



Wisconsin Alzheimer's Institute

UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

CLINIC NETWORK DATA CODEBOOK

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Data form (7th edition)

Contents

Summary	4
Question 1. Clinic Name	10
Question 2. Year of visit	10
Question 3. Length of visit.....	10
Question 4. Referral Source.....	10
Question 5. Reason for referral	11
Question 6. Gender.....	11
Question 7. Primary race/ethnicity.....	11
Question 8. Primary language.....	12
Question 9. Residence.....	12
Question 9.6. Distance from clinic.....	13
Question 10. Number of family members/companions seen in clinic	13
Question 11. Patient's age	13
Question 12. Years of education	13
Question 13. Duration of cognitive symptoms	13
Question 14. Cognitive Testing	14
Question 15. Quality Measure 3: Did you identify any impairment to perform basic activities (ADL) or instrumental activities?	14
Question 15.2 ADL Scores.....	14
Question 16. Sleep/Sleep Apnea	15
Question 17. Quality Measure 4: Mood/Behavioral/Psychiatric symptoms	15
Question 18. Any mood, behavioral or psychiatric symptom(s) identified?	15
Question 18.1 If yes, did you provide management recommendations?.....	15
Question 19. Quality Measure 5: Safety concern screening and follow up	16
• Was the patient screened for.....	16
• N/A	16
• Issues identified.....	16
• Management Provided	17
Question 20. Quality Measure 6 (Q6.) Driving Safety	17
Question 21. Quality Measure 7 (Q7.) Advance care plan.....	18
Question 22. Quality Measure 8: Pain screening.....	18
Question 22.1. Did you provide management recommendations	19
Question 23. Suspected Diagnosis	19
Question 24. Suspected Etiology/cause associated with diagnosis above	20
Question 25. Quality Measure 1: NEW diagnoses given to patient/family.....	20
• Same dx as selected under suspected diagnoses and etiology	20

- No new dx given:21
- Other diagnosis given:21

Question 26. Quality Measure 9: Pharmacological interventions21
 Question 27. Referral(s) made23
 Question 28. Educational material provided23
 Question 29. Quality Measure 2: Caregiver(s) were offered23
 Question 30. Caregiver Burden – Short Zarit24

Summary

#	Question	Definition
1	Clinic Name	Complete clinic name. If part of healthcare system, include location.
2	Year of visit	Year the patient was seen in the clinic for the first time
3	Length of visit (mins)	Approximate length of time that was required to evaluate patient and generate a diagnosis/plan of action. <i>Note: If more than one visit was required, sum the time used across all the visits.</i>
4	Referral source	Person/Organization that informed the patient about the memory clinic.
5	Reason for referral	Chief/Main concern as referred by the patient and/or the caregiver. Please select as many as necessary.
6	Gender	Preferred gender according to patient.
7	Primary race/ethnicity	Primary race/ethnicity according to patients' own words
8	If primary language is other than English, check here	Primary language is: Spanish, Hmong, German, Italian, Polish, etc.
9	Residence	Primary place of current residence.
9.6	Distance from clinics (miles)	Approximate number of miles between the clinic and the place of residence.
10	Number of family members/companions seen in clinic	Number of family members seen during the clinic. <i>Note: If more than one visit is required, please include the highest number of family members seen.</i>
11	Patient's Age	Patient's age at the time of the visit
12	Years of education (High school graduate is 12 years)	Number of years of education completed by the patient.
13	Duration of cognitive symptoms (in years)	Number of years of symptoms according to the patient or their caregiver.
14	Cognitive Testing	Score obtained in at least one of the included tests.
15	Quality Measure 3: Did you identify any impairment to perform basic activities	Functional status is assessed by use of a validated tool, direct assessment of the patient, or by <u>querying a knowledgeable informant</u> about the patient's ability to

	(ADL) or instrumental activities?	<p>perform instrumental activities of daily living (IADL) (i.e., cleaning, money management, medication management, transportation, cleaning, and cooking) and basic activities of daily living (ADL) (i.e., grooming, bathing, dressing, eating, toileting, and gait).</p> <p>If evaluation was not performed, select “Not evaluated”.</p> <p>If the above methods identify any limitations in IADL/ADL, please select “Yes”.</p> <p>If IADI/ADL are intact, please select “No”.</p>
16	Sleep/Sleep Apnea	Score obtained in at least one of the included tests.
17	Quality Measure 4: Mood/Behavioral/Psychiatric symptoms	Score obtained in at least one of the standardized tests included.
18	Any mood, behavioral, or psychiatric symptom(s) identified?	<p>Mood, behavioral, or psychiatric symptom(s) are evaluated by either of the following:</p> <ul style="list-style-type: none"> - Using a validated instrument - Directly examining the patient - Querying a knowledgeable informant. <p><i>Example: You ask the patient and/or their informant if they have had/noted: agitation, wandering, hyperactivity, inappropriate behaviors, impulsiveness, etc.</i></p> <p>If neither of the above methods was performed, please select “Not evaluated”.</p> <p>If the above methods do not identify any abnormality, please select “No”.</p> <p>If the above methods identify any abnormal results, please select “Yes”.</p> <p>If “Yes” was selected, describe if management recommendations were provided. Example of management recommendations: education, referral, medications, non-pharmacological approach.</p> <p>If the person filling out the form is not sure about the management please select “unknown”,</p>
19	Quality Measure 5: Safety concern screening and follow up	

Was the patient screened for	<p>Screening is defined as using a validated instrument or directly examining the patient or knowledgeable informant to determine the presence or absence of symptoms.</p> <p><i>Example: You ask the patient and/or their informant if they have had/noted: agitation, wandering, accidents while cooking, trip hazards at home, access to chemicals and other materials, etc.</i></p> <p>If the person filling out the form does not know if the patient was screened → leave blank</p>
Screening doesn't apply	<p>Patient doesn't do/participate in such activity:</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> - Medication misuse: Patient does not take any medications and has no access to medications. Driving safety: patient doesn't know how to drive/doesn't have a car
Issues Identified	<p>Select the results of the screening for each element. If any risk/issues is identified, select "Yes".</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> - Medication misuse: Patient forgets that he took his medication in the morning, so he takes a second dose later in the day. <p>If the person filling out the form is not sure about the results, leave blank</p>
Education Provided	<p>Select if the patient and/or the caregiver received any educational material or instruction about the specific topic.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> - Medication misuse: Patient and caregiver participated in an exercise filling out pillbox for the week.
Referral Provided	<p>Select if the patient was referred to another institution or professional to manage this specific topic.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> - Medication misuse: Patient was referred to a home care agency to provide assistance taking medications.

	Treatment Provided	Select if the patient received treatment (Pharmacologic or non-pharmacologic). <i>Examples:</i> - <i>Physical aggressiveness: Patient & caregivers were provided with behavioral therapy instructions to decrease anxiety and aggressiveness.</i>
	Management not required / Not applicable	Select if no additional management is required. <i>Examples:</i> - <i>Medication misuse: Patient was referred previously to a home care agency, and services will start next week. No additional instructions required at this time.</i>
20	Q6: Driving safety	Screening is defined as using a validated instrument (e.g. DMV referral) or directly examining the patient (e.g. Occupational testing) or knowledgeable informant to determine the presence or absence of symptoms. <i>Example: You ask the patient and/or their informant if they have had/noted: accidents while driving, confusion, forgetting where they were going, getting lost in the car.</i> If neither of the above methods was performed, please leave the checkbox blank. N/A: If the patient does not know how to drive, or does not have access to a car, select "N/A" If the above methods do not identify any abnormality, please select "No". If the above methods identify any abnormal results, please select "Yes".
21	Q7: Advanced care plan	Select checkbox "Yes" if the patient and/or informant were asked about steps of advanced care planning (e.g. Power of attorney, living will, desires about end-of-life decisions) If there is no advanced care plan in place, select Yes in "Issues Identified". If there is a plan in place, but no documentation is on file, select "Yes" in "Issues identified".

22	Quality Measure 8: Was the patient screen for pain symptoms?	<p>Screening is defined as use of a validated screening tools approved for use, or evaluation of verbal and non-verbal expressions of pain behaviors (i.e., changes in breathing quality, negative types of verbalization separate from breathing, facial expression, body language), or evaluation of medication usage.</p> <p>Management options might include: analgesic, NSAID, long acting agents, liniments, massage, lidocaine patches, physical therapy or orthopedic evaluation.</p>
23	Suspected Diagnoses	The provider's best current opinion about the degree of cognitive impairment.
24	Suspected Etiology/Cause associated with diagnosis above (Primary)	The provider's best current opinion about the etiology, which may include an unknown etiology. If several factors are present, mark one (1) next to the primary factor, and two (2) next to contributing factors.
25	Quality Measure 1 NEW diagnoses given to patient/family	<p>Patients and caregivers were informed of the diagnosis and what disease is responsible.</p> <p>If they were informed about the possible diagnosis and the need to rule out other conditions → Please check the box "Same dx as selected"</p> <p><i>Example: Patient with history of several strokes presents with mild cognitive disorder (MCI) that resembles Alzheimer's Disease. You inform the patient/caregiver that he has MCI, that it could be due to AD or Vascular Disease, and that more testing is required. **In this scenario the form should look like this:</i></p> <div data-bbox="797 1423 1419 1583" style="border: 2px solid black; padding: 5px;"> <p>25. Quality Measure 1: NEW diagnoses given to patient/family:</p> <p><input checked="" type="checkbox"/> Same dx as selected under suspected diagnoses and etiology</p> <p><input type="checkbox"/> No new dx given → <input type="checkbox"/> More testing required (e.g. MRI, neuropsych)</p> <p><input type="checkbox"/> Patient/caregiver already knew the diagnosis</p> <p><input type="checkbox"/> Patient/caregiver declines information</p> <p><input type="checkbox"/> Other diagnosis given: _____</p> </div> <p style="text-align: center; color: red;"><i>For more examples see page XX</i></p>
26	Quality Measure 9 Pharmacological intervention(s)	Select current medications in this patient, and possible modifications that are being implemented or suggested to other providers. If there is no definitive diagnosis at this time select "N/A"

27	Referral(s) made to...	<p>Referral is defined as the process of coordinating an appointment or service by either of the following methods:</p> <ul style="list-style-type: none"> - Introducing an order in the EHR - Contacting the organizations with patient's caregiver information for future evaluation - Scheduling appointment <p>**If the patient/caregiver were given information to do a phone call or establish contact by themselves then it is not a referral, in this case it would be provide educational material. See below.**</p>
28	Educational material provided	<p>Select if patient/caregiver were provided with information on those topics.</p> <p>If patient receives information about local resources, without a direct contact, (e.g. information about Alzheimer's Association or Alzheimer's & Dementia Alliance of Wisconsin) please select social/community resources.</p>
29	Quality Measure 2 Caregiver(s) were offered (Check all that apply)	<p>Caregiver(s) were provided with education on dementia disease management and health behavior changes (<i>including that as caregiver they are at increased risk of illness</i>) and/or were referred to additional resources tailored to assist the caregiver (Includes national organizations, local resources, senior centers, etc).</p>
30	Caregiver Burden – Short Zarit 4-item (0-16)	<p>Score obtained in Zarit test.</p>

Question 1. Clinic Name

1. Clinic name: _____

Definition: Complete clinic name.

Notes: If part of healthcare system, include location.

Question 2. Year of visit

2. Year of visit: _____

Definition: Year the patient was seen in the clinic for the first time.

Notes: Use four digits (e.g. 2018)

Question 3. Length of visit

3. Length of visit (mins): _____

Definition: Approximate length of time that was required to evaluate patient and generate a diagnosis/plan of action.

Unit: Minutes

Notes: If more than one visit was required, sum the time used across all the visits.

Example: *Patient and caregivers presented on Day 1 for evaluation by the team, the visit took approximately 3 hours. On Day 2, the patient and caregiver received the diagnosis and treatment plan, this visit lasted approximately 45 minutes.*

Total Length of visit: 225 mins (3 hours = 180 minutes + 45 minutes)

Question 4. Referral Source

4. Referral source:

<input type="checkbox"/> Self/family member	<input type="checkbox"/> Primary care provider
<input type="checkbox"/> ADRC/DCS	<input type="checkbox"/> Alz. Assoc./ADAW
<input type="checkbox"/> WAI Milwaukee	<input type="checkbox"/> Other: _____

Definition: Person or organization that informed the patient about the memory clinic. An official referral is not necessary.

Values: Check all that apply.

- **Self/family member:** If patient or family learned about the clinic through word of mouth, or other advertisement.
- **ADRC/DCS:** If patient or family received the information about the clinic from an aging and disability resource center (ADRC), or dementia care specialist (DCS)
- **WAI Milwaukee:** if patient or family received the information about the clinic from any member of the WAI Milwaukee team.
- **Primary care provider:** If patient was referred by a primary care provider OR if a physician/nurse/NP told patient or family that they should be seen by a memory specialist.
- **Alzheimer's Association or Alzheimer's & Dementia Alliance of Wisconsin:** If patient or family received the information about the clinic from any of these organizations.

Question 5. Reason for referral

5. Reason for referral:	
<input type="checkbox"/> Memory/cognitive changes	<input type="checkbox"/> Behavioral concerns
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> 2nd opinion
<input type="checkbox"/> Treatment recommendations	<input type="checkbox"/> Family history of dementia
<input type="checkbox"/> Safety concerns (i.e., driving)	<input type="checkbox"/> Other: _____

Definition: Chief concern or main complain referred by the patient and/or the caregiver. Please select as many as appropriate.

Values: Check all that apply.

- **Memory/cognitive changes:** If patient complains of memory issues, forgetfulness, getting confused while performing tasks, poor motor coordination, among others.
- **Behavioral concerns:** If patient or caregiver complain of mood changes, irritability, aggressiveness, agitation, wondering, etc.
- **Diagnosis:** If patient presents to obtain a diagnosis for the cause of his symptoms.
- **2nd opinion:** If patient received a diagnosis at another place and presents to receive a comprehensive evaluation to confirm the diagnosis.
- **Treatment recommendations:** If patient is presenting for treatment/management of their symptoms. It also may be selected if the diagnosis was performed by another provider, and patient is presenting to start treatment.
- **Family history of dementia:** If patient has a direct relative a history of dementia or cognitive disorder.
- **Safety concerns (i.e., driving):** If patient or caregiver complain of situations where safety have been affected (e.g. accidents, accidental burns, house fire).
- **Other**

Question 6. Gender

6. Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
--

Definition: Preferred gender according to patient.

Values: Female, Male, and Other.

Question 7. Primary race/ethnicity

7. Primary race/ethnicity:	
<input type="checkbox"/> White	<input type="checkbox"/> Black / African American
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian (e.g. Hmong)	<input type="checkbox"/> Other: _____

Definition: An individual's response to the race question is based upon self-identification.

Values: Check all that apply.

- **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

- **Black / African American:** A person having origins in any of the Black racial groups of Africa.
- **Hispanic/Latino:** refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **Asian (e.g. Hmong):** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Other:** People from other race groups (e.g. Native Hawaiian or Other Pacific Islander).

Notes: Race is a social definition. People may choose to report more than one race to indicate their racial mixture, such as “American Indian” and “White.” People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Question 8. Primary language

8. If primary language is other than English, check here

Definition: Check the box if the primary language is: Spanish, Hmong, German, Italian, Polish, French or other language different than English.

Question 9. Residence

9. Residence:
 Lives alone Assisted living
 Lives with other adult Nursing home Other: _____

Definition: Primary place of **current** residence.

Values:

- **Lives alone:** If patient lives alone. It also includes those that live alone at home and have some service to facilitate activities of daily living (e.g. home care or meals on wheels).
- **Assisted living:** If patient lives in facilities for elderly or disabled people that provides nursing care, housekeeping, and prepared meals as needed.
- **Lives with other adult:** If patient lives with any individual older than 18 years of age (e.g. *Patients lives with son's family: Son (54y/o), Son's Wife (53 y/o), Grandson (15 y/o)*)
- **Nursing home:** If patient lives in a facility that provides round-the-clock assistance with healthcare and activities of daily living.
- **Other:** If patient lives in other setting (e.g. homeless, shelter, community house), or lives ONLY with underage people (<18 years old)

Question 9.6. Distance from clinic

9.6 Distance from clinic (miles): ≤25 26-50 51-75 ≥ 76

Definition: Approximate number of miles between the memory clinic and the place of residence.

Notes:

- Fill out to the best of your knowledge, no need to be exact.
- If patient does not have an established residency (e.g. people in situation of homelessness, in the process to moving or transfer to a higher level of care) please select the approximate number of miles traveled to get to the visit.

Question 10. Number of family members/companions seen in clinic

10. Number of family members/ companions seen in clinic: ____

Definition: Number of family members seen during the clinic.

Notes: If more than one visit is required, please include the highest number of family members seen.

Question 11. Patient's age

11. Patient's Age: ≥90 years If under 90, write age: ____

Definition: Patient's age at the time of the visit.

Values:

- **>90 year old:** Check the box if the patient is 90 years old or older.
- **If under 90, write age:** Check the box if the patient is less than 90 years old, and write the current age.

Question 12. Years of education

12. Years of education (High school graduate is 12 years): ____

Definition: Number of years of education **completed** by the patient.

Notes: If the number of years is lower than eight, or higher than 26, please confirm with patient.

Question 13. Duration of cognitive symptoms

13. Duration of cognitive symptoms (in years): ____

Definition: Number of years of symptoms according to the patient or their caregiver.

Notes: In case of discrepancy in accounts between patient and caregiver, use an average time.

Example: If patient refers symptoms for a year, but caregiver that they noticed symptoms for 3 years. Write 2 years.

Question 14. Cognitive Testing

14. Cognitive Testing:

_____ MMSE Score (0-30)	_____ Trails A (time in seconds)
_____ MoCA Score (0-30)	_____ Trails B (time in seconds)
_____ SLUMS Score (0-30)	_____ Animal Fluency (# in 60 sec)
_____ ACE Mini Score (0-30)	_____ Mini-Cog

Definition: Score obtained in at least one of the included tests.

Values: For guidance on how to perform and/or score the tests, please refer to WAI Clinic Guidelines.

Notes: If test was not performed, then leave the space blank.

Question 15. Quality Measure 3: Did you identify any impairment to perform basic activities (ADL) or instrumental activities?

15. Quality Measure 3: Did you identify any impairment to perform basic activities (ADL) or instrumental activities?

Yes No Not evaluated

Definition: Functional status is assessed by use of a validated tool, direct assessment of the patient, or by querying a knowledgeable informant, with the purpose of evaluate the patient's ability to perform:

- Instrumental activities of daily living (IADL) (i.e., cleaning, money management, medication management, transportation, cleaning, and cooking) AND
- Basic activities of daily living (ADL) (i.e., grooming, bathing, dressing, eating, toileting, gait, and transferring).

Values:

- **Yes:** If any limitations on IADI/ADL were identified.
- **No:** If IADI/ADL are intact
- **Not evaluated:** If assessment was not performed

Notes: If the person completing the form is unsure about the results of the evaluation, then leave the question blank.

Question 15.2 ADL Scores

_____ Lawton IADL Score (0-8)	_____ Katz ADL Score (0-6)
_____ Barthel ADL Index (0-100)	_____ Functional Activities Qs (0-30)

Definition: Score obtained when functional status is assessed by use of a validated tool.

Values: For guidance on how to perform and/or score the tests, please refer to WAI Clinic Guidelines.

Notes: Not all the tests are required. If test was not performed, then leave the space blank.

Question 16. Sleep/Sleep Apnea

16. Sleep/Sleep Apnea: _____ STOP BANG (0-8)
_____ Epworth Sleepiness Score (0-24)

Definition: Score obtained in at least one of the included tests.

Values: For guidance on how to perform and/or score the tests, please refer to WAI Clinic Guidelines.

Notes: Not all the tests are required. If test was not performed, then leave the space blank.

Question 17. Quality Measure 4: Mood/Behavioral/Psychiatric symptoms

17. Quality Measure 4: Mood/Behavioral/Psychiatric symptoms
_____ GDS Score (0-15) _____ NPIQ Score (0-90) _____ PHQ-9

Definition: Score obtained in at least one of the included tests.

Values: For guidance on how to perform and/or score the tests, please refer to WAI Clinic Guidelines.

Notes: Not all the tests are required. If test was not performed, then leave the space blank.

Question 18. Any mood, behavioral or psychiatric symptom(s) identified?

18. Any mood, behavioral, or psychiatric symptom(s) identified?
 Yes No Not evaluated

Definition: Mood, behavioral, or psychiatric symptom(s) are evaluated by either of the following:

- Using a validated instrument
- Directly examining the patient
- Querying a knowledgeable informant.

Example: You ask the patient and/or their informant if they have had/noted: agitation, wandering, hyperactivity, inappropriate behaviors, impulsiveness, etc.

Values:

- **Yes:** If the above methods identify any abnormal results.
- **No:** If the above methods do not identify any abnormality.
- **Not evaluated:** If neither of the methods described above was performed to assess the presence of any mood, behavioral or psychiatric symptoms.

Notes: If the person completing the form is unsure about the results of the evaluation, then leave the question blank.

Question 18.1 If yes, did you provide management recommendations?

→ If yes, did you provide management recommendations?
 Yes No Unknown N/A

Definition: Answer this question ONLY if “Yes” was selected in Question 18.

Management recommendations include and are not limited to the following: education, referral, medications, non-pharmacological approach.

Values:

- **Yes:** If patient and/or family received information or treatment for mood symptoms, behavioral symptoms or psychiatric symptoms.
- **No:** If no additional recommendations or strategies were provided to patient and/or family.
- **Unknown:** If the person filling out the form is unsure of any recommendations provided.
- **N/A:** If patient is already receiving management or treatment for the symptoms.

Question 19. Quality Measure 5: Safety concern screening and follow up

19. Quality Measure 5: Safety concern screening and follow up								
Was the patient screened for:	Yes	N/A*	Issue identified		Management Provided			
			Yes	No	Educate	Refer	Rx	N/A*
Medication misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wandering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial mismanagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home safety (e.g. issues cooking, trip hazards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to chemicals, firearms, or power tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20_Q6: Driving safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21_Q7 Advance care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*N/A: Not applicable (e.g. Driving -> Pt does not know how to drive)

Definition & values

- **Was the patient screened for** – Check this box if the patient was screened for the risks/situations described in the table.
Screening is defined as using a validated instrument or directly examining the patient or knowledgeable informant to determine the presence or absence of symptoms.
 - *Example: You ask the patient and/or their informant if they have had/noted: agitation, wandering, accidents while cooking, trip hazards at home, access to chemicals and other materials, etc.*
 - If the person filling out the form is unsure of what question were used to screen the patient please leave the box blank.
- **N/A** – Check this box if the patient does not do/participate in such activity.
 - *Examples:*
 - *Medication misuse:* Patient does not take any medications and has no access to medications.
 - *Driving safety:* patient doesn't know how to drive OR doesn't have a car
- **Issues identified** – Check the box that corresponds to the results of the screening.
 - **Yes:** If during screening the interviewer(s) identified potential risks.
 - *Example: Medication misuse: Patient forgets that he took his medication in the morning, so he takes a second dose later in the day.*

- *Example 2:* Financial mismanagement. The patient was recently involved in a scam, after he gave his credit card number to someone on the phone.
 - **No:** If during screening the interviewer(s) DID NOT identified a potential risks.
 - **Management Provided**
 - **“Education provided”** – Check the box if the patient and/or the caregiver received any educational material or instruction about the specific topic.
 - *Examples:* Medication misuse: Patient and caregiver participated in an exercise filling out pillbox for the week.
 - **“Referral provided”** – Check the box if the patient was referred to another institution or professional to manage this specific topic.
 - *Examples:* Medication misuse: Patient was referred to a home care agency to provide assistance taking medications.
 - **“Treatment provided”** – Check the box if the patient received treatment (Pharmacologic or non-pharmacologic).
 - *Examples:* Physical aggressiveness: Patient & caregivers were provided with behavioral therapy instructions to decrease anxiety and aggressiveness.
 - **“NA”** – Check the box if no additional management is required.
 - *Examples:* Medication misuse: Patient was referred previously to a home care agency, and services will start next week. No additional instructions required at this time.

Notes: If the person filling out the form unsure about the screening process, results or management, please leave it blank.

Question 20. Quality Measure 6 (Q6.) Driving Safety

19. Quality Measure 5: Safety concern screening and follow up									
Was the patient screened for:	Yes		N/A *		Issue identified		Management Provided		
	Yes	No	Yes	No	Educate	Refer	Rx	N/A*	
								Yes	No
Medication misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wandering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial mismanagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home safety (e.g. issues cooking, trip hazards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to chemicals, firearms, or power tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Q6: Driving safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Q7 Advance care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*N/A: Not applicable (e.g. Driving -> Pt does not know how to drive)

Definition: Screening is defined as using a validated instrument (e.g. DMV referral) or directly examining the patient (e.g. Occupational testing) or knowledgeable informant to determine the presence or absence of symptoms.

Example: You ask the patient and/or their informant if they have had/noted: accidents while driving, confusion, forgetting where they were going, getting lost in the car.

Values: See question 19 for instructions.

Notes: If screening was not performed, please leave the checkbox “Yes” blank.

Question 21. Quality Measure 7 (Q7.) Advance care plan

19. Quality Measure 5: Safety concern screening and follow up								
Was the patient screened for:	Yes	N/A*	Issue identified		Management Provided			
			Yes	No	Educate	Refer	Rx	N/A*
Medication misuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wandering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial mismanagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home safety (e.g. issues cooking, trip hazards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to chemicals, firearms, or power tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Q6: Driving safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Q7 Advance care plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*N/A: Not applicable (e.g. Driving -> Pt does not know how to drive)

Definition: Advanced care planning is an ongoing process in which patients, their families, and their health care providers reflect on the patient’s goals, values, and beliefs, discuss how they should inform current and future medical care, and ultimately, use this information to accurately document the patients’ future health care choices.¹

Values: See question 19 for instructions.

- **“Yes”:** Select checkbox “Yes” if the patient and/or informant were asked about steps of advanced care planning (e.g. Power of attorney, living will, desires about end-of-life decisions)
- **“Issues identified”**
 - **Yes:** If there is no advanced care plan in place OR there is no documentation about it on the chart.

Question 22. Quality Measure 8: Pain screening

22. Quality Measure 8: Was the patient screened for pain symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--

Definition: Screening is defined as use of a validated screening tools approved for use, or evaluation of verbal and non-verbal expressions of pain behaviors (i.e. changes in breathing quality, negative types of verbalization separate from breathing, facial expression, body language), or evaluation of medication usage.

Values:

- **Yes:** If patient was screened for pain.
- **No:** If no screen for pain was performed.
- **Unknown:** If person that is filling out the form is unsure about screening process.

Question 22.1. Did you provide management recommendations

▶ *Did you provide management recommendations?*

Yes No N/A already being treated for pain

Definition: Answer this question ONLY If “Yes” was selected in Question 22. Management recommendations include and are not limited to the following: analgesic, NSAID, long acting agents, liniments, massage, lidocaine patches, physical therapy or orthopedic evaluation.

Values:

- **Yes:** If patient and/or family received information or treatment for pain.
- **No:** If no additional recommendations or treatment strategies were provided.
- **N/A:** If patient has no signs or symptoms of pain OR if patient is already receiving management or treatment of the pain.

Notes: If person filling out the form is unsure about the management recommendations, please leave blank.

Question 23. Suspected Diagnosis

23. Suspected Diagnoses:

Dementia / Major Neurocognitive Disorder

MCI / Mild Neurocognitive Disorder

Normal / No cognitive deficit Other: _____

Definition: The provider’s best current opinion about the degree of cognitive impairment.

Values:

- **Dementia / Major Neurocognitive Disorder:**
 - The *National Institute on Aging* and the *Alzheimer’s Association* define dementia as cognitive or behavioral (neuropsychiatric) symptoms that (1) Interfere with the ability to function at work or at usual activities (2) represent a decline from previous levels of functioning and performing; and (3) are not explained by delirium or major psychiatric disorder.ⁱⁱ
 - The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* define major neurocognitive disorder as a significant cognitive decline in one or more cognitive domains (complex attention, executive function, learning and memory, language, perceptual-motor, or social cognition)
- **MCI (Mild cognitive impairment) / Mild Neurocognitive Disorder:**
 - The *National Institute on Aging* and the *Alzheimer’s Association* define mild cognitive impairment (MCI) as a degree of cognitive impairment that is not normal for age and, thus, constructs such as age-associated memory impairment and age-associated cognitive decline do not apply.ⁱⁱⁱ
 - The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* define mild neurocognitive disorder as a deficit that

goes beyond normal issues of aging. It describes a level of cognitive decline that requires compensatory strategies and accommodations to help maintain independence and perform activities of daily living. To be diagnosed with this disorder, there must be changes that impact cognitive functioning. These symptoms are usually observed by the individual, a close relative, or other knowledgeable informant, such as a friend, colleague, or clinician, or they are detected through objective testing.^{iv, v}

Notes: If diagnosis is not conclusive, please select the options that will be ruled out.

Question 24. Suspected Etiology/cause associated with diagnosis above

24. Suspected Etiology/Cause associated with diagnosis above
Mark "1" next to primary diagnosis and "2" next to the secondary diagnosis (mark as many secondary as applicable)

<input type="checkbox"/> Alzheimer's Disease	<input type="checkbox"/> Mixed dementia (AD/vascular)
<input type="checkbox"/> Alcohol abuse	<input type="checkbox"/> Parkinson's dementia
<input type="checkbox"/> Depression and/or anxiety disorder	<input type="checkbox"/> Psychiatric disorder
<input type="checkbox"/> FTD/FTLD	<input type="checkbox"/> Sleep disorder
<input type="checkbox"/> IDD	<input type="checkbox"/> TBI/head injury
<input type="checkbox"/> LBD	<input type="checkbox"/> Undetermined
<input type="checkbox"/> Medication-related	<input type="checkbox"/> Vascular dementia
	<input type="checkbox"/> Other _____

Definition: The provider's best current opinion about the etiology, which may include an unknown etiology. If several factors are present, mark one (1) next to the primary factor, and two (2) next to contributing factors.

Notes: If the person completing the form is unsure about the results of the evaluation please select "Undetermined"

Question 25. Quality Measure 1: NEW diagnoses given to patient/family

25. Quality Measure 1: NEW diagnoses given to patient/family:

Same dx as selected under suspected diagnoses and etiology

No new dx given → More testing required (e.g. MRI, neuropsych)

Patient/caregiver already knew the diagnosis

Patient/caregiver declines information

Other diagnosis given: _____

Definition: Patients and caregivers were informed of a NEW diagnosis* and what disease is responsible.

*Diagnosis is defined as the provider's best current opinion about type of cognitive disorder, and its etiology, which may include a disclosure that diagnosis remains unknown or that a previous diagnosis must be revised.

Values:

- **Same dx as selected under suspected diagnoses and etiology:** If patient and caregiver were informed about the possible diagnosis or diagnoses, AND they did not know about the diagnosis before. Select this option even if there is the need to rule out other conditions.
 - *Example 1: Patient with history of several strokes presents with mild cognitive disorder (MCI) that resembles Alzheimer's disease. You inform*

the patient/caregiver that he has MCI, that it could be due to AD or Vascular Disease, and that more testing is required.

- *Example 2: Patient presents to evaluation referred from primary care provider for a “memory problem”, patient has results from a recent MRI and other testing. All results point to AD as a cause of dementia. You inform the patient and his caregiver that the results are consistent with dementia.*
- **No new dx given:** Select this option if any of the following situations present:
 - If you don't provide a diagnosis because more information is needed.
 - *Example 1: Patient with history of several strokes presents with mild cognitive disorder (MCI). You inform the patient/caregiver that you need the results of some tests before you can give a diagnosis.*
 - If patient and/or caregiver state that they were previously informed, are aware of the diagnosis.
 - If patient and/or caregiver refuses the information.
- **Other diagnosis given:**
 - If physicians discloses a partial diagnosis or gives other diagnosis.
 - *Example 1: Patient with history of several strokes presents with mild cognitive disorder (MCI) that resembles Alzheimer's disease. You inform the patient/caregiver that he has dementia.*
 - *Example 2: Patient with history of several strokes presents with mild cognitive disorder (MCI) that resembles Alzheimer's disease. You inform the patient/caregiver that he has MCI, without mentioning Alzheimer's disease or other etiology.*
 - *Example 3: Patient with history of several strokes presents with mild cognitive disorder (MCI) that resembles Alzheimer's disease. You inform the patient/caregiver that he has a “brain condition” or “memory issues” without further disclosure of the condition.*

Question 26. Quality Measure 9: Pharmacological interventions

26. Quality Measure 9: Pharmacological intervention(s):						
	Currently using medications			New prescription	Recommendations to be executed by other provider	N/A
	No change	Increase	Decrease/ Discontinue			
Cholinesterase inhibitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Namenda®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antidepressant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antianxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Medications: (1) _____ (2) _____

Definition: Select current medications in this patient, and possible modifications that are being implemented or suggested to other providers. If there is no indication for the medication select “N/A”

- *Example (1):* Patient with dementia due to vascular disease, there is no indication for cholinesterase inhibitors → Check Box N/A

Values:

- **“Currently Using”:** Select any of this boxed if the medication(s) were prescribed before today’s visit.
- **“New Prescription”:** Select this option if the patient received a prescription for this medication as a result of the visit OR if there is a recommendation to start the medication.
- **Recommendations to be executed by other provider”:** Select this option if there are prescription changes (add/change/discontinue) that are being suggested to PCP or other provider.

Examples:

- **Example 1:** Patient presents for a second opinion, he is currently taking cholinesterase inhibitors, and is refers some adverse effects of the medications. After evaluation you consider that he needs a reduction of the dose.

Scenario 1: You change the prescription in your office, and give the patient new instructions.

Scenario 2: Patient’s PCP is handling the medications, you recommend that the dose of the cholinesterase inhibitor is decreased.

26.Quality Measure 9: Pharmacological intervention(s):						
	Currently using medications			New prescription	Recommendations to be executed by other provider	N/A
	No change	Increase	Decrease/Discontinue			
Cholinesterase inhibitors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Namenda®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antidepressant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antianxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Medications: (1) _____ (2) _____

26.Quality Measure 9: Pharmacological intervention(s):						
	Currently using medications			New prescription	Recommendations to be executed by other provider	N/A
	No change	Increase	Decrease/Discontinue			
Cholinesterase inhibitors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Namenda®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antidepressant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antianxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Medications: (1) _____ (2) _____

- **Example 2:** Patient presents for evaluation. He has had sleep disturbances for some time that are not solve with non-pharmacological therapies. After evaluation you decide that he might benefit from a short course of Zolpidem.

Scenario 1: You provide the patient with a new prescription during the visit, and he will start taking it tonight.

Scenario 2: Patient’s PCP is handling the medications, you recommend the addition of Zolpidem.

26.Quality Measure 9: Pharmacological intervention(s):						
	Currently using medications			New prescription	Recommendations to be executed by other provider	N/A
	No change	Increase	Decrease/Discontinue			
Cholinesterase inhibitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Namenda®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antidepressant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antianxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Medications: (1) Zolpidem (2) _____

26.Quality Measure 9: Pharmacological intervention(s):						
	Currently using medications			New prescription	Recommendations to be executed by other provider	N/A
	No change	Increase	Decrease/Discontinue			
Cholinesterase inhibitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Namenda®	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antidepressant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antianxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antipsychotic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Medications: (1) Zolpidem (2) _____

Question 27. Referral(s) made

27. Referral(s) made to:

<input type="checkbox"/> ADRC and/or DCS	<input type="checkbox"/> Additional testing – Imaging (e.g. MRI)
<input type="checkbox"/> WAI Milwaukee	<input type="checkbox"/> Additional testing – Labs
<input type="checkbox"/> Alz. Assoc./ADAW	<input type="checkbox"/> Neuropsychology testing
<input type="checkbox"/> Research	<input type="checkbox"/> Specialty Evaluation/Treatment (e.g. PT, OT, Speech Therapy, Psychiatry, Sleep, Endocrine)

Definition: Referral is defined as the process of coordinating an appointment or service by either of the following methods:

- Introducing an order in the EHR
- Contacting the organizations with patient’s caregiver information for future evaluation
- Scheduling appointment

Values: Check all that apply.

Notes: If the patient/caregiver were given information to do a phone call or establish contact by themselves then it is NOT a referral, in this case it would be provide educational material.

Question 28. Educational material provided

28. Educational material provided:

<input type="checkbox"/> Physical exercise	<input type="checkbox"/> Cognitive exercises
<input type="checkbox"/> Disease-specific info	<input type="checkbox"/> Diet/ Nutrition
<input type="checkbox"/> Social/community resources (e.g. Memory café, early stage programs)	

Definition: Select if patient/caregiver were provided with information on those topics.

Values: Check all that apply.

Notes: Check the box for *Social/community resources* if patient receives information about local resources, without a direct contact, (e.g. information about Alzheimer’s Association or Alzheimer’s & Dementia Alliance of Wisconsin).

Question 29. Quality Measure 2: Caregiver(s) were offered

29. Quality Measure 2: Caregiver(s) were offered:

<input type="checkbox"/> Education regarding	<input type="checkbox"/> Caregiver support
	<input type="checkbox"/> Disease management
	<input type="checkbox"/> Health behavior changes
<input type="checkbox"/> Referral to programs directed to caregiver(s) support/wellness	
<input type="checkbox"/> Referral to additional resources to assist the caregiver	
<input type="checkbox"/> None of the above	<input type="checkbox"/> No caregiver identified
	<input type="checkbox"/> Caregiver is trained/certified in dementia
	<input type="checkbox"/> Patient/caregiver are connected to resources
	<input type="checkbox"/> Decline/Refused

Definition: Caregiver(s) were provided with education on dementia disease management and health behavior changes (*including that as caregiver they are at increased risk of illness*) and/or were referred to additional resources tailored to assist the caregiver (Includes national organizations, local resources, senior centers, etc).

“Caregiver” is broadly defined as any relative, partner, friend, or neighbor who has a significant relationship with, and who provides a broad range of assistance for, an older adult or an adult with chronic or disabling conditions.^{vi}

Values: Check all that apply.

- **Education**: requires learning and processing information about:
 - Disease management
 - Health behavior changes.
 - Caregiver support: As a caregiver, he or she is at increased risk of serious illness, emotional strain, anxiety, and depression; and that there are coping strategies, and programs for caregiver support.
- **Referral to programs directed to caregiver(s) support/wellness:** (e.g. Respite)
- **Referral to additional resources to assist the caregiver:** select if the caregiver received information or an appointment with other organizations that provide services for housing, meals, home care, etc.

Question 30. Caregiver Burden – Short Zarit

30. Caregiver Burden – Short: ____ Zarit 4-item (0-16)

Definition: Score obtained in the Zarit short form.

Values: For guidance on how to perform and/or score the test, please refer to WAI Clinic Guidelines.

Notes: If test was not performed, then leave the space blank.

ⁱ Detering, K, Silveira MJ. Advance care planning and advance directives. Arnold RM, Savarese DMF, ed. UpToDate. Waltham, MA: UpToDate Inc. <http://www.uptodate.com> (Accessed on August 02, 2018.)

ⁱⁱ McKhann GM, Knopman DS, Chertkow H, et al. The diagnosis of dementia due to Alzheimer’s disease: Recommendations from the National Institute on Aging-Alzheimer’s Association workgroups on diagnostic guidelines for Alzheimer’s disease. *Alzheimer’s & dementia : the journal of the Alzheimer’s Association.* 2011;7(3):263-269. doi:10.1016/j.jalz.2011.03.005.

ⁱⁱⁱ Albert MS, DeKosky ST, Dickson D, et al. The diagnosis of mild cognitive impairment due to Alzheimer’s disease: Recommendations from the National Institute on Aging-Alzheimer’s Association workgroups on diagnostic guidelines for Alzheimer’s disease. *Alzheimer’s & dementia : the journal of the Alzheimer’s Association.* 2011;7(3):270-279. doi:10.1016/j.jalz.2011.03.008.

^{iv} American Psychiatric Association. Mild Neurocognitive Disorder – DSM 5 Fact Sheets. Available online: https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Mild-Neurocognitive-Disorder.pdf (Accessed on August 02, 2018)

^v Sachs-Ericsson, N., & Blazer, D. (n.d.). The new DSM-5 diagnosis of mild neurocognitive disorder and its relation to research in mild cognitive impairment. *Aging & Mental Health.*, 19(1), 2-12.

^{vi} National Quality Forum. Priority Setting for Healthcare Performance Measurement: Addressing Performance Measure Gaps for Dementia, including Alzheimer’s Disease. October 2014. 75p.