

Examiner Instructions:

- Repeat the process by reading the following instructions to the applicant:

“Now I’m going to repeat the same words as before and, again, ask you to use each of them in a sentence. You may either make up new sentences or use the same sentences you used before.”

CHIMNEY SALT HARP BUTTON MEADOW TRAIN FLOWER FINGER RUG BOOK

Time of Completion: _____

Examiner Instructions:

- Put the word-cards out of sight.
- Check your watch and record (above) the time the last sentence was completed.
- This completes Part I of the Delayed Word Recall. Part II must begin in no less than 5 minutes and no more than 15 minutes. (Keep your eye on your watch to begin Part II within this time frame).
- Now proceed to the ACTIVITIES OF DAILY LIVING.

ACTIVITIES OF DAILY LIVING

1. Is any assistance needed for walking, such as a wheelchair, walker, cane, crutches or support from another person?
 Yes No If yes, details: _____

2. Do you drive? Yes No If no, when and why did you stop driving? _____

If not driving, what form of transportation are you using? _____

3. Please describe your activities on a typical day, from the time you arise until you retire. Please provide inside and outside home activities including any hobbies, as well as activities away from home, including any volunteer work or clubs.
 Morning: _____
 Afternoon: _____
 Evening: _____

4. Do you need assistance with any of the following activities? **(Examiner: Check applicable space for each activity.)**

	No help needed	Able to but occasionally needs assistance*	Does with assistive device*	Does some portion of the activity*	Not able to do any portion of the activity*
Bath/shower					
Indoor mobility: walking, stairs					
Outdoor mobility: walking, stairs					
Getting in or out of bed or chair					
Continence of bladder/bowel					
Eating					
Hygiene (toilet, shaving, doing hair)					
Dressing					

*Record details if any assistance needed, including what kind of assistance and how often needed: _____

Examiner Instructions: Please make note of the time. If it has been between 5 and 15 minutes since completion of Part I of the Delayed Word Recall, then proceed now to Part II of the Delayed Word Recall (below), and complete that section before returning to and completing the Activities of Daily Living.

5. Do you have family in this area? Relationship? _____
6. Who would take care of you in the event of an emergency or prolonged illness? _____
7. Do you presently live in: Own Home Condo Managed Care Facility Retirement Village
 Convalescent Home Other _____
8. Are you planning to change or move from your present living arrangement (i.e. retirement community etc.)?
If so, when? _____ where? _____ reason? _____
9. Have you moved within the past 12 months? If so, when? _____ from? _____
reason? _____
10. Do you live alone? Yes No If no, with whom do you live? _____
11. Do you need assistance to perform the following activities? (**Examiner: Check applicable space for each activity.**)

	No help needed	Able to but someone else performs task*	Occasionally needs assistance*	Usually/always needs assistance*
Cooking				
Cleaning				
Laundry				
Shopping				
Handling finances				
Telephoning				
Taking medication				

*Record details if any assistance needed, including what kind of assistance and how often needed: _____

DELAYED WORD RECALL – PART II

Examiner Instructions:

- Read the statement below to the applicant to determine how many words he/she recalls.
- Record all words stated, both correct and incorrect words.
- Then show the total number of correct words recalled.

“A few minutes ago, I read you some words and asked you to make a sentence with each of them. At this time I would like you to tell me as many of the words as you can remember. Take your time.”

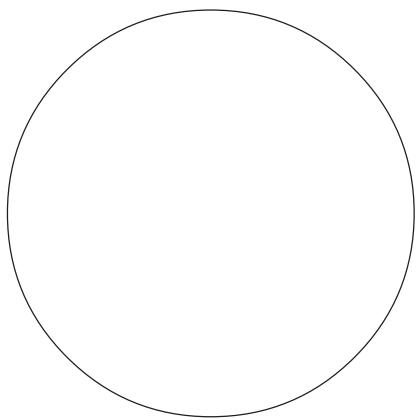
Total number of words correctly recalled: _____ Time of Completion: _____

REASONING

Examiner Instructions:

- Present applicant with the next page, which has a circle on it.
- Then read the statement below to the applicant; ask if he/she understands what they are to do. (Note: When reading the statement do not use the word “hands” when asking the applicant to set the time.)

“This circle represents a clock face. Please put in the numbers so that it looks like a clock and then set the time to 10 minutes past 11.”



EXAMINER OBSERVATIONS

Mobility Evaluation

WALKING: Describe the applicant's gait, steadiness, and balance in walking (e.g. very slow, held on to chair for balance, walked briskly without aid, etc.). _____

SITTING: Describe applicant's ability to sit down (e.g. able to sit in a smooth motion, unable without help, or collapses ["plops"] into chair, etc.). _____

ARISING: Describe ability to arise from chair (e.g. able with ease, requires two or more attempts, unable to rise without help, etc.). _____

Personal Grooming

Describe the applicant's personal grooming (e.g. neat, well dressed, clean, clean smelling or unkempt, soiled clothing, unshaven, smelled of urine, etc.). _____

Personal Demeanor

Check the boxes that you feel best describe the applicant's behavior:

- | | | | | |
|--------------------------------------|------------------------------------|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Alert | <input type="checkbox"/> Confident | <input type="checkbox"/> Pleasant | <input type="checkbox"/> Courteous | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Inattentive | <input type="checkbox"/> Confused | <input type="checkbox"/> Irritated | <input type="checkbox"/> Rude | <input type="checkbox"/> Uncooperative |

Living Environment

If interview was conducted at the applicant's place of residence, describe the conditions (e.g. clean and neatly kept or messy, cluttered, dirty, foul odor, etc.) _____

If interview was conducted at a place other than applicant's residence, state where: _____

Other Irregularities

If applicable, describe any other discrepancies, irregularities or abnormalities not previously described in this report, e.g. prompting or interference by other persons during the interview (If so, who was that person or persons?), unanswered questions, etc. _____

Examiner Signature

Date

Please use the space below for any additional remarks (in case there was not enough room provided above).

CHIMNEY

TRAIN

SALT

FLOWER

HARP

FINGER

BUTTON

RUG

MEADOW

BOOK