

DEMENTIA/ALZHEIMER DISEASE SCREENING TOOL

This assessment tool is designed to identify early changes that could signal the onset of dementia. This checklist should be completed at least twice a year and is especially important for individuals over the age of 35 with Down Syndrome. Any area that changes from the previous assessment should be marked in red or highlighted so a clear pattern can be identified.

CODE

A. Always Name of individual: _____
 B. Usually
 C. Rarely Name of Assessor: _____
 D. Never
 • Items = Y or N Review Dates: 1. _____ 2. _____ 3. _____ 4. _____

MENTAL STATUS	1	2	3	4
1. Alert				
2. Naps during the day				
3. Awake at night				
4. Initiates activities and/or social contact				
5. Becomes easily discouraged				
6. Forgetful				
7. Combative				
8. Cries				
9. Fearful				
10. Oriented to time				
11. Oriented to place				
12. Recognizes familiar people				
13. Organizes leisure time				
DAY/WORK CHANGES				
1. Attends day/work program as scheduled				
2. Able to complete work/day routines				
3. Work/day outcomes are consistent				
4. Maintains energy for complete day				
5. Stays focused on tasks				
SEIZURES				
• 1. History of seizures				
• 2. Takes seizure medications				
• 3. Seizure activity noted (not seen before)				
COMMUNICATION				
1. Speaks in full sentences				
2. Speaks in phrases				
3. Difficulty in word finding				
4. Uses sign language				
5. Indicates needs and wants				
6. Follows simple directions				
7. Uses coherent speech				

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MOBILITY	1	2	3	4
1. Travels independently				
2. Walks up and down stairs alone				
3. Walks with assistance				
4. Gets up from chair independently				
5. Uses walker				
6. Uses wheelchair				
7. Gets disoriented or lost when traveling				
EATING				
1. Eats independently				
2. Uses utensils correctly				
3. Holds cup correctly				
4. Chews properly				
5. Swallows without problems				
TOILETING				
1. Independent				
2. Incontinent of urine				
3. Incontinent of feces				