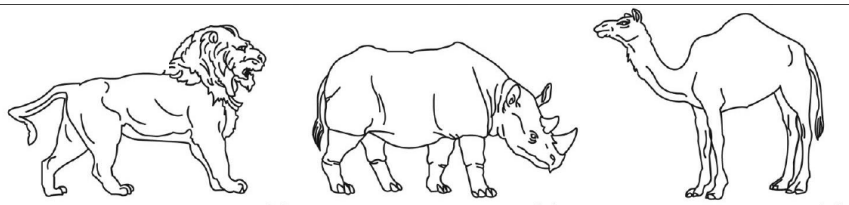
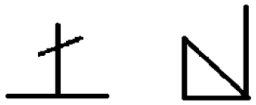
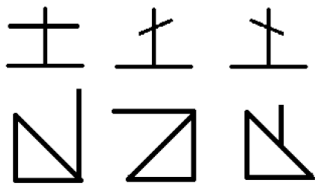
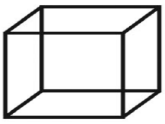
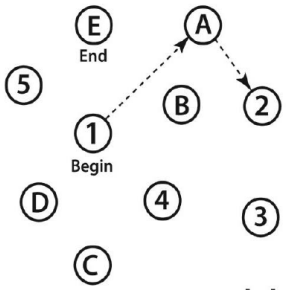
Cognitive functional change Assessment (modified Montreal Cognitive Assessment)

Name: DOB (Age): Hospital Number:
Place of Birth: Handedness: L / R Completion date:
Years of Education: Occupation:

Orientation	[ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City	**/6**
Attention + Executive functions	**Forward:** [ ] 3 2 9 7 **Backwards:** [ ] 2 5 **Forward:** [ ] 2 1 8 5 4 **Backwards:** [ ] 7 4 2 **Forward:** [ ] 7 2 9 5 8 4 **Backwards:** [ ] 4 9 7 5 **Tap A:** [ ] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B **Motor tapping:** 1 2 1 1 2 2 2 1 2 1 Congruent [ ] Incongruent [ ] **Three step Luria task:** Copy [ ] ≤ 2 trials [ ] > 2 trials [ ]	/2 **/2** /2 **/1** /2 /3
Language	**Repeat:** No ifs, ands or buts [ ] I only know that John is the one to help today. [ ] The cat always hid under the couch when dogs were in the room. [ ] **Command:** Touch your nose then open your mouth	/1 **/1** **/1** /1
Naming	 [ ] [ ] [ ]	**/3**
Perception		/4
Visual Memory -Immediate	 **COPY**	**RECALL** /2 /2
Verbal Memory -Immediate		/5 /5

	Face	Velvet	Church	Daisy	Red
1st trial					
2nd trial					

Processing Speed	**Count Backwards:** 30 – 1 [ ] (Time ≤ 25secs, 0 errors) **Months backwards:** December – January [ ] (Time ≤ 24secs, 1 error)	/1 /1
Working memory	**Subtract 7:** [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65 4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0pt**	**/3**
Executive functions	**Fluency F:** [ ] (N ≥ 11 Words) **Similarities:** e.g. Banana – Orange = Fruit [ ] Train – Bicycle [ ] Watch – Ruler	**/1** **/2**
Memory -Delayed	**Verbal Recall:** Face: Free Recall [ ], Category Cue, Multiple Choice Velvet: Free Recall [ ], Category Cue, Multiple Choice Church: Free Recall [ ], Category Cue, Multiple Choice Daisy: Free Recall [ ], Category Cue, Multiple Choice Red: Free Recall [ ], Category Cue, Multiple Choice	**/5** /5 /5
	Visual Recall: **Visual recognition:** 	/2 /2
Visuo-Executive	Draw Clock (Ten past eleven)  Copy cube  [ ] Contour [ ] Numbers [ ] Hands [ ] [ ]	**/5**
	[ ] <12yrs Education: +1	**ORIGINAL MoCA TOTAL:** **/30**

NOTES: e.g. dominant hand weakness? visual impairments? English 2nd language?

COMPLETED BY: _____

EQ-5D Questionnaire

Under each heading, please tick the ONE box that best describes your health TODAY

MOBILITY

I have no problems in walking about ☐
I have slight problems in walking about ☐
I have moderate problems in walking about ☐
I have severe problems in walking about ☐
I am unable to walk about ☐

SELF-CARE

I have no problems washing or dressing myself ☐
I have slight problems washing or dressing myself ☐
I have moderate problems washing or dressing myself ☐
I have severe problems washing or dressing myself ☐
I am unable to wash or dress myself ☐

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

I have no problems doing my usual activities ☐
I have slight problems doing my usual activities ☐
I have moderate problems doing my usual activities ☐
I have severe problems doing my usual activities ☐
I am unable to do my usual activities ☐

PAIN / DISCOMFORT

I have no pain or discomfort ☐
I have slight pain or discomfort ☐
I have moderate pain or discomfort ☐
I have severe pain or discomfort ☐
I have extreme pain or discomfort ☐

ANXIETY / DEPRESSION

I am not anxious or depressed ☐
I am slightly anxious or depressed ☐
I am moderately anxious or depressed ☐
I am severely anxious or depressed ☐
I am extremely anxious or depressed ☐

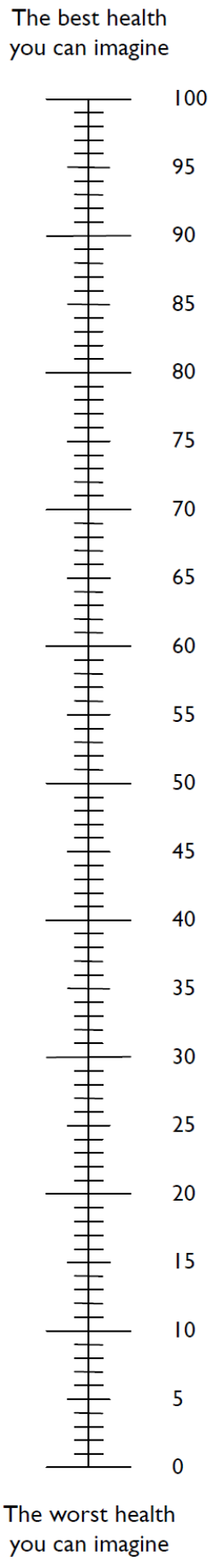
We would like to know how good or bad your health is TODAY

This scale is numbered from 0 to 100

100 means the best health you can imagine.

0 means the worst health you can imagine.

Mark an X on the scale to indicate how your health is TODAY

Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY ☐