

NTG-EDSD

v.1/2013.2

The **NTG-Early Detection Screen for Dementia**, adapted from the DSQIID*, can be used for the early detection screening of those adults with an intellectual disability who are suspected of or may be showing early signs of mild cognitive impairment or dementia. The NTG-EDSD is not an assessment or diagnostic instrument, but an administrative screen that can be used by staff and family caregivers to note functional decline and health problems and record information useful for further assessment, as well as to serve as part of the mandatory cognitive assessment review that is part of the Affordable Care Act's annual wellness visit for Medicare recipients. This instrument complies with Action 2.B of the US National Plan to Address Alzheimer's Disease.

It is recommended that this instrument be used on an annual or as indicated basis with adults with Down syndrome beginning with age 40, and with other at-risk persons with intellectual or developmental disabilities when suspected of experiencing cognitive change. The form can be completed by anyone who is familiar with the adult (that is, has known him or her for over six months), such as a family member, agency support worker, or a behavioral or health specialist using information derived by observation or from the adult's personal record.

The estimated time necessary to complete this form is between 15 and 60 minutes. Some information can be drawn from the individual's medical/health record. Consult the NTG-EDSD Manual for additional instructions (www.aadmd.org/ntg/screening).

(1) File #: _____ (2) Date: _____

Name of person: (3) First _____ (4) Last: _____

(5) Date of birth: _____ (6) Age: _____

(7) Sex:

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male

Instructions:
For each question block, check the item that best applies to the individual or situation.

(8) Best description of level of intellectual disability

<input type="checkbox"/>	No discernible intellectual disability
<input type="checkbox"/>	Borderline (IQ 70-75)
<input type="checkbox"/>	Mild ID (IQ 55-69)
<input type="checkbox"/>	Moderate ID (IQ 40-54)
<input type="checkbox"/>	Severe ID (IQ 25-39)
<input type="checkbox"/>	Profound ID (IQ 24 and below)
<input type="checkbox"/>	Unknown

(9) Diagnosed condition (*check all that apply*)

<input type="checkbox"/>	Autism
<input type="checkbox"/>	Cerebral palsy
<input type="checkbox"/>	Down syndrome
<input type="checkbox"/>	Fragile X syndrome
<input type="checkbox"/>	Intellectual disability
<input type="checkbox"/>	Prader-Willi syndrome
<input type="checkbox"/>	Other: _____

Current living arrangement of person:

- Lives alone
- Lives with spouse or friends
- Lives with parents or other family members
- Lives with paid caregiver
- Lives in community group home, apartment, supervised housing, etc.
- Lives in senior housing
- Lives in congregate residential setting
- Lives in long term care facility
- Lives in other: _____

⁽¹⁰⁾ General characterization of current physical health:

	Excellent
	Very good
	Good
	Fair
	Poor

⁽¹⁵⁾ Seizures

	Recent onset seizures
	Long term occurrence of seizures
	Seizures in childhood, not occurring in adulthood
	No history of seizures

⁽¹¹⁾ Compared to one year ago, current physical health is:

	Much better
	Somewhat better
	About the same
	Somewhat worse
	Much worse

If MCI or dementia is documented complete 16, 17, & 18

⁽¹²⁾ Compared to one year ago, current mental health is:

	Much better
	Somewhat better
	About the same
	Somewhat worse
	Much worse

⁽¹³⁾ Conditions present (*check all that apply*)

	Vision impairment
	Blind (very limited or no vision)
	Vision corrected by glasses
	Hearing impairment
	Deaf (very limited or no hearing)
	Hearing corrected by hearing aids
	Mobility impairment
	Not mobile – uses wheelchair
	Not mobile – is moved about in wheelchair

⁽¹⁴⁾ Significant recent [in past year] life event (*check all that apply*)

	Death of someone close
	Changes in living arrangement, work, or day program
	Changes in staff close to the person
	New roommate/housemates
	Illness or impairment due to accident
	Adverse reaction to medication or over-medication
	Interpersonal conflicts
	Victimization / abuse
	Other:

⁽¹⁶⁾ **Diagnostic History**

Mild cognitive impairment [MCI] or dementia previously diagnosed (Dx)?:

[] No

[] Yes, MCI

 Date of Dx:

[] Yes, dementia

 Date of Dx:

 Type of dementia:

Diagnosed by:

Geriatrician

Neurologist

Physician

Psychiatrist

Psychologist

Other:

⁽¹⁷⁾ **Reported date of onset of MCI/dementia**
 [When suspicion of dementia first arose]
 Note approximate year and month:

⁽¹⁸⁾ **Comments / explanations about dementia suspicions:**

[Check column option as appropriate]

	Always been the case	Always but worse	New symptom in past year	Does not apply
⁽¹⁹⁾ Activities of Daily Living				
Needs help with washing and/or bathing				
Needs help with dressing				
Dresses inappropriately (e.g., back to front, incomplete, inadequately for weather)				
Undresses inappropriately (e.g., in public)				
Needs help eating (cutting food, mouthful amounts, choking)				
Needs help using the bathroom (finding, toileting)				
Incontinent (including occasional accidents)				
⁽²⁰⁾ Language & Communication				
Does not initiate conversation				
Does not find words				
Does not follow simple instructions				
Appears to get lost in middle of conversation				
Does not read				
Does not write (including printing own name)				
⁽²¹⁾ Sleep-Wake Change Patterns				
Excessive sleep (sleeping more)				
Inadequate sleep (sleeping less)				
Wakes frequently at night				
Confused at night				
Sleeps during the day more than usual				
Wanders at night				
Wakes earlier than usual				
Sleeps later than usual				
⁽²²⁾ Ambulation				
Not confident walking over small cracks, lines on the ground, patterned flooring, or uneven surfaces				
Unsteady walk, loses balance				
Falls				
Requires aids to walk				

	Always been the case	Always but worse	New symptom in past year	Does not apply
⁽²³⁾ Memory				
Does not recognize familiar persons (staff/relatives/friends)				
Does not remember names of familiar people				
Does not remember recent events (in past week or less)				
Does not find way in familiar surroundings				
Loses track of time (time of day, day of the week, seasons)				
Loses or misplaces objects				
Puts familiar things in wrong places				
Problems with printing or signing own name				
Problems with learning new tasks or names of new people				
⁽²⁴⁾ Behavior and Affect				
Wanders				
Withdraws from social activities				
Withdraws from people				
Loss of interest in hobbies and activities				
Seems to go into own world				
Obsessive or repetitive behavior				
Hides or hoards objects				
Does not know what to do with familiar objects				
Increased impulsivity (touching others, arguing, taking things)				
Appears uncertain, lacks confidence				
Appears anxious, agitated, or nervous				
Appears depressed				
Shows verbal aggression				
Shows physical aggression				
Temper tantrums, uncontrollable crying, shouting				
Shows lethargy or listlessness				
Talks to self				
⁽²⁵⁾ Adult's Self-reported Problems				
Changes in ability to do things				
Hearing things				
Seeing things				
Changes in 'thinking'				
Changes in interests				
Changes in memory				
⁽²⁶⁾ Notable Significant Changes Observed by Others				
In gait (e.g., stumbling, falling, unsteadiness)				
In personality (e.g., subdued when was outgoing)				
In friendliness (e.g., now socially unresponsive)				
In attentiveness (e.g., misses cues, distracted)				
In weight (e.g., weight loss or weight gain)				
In abnormal voluntary movements (head, neck, limbs, trunk)				

[Check column option as appropriate]

	⁽²⁷⁾ Chronic Health Conditions*	Recent condition (past year)	Condition diagnosed in last 5 years	Lifelong condition	Condition not present
	Bone, Joint and Muscle				
1	Arthritis				
2	Osteoporosis				
	Heart and Circulation				
3	Heart condition				
4	High cholesterol				
5	High blood pressure				
6	Low blood pressure				
7	Stroke				
	Hormonal				
8	Diabetes (type 1 or 2)				
9	Thyroid disorder				
	Lungs/breathing				
10	Asthma				
11	Chronic bronchitis, emphysema				
12	Sleep disorder				
	Mental health				
13	Alcohol or substance abuse				
14	Anxiety disorder				
15	Attention deficit disorder				
16	Bipolar disorder				
17	Dementia/Alzheimer's disease				
18	Depression				
19	Eating disorder (anorexia, bulimia)				
20	Obsessive-compulsive disorder				
21	Schizophrenia				
22	Other:				
	Pain / Discomfort				
23	Back pain				
24	Constipation				
25	Foot pain				
26	Gastrointestinal pain or discomfort				
27	Headaches				
28	Hip/knee pain				
29	Neck/shoulder pain				
	Sensory				
30	Dizziness / vertigo				
31	Impaired hearing				
32	Impaired vision				
	Other				
33	Cancer – type:				
34	Chronic fatigue				
35	Epilepsy / seizure disorder				
36	Heartburn / acid reflux				
37	Urinary incontinence				
38	Sleep apnea				
39	Tics/movement disorder/spasticity				
40	Dental pain				

*Items drawn from the Longitudinal Health and Intellectual Disability Survey (University of Illinois at Chicago)

⁽²⁸⁾ Current Medications		
Yes	No	Indicate type
<input type="checkbox"/>	<input type="checkbox"/>	Treatment of chronic conditions
<input type="checkbox"/>	<input type="checkbox"/>	Treatment of mental health disorders or behavior problems
<input type="checkbox"/>	<input type="checkbox"/>	Treatment of pain
For reviews, attach list of current medications, dosage, and when prescribed		
<input type="checkbox"/> List is attached for reviews		

⁽²⁹⁾ Comments related to other notable changes or concerns:
⁽³⁰⁾ Next Steps / Recommendations
<input type="checkbox"/> Refer to treating physician for assessment
<input type="checkbox"/> Review internally by clinical personnel
<input type="checkbox"/> Include in annual review / annual wellness visit
<input type="checkbox"/> Repeat in _____ months

Form completion information

⁽³¹⁾ Date completed	⁽³²⁾ Organization / Agency
Name of person completing form	
Relationship to individual (staff, relative, assessor, etc.)	
Date(s) form previously completed	

Acknowledgement: Derived from the DSQIID (*Dementia Screening Questionnaire for Individuals with Intellectual Disabilities; Deb, S., 2007) as adapted into the Southeast PA Dementia Screening Tool (DST) – with the assistance of Carl V. Tyler, Jr., MD – and the LHIDS (Longitudinal Health and Intellectual Disability Survey; Rimmer & Hsieh, 2010) and as further adapted by the National Task Group on Intellectual Disabilities and Dementia Practices as the NTG Early Detection Screen for Dementia for use in the USA.