

Patient name: _____

Date: _____

GPCOG Screening Test

Step 1: Patient Examination

Unless specified, each question should only be asked once

Name and Address for subsequent recall test

1. *"I am going to give you a name and address. After I have said it, I want you to repeat it. Remember this name and address because I am going to ask you to tell it to me again in a few minutes: John Brown, 42 West Street, Kensington." (Allow a maximum of 4 attempts).*

Time Orientation

Correct Incorrect

2. *What is the date? (exact only)*

Clock Drawing – use blank page

3. *Please mark in all the numbers to indicate the hours of a clock (correct spacing required)*
4. *Please mark in hands to show 10 minutes past eleven o'clock (11.10)*

Information

5. *Can you tell me something that happened in the news recently? (Recently = in the last week. If a general answer is given, eg "war", "lot of rain", ask for details. Only specific answer scores).*

Recall

6. *What was the name and address I asked you to remember*

John

Brown

42

West (St)

Kensington

(To get a total score, add the number of items answered correctly

Total correct (score out of 9)

/9

If patient scores 9, no significant cognitive impairment and further testing not necessary.

If patient scores 5-8, more information required. Proceed with Step 2, informant section.

If patient scores 0-4, cognitive impairment is indicated. Conduct standard investigations.

Informant Interview

Date: _____

Informant's name: _____

Informant's relationship to patient, i.e. informant is the patient's: _____

These six questions ask how the patient is compared to when s/he was well, say 5 – 10 years ago

Compared to a few years ago:

- | | Yes | No | Don't Know | N/A |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| ▪ Does the patient have more trouble remembering things that have happened recently than s/he used to? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| ▪ Does he or she have more trouble recalling conversations a few days later? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| ▪ When speaking, does the patient have more difficulty in finding the right word or tend to use the wrong words more often? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| ▪ Is the patient less able to manage money and financial affairs (e.g. paying bills, budgeting)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Is the patient less able to manage his or her medication independently? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Does the patient need more assistance with transport (either private or public)?
(If the patient has difficulties due only to physical problems, e.g. bad leg, tick 'no') | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(To get a total score, add the number of items answered 'no', 'don't know' or 'N/A')

Total score (out of 6)

If patient scores 0-3, cognitive impairment is indicated. Conduct standard investigations.