

CDR™ Scoring Table

CLINICAL DEMENTIA RATING (CDR™):	0	0.5	1	2	3
----------------------------------	---	-----	---	---	---

	Impairment				
	None 0	Questionable 0.5	Mild 1	Moderate 2	Severe 3
Memory	No memory loss or slight inconsistent forgetfulness	Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness	Moderate memory loss; more marked for recent events; defect interferes with everyday activities	Severe memory loss; only highly learned material retained; new material rapidly lost	Severe memory loss; only fragments remain
Orientation	Fully oriented	Fully oriented except for slight difficulty with time relationships	Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere	Severe difficulty with time relationships; usually disoriented to time, often to place	Oriented to person only
Judgment & Problem Solving	Solves everyday problems & handles business & financial affairs well; judgment good in relation to past performance	Slight impairment in solving problems, similarities, and differences	Moderate difficulty in handling problems, similarities, and differences; social judgment usually maintained	Severely impaired in handling problems, similarities, and differences; social judgment usually impaired	Unable to make judgments or solve problems
Community Affairs	Independent function at usual level in job, shopping, volunteer and social groups	Slight impairment in these activities	Unable to function independently at these activities although may still be engaged in some; appears normal to casual inspection	No pretense of independent function outside home Appears well enough to be taken to functions outside a family home	Appears too ill to be taken to functions outside a family home
Home and Hobbies	Life at home, hobbies, and intellectual interests well maintained	Life at home, hobbies, and intellectual interests slightly impaired	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned	Only simple chores preserved; very restricted interests, poorly maintained	No significant function in home
Personal Care	Fully capable of self-care	Fully capable of self-care	Needs prompting	Requires assistance in dressing, hygiene, keeping of personal effects	Requires much help with personal care; frequent incontinence

Score only as decline from previous usual level due to cognitive loss, not impairment due to other factors.

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

1. Writing checks, paying bills, balancing checkbook	
2. Assembling tax records, business affairs, or papers	
3. Shopping alone for clothes, household necessities, or groceries	
4. Playing a game of skill, working on a hobby	
5. Heating water, making a cup of coffee, turning off stove after use	
6. Preparing a balanced meal	
7. Keeping track of current events	
8. Paying attention to, understanding, discussing TV, book, magazine	
9. Remembering appointments, family occasions, holidays, medications	
10. Traveling out of neighborhood, driving, arranging to take bus	
Total Score:	

Evaluation

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

Name: _____ Date: _____

DOB: _____

Patient Health Questionnaire-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use “√” to indicate your answer)

Not at all Several days More than half the days Nearly every day

1. Little interest or pleasure in doing things	0	1	2	3
--	---	---	---	---

2. Feeling down, depressed, or hopeless	0	1	2	3
---	---	---	---	---

3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
--	---	---	---	---

4. Feeling tired or having little energy	0	1	2	3
--	---	---	---	---

5. Poor appetite or overeating	0	1	2	3
--------------------------------	---	---	---	---

6. Feeling bad about yourself-or that you are a failure or have let yourself or you family down	0	1	2	3
---	---	---	---	---

7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
--	---	---	---	---

8. Moving or speaking slowly that other people could have noticed? Or the opposite-being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
--	---	---	---	---

9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
--	---	---	---	---

FOR OFFICE CODING 0 + + + _____

= Total Score _____

If you check off any problems, how difficult have these problems made it for you to do your work, take care of things at home or get along with other people?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

Scoring:

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

Patient Name: _____

Date: _____

Patient DOB: _____

Activities of Daily Living

Activities	Independence (1 Point) NO supervision, direction or personal assistance.	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)	Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing (0 points)
DRESSING Points: _____	Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes. (1 point)	Needs help with dressing self or needs to be completely dressed. (0 POINTS) (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 parenteral (tube) feeding (0 points)

TOTAL POINTS: _____

SCORING: 6 = High (*patient independent*) 0 = Low (*patient very dependent*)
Katz Index of Independence in Activites of Daily Living