

CNS Screen (PC) - OTHER

Patient's name:	Date:		
Informant's name:	Relationship		

The items below reflect possible <u>changes</u> in the patient from their normal or usual self (e.g. how they used to be). Rate how much on the following scale:

0 -- No change - (not present)

I -- Mild - (noticeable, but not significant change)

2 -- Moderate - (significant, but not severe change)

3 -- Severe – (severe or marked change)

Cognitive	No change	Mild	Moderate	Severe
Difficulty remembering recent or upcoming events	0	I	2	3
Getting lost or not knowing where they are	0	I	2	3
Difficulty keeping track of time	0	I	2	3
Difficulty finding appropriate words	0	I	2	3
Difficulty making decisions or problem-solving	0	I	2	3
IADLs			1	
Difficulty writing checks, paying bills, etc.	0	I	2	3
Difficulty driving a car	0	I	2	3
Difficulty shopping alone	0	I	2	3
Difficulty performing household tasks	0	I	2	3
Less interested in hobbies and leisure activities	0	I	2	3
Social			1	
Difficulty holding a conversation	0	I	2	3
Decreased social activity with family or friends	0	I	2	3
Less cooperative, more difficult to get along with	0	I	2	3
Less aware of how others feel, hurtful	0	I	2	3
Less concerned about dressing or grooming	0	I	2	3
Behavior				
Sad or depressed	0	I	2	3
Anxious or worried	0	I	2	3
Impatient or fidgety	0	I	2	3
Less interested in social or group activities	0	I	2	3
Acts impulsively or disinhibited	0	I	2	3
Vegetative / Sensory / Motor			1	
Changes in appetite and / or eating behaviors	0	I	2	3
Changes in sleep pattern and / or daytime alertness	0	I	2	3
Changes in hearing and / or vision	0	I	2	3
Changes in gait and / or balance	0	1	2	3