

Dementia Review Form (Revised 4/11/2011)

Keyer 1 _____ Keyer 2 _____

Subject Name	
Subject's ID number idtype, id	<input type="text"/> - <input type="text"/>
Date of Review (mm/dd/yyyy) Review_date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Neurology represented by: 1)_____ 2)_____ demrv004, demrv005	1 <input type="text"/> 2 <input type="text"/>
Neuropsychology represented by: 1)___ 2)___ 3)___ demrv006, demrv007, demrv008	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/>
Review Number (nth review) demrv009	<input type="text"/>

Sources available for this review	(0 = No, 1 = Yes)
Neuropsychological Testing demrv010	<input type="text"/>
Neurological Examination demrv011	<input type="text"/>
Family Interview Form demrv012	<input type="text"/>
FHS Cycle Exam Records (i.e. MMSE) demrv013	<input type="text"/>
Medical Records (Hospital Records, Nursing Home Notes, etc.) demrv014	<input type="text"/>

Last Date Documented to be Cognitively Intact (mm/dd/yyyy) 99/99/9999 = N/A or Unknown demrv015, demrv016, demrv017 or lstcogintdate	<input type="text"/> / <input type="text"/> / <input type="text"/>
Degree of Certainty Regarding Cognitively Intact Date 1 = Slightly 2 = Somewhat 3 = Moderately 4 = Reasonably 5 = Highly 8 = N/A demrv018	<input type="text"/>
Sources supporting cognitively intact date	(0 = No; 1 = Yes; 8=Not applicable)
Neuropsychological Testing demrv019	<input type="text"/>
Neurological Examination demrv020	<input type="text"/>
Family Interview Form demrv021	<input type="text"/>
FHS Cycle Exam Records (i.e. MMSE) demrv022	<input type="text"/>
Medical Records (Hospital Records, Nursing Home Notes, etc.) demrv023	<input type="text"/>

Cognitive Impairment 0 = No 1 = Yes 9 = Unknown 	<input type="checkbox"/>
Sources supporting presence/absence of cognitive impairment (0 = No; 1 = Yes; 8=Not applicable)	
Neuropsychological Testing demrv025	<input type="checkbox"/>
Neurological Examination demrv026	<input type="checkbox"/>
Family Interview Form demrv027	<input type="checkbox"/>
FHS Cycle Exam Records (i.e. MMSE) demrv028	<input type="checkbox"/>
Medical Records (Hospital Records, Nursing Home Notes, etc.) demrv029	<input type="checkbox"/>
Date of Cognitive Impairment Onset (mm/dd/yyyy) 99/99/9999 = N/A or Unknown demrv031, demrv032, demrv033 or cogimponsdate	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Degree of Certainty Regarding Impairment Onset Date 1 = Slightly 2 = Somewhat 3 = Moderately 4 = Reasonably 5 = Highly 8 = N/A demrv034	<input type="checkbox"/>
Sources supporting cognitive impairment onset date (0 = No; 1 = Yes; 8=Not applicable)	
Neuropsychological Testing demrv035	<input type="checkbox"/>
Neurological Examination demrv036	<input type="checkbox"/>
Family Interview Form demrv037	<input type="checkbox"/>
FHS Cycle Exam Records (i.e. MMSE) demrv038	<input type="checkbox"/>
Medical Records (Hospital Records, Nursing Home Notes, etc.) demrv039	<input type="checkbox"/>

Cognitive Decline demrv040 0 = No 1 = Yes, Duration Less Than 6 Months 2 = Yes, Duration Greater Than 6 Months 9 = Unknown	<input type="checkbox"/>
Sources supporting the presence or absence of cognitive decline (0 = No; 1 = Yes; 8=Not applicable)	
Neuropsychological Testing demrv041	<input type="checkbox"/>
Neurological Examination demrv042	<input type="checkbox"/>
Family Interview Form demrv043	<input type="checkbox"/>
FHS Cycle Exam Records (i.e. MMSE) demrv044	<input type="checkbox"/>
Medical Records (Hospital Records, Nursing Home Notes, etc.) demrv045	<input type="checkbox"/>

Probable Dementia Present 0 = No 1 = Yes 9 = Unknown demrv046	<input type="checkbox"/>
Sources supporting the presence or absence of dementia	(0 = No; 1 = Yes; 8=Not applicable)
Neuropsychological Testing demrv047	<input type="checkbox"/>
Neurological Examination demrv048	<input type="checkbox"/>
Family Interview Form demrv049	<input type="checkbox"/>
FHS Cycle Exam Records (i.e. MMSE) demrv050	<input type="checkbox"/>
Medical Records (Hospital Records, Nursing Home Notes, etc.) demrv051	<input type="checkbox"/>

Date of Diagnosis of Mild Dementia (mm/dd/yyyy) 99/99/9999 = N/A or Unknown demrv052, demrv053, demrv054 or dxmilddemdate	<input type="text"/> / <input type="text"/> / <input type="text"/>
Degree of Certainty regarding Mild Dementia Date demrv055 1 = Slightly 2 = Somewhat 3 = Moderately 4 = Reasonably 5 = Highly 8 = N/A	<input type="checkbox"/>
Sources supporting the date of mild dementia	(0 = No; 1 = Yes; 8=Not applicable)
Neuropsychological Testing demrv056	<input type="checkbox"/>
Neurological Examination demrv057	<input type="checkbox"/>
Family Interview Form demrv058	<input type="checkbox"/>
FHS Cycle Exam Records (i.e. MMSE) demrv059	<input type="checkbox"/>
Medical Records (Hospital Records, Nursing Home Notes, etc.) demrv060	<input type="checkbox"/>

Date of Diagnosis of Moderate Dementia (mm/dd/yyyy) 99/99/9999 = N/A or Unknown (Dementia Diagnosis Date) demrv061, demrv062, demrv063 or dxmoddemdate	<input type="text"/> / <input type="text"/> / <input type="text"/>
Degree of Certainty regarding Moderate Dementia Date demrv064 1 = Slightly 2 = Somewhat 3 = Moderately 4 = Reasonably 5 = Highly 8 = N/A	<input type="checkbox"/>
Sources supporting the date of moderate dementia	(0 = No; 1 = Yes; 8=Not applicable)
Neuropsychological Testing demrv065	<input type="checkbox"/>
Neurological Examination demrv066	<input type="checkbox"/>
Family Interview Form demrv067	<input type="checkbox"/>
FHS Cycle Exam Records (i.e. MMSE) demrv068	<input type="checkbox"/>
Medical Records (Hospital Records, Nursing Home Notes, etc.) demrv069	<input type="checkbox"/>

Date of Diagnosis of Severe Dementia (mm/dd/yyyy) 99/99/9999 = N/A or Unknown demrv070, demrv071, demrv072 or dxsevdemdate		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Degree of Certainty regarding Severe Dementia Date demrv073 1 = Slightly 2 = Somewhat 3 = Moderately 4 = Reasonably 5 = Highly 8 = N/A		<input type="text"/>
Sources supporting the date of severe dementia (0 = No; 1 = Yes; 8=Not applicable)		
Neuropsychological Testing demrv074		<input type="text"/>
Neurological Examination demrv075		<input type="text"/>
Family Interview Form demrv076		<input type="text"/>
FHS Cycle Exam Records (i.e. MMSE) demrv077		<input type="text"/>
Medical Records (Hospital Records, Nursing Home Notes, etc.) demrv078		<input type="text"/>

Definite Stroke or TIA from Stroke Review 0 = No 1 = Yes 9 = Unknown demrv079	<input type="text"/>
Parkinson's Disease demrv080 0 = No 1 = Yes 9 = Unknown	<input type="text"/>

CT Scan Information	
CT Scan Performed: demrv081 0 = No 1 = Yes 9 = Unknown	<input type="text"/>
Date of the Most Recent CT Scan demrv082, demrv083, demrv084 (mm/dd/yyyy) 99/99/9999 = N/A or Unknown	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CT Scan Results: demrv085 1 = Normal 2 = Atrophy only 3 = Single Stroke 4 = Two or more Strokes 5 = Other, _____ 6 = Small Vessel Ischemic disease 8=Not Done 9= Unknown	<input type="text"/>

MRI Scan Information	
MRI Scan Performed: demrv086 0 = No 1 = Yes 9 = Unknown	<input type="text"/>
Date of the Most Recent MRI Scan demrv087, demrv088, demrv089 (mm/dd/yyyy) 99/99/9999 = N/A or Unknown	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
MRI Scan Results: demrv090 1 = Normal 2 = Atrophy only 3 = Single Stroke 4 = Two or more Strokes 5 = Other, _____ 6 = Small Vessel Ischemic disease 8=Not Done 9= Unknown	<input type="text"/>

Brain Autopsy Information	
Brain Bank Subject? 0 = No 1 = Yes 9 = Unknown demrv091	<input type="text"/>
Brain Autopsy Performed? 0 = No 1 = Yes 8 = N/A 9 = Unknown demrv092	<input type="text"/>
Brain Autopsy Report Available? 0 = No 1 = Yes 8 = N/A 9 = Unknown demrv092b	<input type="text"/>

Hachinski Ischemia Score (Range 0 - 18) 88 = N/A demrv094	<input type="text"/>	<input type="text"/>
Blessed Score (Range 0 - 25) 88 = N/A demrv095	<input type="text"/>	<input type="text"/>

Cognitive Status at Time of Death demrv096 0 = No Dementia 0.5 = Cognitive Impairment – No Dementia 1 = Mild Dementia 1.5 = Greater than or equal to mild dementia 2 = Moderate Dementia 2.5 = Greater than or equal to moderate dementia 3 = Severe Dementia 4 = Alive 7=died, unknown at final review 9 or 9.9 = Unknown	<input type="text"/>	<input type="text"/>
Certainty of Cognitive Status at Death demrv097 1 = Slightly 2 = Somewhat 3 = Moderately 4 = Reasonably 5 = Highly 8 = N/A		
Sources supporting the cognitive status at death (0 = No; 1 = Yes; 8=Not applicable)		
Neuropsychological Testing demrv098	<input type="text"/>	<input type="text"/>
Neurological Examination demrv099	<input type="text"/>	<input type="text"/>
Family Interview Form demrv100	<input type="text"/>	<input type="text"/>
FHS Cycle Exam Records (i.e. MMSE) demrv101	<input type="text"/>	<input type="text"/>
Medical Records (Hospital Records, Nursing Home Notes, etc.) demrv102	<input type="text"/>	<input type="text"/>

Dementia Subtype (fill out at review only) demrv103 0 = None 1 = Alzheimer’s Disease Without Stroke 2 = Alzheimer’s Disease With Stroke 3 = Vascular Dementia Without Alzheimer’s Disease 4 = Mixed Dementia Type (Alzheimer’s Disease + Vascular Dementia) 5 = Frontotemporal Dementia 6 = Dementia with Lewy Bodies 7 = Dementia that does not fit any other Category (progressive) 8 = Dementia that does not fit any other Category (non-progressive) 9 = Cognitive Impairment – No Dementia 10 = Dementia – Uncertain 99 = Unknown	<input type="text"/>	<input type="text"/>	If answer is dementia due to inability to fit other categories, specify:
Severity Of Dementia Subtype demrv104 0 = None 1 = Mild 2 = Moderate 3 = Severe 9 = Unknown	<input type="text"/>	<input type="text"/>	
For Cognitive Impairment (this only refers to impairment during the MCI stage), Code Subtype: 1= amnestic 2=non-amnestic 8=N/A 9=unknown add01	<input type="text"/>	<input type="text"/>	
If Amnestic, Code Subtype: 1=amnestic only 2=amnestic plus 8=N/A 9=unknown add02	<input type="text"/>	<input type="text"/>	
If 2 (“amnestic plus”) code: 0= no 1= yes 9= unknown. If N/A, leave blank. Add03-add07	<input type="text"/>	<input type="text"/>	<input type="text"/>
executive function abstract reasoning visuospatial function language attention			
If Non-Amnestic, Code Subtype: add08 1=single domain 2=multiple domain 8=N/A 9=unknown	<input type="text"/>	<input type="text"/>	
If 1 (“single domain”) or 2 (“multiple domain”) code: 0=no 1= yes 9= unknown. If N/A, leave blank. Add09-add13	<input type="text"/>	<input type="text"/>	<input type="text"/>
executive function abstract reasoning visuospatial function language attention			

Dementia Review Form Supplement

Criteria for DSM-IV	
Memory Impairment 0 = No 1 = Yes 9 = Unknown <input style="width: 30px; height: 20px;" type="checkbox"/> Demrv105	If Memory Impairment, Code Subtype: add15 1= Verbal and Non-verbal memory 2=Verbal only <input style="width: 30px; height: 20px;" type="checkbox"/> 3= Non-verbal only 8= N/A 9= Unknown
Aphasia 0 = No 1 = Yes 9 = Unknown demrv106	<input style="width: 30px; height: 20px;" type="checkbox"/>
Apraxia 0 = No 1 = Yes 9 = Unknown demrv107	<input style="width: 30px; height: 20px;" type="checkbox"/>
Agnosia 0 = No 1 = Yes 9 = Unknown demrv108	<input style="width: 30px; height: 20px;" type="checkbox"/>
Executive Dysfunction (planning, organizing, sequencing, abstracting) 0 = No 1 = Yes 9 = Unknown demrv109	<input style="width: 30px; height: 20px;" type="checkbox"/>
Impaired Abstraction 0 = No 1 = Yes 9 = Unknown demrv110	<input style="width: 30px; height: 20px;" type="checkbox"/>
Significant Impairment in Function (Social/Occupational) 0 = No 1 = Yes 9 = Unknown demrv111	<input style="width: 30px; height: 20px;" type="checkbox"/>
Dementia by DSM-IV Criteria Memory Impairment, Impairment in one other Cognitive Domain, Functional Decline, Not Due to Delirium, Depression, or Schizophrenia 0 = No 1 = Yes 9 = Unknown demrv112	<input style="width: 30px; height: 20px;" type="checkbox"/>
Dementia by ADDTC criteria Impairment in two or more Cognitive Domains, Functional Decline secondary to Cognitive Impairment 0 = No 1 = Yes 9 = unknown demrv113	<input style="width: 30px; height: 20px;" type="checkbox"/>
Symptoms Above Present for at least Six Months (refers to memory imp, aphasia, etc., not dementia) 0 = No 1 = Yes 8 = N/A 9 = unknown demrv114	<input style="width: 30px; height: 20px;" type="checkbox"/>

Cognitive Deficits Not Related to DSM-IV Criteria	
Language 0 = No 1 = Yes 9 = Unknown add16	<input style="width: 30px; height: 20px;" type="checkbox"/>
Visuospatial Abilities 0 = No 1 = Yes 9 = Unknown add17	<input style="width: 30px; height: 20px;" type="checkbox"/>
Attention 0 = No 1 = Yes 9 = Unknown add18	<input style="width: 30px; height: 20px;" type="checkbox"/>

Alzheimer's Disease by NINCDS-ADRDA criteria (fill out at review only) 0 = No 1 = Yes 9 = Unknown demrv115	<input style="width: 30px; height: 20px;" type="checkbox"/>
Classification of Alzheimer's Disease (fill out at review only; note that, in certain cases, a pt. can have both probable AD and probable vascular dementia) 1 = Probable AD (dementia, progression, and no other etiology) 2 = Possible AD (dementia, progression, unusual clinical features or other contributory etiologies) 3= Definite AD 8 = N/A 9 = Unknown demrv116	<input style="width: 30px; height: 20px;" type="checkbox"/>
If Possible AD, Code Subtype below: (fill out at review only) 1 = Mixed AD + Vascular 2 = Mixed AD + Parkinsonism (including drug-induced) 3 = Mixed AD + Other, Specify _____ 8 = N/A 9 = Unknown demrv117	<input style="width: 30px; height: 20px;" type="checkbox"/>

<p>Notes for coding Vascular dementia: Focal neurological signs suggestive of stroke include: weakness of an extremity, exaggerated DTRs, pseudobulbar palsy, extensor plantar responses, gait abnormalities, hemianopsia, facial weakness, dysarthria and sensory deficit if thought to be of vascular etiology.</p>	
<p>1. Dementia Present (from page 3) 0 = No 1 = Yes 9 = Unknown demrv118</p>	<input type="checkbox"/>
<p>2. Clinical Stroke Documented ('definite' stroke at stroke review) 0 = No Stroke 1 = Yes, One Stroke 2 = Yes, More Than One Stroke 3= Terminal Stroke Only 8 = N/A demrv119</p>	<input type="checkbox"/>
<p>3. Suggestive Temporal Profile (onset of dementia less than 3 months after stroke, abrupt onset or fluctuating stepwise decline)</p> <p>0 = No 1 = Yes 8 = N/A 9 = Unknown demrv120</p>	<input type="checkbox"/>
<p>4. Imaging (CT or MRI) demrv121 (code 'atrophy only' or mild white matter changes' as 0) 0 = No Stroke 1 = Yes, One Stroke 2 = Yes, More Than One Stroke 3 = Yes, Extensive White Matter Changes 8 = N/A 9 = Unknown</p>	<input type="checkbox"/>
<p>5. Focal Neurological Signs Suggestive of Stroke demrv122 0 = No 1 = Yes 8 = N/A 9 = Unknown</p>	<input type="checkbox"/>
<p>Vascular Dementia Present (fill out at review only) demrv123 0 = No 1 = Yes 9 = Unknown</p>	<input type="checkbox"/>
<p>If Vascular Dementia Present Code: (fill out at review only) demrv124</p> <p>1 = Probable Vascular Dementia: Criteria: #1 and #2 and #3 = 1 ('Yes') #4 = 1 or 2 ('One or More Strokes')</p> <p>Possible Vascular Dementia: 2 = #1 and #2 = 1 ('Yes') #3 = 0 or 9 ('No' or 'Unknown') #4 or #5 = 1 ('Yes')</p> <p>3 = #1 and #2 and #3 = 1 ('Yes') #4 = 0 or 9 ('No Stroke' or 'Unknown')</p> <p>4 = #1= 1 ('Yes') and #4= 3 ('Extensive White Matter Changes') + diagnosis of Binswanger's disease</p> <p>5= #1= 1 ('Yes') and #4= 1, 2, or 3 and/or #5= 1 ('Yes') Or #1= 1 ('Yes') and #3= 1 ('Yes') and #4= 1, 2, or 3 and/or #5= 1 ('Yes') 8 = N/A 9 = Unknown</p>	<input type="checkbox"/>
<p>Coma/Persistent Vegetative State Post Stroke, Until Death 0 = No 1 = Yes 8 = N/A 9 = Unknown demrv125</p>	<input type="checkbox"/>

*Other Causes of Dementia or Impairment demrv126, demrv127, demrv128	
<p>0 = None 1 = PD prior to dementia onset 2 = PD after dementia onset 3 = Dementia with Lewy Bodies</p> <p>4 = PSP 5 = Shy-Dager syndrome 6 = Striato-nigral degeneration 7 = FTD with Parkinsonism</p> <p>8 = Wilson's disease 9 = FTD (w/ and w/out atrophy on imaging) 10 = Corticobasal ganglionic degeneration</p> <p>11 = Huntington's disease 12 = Spino-cerebellar degeneration 13 = Leukodystrophies</p> <p>14 = Post cardiac arrest 15 = TBI 16 = Post infectious sequelae (after meningitis, encephalitis, ADEM)</p> <p>17 = Malignancy (primary, secondary, para-neoplastic) 18 = Subdural hematoma 19 = NPH 20 = CJD</p> <p>21 = Multiple sclerosis 22 = AIDS associated dementias 23 = Other infections (fungal meningitis, syphilis)</p> <p>24 = Alcoholic dementia 25 = Toxic-Metabolic Encephalopathy 26 = Dementia – Uncertain Etiology</p> <p>27 = Other Etiologies (specify _____)</p> <p>28 = History of Depression 29 = History of Alcohol/Drug abuse 99 = Unknown or N/A</p>	<p>1. <input type="text"/></p> <p>2. <input type="text"/></p> <p>3. <input type="text"/></p>

<p>Earliest Documented Date of Dementia (“demented by” date) (mm/dd/yyyy) 99/99/9999 = N/A or Unknown Note: if the pt. has a “date of diagnosis of mild dementia,” put 9s in the first line and 8s in the remaining lines. If the pt. is missing a “date of diagnosis of mild dementia,” put the earliest documented date of dementia in the first line and then complete the rest of the boxes.</p>	<p><input type="text"/>/ <input type="text"/>/ <input type="text"/></p> <p>drfa_06,drfa_07,drfa_08 or earlydemdate</p>
<p>Severity: 1.0 = Mild Dementia 1.5 = Greater than or equal to mild dem. 2.0 = Moderate Dementia 2.5 = Greater than or equal to moderate dementia 3.0 = Severe Dementia 8.8= NA 9.9=Unknown (Dementia is present, and the pt. is at least mild, but severity is uncertain)</p>	<p>Drfa_09 <input type="text"/></p>
<p>Degree of Certainty Regarding Dementia Date 1 = Slightly 2 = Somewhat 3 = Moderately 4 = Reasonably 5 = Highly 8 = N/A</p>	<p>Drfa_10 <input type="text"/></p>
<p>Sources supporting earliest documented date of dementia applicable) (0 = No; 1 = Yes; 8=Not</p>	
<p>Neuropsychological Testing</p>	<p>Drfa_11</p>
<p>Neurological Examination</p>	<p>Drfa_12 <input type="text"/></p>
<p>Family Interview Form</p>	<p>Drfa_13 <input type="text"/></p>
<p>FHS Cycle Exam Records (i.e. MMSE)</p>	<p>Drfa_14 <input type="text"/></p>
<p>Medical Records (Hospital Records, Nursing Home Notes, etc.)</p>	<p>Drfa_15 <input type="text"/></p>