

Assessment of Cognitive Complaints Toolkit for Alzheimer's Disease (ACCT-AD) Provider Wellness Visit/Screening Tool Flow Sheet

PATIENT: Part 1

Questions for the **patient**. Provider completes each of the following three sections. All answers should be confirmed with **informant** if present for the visit. If no **informant**, confirm a negative screen with Mini-Cog®.

I. Memory

Question: Do you think your memory or thinking has changed in the last 5-10 years? Ex: Trouble recalling recent events, family events, dinner, movie, or book? Remembering recent conversations?

No

Yes

Confirm with **informant** or Mini-Cog®.

Could be cognitive impairment.

Proceed to **language** question.

II. Language

Question: Have you noticed changes in your language? Ex: Trouble finding words or understanding conversations?

No

Yes

Confirm with **informant** or Mini-Cog®.

Could be cognitive impairment.

Proceed to **personality** question.

III. Personality

Question: Have you noticed changes in your personality? Ex: More irritable/anger more easily? Trouble getting along with people?

No

Yes

Confirm with **informant** or Mini-Cog®.

Could be cognitive impairment.

If all three responses are **No**, proceed to **INFORMANT: Part 1**. If no **informant**, proceed to Mini-Cog®; if Mini-Cog® normal, no further assessment. If score < 3, bring back patient for full ACCT-AD clinical assessment.

If any **Yes** responses to **memory, language, or personality** questions, proceed to follow-up questions in **PATIENT: Part 2**. (below)

PATIENT: Part 2

Provider asks **patient** all three questions in **memory, language, and personality** sections. Make note of all **No** and **Yes** responses.

I. Memory

Question: Do you think your memory changes are worse than your peers?

No

Yes

Question: Have you stopped doing anything because of these memory changes?

No

Yes

Question: Has anybody commented to you about these changes in your memory?

No

Yes

Proceed to **language** question.

II. Language

Question: Do you think your language changes are worse than your peers?

No

Yes

Question: Have you stopped doing anything because of these language changes?

No

Yes

Question: Have you noticed any changes in your language?

No

Yes

Proceed to **personality** question.

III. Personality

Question: Do you think your personality changes are worse than those of your peers?

No

Yes

Question: Have you stopped doing anything because of these personality changes?

No

Yes

Question: Has anyone commented on these personality changes to you?

No

Yes

If any **Yes** response, bring back patient for full ACCT-AD clinical assessment. If all responses from **PATIENT: Part 2** are **No**, make note and continue to **INFORMANT: Part 2**. If no informant, proceed to Mini-Cog®; if Mini-Cog® normal, no further assessment. If score < 3, bring back patient for full ACCT-AD clinical assessment.

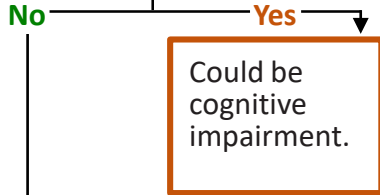
Assessment of Cognitive Complaints Toolkit for Alzheimer's Disease (ACCT-AD) Provider Wellness Visit/Screening Tool Flow Sheet

INFORMANT: Part 1

Questions for the **informant**. Provider completes the following three sections.
If no **informant**, confirm a negative screen with Mini-Cog®.

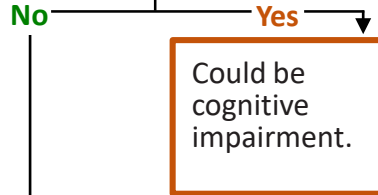
I. Memory

Question: Do you think the patient's memory or thinking has changed in the last 5-10 years?
Ex: Trouble recalling recent events, family events, dinner, movie, or book? Remembering recent conversations?



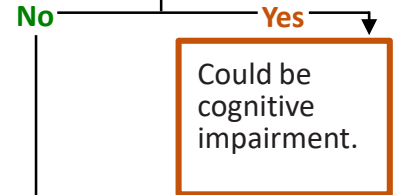
II. Language

Question: Have you noticed changes in the patient's language?
Ex: Trouble finding words or understanding conversations?



III. Personality

Question: Have you noticed changes in the patient's personality?
Ex: More irritable/anger more easily? Trouble getting along with people?



If all three responses from patient and informant are **No**, then no further assessment.

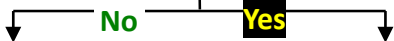
If any **Yes** responses to **PATIENT: Part 1** or **INFORMANT: Part 1**, proceed to follow-up questions in **INFORMANT: Part 2**. (below)

INFORMANT: Part 2

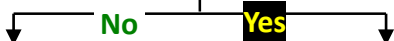
Provider asks **informant** all three questions in **memory**, **language**, and **personality** sections.
Make note of all **No** and **Yes** responses.

I. Memory

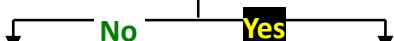
Question: Do you think their memory changes are worse than their peers?



Question: Have they stopped doing anything because of these memory changes?



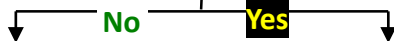
Question: Has anybody commented to you about these changes in their memory?



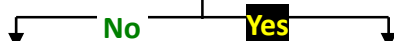
If all responses from **PATIENT: Part 2** and **INFORMANT: Part 2** are **No**, no further assessment.

II. Language

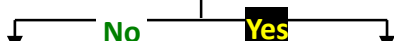
Question: Do you think their language changes are worse than their peers?



Question: Have they stopped doing anything because of these language changes?



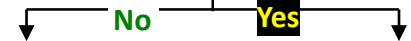
Question: Have you noticed any changes in their language?



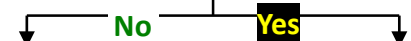
Any **Yes** responses from **PATIENT: Part 2** and **INFORMANT: Part 2**, bring back patient for full ACCT-AD clinical assessment.

III. Personality

Question: Do you think their personality changes are worse than those of their peers?



Question: Have they stopped doing anything because of these personality changes?



Question: Has anyone commented on these personality changes to you?

