

Assessment of Cognition of a Person with Cognitive Impairment

YES/NO RESPONSE SHEET

Shelly Weaverdyck, Ph.D.

Here are some questions to ask yourself to better understand a person’s cognitive abilities, needs, and strengths, including her/his ability to understand and respond. These questions are based on brain functioning and specific changes in cognition. However, you do not need to know anything about the brain to ask them. The questions address the five phases of cognitive processing that everyone (with or without cognitive impairment) must go through in order to understand and respond to other people and the environment.

The questions should be answered with a particular person in mind who has cognitive impairment, since each person has different needs, strengths, and desires. They should also be answered frequently enough to accommodate changes in this person’s needs, strengths, and desires. Your answers to these questions can suggest effective intervention strategies that might modify the environment, task, or caregiver interactions with this person, to help this person understand and respond to the environment, to feel comfortable, and to successfully accomplish a task. These questions address cognition. It is also important to assess this person’s current emotional, physical, and medical status.

The “Four Point Scale Response Sheet” is an alternative method of answering these questions.

INSTRUCTIONS:

1. Observe this person while she/he is involved with a task such as getting dressed, eating, taking a bath or shower, resting, or visiting. Ask yourself the following questions.
2. Circle “Yes” or “No” to record your response to each question regarding your observations during the entire time of the task. Note that some questions provide NA (not applicable) as a response option to circle. Note that a “Yes” response suggests this person has less difficulty performing a particular cognitive function with respect to this question.
3. Complete the form below and record any comments or specific details (for example, observations, elaboration, explanations, or illustrations) in the spaces provided.

Name of assessor: _____ Name of person with cognitive impairment: _____

Task(s) performed: _____

Place of assessment: _____ Room(s) person is in: _____

Date of assessment: _____ Time of assessment: *Begin:* _____ *AM/PM End:* _____ *AM/PM*

I. SENSORY FUNCTIONS PHASE:

Look for evidence this person is receiving information from the environment through the five senses (seeing, hearing, feeling, tasting, and smelling):

- How well this person sees and hears the information
- How this person feels or experiences touch
- How well this person tastes and smells

a. If this person needs glasses, is she/he using them?	NA	NO	YES
b. If this person needs glasses, are they clean?	NA	NO	YES
c. Does this person see well enough during this task to focus on an object or to follow an object when it moves?		NO	YES
d. Does this person see objects as small as the size of letters in the text of a magazine article?		NO	YES
e. If this person needs a hearing aid, is she/he using it?	NA	NO	YES
f. If this person needs a hearing aid, is it adjusted properly?	NA	NO	YES

g. Does this person hear well enough to respond to a sound by, for example, looking toward the sound, moving, or responding with a sound?	NO	YES
h. Does this person hear sounds as quiet as a woman saying "Hello" beside her/him in a calm voice normally heard by most people, when there is no other noise? That is, can a woman say "Hello" without raising her voice, and be heard by this person?	NO	YES
i. Does this person appear to feel touch to her/his skin, regardless of the body part touched? For example, does she/he appear to know I am touching her/his arm? For evidence, note a verbal or nonverbal response, such as a glance toward the touched body part, a wince, or movement of the body part when it is touched. Note if there is no response until additional pressure is gently applied.	NO	YES
j. Do all parts of this person's body appear to experience touch equally (that is, there are no body parts that are more or less sensitive or more or less painful than other body parts when touched)? List any body parts that appear to be more or less sensitive or more or less painful (include left and right):	NO	YES
k. Does the touch appear to feel as soft or as hard as the amount of pressure used, so that the person seems to feel it as most people would? For evidence, note that there is no negative or exaggerated verbal or nonverbal response to touch, such as an accusation of being hit when she/he was simply touched. Note also if there is no response even when additional pressure is gently applied.	NO	YES
l. Does the cloth, water, or surface appear to feel comfortable? For evidence, note that there is no negative verbal or nonverbal response, such as this person trying to remove clothing or a washcloth, or reacting by wincing, withdrawing, or resisting when she/he comes in contact with a surface or water.	NO	YES
m. Does the temperature of air or water appear to feel the same to this person as it would to most people?	NO	YES
n. Does this person appear to feel that the air or water temperature is stable and not changing from one minute to the next?	NO	YES
o. Does this person appear to taste? For evidence, note that she/he appears to notice differences in foods or responds verbally or nonverbally to tastes she/he doesn't like by, for example, turning away or wincing.	NO	YES
p. Does this person appear to smell? For evidence, note that she/he responds to changes in smell, such as food baking, or by turning away or wrinkling her/his nose at smells she/he doesn't like.	NO	YES
Comments:		

II. COMPREHENSION / PERCEPTION PHASE:

Look for evidence this person is recognizing and understanding information received through the senses:

- How well this person understands what she/he sees and hears
- How well this person recognizes where an object or sound is in space

a. Does this person know what an object is when she/he sees it?	NO	YES
b. Does this person recognize various colors?	NO	YES
c. Is this person able to read?	NO	YES
d. Does this person understand what she/he reads, such as her/his own name or instructions that she/he reads silently?	NO	YES
e. Does this person recognize pictures, such as pictures of objects or of familiar people?	NO	YES
f. Does this person recognize gestures?	NO	YES
g. Does this person recognize what a word means when she/he hears it?	NO	YES
h. Does this person recognize that a body part is hers/his when she/he sees it?	NO	YES
i. Does this person easily notice objects in all parts of her/his visual field? Circle the areas of most difficulty: Upper left Lower left Upper right Lower right	NO	YES
j. Does this person accurately see how far away an object is from her/him?	NO	YES
k. Does this person accurately see where objects are relative to other objects?	NO	YES
l. Does this person know where all of her/his own body parts are at all times?	NO	YES
m. When this person hears a sound, does she/he seem to recognize where the sound is coming from?	NO	YES
Comments:		

III. EXECUTIVE FUNCTIONS PHASE:

Look for evidence this person is categorizing, organizing, manipulating, and using the information received.

- How well this person evaluates the importance of various pieces of information
- How well this person uses information to solve problems
- How well this person uses information to make decisions and plan

a. Does this person pay attention to, and stay focused on a task, an object, or what I am saying?	NO	YES
b. Does this person figure out what I mean, even if she/he can't hear or understand me very well?	NO	YES
c. Does this person remember what she/he sees, hears, or figures out?	NO	YES
d. Does this person easily make simple decisions, for example, stating a preference or choosing among options, such as eggs rather than oatmeal for breakfast?	NO	YES
e. Does this person easily shift from one activity to another?	NO	YES
f. Does this person easily get started on a task or a response?	NO	YES
g. Does this person know how much time has passed, for example that she/he has been sitting at the dinner table for only two minutes rather than 20 minutes?	NO	YES
h. Does this person recognize her/his own abilities, needs, desires, and mistakes?	NO	YES
i. Does this person stop doing a task or focusing on a thought when it is completed or when it needs to stop?	NO	YES
j. Does this person easily control her/his impulsive responses to her/his own thoughts and feelings, by censoring, delaying, or pacing the responses?	NO	YES
k. Does this person know and follow a sequence of task steps or pieces of information or logic?	NO	YES
l. Does this person do more than one thing or think more than one thought at a time?	NO	YES
m. Does this person know what something is even when she/he can't see, hear, touch, taste, or smell it?	NO	YES
n. Does this person's expression of emotions match the intensity of her/his emotions?	NO	YES
o. Does this person adapt to new situations by problem solving and explaining to her/himself the circumstances?	NO	YES
Comments:		

IV. EXPRESSIVE FUNCTIONS PHASE:

Look for evidence this person's brain is telling her/his body what to do.

- How well this person's brain coordinates her/his body parts to perform a task or express a thought

a. Does this person easily produce correct words when speaking, that is, words come easily to this person, the words seem to match what she/he is trying to say, and the words are actual words rather than nonsense sounds?	NO	YES
b. Does this person easily produce correct words when writing, that is, the words flow easily, the words seem to match what she/he is trying to write, and the words are actual words rather than nonsense markings?	NO	YES
c. Does this person speak words as easily as she/he sings words? For evidence, note if she/he can sing a familiar song more easily than she/he can say the words, or if she/he speaks in rhymes or in simple songs.	NO	YES
d. Does this person talk upon request as easily as she/he talks spontaneously?	NO	YES
e. Does this person do a task as easily upon request as she/he does spontaneously? For example, does she/he stand as easily when asked as opposed to when she/he isn't asked or simply does it on her/his own?	NO	YES
f. Does this person do a task as easily when focusing on the task or thinking about how to do it, as opposed to doing the task automatically without thinking about it? For example, does she/he stand as easily when asked to "stand up" as opposed to "come to lunch"; or does she/he get dressed as easily when reminded of each task step, as opposed to being slightly distracted by a conversation about the weather?	NO	YES
g. Does this person move a body part as easily upon request as she/he does spontaneously?	NO	YES
h. Does this person move or manipulate an object as easily upon request as she/he does spontaneously when doing a task such as eating?	NO	YES
Comments:		

V. MOTOR FUNCTIONS PHASE:

Look for evidence this person's body is physically responding to the instructions from her/his brain.

- How healthy, strong, and pain free this person's body is

(Use the space after each question to identify specific body parts, such as the legs, arms, hands, feet, or tongue that have more difficulty than the others with respect to each question below.)

a. Is there full strength in every part of this person's body?	NO	YES
b. Are all body parts equal in strength on both sides of the body? Circle the side that is the weakest: Left Right	NO	YES
c. Does each body part move immediately and easily?	NO	YES
d. Does each body part have sufficient range of motion?	NO	YES
e. Does this person easily coordinate movements of various body parts?	NO	YES
f. Does this person walk long distances easily?	NO	YES
g. Is each body part free of pain when it moves?	NO	YES
h. Is each body part free of pain when it is not moving?	NO	YES
Comments:		