

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

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**. (over)

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.

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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?

No

Yes

Could be cognitive impairment.

Proceed to **language** question.

II. Language

Question: Have you noticed changes in the patient's language?

Ex: Trouble finding words or understanding conversations?

No

Yes

Could be cognitive impairment.

Proceed to **personality** question.

III. Personality

Question: Have you noticed changes in the patient's personality?

Ex: More irritable/anger more easily? Trouble getting along with people?

No

Yes

Could be cognitive impairment.

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**. (over)

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?

No Yes

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

No Yes

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

No Yes

Proceed to **language** question.

II. Language

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

No Yes

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

No Yes

Question: Have you noticed any changes in their **language**?

No Yes

Proceed to **personality** question.

III. Personality

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

No Yes

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

No Yes

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

No Yes

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

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

Mini-Cog©: Instructions for Administering and Scoring

Provider to administer Mini-Cog© to patient if informant is not present or additional verification is needed

Steps	Explanation	Scoring
<p>Step 1: Three Word Registration:</p> <p>Banana Village River</p> <p>Sunrise Kitchen Nation</p> <p>Chair Baby Finger</p>	<p>Say: "Listen carefully, I am going to say three words that I want you to repeat back to me now and try to remember later. The words are [Banana, Sunrise, Chair.] Please say them for me now." Lastly say: "Now try to remember the words, I am going to ask you what they are in a few minutes."</p>	<p>No score for Step 1. The patient does not receive points for ability to repeat the words, and does not lose points if they can't repeat the words.</p>
<p>Step 2: Clock Drawing</p>	<p>Say: "Next, I want you to draw a clock for me. First, put in all of the numbers where they go." When that is completed, say: "Now, set the hands to 10 past 11." Repeat instructions as needed as this is not a memory test.</p>	<p>Normal clock = 2 points. (A normal clock has all numbers placed in the correct sequence and approximately correct position.) Hands are pointing to the 11 and 2 (11:10). Hand length is not scored. Inability or refusal to draw a clock (abnormal) = 0 points.</p>
<p>Step 3: Three Word Recall</p>	<p>Say: "What were the three words I asked you to remember?"</p>	<p>1 point for each word spontaneously recalled without cueing.</p>
<p>Step 4: Total Score</p>	<p>Total score = Word Recall score + Clock Draw score.</p>	<p>A score of < 3 has been validated for dementia screening.</p>

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Mini-Cog© References

1. Borson S, Scanlan JM, Chen P & Ganguli M. The Mini-Cog as a screen for dementia: Validation in a population-based sample. *J Am Geriatr Soc* 2003;51(10):1451-1454.
2. Borson S, Scanlan JM, Watanabe J, Tu SP & Lessig M. Improving identification of cognitive impairment in primary care. *Int J Geriatr Psychiatry* 2006;21(4):349-355.
3. Lessig MC, Scanlan JM, Nazemi H & Borson S. Time that tells: Critical clock-drawing errors for dementia screening. *Int Psychogeriatr* 2008;20(3):459-470.
4. McCarten JR, Anderson P, Kuskowaski MA, McPherson SE & Borson S. Screening for cognitive impairment in an elderly veteran population: Acceptability and results using different versions of the Mini-Cog. *J Am Geriatr Soc* 2011;59(2):309-313.
5. McCarten JR, Anderson P, Kuskowski MA, McPherson SE, Borson S & Dysken MW. Finding dementia in primary care: The results of a clinical demonstration project. *J Am Geriatr Soc* 2012;60(2):210-217.
6. Scanlan J & Borson S. The Mini-Cog: Receiver operating characteristics with expert and naïve raters. *Int J Geriatr Psychiatry* 2001;16(2):216-222.
7. Tsoi K, Chan JY, Hirai HW, Wong SY & Kwok TC. Cognitive tests to detect dementia: A systematic review and meta-analysis. *JAMA Intern Med* 2015;175(9):1450-1458.

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