Patient name:	**Date:** ACCT-AD full cognitive evaluation-v.20.6
MR#	**Patient's date of birth:**
Name of person completing questionnaire:	**Informants name and relationship:**
Patient's race:	**Patient's ethnicity: (circle one)** **Hispanic/Latino or Non-Hispanic/Latino**
Patient's preferred language:	**Patient's years of education:**
Assessment of Cognitive Complaints Toolkit for Alzheimer's Disease (ACCT-AD) FULL COGNITIVE EVALUATION	

HISTORY OF PRESENT ILLNESS (HPI)		
	PATIENT	INFORMANT
	If patient unreliable, obtain history from informant.	If Informant does not agree with pt or informant has additional details describe below.
CHIEF COMPLAINT		
We'll talk in more detail, but can you give me a brief overview of the main things that brought you here?		
DURATION/EARLY SYMPTOMS		
To have a good understanding of what's going on, it helps to start at the beginning. What were the first symptoms you noticed, and how long ago was that?		
CLARIFICATION		
For any symptoms that the patient brings up, make sure that general terms like "I forget things" are clarified, usually it's necessary to get examples. You might say, "Can you give me an example of the kinds of [things, words, events, whatever the person said] forget?" Or, if they describe it in terms of problems with certain tasks, like, "I can't get things done at work." You might say, "OK, when you are trying to do [whatever task they said they have trouble with], what happens?		
EVOLUTION		
Have the symptoms worsened or changed over time? If they say yes, ask: What makes you say things are worse?		
Have any new symptoms developed that weren't there at the beginning?		
POTENTIAL NON-NEURODEGENERATIVE CAUSES		
Are there any particular events that were associated with the onset or worsening of the symptoms, like medical illness, accidents or major life stresses?		

EVALUATION		
	PATIENT	INFORMANT
	If patient unreliable, obtain history from informant.	If Informant does not agree with pt or informant has additional details describe below.
MEMORY		
Do you have any problems with your memory?	Yes ☐	Yes ☐
Prompts • Do you misplace items often (e.g., phone, keys)? • Do you rely more on notes? • Do you have more trouble with recent memory (conversations, recent events) compared to remote memory? • Do you ask repetitive questions?	Notes:	Notes:
LANGUAGE		
Do you have difficulty expressing words, difficulty understanding words or conversations?	Yes ☐	Yes ☐
Prompts • Do you have trouble finding the word or name you want to use? • Do you have any difficulty understanding what people are saying to you? • Do you have difficulty pronouncing words that were easy for you to pronounce in the past?	Notes:	Notes:
EXECUTIVE FUNCTIONS		
Do you have difficulty planning, starting or finishing complicated tasks at home or at work?	Yes ☐	Yes ☐
Prompts • Is your home or office as neat and organized/clean as it used to? • Do you have problems finishing a task because you get distracted easily?	Notes:	Notes:
VISUAL-SPATIAL		
Do you get lost while walking or driving?	Yes ☐	Yes ☐
Prompts • Can you drive to familiar places? i.e. grocery store, post office, friend's house, etc. • Do you get lost in a familiar store or restaurant? • Do you have difficulty seeing things properly or judging distances properly? • Does your motor vehicle show evidence of damage? • Do you have difficulty figuring out how to position yourself to sit in a chair? • Do you complain of difficulty seeing while reading? • Do you complain that your eyes don't work? • Do you have trouble seeing things that are right in front of you? • Do you have difficulty recognizing people?	Notes:	Notes:

	PATIENT	INFORMANT
	If patient unreliable, obtain history from informant.	If Informant does not agree with pt or informant has additional details describe below.
DEPRESSION		
Has your mood changed?	Yes ☐	Yes ☐
Prompts • Do you cry a lot? • Do you feel hopeless about life or about the future? • Do you feel worthless or bad about yourself?		
APATHY		
Have you lost motivation or energy to do things you used to enjoy?	Yes ☐	Yes ☐
Prompts • Do you have decreased interest in social activities? • Do you have decreased interest in church or community groups? • Do you have decreased interest in hobbies?	Notes:	Notes:
IRRITABILITY/ANGER		
Do you become angry more easily?	Yes ☐	Yes ☐
Prompts • Do you get angry about things that would not have bothered you in the past?	Notes:	Notes:
DISINHIBITION		
Sometimes we have patients who seem to forget how to behave in public. Has this been an issue for you?	Yes ☐	Yes ☐
Prompts • Have you done anything that may have been embarrassing to the family? e.g., calling people fat in public when they might hear? • Have you ever told dirty jokes in inappropriate situations? • Have you ever told personal things about yourself or family to strangers? • Have you ever eaten off of other people's plates at restaurants?	Notes:	Notes:
DELUSIONS		
Have there been any problems with beliefs that are unusual or not realistic?	Yes ☐	Yes ☐
Prompts • Do you feel like someone is out to get you? • Do you feel like you might have special powers or special relationships with famous or powerful people?	Notes:	Notes:

	PATIENT	INFORMANT
	If patient unreliable, obtain history from informant.	If Informant does not agree with pt or informant has additional details describe below.
HALLUCINATIONS		
Have you been seeing or hearing anything that might not be there (or others can't see or hear)?	Yes ☐ Notes:	Yes ☐ Notes:
OBSESSIONS/COMPULSIONS		
Have you become fixated on certain ideas that you can't get out of your head or have developed any specific rituals?	Yes ☐	Yes ☐
Prompts • Do you have any obsessions with certain political or religious ideas? • Do you have any obsessions about timing or routine being adhered to precisely? • Do you have any obsessions with specific games, movies or specific forms of entertainment?	Notes:	Notes:
SLEEP		
Have you had any changes in sleep?	Yes ☐	Yes ☐
Prompts • Do you wake up a lot in the middle of the night? • Do you have problems falling sleep? • Has your partner reported that you may have problems acting out dreams (yelling, screaming, hitting)? • Do you snore? • Has your partner ever reported that you may have breathing stoppages while you sleep? • Do you sleep during the day?	Notes:	Notes:
EATING BEHAVIORS		
Have there been changes in your eating habits?	Yes ☐	Yes ☐
Prompts • Have you been eating more or less than usual? • Have you had unintentional weight gain? • If yes, how much weight have you gained? • Have you had unintentional weight loss? • If yes, have much weight have you lost? • Do you want to eat specific foods all the time? • Do you want to eat sweets or carbohydrates more than you used to?	Notes:	Notes:
LOSS OF EMPATHY		
Do you seem less concerned about others' needs or problems?	Yes ☐	Yes ☐
Prompts • Do you feel you are not reacting appropriately in an emergency or when someone needs help? • Do you feel you are not reacting emotionally when someone has a particularly sad or happy event (e.g., a loss or major achievement)?	Notes:	Notes:

	PATIENT	INFORMANT
	If patient unreliable, obtain history from informant.	If Informant does not agree with pt or informant has additional details describe below.
JUDGMENT/GULLIBILITY		
Do you seem to be more open to scams or solicitations?	Yes ☐	Yes ☐
Prompts • Have you been buying lots of magazines or online offers? • Have you ever been fooled by a suspicious business arrangement?	Notes:	Notes:

MOTOR SYMPTOMS		
	PATIENT	INFORMANT
	If patient unreliable, obtain history from informant.	If Informant does not agree with pt or informant has additional details describe below.
PARKINSONISM AND RESTING TREMOR		
Do you have involuntary shaking in your hands, arms, legs or chin?	Yes ☐	Yes ☐
	Notes:	Notes:
RIGIDITY		
Do your limbs feel rigid or stiff?	Yes ☐	Yes ☐
Prompts • Do you turn your head and neck easily?	Notes:	Notes:
MOTOR NEURON DISEASE		
Do you have twitching of your muscles?	Yes ☐	Yes ☐
Prompts • Have you lost muscle mass?	Notes:	Notes:
BRADYKINESIA		
Have your movements been slowing down?	Yes ☐	Yes ☐
Prompts • Do you walk slower? • Does it take you longer to button your shirt? • Is your handwriting smaller?	Notes:	Notes:
PARKINSONIAN AND GAIT ABNORMALITY		
Have you had changes in your ability to walk?	Yes ☐	Yes ☐
Prompts • Are you stooped over when walking? • Do you drag your feet when you walk? • Do you get stuck when walking or are your steps shorter?	Notes:	Notes:

	PATIENT	INFORMANT
	If patient unreliable, obtain history from informant.	If Informant does not agree with pt or informant has additional details describe below.
FREQUENT FALLS		
Have you fallen in the last couple of years?	Yes ☐	Yes ☐
Prompts • If yes, how many times have you fallen? • What were the circumstances of the falls? (tripping, weakness of legs, loss of consciousness, unsteadiness) • Do you feel unsteady on your feet?	Notes:	Notes:
UNILATERAL WEAKNESS		
Do you feel weaker on one side of your body than the other?	Yes ☐	Yes ☐
Prompts • Have you had a stroke? If yes, when was your stroke? • Do you have trouble using one hand? • Do you limp or drag one foot?	Notes:	Notes:
MYOCLONUS		
Do you have involuntary movements of your limbs, such as jerking or twitching?	Yes ☐	Yes ☐
Prompts • Do you have loss of muscle mass? • Do you have weaker muscles? • Have any of your muscles become smaller?	Notes:	Notes:
ALIEN LIMB		
Does one of your arms behave as if it doesn't belong to you?	Yes ☐	Yes ☐
Prompts • Has your arm (unbuttoned your shirt/grabbed something) without your awareness or control?	Notes:	Notes:
DYSARTHRIA		
Have you had slurring of your speech?	Yes ☐	Yes ☐
Prompts • Does your speech sound as if you are drunk?	Notes:	Notes:
DYSPHAGIA		
Have you had trouble swallowing?	Yes ☐	Yes ☐
Prompts • Do you cough or choke when eating or drinking? • Do you have any other difficulty swallowing liquids or solid foods?	Notes:	Notes:

FAMILY HISTORY AND FUNCTION		
	PATIENT If patient unreliable, obtain history from informant.	INFORMANT If Informant does not agree with pt or informant has additional details describe below.
FAMILY HISTORY		
Are there any members of your family with "mental health problems, dementia, Parkinson's or other neurological problems"? For example: Alzheimer's disease, Parkinson's, schizophrenia, bipolar, depression	Yes ☐ Notes:	Yes ☐ Notes:
BASIC ACTIVITIES OF DAILY LIVING (BADLs)		
Have you had any changes in your ability to manage basic activities of daily living due to changes in memory or thinking?	Yes ☐	Yes ☐
Prompts • Do you need assistance to bathe? • Do you need assistance to dress? • Are you unable to manage your bladder and bowels without accidents?	Notes:	Notes:
INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)		
Has there been a change in your ability to manage your household due to problems with memory or thinking?	Yes ☐	Yes ☐
Prompts • Are you unable to manage your shopping? • Are you unable to pay your bills on time? • Are you unable to complete household chores or projects? • Do you ever leave the stove on? • Are you unable to follow recipes? • Are you unable to drive? • Do you have trouble completing tasks at work? • Have you lost your job because of trouble completing tasks at work? • Are you unable to manage your own medications?	Notes:	Notes:

PHYSICAL AND NEUROLOGICAL EXAMINATION	
GENERAL APPEARANCE Personal hygiene and dress Signs of trauma?	normal/abnormal Notes:
CRANIAL NERVES Cranial nerves 3,4,6	normal/abnormal Notes:
MOTOR Bulk Tone Power Tremor Other Parkinsonian Motor Features Myoclonus	normal/abnormal Notes:
REFLEXES Deep tendon reflexes	normal/abnormal Notes:
STANCE Posture and Stance	normal/abnormal Notes:
GAIT Walking	normal/abnormal Notes:
COGNITION Standardized Cognitive Test score (MoCA /MMSE/SLUMS/3MS/RUDAS) *See interpretation manual for guidelines regarding need for administration of standardized cognitive test, scores and potential need for referral to dementia specialist.	Notes:
IMAGING CT or MRI	Notes:
LAB WORK CBC, METABOLIC PANEL, TSH, B12 RPR	Notes:

Assessment of Cognitive Complaints Toolkit for Alzheimer's Disease Diagnostic Tables

Based on the patient/informant responses to the ACCT-AD evaluation what is the severity of the problem?	
No significant cognitive changes	
Mild cognitive impairment (MCI) (cognitive and behavioral changes that do not affect the ability to function independently close to the prior level)	
Dementia (cognitive and behavioral changes impairing daily function)	

What is the suspected underlying cause of the syndrome at this point in time?	
Not enough specific symptoms to choose a possible cause	
Typical AD	
Atypical neurodegeneration (LBD, FTD, atypical AD, EOAD)	
Indeterminate (Only check this box if any of the following conditions may be the main reason for the cognitive impairment: sleep apnea, depression, other psychiatric issues, etc.)	

The symptoms below may be a neurodegenerative disease process but are atypical for Alzheimer's disease. Were any of these symptoms or confounders present during your assessment that might have justified an expert dementia referral? (check all that apply)	
Early age of onset	
RPD (Condition developed sub-acutely over weeks to months, or rarely acutely over days, in contrast to most dementing conditions that take years to progress)	
Cognitive testing results that are inconsistent with clinical severity	
Red Flag behavioral or neuropsychiatric symptom/s (i.e., Toolkit manual pages 45-46, 48, 52, 56-63)	
Movement disorder (see Toolkit manual 'History of Motor Symptoms' pages 64-72)	
History of TBI with known impact on cognitive function	
None	

The clinical features below make assessment for neurodegenerative disease difficult and may not be reliable in primary care settings. Were any of these features present that might have justified an expert dementia referral? (check all that apply)	
Low education and/or language constraints that can't be addressed in my clinic	
Reliable informant not available/poor historian/insufficient information	
Long standing psychiatric illness with significant impact on daily function (i.e. schizophrenia or bipolar disorder now unable to keep a job)	
History of remote TBI with known impact on cognitive function	
Other, please describe:	
None	

Did you identify any of the symptoms or features below that could affect cognition and may justify other additional assessment?	
Sleep apnea	
Depression	
Psychiatric issue	
Sensory impairment (i.e. hearing or vision)	
Cerebrovascular injury, including stroke	
Intracranial tumor that may be affecting cognition	
Abnormal labs, briefly describe:	
Other abnormal imaging findings (i.e., other than atrophy or white matter ischemic type changes)	
Other, briefly describe:	
None	