

Dementia Screening Questionnaire for I/DD (adapted)

People with intellectual and developmental disabilities (I/DD) may be at risk for developing dementia/Alzheimer's Disease. This tool was developed to assist caregivers in collecting information to be shared with physicians. This is not a clinical assessment tool.

It is recommended that this tool:

- begin at age 35 for people with Down Syndrome
- begin at age 50 for people with Intellectual and Developmental Disabilities (I/DD), or earlier if symptoms are detected sooner
- once used be repeated on an annual basis or as often as needed
- be completed by someone who knows or works with the person for at least 6 months to a year
- be completed by multiple family members
- be completed by various staff members, preferably working each shift (within residential services)

Diagnosis should NEVER be made by completion of this tool alone. It is critical once this form is completed to have a medical professional review this document and refer for additional medical testing as recommended.

Name:

Date of Birth:

Female

Male

List Current Medications and dosages or
attach Medication Administration Record:

Diagnosis/Medical Conditions (include
both Physical and Mental Health
Conditions):

- Problem with vision/blind
 Problem with hearing/deaf
 Past Mental Health diagnosis (list)

Other Information

Any recent life changes? (e.g. death of family member or friend, loss, move, etc.)

Anything else worth noting?

Dementia Screening Questionnaire for I/DD (adapted) Residential

Please complete the following questions by placing a check mark in the appropriate box. At the bottom of the paper, please detail your name, title, duration of experience with the client, time of observation of the client (AM, PM).

Example: Question 1) Cannot wash and or bathe without help.

- If the person has always needed help with washing and bathing in his or her adult life, please “Always been the case.”
- If the person’s previous skills in this area seem to have deteriorated, Always, but seems worse.”
- If the person had the skill in their adult life and has recently lost this skill, please “New symptom.”
- Finally, if the question does not apply to the person (in this case, if the person can wash without help and this has not changed), please “Does not apply.”

	Always been the case	Always but worse	New symptom	Does not apply
Activities of Daily Living				
Cannot wash and/or bathe without help				
Cannot dress without help				
Dresses inappropriately (e.g., back to front, incomplete)				
Undresses inappropriately (e.g., in public)				
Needs help eating				
Needs help using the bathroom				
Incontinent (including occasional accidents)				
Language & Communication				
Does not initiate conversation				
Cannot find words				
Cannot follow simple instructions				
Cannot follow more than one instruction at a time				
Stops in the middle of a task				
Cannot read				
Cannot write (including printing own name)				
Sleep-Wake Pattern				
Excessive/inadequate (sleeping more or sleeping less)				
Wakes frequently at night				
Confused at night				
Sleeps during the day				
Wanders at night				
Ambulation				
Not confident walking over small cracks, lines on the ground or uneven surfaces				
Unsteady walk, loses balance				
Cannot walk unaided				

**Dementia Screening Questionnaire for I/DD (adapted)
Residential**

	Always been the case	Always but worse	New symptom	Does not apply
Memory				
Cannot recognize familiar person (staff/relatives)				
Cannot remember names of familiar people				
Cannot remember recent events				
Cannot find way in familiar surroundings				
Loses track of time (time of day, day of the week, seasons)				
Behavior				
Wanders				
Withdrawal from social activities				
Withdraws from people				
Loss of interest in hobbies and activities				
Seems to go into own world				
Obsessive or repetitive behavior (e.g., empties cupboards repeatedly)				
Hides or hoards objects				
Loses objects				
Puts familiar things into wrong places				
Does not know what to do with familiar objects				
Appears insecure				
Appears anxious or nervous				
Appears depressed				
Shows aggression (verbal or physical)				
Seizures				
Abnormal Involuntary Movement (head, neck, limbs, trunk)				
Talks to self				

Does the individual identify for himself/herself any change or loss of skill or abilities?

If so, please describe and note any other changes in behavior, personality, memory, or functional abilities?

Date Completed: _____	How long have you known the individual and in what capacity? _____ _____
Completed By: _____	
Time Completed: _____	

**Dementia Screening Questionnaire for I/DD (adapted)
Day Program/Employer**

	Always been the case	Always but worse	New symptom	Does not apply
Activities of Daily Living				
Cannot dress appropriately				
Incontinent (including occasional accidents)				
Language & Communication				
Difficulty finding words				
Memory				
Does not know location of areas (Bathroom,Workspace)				
Behavior				
Lack of interest with friends				
Lack of interest with hobbies				
Forgetful				
Sad				
Gets into fights or becomes argumentative easily				
Withdrawn				
Overly concerned (anxious)				
Job Performance				
Unable to complete routine tasks				
Difficulty learning new tasks				
Refusal to perform job				
Loses track of time/schedule/activities				
Academic				
Unaware of time by clock				
Unaware of time by association				
Unable to read				
Unable to write				
Medical				
Seizures				
Abnormal Involuntary Movement (head, neck, limbs, trunk)				
Ambulation difficulty				

Does the individual identify for himself/herself any change or loss of skill or abilities?

If so, please describe and note any other changes in behavior, personality, memory, or functional abilities?

Date Completed: _____	How long have you known the individual and in what capacity? _____ _____
Completed By: _____	
Time Completed: _____	