



ID \_\_\_\_\_

**Canadian Study of Health and Aging - 3**

**CLINICAL ASSESSMENT**

**ID RECORD FORM**

English: 1

Complete the CSHA-2 subject and CAMDEX information from the CSHA-3 Subject Information Sheet provided by the Coordinating Centre.

CSHA-2 Subject Information	
DOB:	
Sex:	1 M                      2 F
Date of CSHA-2 clinical:	
Blood stored:	1 Y                                      2 N

CSHA-2 CAMDEX Information	
Date administered:	
Conducted how:	
Respondent:	

From CSHA-3 Screening Questionnaire:

HSU number and/or consent obtained	1 YES 2 NO
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Circle the appropriate code for the subject's current residence.

PLACE OF RESIDENCE	
SUBJECT RESIDES IN COMMUNITY	0
SUBJECT RESIDES IN INSTITUTION	
Size of institution:	
Small (25 or fewer beds*)	1
Medium (26-100 beds*)	2
Large (over 100 beds*)	3
* beds for people ≥ 65 years old	

Complete	1
Incomplete	2

	YES	NO
Edited	1	2
Editor's #		

Received in  
Ottawa

/ /
dd/mm/yyyy

Location:	4	Telephone
1 Subject's home	5	Other
2 Clinic, hospital	6	Not applicable
3 Institution	7	Refused

ID \_\_\_\_\_

**CLINICAL ASSESSMENT RECORD**

<u>Section</u>	<u>Description</u>	<u>Date</u> (dd/mm/yyyy)	<u>Location</u>	<u>Examiner</u>
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**Consents** (retained in field centre)

Caregiver or Informant:

Health Services consent signed \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Clinical (Medical) Assessment:

Clinical Assessment consent signed \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Proxy consent signed, if necessary \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Health Services consent signed \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Blood Sample consent signed - Apo E \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Blood sample consent signed - storage \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Components of Clinical (Medical) Assessment**  
(included in Clinical Assessment Progress Report)

Informant Interview \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

OR

Caregiver Interview \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Clinical Assessment:

Clinician's Evaluation:

Section 1, Parts 2 & 3  
History and Physical Examination \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Section 2, Part 4  
Preliminary Diagnostic Opinion \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Blood Sample \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Consensus Diagnostic Opinion \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Final check by coordinator \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sent to Ottawa \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Canadian Study of Health and Aging - 3****CLINICAL ASSESSMENT****CLINICIAN'S EVALUATION**

Section 1: History and Physical Examination  
(Includes Parts 1 through 3 of the Clinician's Evaluation)

English: 1

**Reviewed at consensus conference  
to reach 'Part 1 - Final Diagnosis'**

Complete	1
Incomplete	2

	YES	NO
Edited	1	2
Editor's #		

## CLINICIAN'S EVALUATION

ID \_\_\_\_\_

**PLEASE NOTE: CODES FOR PART 2 - HISTORY BY THE CLINICIAN ARE DIFFERENT FROM CODES FOR PART 3 - PHYSICAL EXAMINATION**

Date of evaluation      /      /       
dd mm yyyy

**Part 1A - REVIEW ADLs and MEDICAL HISTORY**

Physician ID \_\_\_\_\_

Review the following from Caregiver or Informant Interview:  
 ADL/IADL Summary Information Sheet  
 Summary of Medical History (selected CAMDEX information)

**Part 1B - MEDICATION USE**

List current medications (with or without prescription): (PLEASE PRINT LEGIBLY)  
 Please ensure that insulin is listed for all diabetic subjects. Include all vitamin and/or mineral supplements and alternative/complementary medicines. Do not write on the back of the page; add additional sheets if necessary.

	<u>Drug/Dose</u>	<u>Specify R</u> <u>(routine)</u>	<u>or PRN</u> <u>(as required)</u>		<u>Taken in</u> <u>last 2 days?</u>			
		1	2	Y	N	R	DK	
1.1	_____	R	PRN	1	2	7	8	
1.2	_____	R	PRN	1	2	7	8	
1.3	_____	R	PRN	1	2	7	8	
1.4	_____	R	PRN	1	2	7	8	
1.5	_____	R	PRN	1	2	7	8	
1.6	_____	R	PRN	1	2	7	8	
1.7	_____	R	PRN	1	2	7	8	
1.8	_____	R	PRN	1	2	7	8	
1.9	_____	R	PRN	1	2	7	8	
1.10	_____	R	PRN	1	2	7	8	
1.11	_____	R	PRN	1	2	7	8	
1.12	_____	R	PRN	1	2	7	8	

**Part 2 - HISTORY BY THE CLINICIAN**

**Based on the best available information and the clinician's best judgement of the truth**

**I. Potential symptoms:**

"Does the subject have any difficulty with.. such as..?"

Rate as: 1 = yes (Y), describe	4 = not relevant (NR), describe (ie. institution)
2 = no (N)	7 = subject refused (R)
3 = questionable (Q), describe	8 = subject does not know (DK)

- |   | Y | N | Q | NR | R | DK |
|---|---|---|---|----|---|----|
| 1.a short term memory<br>(e.g. forgets names, appointments, shopping lists, repeats questions)<br>describe: _____   | 1 | 2 | 3 | 4  | 7 | 8  |
| 1.b long term memory (e.g. forgets information from the past or variable<br>memory of past events such as date of birth, marriage, employment)<br>describe: _____ | 1 | 2 | 3 | 4  | 7 | 8  |
| 2.a language (e.g. looking for words especially names of people or objects)<br>describe: _____  | 1 | 2 | 3 | 4  | 7 | 8  |
| 2.b naming close relatives (e.g. grand children, siblings, spouse)<br>describe: _____   | 1 | 2 | 3 | 4  | 7 | 8  |
| 2.c speech (e.g. difficulty articulating, dysarthria)<br>describe: _____  | 1 | 2 | 3 | 4  | 7 | 8  |
| 3. personality problems (e.g. change in temperament, suspiciousness) (H)<br>describe: _____   | 1 | 2 | 3 | 4  | 7 | 8  |
| 4. mood (e.g. increased anxiety, sadness) (H)<br>describe: _____  | 1 | 2 | 3 | 4  | 7 | 8  |
| 5. unusual or changed behaviour (e.g. putting food in inappropriate location)   |   |   |   |    |   |    |
| a) apathy   | 1 | 2 | 3 | 4  | 7 | 8  |
| b) wandering  | 1 | 2 | 3 | 4  | 7 | 8  |
| c) physical violence  | 1 | 2 | 3 | 4  | 7 | 8  |
| d) disinhibition  | 1 | 2 | 3 | 4  | 7 | 8  |
| e) misrepresentation<br>(e.g. spouse is an impostor)  | 1 | 2 | 3 | 4  | 7 | 8  |
| f) other _____  | 1 | 2 | 3 | 4  | 7 | 8  |
| describe: _____   |   |   |   |    |   |    |
| 6. emotional incontinence (H)<br>describe: _____  | 1 | 2 | 3 | 4  | 7 | 8  |
| 7. hallucinations<br>If yes: 1 visual   2 auditory   3 others (describe): _____   | 1 | 2 | 3 | 4  | 7 | 8  |
| 8. delusions<br>describe: _____   | 1 | 2 | 3 | 4  | 7 | 8  |

Rate as: 1 = yes (Y), describe	4 = not relevant (NR), describe (ie. institution)
2 = no (N)	7 = subject refused (R)
3 = questionable (Q), describe	8 = subject does not know (DK)

		Y	N	Q	NR	R	DK
9.	nocturnal confusion (H) describe: _____	1	2	3	4	7	8
10.	somatic complaints (H) describe: _____	1	2	3	4	7	8
11.	problems with outside work (e.g. concentration/performance at work or hobbies, such as gardening, shovelling snow or employment) describe: _____	1	2	3	4	7	8
12.a	management of financial affairs (e.g. paying bills late or twice, managing bank account(s), taxes) describe: _____	1	2	3	4	7	8
12.b	difficulty with day-to-day purchases (e.g. shopping for groceries, sundries) describe: _____	1	2	3	4	7	8
13.	difficulty with going out alone (e.g. gets lost on walks or public transport) describe: _____	1	2	3	4	7	8
14.	cooking (e.g. simplified recipes, leaving oven on) describe: _____	1	2	3	4	7	8
15.	self-care: requires supervision or assistance for a) getting dressed b) grooming c) bathing d) toileting describe: _____	1	2	3	4	7	8
16.	finding way in familiar areas (e.g. going to other person's room) describe: _____	1	2	3	4	7	8
17.a	incontinence (urine) if yes: complete 17.b, 17.c, 17.d, 17.e and 17.f	1	2	3	4	7	8
17.b	frequency: 1 daily 2 1/week (weekly) 3 1 to 3/month (monthly) 4 less than 1/month	8	DK				
17.c	type: 1 stress 2 urge 3 other describe: _____	8	DK				
17.d	amount: 1 drops or little 2 small squirts 3 larger amount (each time)	8	DK				
17.e	duration: 1 0-5 years 2 5-10 years 3 more than 10 years	8	DK				
17.f	information from: 1 subject 2 relative 3 chart 4 other (specify) _____						
18.	urinary complaints (other than incontinence - Q. 17.) describe: _____	1	2	3	4	7	8

Clinical Assessment - Clinician's Evaluation

ID \_\_\_\_\_

Rate as: 1 = yes (Y), describe	4 = not relevant (NR), describe (ie. institution)
2 = no (N)	7 = subject refused (R)
3 = questionable (Q), describe	8 = subject does not know (DK)

- 19.a incontinence (stool) Y N Q NR R DK  
1 2 3 4 7 8  
 if yes: complete 19.b and 19.c
- 19.b frequency: 1 daily 2 1/week (weekly)  
 3 1 to 3/month (monthly) 4 less than 1/month  
 8 DK
- 19.c information from: 1 subject 3 chart  
 2 relative 4 other (specify) \_\_\_\_\_
20. defecation complaints (other than incontinence - Q. 19; eg. constipation) 1 2 3 4 7 8  
 describe: \_\_\_\_\_
21. principal symptom related to cognitive impairment among questions 1-20 above: #\_\_\_\_\_ 66 NA
22. principal symptom among questions 1-20 above: #\_\_\_\_\_ 66 NA
23. onset of cognitive symptoms (in Q. 21):  
 1 gradual 2 abrupt (H) 6 NA 8 unknown
24. course overall:  
 1 progressive 2 plateau 3 stepwise (H) 4 fluctuating (H)  
(long term) 6 NA 8 unknown
- 25.a Was there a deterioration in cognition related to a specific event? 1 2 3 4 7 8  
 (e.g. anesthesia, medication, loss of spouse, move)
- 25.b if 25.a yes, specify: How long ago (months)  
 1 Anesthesia \_\_\_\_\_  
 2 Medication \_\_\_\_\_  
 3 Illness \_\_\_\_\_  
 4 Vaccination/immunization \_\_\_\_\_  
 5 Loss of spouse \_\_\_\_\_  
 6 Loss of other family member \_\_\_\_\_  
 7 Other \_\_\_\_\_
26. When did the subject first have memory problems?  
 \_\_\_\_\_ month \_\_\_\_\_ year 444 not relevant, 888 don't know  
no memory problems
27. When did the subject's memory (cognitive) problems first affect his/her social or working life?  
 \_\_\_\_\_ month \_\_\_\_\_ year 444 not relevant 888 don't know
28. When did the subject first see a doctor about his/her memory (cognitive) problems?  
 \_\_\_\_\_ month \_\_\_\_\_ year 444 not relevant 888 don't know



Rate as: 1 = yes (Y), describe	4 = not relevant (NR), describe (ie. institution)
2 = no (N)	7 = subject refused (R)
3 = questionable (Q), describe	8 = subject does not know (DK)

**II. Additional symptoms:**

“Did the subject or does the subject have... ?”

		Y	N	Q	NR	R	DK
1.a	depressive symptoms						
	1 feel decreased ability to concentrate	1	2	3	4	7	8
	2 feel sad, blue or depressed	1	2	3	4	7	8
	3 lose interest in things that are pleasurable	1	2	3	4	7	8
	4 lose appetite	1	2	3	4	7	8
	5 lose weight without trying to	1	2	3	4	7	8
	6 difficulty falling asleep	1	2	3	4	7	8
	7 early awakening in morning	1	2	3	4	7	8
	8 tendency to sleep all day	1	2	3	4	7	8
	9 feel tired all the time	1	2	3	4	7	8
	10 have to be moving all the time	1	2	3	4	7	8
	11 feel worthless, sinful or guilty	1	2	3	4	7	8
	12 want to die or considering suicide	1	2	3	4	7	8
	13 did most of these symptoms occur in same two weeks	1	2	3	4	7	8
1.b	depression - overall impression ( <b>H</b> )	1	2	3	4	7	8
2.	myoclonus	1	2	3	4	7	8
	describe: _____						
	(e.g. circumstances, occurrence)						
3.a	seizures (epilepsy):						
	1 partial complex:	1	2	3	4	7	8
	2 generalized:	1	2	3	4	7	8
3.b	<u>if yes:</u> 1 more than 1/month 2 less than 1/month 3 less than 1/year						
	describe: _____						
4.a	syncope or blackouts	1	2	3	4	7	8
4.b	<u>if yes:</u> 1 more than 1/month 2 less than 1/month 3 less than 1/year						
	describe: _____						
5.a	falls	1	2	3	4	7	8
5.b	<u>if yes:</u> 1 more than 1/month 2 less than 1/month 3 less than 1/year						
	describe: _____						
6.	history of Parkinson's disease	1	2	3	4	7	8
	describe: _____						
7.	judgment failure or change	1	2	3	4	7	8
	describe: _____						

Rate as: 1 = yes (Y), describe	4 = not relevant (NR), describe (ie. institution)
2 = no (N)	7 = subject refused (R)
3 = questionable (Q), describe	8 = subject does not know (DK)

		<b>Y</b>	<b>N</b>	<b>Q</b>	<b>NR</b>	<b>R</b>	<b>DK</b>
8.	history of stroke ( <b>H</b> ) describe: _____	1	2	3	4	7	8
9.	focal CNS symptoms ( <b>H</b> )	1	2	3	4	7	8
	a) transient (less than 1 day)	1	2	3	4	7	8
	b) more than 1 day/reversible	1	2	3	4	7	8
	c) persisting	1	2	3	4	7	8
	d) recurrent	1	2	3	4	7	8
	describe: _____						
10.	headaches of recent onset or of changed pattern describe: _____	1	2	3	4	7	8
11.a	history of head trauma with loss of consciousness (first occasion) describe: _____ Year _____	1	2	3	4	7	8
	<u>if yes:</u> complete 11.b, 11.c below.						
	<u>if no:</u> go to question 12.						
11.b	estimated length of post traumatic amnesia (PTA)						
	1 unknown            2 <10 min.            3 <1 hr.						
	4 <12 hr.            5 >24 hr.            6 >7 days						
11.c	history of head trauma with loss of consciousness on more than one occasion						
	1 yes                    2 no                    3 uncertain						
11.d	<u>if yes:</u> describe each occasion (include year) and estimated PTA describe: _____ _____ _____ _____						
	1 unknown            2 <10 min.            3 <1 hr.						
	4 <12 hr.            5 >24 hr.            6 >7 day						
12.	history of neurosurgical procedure describe: _____	1	2	3	4	7	8
13.	history of CNS infections describe: _____ _____	1	2	3	4	7	8
14.	alcohol abuse describe/duration: _____	1	2	3	4	7	8
15.	abuse of sedatives/hypnotics describe/duration: _____	1	2	3	4	7	8

Rate as:	1 = yes (Y), describe	4 = not relevant (NR), describe (ie. institution)
	2 = no (N)	7 = subject refused (R)
	3 = questionable (Q), describe	8 = subject does not know (DK)

		Y	N	Q	NR	R	DK
16.	arterial hypertension ( <b>H</b> ) describe: _____	1	2	3	4	7	8
17.	cardiac:						
	a) palpitations	1	2	3	4	7	8
	b) angina	1	2	3	4	7	8
	c) myocardial infarction * <u>if yes</u> , date _____	1	2	3	4	7	8
	d) arrhythmia	1	2	3	4	7	8
	e) pacemaker implantation * <u>if yes</u> , date _____	1	2	3	4	7	8
	f) congestive heart failure	1	2	3	4	7	8
	g) valvular disease	1	2	3	4	7	8
	describe: _____						
18.	vascular surgery:						
	* <u>if yes</u> : date (mm/yyyy)						
	a) CABG _____	1	2	3	4	7	8
	b) carotid endarterectomy _____	1	2	3	4	7	8
	c) aneurysm _____	1	2	3	4	7	8
	d) peripheral vascular _____	1	2	3	4	7	8
	e) angioplasty _____	1	2	3	4	7	8
	describe: _____						
19.	intermittent claudication ( <b>H</b> ) describe: _____	1	2	3	4	7	8
20.	respiratory (cough, asthma, wheezing, bronchitis) describe: _____	1	2	3	4	7	8
21.	history of malignancy describe (site, date): _____	1	2	3	4	7	8
	1 prostate    2 lung       3 kidney       4 breast						
	5 bowel      6 uterus      7 lymph       8 ovary						
	9 skin        10 other (specify) _____						
22.	gastro-intestinal complaints describe: _____	1	2	3	4	7	8
23a.	history of thyroid disease	1	2	3	4	7	8
23b.	<u>if yes</u> :						
	1 hypo        2 hyper        3 other        8 DK						
	describe: _____						
23c.	treatment of thyroid disease						
	1 surgery     2 radioiodine    3 other        8 DK						
	describe: _____						

Rate as:	1 = yes (Y), describe	4 = not relevant (NR), describe (ie. institution)
	2 = no (N)	7 = subject refused (R)
	3 = questionable (Q), describe	8 = subject does not know (DK)

24.a history of diabetes mellitus: Y N Q NR R DK  
1 2 3 4 7 8  
6 borderline

if yes or borderline: date of diagnosis: \_\_\_\_\_

if yes or borderline: complete 24.b, 24.c, 24.d below.  
if no: go to question 25.

24.b circle all that apply:

1 diet controlled      2 oral agent      3 insulin      5 other      8 DK

24.c blood sugar checked:

1 never                      2 less than once a week  
3 weekly                    4 more than weekly but less than daily  
5 daily                      7 R                              8 DK

24.d complications of diabetes:

1 poor eyesight	1	2	3	4	7	8
2 repeated infections	1	2	3	4	7	8
3 kidney problems	1	2	3	4	7	8
4 diabetic neuropathy	1	2	3	4	7	8

describe: \_\_\_\_\_

25. Other relevant features of history

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**PLEASE NOTE CODES FOR PART 3 - PHYSICAL EXAMINATION ARE DIFFERENT FROM THE CODES FOR PART 2 - HISTORY BY THE CLINICIAN**

**Part 3 - PHYSICAL EXAMINATION**

Rate as: 1 = normal/absent (N)	4 = not relevant/applicable (NR)
2 = definitely abnormal (A); describe	6 = subject unable to do (physically/mentally) (CD)
3 = questionably abnormal (Q); describe	7 = subject refused (R)

**I. General Physical Examination**

	N	A	Q	NR	CD	R
<b>consciousness</b>	1	2	3	4	6	7
description: _____						
<b>cooperativeness</b>	1	2	3	4	6	7
description: _____						
<b>general appearance</b>	1	2	3	4	6	7
description: _____						
<b>head and neck</b>	1	2	3	4	6	7
description: _____						
<b>thyroid</b>	1	2	3	4	6	7
description: _____						
<b>breasts</b>	1	2	3	4	6	7
description: _____						
<b>lungs</b>	1	2	3	4	6	7
description: _____						
<b>cardiac</b>	1	2	3	4	6	7
description: _____						
<b>peripheral pulses (carotids)</b> [enter a code in each box below]	1	2	3	4	6	7

PULSES:	Carotid	Bruit	Femoral	Bruit	DP	PT	Abd. Bruit
Right							
Left							

description: \_\_\_\_\_

<b>abdomen</b>	1	2	3	4	6	7
description: _____						
<b>rectal (if indicated)</b>	1	2	3	4	6	7
description: _____						
<b>skin</b>	1	2	3	4	6	7
description: _____						

Rate as: 1 = normal/absent (N)	4 = not relevant/applicable (NR)
2 = definitely abnormal (A); describe	6 = subject unable to do (physically/mentally) (CD)
3 = questionably abnormal (Q); describe	7 = subject refused (R)

	N	A	Q	NR	CD	R
<b>musculoskeletal</b>	1	2	3	4	6	7
description: _____						

**other**  
description: \_\_\_\_\_

1 2 3 4 6 7

**comments**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II. Neurological Examination**

1. <u>release signs</u>	<b>sucking</b>	1	2	3	4	6	7
	<b>snout</b>	1	2	3	4	6	7
	<b>glabellar</b>	1	2	3	4	6	7
	<b>palmomentalis R</b>	1	2	3	4	6	7
	<b>palmomentalis L</b>	1	2	3	4	6	7
	<b>grasp R</b>	1	2	3	4	6	7
	<b>grasp L</b>	1	2	3	4	6	7
2. <u>cranial nerves</u>							
	<b>fundi</b>	1	2	3	4	6	7
	description: _____						
	<b>visual fields</b>	1	2	3	4	6	7
	description: _____						
	<b>pupils</b>	1	2	3	4	6	7
	description: _____						
	<b>ocular movements</b>	1	2	3	4	6	7
	description: _____						
	<b>gaze</b>	1	2	3	4	6	7
	a) <b>saccadic</b>	1	2	3	4	6	7
	b) <b>smooth pursuit</b>	1	2	3	4	6	7
	<b>face/sensation</b>	1	2	3	4	6	7
	description: _____						
	<b>face/motor</b>	1	2	3	4	6	7
	description: _____						

Rate as: 1 = normal/absent (N)	4 = not relevant/applicable (NR)
2 = definitely abnormal (A); describe	6 = subject unable to do (physically/mentally) (CD)
3 = questionably abnormal (Q); describe	7 = subject refused (R)

	N	A	Q	NR	CD	R
2. <u>cranial nerves</u> (cont'd)						
<b>palatal mobility</b> description: _____	1	2	3	4	6	7
<b>gag</b> description: _____	1	2	3	4	6	7
<b>tongue movements</b> description: _____	1	2	3	4	6	7
3. <u>motor system</u>						
<b>strength</b> description: _____	1	2	3	4	6	7
<b>bulk</b> description: _____	1	2	3	4	6	7
<b>tone/neck</b> description: _____	1	2	3	4	6	7
<b>tone/limbs</b> description: _____	1	2	3	4	6	7
a) <b>rigidity</b>	1	2	3	4	6	7
b) <b>spasticity</b>	1	2	3	4	6	7
c) <b>paratonia</b>	1	2	3	4	6	7
<b>tremor/rest</b> description: _____	1	2	3	4	6	7
<b>tremor/postural</b> description: _____	1	2	3	4	6	7
<b>tremor/intention</b> description: _____	1	2	3	4	6	7
<b>dyskinesia/myoclonus/chorea</b> description: _____	1	2	3	4	6	7
<b>bradykinesia/face</b> description: _____	1	2	3	4	6	7
<b>bradykinesia/limbs</b> description: _____	1	2	3	4	6	7

Rate as: 1 = normal/absent (N)	4 = not relevant/applicable (NR)
2 = definitely abnormal (A); describe	6 = subject unable to do (physically/mentally) (CD)
3 = questionably abnormal (Q); describe	7 = subject refused (R)

		N	A	Q	NR	CD	R
3. <u>motor system</u> (cont'd)	<b>coordination/limbs</b> description: _____	1	2	3	4	6	7
	<b>coordination/trunk</b> description: _____	1	2	3	4	6	7
	<b>voice (hypophonic)</b> description: _____	1	2	3	4	6	7
	<b>speech</b> description: _____	1	2	3	4	6	7
	<b>posture/standing</b> description: _____	1	2	3	4	6	7
	<b>gait pattern</b> description: _____ (speed, stride, length, cadence, etc)	1	2	3	4	6	7
4. <u>sensory system</u>	<b>Romberg</b> description: _____	1	2	3	4	6	7
	<b>touch</b> description: _____	1	2	3	4	6	7
	<b>light touch (kleenex)</b> description: _____	1	2	3	4	6	7
	<b>pinprick</b> description: _____	1	2	3	4	6	7
	<b>temperature</b> description: _____	1	2	3	4	6	7
	<b>position</b> description: _____	1	2	3	4	6	7
	<b>vibration</b> description: _____	1	2	3	4	6	7
	<b>graphesthesia</b> description: _____	1	2	3	4	6	7
	<b>simultagnosia (hands/face)</b> description: _____	1	2	3	4	6	7



PLEASE NOTE CODES FOR QUESTION 5. DTRs ARE DIFFERENT FROM THE PREVIOUS CODES.

5. <u>DTRs:</u>		0= absent 4= very brisk (clonus)	1= reduced 5= not done	2= normal 6= could not be done	3 = brisk			
<b>biceps</b>	R	0	1	2	3	4	5	6
	L	0	1	2	3	4	5	6
<b>triceps</b>	R	0	1	2	3	4	5	6
	L	0	1	2	3	4	5	6
<b>brachioradialis</b>	R	0	1	2	3	4	5	6
	L	0	1	2	3	4	5	6
<b>quadriceps</b>	R	0	1	2	3	4	5	6
	L	0	1	2	3	4	5	6
<b>achilles</b>	R	0	1	2	3	4	5	6
	L	0	1	2	3	4	5	6
<b>plantars</b>	R	1 normal (flexor)	2 equivocal	3 extensor	6 cannot do			
	L	1 normal (flexor)	2 equivocal	3 extensor	6 cannot do			

**III. Other relevant physical signs**

- 1. Pulse \_\_\_\_\_ /min      1 reg      2 irreg      6 unable      7 R
- 2.a Blood pressure      supine or sitting      \_\_\_\_\_ / \_\_\_\_\_      6 unable      7 R  
    (please circle)
- 2.b Blood pressure      standing      \_\_\_\_\_ / \_\_\_\_\_      6 unable      7 R
- 3. Height      \_\_\_\_\_ cm      6 unable      7 R      8 DK
- 4.a Weight      \_\_\_\_\_ kg      6 unable      7 R      8 DK
- 4.b In the last 12 months, weight has:  
    1 increased      2 decreased      3 stayed the same      4 fluctuated      7 R      8 DK  
    describe (+/-): \_\_\_\_\_

**5. Alcohol Use (CAGE questionnaire)**

**Y      N      R      DK**

- 1.a *Do you drink alcohol at the present time?*      1      2      7      8
- 1.b *Did you ever drink alcohol in the past?*      1      2      7      8
- if yes to either 1.a or 1.b: Ask CAGE questions.
- 2.1 "C" Cutting down      *Have you ever felt [or Did you ever feel] you ought to cut down on your drinking?*      1      2      7      8
- 2.2 "A" Annoyance by criticism      *Have people annoyed [or Did people annoy] you by criticizing your drinking?*      1      2      7      8
- 2.3 "G" Guilty feelings      *Have you ever felt [or Did you ever feel] bad or guilty about your drinking?*      1      2      7      8
- 2.4 "E" Eye openers      *Have you ever had [or Did you ever have] a drink first thing in the morning to steady your nerves or get rid of a hangover?*      1      2      7      8

6. Comments

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**IV. Hachinski's Ischemia Scale**

N.B. All ischemic items have been flagged in the text with **(H)**.

			Score ( <u>if yes</u> )
abrupt onset (p. 4, Q. 23)	yes	no	2
stepwise deterioration (p. 4, Q. 24)	yes	no	1
fluctuating course (p. 4, Q. 24)	yes	no	2
nocturnal confusion (p. 3, Q. 9)	yes	no	1
relative preservation of personality (p.2, Q. 3)	yes	no	1
depression (p.5, Q. 1b)	yes	no	1
somatic complaints (p. 3, Q. 10)	yes	no	1
emotional incontinence (p. 2, Q. 6)	yes	no	1
history of hypertension (p. 7, Q. 16)	yes	no	1
history of stroke (p. 6, Q. 8)	yes	no	2
evidence of associated atherosclerosis (p. 7, Q. 19)	yes	no	1
focal neurological symptoms (p. 6, Q. 9)	yes	no	2
focal neurological signs (p. 10-13)	yes	no	2
		TOTAL	_____

**CIRCLE THE BEST ANSWER FOR HOW YOU HAVE FELT OVER THE PAST WEEK:**

1. ARE YOU BASICALLY SATISFIED WITH YOUR LIFE ?                    YES   NO   \_\_\_
2. HAVE YOU DROPPED MANY OF YOUR ACTIVITIES AND INTERESTS ?                    YES   NO   \_\_\_
3. DO YOU FEEL THAT YOUR LIFE IS EMPTY ?                    YES   NO   \_\_\_
4. DO YOU OFTEN GET BORED ?                    YES   NO   \_\_\_
5. ARE YOU IN GOOD SPIRITS MOST OF THE TIME ?                    YES   NO   \_\_\_
6. ARE YOU AFRAID THAT SOMETHING BAD IS GOING TO HAPPEN TO YOU ?                    YES   NO   \_\_\_
7. DO YOU FEEL HAPPY MOST OF THE TIME ?                    YES   NO   \_\_\_
8. DO YOU OFTEN FEEL HELPLESS ?                    YES   NO   \_\_\_
9. DO YOU PREFER TO STAY AT HOME, RATHER THAN GOING OUT AND DOING NEW THINGS ?                    YES   NO   \_\_\_
10. DO YOU FEEL YOU HAVE MORE PROBLEMS WITH MEMORY THAN MOST ?                    YES   NO   \_\_\_
11. DO YOU THINK IT IS WONDERFUL TO BE ALIVE NOW ?                    YES   NO   \_\_\_
12. DO YOU FEEL PRETTY WORTHLESS THE WAY YOU ARE NOW ?                    YES   NO   \_\_\_
13. DO YOU FEEL FULL OF ENERGY ?                    YES   NO   \_\_\_
14. DO YOU FEEL THAT YOUR SITUATION IS HOPELESS ?                    YES   NO   \_\_\_
15. DO YOU THINK THAT MOST PEOPLE ARE BETTER OFF THAN YOU ARE ?                    YES   NO   \_\_\_

OFFICE USE ONLY

## Canadian Study of Health and Aging - 3

**CLINICAL ASSESSMENT****CLINICIAN'S EVALUATION****Section 2: Clinician's Preliminary Diagnostic Opinion**  
(Clinician's Evaluation, Part 4)

English: 1

**Reviewed at consensus conference  
for all stages of diagnosis.**

Complete	1
Incomplete	2

	YES	NO
Edited	1	2
Editor's #		

**Part 4 - CLINICIAN'S PRELIMINARY DIAGNOSTIC OPINION**

Date of diagnosis      /      /       
 dd mm yyyy

**NOTE:** Circle only one of the diagnostic categories A to F. Fill in more detail where appropriate.  
 (A diagnosis must be made. Confidence in the diagnosis can be indicated in Question 7.)

1 A. No cognitive impairment

B1. Cognitive impairment but no dementia (CIND) (circle one or more of the subcategories below)

- |  |                                    |                            |
|--|------------------------------------|----------------------------|
| 1 delirium                                       | 6 age-associated memory impairment | 15 epilepsy                |
| 2 chronic alcohol abuse                          | 7 mental retardation               | 16 socio-cultural          |
| 3 chronic drug intoxication                      | 10 cerebral vascular, stroke       | 17 social isolation        |
| 4 depression                                     | 11 general vascular                | 18 blind/deaf              |
| 5 psychiatric disease<br>(other than depression) | 12 Parkinson's disease             | 19 unknown                 |
|  | 13 brain tumour                    | 8 other, specify:<br>_____ |
|  | 14 multiple sclerosis              |                            |

B2. Specify most important of those listed in B1. \_\_\_\_\_

C. Alzheimer's Disease (circle only one of 1 or 2):

- 1 probable
- 2 possible (circle only one of 2.1 to 2.4):
  - 2.1 atypical presentation/course (e.g. major aphasia, apraxia)  
specify: \_\_\_\_\_
  - 2.2 with vascular components
  - 2.3 with Parkinsonism (EP signs)
  - 2.4 with coexisting disease

D. Vascular dementia [ischemic score \_\_\_\_] (circle only one of 1 to 4)

- 1 of acute onset
- 2 multiple cortical infarct
- 3 subcortical
- 4 mixed cortical and subcortical

E. Other specific dementia (circle only one of 1 to 6)

- 1 Parkinson's disease
- 2 Pick's disease
- 3 Huntington's disease
- 4 Creutzfeldt-Jacob
- 5 post-head injury
- 6 other \_\_\_\_\_

F. Unclassifiable dementia

Comments \_\_\_\_\_

## **Clinical Assessment – Diagnostic Criteria**

### **CRITERIA FOR SEVERITY**

*(DSM-III-R. American Psychiatric Association, Washington. 1987)*

**Mild:** *Although work or social activities are significantly impaired, the capacity for independent living remains, with adequate personal hygiene and relatively intact judgment.*

**Moderate:** *Independent living is hazardous, and some degree of supervision is necessary.*

**Severe:** *Activities of daily living are so impaired that continual supervision is required, e.g., unable to maintain minimal personal hygiene; largely incoherent or mute.*

### **CRITERIA FOR GLOBAL DETERIORATION SCALE**

*(Reisberg B, Ferris SH, de Leon MJ, et al. Psychopharmacol Bull 24:661, 1988)*

**Stage 1:** *Normal, neither subjective nor objective evidence of cognitive deficit.*

**Stage 2:** *Very mild cognitive decline, with subjective evidence only of cognitive decline - considered normal for age.*

**Stage 3:** *Mild cognitive decline in which objective evidence of decline is manifest but subtle -the patient may have incipient or questionable dementia, age-associated memory impairment, or other problems.*

**Stage 4:** *Moderate cognitive decline of sufficient magnitude to meet accepted criteria for mild dementia -deficits are readily seen in the clinical interview and affect complex activities of daily living.*

**Stage 5:** *Moderately severe cognitive decline corresponding to a moderate severity of dementia - the deficits seen are sufficient to interfere with independent survival and functioning.*

**Stage 6:** *Severe cognitive decline corresponding to moderately severe dementia - deficits interfere with basic activities of daily living.*

**Stage 7:** *Very severe cognitive decline corresponding to severe dementia - deficits interfere with all activities of daily living.*

### **CRITERIA FOR FRAILITY SCALE**

**1** *Very fit, well elderly. Robust, active, energetic, well motivated and fit. Such subjects commonly exercise regularly. They are the most fit group for age.*

**2** *Well elderly, without active disease, but less fit than group 1.*

**3** *Well elderly, with treated comorbid disease. In comparison with group 2, disease is present in these subjects. In comparison with group 4, the disease symptoms in group 3 subjects are well controlled.*

**4** *Apparently vulnerable elderly. While not frankly dependent, such subjects commonly complain of being "slowed up" and/or commonly have disease symptoms.*

**5** *Frail elderly with some Instrumental Activities of Daily Living dependence.*

**6** *Frail elderly, with both IADL and ADL dependence.*

**7** *Frail elderly, with complete ADL dependence (or terminally ill).*

*(Back of page 17)*

**Clinical Assessment - Clinician's Preliminary Diagnostic Opinion**

**ID** \_\_\_\_\_

2 If dementia is present, estimate severity:  
(see criteria for severity on facing page)

- 1 mild
- 2 moderate
- 3 severe

FOR ALL DIAGNOSES

3 Reisberg Global Deterioration:

- 1      2      3      4      5      6      7

4 Frailty Scale:  
(circle stage)

- 1      2      3      4      5      6      7

5 Study ID # of clinician  
doing the clinical assessment

# \_\_\_\_\_

6 Specialty of clinician  
doing the clinical assessment

- 1 family medicine
- 2 general internist
- 3 geriatrician
- 4 neurologist
- 5 psychiatrist
- 6 other \_\_\_\_\_

7 How confident are you in your diagnosis  
with the information available?

- 1 very confident
- 2 moderately confident
- 3 slightly confident
- 4 not confident at all

specify \_\_\_\_\_  
\_\_\_\_\_

8a Is co-existing disease present?

- 1 yes
- 2 no

If yes:  
complete chart 8b on pages 19-20.

If no:  
skip to checklist Question 9, page 21  
(if required).



**Clinical Assessment – Diagnostic Criteria**

**CRITERIA FOR CUMULATIVE ILLNESS RATING SCALE**

*(Conwell, Y., Forbes, N., Cox, C., Caine, E.D. Validation of a measure of physical illness burden at autopsy: the Cumulative Illness Rating Scale. J Amer Ger Soc 41:38-41, 1993)*

*Rate each system as follows:*

- |                           |  |
|---------------------------|--|
| <i>0 None</i>             | <i>No impairment to that organ/system</i>  |
| <i>1 Mild</i>             | <i>Impairment does not interfere with normal activity; treatment may or may not be required; prognosis is excellent (Examples could be skin lesions, hernias, hemorrhoids.)</i>                              |
| <i>2 Moderate</i>         | <i>Impairment interferes with normal activity; treatment is needed; prognosis is good. (Examples could be gall stones, diabetes, or fractures.)</i>  |
| <i>3 Severe</i>           | <i>Impairment is disabling; treatment is urgently needed; prognosis is guarded. (Examples could be resectable carcinoma, pulmonary emphysema, or congestive heart failure.)</i>                              |
| <i>4 Extremely severe</i> | <i>Impairment is life-threatening; treatment is emergent or of no avail; prognosis is grave. (Examples could be myocardial infarction, cerebrovascular accident, gastrointestinal bleeding, or embolus.)</i> |

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8b

CO-EXISTING DISEASE Specify rating for each, number 0 through 4.	In subjects with NO COGNITIVE IMPAIRMENT	In subjects with DEMENTIA or CIND	
		Contributing to dementia or CIND	NOT contributing to dementia or CIND
<b>Cardiovascular-Respiratory System</b>			
1. Cardiac (heart only) Specify _____			
2. Vascular (blood, blood vessels and cells, marrow, spleen, lymphatics) Specify _____			
3. Respiratory (lungs, bronchi, trachea) Specify _____			
4. EENT (eye, ear, nose, throat), larynx Specify _____			
<b>Gastrointestinal System</b>			
5. Upper GI (esophagus, stomach, duodenum, biliary trees, and pancreas) Specify _____			
6. Lower GI (intestines, hernia) Specify _____			
7. Hepatic (liver only) Specify _____			

Chart concluded on next page

**Clinical Assessment – Diagnostic Criteria**

**CRITERIA FOR CUMULATIVE ILLNESS RATING SCALE**

*(Conwell, Y., Forbes, N., Cox, C., Caine, E.D. Validation of a measure of physical illness burden at autopsy: the Cumulative Illness Rating Scale. J Amer Ger Soc 41:38-41, 1993)*

*Rate each system as follows:*

- |                           |  |
|---------------------------|--|
| <i>0 None</i>             | <i>No impairment to that organ/system</i>  |
| <i>1 Mild</i>             | <i>Impairment does not interfere with normal activity; treatment may or may not be required; prognosis is excellent (Examples could be skin lesions, hernias, hemorrhoids.)</i>                              |
| <i>2 Moderate</i>         | <i>Impairment interferes with normal activity; treatment is needed; prognosis is good. (Examples could be gall stones, diabetes, or fractures.)</i>  |
| <i>3 Severe</i>           | <i>Impairment is disabling; treatment is urgently needed; prognosis is guarded. (Examples could be resectable carcinoma, pulmonary emphysema, or congestive heart failure.)</i>                              |
| <i>4 Extremely severe</i> | <i>Impairment is life-threatening; treatment is emergent or of no avail; prognosis is grave. (Examples could be myocardial infarction, cerebrovascular accident, gastrointestinal bleeding, or embolus.)</i> |

*(Back of page 19)*

CO-EXISTING DISEASE (continued) Specify diagnosis for each, number 0 through 4.	In subjects with NO COGNITIVE IMPAIRMENT	In subjects with DEMENTIA or CIND	
		Contributing to dementia or CIND	NOT contributing to dementia or CIND
<b>Genitourinary System</b>			
8. Renal (kidneys only) Specify _____			
9. Other GU (ureters, bladder, urethra, prostate, genitals) Specify _____			
<b>Musculo-Skeletal-Integumentary System</b>			
10. MSI (muscles, bone, skin) Specify _____			
<b>Neuropsychiatric System</b>			
11. Neurologic (brain, spinal cord, nerves) Specify _____			
12. Psychiatric (mental) Specify _____			
<b>General System</b>			
13. Endocrine-Metabolic (includes diffuse infections, poisonings) Specify _____			
14. Other Specify _____			

## **Clinical Assessment – Diagnostic Criteria**

### **CRITERIA FOR DELIRIUM**

(DSM-III-R. American Psychiatric Association, Washington. 1987)

- A. *Reduced ability to maintain attention to external stimuli (e.g. questions must be repeated because attention wanders) and to appropriately shift attention to new external stimuli (e.g. perseverates answer to a previous question).*
- B. *Disorganized thinking, as indicated by rambling, irrelevant, or incoherent speech.*
- C. *At least two of the following:*
  - (1) *reduced level of consciousness, e.g. difficulty keeping awake during examination*
  - (2) *perceptual disturbances: misinterpretations, illusions, or hallucinations*
  - (3) *disturbance of sleep-wake cycle with insomnia or daytime sleepiness*
  - (4) *increased or decreased psychomotor ability*
  - (5) *disorientation to time, place or person*
  - (6) *memory impairment, e.g. inability to learn new material, such as the names of several unrelated objects after five minutes, or to remember past events, such as history of current episode of illness*
- D. *Clinical features develop over a short period of time (usually hours to days) and tend to fluctuate over the course of a day.*
- E. *Either (1) or (2):*
  - (1) *evidence from the history, physical examination, or laboratory tests of a specific organic factor (or factors) judged to be etiologically related to the disturbance.*
  - (2) *in the absence of such evidence, an etiologic, organic factor can be presumed if the disturbance cannot be accounted for by any nonorganic mental disorder, e.g. Manic Episode accounting for agitation and sleep disturbance*

### **CRITERIA FOR DEMENTIA**

(DSM-III-R. American Psychiatric Association, Washington. 1987)

- A. *Demonstrable evidence of impairment in short- and long-term memory. Impairment in short-term memory (inability to learn new information) may be indicated by the inability to remember three objects after five minutes. Long-term memory impairment (inability to remember past personal information (e.g. what happened yesterday, birthplace, occupation) or facts of common knowledge (e.g. past Prime Ministers, well-known dates).*
- B. *At least one of the following:*
  - (1) *impairment in abstract thinking, as indicated by inability to find similarities and differences between related words, difficulty in defining words and concepts, and other similar tasks*
  - (2) *impaired judgment, as indicated by inability to make reasonable plans to deal with interpersonal, family, and job-related problems and issues*
  - (3) *other disturbances of higher cortical function, such as aphasia (disorder of language), apraxia (inability to carry out motor activities despite intact comprehension and motor function), agnosia (failure to recognize or identify objects despite intact sensory function), and "constructional difficulty" (e.g. inability to copy three-dimensional figures, assemble blocks, or arrange sticks in specific designs)*
- C. *The disturbance in A and B significantly interferes with work or usual social activities or relationships with others.*
- D. *Not occurring exclusively during the course of Delirium.*
- E. *Either (1) or (2):*
  - (1) *there is evidence from the history, physical examination, or laboratory tests of a specific organic factor (or factors) judged to be etiologically related to the disturbance*
  - (2) *in the absence of such evidence, an etiologic organic factor can be presumed if the disturbance cannot be accounted for by any nonorganic mental disorder, e.g. Major Depression accounting for cognitive impairment*

### **CRITERIA FOR PROBABLE ALZHEIMER'S DISEASE**

(McKhann G, Drachman D, Folstein M, Katzman R, Price D, Stadlan E. Neurology 34:939, 1984)

*The criteria for the clinical diagnosis of PROBABLE Alzheimer's disease include:*

- *dementia established by clinical examination and documented by the Mini-Mental Test, Blessed Dementia Scale or some similar examination, and confirmed by neuropsychological tests;*
- *deficits in two or more areas of cognition;*
- *progressive worsening of memory and other cognitive functions;*
- *no disturbance of consciousness*
- *onset between ages 40 and 90, most often after age 65; and*
- *absence of systemic disorders or other brain diseases that in and of themselves could account for the progressive deficits in memory and cognition.*

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9 Please complete the following diagnostic checklists (based on DSM-III-R and NINCDS-ADRDA criteria) for all diagnoses of B to F circled on page 17.

Checklist 9.1 6 NA

9.1 Checklist for delirium		Y	N	DK
1	inattention	1	2	8
2	disorganized thinking	1	2	8
3	clouded consciousness	1	2	8
4	perceptual disturbances	1	2	8
5	alteration of sleep-wake cycle	1	2	8
6	increased or decreased psychomotor activity	1	2	8
7	disorientation	1	2	8
8	memory impairment	1	2	8
9	fluctuating course	1	2	8
10	acute onset (hours to days)	1	2	8

Checklist 9.2 6 NA

9.2 Checklist for dementia (all types) (DSM-III-R criteria)		Y	N	DK	9.3 Dementia (DSM -III-R)	ALL criteria must be met	
						met	not met
A	1 short-term memory impairment	1	2	8	A. 1 or 2 answered yes.	1	2
	2 long-term memory impairment	1	2	8			
B	3 impaired abstract thinking	1	2	8	B. At least ONE of 3 - 9 answered yes.	1	2
	4 impaired judgement	1	2	8			
	Disturbance of higher cortical function such as:						
	5 aphasia	1	2	8			
	6 apraxia	1	2	8			
	7 agnosia	1	2	8			
	8 constructional difficulty	1	2	8			
	9 personality change	1	2	8			
C	10 A & B interfere with work or IADL	1	2	8	C. ONE of 10-12 answered yes.	1	2
	11 A & B interfere with social activities	1	2	8			
	12 A & B interfere with relationships with others	1	2	8			
D	13 does the disturbance occur other than during episodes of delirium?	1	2	8	D. 13 is answered yes.	1	2
E	14 evidence (from history, physical examination) of specific organic factor(s) etiologically related to the disturbance?	1	2	8	E. At least ONE of 14 or 15 answered yes.	1	2
	15 have you ruled out nonorganic mental disorders (such as major depression) as a possible cause of the disturbance?	1	2	8			
9.4	<b>Probable Alzheimer's Disease (NINCDS-ADRDA)</b>	6 NA			ALL criteria must be met		
					met	not met	
AD1	dementia				1	2	
AD2	deficit in two or more areas of cognition				1	2	
AD3	progressive worsening				1	2	
AD4	no disturbance of consciousness				1	2	
AD5	onset between ages 40 and 90				1	2	
AD6	absence of other systemic disorder or brain disease that could account for dementia				1	2	