

# NTG-EDSD

The **NTG-Early Detection Screen for Dementia**, adapted from the DSQIID,\* can be used for the early detection screening of those adults with an intellectual disability who are suspected of or may be showing early signs of mild cognitive impairment or dementia. The NTG-EDSD is not an assessment or diagnostic instrument, but an administrative screen that can be used by staff and family caregivers to note functional decline and health problems and record information useful for further assessment, as well as to serve as part of the cognitive impairment assessment that is part of the Affordable Care Act's annual wellness visit for Medicare recipients. This instrument complies with Action 2.B of the US National Plan to Address Alzheimer's Disease.

It is recommended that this instrument be used on an annual or as indicated basis with adults with Down syndrome beginning with age 40, and with other at-risk persons with intellectual or developmental disabilities when suspected of experiencing cognitive change. The form can be completed by anyone who is familiar with the adult (that is, has known him or her for over six months), such as a family member, agency support worker, or a behavioral or health specialist using information derived by observation or from the adult's personal record.

The estimated time necessary to complete this form is between 15 and 60 minutes. Some information can be drawn from the individual's medical/health record. Consult the NTG-EDSD Manual for additional instructions ([www.the-ntg.org/ntg-edsd](http://www.the-ntg.org/ntg-edsd))

(1) File #: \_\_\_\_\_ (2) Date: \_\_\_\_\_

Name of person: (3) First \_\_\_\_\_ (4) Last: \_\_\_\_\_

(5) Date of birth: \_\_\_\_\_ (6) Age: \_\_\_\_\_

(7) Sex:

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male

(8) Best description of level of intellectual disability (ID)

<input type="checkbox"/>	No discernible intellectual disability
<input type="checkbox"/>	
<input type="checkbox"/>	Mild ID
<input type="checkbox"/>	Moderate ID
<input type="checkbox"/>	Severe ID
<input type="checkbox"/>	Profound ID
<input type="checkbox"/>	Unknown

(9) Diagnosed condition (*check all that apply*)

<input type="checkbox"/>	Autism
<input type="checkbox"/>	Cerebral palsy
<input type="checkbox"/>	Down syndrome
<input type="checkbox"/>	Fragile X syndrome
<input type="checkbox"/>	Intellectual disability
<input type="checkbox"/>	Prader-Willi syndrome
<input type="checkbox"/>	Other:

**Instructions:**  
For each question block, **check the item that best applies** to the individual or situation.

**Current living arrangement of person:**

- Lives alone
- Lives with spouse or friends
- Lives with parents or other family members
- Lives with paid caregiver
- Lives in community group home, apartment, supervised housing, etc.
- Lives in senior housing
- Lives in congregate residential setting
- Lives in long term care facility
- Lives in other: \_\_\_\_\_

<sup>(10)</sup> General characterization of current physical health:

	Excellent
	Very good
	Good
	Fair
	Poor

<sup>(15)</sup> Seizures

	Recent onset seizures
	Long term occurrence of seizures
	Seizures in childhood, not occurring in adulthood
	No history of seizures

<sup>(11)</sup> Compared to one year ago, current physical health is:

	Much better
	Somewhat better
	About the same
	Somewhat worse
	Much worse

<sup>(12)</sup> Compared to one year ago, current mental health is:

	Much better
	Somewhat better
	About the same
	Somewhat worse
	Much worse

<sup>(13)</sup> Conditions present (*check all that apply*)

	Vision impairment
	Blind (very limited or no vision)
	Vision corrected by glasses
	Hearing impairment
	Deaf (very limited or no hearing)
	Hearing corrected by hearing aids
	Mobility impairment
	Not mobile – uses wheelchair
	Not mobile – is moved about in wheelchair

<sup>(14)</sup> Significant recent [in past year] life event (*check all that apply*)

	Death of someone close
	Changes in living arrangement, work, or day program
	Changes in staff close to the person
	New roommate/housemates
	Illness or impairment due to accident
	Adverse reaction to medication or over-medication
	Interpersonal conflicts
	Victimization / abuse
	Other:

**If MCI or dementia is documented complete 16, 17, & 18**

<sup>(16)</sup> **Diagnostic History**

Mild cognitive impairment [MCI] or dementia previously diagnosed (Dx)?:

[ ] No

[ ] Yes, MCI

    Date of Dx:

[ ] Yes, dementia

    Date of Dx:

    Type of dementia:

Diagnosed by:

- Geriatrician
- Neurologist
- Physician
- Psychiatrist
- Psychologist
- Other:

<sup>(17)</sup> **Reported date of onset of MCI/dementia**  
 [When suspicion of dementia first arose]  
 Note approximate year and month:

<sup>(18)</sup> **Comments / explanations about dementia suspicions:**

[Check column option as appropriate]

	Always been the case	Always but worse	New symptom in past year	Does not apply
<b><sup>(19)</sup> Activities of Daily Living</b>				
Needs help with washing and/or bathing				
Needs help with dressing				
Dresses inappropriately (e.g., back to front, incomplete, inadequately for weather)				
Undresses inappropriately (e.g., in public)				
Needs help eating (cutting food, mouthful amounts, choking)				
Needs help using the bathroom (finding, toileting)				
Incontinent (including occasional accidents)				
<b><sup>(20)</sup> Language &amp; Communication</b>				
Does not initiate conversation				
Does not find words				
Does not follow simple instructions				
Appears to get lost in middle of conversation				
Does not read				
Does not write (including printing own name)				
<b><sup>(21)</sup> Sleep-Wake Change Patterns</b>				
Excessive sleep (sleeping more)				
Inadequate sleep (sleeping less)				
Wakes frequently at night				
Confused at night				
Sleeps during the day more than usual				
Wanders at night				
Wakes earlier than usual				
Sleeps later than usual				
<b><sup>(22)</sup> Ambulation</b>				
Not confident walking over small cracks, lines on the ground, patterned flooring, or uneven surfaces				
Unsteady walk, loses balance				
Falls				
Requires aids to walk				

	Always been the case	Always but worse	New symptom in past year	Does not apply
<b>(23) Memory</b>				
Does not recognize familiar persons (staff/relatives/friends)				
Does not remember names of familiar people				
Does not remember recent events (in past week or less)				
Does not find way in familiar surroundings				
Loses track of time (time of day, day of the week, seasons)				
Loses or misplaces objects				
Puts familiar things in wrong places				
Problems with printing or signing own name				
Problems with learning new tasks or names of new people				
<b>(24) Behavior and Affect</b>				
Wanders				
Withdraws from social activities				
Withdraws from people				
Loss of interest in hobbies and activities				
Seems to go into own world				
Obsessive or repetitive behavior				
Hides or hoards objects				
Does not know what to do with familiar objects				
Increased impulsivity (touching others, arguing, taking things)				
Appears uncertain, lacks confidence				
Appears anxious, agitated, or nervous				
Appears depressed				
Shows verbal aggression				
Shows physical aggression				
Temper tantrums, uncontrollable crying, shouting				
Shows lethargy or listlessness				
Talks to self				
<b>(25) Adult's Self-reported Problems</b>				
Changes in ability to do things				
Hearing things				
Seeing things				
Changes in 'thinking'				
Changes in interests				
Changes in memory				
<b>(26) Notable Significant Changes Observed by Others</b>				
In gait (e.g., stumbling, falling, unsteadiness)				
In personality (e.g., subdued when was outgoing)				
In friendliness (e.g., now socially unresponsive)				
In attentiveness (e.g., misses cues, distracted)				
In weight (e.g., weight loss or weight gain)				
In abnormal voluntary movements (head, neck, limbs, trunk)				

[Check column option as appropriate]

	<sup>(27)</sup> Chronic Health Conditions*	Recent condition (past year)	Condition diagnosed in last 5 years	Lifelong condition	Condition not present
	<b>Bone, Joint and Muscle</b>				
1	Arthritis				
2	Osteoporosis				
	<b>Heart and Circulation</b>				
3	Heart condition				
4	High cholesterol				
5	High blood pressure				
6	Low blood pressure				
7	Stroke				
	<b>Hormonal</b>				
8	Diabetes (type 1 or 2)				
9	Thyroid disorder				
	<b>Lungs/breathing</b>				
10	Asthma				
11	Chronic bronchitis, emphysema				
12	Sleep disorder				
	<b>Mental health</b>				
13	Alcohol or substance abuse				
14	Anxiety disorder				
15	Attention deficit disorder				
16	Bipolar disorder				
17	Dementia/Alzheimer's disease				
18	Depression				
19	Eating disorder (anorexia, bulimia)				
20	Obsessive-compulsive disorder				
21	Schizophrenia				
22	Other:				
	<b>Pain / Discomfort</b>				
23	Back pain				
24	Constipation				
25	Foot pain				
26	Gastrointestinal pain or discomfort				
27	Headaches				
28	Hip/knee pain				
29	Neck/shoulder pain				
	<b>Sensory</b>				
30	Dizziness / vertigo				
31	Impaired hearing				
32	Impaired vision				
	<b>Other</b>				
33	Cancer – type:				
34	Chronic fatigue				
35	Epilepsy / seizure disorder				
36	Heartburn / acid reflux				
37	Urinary incontinence				
38	Sleep apnea				
39	Tics/movement disorder/spasticity				
40	Dental pain				

\*Items drawn from the Longitudinal Health and Intellectual Disability Survey (University of Illinois at Chicago)

