



COGNITIVE IMPAIRMENT CARE PLANNING TOOLKIT

Your provider will be asking for assistance in completing some screening tools that will help us do a better job in understanding the extent to which any cognitive impairments are causing a variety of other symptoms (e.g. depression, anxiety, hallucinations, agitation); distress in caregivers; and the need for assistance in daily activities.

We ask that the following documents be printed out prior to your appointment:

1. MoCA pictures
2. Katz BADL scale
3. Lawton IADL scale
4. NPI-Q Questionnaire

Please do not use or show the MoCA pictures to the patient prior to the appointment. Your provider will instruct you as to their use at that time.

The Katz and Lawton scales may be filled out prior to the appointment. Please rate the patient over the last 30 days prior to the appointment. Report the scores to the provider.

The NPI-Q Questionnaire may also be filled out prior to the appointment. Please rate the severity of symptoms and level of caregiver distress over the week preceding the appointment.

If you have any questions, you may wait to go over any or all of the scales with the provider at the time of the appointment.

The provider will be reviewing additional care and safety issues. At the end of the evaluation, a plan of care will be recommended. It is important that you receive a copy of this plan.

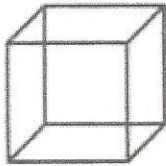
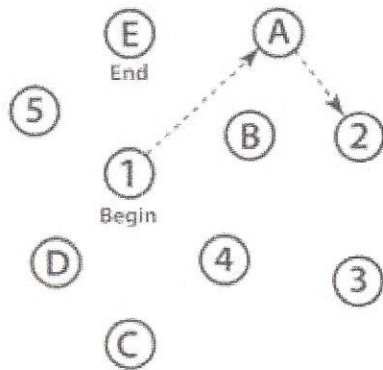
You may choose how you would like to receive a copy of the Plan of Care:

1. Mailed directly to you. Make sure we have your current address.
2. Via the patient portal. Make sure we have your current email.
3. Via fax. Make sure we have your current fax number.

Thank you,

William B. Orr, PhD, MD

VISUOSPATIAL / EXECUTIVE



Copy Cube



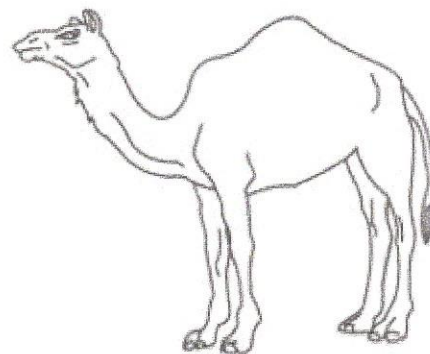
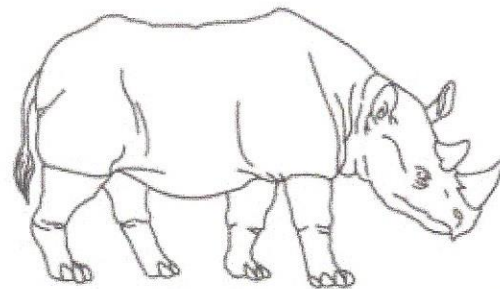
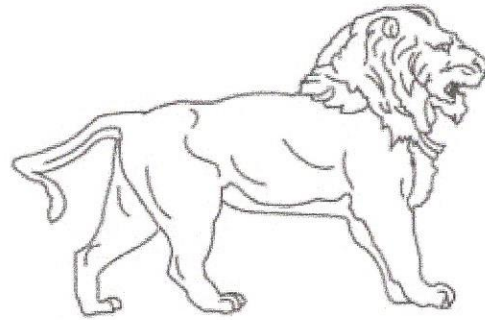
Draw CLOCK (ten past eleven)
(3 points)

☐ Contour ☐ Numbers ☐ Hands

POINTS

___/5

NAMING



___/3

Patient Name: _____

Date: _____

Patient ID # _____

Katz Index of Independence in Activities of Daily Living

Activities Points (1 or 0)	Independence (1 Point)	Dependence (0 Points)
	NO supervision, direction or personal assistance.	WITH supervision, direction, personal assistance or total care.
BATHING Points: _____	(1 POINT) Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity.	(0 POINTS) Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing
DRESSING Points: _____	(1 POINT) Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes.	(0 POINTS) Needs help with dressing self or needs to be completely dressed.
TOILETING Points: _____	(1 POINT) Goes to toilet, gets on and off, arranges clothes, cleans genital area without help.	(0 POINTS) Needs help transferring to the toilet, cleaning self or uses bedpan or commode.
TRANSFERRING Points: _____	(1 POINT) Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable	(0 POINTS) Needs help in moving from bed to chair or requires a complete transfer.
CONTINENCE Points: _____	(1 POINT) Exercises complete self control over urination and defecation.	(0 POINTS) Is partially or totally incontinent of bowel or bladder
FEEDING Points: _____	(1 POINT) Gets food from plate into mouth without help. Preparation of food may be done by another person.	(0 POINTS) Needs partial or total help with feeding or requires parenteral feeding.
TOTAL POINTS: _____ SCORING: 6 = High (<i>patient independent</i>) 0 = Low (<i>patient very dependent</i>)		

Source:

try this: Best Practices in Nursing Care to Older Adults, The Hartford Institute for Geriatric Nursing, New York University, College of Nursing, www.hartfordign.org.

Patient Name: _____

Date: _____

Patient ID # _____

LAWTON - BRODY
INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE (I.A.D.L.)

Scoring: For each category, circle the item description that most closely resembles the client's highest functional level (either 0 or 1).

A. Ability to Use Telephone		E. Laundry	
1. Operates telephone on own initiative-looks up and dials numbers, etc.	1	1. Does personal laundry completely	1
2. Dials a few well-known numbers	1	2. Launders small items-rinses stockings, etc.	1
3. Answers telephone but does not dial	1	3. All laundry must be done by others	0
4. Does not use telephone at all	0		
B. Shopping		F. Mode of Transportation	
1. Takes care of all shopping needs independently	1	1. Travels independently on public transportation or drives own car	1
2. Shops independently for small purchases	0	2. Arranges own travel via taxi, but does not otherwise use public transportation	1
3. Needs to be accompanied on any shopping trip	0	3. Travels on public transportation when accompanied by another	1
4. Completely unable to shop	0	4. Travel limited to taxi or automobile with assistance of another	0
		5. Does not travel at all	0
C. Food Preparation		G. Responsibility for Own Medications	
1. Plans, prepares and serves adequate meals independently	1	1. Is responsible for taking medication in correct dosages at correct time	1
2. Prepares adequate meals if supplied with ingredients	0	2. Takes responsibility if medication is prepared in advance in separate dosage	0
3. Heats, serves and prepares meals, or prepares meals, or prepares meals but does not maintain adequate diet	0	3. Is not capable of dispensing own medication	0
4. Needs to have meals prepared and served	0		
D. Housekeeping		H. Ability to Handle Finances	
1. Maintains house alone or with occasional assistance (e.g. "heavy work domestic help")	1	1. Manages financial matters independently (budgets, writes checks, pays rent, bills, goes to bank), collects and keeps track of income	1
2. Performs light daily tasks such as dish washing, bed making	1	2. Manages day-to-day purchases, but needs help with banking, major purchases, etc.	1
3. Performs light daily tasks but cannot maintain acceptable level of cleanliness	1	3. Incapable of handling money	0
4. Needs help with all home maintenance tasks	1		
5. Does not participate in any housekeeping tasks	0		
Score		Score	
Total score _____			
<p>A summary score ranges from 0 (low function, dependent) to 8 (high function, independent) for women and 0 through 5 for men to avoid potential gender bias.</p>			

Source: *try this*: Best Practices in Nursing Care to Older Adults, The Hartford Institute for Geriatric Nursing, New York University, College of Nursing, www.hartfordign.org.

The Neuropsychiatric Inventory–Questionnaire: Background and Administration

The Neuropsychiatric Inventory–Questionnaire (NPI-Q) was developed and cross-validated with the standard NPI to provide a brief assessment of neuropsychiatric symptomatology in routine clinical practice settings (Kaufer et al, J Neuropsychiatry Clin Neurosci 2000, 12:233-239). The NPI-Q is adapted from the NPI (Cummings et al, Neurology 1994; 44:2308-2314), a validated informant-based interview that assesses neuropsychiatric symptoms over the previous month. The original NPI included 10 neuropsychiatric domains; two others, Nighttime Behavioral Disturbances and Appetite/Eating Changes, have subsequently been added. Another recent modification of the original NPI is the addition of a Caregiver Distress Scale for evaluating the psychological impact of neuropsychiatric symptoms reported to be present (Kaufer et al, JAGS, 1998;46:210-215). The NPI-Q includes both of these additions.

The NPI-Q is designed to be a self-administered questionnaire completed by informants about patients for whom they care. Each of the 12 NPI-Q domains contains a survey question that reflects cardinal symptoms of that domain. Initial responses to each domain question are "Yes" (present) or "No" (absent). If the response to the domain question is "No", the informant goes to the next question. If "Yes", the informant then rates both the Severity of the symptoms present within the last month on a 3-point scale and the associated impact of the symptom manifestations on them (i.e. Caregiver Distress) using a 5-point scale. The NPI-Q provides symptom Severity and Distress ratings for each symptom reported, and total Severity and Distress scores reflecting the sum of individual domain scores.

Most informants will be able to complete the NPI-Q in 5 minutes or less. It is recommended that responses to the NPI-Q be reviewed for completeness by a clinician and for clarifying uncertainties after each administration. The first time an informant completes the NPI-Q, it may be useful to verbally review the instructions. In some instances, it may be necessary to conduct the NPI-Q in part or entirely as an interview.

The NPI and NPI-Q are both copyright-protected by Jeffrey L. Cummings, MD. The NPI-Q was developed by Daniel Kaufer, MD with permission. **Use of the NPI or NPI-Q in investigational studies sponsored in whole or part by for-profit entities is prohibited without express written consent.**

For inquiries regarding the NPI-Q, contact:

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The NPI-Q can be found at:
www.NPItest.net

Please answer the following questions based on changes that have occurred since the patient first began to experience memory problems.

Circle "Yes" only if the symptom(s) has been present in the last month. Otherwise, circle "No". For each item marked "Yes":

a) Rate the **SEVERITY** of the symptom (how it affects the patient):

- 1 = **Mild** (noticeable, but not a significant change)
- 2 = **Moderate** (significant, but not a dramatic change)
- 3 = **Severe** (very marked or prominent, a dramatic change)

b) Rate the **DISTRESS** you experience due to that symptom (how it affects you):

- 0 = **Not distressing at all**
- 1 = **Minimal** (slightly distressing, not a problem to cope with)
- 2 = **Mild** (not very distressing, generally easy to cope with)
- 3 = **Moderate** (fairly distressing, not always easy to cope with)
- 4 = **Severe** (very distressing, difficult to cope with)
- 5 = **Extreme or Very Severe** (extremely distressing, unable to cope with)

Please answer each question carefully. Ask for assistance if you have any questions.

Delusions Does the patient have false beliefs, such as thinking that others are stealing from him/her or planning to harm him/her in some way?

Yes No SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5

Hallucinations Does the patient have hallucinations such as false visions or voices? Does he or she seem to hear or see things that are not present?

Yes No SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5

Agitation/Aggression Is the patient resistive to help from others at times, or hard to handle?

Yes No SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5

Depression/Dysphoria Does the patient seem sad or say that he /she is depressed?

Yes No SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5

Anxiety Does the patient become upset when separated from you?
Does he/she have any other signs of nervousness such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?

Yes No SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5

Elation/Euphoria Does the patient appear to feel too good or act excessively happy?

Yes No SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5

Apathy/Indifference Does the patient seem less interested in his/her usual activities or in the activities and plans of others?

Yes No SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5

Disinhibition Does the patient seem to act impulsively, for example, talking to strangers as if he/she knows them, or saying things that may hurt people's feelings?

Yes No SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5

Irritability/Lability Is the patient impatient and cranky? Does he/she have difficulty coping with delays or waiting for planned activities?

Yes No SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5

Motor Disturbance Does the patient engage in repetitive activities such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?

Yes No SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5

Nighttime Behaviors Does the patient awaken you during the night, rise too early
in the morning, or take excessive naps during the day?

Yes No SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5

Appetite/Eating Has the patient lost or gained weight, or had a change in the
type of food he/she likes?

Yes No SEVERITY: 1 2 3 DISTRESS: 0 1 2 3 4 5

NPI-Q SUMMARY

	No	Severity	Caregiver Distress
Delusions	0	1 2 3	0 1 2 3 4 5
Hallucinations	0	1 2 3	0 1 2 3 4 5
Agitation/Aggression	0	1 2 3	0 1 2 3 4 5
Dysphoria/Depression	0	1 2 3	0 1 2 3 4 5
Anxiety	0	1 2 3	0 1 2 3 4 5
Euphoria/Elation	0	1 2 3	0 1 2 3 4 5
Apathy/Indifference	0	1 2 3	0 1 2 3 4 5
Disinhibition	0	1 2 3	0 1 2 3 4 5
Irritability/Lability	0	1 2 3	0 1 2 3 4 5
Aberrant Motor	0	1 2 3	0 1 2 3 4 5
Nighttime Behavior	0	1 2 3	0 1 2 3 4 5
Appetite/Eating	0	1 2 3	0 1 2 3 4 5
TOTAL			