

Form B4: CDR® Dementia Staging Instrument

PLUS NACC FTLD Behavior & Language Domains (CDR® Plus NACC FTLD)

ADC name: _____ Subject ID: _____ Form date: ____/____/____ Visit #: ____ Examiner's initials: ____

INSTRUCTIONS: For information on the required online CDR training, see UDS Coding Guidebook for Telephone Initial Visit Packet, Form B4. This form is to be completed by the clinician or other trained health professional, based on co-participant report and behavioral and neurological exam of the subject. In the extremely rare instances when no co-participant is available, the clinician or other trained health professional must complete this form using all other available information and his/her best clinical judgment. Score only as decline from previous level due to cognitive loss, not impairment due to other factors, such as physical disability. For further information, see UDS Coding Guidebook for Telephone Initial Visit Packet, Form B4.

SECTION 1: CDR® DEMENTIA STAGING INSTRUMENT¹

| Please enter score below: | IMPAIRMENT | | | | |
|---|--|---|---|--|--|
| | None — 0 | Questionable — 0.5 | Mild — 1 | Moderate — 2 | Severe — 3 |
| 1. 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 |
| 2. 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 |
| 3. Judgment and problem solving . . . | Solves everyday problems, handles business and 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 |
| 4. 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 the home; appears well enough to be taken to functions outside the family home | No pretense of independent function outside the home; appears too ill to be taken to functions outside the family home |
| 5. 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 the home |
| 6. Personal care . . 0 | Fully capable of self-care (= 0). | | Needs prompting | Requires assistance in dressing, hygiene, keeping of personal effects | Requires much help with personal care; frequent incontinence |
| 7. . . . | CDR SUM OF BOXES | | | | |
| 8. . . . | GLOBAL CDR | | | | |

¹Morris JC. The Clinical Dementia Rating (CDR): Current version and scoring rules. Neurology 43(11):2412-4, 1993. Copyright© Lippincott, Williams & Wilkins. Reproduced by permission.

INSTRUCTIONS: For information on the required online CDR training, see UDS Coding Guidebook for Telephone Initial Visit Packet, Form B4. This form is to be completed by the clinician or other trained health professional, based on co-participant report and behavioral and neurological exam of the subject. In the extremely rare instances when no co-participant is available, the clinician or other trained health professional must complete this form using all other available information and his/her best clinical judgment. Score only as decline from previous level due to cognitive loss, not impairment due to other factors, such as physical disability. For further information, see UDS Coding Guidebook for Telephone Initial Visit Packet, Form B4.

SECTION 2: NACC FTLD BEHAVIOR & LANGUAGE DOMAINS

| | IMPAIRMENT | | | | |
|---|--|---|---|---|---|
| | None — 0 | Questionable — 0.5 | Mild — 1 | Moderate — 2 | Severe — 3 |
| Please enter score below: 9. Behavior, comporment, and personality² _____ | Socially appropriate behavior | Questionable changes in comportment, empathy, appropriateness of actions | Mild but definite changes in behavior | Moderate behavioral changes, affecting interpersonal relationships and interactions in a significant manner | Severe behavioral changes, making interpersonal interactions all unidirectional |
| 10. Language³ _____ | No language difficulty, or occasional mild tip-of-the-tongue | Consistent mild word-finding difficulties; simplification of word choice; circumlocution; decreased phrase length; and/or mild comprehension difficulties | Moderate word-finding difficulty in speech; cannot name objects in environment; reduced phrase length and/or agrammatical speech and/or reduced comprehension in conversation and reading | Moderate to severe impairments in either speech or comprehension; has difficulty communicating thoughts; writing may be slightly more effective | Severe comprehension deficits; no intelligible speech |

²Excerpted from the Frontotemporal Demential Multicenter Instrument & MR Study (Mayo Clinic, UCSF, UCLA, UW).

³Excerpted from the PPA-CDR: A modification of the CDR for assessing dementia severity in patients with primary progressive aphasia (Johnson N, Weintraub S, Mesulam MM), 2002.