This is a semi-structured interview. Please ask all of these questions. Ask any additional questions necessary to determine the subject’s CDR. Please note information from additional questions.

Memory Questions for Informant:

1. Does he/she have a problem with his/her memory or thinking?  
   - Yes  
   - No

1a. If yes, is this a consistent problem (as opposed to inconsistent)?  
   - Yes  
   - No

2. Can he/she recall recent events?  
   - Yes  
   - No

3. Can he/she remember a short list of items (shopping)?  
   - Yes  
   - No

4. Has there been some decline in memory during the past year?  
   - Yes  
   - No

5. Is his/her memory impaired to such a degree that it would have interfered with his/her activities of daily life a few years ago (or pre-retirement activities)? (collateral source’s opinion)  
   - Yes  
   - No

6. Does he/she completely forget a major event (e.g. a trip, a party, a family wedding) within a few weeks of the event?  
   - Yes  
   - No

7. Does he/she forget pertinent details about the major event?  
   - Yes  
   - No

8. Does he/she completely forget important information of the distant past (e.g. date of birth, wedding date, place of employment)?  
   - Yes  
   - No

9. Tell me about some recent event in his/her life she should remember.  
   (For later testing, obtain details such as location of the event, time of day, participants, how long the event was, when it ended and how the patient or other participants got there)  
   - Within 1 week: ____________________________
   - Within 1 month: ____________________________

10. When was he/she born? ____________________________

11. Where was he/she born? ____________________________

12. What was the last school he/she attended? ____________________________
   - Name ____________________________
   - Place ____________________________
   - Grade ____________________________

13. What was his/her main occupation/job (or spouse’s job if patient was not employed)? __________

14. What was his/her major job (or spouse’s job if patient was not employed)? __________

15. When did he/she (or spouse) retire and why? __________
Orientation Questions for Informant:

How often does he/she know the exact:

1. Date of the Month?
   - [ ] Usually
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Don’t Know

2. Month?
   - [ ] Usually
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Don’t Know

3. Year?
   - [ ] Usually
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Don’t Know

4. Day of the Week?
   - [ ] Usually
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Don’t Know

5. Does he/she have difficulty with time relationships (when events happened in relation to each other)?
   - [ ] Usually
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Don’t Know

6. Can he/she find his/her way around familiar streets?
   - [ ] Usually
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Don’t Know

7. How often does he/she know how to get from one place to another outside his/her neighbourhood?
   - [ ] Usually
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Don’t Know

8. How often can he/she find his/her way around indoors?
   - [ ] Usually
   - [ ] Sometimes
   - [ ] Rarely
   - [ ] Don’t Know
Judgement and Problem Solving Questions for Informant:

1. In general, if you had to rate his/her abilities to solve problems at the present time, would you consider them:

☐ As good as they have ever been
☐ Good, but not as good as before
☐ Fair
☐ Poor
☐ No ability at all

2. Rate his/her ability to cope with small sums of money (e.g. calculate change, leave a small tip):

☐ No loss
☐ Some loss
☐ Severe loss

3. Rate his/her ability to handle complicated financial or business transactions (e.g. balance cheque book, pay bills):

☐ No loss
☐ Some loss
☐ Severe loss

4. Can he/she handle a household emergency (e.g. plumbing leak, small fire)?

☐ As well as before
☐ Worse than before because of trouble thinking
☐ Worse than before, another reason (why) ________________________________

5. Can he/she understand situations or explanations?

☐ Usually ☐ Sometimes ☐ Rarely ☐ Don’t Know

6. Does he/she behave* appropriately (i.e. in his/her usual (premorbid) manner) in social situations and interactions with other people?

☐ Usually ☐ Sometimes ☐ Rarely ☐ Don’t Know

* This item rates behaviour, not appearance
Community Affairs Questions for Informant

Occupational

1. Is the patient still working?  
   □ Yes □ No □ N/A
   If not applicable, proceed to item 4  
   If yes, proceed to item 3  
   If no, proceed to item 2

2. Did memory or thinking problems contribute to the patient’s decision to retire? (Question 4 is next)  
   □ Yes □ No □ D/K

3. Does the patient have significant difficulty in his/her job because of problems with memory or thinking?  
   □ Rarely or Never □ Sometimes □ Usually □ Don’t Know

4. Did he/she ever drive a car?  
   □ Yes □ No
   Does the patient drive a car now?  
   □ Yes □ No
   If no, is this because of memory or thinking problems?  
   □ Yes □ No

5. If he/she is still driving, are there problems or risks because of poor thinking?  
   □ Yes □ No

6. *Is he/she able to independently shop for needs?*  
   □ Rarely or Never (Needs to be accompanied on any shopping trip)  
   □ Sometimes (Shops for limited number of items: buys duplicate items or forgets needed items)  
   □ Usually □ Don’t Know

7. Is he/she able to carry out activities independently outside the home?  
   □ Rarely or Never (Generally unable to perform Activities without help)  
   □ Sometimes (Limited and/or routine in church or meetings; trips to beauty salons)  
   □ Usually (Meaningful participation in activities e.g. voting) □ Don’t Know

8. Is he/she taken to social functions outside the family home?  
   □ Yes □ No
   If no, why not __________________________

9. Would a casual observer of the patient’s behaviour think the patient was ill?  
   □ Yes □ No

10. If in a nursing home, does he/she participate well in social functions (thinking)?  
    □ Yes □ No

**IMPORTANT:**
Is there enough information available to rate the subject’s level of impairment in community affairs?  
If not, please probe further.

**Community Affairs:** Such as going to church, visiting friends or family, political activities, professional organisations such as bar association, other professional groups, social clubs, service organisations, educational programs.

*Please add notes if needed to clarify patient’s level of functioning in this area*

Home and Hobbies Questions for Informant:

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1a. What changes have occurred in his/her abilities to perform household tasks? ________________

____________________________________________________________________________________

1b. What can he/she still do well? __________________________________________________________________________

____________________________________________________________________________________

2a. What changes have occurred in his/her abilities to perform hobbies? ________________

____________________________________________________________________________________

2b. What can he/she still do well? __________________________________________________________________________

____________________________________________________________________________________

3. If in a nursing home, what can he/she no longer do well (Home and Hobbies)? ________________

____________________________________________________________________________________

**Everyday Activities (The Dementia Scale of Blessed):**

<table>
<thead>
<tr>
<th>No Loss</th>
<th>0.5</th>
<th>Severe Loss</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Ability to perform household tasks</td>
<td>0</td>
<td>0.5</td>
</tr>
</tbody>
</table>

Please describe __________________________________________________________________________

____________________________________________________________________________________

5. Is he/she able to perform household tasks at the level of:
(Pick one. The informant does not need to be asked directly)

- [ ] **No meaningful function**  
  (Performs simple activities, such as making a bed, only with much supervision)

- [ ] **Functions in limited activities only**  
  (With some supervision, washed dishes with acceptable cleanliness; sets table)

- [ ] **Functions independently in some activities**  
  (Operates appliances, such as a vacuum cleaner; prepares simple meals)

- [ ] **Functions in usual activities but not at usual level**

- [ ] **Normal function in usual activities**

**IMPORTANT:**
Is there enough information available to rate the patient’s level of impairment in HOME & HOBBIES?
If not, please probe further.

**Household Tasks:** such as cooking, laundry, cleaning, grocery shopping, taking out garbage, front and backyard work, simple care maintenance and basic home repair.

**Hobbies:** Sewing, painting, handicrafts, reading, entertaining, photography gardening, going to theatre or concert, woodworking, participating in sports

**Personal Care Questions for Informant:**
*What is your estimate of his/her mental ability in the following areas:

<table>
<thead>
<tr>
<th></th>
<th>Unaided</th>
<th>Occasionally misplaced buttons etc.</th>
<th>Wrong sequence commonly forgotten items</th>
<th>Unable to dress</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Dressing (The Dementia Scale of Blessed)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B. Washing, grooming</td>
<td>Unaided</td>
<td>Needs prompting</td>
<td>Sometimes needs help</td>
<td>Always or nearly always needs help</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>B. Washing, grooming</td>
<td>Cleanly; proper utensils</td>
<td>Messily; spoon</td>
<td>Simple solids</td>
<td>Has to be fed completely</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>C. Eating habits</td>
<td>Normal complete control</td>
<td>Occasionally wets bed</td>
<td>Frequently wets bed</td>
<td>Doubly incontinent</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>D. Sphincter control (The Dementia Scale of Blessed)</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

*A box-score of 1 can be considered if the patient's person care is impaired from a previous level, even if they do not receive prompting.
Memory Questions for Patient

1. Do you have problems with memory or thinking? □ Yes □ No

2. A few moments ago your (spouse etc) told me a few recent experiences you had. Will you tell me something about those? (Prompt for details if needed, such as location of the event, time of day, participants, how long the event was, when it ended and how the patient or other participants got there.)

   Within 1 week
   1.0 – Largely correct
   0.5
   0.0 – Largely incorrect

   Within 1 month
   1.0 – Largely correct
   0.5
   0.0 – Largely incorrect

3. I will give you a name and address to remember for a few minutes. Repeat this name and address after me: (Repeat until the phrase is correctly repeated or to a maximum of three attempts)

   Elements | 1       | 2   | 3         | 4        | 5
   John     | Brown   | 42  | Market St | Sydney   |
   John     | Brown   | 42  | Market St | Sydney   |
   John     | Brown   | 42  | Market St | Sydney   |

   (Underline elements repeated correctly in each attempt)

4. When were you born?

5. Where were you born?

6. What was the last school you attended?
   Name ___________________________ Grade ___________________________
   Place ___________________________

7. What was your main occupation/job (or spouse’s if not employed)? ___________________________

8. What was your last major job (or spouse’s if not employed)? ___________________________

9. When did you (or your spouse) retire and why? ___________________________

10. Repeat the name and address I asked you to remember:

    Elements | 1       | 2   | 3         | 4        | 5
    John     | Brown   | 42  | Market St | Sydney   |

   (Underline elements repeated correctly.)
Orientation Questions for Patient:

Record the patient’s answer verbatim for each question

1. What is the date today?  □ Correct  □ Incorrect

2. What day of the week is it?  □ Correct  □ Incorrect

3. What is the month?  □ Correct  □ Incorrect

4. What is the year?  □ Correct  □ Incorrect

5. What is the name of this place?  □ Correct  □ Incorrect

6. What town or city are we in?  □ Correct  □ Incorrect

7. What time is it?  □ Correct  □ Incorrect

8. Does the patient who the informant is (in your judgement)?  □ Correct  □ Incorrect
Judgement and Problem Solving Questions for the Patient:

Instructions: If initial response by subject does not merit a grade 0, press the matter to identify the patient’s best understanding of the problem. Circle the nearest response.

Similarities:

Example: “How are a pencil and pen alike?” (writing instruments)
“How are these things alike?” Patient’s Response

1. turnip..............cauliflower
   (0 = vegetables)
   (1 = edible foods, living things, can be cooked, etc)
   (2 = answers not pertinent; differences; buy them)

2. desk..............bookcase
   (0 = furniture, office furniture; both hold books)
   (1 = wooden, legs)
   (2 = not pertinent, differences)

Differences:

Example: “What is the difference between sugar and vinegar?” (sweet vs. sour)
“What is the difference between these things?” Patient’s Response

3. lie..............mistake
   (0 = one deliberate, one unintentional)
   (1 = one bad, the other good – or explains only one)
   (2 = anything else, similarities)

4. river..............canal
   (0 = natural – artificial)
   (2 = anything else)

Calculations:

5. How many five cent pieces in a dollar? ☐ Correct ☐ Incorrect

6. How many 20 cent pieces in $5.40? ☐ Correct ☐ Incorrect

7. Subtract 3 from 20 and keep subtracting 3 from each new number all the way down. ☐ Correct ☐ Incorrect

Judgement:

8. Upon arriving in a strange city, how would you locate a friend that you wished to see?
   (0 = try the telephone book, city directory, go to the courthouse for a directory; call a mutual friend)
   (1 = call the police, call the operator (usually will not give address)
   (2 = no clear response)

9. Patient’s assessment of disability and station in life and understanding of why he/she is present at the examination (may have covered, but rate here):
   ☐ Good Insight ☐ Partial Insight ☐ Little Insight
<table>
<thead>
<tr>
<th>Impairment</th>
<th>None 0</th>
<th>Questionable 0.5</th>
<th>Mild 1</th>
<th>Moderate 2</th>
<th>Severe 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Memory</strong></td>
<td>No memory loss or slight inconsistent forgetfulness</td>
<td>Consistent slight forgetfulness; partial recollection of events; “benign” forgetfulness</td>
<td>Moderate memory loss; more marked for recent events; defect interferes with everyday activities</td>
<td>Severe memory loss; only highly learned material retained; new material rapidly lost</td>
<td>Severe memory loss; only fragments remain</td>
</tr>
<tr>
<td><strong>Orientation</strong></td>
<td>Fully oriented</td>
<td>Fully oriented except for slight difficulty with time relationships</td>
<td>Moderate difficulty with time relationships; oriented to place of examination; may have geographic disorientation elsewhere</td>
<td>Severe difficulty with time relationships; usually disoriented to time, often to place</td>
<td>Oriented to person only</td>
</tr>
<tr>
<td><strong>Judgement &amp; Problem Solving</strong></td>
<td>Solves everyday problems and handles business and financial affairs well; judgement good in relation to past performances</td>
<td>Slight impairment in solving problems, similarities and differences</td>
<td>Moderate difficulty in handling problems, similarities and differences; social judgement usually maintained</td>
<td>Severely impaired in handling problems, similarities and differences; social judgement usually impaired</td>
<td>Unable to make judgements or solve problems</td>
</tr>
<tr>
<td><strong>Community Affairs</strong></td>
<td>Independent function at usual level in job, shopping, volunteer and social groups</td>
<td>Slight impairment in these activities</td>
<td>Unable to function independently at these activities although may still be engaged in some; appears normal to casual inspection</td>
<td>No pretence of independent function outside home</td>
<td>Appears well enough to be taken to functions outside the family home</td>
</tr>
<tr>
<td><strong>Home &amp; Hobbies</strong></td>
<td>Life at home, hobbies and intellectual interests well maintained</td>
<td>Life at home, hobbies and intellectual interest slightly impaired</td>
<td>Mild but definite impairment of function at home more difficult tasks abandoned; more complicated hobbies and interests abandoned</td>
<td>Only simple tasks preserved; very restricted interests, poorly maintained</td>
<td>No significant function in home</td>
</tr>
<tr>
<td><strong>Personal Care</strong></td>
<td>Full capable of self-care</td>
<td>Needs prompting</td>
<td>Requires assistance in dressing, hygiene, keeping of personal effects</td>
<td>Requires much help with personal care; frequent incontinence</td>
<td></td>
</tr>
</tbody>
</table>

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

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