

Evidence-Based Clinical Assessment Toolkit

Cognition Assessment Pack



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Contents



Type	Tool	Page
Cognitive Assessment for Culturally Diverse Background resident	RUDAS Scale	4-5
Cognitive Assessment for Culturally Diverse Background resident	RUDAS scoring	6-30
Cognitive Assessment for Indigenous resident	KICA-Cog	31-43

Tool	Download
PAS-CSI	This assessment is available from the ACFI Assessment Pack @ https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-funding/residential-care-subsidy/basic-subsidy-amount-aged-care-funding-instrument/psychogeriatric-assessment-scales-pas-user-guide
PAS User Guide and Materials	PAS-CIS is one of six interviews found in the Psychogeriatric Assessment Scales, this can be sourced from the DOMS website http://www.dementia-assessment.com.au/cognitive/index.html http://www.dementia-assessment.com.au/cognitive/pasGuide.pdf

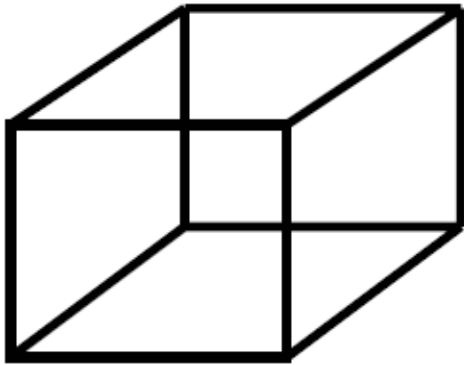
R U D A S

The Rowland Universal Dementia Assessment Scale: A Multicultural Cognitive Assessment Scale.
(Storey, Rowland, Basic, Conforti & Dickson, 2004). *International Psychogeriatrics*, 16 (1), 13-31

Date: ___/___/___ Patient Name: _____

Item		Max Score
Memory		
1. (Instructions) I want you to imagine that we are going shopping. Here is a list of grocery items. I would like you to remember the following items which we need to get from the shop. When we get to the shop in about 5 mins. time I will ask you what it is that we have to buy. You must remember the list for me. Tea, Cooking Oil, Eggs, Soap Please repeat this list for me (ask person to repeat the list 3 times). (If person did not repeat all four words, repeat the list until the person has learned them and can repeat them, or, up to a maximum of five times.)		
Visuospatial Orientation		
2. I am going to ask you to identify/show me different parts of the body. (Correct = 1). Once the person correctly answers 5 parts of this question, do not continue as the maximum score is 5.		
(1) show me your right foot	.....1	
(2) show me your left hand	.....1	
(3) with your right hand touch your left shoulder	.....1	
(4) with your left hand touch your right ear	.....1	
(5) which is (indicate/point to) my left knee	.....1	
(6) which is (indicate/point to) my right elbow	.....1	
(7) with your right hand indicate/point to my left eye	.....1	
(8) with your left hand indicate/point to my left foot	.....1	
		....5
Praxis		
3. I am going to show you an action/exercise with my hands. I want you to watch me and copy what I do. Copy me when I do this . . . (One hand in fist, the other palm down on table - alternate simultaneously.) Now do it with me: Now I would like you to keep doing this action at this pace until I tell you to stop - approximately 10 seconds. (Demonstrate at moderate walking pace).		
Score as:		
<i>Normal</i> = 2 (very few if any errors; self-corrected, progressively better; good maintenance; only very slight lack of synchrony between hands)		
<i>Partially Adequate</i> = 1 (noticeable errors with some attempt to self-correct; some attempt at maintenance; poor synchrony)		
<i>Failed</i> = 0 (cannot do the task; no maintenance; no attempt whatsoever)		
		....2
Visuoconstructional Drawing		
4. Please draw this picture exactly as it looks to you (Show cube on back of page). (Yes = 1)		
Score as:		
(1) Has person drawn a picture based on a square?	.....1	
(2) Do all internal lines appear in person's drawing?	.....1	
		
(3) Do all external lines appear in person's drawing?	.....1	
		
		....3
Judgment		
5. You are standing on the side of a busy street. There is no pedestrian crossing and no traffic lights. Tell me what you would do to get across to the other side of the road safely. (If person gives incomplete response that does not address both parts of answer, use prompt: "Is there anything else you would do?") Record exactly what patient says and circle all parts of response which were prompted.		
.....		
Score as:		
Did person indicate that they would look for traffic? (YES = 2; YES PROMPTED = 1; NO = 0)	.....2	
Did person make any additional safety proposals? (YES = 2; YES PROMPTED = 1; NO = 0)	.....2	
		....4

<p>Memory Recall</p> <p>1. (Recall) We have just arrived at the shop. Can you remember the list of groceries we need to buy? (Prompt: If person cannot recall any of the list, say "The first one was 'tea'." (Score 2 points each for any item recalled which was not prompted – use only 'tea' as a prompt.)</p> <p style="text-align: right;">Tea .....2 Cooking Oil .....2 Eggs .....2 Soap .....2</p> <p>Language</p> <p>6. I am going to time you for one minute. In that one minute, I would like you to tell me the names of as many different animals as you can. We'll see how many different animals you can name in one minute. (Repeat instructions if necessary). Maximum score for this item is 8. If person names 8 new animals in less than one minute there is no need to continue.</p> <p>1. 5. 2. 6. 3. 7. 4. 8.</p>		<p style="text-align: right;">.../8</p>
<p>TOTAL SCORE =</p>		<p style="text-align: right;">.../8 /30</p>

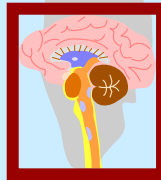
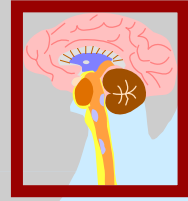
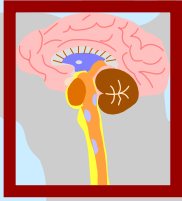


R U D A S

Rowland Universal Dementia Assessment Scale

A Multicultural Cognitive Assessment Scale

Administration and Scoring Guide



Funded under the NSW Dementia Action Plan, 1996-2001, a joint initiative of the NSW Health Department and the Department of Ageing, Disability and Home Care.

NSW HEALTH
Working as a Team

Table of Contents

Introduction	2
The Assessment Context – General Guidelines	3
The Language / Cultural Context	4
Multilingual Test Administrators	7
Item 1 – Memory (Registration)	6
Notes	7
Item 2 – Body Orientation	8
Notes	9
Scoring	9
Item 3 – Praxis	10
Notes	11
Scoring	12
Item 4 – Drawing	13
Notes	14
Scoring	15
Item 5 – Judgement	16
Notes	17
Scoring	18-19
Item 1 Revisited - Memory (Recall)	20
Notes	21
Scoring	21
Item 6 – Language	22
Notes	23
Scoring	23
Final Scoring	24

Introduction

The Rowland Universal Dementia Assessment Scale (RUDAS): A Multicultural Cognitive Assessment Scale – (Storey J, Rowland J, Basic D, Conforti D & Dickson H [2004] *International Psychogeriatrics*, 16(1) 13-31) is a short cognitive screening instrument designed to minimise the effects of cultural learning and language diversity on the assessment of baseline cognitive performance.

When administering the RUDAS it is important that the respondent is encouraged to communicate in the language with which they are most competent and comfortable.

Test administrators should read the following instructions carefully before using the RUDAS.

The Assessment Context – General Guidelines:

Test Anxiety

- Make sure the test taker is as relaxed as possible, as test anxiety can interfere with performance on cognitive tests.

Hearing

- Conduct the RUDAS in a quiet area and make sure the test taker can hear clearly. It is important to identify at the beginning of the assessment if the test taker has impaired hearing and accommodate for this as much as possible by speaking slowly and clearly. Encourage the test taker to wear any hearing aids. Be careful not to speak too loudly as this may result in distortion. (There is a large print version of the RUDAS for test takers with severe hearing impairment).

Vision

- Ensure that the test taker is using reading glasses where necessary and that there is sufficient light in the room.

Seating

- Sit opposite the test taker. This is important for communication reasons as well as controlling for the difficulty of some items on the RUDAS. Do not sit behind a desk, as this will inhibit the giving of instructions for some items on the RUDAS and may also be intimidating for the test taker.

Recording Responses

- It is important to record the test taker's full response to each item.

Physical Disability

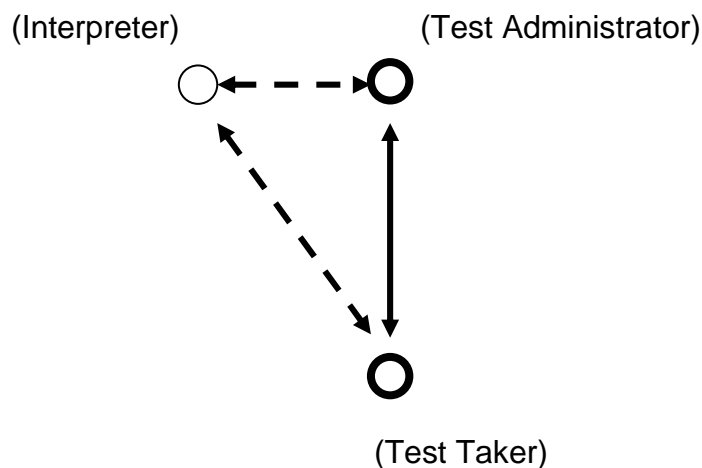
- For test takers who have a physical disability (e.g. vision, hearing, hemiparesis, amputee, stroke, aphasia) which may affect their ability to perform certain items on the RUDAS, it is important to complete the RUDAS as fully as possible but to interpret any total score less than 22 with caution (further research is necessary to assess validity of the RUDAS in this sub-group of patients)

The Language/ Cultural Context:

Using a Professional Interpreter

If you are utilising a professional interpreter to administer the RUDAS it is important to consider the following:

1. Interpreters should be used in all situations where the test taker's preferred language is not spoken fluently by the test administrator.
2. Make sure that the language spoken by the interpreter (including the dialect) is the same one with which the test taker is familiar.
3. It is important to explain to the test taker that the interpreter is the facilitator and that you will be asking the questions. This may help to avoid confusion during the assessment.
4. It is better for the interpreter to sit next to the test administrator while the test taker sits opposite. This will reinforce the adjunctive role of the interpreter and make it easier for the test taker to synthesise the non-verbal cues from the test administrator and the verbal cues from the interpreter.



5. It is important to brief the interpreter before starting the assessment:
 - The interpreter should be aware of the general nature of the interaction i.e. that it is a cognitive assessment
 - Remind the interpreter of the importance of concurrent and precise interpreting. Explain that your instructions and the test taker's responses should be interpreted as exactly as possible.
 - Ask the interpreter to take note of any instances during the assessment where the test taker's performance may have been affected by subtle or unintended changes to the meaning of the test instructions due to language or cultural factors
 - Inform the interpreter that it may be necessary at the end of the test for you to clarify a concept covered in the assessment to further make the distinction between the test taker's actual cognitive capacity and potential cultural bias which may arise as a result of the translation process.

Multilingual Test Administrators

If, as the test administrator, you are multilingual it is important to consider all of the same issues which are relevant to the use of a professional interpreter, as well as the following:

- You may need to be careful when translating the RUDAS questions as you might find it more difficult when you have to read in one language and speak in another.
- It is important that you translate the RUDAS questions precisely. Be aware of the differences between formal and informal word usage when translating the RUDAS instructions and recording the test taker's responses.

Item 1 – Memory

Grocery List

1. I want you to imagine that we are going shopping. Here is a list of grocery items. I would like you to remember the following items which we need to get from the shop. When we get to the shop in about 5 minutes time I will ask you what it is that we have to buy. You must remember the list for me.

Tea

Cooking Oil

Eggs

Soap

Please repeat this list for me (Ask person to repeat the list 3 times). (If person did not repeat all four words, repeat the list until the person has learned them and can repeat them, or, up to a maximum of five times.)

Notes:

- Important to give enough learning trials so that test taker registers and retains the list as well as they can (max. of 5 learning trials)
- Ask the test taker to repeat the list back to you at least three times until they can repeat it correctly or as well as they are going to
- Use realistic nature of the scenario and a little humour (if appropriate) to build rapport and make the task less confrontational i.e. WE are going shopping; I am relying on YOU to remember the list FOR ME, so don't forget. When WE get to the shop . . .
- To facilitate learning of the list, use your fingers to list off items on the list when teaching it to the test taker to make the task as concrete as possible e.g. thumb = tea, index finger = cooking oil etc.

Scoring:

This is the learning part of the memory question. There are no points for this part of the question but the memory recall component later in the test has a maximum score of 8 points.

Item 2 - Body Orientation

Body Orientation

2. I am going to ask you to identify/show me different parts of the body. (*Correct = 1, Incorrect = 0*).

Once the person correctly answers 5 parts of this question, do not continue as the maximum score is 5.

- | | |
|--|--------|
| (1) show me your right foot |1 |
| (2) show me your left hand |1 |
| (3) with your right hand touch your left shoulder |1 |
| (4) with your left hand touch your right ear |1 |
| (5) which is (point to/indicate) my left knee |1 |
| (6) which is (point to/indicate) my right elbow |1 |
| (7) with your right hand point to/indicate my left eye |1 |
| (8) with your left hand point to/indicate my left foot |1 |

..../5

Notes:

- Important to sit opposite the test taker (controls for difficulty of the tasks)
- There doesn't need to be a lot of explanation before starting, just say "I am going to ask you to indicate various parts of the body . . ." - the task is explicit as it evolves

Scoring:

- Although there are 8 parts, this item has a maximum score of 5 points. Once the test taker has 5 correct answers there is no need to continue.
- Be careful with scoring - remember you are sitting opposite the test taker - it is easy to make mistakes so concentrate to make sure you score the person accurately
- There are no half marks, the test taker must get each task 100% correct to be marked correct (e.g. if test taker is asked "with your right hand indicate my left eye" and they use their left hand but still point to your left eye - mark as incorrect)

Item 3 - Praxis

Fist / Palm

3. I am going to show you an action/exercise with my hands. I want you to watch me and copy what I do. Copy me when I do this . . . (i.e. demonstrate - put one hand in a fist, and the other hand palm down on the table or your knees and then alternate simultaneously.) **Now do it with me. I would like you to keep doing this action at this pace until I tell you to stop** - approximately 10 seconds or 5 – 6 sequences. (Demonstrate at moderate walking pace).

Score as:

<i>Normal</i>	= 2	<i>(very few if any errors; self-corrected; progressively better; good maintenance; only very slight lack of synchrony between hands)</i>
<i>Partially Adequate</i>	= 1	<i>(noticeable errors with some attempt to self-correct; some attempt at maintenance; poor synchrony)</i>
<i>Failed</i>	= 0	<i>(cannot do the task; no maintenance; no attempt whatsoever)</i>

..../2

Notes:

- It is important to sit opposite the test taker (controls for difficulty of the task)
- When teaching the task use the following steps:

Step 1: I want you to put your hands on your knees like this (i.e. put both your hands palm down on your knees (i.e. if no table surface)

Step 2: Now watch carefully as I do this (put one hand in a fist in the vertical position and leave the other hand palm down) - I want you to do this just like I did.

Step 3: Watch me again now as I am doing this (alternate hands simultaneously - one in a fist and the other palm down and keep alternating for 5 - 6 trials).

Step 4: Ask test taker to copy exactly what you are doing. If test taker is confused and has not learned the task successfully then repeat Steps 1, 2 and 3

Step 5: Once test taker has learned the task (i.e. understands as well as possible what they are meant to do - regardless of whether or not they can do it 100%), ask them to repeat the exercise at the pace you demonstrate until you tell them to stop (now demonstrate task - intervals between change of hands should reflect moderate walking pace). Do not allow the test taker to copy you when scoring – must demonstrate the task independently

Scoring:

This question has a maximum score of 2 points.

In order to help distinguish between the three levels of competence, refer to the following:

Score	Fist / Palm Integrity	No. of Errors	Fluency	Ability to Self-Correct	Progressive Improvement	Synchrony
Normal	Good adherence to 'palm down' and 'fist' actions with few intrusions or incorrect variations	Minimal	Good	Good	Clearly evident	Only very slight lack of synchrony
Partially Adequate	Obvious intrusions and incorrect variations in 'palm down' and 'fist' actions	Noticeable	Some attempt to maintain	Some attempt	Some indication	May be noticeable lack of synchrony
Failed	Barely able to identify correct 'palm down' and 'fist' actions because of many intrusions and incorrect variations	Many	Poor or none	None	Very little or none	Little or no synchrony

Normal

A person who performs normally on this task should exhibit signs of intact learning and should be able to replicate clearly, the 'fist in the vertical position' and 'palm down' actions. Their performance on the task should improve with progressive learning trials to a point where they can do the task fluently with minimal errors. The test taker should demonstrate the ability to self-correct, show progressive improvement over the course of the task and have only very slight lack of synchrony between the hands.

Partially Adequate

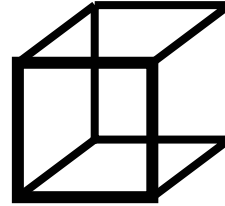
A person whose response is partially adequate will make noticeable errors e.g. occasionally places palm up instead of palm down or may place palm up instead of converting to the fist or may form the fist in the horizontal position. They may have to stop occasionally in order to self-correct but even if they are unable to perform the task perfectly there should be some evidence that they have learned the task, some attempt to self-correct and some indication of an attempt to maintain the fluency of the alternating hands. There may be a noticeable lack of synchrony between the hands.

Failed

A person who fails this task shows very little if no ability to understand and execute the task. There are many errors, very little or no evidence of improvement, inability to self-correct, poor maintenance, and obvious inability to emulate correct hand positions and to perform the simultaneous changing of hands with any synchrony. A person who fails may not be able to form a fist or distinguish between palm up and palm down, may not alternate the actions across hands and may not be able to use both hands together at all.

Item 4 - Drawing

Visuo-Constructional Cube Drawing



4. Please draw this picture exactly as it looks to you (Show cube on back of page).

(Yes = 1; No = 0)

Score as:

(1) Has person drawn a picture based on a square?1

(2) Do all internal lines appear in person's drawing?1



(3) Do all external lines appear in person's drawing?1



....**/3**

Notes:

This question has a maximum of 3 points.

- Show test taker cue card of cube drawing
- If there is no cue card, the test administrator can draw the cube onto plain (not lined) paper.
- Make sure that test taker can see the drawing clearly (check that they are wearing prescription glasses if applicable)
- Ask test taker to draw the picture of the cube as well as they can

Scoring:

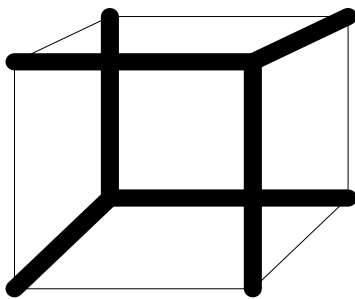
Has test taker drawn a picture based on a square? (i.e. There is a square somewhere in the drawing)

YES / NO

Do all internal lines (i.e. dark lines) appear in test taker's drawing?

YES / NO

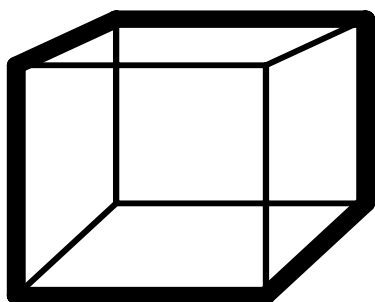
i.e.



Do all external lines (i.e. dark lines) appear in test taker's drawing?

YES / NO

i.e.



Item 5 - Judgement

Judgement - Crossing the Street

5. You are standing on the side of a busy street. There is no pedestrian crossing and no traffic lights. Tell me what you would do to get across to the other side of the street **safely**. (If person gives incomplete answer use prompt: "Is there anything else you would do?") Record exactly what patient says and circle all parts of response which were prompted.

.....

.....

Score as:

Did person indicate that they would look for traffic?
(YES = 2; YES PROMPTED = 1; NO = 0)

....2

Did person make any additional safety proposals?
(YES = 2; YES PROMPTED = 1; NO = 0)

....2

..../4

Notes:

- If the test taker gives no response to the question or says “I don’t know”, then repeat the question once only.
- Except where the test taker answers both parts of the question on the first attempt, use the prompt ‘Is there anything else you would do’ in all situations. This is to gain as complete a response as possible from the test taker.
- Use only the general prompt ‘Is there anything else you would do’ – do not prompt the person in any other way
- Record test taker’s response to this question.
- Circle any part of test taker’s response which was prompted and score accordingly.
- If the test taker says that they never cross the road by themselves (e.g. they are in a wheelchair or their eyesight is poor), then ask them the question again but modify as follows:

“What would anyone who wanted to cross the road have to do to get across safely?”

Scoring:

This item has a maximum score of 4 points. Each of the two parts:

1. look for traffic, and
2. additional safety proposal

has a total score of 2 points i.e. Yes = 2; Yes Prompted = 1; No = Zero

i.e.

- *Did test taker indicate that they would look for traffic?*

YES / YES PROMPTED / NO
2 1 0

Examples of Correct Responses	Examples of Incorrect Responses
I would look for traffic.	Just go across.
Look left and right.	Put my hand up so the traffic knows I want to cross.
Check the cars.	Go to the corner and cross.
Check that it's clear.	Wave at the cars so they can see me.
Go across when there is nothing coming.	I wouldn't go across.

- *Did test taker make any additional safety proposals in road crossing scenario?*

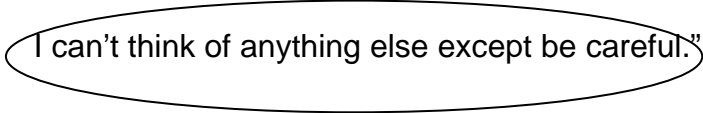
YES / YES PROMPTED / NO
2 1 0

Examples of Correct Responses	Examples of Incorrect Responses
Cross to the middle of the road and then look again to make sure there was no traffic before going right across.	Run as fast as I can.
Keep looking for traffic while crossing.	Cross when the walk sign is green.
Go across quickly but without running.	Cross at the crossing.
Be careful.	Just put my head down and go.
Wait till I could cross with some other people.	
Ask for help.	

Scoring Examples:

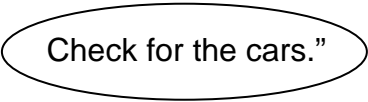
Example 1

"I don't know. (Repeat the question).

"I'd look for the cars.  I can't think of anything else except be careful."

This response would score 3 points out of a total of 4 because the person said that they would look for the cars (2/2) and when prompted (i.e. circle indicates that it was prompted) said that they would be careful (1/2) i.e. $2/2 + 1/2 = 3/4$

Example 2

"Just go across.  Check for the cars."

This response would score 1 point only out of a total of 4 because the first part of the answer 'just go across' was incorrect (0/2), and the second part of the answer 'check for the cars' while correct, was prompted (i.e. because it was circled to indicate that it was prompted) (1/2) i.e. $0/2 + 1/2 = 1/4$

Example 3

"Put my hand up so the traffic knows I want to cross and then walk to the middle of the road before going right across."

This response would score 2 points out of a total of 4 because the first part of the answer is incorrect (0/2) and the second part of the answer 'then walk to the middle of the road before going right across' is correct (2/2) i.e. $0/2 + 2/2 = 2/4$

Item 1 – Memory

Memory Recall (Item 1 Revisited - 4 Grocery Items)

1.® We have just arrived at the shop. (Can you remember the list of groceries we need to buy? (Prompt: If person cannot recall any of the list, say “The first one was ‘tea’.”)

(Score 2 points each for any item recalled which was not prompted.)

Circle ‘Tea’ if used as a prompt and score as 0 out of 2)

<i>Tea</i>	.....2
<i>Cooking Oil</i>	.....2
<i>Eggs</i>	.....2
<i>Soap</i>	.....2

....**8**

Notes:

- Ask test taker to repeat the 4 items on the grocery list
- If after 20 - 30 seconds the test taker cannot remember learning the list OR any of the items on the list then use the prompt - i.e. the first one was 'tea' and then circle 'tea' or write a 'P' in parentheses after it to indicate that it was prompted and score as zero
- Use the prompt 'the first one was 'tea'', only if the person cannot remember any of the grocery items
- Do not use any other prompts in this task (e.g. if the person says 'cooking oil' but cannot remember any of the other grocery items on the list do not use the 'tea' prompt or any other prompt)

Scoring:

The recall component of the memory item has a maximum score of 8 points.

- There are no part marks, the person scores either zero or 2 points for each item on the grocery list
- If 'tea' was used as a prompt then the maximum score the person can get on this task is 6/8
- mark as correct if the person says 'cooking oil' or 'oil'

Item 6 - Language

Language Generativity – Animal Naming

6. I am going to time you for one minute. In that one minute, I would like you to tell me the names of as many different animals as you can. We'll see how many different animals you can name in one minute. (Repeat instructions if necessary). Maximum score for this item is 8. If person names 8 new animals in less than one minute there is no need to continue.

1.

5.

2.

6.

3.

7.

4.

8.

..../8

Notes:

This item has a maximum score of 8 points.

- Time the test taker for one minute ONLY - make sure that it is clear to the test taker when to start i.e. "When I say 'Go' you should start listing animals. Don't worry about me writing them down, say the animals as quickly as you can."
- If test taker does not speak English make sure that interpreter also understands the instructions and the importance of simultaneous interpreting.

Scoring:

- If test taker says for example – 'big horse' and 'little horse', then record these as two separate animal names. Then at the end of the assessment, if the person is from an NESB country, check with the interpreter that these two names actually represent different concepts in the relevant language (e.g. in English – 'big horse' and 'little horse' are not separate animal names therefore an ESB person would score only one point (BUT, if the ESB person had said 'horse' and 'foal' then these are two separate concepts and the person would score two points). An NESB person depending on the language spoken may score two points if they used the correct two words for 'big horse' and 'little horse'. It is important here to distinguish between perseveration (i.e. repetition of the same animal name) and linguistic peculiarities of different languages which conceptualise/describe animals differently.

TOTAL SCORE

Add up the scores for each item to get a **total score out of 30**.

Any score of 22 or less should be considered as possible cognitive impairment and referred on for further investigation by the relevant physician.

KICA



*Kimberley Indigenous
Cognitive Assessment*

The KICA was developed in response to the need for a validated cognitive screening tool for older Indigenous Australians living in rural and remote areas.

The KICA-Cog section is validated with Indigenous Australians aged 45 yrs and above from the Kimberley and Northern Territory. A score of 33/39 and below indicates possible dementia. Those with a low KICA-Cog score should be referred to a doctor for medical screens to rule out other causes of cognitive impairment, some of which are reversible, or to substantiate dementia. The informant (carer) report is an important component of a cognitive assessment. The KICA-Carer has been validated with a score of 3/16 or above indicating that further investigations are required. Other sections of the KICA tool are for information gathering to assist in determining subtypes, severity, differential diagnoses and management.

The KICA-Cog pictures and other KICA information can be found at www.wacha.org.au

As language skills are assessed in the cognitive section it is recommended that an interpreter be used when required. In the visual naming task if an individual is unable to name a certain picture (crocodile or emu) due to their own cultural reasons it can be replaced by the dog or horse pictures available on the website.

Tools required:

- Comb
- Pannikin / cup
- Box of matches
- Plastic bottle with top
- Watch/ timer for verbal fluency question.

Acknowledgements

The KICA was developed with the assistance of many community members and organisations.

Sincere thanks are extended to participating community members, councils and traditional owner of: Balgo, Beagle Bay, Bidyadanga, Bililuna, Broome, Derby, Djarindjin, Fitzroy Crossing, Jarlmadangah, Junjuwa, Kalumburu, Kununurra, Lombadina, Looma, Mowanjum, Mulan, One Arm Point, Pandanus Park, Wangkatjungka, Warmun and Wyndham.

Grateful assistance is acknowledged from Kimberley Aged and Community Services, Kimberley Aboriginal Medical Services Council, North West Mental Health Services, Community Health clinics, Derby Health Service, Nindilingarri Cultural Health Service, Kimberley Interpreting Service, Kimberley Language Resource Centre, Kimberley residential care facilities and Home and Community Care providers.

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Questions on the KICA can be directed to kate.smith@uwa.edu.au or dina.logiudice@mh.org.au

Date of Interview:.....

Name, Bush name, Skin name:.....

Date of birth:.....

Gender: *female* *male*

Name of interviewer:.....

Name of Community:.....

Place of Interview:

<i>Home</i>	<i>Residential care</i>
<i>Home of relative</i>	<i>Hospital</i>
<i>Clinic</i>	<i>Other</i>

Interpreter present:

None
Professional
Family
Other.....

What languages do you speak?.....
.....

Language of interview:.....

Name of carer or family member:

Carers relationship to subject:

<i>dau/son</i>	<i>spouse</i>	<i>brother/sister</i>	<i>grandchild</i>
<i>niece/nephew</i>	<i>cousin</i>	<i>formal carer</i>	<i>other.....</i>

Carer gender: *female* *male*

Does the carer live with the subject? *yes* *no*

MEDICAL HISTORY

I want to ask you about any sicknesses you have had. (*circle answer*)

1. Are your eyes good? Can you see everything?

yes no don't know

2. Are your ears good? Can you hear everything?

yes no don't know

3. Have you ever had a stroke? (*got weak down one side of your body*)

yes no don't know

4. Have you got sugar sickness? (*diabetes*)

yes no don't know

5. Have you got high blood pressure?

yes no don't know

6. Have you got heart problems?

yes no don't know

7. Have you got kidney problems?

yes no don't know

8. Do you have trouble walking?

yes no don't know

Write details.....

9. Do you have any pain?

yes no don't know

9.1 if yes: sometimes most of the time

10. Do you fall down sometimes?

yes no don't know

10.1 if yes: did you hurt yourself?

yes no don't know

11. Have you ever been hit on the head and knocked out?

yes no don't know

12. Do you ever have gumbu (urine) problems?

yes no don't know

12.1 if yes: Do you ever make gumbu (urine) in your clothes?

yes no don't know

13. Have you been sick and gone to hospital? What for?

yes no don't know

14. What sort of medicines do you take? (*list names or number of tablets*).....

SMOKING AND ALCOHOL HISTORY

1. Do you drink grog?
- | | | |
|--|------------------------|---------------------------|
| | <i>no</i> | <i>yes</i> |
| (If no go to 2) | | |
| 1.1 How many times a week? | <i>only sometimes</i> | <i>every day</i> |
| 1.2. How much? | <i>just few drinks</i> | <i>until you're drunk</i> |
| 1.3 How long have you been drinking for? | <i>not long</i> | <i>long time</i> |
| <i>(not long is less than 10 yrs, long time is more than 10 yrs)</i> | | |
2. Did you drink when you were young?
- | | | |
|--|----------------------|---------------------------------|
| | <i>no</i> | <i>yes</i> |
| (If no go to 3) | | |
| 2.1 Did you drink every day? | <i>no</i> | <i>yes</i> |
| 2.2 Did you used to get drunk? | <i>no</i> | <i>yes</i> |
| 2.3 <i>(If they have quit ask)</i> - when did you stop drinking? | <i>long time ago</i> | <i>last year this year</i> |
3. Do you smoke?
- | | | |
|--|---|------------------------------------|
| | <i>no</i> | <i>yes</i> |
| (If no go to 4) | | |
| 3.1 Do you smoke every day | <i>no</i> | <i>yes</i> |
| (If no go to 3.3) | | |
| 3.2 How many in one day? | <i>little bit: (less than 1 packet)</i> | <i>big mob: (1 packet or more)</i> |
| 3.3 How long have you been smoking? | <i>not long</i> | <i>long time</i> |
| <i>(not long is less than 10 yrs, long time is more than 10 yrs)</i> | | |
4. Did you smoke when you were young?
- | | | |
|---|---|------------------------------------|
| | <i>no</i> | <i>yes</i> |
| (If no go to 5) | | |
| 4.1 How many did you smoke in one day? | <i>little bit: (less than 1 packet)</i> | <i>big mob: (1 packet or more)</i> |
| 4.2 <i>(If they have quit ask)</i> - when did you stop smoking? | <i>long time ago</i> | <i>last year this year</i> |
5. Do you chew tobacco?
- | | | |
|---------------------------------------|-----------|------------|
| | <i>no</i> | <i>yes</i> |
| 5.1 Did you chew when you were young? | <i>no</i> | <i>yes</i> |

KICA-COG: COGNITIVE ASSESSMENT

I'd like to see if you can remember things. I'll ask you some questions.

Incorrect answer enter ...0 Correct answer enter...1

Orientation

- | | | | |
|---|---|---|--------------------------|
| 1. Is this week pension/pay week? | 0 | 1 | <input type="checkbox"/> |
| 2. What time of year is it now?
<i>(may need to prompt eg. wet time...dry time / hot.....cold time?)</i> | 0 | 1 | <input type="checkbox"/> |
| 3. What is the name of this community/place | 0 | 1 | <input type="checkbox"/> |

For questions 4 & 5 you will need three items: comb, pannikin (cup) and matches.

Recognition and naming

4. *Hold up each item in turn and ask*

- | | | | | | |
|------------------------|-----|----------------|---|---|--------------------------|
| What do you call this? | 4.1 | comb | 0 | 1 | <input type="checkbox"/> |
| | 4.2 | pannikin (cup) | 0 | 1 | <input type="checkbox"/> |
| | 4.3 | matches | 0 | 1 | <input type="checkbox"/> |

(If the subject has poor vision put each object in their hand and ask them to recognise it.)

5. *Hold up each item in turn and ask*

- | | | | | | |
|-----------------------|-----|----------|---|---|--------------------------|
| What is this one for? | 5.1 | comb | 0 | 1 | <input type="checkbox"/> |
| | 5.2 | pannikin | 0 | 1 | <input type="checkbox"/> |
| | 5.3 | matches | 0 | 1 | <input type="checkbox"/> |

Hide each object in turn

I'm going to put this one here, this one here... Now don't forget where I put them.

(Omit this if poor vision, and name objects for them to remember.)

Registration

- | | | | | | |
|--------------------------------------|---|---|---|---|--------------------------|
| 6. Tell me those things I showed you | 0 | 1 | 2 | 3 | <input type="checkbox"/> |
|--------------------------------------|---|---|---|---|--------------------------|

Verbal comprehension

- | | | | | |
|---|---|---|---|--------------------------|
| 7. Shut your eyes | 0 | 1 | | <input type="checkbox"/> |
| 8. First point to the sky and then point to the ground. | 0 | 1 | 2 | <input type="checkbox"/> |

Verbal fluency

9. Tell me the names of all the animals that people hunt.

Time for one minute (Can prompt with: any more? what about in the air? in the water?)

Total No. _____	0 animals:	0	<input type="checkbox"/>
	1-4 animals:	1	
	5 –8 animals:	2	
	9 animals or more:	3	

Recall

10. Where did I put the comb? Where did I put the matches? Where did I put the pannikin?

0 1 2 3

Visual naming

11. I'll show you some pictures. You tell me what they are. Remember these pictures for later on.

Point to each picture and ask What's this? (Show boomerang as example)

Now remember them because I'll ask you one more time.

boy, emu, billy/fire, crocodile, bicycle 0 1 2 3 4 5

Frontal/executive function

12. Look at this. Now you copy it.

Show alternating crosses and circles 0 1

Free Recall

13. You remember those pictures I showed you before? What were those pictures?

Tell me. (*Show boomerang as example*) 0 1 2 3 4 5

Cued Recall

14. Which one did I show you before? (*one of three pictures, use boomerang page as example*)

0 1 2 3 4 5

Praxis

15. Open this bottle and pour water into this cup 0 1

16. Show me how to use this comb 0 1

KICA-COG TOTAL SCORE: _____ /39

Score of ≤33/39 indicates possible dementia, refer for medical review.

KICA-Depression:

I want to ask you some questions about how you are feeling within yourself:

- | | |
|---|----------------------------|
| 1. How are you feeling now? Good (happy)? No good? | <i>good</i> |
| <i>If no good, do you feel no good only sometimes.... all the time?</i> | <i>sometimes</i> |
| | <i>all the time</i> |
| 2. Do you worry about a lot of things? | <i>no</i> |
| <i>If yes, do you worry about things only sometimes.... all the time?</i> | <i>sometimes</i> |
| | <i>all the time</i> |
| 3. Do you still do things that make you happy?
(eg. go fishing, play cards, visit other people)? | <i>yes</i> |
| | <i>no</i> |
| 4. Do you feel grumpy (growling at people a lot)? | <i>no</i> |
| <i>If yes, do you feel grumpy sometimes ...all the time?</i> | <i>sometimes</i> |
| | <i>all the time</i> |
| 5. Do you feel lazy....slack? | <i>no</i> |
| <i>If yes, do you feel slack only sometimes....all the time?</i> | <i>sometimes</i> |
| | <i>all the time</i> |
| 6. Do you have a good sleep at night? Do you sleep all night? | <i>yes</i> |
| <i>If no, what makes you wake up?</i> | <i>pain, toilet, noise</i> |
| | <i>no reason</i> |
| 7. Are you sleeping too much during the daytime? | <i>no</i> |
| <i>If yes, are you sleeping too much only sometimes...all the time?</i> | <i>sometimes</i> |
| | <i>all the time</i> |
| 8. Are you eating well? | <i>yes</i> |
| <i>If no, do you not eat well sometimes.....all the time?</i> | <i>sometimes</i> |
| | <i>all the time</i> |
| 9. Do you forget things a lot? | <i>no</i> |
| <i>If yes, do you forget things sometimes..... all the time?</i> | <i>sometimes</i> |
| | <i>all the time</i> |
| 10. Do you reckon you are still thinking straight? | <i>yes</i> |
| <i>If no, do you have trouble thinking sometimes..... all the time?</i> | <i>sometimes</i> |
| | <i>all the time</i> |

FAMILY REPORT

I'd like to ask you some questions about (*name*). These questions are about his/her health and memory.

FAMILY- MEDICAL HISTORY

1. Has s/he ever had a stroke? (*gone weak down one side*)

<i>yes</i>	<i>no</i>	<i>don't know</i>
------------	-----------	-------------------

2. Has s/he got sugar sickness? (*diabetes*)

<i>yes</i>	<i>no</i>	<i>don't know</i>
------------	-----------	-------------------

3. Has s/he got high blood pressure?

<i>yes</i>	<i>no</i>	<i>don't know</i>
------------	-----------	-------------------

4. Has s/he got heart problems?

<i>yes</i>	<i>no</i>	<i>don't know</i>
------------	-----------	-------------------

5. Has s/he got kidney problems?

<i>yes</i>	<i>no</i>	<i>don't know</i>
------------	-----------	-------------------

6. Has s/he ever been knocked out? (*eg. hit their head and blacked out*)

<i>yes</i>	<i>no</i>	<i>don't know</i>
------------	-----------	-------------------

7. Has s/he ever been sad all the time?

<i>yes</i>	<i>no</i>	<i>don't know</i>
------------	-----------	-------------------

 - 7.1 *if yes*- have they had medicines for that? (*antidepressants*)

<i>yes</i>	<i>no</i>	<i>don't know</i>
------------	-----------	-------------------

8. Does s/he have trouble walking?

<i>yes</i>	<i>no</i>	<i>don't know</i>
------------	-----------	-------------------

9. Does s/he fall down a lot?

<i>yes</i>	<i>no</i>	<i>don't know</i>
------------	-----------	-------------------

 - 9.1 *if yes*- do they hurt themselves?

<i>yes</i>	<i>no</i>	<i>don't know</i>
------------	-----------	-------------------

10. Does s/he have any pain?

<i>yes</i>	<i>no</i>	<i>don't know</i>
------------	-----------	-------------------

 - 10.1 *if yes*- sometimes.....all the time?

<i>sometimes</i>		<i>all of the time</i>
------------------	--	------------------------

11. Does s/he remember to take their medicines?

<i>yes</i>	<i>no</i>	<i>don't know</i>
------------	-----------	-------------------

 - 11.1 Do you have to help?

<i>yes</i>	<i>no</i>	<i>don't know</i>
------------	-----------	-------------------

12. Is there anything else you are worried about?

FAMILY - SMOKING AND ALCOHOL HISTORY

1. Does s/he drink grog?

no *yes*

(If no go to 2)

1.1 How many times a week?

only sometimes *every day*

1.2 How much?

just few drinks *until s/he's drunk*

1.3 How long for?

not long *for a long time*

(not long is less than 10 yrs, long time is more than 10 yrs)

2. Did s/he drink when s/he was young?

no *yes*

(If no go to 3)

2.1 Did s/he drink every day?

no *yes*

2.2 Did s/he used to get drunk?

no *yes*

2.3 *if they have quit-* When did s/he stop?

not long ago *long time ago*

3. Does s/he smoke?

no *yes*

(If no go to 4)

3.1 How many in one day?

little bit: (less than 1 packet) *big mob: (1 packet or more)*

3.2 How long has s/he been smoking?

not long *long time*

4. Did s/he smoke when s/he was young?

no *yes*

(If no go to 5)

4.1 How many in one day?

little bit: (less than 1 packet) *big mob: (1 packet or more)*

4.2 *if they have quit-* When did s/he stop?

not long ago *long time ago*

5. Does s/he chew tobacco?

no *yes*

5.1 Did s/he chew when s/he was young?

no *yes*

KICA-Carer: COGNITIVE INFORMANT REPORT

- | | | | |
|--|---------------------|---|-------|
| 1. Have you noticed that s/he (name) is forgetting a lot of things? | <i>no</i> | 0 | |
| <i>If yes: Does this happen</i> | <i>sometimes</i> | 1 | _____ |
| | <i>all the time</i> | 2 | |
| | | | |
| 2. Does s/he forget the names of his family? | <i>no</i> | 0 | |
| <i>If yes: Does this happen</i> | <i>sometimes</i> | 1 | _____ |
| | <i>all the time</i> | 2 | |
| | | | |
| 3. Does s/he forget what happened yesterday? | <i>no</i> | 0 | |
| <i>If yes: Does this happen</i> | <i>sometimes</i> | 1 | _____ |
| | <i>all the time</i> | 2 | |
| | | | |
| 4. Does s/he forget where s/he is now? | <i>no</i> | 0 | |
| <i>If yes: Does this happen</i> | <i>sometimes</i> | 1 | _____ |
| | <i>all the time</i> | 2 | |
| | | | |
| 5. Does s/he say the same thing over and over? | <i>no</i> | 0 | |
| <i>If yes: Does this happen</i> | <i>sometimes</i> | 1 | _____ |
| | <i>all the time</i> | 2 | |
| | | | |
| 6. Can s/he remember which week is pension week? | <i>yes</i> | 0 | |
| <i>If no: Does this happen</i> | <i>sometimes</i> | 1 | _____ |
| | <i>all the time</i> | 2 | |
| | | | |
| 7. Does s/he keep walking away and getting lost? | <i>no</i> | 0 | |
| <i>If yes: Does this happen</i> | <i>sometimes</i> | 1 | _____ |
| | <i>all the time</i> | 2 | |
| | | | |
| 8. Does s/he do things that are wrong in Aboriginal way?
(eg. calling out names of people who have passed away) | <i>no</i> | 0 | |
| <i>If yes: Does this happen</i> | <i>sometimes</i> | 1 | _____ |
| | <i>all the time</i> | 2 | |

KICA-Carer TOTAL SCORE: _____ /16
Score ≥ 3/16 further investigations required

KICA-Behaviour: Family report

- | | |
|--|----------------------|
| 1. Is s/he happy most of the time?
(If yes, go to 3) | yes / no |
| 2. Is s/he sad most of the time?
2.1 If yes, is this different from before? | yes / no
yes / no |
| 3. Is s/he sleeping well at night?
3.1 If no, is this different from before? | yes / no
yes / no |
| 4. Is s/he sleeping all the time? Sleep day and night?
4.1 If yes, is this different from before? | yes / no
yes / no |
| 5. Is s/he eating properly?
5.1 If no, is this different from before | yes / no
yes / no |
| 6. Is s/he growling a lot (eg. at his grannies)?
6.1 If yes, is this different from before? | yes / no
yes / no |
| 7. Does s/he laugh for no reason?
7.1 If yes, is this different from before? | yes / no
yes / no |
| 8. Does s/he blame people for no reason?
8.1 If yes, is this different from before? | yes / no
yes / no |
| 9. Does s/he see things that are not really there?
9.1 If yes, is this different from before? | yes / no
yes / no |
| 10. Does s/he hear things that are not really there?
10.1 If yes, is this different from before? | yes / no
yes / no |
| 11. Is s/he frightened of people for no reason?
11.1 If yes, is this different from before? | yes / no
yes / no |
| 12. Does s/he hit people for no reason?
12.1 If yes, is this different from before? | yes / no
yes / no |

13. *If family has noticed changes in memory or behaviour:*

- Did their memory / behaviour - get worse slowly and gradually?
- change quickly, all of a sudden?

Write details (*when did memory change, what symptoms etc*)...

14. Is there anyone in their family who forgets things all the time? (*alive today*)

yes no don't know

Write relationship: _____

15. Was anyone else in their family like that before they passed away?

yes no don't know

Write relationship: _____

KICA-ADL:

I'd like to ask you questions about what *name* can do for himself / herself.

1. Can s/he still do her own work? (*paid and unpaid eg. cooking/cleaning/making fire*)

yes no don't know

2. Can s/he still go eg. fishing, play cards? (*activities they enjoy*)

yes no don't know

3. Can s/he look after his/her own money?

yes no don't know

4. Can s/he feed himself?

yes no don't know

5. Can s/he put on his/her clothes?

yes no don't know

6. Can s/he shower himself/ herself?

yes no don't know

7. Does s/he have trouble finding the toilet?

yes no don't know

8. Does s/he make gumbu (urine) in bed in the night?

yes no don't know

9. Does s/he make gumbu (urine) in trousers/dress in the daytime?

yes no don't know

10. Does s/he make gura (bowel motion) in his trousers/dress?

yes no don't know