

AD8 DEMENTIA SCREENING INTERVIEW

PATIENT ID #: _____

CS ID #: _____

DATE: _____

| Remember, "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems. | Yes, A change | No, No change | N/A, Don't know |
|--|------------------|------------------|--------------------|
| 1. Problems with judgment (eg, problems making decisions, bad financial decisions, problems with thinking) | | | |
| 2. Less interest in hobbies/activities | | | |
| 3. Repeats the same things over and over (questions, stories, or statements) | | | |
| 4. Trouble learning how to use a tool, appliance, or gadget (eg, VCR, computer, microwave, remote control) | | | |
| 5. Forgets correct month or year | | | |
| 6. Trouble handling complicated financial affairs (eg, balancing checkbook, income taxes, paying bills) | | | |
| 7. Trouble remembering appointments | | | |
| 8. Daily problems with thinking and/or memory | | | |
| TOTAL AD8 SCORE | | | |

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