cognitive decline? (20) Yes ☐ 1 No ☐ 2
66

If yes, specify: _____

_____

67

13. a. In your opinion, does this participant have dementia? (21) Yes ☐ 1 No ☐ 2

b. If yes, what type? (22)

Alzheimer's type ☐ 1
Multi-infarct ☐ 2
Mixed ☐ 3
Other (e.g., Pick's disease) 68 ☐ 4

HACHINSKI ISCHEMIC SCORE*

PATIENT CHARACTERISTICS	YES	NO	Number of Points for affirmative answer
14. Did this patient's symptoms of cognitive deterioration appear abruptly?	(23) 1 ☐	2 ☐	2
15. Did the deterioration appear to progress in a stepwise fashion over time, each new step characterized by an additional level of impairment? 69	(24) 1 ☐	2 ☐	1
16. Did the patient experience a fluctuating course in his deterioration, characterized by periods of more severe symptomatology followed by periods of improvement? 70	(25) 1 ☐	2 ☐	2
17. Does the patient appear relatively lucid during the daytime but exhibit evidence of nocturnal confusion, such as clouding of consciousness, inability to recognize surroundings, wandering about his/her residence in a confused state or acting in a delirious state? 71 72	(26) 1 ☐	2 ☐	1
18. Does the patient's general personality appear to be well-preserved? 73	(27) 1 ☐	2 ☐	1
19. Is depression present? 74	(28) 1 ☐	2 ☐	1
20. Does the patient present somatic complaints (headache, chest or abdominal pain, dizziness, fatigue, tinnitus, precordial discomfort, etc.)? 75	(29) 1 ☐	2 ☐	1
21. Does the patient exhibit evidence of emotional incontinence, e.g., if moved to tears or laughter, he/she rapidly loses control and a bout of unrestrained weeping or laughter results?	(30) 1 ☐ 76	2 ☐	1

HACHINSKI ISCHEMIC SCORE* (Continued)

PATIENT CHARACTERISTICS	YES	NO	Number of Points for affirmative answer
22. Does the patient have history of hypertension (DBP ≧90 mm Hg and/or SBP ≧160 mm Hg)?	77 (31) 1 ☒		1
23. Does the patient present a history of prior strokes or cerebrovascular accidents?	(32) 1 ☐	2 ☐	2
24. Is there other evidence of atherosclerosis in this patient, such as retinal artery changes, intermittent claudication, angina pectoris, arterial bruit, etc.?	78 (33) 1 ☐	2 ☐	1
25. Does the patient describe experiencing transient focal neurological symptoms such as visual or sensory disturbances, one-sided weakness, aphasia, etc.?	79 (34) 1 ☐	2 ☐	2
26. Upon neurological evaluation is there evidence of focal neurological signs such as sluggish pupils, visual field defects, unequal tendon reflexes, limited areas of sensory deficit involving the face, trunk or limb, one-sided neuromuscular imbalance or weakness, etc.?	80 81 (35) 1 ☐	2 ☐	2
		TOTAL SCORE (Transfer to Item 11 Above)	_____

27. Observer: _____ (36) 82 83 Code

RECORD TYPE (37) 84

DATE RECEIVED (38) 85-90

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DATE LAST PROCESSED (40) 94-99

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Hachinski, V.: Multi-Infarct Dementia. Neurol Clin 1:27-36 (Feb) 1983.

Mayer-Gross, W. et al.: Clinical Psychiatry, Third Edition. Bailliere, Tindal and Carssell, London, 1969, pages 589-600.

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30-32 (1) FORM NUMBER

40 (518) FM SEQUENCE NUMBER

DIAGNOSTIC EVALUATION FOR DEMENTIA

33 (2) VERSION NUMBER

(3) (4) (5) (6) 41-46

1. a. SHEP ID: 22,23 - 24,25,26,27 - 28,29 b. Acrostic: _____

2. a. Date of examination: 36,37 (Month) 38,39 (Day) 34,35 (Year) (7)

b. Examiner is:
- Trained SHEP MD □ 1
- Other SHEP neurologist □ 2
- Other SHEP psychiatrist □ 3
- Other SHEP MD □ 4

(43) 102

1-2 Keypuncher code

9-10 Verifier Code

b. Signature of examiner: _____ 82,83 Code (36)

If examiner is "Other SHEP MD," completed SH31 must be reviewed by SHEP neurologist or psychiatrist. If not, SHEP neurologist or psychiatrist does not need to review completed form (Item 2c may be left blank).

c. Signature of SHEP neurologist or psychiatrist: _____ 103-104 Code (44)

DEMENTIA EVALUATION--HISTORY I

3. Interviews with (check all applicable):
- a. Patient □ 1 (45) 105
- b. Friend 106 (46) □ 1
- c. Family member □ 1 (47) 107
- (Specify_____)
- d. Medical record □ 1 (48) 108
- e. Other 109 (49) □ 1
- (Specify_____)

4. a. Last grade attended in school (unknown = 99): 110-111 (50)

b. Maximum education attainment:
- Less than grade school □ 1
- Grade school graduate □ 2
- High school graduate □ 3 (51) 112
- College graduate □ 4
- Unknown □ 5

5. Estimate of premorbid intellectual ability based on employment history and life activities:
- Less than average □ 1
- Average □ 2
- Greater than average □ 3 (52) 113
- Unknown □ 4

6. Present mental status:
- Alert □ 1
- Lethargic □ 2
- Decreased consciousness □ 3 (53) 114

7. Is there a history of deterioration in intellectual performance (54) 115

	Yes	No	Unknown
a. On the job	116 (55) □ 1	□ 2	□ 3
b. Socially	(56) 117 □ 1	□ 2	□ 3
c. In household tasks (e.g., cooking, hobbies)	118 (57) □ 1	□ 2	□ 3
d. In coping with small sums of money	(58) 119 □ 1	(59) 120 □ 2	□ 3
e. Remembering short lists of items (shopping)	121 (60) □ 1	□ 2	□ 3
f. Finding the way about on familiar streets	(61) 122 □ 1	□ 2	□ 3
g. Finding the way about indoors	123 (62) □ 1	□ 2	□ 3
h. Recalling events	(63) 124 □ 1	□ 2	□ 3
i. Interpreting surroundings			
j. Other (e.g., poor driving); specify_____			

8. Does the patient have these symptoms?

a. Difficulty dressing	125 (64) □ 1	□ 2	□ 3
b. Constructional--problems putting things together	(65) 126 □ 1	□ 2	□ 3
c. Impaired judgment	127 (66) □ 1	□ 2	□ 3
d. Seizures	(67) 128 □ 1	□ 2	□ 3
e. Confusion at night or in unfamiliar places	129 (68) □ 1	□ 2	□ 3
f. Repeats self	(69) 130 □ 1	□ 2	□ 3

9. Other symptoms within previous six months. (Circle all that are applicable.) Difficulty with:

		Yes	No	Unknown
a.	Personality change: decreased initiative, apathy, purposeless activity, diminished emotional responsiveness or control, impaired regard for the feelings of others, suspiciousness	131 (70) □ 1	□ 2	□ 3
b.	Patient sees or hears things that are not present (delusions, hallucinations)	132 (71) □ 1	□ 2	□ 3
c.	Language--speech problems, reading, writing, naming, understanding, speaking	134 (72) □ 1	(73) □ 2	□ 3
d.	Motor symptoms--falls, tremors, gait	133 □ 1	□ 2	□ 3
e.	Incontinence--urinary, bowel	135 (74) □ 1	□ 2	□ 3

10. "Mini-Mental State" examination

		Maximum Score	Score
	Orientation		
a.	What is the (year) (season) (date) (day) (month)? (1 point for each.)	5	(75) 136
b.	Where are we: (state) (county) (town) (hospital/clinic) (floor)? (1 point for each.) Use five locations that are specific for where the test is given.	5	(76) 137
	Registration		
c.	Say "ball, house, flower." 1 second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer.	3	(77) 138
d.	Repeat the three items until the patient learns all three (maximum 6 trials). Record the number of trials (maximum: 6).		(78) 139
	Attention and Calculation		
e.	Serial 7s. 1 point for each correct. Stop after 5 answers. (5 points for correct; subtract 1 for any error.) Alternatively spell "world" backwards (1 point for each letter in correct position.)	5	(79) 140
	Recall		
f.	Ask for the 3 objects repeated above. (1 point for each correct answer.)	3	(80) 141
	Language		(81) 142
g.	Name a pencil and a watch (1 point for each correct answer).	2	
h.	Repeat the following "No ifs, ands or buts." (1 point)	1	(82) 143
i.	Follow a 3-stage command: "Take a paper in your right hand, fold it in half, and put it on the floor." (1 point for each correct action.)	3	(83) 144
	Read and obey the following (see worksheet last page of form):		(84) 145
j.	Close your eyes (1 point).	1	
k.	Write a sentence (1 point).	1	(85) 146
l.	Copy design (1 point).	1	(86) 147
	Total Score		
m.	Sum of scores in 10a to 10l; do not count 10d (maximum: 30).		(87) 148-149

11. Based on preceding history, and Mini-Mental State total score (Item 10m) less than 23, is there evidence of intellectual deterioration or of current performance below that expected from employment activities and schooling attainment?

Yes □ 1
No □ 2
Unknown □ 3
(88) 150

DEMENTIA EVALUATION--HISTORY I (Continued)

12. Narrative: Specify items and clarify any items or history not clear from the previous questions.

13. Signature of person completing this section: _____ 151-152 Code (89)

If Item 11 is "No" or "Unknown," stop assessment. If Item 11 is "Yes," there is evidence of cognitive impairment; proceed with Dementia Evaluation--History II; obtain CT scan.

DEMENTIA EVALUATION--HISTORY II

14. Interviews with (check all applicable): (153)

a.	Patient	□ 1	(90)
b.	Friend	□ 1	(91) 154
c.	Family member (Specify_____)	□ 1	(92) 155
d.	Medical record	□ 1	(93) 156
e.	Other (Specify_____)	□ 1	(94) 157

15. Onset of dementia:

Abrupt	□ 1
Gradual	□ 2
Unknown	□ 3

(95) 158

16. a. Course of dementia:

Gradual progression	□ 1
Stepwise progression	□ 2
Fluctuating	□ 3
Unknown	□ 4

(96) 159

b. Plateaus:

Yes	□ 1
No	□ 2
Unknown	□ 3

(97) 160

17. Duration of dementia:

Less than 6 months	□ 1
6 months to 1 year	□ 2
1-3 years	□ 3
3-5 years	□ 4
More than 5 years	□ 5
Unknown	□ 6

(98) 161

		Yes	No	Unknown	
18. a.	Is there a history of stroke?	□ 1	□ 2	□ 3	(99) 162
	Was there sudden impairment lasting longer than 24 hours of:				(100) 163
b.	Vision	□ 1	□ 2	□ 3	(101) 164
c.	Speech, language	□ 1	□ 2	□ 3	
d.	Strength	□ 1	□ 2	□ 3	(102) 165
e.	Sensation	□ 1	□ 2	□ 3	(103) 166
19. a.	Is there a history of head trauma with unconsciousness?	□ 1	□ 2	□ 3	(104) 167
b.	Is there a history of head trauma without definite unconsciousness?	□ 1	□ 2	□ 3	(105) 168

For Items 20, 21a and 21b, circle all entities found by history.

20.	History of other medical illness preceding or with onset of dementia? (malignancy, dialysis, CO exposure, polycythemia, hypoglycemia, atrial fibrillation)	□ 1	□ 2	□ 3	(106) 169
21. a.	History of psychiatric illness preceding or with onset of dementia? (depression, paranoia, schizophrenia, other)	□ 1	□ 2	□ 3	(107) 170

If Item 21a is "No" or "Unknown," skip to Item 22.

		Yes	No	Unknown
b. Treatment employed? (hospitalization, out-patient, drugs, other)	171 (108)	□ 1	□ 2	□ 3
22. Evidence of dementia due to depression? (See pseudodementia list, page 10.)	172 (109)	□ 1	□ 2	□ 3
23. Evidence of depression? (See list of selected questions, page 10.)	173 (110)	□ 1	□ 2	□ 3

24. a. Current alcohol use:

If response to Item 24a is "Never or very rarely," skip to Item 24c.

Never or very rarely	□ 1
Less than 1 drink per week	□ 2
Greater than weekly; less than daily	□ 3
Daily, up to 3 shots	□ 4
Daily, more than 3 shots	□ 5
Unknown	□ 6

(111) 174

	Yes	No	Unknown	
b. Is Cage Review positive for alcoholism (see page 10)?	□ 1	□ 2	□ 3	(112) 175
c. Is alcohol intake a potential cause for dementia?	□ 1	□ 2	□ 3	(113) 176

25. Medication, home remedy, drug review. Does the patient use:

a. Anti-anxiety medications	□ 1	□ 2	□ 3	(114) 177
b. Phenothiazines	□ 1	□ 2	□ 3	(115) 178
c. Barbiturates	□ 1	□ 2	□ 3	(116) 179
d. Antidepressants	□ 1	□ 2 (117)	□ 3	
e. Sleeping pill	□ 1	□ 2	□ 3	(118) 181
f. Other medications that may impair cognition (Specify_____)	□ 1	□ 2 180	□ 3	(119) 182

26. Medical history review for possible treatable causes of dementia (review with patient, family, etc.):

(120) 183

a. Hyperparathyroidism	□ 1	□ 2	□ 3	(121) 184
b. Hypothyroidism	□ 1	□ 2	□ 3	(122) 185
c. B12 deficiency	□ 1	□ 2 187	□ 3	
d. Syphilis	□ 1	□ 2	□ 3	(123) 186
e. Brain abscess	□ 1	□ 2 (124)	□ 3	
f. Brain tumor	□ 1	□ 2	□ 3	(125) 188
g. Subarachnoid hemorrhage	□ 1	□ 2	□ 3	
h. Subdural hematoma	□ 1	190 □ 2 (127)	□ 3	(126) 189
i. Bacterial or fungal meningitis, or viral encephalitis	□ 1	□ 2	□ 3	(128) 191
j. Liver disease	□ 1	□ 2	□ 3	
k. Kidney disease	□ 1	192 □ 2 (129)	□ 3	(130) 193
l. Severe obstructive pulmonary disease	□ 1	□ 2	□ 3	
m. Collagen/vascular disease	□ 1	□ 2	□ 3	(132) 195
n. Other (Specify_____)	□ 1	194 □ 2 (131)	□ 3	

196 (133)

27. Is there a family history of dementia? (Describe in Item 28.)	□ 1	□ 2	□ 3	(134) 197

28. Additional narrative:

		Yes	No	Unknown
29.	Ability to stand and maintain station on a narrow base with arms outstretched for 30 seconds:			
	a. Eyes open	☐ 1	☐ 2	☐ 3 (135) 198
	If "Eyes open" is not successful, skip to 29c.			
	b. Eyes closed	☐ 1	☐ 2	☐ 3 (136) 199
	c. Downward drift of left arm	☐ 1	☐ 2	☐ 3 (137) 200
	d. Downward drift of right arm	☐ 1	☐ 2	☐ 3 (138)
30.	Walking:			201 (139) 202
	a. Able to perform ordinary gait without difficulty	☐ 1	☐ 2	☐ 3 (140) 203
	b. Walking on heels--left foot droops	☐ 1	☐ 2	☐ 3
	c. Walking on heels--right foot droops	☐ 1	☐ 2	☐ 3 (141) 204
	d. Tandem (heel to toe) without difficulty	☐ 1	☐ 2	☐ 3 (142) 205
31.	Fundoscopic examination--papilledema present	☐ 1	☐ 2	☐ 3 (143) 206
32.	Visual field examination:			207 (144)
	a. Field cut (specify type_____)	☐ 1	☐ 2	☐ 3 (145) 208
	b. Monocular loss	☐ 1	☐ 2	☐ 3
33.	Pupils:			209 (146)
	a. Roundness present	☐ 1	☐ 2	☐ 3 (147) 210
	b. React to light and accommodation	☐ 1	☐ 2	☐ 3
34.	Extraocular movements:			(148) 211
	a. Full left lateral gaze	☐ 1	☐ 2	☐ 3 (149) 212
	b. Full right lateral gaze	☐ 1	☐ 2	☐ 3
	c. Full upward gaze	☐ 1	☐ 2	☐ 3 (150) 213
	d. Full downward gaze	☐ 1	☐ 2	☐ 3 (151) 214

35.	Occulocephalic reflex--have patient fixate on a point, rotate head:		
	a. Horizontally	Can do ☐ 1 Cannot do ☐ 2 Unknown ☐ 3	(152) 215
	b. Vertically	Can do ☐ 1 Cannot do ☐ 2 Unknown ☐ 3	(153) 216

		Normal	Abnormal	Untestable	
36.	Forced eye closure (normal if patient can bury lids)	☐ 1	☐ 2	☐ 3	(154) 217
37.	Blow out cheeks	☐ 1	☐ 2	☐ 3	(155) 218
38.	Tongue in cheek:				(156) 219
	a. Left	☐ 1	☐ 2	☐ 3	
	b. Right	☐ 1	☐ 2	☐ 3	(157) 220
39.	Show teeth:				(158) 221
	a. Left face	☐ 1	☐ 2	☐ 3	
	b. Right face	☐ 1	☐ 2	☐ 3	(159) 222
40.	Strength:				(160) 223
	a. Left arm, hand	☐ 1	☐ 2	☐ 3	
	b. Right arm, hand	☐ 1	☐ 2	☐ 3	(161) 224
	c. Left leg	☐ 1	☐ 2	☐ 3	
	d. Right leg	☐ 1	☐ 2	☐ 3	(162) 225
					(163) 226

41. a. Tone--arm and leg

All normal □ 1
Any abnormal □ 2
Other □ 3

164 227

If "All normal" or "Other," skip to Item 42.
If "Other," describe in Item 49.
If "Any abnormal," indicate codes in Items 41b-41e.

Code for type of abnormality:

1=Normal
2=Spasticity
3=Rigidity lead pipe
4=Cogwheel rigidity
5=Not able to relax--gegenhalten
6=Flaccid
7=Untestable

b. Left arm □
c. Left leg □
d. Right arm □
e. Right leg □

228 165 229 166 167 230 168 231

42. a. Reflexes--arm and leg (abnormal if reflex is abnormally increased or Babinski present)

All normal □ 1
Any abnormal □ 2
Other □ 3

169 232

If "All normal" or "Other," skip to Item 43.
If "Other," describe in Item 49.
If "Any abnormal," check in Items 42b-42k.

		Left Abnormal		Right Abnormal
Biceps	b.	□ 1	c.	□ 1
Triceps	d.	□ 1	e.	□ 1
Knee	f.	□ 1	g.	□ 1
Ankle	h.	□ 1	i.	□ 1
Plantar response	j.	□ 1	k.	□ 1

233 170 234 171 235 172 236 173 237 174 238 175 176 177 178 179 240 241 239

43. Reflexes--abnormal if depressed

	Normal	Abnormal	Untestable
a. At ankle	□ 1	□ 2	□ 3
b. At knee	□ 1	□ 2	□ 3

242 180 243 181 244

44. Sensation:

a. Pin	□ 1	□ 2	□ 3
b. Position sense toes	□ 1	□ 2	□ 3

(Specify any abnormality_____)

182 245 183 246

45. Additional reflexes:

	Not Present	Present	Untestable
a. snout--suck--rooting	□ 1	□ 2	□ 3
b. grasp--reflex--hand	□ 1	□ 2	□ 3
c. glabellar	□ 1	□ 2	□ 3

247 184 248 185 249 186

46. Coordination:

	Normal	Abnormal	Untestable
a. finger to nose, left	□ 1	□ 2	□ 3
b. finger to nose, right	□ 1	□ 2	□ 3
c. patting--hand, left	□ 1	□ 2	□ 3
d. patting--hand, right	□ 1	□ 2	□ 3

250 187 188 251 189 252 190

47. On the basis of the examination and observation, have you seen:

	Yes	No	Untestable
a. Tremor at rest	□ 1	□ 2	□ 3
b. Tremor on posture holding	□ 1	□ 2	□ 3
c. Tremor on action	□ 1	□ 2	□ 3
d. Chorea	□ 1	□ 2	□ 3
e. Other involuntary movements (Describe_____)	□ 1	□ 2	□ 3
f. Bradykinesia	□ 1	□ 2	□ 3
g. Motor persistence	□ 1	□ 2	□ 3
h. Motor impersistence	□ 1	□ 2	□ 3
i. Apraxia	□ 1	□ 2	□ 3
j. Agnosia	□ 1	□ 2	□ 3
k. Speech, language--motor aphasia	□ 1	□ 2	□ 3
l. Comprehension--deficit	□ 1	□ 2	□ 3
m. Articulation--dysarthria	□ 1	□ 2	□ 3

254 191 253 192 255 193 256 194 257 195 258 196 259 197 260 198 261 199 262 200 263 201 264 202 265 203 266

DEMENTIA EVALUATION--NEUROLOGICAL EXAMINATION (Continued)

		Yes	No	Untestable
48. a.	Are focal neurologic abnormalities present?	□ 1	□ 2	□ 3
b.	If yes, are abnormalities consistent with stroke?	□ 1	□ 2	□ 3

204 267

49. Description of any abnormalities in items 29-48:

205 268

LABORATORY EXAMINATION OF DEMENTIA

		Abnormal	Normal	Unknown/ Not Done
50.	CBC	□ 1	□ 2	□ 3
51.	Electrolytes	□ 1	□ 2	□ 3
52.	Glucose	□ 1	□ 2	□ 3
53.	Liver function tests	□ 1	□ 2	□ 3
54.	Renal (BUN, Creat)	□ 1	□ 2	□ 3
55.	Thyroid panel	□ 1	□ 2	□ 3
56.	VDRL--FTA	□ 1	□ 2	□ 3
57.	Sed Rate	□ 1	□ 2	□ 3
58.	B12 level	□ 1	□ 2	□ 3
59.	Drug screen (if indicated)	□ 1	□ 2	□ 3
60.	EEG	□ 1	□ 2	□ 3
61.	Lumbar puncture	□ 1	□ 2	□ 3
62.	DSA/Angiogram	□ 1	□ 2	□ 3
63.	Psychological testing (Specify test and results in Item 64.)	□ 1	□ 2	□ 3

206 269
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218 281
219 282

64. Specify abnormalities in tests listed above, plus any additional tests pertinent to dementia:

DIAGNOSTIC CRITERIA FOR DEMENTIA (DSM III)

Is there:		Yes	No	Unknown
65. Loss of intellectual abilities of sufficient severity to interfere with social or occupational functioning?	55 (10)	□ 1	□ 2	□ 3
66. Memory impairment?	56 (11)	□ 1	□ 2	□ 3
67. At least one of the following (circle all that apply)?	(220) 283	□ 1	□ 2	□ 3
• Impairment of abstract thinking • Impaired judgment • Other disturbances of higher cortical function, e.g., aphasia, apraxia, agnosia, constructional difficulty				
68. An unclouded state of consciousness?	61 (16)	□ 1	□ 2	□ 3
69. Evidence from the history, physical examination and laboratory tests that no specific reversible cause of the dementia is present?	62 (17)	□ 1	□ 2	□ 3

All of Items 65-69 must be "Yes" for a diagnosis of dementia to be made.

ROSEN MODIFIED HACHINSKI SCALE

		Score	
70. Abrupt onset (score 2)		(23)	69
71. Stepwise deterioration (score 1)	70 (24)		
72. Somatic complaints (score 1)		(29)	75
73. Emotional incontinence (score 1)	76 (30)		
74. History of hypertension (score 1)		1 (31)	77
75. History of stroke (score 1)	78 (32)		
76. Focal neurological symptoms (score 2)		(34)	80
77. Focal neurological signs (score 2)	81 (35)		
78. TOTAL SCORE (Sum of Items 70-77)		(19)	64-65

Total Score	Type of Dementia
0-2	Not multi-infarct
3	Equivocal
4+	Multi-infarct or mixed

FINAL ASSESSMENT/DIAGNOSIS OF DEMENTIA

		Yes	No	Unknown
79. Does patient meet all DSM III criteria for dementia listed in Items 65-69?	284 (221)	□ 1	□ 2	□ 3
80. Are pseudodementia and/or depression appearing to make a significant contribution to mental disturbance?	(222) 285	□ 1	□ 2	□ 3
81. Is there a potential treatable cause for dementia? Specify_____	286 (223)	□ 1	□ 2	□ 3
82. Is the dementia associated with other neurological diseases?	(224) 287	□ 1	□ 2	□ 3
83. Is there any other non-neurological cause for dementia?	288 (225)	□ 1	□ 2	□ 3

84. Is the dementia probably due to (check one):

- Multi-infarct □ 1
- Alzheimer's □ 2
- Mixed MID and Alzheimer's □ 3
- Other (specify)_____ □ 4
- Unknown □ 5
- Dementia not present □ 6

(226) 289

STOP

ENDPOINT CODING COMMITTEE USE ONLY:

85. Dementia present?

Yes □ 1
No □ 2
Unknown □ 3

Skip to 87.

(227) 290

86. Type of dementia:

Multi-infarct □ 1
Alzheimer's □ 2
Mixed MID and Alzheimer's □ 3
Other (specify)_____ □ 4
Unknown □ 5

(228) 291

87 Date coding final:

292-297

Month ____ Day ____ Year ____

(229)

88. Signature of person completing this section: _____

3-8 (514) BATCH DATE

11-16 (515) DATE MODIFIED

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101

LIST OF SELECTED QUESTIONS FOR POSSIBLE PSEUDODEMENTIA, DEPRESSION, AND CAGE REVIEW FOR ALCOHOLISM

PSEUDODEMENTIA

1. Onset can be dated with some precision
2. Any life stressor at or around time of onset of memory disorder (which might induce or contribute to a depression)
3. Symptoms of short duration and rapid progression
4. Family aware of dysfunction and severity
5. Patient complains of cognitive loss
6. Patient emphasizes disability
7. Patient highlights failures
8. Patient communicates strong sense of distress
9. Loss of social skills early and prominent
10. "Don't know" answers typical
11. History of prior psychiatric problems

Four or more "yes" answers are supportive of the presence of pseudodementia.

DEPRESSION

1. Dysphoric mood--loss of interest or pleasure in usual activities. Characterized by symptoms such as depressed, sad, blue, hopeless, low, down in the dumps, irritable. Mood disturbance is prominent and relatively persistent.

2. At least four of the following symptoms have each been present nearly every day for two weeks:
   * Poor appetite with weight loss or increased appetite with weight gain
   * Insomnia or hypersomnia
   * Psychomotor agitation or retardation
   * Loss of interest or pleasure in sexual activities or decrease in sexual drive
   * Loss of energy or fatigue
   * Feelings of worthlessness, self-reproach or excessive or inappropriate guilt
   * Complaints or evidence of diminished ability to think or concentrate
   * Recurrent thoughts of death, suicidal indication, wished to be dead or suicide attempt

Both of the above criteria must be met for a diagnosis of depression.

CAGE REVIEW FOR ALCOHOLISM

1. Has the patient ever felt he ought to cut down on his drinking?
2. Has the patient ever been criticized regarding his drinking?
3. Has the patient ever felt bad or guilty about his drinking?
4. Has the patient ever had a drink first think in the morning to steady his nerves or get rid of a hangover?

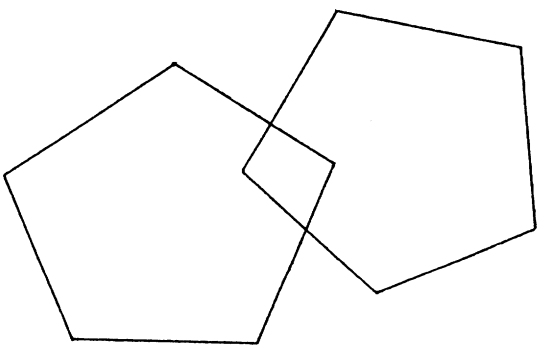
Three "yes" answers indicate the history or presence of alcoholism.

Read and Obey the Following:

CLOSE YOUR EYES

Write a sentence:

Copy the design:



30-32 (1) FORM NUMBER DIAGNOSTIC EVALUATION FOR DEMENTIA 40 (518) SEQUENCE

33 (2) VERSION (3) (4) (5) (6) 41-46

1. a. SHEP ID: 22 23 - 24 25 26 27 - 28 29 b. Acrostic: _____

2. a. Date of examination: 36 37 (Month) 38 39 (Day) 34 35 (Year) (7)

b. Examiner is:
- Trained SHEP MD □ 1
- Other SHEP neurologist □ 2
- Other SHEP psychiatrist □ 3
- Other SHEP MD □ 4

(43) 102

b. Signature of examiner: _____ 82 83 Code (36)

If examiner is "Other SHEP MD," completed SH31 must be reviewed by SHEP neurologist or psychiatrist. If not, SHEP neurologist or psychiatrist does not need to review completed form (Item 2c may be left blank).

c. Signature of SHEP neurologist or psychiatrist: _____ 103-104 Code (44)

DEMENTIA EVALUATION--HISTORY I

3. Interviews with (check all applicable):
- a. Patient □ 1 (45) 105
- b. Friend □ 1 106 (46)
- c. Family member □ 1 (47) 107
- (Specify _____)
- d. Medical record □ 1
- e. Other □ 1 (49) 109
- (Specify _____) 108 (48)

4. a. Last grade attended in school (unknown = 99): (50) 110-111

b. Maximum education attainment:
- Less than grade school □ 1
- Grade school graduate □ 2
- High school graduate □ 3
- College graduate □ 4
- Unknown □ 5

(51) 112

5. Estimate of premorbid intellectual ability based on employment history and life activities:
- Less than average □ 1
- Average □ 2
- Greater than average □ 3
- Unknown □ 4

(52) 113

6. Present mental status:
- Alert □ 1
- Lethargic □ 2
- Decreased consciousness □ 3

(53) 114

7. Is there a history of deterioration in intellectual performance

	Yes	No	Unknown	
a. On the job	□ 1	116 □ 2 (55)	□ 3	(54) 115
b. Socially	□ 1	□ 2	□ 3	
c. In household tasks (e.g., cooking, hobbies)	□ 1	118 □ 2 (57)	□ 3	(56) 117
d. In coping with small sums of money	□ 1	□ 2	□ 3	
e. Remembering short lists of items (shopping)	□ 1	□ 2	□ 3	
f. Finding the way about on familiar streets	□ 1	120 □ 2 (59)	□ 3	(58) 119
g. Finding the way about indoors	□ 1	□ 2	□ 3	
h. Recalling events	□ 1	122 □ 2 (61)	□ 3	(60) 121
i. Interpreting surroundings	□ 1	□ 2	□ 3	
j. Other (e.g., poor driving); specify_____	□ 1	□ 2 (63) 124	□ 3	(62) 123

8. Does the patient have these symptoms?

a. Difficulty dressing	□ 1	□ 2 126	□ 3 (64)	125
b. Constructional--problems putting things together	□ 1	□ 2 (65)	□ 3	
c. Impaired judgment	□ 1	□ 2	□ 3 (66)	127
d. Seizures	□ 1	128 □ 2 (67)	□ 3	
e. Confusion at night or in unfamiliar places	□ 1	□ 2	□ 3 (68)	129
f. Repeats self	□ 1	□ 2 (69) 130	□ 3	

9. Other symptoms within previous six months. (Circle all that are applicable.) Difficulty with:

		Yes	No	Unknown
a.	Personality change: decreased initiative, apathy, purposeless activity, diminished emotional responsiveness or control, impaired regard for the feelings of others, suspiciousness	70 → 131 □ 1	□ 2	□ 3
b.	Patient sees or hears things that are not present (delusions, hallucinations)	132 71 □ 1	72 → 133 □ 2	□ 3
c.	Language--speech problems, reading, writing, naming, understanding, speaking	73 □ 1	□ 2	□ 3
d.	Motor symptoms--falls, tremors, gait	134 73 □ 1	74 □ 2	135 □ 3
e.	Incontinence--urinary, bowel	□ 1	□ 2	□ 3

10. Mini-Mental State examination--If any task is not attempted due to a physical impairment (e.g., vision, hearing, severe arthritis, etc.), that task should be scored "9." If any task is not attempted because the examiner feels that the participant would be unable to complete the task, that task should be scored "0."

		Maximum Score	Score	
	Orientation			
a.	What is the (year) (season) (date) (day) (month)? (1 point for each.)	5	□	75 136
b.	Where are we: (state) (county) (town) (hospital/clinic) (floor)? (1 point for each.) Use five locations that are specific for where the test is given.	5	□	76 137
	Registration			
c.	Say "ball, house, flower." 1 second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer.	3	□	77 138
d.	Repeat the three items until the patient learns all three (maximum 6 trials). Record the number of trials (maximum: 6).	□		78 139
	Attention and Calculation			
e.	Serial 7s. 1 point for each correct. Stop after 5 answers. (5 points for correct; subtract 1 for any error.) Alternatively spell "world" backwards (1 point for each letter in correct position.)	5	□	79 140
	Recall			
f.	Ask for the 3 objects repeated above. (1 point for each correct answer.)	3	□	80 141
	Language			
g.	Name a pencil and a watch (1 point for each correct answer).	2	□	81 142
h.	Repeat the following "No ifs, ands or buts." (1 point)	1	□	82 143
i.	Follow a 3-stage command: "Take a paper in your right hand, fold it in half, and put it on the floor." (1 point for each correct action.)	3	□	83 144
	Read and obey the following (see worksheet last page of form):			
j.	Close your eyes (1 point).	1	□	84 145
k.	Write a sentence (1 point).	1	□	85 146
l.	Copy design (1 point).	1	□	86 147
	Total Score			
m.	Sum of scores in 10a to 10l; do not count 10d and do not count items scored as "9" (maximum: 30).		148-149 □□	87

If any items were scored as "9," complete Items 10n and 10o. Otherwise, skip to Item 11.

n.	Sum of maximum scores for scored tasks:	□□	298-299 230
o.	Corrected score = 10m ÷ 10n x 30	□□.□	231 300-302

DEMENTIA EVALUATION--HISTORY I (Continued)

11. Based on preceding history, and Mini-Mental State total score Item 10m (or, if appropriate, Item 10o) less than 23, is there evidence of intellectual deterioration or of current performance below that expected from employment activities and schooling attainment?
    Yes □ 1
    No □ 2
    Unknown □ 3
    (88) 150

12. Narrative: Specify items and clarify any items or history not clear from the previous questions.

13. Signature of person completing this section: _____ 151-152 [ ] Code (89)

If Item 11 is "No" or "Unknown," stop assessment. If Item 11 is "Yes," there is evidence of cognitive impairment; proceed with Dementia Evaluation--History II; obtain CT scan.

DEMENTIA EVALUATION--HISTORY II

14. Interviews with (check all applicable):
    a. Patient □ 1 (90) 153
    b. Friend □ 1 (91) 154
    c. Family member □ 1 (92) 155
    (Specify_____)
    d. Medical record □ 1 (93) 156
    e. Other □ 1 (94) 157
    (Specify_____)

15. Onset of dementia:
    Abrupt □ 1
    Gradual □ 2
    Unknown □ 3
    (95) 158

16. a. Course of dementia:
    Gradual progression □ 1
    Stepwise progression □ 2
    Fluctuating □ 3
    Unknown □ 4
    (96) 159

    b. Plateaus:
    Yes □ 1
    No □ 2
    Unknown □ 3
    (97) 160

17. Duration of dementia:
    Less than 6 months □ 1
    6 months to 1 year □ 2
    1-3 years □ 3
    3-5 years □ 4
    More than 5 years □ 5
    Unknown □ 6
    (98) 161

		Yes	No	Unknown	
18. a.	Is there a history of stroke?	□ 1	□ 2	□ 3 (99)	162
	Was there sudden impairment lasting longer than 24 hours of:				163
b.	Vision	□ 1	□ 2	□ 3 (100)	
c.	Speech, language	□ 1	□ 2	□ 3 (101)	164
d.	Strength	□ 1	□ 2	□ 3 (102)	165
e.	Sensation	□ 1	□ 2	□ 3 (103)	166
19. a.	Is there a history of head trauma with unconsciousness?	□ 1	□ 2	(104) □ 3	
b.	Is there a history of head trauma without definite unconsciousness?	□ 1	□ 2	167 □ 3 (105)	168

For Items 20, 21a and 21b, circle all entities found by history.

20.	History of other medical illness preceding or with onset of dementia? (malignancy, dialysis, CO exposure, polycythemia, hypoglycemia, atrial fibrillation)	□ 1	□ 2	□ 3 (106)	169
21. a.	History of psychiatric illness preceding or with onset of dementia? (depression, paranoia, schizophrenia, other)	□ 1	□ 2	□ 3 (107)	170

If Item 21a is "No" or "Unknown," skip to Item 22.

		Yes	No	Unknown
b.	Treatment employed? (hospitalization, out-patient, drugs, other)	171 (108) □ 1	□ 2	□ 3
22.	Evidence of dementia due to depression? (See pseudodementia list, page 10.)	172 (109) □ 1	□ 2	□ 3
23.	Evidence of depression? (See list of selected questions, page 10.)	173 (110) □ 1	□ 2	□ 3

24. a. Current alcohol use:

If response to Item 24a is "Never or very rarely," skip to Item 24c.

- □ 1 Never or very rarely
- □ 2 Less than 1 drink per week
- □ 3 Greater than weekly; less than daily
- □ 4 Daily, up to 3 shots
- □ 5 Daily, more than 3 shots
- □ 6 Unknown

(111) 174

		Yes	No	Unknown
b.	Is Cage Review positive for alcoholism (see page 10)?	□ 1	□ 2	□ 3 (112) 175
c.	Is alcohol intake a potential cause for dementia?	□ 1	□ 2	□ 3 (113) 176

25. Medication, home remedy, drug review. Does the patient use:

a.	Anti-anxiety medications	□ 1	□ 2	□ 3 (114) 177
b.	Phenothiazines	□ 1	□ 2	□ 3 (115) 178
c.	Barbiturates	□ 1	□ 2	□ 3 (116) 179
d.	Antidepressants	□ 1	□ 2	□ 3 (117) 180
e.	Sleeping pill	□ 1	□ 2	□ 3 (118) 181
f.	Other medications that may impair cognition (Specify_____)	□ 1	□ 2	□ 3 (119) 182

26. Medical history review for possible treatable causes of dementia (review with patient, family, etc.):

a.	Hyperparathyroidism	□ 1	□ 2	□ 3 (120) 183
b.	Hypothyroidism	□ 1	□ 2	□ 3 (121) 184
c.	B12 deficiency	□ 1	□ 2	□ 3 (122) 185
d.	Syphilis	□ 1	□ 2	□ 3 (123) 186
e.	Brain abscess	□ 1	□ 2	□ 3 (124) 187
f.	Brain tumor	□ 1	□ 2	□ 3 (125) 188
g.	Subarachnoid hemorrhage	□ 1	□ 2	□ 3 (126) 189
h.	Subdural hematoma	□ 1	□ 2	□ 3 (127) 190
i.	Bacterial or fungal meningitis, or viral encephalitis	□ 1	□ 2	□ 3 (128) 191
j.	Liver disease	□ 1	□ 2	□ 3 (129) 192
k.	Kidney disease	□ 1	□ 2	□ 3 (130) 193
l.	Severe obstructive pulmonary disease	□ 1	□ 2	□ 3 (131) 194
m.	Collagen/vascular disease	□ 1	□ 2	□ 3 (132) 195
n.	Other (Specify_____)	□ 1	□ 2	□ 3 (133) 196

27. Is there a family history of dementia? (Describe in Item 28.) □ 1 □ 2 □ 3 (134) 197

28. Additional narrative:

		Yes	No	Unknown	
29.	Ability to stand and maintain station on a narrow base with arms outstretched for 30 seconds:				
	a. Eyes open	□ 1	□ 2	□ 3	198
	If "Eyes open" is not successful, skip to 29c.				
	b. Eyes closed	□ 1	□ 2	□ 3	199
	c. Downward drift of left arm	□ 1	□ 2	□ 3	200
	d. Downward drift of right arm	□ 1	□ 2	□ 3	201
30.	Walking:				
	a. Able to perform ordinary gait without difficulty	□ 1	□ 2	□ 3	202
	b. Walking on heels--left foot droops	□ 1	□ 2	□ 3	203
	c. Walking on heels--right foot droops	□ 1	□ 2	□ 3	204
	d. Tandem (heel to toe) without difficulty	□ 1	□ 2	□ 3	
31.	Fundoscopic examination--papilledema present	□ 1	□ 2	□ 3	205 206
32.	Visual field examination:				
	a. Field cut (specify type_____)	□ 1	□ 2	□ 3	207
	b. Monocular loss	□ 1	□ 2	□ 3	208
33.	Pupils:				
	a. Roundness present	□ 1	□ 2	□ 3	209
	b. React to light and accommodation	□ 1	□ 2	□ 3	210
34.	Extraocular movements:				
	a. Full left lateral gaze	□ 1	□ 2	□ 3	211
	b. Full right lateral gaze	□ 1	□ 2	□ 3	212
	c. Full upward gaze	□ 1	□ 2	□ 3	
	d. Full downward gaze	□ 1	□ 2	□ 3	213
35.	Occulocephalic reflex--have patient fixate on a point, rotate head:				214
	a. Horizontally	Can do □ 1 Cannot do □ 2 Unknown □ 3			215
	b. Vertically	Can do □ 1 Cannot do □ 2 Unknown □ 3			216

		Normal	Abnormal	Untestable	
36.	Forced eye closure (normal if patient can bury lids)	□ 1	□ 2	□ 3	217
37.	Blow out cheeks	□ 1	□ 2	□ 3	218
38.	Tongue in cheek:				
	a. Left	□ 1	□ 2	□ 3	219
	b. Right	□ 1	□ 2	□ 3	220
39.	Show teeth:				
	a. Left face	□ 1	□ 2	□ 3	221
	b. Right face	□ 1	□ 2	□ 3	222
40.	Strength:				224
	a. Left arm, hand	□ 1	□ 2	□ 3	223
	b. Right arm, hand	□ 1	□ 2	□ 3	
	c. Left leg	□ 1	□ 2	□ 3	225
	d. Right leg	□ 1	□ 2	□ 3	226

41. a. Tone--arm and leg

All normal □ 1
Any abnormal □ 2
Other □ 3
164 227

If "All normal" or "Other," skip to Item 42.
If "Other," describe in Item 49.
If "Any abnormal," indicate codes in Items 41b-41e.

Code for type of abnormality:

1=Normal
2=Spasticity
3=Rigidity lead pipe
4=Cogwheel rigidity
5=Not able to relax--gegenhalten
6=Flaccid
7=Untestable

b. Left arm □ 165 228
c. Left leg □ 166 229
d. Right arm □ 167 230
e. Right leg □ 168 231

42. a. Reflexes--arm and leg (abnormal if reflex is abnormally increased or Babinski present)

All normal □ 1
Any abnormal □ 2
Other □ 3
169 232

If "All normal" or "Other," skip to Item 43.
If "Other," describe in Item 49.
If "Any abnormal," check in Items 42b-42k.

	Left Abnormal		Right Abnormal	
Biceps	b. □ 1 170	233	c. □ 1 171	234
Triceps	d. 172 □ 1		e. 173 □ 1	
Knee	f. □ 1 174		g. □ 1 175	238
Ankle	h. 176 □ 1		i. 177 □ 1	
Plantar response	j. □ 1 178	237	k. □ 1 179	242

235 239 241 236 240

43. Reflexes--abnormal if depressed

	Normal	Abnormal	Untestable	
a. At ankle	□ 1	□ 2	□ 3 180	243
b. At knee	□ 1	□ 2	□ 3 181	244

44. Sensation:

a. Pin	□ 1	□ 2	□ 3 182	245
b. Position sense toes	□ 1	□ 2	□ 3 183	246

(Specify any abnormality_____)

45. Additional reflexes:

	Not Present	Present	Untestable	
a. snout--suck--rooting	□ 1	□ 2	□ 3 184	247
b. grasp--reflex--hand	□ 1	□ 2	□ 3 185	248
c. glabellar	□ 1	□ 2	□ 3 186	249

46. Coordination:

	Normal	Abnormal	Untestable	
a. finger to nose, left	□ 1	□ 2	□ 3 187	250
b. finger to nose, right	□ 1	□ 2 251	□ 3 188	
c. patting--hand, left	□ 1	□ 2	□ 3 189	252
d. patting--hand, right	□ 1	□ 2	190 253	

47. On the basis of the examination and observation, have you seen:

	Yes	No	Untestable	
a. Tremor at rest	□ 1	□ 2 255	□ 3 191	254
b. Tremor on posture holding	□ 1	□ 2 192	□ 3 193	256
c. Tremor on action	□ 1	□ 2	□ 3 194	
d. Chorea	□ 1	□ 2	□ 3 195	258
e. Other involuntary movements (Describe_____)	□ 1	□ 2 257	□ 3 196	259
f. Bradykinesia	□ 1	□ 2	□ 3 197	260
g. Motor persistence	□ 1	□ 2	□ 3 198	261
h. Motor impersistence	□ 1	□ 2	□ 3 199	262
i. Apraxia	□ 1	□ 2	□ 3 200	263
j. Agnosia	□ 1	□ 2	□ 3 201	264
k. Speech, language--motor aphasia	□ 1	□ 2	202	
l. Comprehension--deficit	□ 1	□ 2		
m. Articulation--dysarthria	□ 1	□ 2	□ 3 203	265 266

DEMENTIA EVALUATION--NEUROLOGICAL EXAMINATION (Continued)

		Yes	No	Untestable
48. a.	Are focal neurologic abnormalities present?	□ 1	□ 2	□ 3
b.	If yes, are abnormalities consistent with stroke?	□ 1	□ 2	□ 3

49. Description of any abnormalities in Items 29-48:

LABORATORY EXAMINATION OF DEMENTIA

		Abnormal	Normal	Unknown/ Not Done
50.	CBC	□ 1	□ 2	□ 3
51.	Electrolytes	□ 1	□ 2	□ 3
52.	Glucose	□ 1	□ 2	□ 3
53.	Liver function tests	□ 1	□ 2	□ 3
54.	Renal (BUN, Creat)	□ 1	□ 2	□ 3
55.	Thyroid panel	□ 1	□ 2	□ 3
56.	VDRL--FTA	□ 1	□ 2	□ 3
57.	Sed Rate	□ 1	□ 2	□ 3
58.	B12 level	□ 1	□ 2	□ 3
59.	Drug screen (if indicated)	□ 1	□ 2	□ 3
60.	EEG	□ 1	□ 2	□ 3
61.	Lumbar puncture	□ 1	□ 2	□ 3
62.	DSA/Angiogram	□ 1	□ 2	□ 3
63.	Psychological testing (Specify test and results in Item 64.)	□ 1	□ 2	□ 3

64. Specify abnormalities in tests listed above, plus any additional tests pertinent to dementia:

DIAGNOSTIC CRITERIA FOR DEMENTIA (DSM III)

Is there:	Yes	No	Unknown	
65. Loss of intellectual abilities of sufficient severity to interfere with social or occupational functioning?	□ 1	□ 2	□ 3	(10) 55
66. Memory impairment?	□ 1	□ 2	□ 3	(11) 56
67. At least one of the following (circle all that apply)?	□ 1	□ 2	□ 3	(220) 283
• Impairment of abstract thinking • Impaired judgment • Other disturbances of higher cortical function, e.g., aphasia, apraxia, agnosia, constructional difficulty				
68. An unclouded state of consciousness?	□ 1	□ 2	□ 3	(16) 61
69. Evidence from the history, physical examination and laboratory tests that no specific reversible cause of the dementia is present?	□ 1	□ 2	□ 3	(17) 62

All of Items 65-69 must be "Yes" for a diagnosis of dementia to be made.

ROSEN MODIFIED HACHINSKI SCALE

	Score	
70. Abrupt onset (score 2)		(23) 69
71. Stepwise deterioration (score 1)	(24) 70	
72. Somatic complaints (score 1)		(29) 75
73. Emotional incontinence (score 1)	(30) 76	
74. History of hypertension (score 1)	1	(31) 77
75. History of stroke (score 1)	(32) 78	
76. Focal neurological symptoms (score 2)		(34) 80
77. Focal neurological signs (score 2)	(35) 81	
78. TOTAL SCORE (Sum of Items 70-77)		(19) 64-65

Total Score	Type of Dementia
0-2	Not multi-infarct
3	Equivocal
4+	Multi-infarct or mixed

FINAL ASSESSMENT/DIAGNOSIS OF DEMENTIA

	Yes	No	Unknown	
79. Does patient meet all DSM III criteria for dementia listed in Items 65-69?	□ 1	□ 2	□ 3	(221) 284
80. Are pseudodementia and/or depression appearing to make a significant contribution to mental disturbance?	□ 1	□ 2	□ 3	(222) 285
81. Is there a potential treatable cause for dementia? Specify_____	□ 1	□ 2	□ 3	(223) 286
82. Is the dementia associated with other neurological diseases?	□ 1	□ 2	□ 3	(224) 287
83. Is there any other non-neurological cause for dementia?	□ 1	□ 2	□ 3	(225) 288

84. Is the dementia probably due to (check one):

Multi-infarct	□ 1
Alzheimer's	□ 2
Mixed MID and Alzheimer's	□ 3
Other (specify)_____	□ 4
Unknown	□ 5
Dementia not present	□ 6

(226) 289

STOP

ENDPOINT CODING COMMITTEE USE ONLY:

85. Dementia present?

Yes □ 1
No □ 2
Unknown □ 3

227 290

Skip to 87.

86. Type of dementia:

Multi-infarct □ 1
Alzheimer's □ 2
Mixed MID and Alzheimer's □ 3
Other (specify)_____ □ 4
Unknown □ 5

228 291

87 Date coding final:

292-297

Month | Day | Year

229

88. Signature of person completing this section: _____

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LIST OF SELECTED QUESTIONS FOR POSSIBLE PSEUDODEMENTIA, DEPRESSION, AND CAGE REVIEW FOR ALCOHOLISM

PSEUDODEMENTIA

1. Onset can be dated with some precision
2. Any life stressor at or around time of onset of memory disorder (which might induce or contribute to a depression)
3. Symptoms of short duration and rapid progression
4. Family aware of dysfunction and severity
5. Patient complains of cognitive loss
6. Patient emphasizes disability
7. Patient highlights failures
8. Patient communicates strong sense of distress
9. Loss of social skills early and prominent
10. "Don't know" answers typical
11. History of prior psychiatric problems

Four or more "yes" answers are supportive of the presence of pseudodementia.

DEPRESSION

1. Dysphoric mood--loss of interest or pleasure in usual activities. Characterized by symptoms such as depressed, sad, blue, hopeless, low, down in the dumps, irritable. Mood disturbance is prominent and relatively persistent.

2. At least four of the following symptoms have each been present nearly every day for two weeks:
   * Poor appetite with weight loss or increased appetite with weight gain
   * Insomnia or hypersomnia
   * Psychomotor agitation or retardation
   * Loss of interest or pleasure in sexual activities or decrease in sexual drive
   * Loss of energy or fatigue
   * Feelings of worthlessness, self-reproach or excessive or inappropriate guilt
   * Complaints or evidence of diminished ability to think or concentrate
   * Recurrent thoughts of death, suicidal indication, wished to be dead or suicide attempt

Both of the above criteria must be met for a diagnosis of depression.

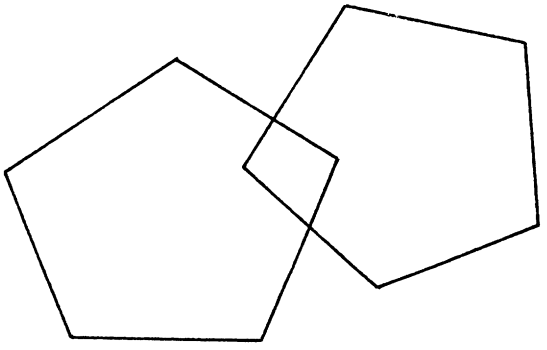
CAGE REVIEW FOR ALCOHOLISM

1. Has the patient ever felt he ought to cut down on his drinking?
2. Has the patient ever been criticized regarding his drinking?
3. Has the patient ever felt bad or guilty about his drinking?
4. Has the patient ever had a drink first think in the morning to steady his nerves or get rid of a hangover?

Three "yes" answers indicate the history or presence of alcoholism.

Read and Obey the Following:

CLOSE YOUR EYES

Write a sentence:

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