

Neurology Associates of Rochester, Memory Care Evaluation Form

Dear Patient,

You have been referred to our office for evaluation of memory loss. We will spend the next visits getting to know you and learning about your everyday life. We will also talk with your loved ones and caregivers about you. Please bring a family member or caregiver to the next appointment with you. Often when your memory starts to be impaired, your loved ones will notice problems before you will. We will be very thorough in our evaluation. **To assist us, please fill out the following paperwork before your next appointment and bring it with you.**

PATIENT INFORMATION

Name (Last, First, MI): _____ DOB: _____

Age: _____ Gender: _____

Patient's employment or former employment if retired _____

How far did the patient go in school? _____

Does anyone live with the patient? _____

If this patient lives in an Assisted Living or Nursing Facility, which one and how long?

Person Completing Form and Relationship to Patient: _____

Do you live with the patient? YES / NO

How much contact do you have with the patient on average (select one)?

1 2 3 4 5 6 7 days per week

In each of the following sections, please circle the one number that most closely applies to your loved one. Please circle the answer that seems to apply most of the time.

Memory

0. Normal memory
1. Occasionally forgets things that they were told recently. Does not cause many problems
2. Mild consistent forgetfulness. Remembers recent events but often forgets parts.
3. Moderate memory loss. Worse for recent events. May not remember something you just told them. Causes problems with everyday activities.
4. Substantial memory loss. Quickly forgets recent or newly-learned things. Can only remember things that they have known for a long time.
5. Does not remember basic facts like the day of the week, when last meal was eaten or what the next meal will be.
6. Does not remember even the most basic things

Speech and Language

0. Normal ability to talk and to understand others.
1. Sometimes cannot find a word, but able to carry on conversations.
2. Often forgets words. May use the wrong word in its place. Some trouble expressing thoughts and giving answers.
3. Usually answers questions using sentences but rarely starts a conversation.
4. Answers questions, but responses are often hard to understand or don't make sense. Usually able to follow simple instructions.
5. Speech often does not make sense. Can not answer questions or follow instructions.
6. Does not respond most of the time.

Ability to Make Decisions

0. Normal – as able to make decisions as before
1. Only some difficulty making decisions that arise in day-to-day life
2. Moderate difficulty. Gets confused when things get complicated or plans change.
3. Rarely makes any important decisions. Gets confused easily.
4. Not able to understand what is happening most of the time.

Recognition of Family Members

0. Normal
1. Recognizes people and generally knows who they are. Usually recognizes grandchildren, cousins, or relatives who are not seen frequently but may not recall they are related.
2. Usually does not recognize family members who are not seen frequently. Is often confused about how family members such as grandchildren, nieces, or nephews are related to them.
3. Sometimes does not recognize close family members or others who they see frequently. May not recognize their children, brothers or sisters who are not seen on a regular basis.
4. Frequently does not recognize spouse or caregiver.
5. No recognition or awareness of the presence of others.

Orientation to Time

0. Normal awareness of time of day and day of week
1. Some confusion about what time it is or what day of the week, but not severe enough to interfere with everyday activities
2. Frequently confused about time of day
3. Almost always confused about time of day.
4. Seems completely unaware of time.

Orientation to Place

0. Normal awareness of where they are even in new places
1. Sometimes disoriented in new places
2. Frequently disoriented in new places
3. Usually disoriented, even in familiar places. May forget that they are already at home.
4. Almost always confused about place

Personal Care / Cleanliness

0. Normal. Takes care of self as well as they used to.
1. Sometimes forgets to wash, shave, comb hair, or may dress in wrong type of clothes. Not as neat as they used to be.
2. Requires help with dressing, washing and personal grooming.
3. Totally dependent on help for personal care.

Social and Community Activity

0. Normal – acts the same with people as before
1. Only mild problems that are not really important, but clearly acts differently from previously years.
2. Can still take part in community activities without help. May appear normal to people who don't know them.
3. Often has trouble dealing with people outside the home without help from caregiver. Usually can participate in quiet home activities with friends. The problem is clear to anyone who sees them.
4. No longer takes part in any real way in activities at home involving other people. Can only deal with the primary caregiver.
5. Little or no response even to primary caregiver.

Home Activities and Responsibilities

- 0 Normal. No decline in ability to do things around the house.
1. Some problems with home activities. May have more trouble with money management (paying bills) and fixing things. Can still go to a store, cook or clean. Still watches TV or reads a newspaper with interest and understanding.
2. Makes mistakes with easy tasks like going to a store, cooking or cleaning. Losing interest in the newspaper, TV or radio. Often can't follow long conversations on a single topic.
3. Not able to shop, cook, or clean without a lot of help. Does not understand the newspaper or the TV. Cannot follow a conversation.
4. No longer does any home based activities.

Eating

0. Normal, does not need help eating food that is served to them.
1. May need help cutting food or have trouble with some foods, but basically able to eat by themselves.
2. Generally able to feed themselves but may require some help. May lose interest during the meal.
3. Needs to be fed. May have trouble swallowing.

Ability to Get from Place to Place

0. Normal, able to get around on their own (aside from physical limitations).
1. Sometimes gets confused when driving or taking public transportation, especially in new places.
Able to walk places alone.
2. Cannot drive or take public transportation alone, even in familiar places. Can walk along outside for short distances. Might get lost if walking too far from home.
3. Cannot be left outside alone. Can get around the house without getting lost or confused.
4. Gets confused and needs help finding their way around the house.
5. Almost always in a bed or chair. May be able to walk a few steps with help, but lacks sense of direction.
6. Always in bed. Unable to sit or stand.

Control of Urination and Bowels

0. Normal – does not have problems controlling urination or bowels except for physical problems.
1. Rarely fails to control urination (generally less than one accident per month)
2. Occasionally failure to control urination (about once a week)
3. Frequently fails to control urination (more than once a week)
4. Generally fails to control urination and frequently can not control bowels.

Total Score: _____

(0-18 Mild; 19-36 Moderate; 37+ Severe)

Activities of Daily Living Questions

ACTIVITIES	INDEPENDENCE (1 POINT) No supervision or personal assistance needed	DEPENDENCE (0 POINTS) supervision, direction, assistance needed
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)
TOLIETING 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)

Katz Index of Independence in Activities of Daily Living

Total Points: _____

Behavior and Mood Questions: Does your loved one..		
	yes	no
Get angry or hostile? Resist care from others?		
See and/or hear things that no one else can see/hear?		
Act impatient and cranky? Mood frequently changes for no reason?		
Act suspicious without good reason (example: believes that others are stealing from him/her or planning to harm him/her in some way?)		
Seem less interested in his or her usual activities and plans of others?		
Have trouble sleeping at night?		

PHQ-9: Depression Screen

Over the last 2 weeks, how often have you been bothered by the following (please circle the #)

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed or hopeless	0	1	2	3
Trouble falling/staying asleep or sleeping too much	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself – or that you are a failure or let yourself or family down	0	1	2	3
Trouble concentrating on things, such as reading or TV	0	1	2	3
Moving or speaking so slowing 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
Thoughts that you would be better off dead or hurting 0 1 yourself in some way?	0	1	2	3

If you checked 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 Somewhat difficult Very difficulty Extremely difficult

Are you seeing a therapist or psychiatrist? If so, who _____

Safety Assessment		
	yes	no
Is the patient still driving?		
Is the patient able to manage their own medications?		
Are there concerns about safety in the home?		
Has the patient gotten lost in familiar places or wandered?		
Are firearms present in the home?		
Has the patient experienced unsteadiness or sustained falls?		
Does the patient live alone?		

Caregiver Profile		
	yes	no
Do you understand what Alzheimer's and / or other dementias are?		
Do you know where you can obtain additional information about dementia?		
Are you able and willing to provide care or assistance?		
Do you know where you can receive support as a caregiver?		

Power of Attorney
Does the patient have a medical power of attorney? _____
Does the patient have a financial power of attorney? _____