

COGNITIVE TESTING AND OTHER ASSESSMENT TOOLS: LINKS TO RESOURCES

★ discussed in this program

Type	Tool	Description	Links	Support, limits
Brief (and Informant) ★	Ascertain Dementia (AD8) AKA Washington University Dementia Screen	Questions on problems with memory, orientation, judgment, function. 8 items, score 2+ impaired. 3 minutes to administer. Can do over phone and/or with informant. No training needed. Copyright – but use permitted if specific acknowledgment statement is included.	<ul style="list-style-type: none"> • https://hign.org/consultgeri/try-this-series/ad8-washington-university-dementia-screening-test • https://www.alz.org/getmedia/6e7291bf-4ac8-40ed-a148-824d4591ed7e/ad8-dementia-screening.pdf 	Sensitivity 84%, specificity 80%, correlates highly with Clinical Dementia Rating. In Alz Assn Cognitive Assessment Toolkit.
Brief ★	Blessed Orientation-Memory-Concentration Test (BOMC) AKA Short Blessed Test (SBT) or Six Item Cognitive Impairment Test (6CIT)	Verbal test of orientation to time, recall of a short phrase, counting backward, naming months in reverse order. 6 items, 28 points, score 10+ abnormal. About 5 minutes to administer. Can do by phone. No training needed. Copyright but free to use.	Multiple sources: <ul style="list-style-type: none"> • https://img.thebody.com/legacyAssets/40/77/F3-6.pdf • https://sites.google.com/view/ot-toolkit/assessments/short-blessed • https://pmc.ncbi.nlm.nih.gov/articles/instance/3080244/bin/NIHMS272681-supplement-Supp_Data_S1.doc • https://www.evidencio.com/uploads/files/models/files/1997/0ccb5b-Brooke%20et%20al,%201999.pdf 	Complex scoring. Sensitivity 78-95%, specificity 65-77% Biased for education, language, culture, race.

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Brief	Blessed Telephone Information Memory Concentration Test (TIMC)	Verbal test of orientation, memory, concentration (counting forward and backward, naming months in reverse order) 5-10 minutes to administer.	<ul style="list-style-type: none"> Article: https://escholarship.org/content/qt2hx9n8jf/qt2hx9n8jf_noSplash_574071b67bbe4113afa29cc9887b7bd2.pdf 	Good reliability vs Blessed in person and test-retest.
Brief (and Informant) ★	General Practitioner Assessment of Cognition (GP-COG)	Orientation to time, clock drawing, current events, and recall. 6 items, 9 points, score ≤ 4 impaired. 4-5 minutes to administer. Various language versions available. Also has informant component. Training for use takes 5 minutes. Free and available online.	<ul style="list-style-type: none"> Web-based and paper-based versions (in various languages) available at https://gpcog.com.au/ English, includes informant page: https://www.alz.org/getmedia/a195e9f7-5dea-407a-83a9-2bc80e4c4796/gpcog-screening-test-english.pdf Training video (approx. 5 minutes): https://www.youtube.com/watch?v=lf7nv2_B89M 	Adequate reliability and validity. Informant component alone has low specificity. Not biased by education level. Reportedly not biased by cultural and linguistic background. In Alz Assn Cognitive Assessment Toolkit.

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Brief	Memory Impairment Screen (MIS)	4 word recall with/without category clues. 8 points, score \leq 4 impaired. 4 minutes to administer. Has a telephone version. No training required. Copyrighted but free to use.	<ul style="list-style-type: none"> • https://www.alz.org/getmedia/2cc07bd9-1299-42c3-ac54-a61388ee4ef1/memory-impairment-screening-mis.pdf • https://coping.us/images/GA_7_MIS_Description_on_VerywellHealth.pdf • phone version: https://pblob1storage.blob.core.windows.net/public/nadrc/docs/Memory-Impairment-Screen-telephone-(MIS-T)-508.pdf 	More effective than MMSE. Requires reading, so not useful for people with literacy/visual impairment. Little education bias, useful across cultural settings and languages.
Brief ★	Mini-Cog	Short term recall of three words and clock drawing. 2 items, 5 points, score \leq 2 impaired. 3 minutes to administer. Various language versions available. Training for use takes 10 minutes. Copyright but free to use.	<ul style="list-style-type: none"> • https://mini-cog.com/ • https://hign.org/consultgeri/try-this-series/mental-status-assessment-older-adults-mini-cog • https://hign.org/sites/default/files/2022-11/AD8%20Dementia%20Series.pdf 	Sensitivity 76-84%, specificity 73-80%. Little to no education bias, but not recommended for <5y schooling. Easily integrated into a healthcare setting. In Alz Assn Cognitive Assessment Toolkit.

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Brief (and Informant) ★	Quick Dementia Rating System (QDRS)	Rates degree of change vs baseline in cognitive and behavioral areas. 10 items, 30 points, score 2+ impaired. 5-10 minutes to administer. Can do over phone with person and/or informant. No training needed. Copyright – but use permitted if specific acknowledgment statement is included.	<ul style="list-style-type: none"> • https://umiamibrainhealth.org/downloads/the-quick-dementia-rating-system-qdrs-patient-and-informant-versions/ • https://www.guidetolongtermcare.com/images/The-Quick-Dementia-Rating-System.pdf 	Good sensitivity and correlation with Clinical Dementia Rating.
Brief	Seven Minute Screener (7MS)	Four subtests: recall, verbal fluency, orientation, and clock drawing. Requires use of pictures. 7-12 minutes to administer. Free – available from Paul R. Solomon, PhD, Bronfman Science Center, Williams College, Williamstown, MA 01267 (e-mail: psolomon@williams.edu).	<ul style="list-style-type: none"> • https://pmc.ncbi.nlm.nih.gov/articles/instance/1763549/pdf/v075p00700.pdf • https://jamanetwork.com/journals/jama-neurology/fullarticle/1032902 • https://memorydoc.org/7minutescreen/ 	Adequate test-retest reliability and inter-rater reliability. Validated in primary care setting. Complex scoring. Visual component impacts utility. Older test – others are more highly recommended by the Gerontological Society of America or the Alzheimer’s Association.

Type	Tool	Description	Links	Support, limits
Brief ★	Short Portable Mental Status Questionnaire (SPMSQ) AKA Pfeiffer	Verbal test of orientation, biographical info, current events, counting backward by 3s. 10 items, 0-3 errors normal. 3-4 minutes to administer. Has a phone version. No training needed. Free online.	<ul style="list-style-type: none"> • https://geriatrics.stanford.edu/culturemed/overview/assessment/assessment_toolkit/spmsq.html or • https://geriatrics.stanford.edu/wp-content/uploads/downloads/culturemed/overview/assessment/downloads/spmsq_tool.pdf 	Sensitivity 55–86%, specificity 79-96%. Does not test short-term memory. More accurate in identifying moderately or severely impaired dementia rather than detecting mild impairment.
Brief	Short Test of Mental Status Questionnaire (STMS) AKA Kokman	Orientation, attention, arithmetic, abstraction, construction, recall. 8 items, 38 points, score ≤ 29 abnormal. 5 minutes to administer. No training needed. Free online.	<ul style="list-style-type: none"> • https://www.ouhsc.edu/age/Brief_Cog_Screen/documents/STMS.pdf • http://paulsarm.com/kokmen.htm 	Sensitivity (86-92%), specificity (91-93%). Biased for education level, race, language.
Cognitive	Addenbrooke's Cognitive Examination (ACE-III)	Breaks down into scores for attention, memory, fluency, language, and visuospatial. Long/complex 6 pages – but also has short form, and mobile app. Training needed, available online. Free and available online.	<ul style="list-style-type: none"> • https://www.sydney.edu.au/brain-mind/resources-for-clinicians/dementia-test.html • Trainer: mvl.gla.ac.uk/aceiiitrainer/ • Mini ACE: https://www.nzdementia.org/mini-ace 	Good accuracy and correlation with other tools. Education, age may impact scores. Useful for discriminating between dementia, MCI and controls, but not reliable between dementia subtypes.

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Cognitive	Allen Cognitive Level Screen (ACLS)	Requires a person to do stitching tasks with a string and a needle to assess following instructions, using fine motor skills, and learning. Scoring aligns to Allen Cognitive Levels. Training and materials needed for use.	<ul style="list-style-type: none"> • https://www.verywellhealth.com/what-is-the-allen-cognitive-level-screen-4129962# • https://www.ncbi.nlm.nih.gov/books/NBK556125/ • https://allencognitive.com/allen-scale/ • Allen Cognitive Levels – see: Allen CK, Earhart CA, Blue T (1992). Occupational therapy treatment goals for the physically and cognitively disabled. AOTA Press. 	Impacted by mobility, sensory impairments, and by learning effect if re-testing.
Cognitive	Cognitive Abilities Screening Instrument (CASI)	Orientation, visual construction, judgment/abstraction, language, memory, attention, mental manipulation/concentration, and list-generating fluency. 100 points, score ≤ 73 impaired. No longer available, but may still be used in some settings.	<ul style="list-style-type: none"> • Article: https://pmc.ncbi.nlm.nih.gov/articles/PMC7759587/ 	More sensitive than MMSE. Score of 73 correlates to score of 23 on MMSE to indicate impairment.

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Cognitive	Mini-Mental Status Examination (MMSE) AKA Folstein	Orientation, immediate registration of three words, attention and calculation, short term recall of three words, language, and visual construction. 30 points, score 24+ normal. 10-15 minutes to administer. Translated/phone versions available. Copyright, licensing/fee required for use.	<ul style="list-style-type: none"> Sample versions of various formats: https://rowher.saisonsdumonde.fr/au/mini-mental-state-examination-mmse-form.html Psychological Assessment Resources, Inc., which charges a fee for each use (for exact fees see www.parinc.com). 	Low sensitivity for MCI: 18%. Dementia sensitivity 81%, specificity 89%. Bias on education, age, language, culture factors. False positives, especially in lower education. False negatives in highly educated (impaired subjects pass).
Cognitive ★	Montreal Cognitive Assessment (MOCA)	Attention, concentration, executive functions, memory, language, visuoconstructional skills, conceptual thinking, calculations, and orientation. 30 points, score 26+ normal. Many languages, versions for telephone, blind, and via app. Various editions for re-testing. About 10 minutes to administer. Training/certification required for use.	<ul style="list-style-type: none"> Register for training and certification at http://www.mocatest.org/ 	Certification required for use. Sensitivity 90% (MCI) to 100% (AD), specificity 87%. Adjusts for education level. Score ≤ 18 associated with driving risk.

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Cognitive ★	Rowland Universal Dementia Assessment Scale (RUDAS)	Registration/recall, identifying parts of body on self/other, judgment, praxis/motor tasks. 6 items, 30 points, score ≤ 22 impaired. Takes 10 minutes to administer. Available in many languages/dialects. Training for use takes 40 minutes. Free online.	<ul style="list-style-type: none"> • https://www.dementia.org.au/professionals/assessment-and-diagnosis-dementia/rowland-universal-dementia-assessment-scale-rudas 	Sensitivity 80-89%, specificity 76-98%. Designed for multicultural populations. Little to no bias for language, education.
Cognitive ★	St Louis University Mental Status Exam (SLUMS)	Orientation, calculations, language, memory, attention, and visuoconstructional skills. 11 items, 30 points, score 27+ normal (with differential for education level). Translated into various languages. Training videos and guidance online. Free online.	<ul style="list-style-type: none"> • PDF forms in multiple languages, scoring guidance, and training videos: http://aging.slu.edu/index.php?page=multi-language-slums (click “clinical tools” on left) or • https://www.slu.edu/medicine/internal-medicine/geriatric-medicine/aging-successfully/assessment-tools/mental-status-exam.php 	Good sensitivity, adequate reliability and validity. More sensitive than MMSE for MCI and early dementia. Score differential for education level. Commonly used in Veterans Affairs medical centers and by APS.
Cognitive	Telephone Instrument for Cognitive Status (TICS)	Orientation, concentration, short-term memory, language, praxis, and mathematical skills 11 items, 41 points, score 33+ normal. 10 minutes to administer. Can do in person or via phone. Copyright, license required from PAR.	<ul style="list-style-type: none"> • Sample version from a study: https://sleepcohort.wisc.edu/wp-content/uploads/sites/1452/2023/09/TICS_4-pages_CODE.pdf • Psychological Assessment Resources, Inc., which charges a fee for each use (for exact fees see www.parinc.com). 	94% sensitivity, 100% specificity

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Executive Function	Behavior Rating Inventory of Executive Function, Second Edition, Adult Version (Brief 2A)	70 items for behavioral, emotional, and cognitive regulation gives a clear understanding of executive function deficits. Assessments can be used with older adults up to 99y Copyright, purchase through PAR.	<ul style="list-style-type: none"> Available from PAR: https://www.parinc.com/products/BRIEF2_A 	Good reliability, able to track over time.
Executive function	Executive Function Performance Test (EFPT)	Role play tasks: make some oatmeal, use the telephone, take some “fake” medication, and pay some “fake” bills. Examines initiation, organization, sequencing, judgment and completion of each task Complex administration with various materials requires preparation. Free, available online.	<ul style="list-style-type: none"> https://www.ot.wustl.edu/about/resources/executive-function-performance-test-efpt-308 Free, but requested to email Dr. M. Carolyn Baum at baumc@wustl.edu to indicate that you have downloaded it. 	Unique in that it identifies what they can do, and how much assistance is needed for them to carry out a task. By using a cueing system, a wider range of abilities are captured in people previously thought to be untestable.
Executive Function ★	Frontal Assessment Battery (FAB)	Abstraction, lexical fluency, motor-praxis, attention-inhibition, reflex. 18 points, lower score = more impaired. 15-20 minutes to administer. Minimal training, but attention required to administer some tasks correctly. Free and available online.	<ul style="list-style-type: none"> Instructions and norms: https://www.psychdb.com/cognitive-testing/fab#frontal-assessment-battery-fab Test form: https://www.psychdb.com/media/frontal_fab_scale.pdf 	Distinguishes between frontal-lobe dementia and Alzheimer’s type dementia. Helpful for assessing abilities related to executive functioning.

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Executive function ★	Trails A & B	Timed dot-to-dot exercises. A is numbers (1-2-3), B is alternating letters and numbers (1-A-2-B-3-C). 5-10 minutes to administer. No training required but follow instructions for how to administer. Free and available online.	Multiple sources: <ul style="list-style-type: none"> • https://www.safemobilityfl.com/pdfs/CliniciansGuide/Trail%20Making%20Test%204th%20Edition.pdf • https://www.center-tbi.eu/files/approved-translations/English/ENGLISH_TMT.pdf • https://neurosurgery-research.redcap.louisville.edu/astroh_docs/trailmaking.pdf 	Strongly correlates with risk of driving problems. Impacted by motor speed and visual abilities, so not suitable for all (e.g. Parkinson) Test-retest error: once a person is familiar with it, will take less time to complete.
Functional (and Informant) ★	Functional Activities Questionnaire (FAQ)	Ability to engage in instrumental activities of daily living, rating by person or informant. 10 items, 30 points, score 9+ impaired. 5 minutes or less to administer. No training needed. Free online.	<ul style="list-style-type: none"> • https://www.healthcare.uiowa.edu/familymedicine/fpinfo/Docs/functional-activities-assessment-tool.pdf 	Good reliability, correlations with other instruments. Useful for monitoring functional changes over time.
Functional	Independent Living Scales (ILS)	68 items, performance based, five scales to assess abilities in daily living. 45 minutes to administer, 10 minutes to score. Copyright, purchase through Pearson.	<ul style="list-style-type: none"> • https://www.pearsonassessments.com/en-us/Store/Professional-Assessments/Cognition-%26-Neuro/Independent-Living-Scales/p/100000181 	Good reliability and validity.

Type	Tool	Description	Links	Support, limits
Functional ★	Katz Index of Independence in Activities of Daily Living (Katz ADL)	Clinician assessment of ability to perform tasks of bathing, dressing, toileting, transferring, continence, and feeding. 5 minutes or less to administer. No training needed. Free online.	<ul style="list-style-type: none"> • https://hign.org/sites/default/files/2020-06/Try This General Assessment 2.pdf 	Not useful for LTC.
Functional	Kohlman Evaluation of Living (KELS)	Assesses both basic and instrumental activities of daily living, by performance and self-report as well as observation. Fee for purchase of manual and forms from AOTA.	<ul style="list-style-type: none"> • Kohlman-Thomson L (1996). The Kohlman Evaluation of Living Skills 4th Edn. Bethesda, MD: American Occupational Therapy Association, Inc – from AOTA: https://myaota.aota.org/shop_aota/product/900374. • 2020 article: https://www.archives-pmr.org/article/S0003-9993(19)31123-2/fulltext#undfig1 • 	Valid across cultural groups and settings. In some states, the KELS is used in guardianship hearings.
Functional ★	Lawton-Brody Instrumental Activities of Daily Living Scale (IADL)	Clinician assessment of ability to perform tasks in 8 domains: use phone, shopping, food preparation, housekeeping, laundry, transportation, medications, finances. 5 minutes or less to administer. No training needed. Free online.	<ul style="list-style-type: none"> • https://hign.org/sites/default/files/2020-06/Try This General Assessment 23.pdf 	Not useful for LTC.

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Functional	Texas Functional Living Scale (TFLS)	Performance of tasks in 4 domains: time, money/calculation, communication, memory. 15 minutes to administer. Copyright, purchase through Pearson.	<ul style="list-style-type: none"> • https://www.pearsonassessments.com/en-us/Store/Professional-Assessments/Cognition-%26-Neuro/Texas-Functional-Living-Scale/p/100000222 	Can be used in LTC settings. Correlates with WAIS/WMS neuropsych tests.
Functional	World Health Organization Disability Assessment Schedule (WHODAS)	Generic assessment instrument for health and disability: cognition, mobility, self-care, getting along, life activities, and participation in community. 36-item and 12-item versions. Can be done in person or over phone. 5-20 minutes to administer. No training needed. Free online.	<ul style="list-style-type: none"> • https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health/who-disability-assessment-schedule 	Applicable across cultures, in all adult populations. Used across all diseases, including mental, neurological and addictive disorders; in both clinical and general population settings.
Functional -Judgment	Judgment Assessment Tool (JAT)	72 items in 3 domains of judgment (practical, moral, and social).	<ul style="list-style-type: none"> • https://aqnp.ca/wp-content/uploads/JAT_en-form-v1.2.pdf 	Correlated with abstract reasoning, verbal fluency, and working memory. Adequate test-retest reliability. Excellent interrater reliability

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Functional -Judgment	Kitchen Picture Test (KPT)	<p>A brief screening measure involving visually presented kitchen scene with 3 “dangerous” situations. Must identify, rate severity, and provide problem solving solutions.</p> <p>Quick to administer, points to need for more support.</p> <p>License required from BCAT.</p>	<ul style="list-style-type: none"> Picture: https://www.thebcat.com/sites/default/files/2019-08/KPT%20Illustration New Logo Aug%202019.pdf Instructions: https://www.thebcat.com/sites/default/files/2019-08/KPT Instructions New Logo Aug%202019.pdf 	<p>Strong evidence for reliability, construct validity, and predictive validity.</p>
Informant	Alzheimer’s Disease Cooperative Study Activities of Daily Living (ADCS-ADL)	<p>8 pages for informant to complete, covers ADLs and IADLs</p> <p>Higher scores indicate greater decline.</p> <p>No longer available, but may still be used in some settings.</p>	<ul style="list-style-type: none"> Document copy: https://www.yumpu.com/en/document/read/12418291/adcs-adl-scale-scoring-and-manual-dementia-outcomes- Manual: https://www.dementiaresearch.org.au/wp-content/uploads/2016/01/ADCS-ADL Manual.pdf 	<p>Good reliability and validity.</p>

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Informant	Behavioral Pathology in Alzheimer's Disease Scale (BEHAVE-AD)	25 item scale in 7 symptom categories, based on caregiver interview.	<ul style="list-style-type: none"> • Article https://pubmed.ncbi.nlm.nih.gov/24714384/ • Article https://psycnet.apa.org/doiLanding?doi=10.1037%2F13385-000 • 1987 version: https://www.intpsychogeriatrics.org/article/S1041-6102(24)05607-2/pdf or https://www.apa.org/pubs/books/supplemental/Making-Evidence-Based-Psychological-Treatments-Work-Older-Adults/Appendix6.4.pdf 	Good reliability and validity.
Informant ★	Cornell Scale for Depression in Dementia	Signs/behaviors (mild/severe) associated with depression in elders with moderate to severe dementia, who may not report feeling depressed. 19 items, score 10+ probable depression. 10-30 minutes to administer. Copyright, but free to use, publicly available in various languages.	<ul style="list-style-type: none"> • Toolkit: https://cgatoolkit.ca/Uploads/ContentDocuments/cornell_scale_depression.pdf • Guide to use: https://www.hammond.com.au/hubfs/4316_FY24_DSA_Depression_Screening_Tool_Logo%20Update_FAWEB.pdf?hstc=108267805.63e476519825083fe8bba26ea4e71687.1711430135370.1711430135370.1711430135370.1&hssc=108267805.1.1711430135370&hsfp=1698870639 	Good reliability, Not biased for education or intelligence.

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Informant ★	Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE)	26 items on everyday situations (16 on short form), score 1-5 each. Higher score indicates greater decline. Free tool, publicly available. Translated into 15+ languages. Retrospective version also.	<ul style="list-style-type: none"> • https://nceph.anu.edu.au/research/tools-resources/informant-questionnaire-cognitive-decline-elderly 	Useful when person is unable or unwilling for other testing. One of the most commonly used informant tools, but limited study of diagnostic accuracy. Not biased for education or intelligence. In Alz Assn Cognitive Assessment Toolkit
Mood/ Anxiety (and Informant) ★	Geriatric Anxiety Scale (GAS)	30 items, short form 10 items, also LTC version. Self-rated or informant/proxy. Free but registration requested.	<ul style="list-style-type: none"> • About and to register: https://agingandmentalhealthlab.uccs.edu/scale • https://gerocentral.org/wp-content/uploads/2020/06/Geriatric-Anxiety-Scale-30-item-version-with-scoring-instructions-and-cutoffs-2020.pdf 	High internal consistency, strong evidence of validity in diverse community, psychiatric, and medical samples of older adults. Short form has strong psychometric properties in diverse samples of older adults. Lower specificity for self-rated (58%).

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Mood/ Anxiety (and Informant)	Rating Anxiety in Dementia Scale (RAID)	Rating of anxiety severity in various areas, based on interview/assessment and informant/collateral info. 18 items, score 11+ clinically significant. Free online.	<ul style="list-style-type: none"> • https://www.dementiaresearch.org.au/wp-content/uploads/2016/06/RAID.pdf • https://psycnet.apa.org/doiLanding?doi=10.1037%2Ft54879-000 	Good interrater reliability, sensitivity (90%) and specificity
Mood/ Anxiety, Etc.	Aphasia Depression Rating Scale	Rates signs/symptoms if person cannot speak. 9 items	<ul style="list-style-type: none"> • https://strokengine.ca/wp-content/uploads/2020/06/adrs.pdf 	Valid, reliable, sensitive, and specific during the stroke subacute phase.
Mood/ Anxiety, Etc. ★	Geriatric Anxiety Inventory (GAI)	20 item or 5 item versions. Translated to several languages. Copyrighted, license required.	<ul style="list-style-type: none"> • https://gai.net.au/ • https://uniquet.store/product/geriatric-anxiety-inventory-gai/print 	Fairly sensitive, but reliability/validity researched in predominantly white, ethnically homogenous populations. Not designed strictly as a diagnostic tool, but rather to assess anxiety symptoms in general.

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Mood/ Anxiety, Etc. ★	Geriatric Depression Scale (GDS)	Long version: 30 items, 7-10 minutes to administer. Score 10-19 indicates mild depression, 20-30 severe. Short version: 15 items, 5-7 minutes to administer. Score 5+ possible depression, 10+ probable depression. Translated to several languages. Free to use, no training required.	<ul style="list-style-type: none"> • https://hign.org/consultgeri/try-this-series/geriatric-depression-scale-gds • Multiple languages and formats: http://web.stanford.edu/~yesavage/GDS.html • https://www.aafp.org/dam/AAFP/documents/patient_care/cognitive_care_kit/gds.pdf 	Has been tested and used extensively with older population.
Mood/ Anxiety, Etc. Informant	Neuro- psychiatric Inventory Questionnaire (NPIQ)	12 areas of symptoms or behaviors. 5 minutes to administer/complete.	<ul style="list-style-type: none"> • For clinicians: https://files.alz.washington.edu/documentation/uds3-tip-b5.pdf • For informant/CG to complete: https://www.alz.org/getmedia/fac45de4-c45d-4227-8e32-1153b4cdf6f3/npiq-questionnaire.pdf 	Sensitivity 74%, specificity 79% Excellent one-week test-retest reliability.
Other / Financial	Financial Capacity Instrument (FCI)	100+ items in domains of everyday financial activity: basic monetary and calculation skills, knowledge of financial concepts and procedures, and financial judgment. Up to an hour to administer. Training required for use; owned by UAB Research Foundation.	<ul style="list-style-type: none"> • Conference poster: https://www.isctm.org/public_access/Oct_2014/Marson_ISCTMposter_Final_26Sept14x.pdf 	Was designed as a research measure so may be too much for clinical use.

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Other / Financial	Financial Capacity Instrument Short Form (FCI-SF)	37 items in various domains. 20 minutes to administer. Training required for use.	<ul style="list-style-type: none"> Article: https://www.preprints.org/manuscript/202205.0413/v1/download 	Excellent reliability and concurrent validity with the FCI long form.
Other / Financial	Financial Decision Tracker (FDT) <i>formerly the Lichtenberg Financial Decision Screening Scale</i>	10 questions on choice, rationale, understanding, appreciation, values around a specific financial decision. 10 minutes to administer. Training required for use.	<ul style="list-style-type: none"> Registration and certification at www.olderadultnestegg.com 	Good psychometric utility, excellent internal consistency and clinical utility properties. Designed to be administered by a variety of clinical and non-clinical professionals working with older adults.
Other / Financial	Financial Vulnerability Assessment (FVA) <i>formerly the Lichtenberg Financial Decision Rating Scale</i>	In-depth structured interview, 34 questions on intellectual factors (choice, rationale, understanding, appreciation) and contextual factors (financial situational awareness, psychological vulnerability, and susceptibility). Includes Financial Decision Tracker. 25 minutes to administer. Training required for use.	<ul style="list-style-type: none"> Registration and certification at www.olderadultnestegg.com 	Good validity and consistency.

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Other / Financial	Financial Vulnerability Survey Pro	17 questions on risk of fraud, scams, financial exploitation. 10 minutes to administer. Training required for use.	<ul style="list-style-type: none"> Registration and certification at www.olderadultnestegg.com 	Good validity and consistency.
Other / Financial	Semi-Structured Clinical Interview for Financial Capacity (SCIFC)	Another short variant of FCI. 25 minutes to administer. Instead of scores, rates as capable, marginally capable or incapable. Training required, but can be done by non-clinical staff.	<ul style="list-style-type: none"> Domains, tasks, and sample language included in article: https://pmc.ncbi.nlm.nih.gov/articles/PMC2714907/ 	Good construct validity and reliability. Good correlation of performance with MCI, mild AD, and moderate AD.
Other / Interview decisions ★	Assessment of Capacity for Everyday Decision-Making (ACED) <i>and</i> Short Portable version (SPACED)	Structured interview guide using open- ended questions to capture decision- making process. Looks at specific information about real situations. Gives a framework to support clinical opinion of capacity. 15-20 minutes to administer.	<ul style="list-style-type: none"> Copy of instrument and scoring criteria available upon request from author Dr Karlawish – email (jason.karlawish@uphs.upenn.edu). 	Good reliability and validity. Used in many APS agencies.

Type	Tool	Description	Links	Support, limits
Other / Interview Decisions ★	Interview for Decisional Abilities (IDA)	Standardized framework with semi-structured interview. Has no legal bearing by itself but can be presented as evidence in guardianship hearings. For use with: <ul style="list-style-type: none"> • Persons 60 years or older • Not severely cognitively impaired (can have MCI) • Not acutely psychotic 	<ul style="list-style-type: none"> • Kansas edition: https://www.dcf.ks.gov/services/PPS/Documents/PPM_Forms/Section_10000_Forms/PPS10224A.pdf 	Good inter-rater reliability. APS is using in multiple states. Ideal for APS client suffering from elder abuse or neglect but refusing vital services (the “signature” indication).
Other / Interview Functional (capacity for independent living) ★	Making and Executing Decisions for Safe and Independent Living (MED-SAIL)	Looks at two to three hypothetical community living scenarios (e.g. such running out of medications), based on client situation. 15 minutes to administer. Scores point to full, partial, or no capacity for independent living.	<ul style="list-style-type: none"> • https://pblob1storage.blob.core.windows.net/public/nadrc/docs/MED-SAIL.pdf 	Good reliability and consistency. “highly positively correlated with criterion standard capacity determination”
Other – Interview Judgment	Test of Practical Judgment (TOP-J)	Brief interview based 9 open-ended questions related to safety, medical, social/ethical, and financial issues. 27 points total, higher score indicates better judgment. 10 minutes to administer and score.	<ul style="list-style-type: none"> • Info in article https://scholarworks.indianapolis.iu.edu/server/api/core/bitstreams/5e8601be-e32b-41b0-98d7-6c8de826b1b5/content 	Strong psychometric properties.

Type	Tool	Description	Links	Support, limits
Other / Interview Judgment ★	Verbal Test of Practical Judgment (VTPJ)	10 items asking how a person would handle various situations. License required from BCAT.	<ul style="list-style-type: none"> • https://www.thebcac.com/sites/default/files/2024-11/Verbal%20Test%20of%20Practical%20Judgment_FINAL%2011%2027%202024.pdf • https://www.thebcac.com/BCAT-license-pricing 	“Significantly predicted IADL performance... Valid tool for assessing judgment among older adults with suspected cognitive impairment.”
Other / Self Neglect ★	Abrams Geriatric Self-neglect Scale (AGSS)	Six domains rated 0-4 in severity. Can be completed by person or informant/observer. Can score from perspective of person, observer, or overall.	<ul style="list-style-type: none"> • Article: https://pmc.ncbi.nlm.nih.gov/articles/PMC6209102/ or https://doi.org/10.1002/gps.4718 	Based on literature on geriatric self-neglect. Analysis showed acceptable consistency.
Other / Self Neglect ★	Elder Self-Neglect Assessment (ESNA)	Long and short versions – Indicators of self-neglect align into two broad categories: behavioral characteristics and environmental factors	<ul style="list-style-type: none"> • Webinar: https://www.napsa-now.org/wp-content/uploads/2022/04/webinar-elder-self-neglect.pdf 	Scores constitute mild, moderate, or severe self-neglect.
Other / Undue Influence ★	California Undue Influence Screening Tool (CUIST)	Checklist for clinician to flag signs, issues, concerns – with space to capture examples/details.	<ul style="list-style-type: none"> • Form: https://www.elderjusticecal.org/uploads/1/0/1/7/101741090/final_cuist_5-27-2016_12.4.18.pdf • Instructions: https://www.elderjusticecal.org/uploads/1/0/1/7/101741090/final_cuist_instructions_may_27_2016.pdf 	Recommended by the American Bar Association and Department of Justice. Not a test, so no research on statistical validity etc.

OTHER EXECUTIVE FUNCTION RELATED TOOLS

Awareness Questionnaire (AQ) – available through COMBI website:

<http://tbims.org/combi/list.html>

Brock Adaptive Functioning Questionnaire (BADQ)

Cognitive Failures Questionnaire (CFQ) – free, available online

Dysexecutive Questionnaire (DEX)

Executive Interview (EXIT25)

Executive Function Route-Finding Task (Boyd & Sautter, 1993)

- Find an unfamiliar location without help from clinician
- Task understanding, information seeking, retaining directions, error detection, error correction

Kaplan Practical Problem Solving Task

Naturalistic Action Test (Schwartz et al., 2002)

- make toast and coffee, gift-wrap a present, and pack a child's lunchbox and school bag
- Looks at completion of each test (accomplishment) and error rates

Patient Competency Rating Scale (PCRS) – available through COMBI website:

<http://tbims.org/combi/list.html>

Repeatable Battery for the Assessment of Neuropsychological Status (RBANS) – from Pearson:

https://www.pearsonassessments.com/en-us/Store/Professional-Assessments/Cognition-%26-Neuro/Repeatable-Battery-for-the-Assessment-of-Neuropsychological-Status-Update/p/100000726?srsId=AfmBOop_oXCQ5F8od0IITRzIUlIAWwdYqXUHBwlPYTw29nG6DJB7OkXX

Self-Awareness of Deficits Interview (SADI) – free, available online. Sample version at

[https://www.agedcaretests.com/Self-Awareness_Deficit_Interview_\(SADI\)_Sample.pdf](https://www.agedcaretests.com/Self-Awareness_Deficit_Interview_(SADI)_Sample.pdf)

NEUROPSYCHOLOGICAL TESTS FOR DEMENTIA AND PSYCHOSIS

From Gkintoni E, Skokou M, Gourzis P (2024). Integrating Clinical Neuropsychology and Psychotic Spectrum Disorders: A Systematic Analysis of Cognitive Dynamics, Interventions, and Underlying Mechanisms. *Medicina* 60, 645. <https://doi.org/10.3390/medicina60040645>

Table 2. Neuropsychological Assessment for Dementia and Psychosis.

Neuropsychological Test	Cognitive Domain Assessed	Relevance to Dementia and Psychosis
Wechsler Memory Scale (WMS)	Memory and learning	Essential for assessing both episodic and working memory deficits common in dementia and psychosis.
Trail Making Test (TMT) Parts A and B	Attention, processing speed, executive function	Useful for evaluating cognitive flexibility and processing speed, which are often impaired in both conditions.
Wisconsin Card Sorting Test (WCST)	Executive function, problem-solving	Helps in assessing abstract thinking and the ability to shift cognitive strategies in response to changing environmental contingencies, challenges seen in both dementia and psychosis.
Rey–Osterrieth Complex Figure Test (ROCF)	Visuoconstructive abilities, memory	Assesses the ability to organize and remember complex visual information, reflecting on visuo-perceptual and executive deficits.
Verbal Fluency Tests (Semantic and Phonemic)	Language, executive function	Evaluates language function and executive processes related to generating strategies for retrieval, often affected by both dementia and psychosis.
Digit Span Test (Forward and Backward)	Attention, working memory	Measures attentional capacity and working memory, crucial for understanding the extent of cognitive decline.
Stroop Color and Word Test	Attention, processing speed, executive function	Assesses cognitive flexibility and susceptibility to interference, a common issue in cognitive impairments associated with dementia and psychosis.

OTHER GENERAL ASSESSMENT TOOLS AND RESOURCES

Alzheimer's Association Cognitive Assessment Info

<https://www.alz.org/professionals/health-systems-medical-professionals/cognitive-assessment>

BCAT

<https://www.thebcat.com/>

A computerized cognitive assessment aid that uses an individual's score(s) on a battery of cognitive tasks to provide an interpretation of the current level of cognitive function. BCAT® can support clinical decision making in evaluating cognitive status and should be administered by qualified health professionals.

Cognistat

<https://www.cognistat.com/>

Formally known as the Neurobehavioral Cognitive Status Exam, assesses level of consciousness, orientation, attention, language, constructional ability, memory, calculations, and executive functioning. Adequate reliability and validity. Various versions are available.

NIH Toolbox

<https://www.healthmeasures.net/explore-measurement-systems/nih-toolbox>

Includes more than 80 stand-alone measures and batteries to assess cognitive, emotional, sensory, and motor functions. Administered on an iPad, each battery takes about 30 minutes. All tests have been translated into Spanish and various tests are available in other [languages](#).

Tablet-Based Cognitive Assessment Tool (TabCAT)

<https://memory.ucsf.edu/professional-resources/tabcat>

Developed by researchers at the University of California, San Francisco, this 10-minute assessment evaluates memory, executive/speed, visuospatial, and language skills. An optional three-minute informant survey is also available to provide information about functional impairment and behavioral changes. Translated into multiple languages. Users must complete an account request form and adhere to a user agreement to access the tool. There may also be licensing fees depending on use.

Other digital cognitive testing tools

The U.S. Food and Drug Administration (FDA) has cleared several digital cognitive testing tools for marketing:

- Automated Neuropsychological Assessment Metrics (ANAM)
- Cambridge Neuropsychological Test Automated Battery (CANTAB Mobile®)
- CognICA
- Cognigram
- Cognivue

TOOLS TO ASSESS CAPACITY FOR MEDICAL DECISION MAKING

Different specific capacities in this area are consent to treatment, consent to enroll in research study, appoint a healthcare proxy, withdrawal of treatment, aid in dying, etc.

Medical decision capacity tools developed for use in mental health context*

- Assessment of Capacity to Consent to Treatment (ACCT)
- California Scale of Appreciation (CSA)
- Capacity to Consent to Treatment Instrument (CCTI)
- Competency Interview Schedule (CIS)
- Hopkins Competency Assessment Test (HCAT)
- MacArthur Competency Assessment Tool—Treatment (MacCAT-T) and other versions
- Ontario Competency Questionnaire (OCQ)
- Regional Capacity Assessment Team psychosocial tool (RCAT)
- Structured Interview for Competency/Incompetency Assessment Testing and Ranking Inventory (SICIATRI)
- The Silberfeld Questionnaire
- Two-Part Consent Form

Other medical decision tools – not developed for use in mental health context

- Aid to Capacity Evaluation (ACE)
- Brief Informed Consent Test
- Capacity Assessment Tool (CAT)
- Competency Assessment Interview (CAI)
- Competency Questionnaire (CQ)
- CURVES framework
- Decision Assessment Measure (DAM)
- Hopemont Capacity Assessment Interview (HCAI)
- Vignette methods (per Schmand)
- Vignette method (per Vellinga)

**Source: Rajendra Shanker R (2016). A review of the literature on capacity assessment tools within mental health practice. Briefing Document, University of Toronto Joint Centre for Bioethics.*

RESEARCH AND TOOLS FOR SPECIFIC TYPES OF CAPACITY

Testamentary Capacity

Legal Capacity Questionnaire

Marson DC, et al (2004). Testamentary capacity and undue influence in the elderly: jurispudent therapy perspective. *Law and Psychology Review*, 28, 71-96.

Semi-Structured Interview for the Assessment of Testamentary Capacity

Mart EG, Alban AD (2011). *The practical assessment of testamentary capacity and undue influence in the elderly*. Sarasota, FL: Professional Resource Press.

Testamentary Capacity Instrument

Marson DC, et al (2004). Testamentary capacity and undue influence in the elderly: jurispudent therapy perspective. *Law and Psychology Review*, 28, 71-96.

Contemporaneous Assessment Instrument

Kenep A, et al (2021). A comprehensive approach to assessment of testamentary capacity. *Frontiers in Psychology*, 12, 789494-789494.

<https://doi.org/10.3389/fpsyg.2021.789494>.

Other articles on testamentary capacity:

Cohen D, et al (2020). Forensic neuropsychological aspects of competency evaluations: financial and legal competency in older adults. *Psycholog Injury and Law*, 13(1), 19-32.

Sexual Consent Capacity

- Abellard J, Rodgers C, Bales A (2017). Balancing sexual expression and risk of harm in elderly persons with dementia. *J Am Acad Psychiatry Law* 45:485–92. https://web.archive.org/web/20180508093236id_/http://jaapl.org:80/content/jaapl/45/4/485.full.pdf.
- Giannouli V (2018). Elder abuse and consent capacity: our collective nemesis? In *Social, psychological, and forensic perspectives on sexual abuse* (pp. 207-221). IGI Global.
- Graf AS, Johnson V (2021). Describing the “gray” area of consent: A comparison of sexual consent understanding across the adult lifespan. *The Journal of Sex Research*, 58(4), 448-461.
- Hillman J (2016). Sexual consent capacity: Ethical issues and challenges in long-term care. *Clinical Gerontologist* 40(1):43-50. <https://doi.org/10.1080/07317115.2016.1185488>.
- Katz E, et al (2020). Assessment of sexual consent capacity. In J. Moye (Ed.), *Assessing capacities of older adults: A casebook to guide difficult decisions* (pp. 209–241). American Psychological Association. <https://doi.org/10.1037/0000184-010>.
- Lichtenberg PA (2014). Sexuality and physical intimacy in long-term care. *Occup Ther Health Care* 28(1):42-50. doi: 10.3109/07380577.2013.865858.
- Lyden M (2007). Assessment of sexual consent capacity. *Sex Disabil* 25(1):3–20. doi: 10.1007/s11195-006-9028-2.

- Post-Acute and Long-Term Care Medical Association (2016). Capacity for sexual consent in dementia in long-term care. White paper dated March 2016, retrieved from <https://paltmed.org/sites/default/files/2023-10/White%20Paper%20A16%20%28Capacity%20for%20Sexual%20Consent%20in%20Dementia%20in%20LTC%29.pdf>.
- Ryan-Morgan T & Bond A (2019). Capacity to enter into a sexual relationship/capacity to marry. In *Mental Capacity Casebook: Clinical Assessment and Legal Commentary* (pp. 114-144). Routledge.
- Syme ML, Steele D (2016). Sexual consent capacity assessment with older adults, *Archives of Clinical Neuropsychology*, 31(6):495–505, <https://doi.org/10.1093/arclin/acw046>

Contractual Capacity

- Gan O (2017). The many faces of contractual consent. *Drake L. Rev.*, 65, 615.
- Ryan-Morgan T & Bond A (2019). Capacity to enter into a sexual relationship/capacity to marry. In *Mental Capacity Casebook: Clinical Assessment and Legal Commentary* (pp. 114-144). Routledge.

Driving

Fit2Drive – <http://fit2drive.org>

- Uses MMSE and Trails B time scores to calculate the probability of a patient's ability to pass an on-road driving test.
- “The Fit2Drive algorithm demonstrated a strong 91.5% predictive accuracy. Usefulness in office-based patient consultations is promising but remains to be rigorously tested.”
- Researchers recommend the MMSE be administered first, followed by administration of Trails A and Trails B, which is how the tests were administered in this study. Providers can download the application from the Fit2Drive website to an Android or iOS mobile device and use a smartphone to enter the data.
- Article: Tappen R, et al (2024). Fit2Drive: screening older drivers with cognitive concerns. *Journal of the American Medical Directors Association*, 25(8): 105054. <https://doi.org/10.1016/j.jamda.2024.105054>.