

# Questions for family physicians and health professionals to ask when cognitive impairment is suspected

Cognitive impairment occurs along a continuum from mild subjective memory complaints occurring during the normal aging process to severe memory and cognitive deficits due to dementia. The significant growth of the older adult population and the rising incidence of dementia are posing significant challenges for the health-care system. Health practitioners are on the front lines of this battle and will play an increasingly important role in the early identification of the disease. Below are sample questions to assess whether cognitive symptoms have affected the patient's functions and which cognitive domains are most impaired. Cognitive screening tests are helpful in detecting people in the early stages of dementia and facilitate further clinical and diagnostic evaluations. For more information, please see the Canadian Consensus Guidelines on Dementia Care.

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- ☐ Are you easily distracted?
- ☐ Do you lose your train of thought in conversation?

## 2. Memory

- ☐ Do you repeat the same questions or stories over again?
- ☐ Do you misplace things?
- ☐ Do you leave the stove on, tap running or forget to lock the house?
- ☐ Do you forget appointments or forget the correct month of the year?

## 3. Language

- ☐ Do you have word-finding difficulties for people's names, common words?
- ☐ Do you substitute incorrect words?
- ☐ Do you have trouble following a conversation with multiple participants?
- ☐ Do you understand simple verbal and written instructions?

# 4. Visuospatial problems

- ☐ Do you get lost in familiar surroundings?
- ☐ Do you have trouble recognizing faces?
- ☐ Do you have any trouble finding your way when driving?

## 5. Judgment

- ☐ Do you have difficulty with planning and organizing daily activities?
- ☐ Would you know what to do if there were a fire or someone suddenly got ill?
- ☐ Do you have difficulty driving, managing finances or operating appliances?

#### 6. Praxis

- ☐ Do you have difficulty putting movements in sequence (e.g. taking the necessary steps to make a cup of coffee, prepare a bath)?
- ☐ Do you have trouble using utensils to eat or groom yourself?

#### 7. Mood

- ☐ Do you seem to be down most of the time?
- ☐ Do you lose interest in doing things?



<ul> <li>8. Personality and behaviour:</li> <li>Do you see or hear things that other people do not?</li> <li>Are you suspicious of others, like believing people are out to hurt you?</li> <li>Is there any verbal or physical agitation/aggression?</li> <li>Has there been any change in your personality?</li> <li>Have you been socially inappropriate, acted out of character, or exhibited poor judgement?</li> <li>Do you have any unusual food cravings</li> </ul> Notes:	<ul> <li>9. Daily function:</li> <li>□ Do you have difficulties completing familiar tasks (e.g. dressing, bathing)?</li> <li>□ Do you have difficulties planning and organizing daily activities (e.g. managing your finances, going out alone)?</li> </ul>
Notes.	

Endorsed by



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