

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
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**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)?<br>(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.**