



# CLINICAL DEMENTIA RATING SUMMARY

ID NUMBER:

FORM CODE: 

C	D	S
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DATE: 04/01/2016  
Version 1.0

**ADMINISTRATIVE INFORMATION**

0a. Completion Date:   /   /      
Month Day Year

0b. Staff ID:

**Instructions:** *This form is to be completed by the clinician or other trained health professional based on informant report and neurological exam of the subject. In the extremely rare instances when no informant is available the clinician or other trained health professional must complete this form utilizing 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.*

**SECTION 1: STANDARD CDR**

	IMPAIRMENT				
Please enter scores below.	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.

Please enter scores below.	IMPAIRMENT				
	None 0	Questionable 0.5	Mild 1	Moderate 2	Severe 3
3. JUDGMENT & PROBLEM SOLVING ____	Solves everyday problems, handles business and financial affairs well; judgment good in relation to past performance.	Slight impairment in these activities.	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.	Life at home, hobbies and intellectual interests slightly impaired.	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 & 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 ____	Fully capable of self-care.		Needs prompting.	Requires assistance in dressing, hygiene, keeping of personal effects.	Requires much help with personal care; frequent incontinence.
7. ____ STANDARD CDR SUM OF BOXES					
8. ____ STANDARD GLOBAL CDR					

**SECTION 2: SUPPLEMENTAL CDR**

	IMPAIRMENT				
Please enter scores below.	None 0	Questionable 0.5	Mild 1	Moderate 2	Severe 3
9. BEHAVIOR, COMPORTMENT AND PERSONALITY ____	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. LANGUAGE ____	No language difficulty or occasional mild tip-of-the-tongue.	Consistent mild word finding difficulties; simplification of word choice; circumlocutions; 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 impairment in either speech or comprehension; has difficulty communicating thoughts; writing may be slightly more effective.	Severe comprehension deficit; no intelligible speech.
11. ____	SUPPLEMENTAL CDR SUM OF BOXES				
12. ____	STANDARD & SUPPLEMENTAL CDR SUM OF BOXES				



## INSTRUCTIONS FOR THE CLINICAL DEMENTIA RATING (CDR) – SUMMARY; (CDS) FORM

### I. General Instructions

The Clinical Dementia Rating or CDR was developed at the Memory and Aging Project at Washington University School of Medicine in 1979 for the evaluation of staging severity of dementia. The CDR is a five-point scale in which CDR-0 connotes no cognitive impairment, and then the remaining four points are for various stages of dementia:

0.5 = questionable, or very mild dementia

1 = mild

2 = moderate

3 = severe

The CDR score is derived from information collected from the informant interview as well as the subject interview. The six domains used to construct the overall CDR score are: Memory, Orientation, Judgment and Problem-Solving, Community Affairs, Home and Hobbies, and Personal Care. Each of the domains is rated separately based on the participant's cognitive ability to function in these areas. If the participant is limited in performing activities at home because of physical frailty, this should not affect their scoring on the CDR.

To aid in rating the severity in each of the domains, the CDR table, which shows the six cognitive domains the various severity levels, also provides descriptors for each severity at each box score. These descriptors are meant to be used as guides. The clinician should attempt to distinguish which is the best representation of severity for that particular domain. In situations where the clinician cannot decide between one and two severity levels, the standard rule is to rate a higher severity level. An example would be if memory is between a mild and a moderate severity rating, between a 1 and a 2 box score, and the clinician cannot determine where the best representation is, the rule would be that memory is rated as a 2.

To the degree that the informant is observant and their information is thought to be accurate, the CDR information provides essential information in scoring. This is particularly true because three of the six domains of the CDR (Community Affairs, Home and Hobbies, and Personal Care) are almost entirely dependent upon the informant interview.

The Informant Interview (CDI) and the Subject Interview (CDP) should be completed within 90 days of each other. If more than 90 days has passed between these interviews, it should be noted in notelogs on both forms. Scoring on the CDS should be based primarily on the later form. The CDS form, which is used to compute the CDR score, is completed only in those participants who have both the CDP (participant CDR) and the CDI (informant CDR). Note that for any participant who brings an informant with him/ her to the visit, the CDI and the NPI are to be administered to the informant. For all participants, the selection algorithm will determine who goes on to stage 2 to complete the CDI and NPI over the phone at a later time.

For those participants who are selected to stage 2 but in whom an informant cannot be successfully contacted (or for whom no informant is available), the following information should be used to score the CDR (the CDS form): the CDP interview, the participant's behavior and demeanor during the CDP, and the MMSE. There is no cutoff that should be used in incorporating MMSE information, but rather it should be used to see if staff feels that there is a discrepancy between reported cognitive performance and memory (on the CDP), and actual performance (MMSE), which might warrant a higher CDS score. All domains with the exception of Personal Care are part of the CDP. For the personal care item, in the event of selection to stage 2 but with no available informant, the

interviewer should make a judgement based on the appearance of the participant. When in doubt, the participant should be given the benefit of the doubt and a score of 0 for personal care should be given. In the event that the participant is especially disheveled/ unkempt/ smells as though there are problems with hygiene or continence, a higher score can be selected based upon these observations.

Training and certification for the CDR requires completion of the web-based training through Washington University, at this site: <http://knightadrc.wustl.edu/cdr/Application/Step1.htm>. Ideally this training will be completed prior to ARIC Visit 6 central training. Staff who were certified to administer the CDR through ARIC-NCS (Visit 5) do not need to repeat this video training. Other new staff will need to complete this training and submit their certificate as documentation of completion of this training, which includes a number of online videos. The version of the CDR used in this online training is not exactly the same as the version used in ARIC visits 5 or 6, but the general concepts behind the scoring remain the same.

## II. Detailed Instructions for Each Item

- 0a. Enter the date on which the participant was seen in the clinic.
- 0b. Enter the staff ID for the person who completed this form.
- 1. Memory: It may be difficult to make a distinction between CDR memory score of 2 or 3. CDR-2 says essentially only highly learned material is recalled and new material is rapidly forgotten, while for CDR-3 only fragments of memory remain. CDR-2 level should be assigned to an individual that appears to have a fairly good recall of essential past personal and historical items and may recall some portions of recent events but not the entire event. Someone with CDR-3 level may recall only a few relatively minor items from the past such as where they were born and whether or not they were married.
- 2. Items 2-5 are self-explanatory, in conjunction with the online CDR training that is required of all individuals who administer this scale. In general, the items from the CDI and CDP are labeled by section, to assist the examiner in estimating box scores.
- 6. Personal Care: Personal Care is unique among the six domains in that it does not have a CDR-0.5 score. At the point where the participant requires some help, if only prompting to change clothes, to shave or to groom their hair, that becomes CDR-1 score. If the participant requires no help, is fully independent, then CDR score should be 0. It is important to emphasize to the participant and the informant that we are asking about change in cognitive ability from prior levels of functioning (sometime over the past year, sometimes compared to 10 years previous).
- 7-8. Item #7 will be auto-calculated by the DMS, which is simply a sum of the box scores from #1-6. Item # 8 (Standard Global CDR) can be calculated at the following website: <http://www.biostat.wustl.edu/adrc/> which will be provided in a link from the CDS form, is based on the individual box scores from the first 6 items.