

February 2016

# Evaluation Measures Resources

Prepared for

**Erin Long, MSW**  
Administration on Aging  
Administration for Community Living  
U.S. Department of Health and Human Services  
Mary Switzer Building Suite 1131A  
330 C Street, SW  
Washington, DC 20201

Prepared by

**Stephanie Hughes, MPP**  
**Elizabeth Gould, MSW, LCSW**  
**Joshua Wiener, PhD**  
**Katie Maslow, MSW**  
RTI International  
701 13th Street, NW Suite 750  
Washington, DC 20005

RTI Project Number 0212050.035.002.001.001

## **The Purpose of the Measures Resource List**

This list is intended to help providers of dementia-related services identify appropriate and well-researched measures in support of their program evaluation plans. Choosing existing measures saves time and lends credibility to evaluation findings. The use of standard measures also allows for greater comparability of results between projects.

The list includes validated measures that assess outcomes of importance to dementia-related programs, including Alzheimer's Disease Supportive Services Program (ADSSP) and Alzheimer's Disease Initiative - Specialized Supportive Services (ADI-SSS) grant projects. It is not intended as a complete list of all measures or as an endorsement of any particular measure. Most measures on the list are available at no cost, are brief, and do not require extensive staff training.

## **How the List is Organized**

The list is divided into three tables:

1. ***Measures for caregivers:*** A variety of domains are included related to caregivers' knowledge, resources, and well-being: depression, distress related to behaviors, burden, health, knowledge, ways of coping, intent to place in an institution, self-efficacy, unmet needs, and social support.
2. ***Measures for persons with dementia:*** Some of the measures listed are administered to the person with possible or diagnosed dementia, while others are completed by the caregiver or an informant. Domains include depression, anxiety, quality of life, dementia screening (including for persons with intellectual and developmental disabilities), frequency or severity of behavioral symptoms, functional status, global assessment, and unmet needs.
3. ***Measures for providers:*** The measures in this section can be used to assess providers' knowledge or attitudes about dementia.

Where appropriate, measures are included in more than one table, for example, measures of dementia knowledge that can be used with both caregivers and professionals. Measures for persons with dementia are intended to assess the person with dementia, but are often completed by, or with the assistance of, a caregiver or other informant.

Within each table, there are multiple domains, or topics, such as depression, frequency of behavioral symptoms, knowledge about dementia, or burden. Domains are listed alphabetically, and measures are listed alphabetically within each domain.

**At the end of the document is a glossary explaining the information contained within each column of the table.**

## **Obtaining Permissions to Use Measures**

Some measures are indicated as “public domain;” these may be used freely.

Those that indicate “permission has been obtained for ADSSP and ADI grantees” may be used freely for ADSSP and ADI-SSS grant projects. All other users must obtain permission from the developer. Contact information is provided.

For all other measures, permission must be obtained. Information on where to request this permission is provided.

## **Where to Obtain Measures**

Most measures can be accessed online. The name of the measure is linked to the online source.

A few measures are available in PDF/Word format only (indicated with an asterisk [\*]). ADSSP and ADI-SSS grantees may obtain a copy of these measures from the National Alzheimer’s and Dementia Resource Center; others may contact [shughes@rti.org](mailto:shughes@rti.org) for information on where to obtain them.

## Measures for Caregivers

Measure	Number of items/time needed	Sample items	Permissions	Administration and scoring instructions	Languages	Validity and reliability	Notes
<b>Burden</b>							
<a href="#">Caregiver Strain Index (Thornton, Travis)</a>	13 items	<ul style="list-style-type: none"> <li>Caregiving is inconvenient.</li> <li>Some behavior is upsetting.</li> </ul>	Contact <a href="mailto:journals.permissions@oup.com">journals.permissions@oup.com</a>	Administration and scoring instructions are on the instrument.		Construct; $\alpha = .86$	A positive screen (7 or more items positive) indicates a need for more in-depth assessment
<a href="#">Caregiver Strain Instrument (p.19) (Bass, Noelker, and Rechlin)</a>	19 items	<ul style="list-style-type: none"> <li>During the past four weeks, because of helping the patient:</li> <li>I felt that I should be doing more for him/her.</li> <li>I felt my physical health was worse than before.</li> </ul>	Contact David Bass <a href="mailto:dbass@benrose.org">dbass@benrose.org</a>	Scoring and interpretation instructions are on the instrument.		Validity: not available; reliability: .80 for caregiver activities, not available for other constructs	
Zarit Burden Inventory* ( <a href="#">Bédard et al.</a> )	12 items	<ul style="list-style-type: none"> <li>Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?</li> <li>Do you feel you should be doing more for your relative?</li> </ul>	Contact <a href="mailto:PROinformation@mapi-trust.org">PROinformation@mapi-trust.org</a>	Contact <a href="mailto:PROinformation@mapi-trust.org">PROinformation@mapi-trust.org</a> for user manual.	Dutch, French, Portuguese, Spanish, German, Romanian, Italian, Polish	Correlations between the short and the full version ranged from 0.92 to 0.97; $\alpha = .88$	
<b>Depression</b>							
<a href="#">CESD-R (Eaton et al.)</a>	5-, 10-, and 20-item versions	In the past week or so: <ul style="list-style-type: none"> <li>My appetite was poor.</li> <li>I could not shake off the blues.</li> <li>I had trouble keeping my mind on what I was doing.</li> </ul>	Public domain	<a href="#">Scoring instructions</a>	Arabic, Chinese, Dutch, French, German, Greek, Korean, Italian, Japanese, Portuguese, Russian, Spanish, Turkish, and Vietnamese	Construct; .90	Third-grade reading level
<a href="#">Geriatric Depression Scale (Yesavage et al.)</a>	15- and 30-item versions	<ul style="list-style-type: none"> <li>Have you dropped many of your activities and interests?</li> <li>Are you in good spirits most of the time?</li> </ul>	Public domain	Instructions on <a href="#">Short-form</a> scoring; <a href="#">Long-form</a> scoring; <a href="#">how to handle missing responses</a>	More than 35 languages available	Discriminant, concurrent; .94	Fourth-grade reading level
<a href="#">Patient Health Questionnaire (PHQ-9) (Kroenke, Spitzer, Williams)</a>	9 items	Over the last 2 weeks, how often have you been bothered by any of the following problems? <ul style="list-style-type: none"> <li>Little interest or pleasure in doing things.</li> <li>Feeling down, depressed, or hopeless.</li> </ul>	Public domain	<a href="#">Scoring instructions</a>	More than 15 languages available	Criteria, .86	Sixth- to ninth-grade reading level

\*For a copy of the measure or information on where to obtain it, contact the National Alzheimer's and Dementia Resource Center at [shughes@rti.org](mailto:shughes@rti.org).

## Measures for Caregivers

Measure	Number of items/time needed	Sample items	Permissions	Administration and scoring instructions	Languages	Validity and reliability	Notes
<b>Distress related to behavioral symptoms of dementia</b>							
<a href="#">Neuropsychiatric Inventory (NPI)</a> ( <a href="#">Cummings</a> )	12 items per subscale	<ul style="list-style-type: none"> <li>Is the patient uncooperative, resistive to help from others?</li> <li>Does the patient say things to people that are insensitive or hurt their feelings?</li> </ul>	<a href="#">Terms of use</a>	<a href="#">Administration and scoring instructions</a>	Available in more than <a href="#">40 languages</a>	Criterion; test re-test: $r = .92$	Administered to caregiver by a clinician
<a href="#">Revised Memory and Behavior Problem Checklist</a> ( <a href="#">Teri et al.</a> )	24 items	For behaviors that have occurred in the past week, "how much it bothered you." <ul style="list-style-type: none"> <li>Asking the same question over and over.</li> <li>Waking you or other family members up at night.</li> </ul>	Contact Linda Teri <a href="mailto:lteri@uw.edu">lteri@uw.edu</a>	Scoring instructions are included on the instrument.	Spanish, Mandarin, German, Japanese	Concurrent, discriminant; $\alpha = .67-.90$	
<b>Health and wellbeing</b>							
<a href="#">Caregiver self-assessment questionnaire</a> ( <a href="#">American Medical Association</a> )	18 items	<ul style="list-style-type: none"> <li>During the past week or so, I have been edgy or irritable.</li> <li>On a scale of 1 to 10, with 1 being "very healthy" to 10 being "very ill," please rate your current health compared to what it was this time last year.</li> </ul>	For permission, contact <a href="mailto:info@healthinaging.org">info@healthinaging.org</a>	Scoring and interpretation instructions are on the instrument.	Spanish, Greek	Validity: not available; reliability: 0.78	
<b>Intent to place in a nursing home</b>							
Desire to Institutionalize Scale (DIS)* ( <a href="#">Morycz et al.</a> )	6 items	<ul style="list-style-type: none"> <li>Have you ever considered or thought about a nursing home for your family member now or for the future?</li> <li>Have you ever felt that someday they might be better off in a nursing home?</li> </ul>	Use the citation provided. No other permissions are required.	Total score is calculated by summing responses, unweighted. Scores range from 0 to 6; higher scores indicate greater desire to institutionalize.		Validity: not available; reliability: 0.71-.82	
<b>Knowledge</b>							
<a href="#">Alzheimer's Disease Knowledge Scale (ADKS)</a> ( <a href="#">Carpenter et al.</a> )	30 items	True/False: <ul style="list-style-type: none"> <li>People with Alzheimer's disease are particularly prone to depression.</li> <li>It has been scientifically proven that mental exercise can prevent a person from getting Alzheimer's disease.</li> </ul>	Permission has been obtained for ADSSP and ADI grantees. Others may contact the developer directly at <a href="mailto:bcarpenter@wustl.edu">bcarpenter@wustl.edu</a>	Answers are included on the instrument		Content, predictive, concurrent, convergent. Test-retest and internal consistency.	Designed for use with students, health care professionals, and the general public.

\*For a copy of the measure or information on where to obtain it, contact the National Alzheimer's and Dementia Resource Center at [shughes@rti.org](mailto:shughes@rti.org).

## Measures for Caregivers

Measure	Number of items/time needed	Sample items	Permissions	Administration and scoring instructions	Languages	Validity and reliability	Notes
Knowledge about Memory Loss and Care Test (KAML-C)* ( <a href="#">Kuhn, Fulton, King</a> )	15 items	<ul style="list-style-type: none"> <li>Which of the following is the most common cause of memory loss in people over age 65?</li> <li>Which of the following conditions may resemble Alzheimer's disease?</li> </ul>	Permission has been obtained for ADSSP and ADI grantees. Others may contact the developer directly at <a href="mailto:dan@alltrustrhomecare.com">dan@alltrustrhomecare.com</a>	Answers are included on p. 3 of the instrument		Validity and reliability information available in the cited research article.	
<b>Self-efficacy</b>							
<a href="#">Preparedness for Caregiving Scale</a> ( <a href="#">Archbold et al.</a> )	8 items	<ul style="list-style-type: none"> <li>How well prepared do you think you are to take care of your family member's physical needs?</li> <li>How well prepared do you think you are to get the help and information you need from the health care system?</li> </ul>	Use the citation provided. No other permissions are required.	Scoring information included on page 1 of the linked document.		Construct and content; 0.88-.93	
<a href="#">Revised Scale for Caregiving Self-Efficacy</a> ( <a href="#">Steffen et al.</a> )	19 items	<ul style="list-style-type: none"> <li>How confident are you that you can ask a friend/family member to stay with ___ for a day when you have errands to be done?</li> <li>How confident are you that you can control thinking about what you are missing or giving up because of ___?</li> </ul>	Public domain		Spanish		
<b>Social supports</b>							
Perceived Support Scale* ( <a href="#">Krause, Markides</a> )	11 or 17 items	In the past two weeks, how often have you: <ul style="list-style-type: none"> <li>Had family visit you?</li> <li>Had contact by phone or letter with friends?</li> </ul>	Public domain			Construct; 0.70 for all subscales	
<a href="#">Social Network Scale</a> ( <a href="#">Lubben</a> )	6 or 12 items	<ul style="list-style-type: none"> <li>How many relatives do you feel close to such that you could call on them for help?</li> <li>How many of your friends do you see or hear from at least once a month?</li> </ul>	Complete the <a href="#">permission form</a>	Scoring instructions are available on the instrument. <a href="#">More information on interpretation</a>	<a href="#">Japanese, Korean, Mongolian, Portuguese, Spanish</a>	Validity and reliability information available in the cited research article.	

\*For a copy of the measure or information on where to obtain it, contact the National Alzheimer's and Dementia Resource Center at [shughes@rti.org](mailto:shughes@rti.org).

## Measures for Caregivers

Measure	Number of items/time needed	Sample items	Permissions	Administration and scoring instructions	Languages	Validity and reliability	Notes
<b>Unmet needs</b>							
Unmet Need Assessment* ( <a href="#">Bass et al.</a> )	49 items	Do you need more information about or help with: <ul style="list-style-type: none"> <li>Getting family members to cooperate in helping your (RELATIONSHIP)?</li> <li>Ways to make the place where your (RELATIONSHIP) lives safe?</li> </ul>	Contact David Bass <a href="mailto:dbass@benrose.org">dbass@benrose.org</a>			Validity and reliability information available in the cited research article.	
<b>Ways of coping</b>							
<a href="#">Brief COPE</a> ( <a href="#">Carver</a> )	28 items	<ul style="list-style-type: none"> <li>I've been using alcohol or other drugs to make myself feel better.</li> <li>I've been getting emotional support from others.</li> </ul>	Public domain	Available on the provided link	Spanish, French, German, Greek, Korean	Validity and reliability information available in the cited research article.	

## Measures for Persons with Dementia

Measure	Number of items/time needed	Sample items	Permissions	Administration and scoring instructions	Languages	Validity and reliability	Notes
<b>Anxiety</b>							
<a href="#">Neuropsychiatric Inventory (NPI)</a> (Cummings)	12 items	<ul style="list-style-type: none"> <li>Does the patient complain of butterflies in his/her stomach, or of racing or pounding of the heart in association with nervousness? [Symptoms not explained by ill health]</li> <li>Does the patient avoid certain places or situations that make him/her more nervous such as riding in the car, meeting with friends, or being in crowds?</li> </ul>	<a href="#">Terms of service</a>	<a href="#">Administration and scoring instructions</a>	Available in more than <a href="#">40 languages</a>	Criterion; test re-test: $r = .92$	Administered to caregiver by a clinician
<b>Behavioral symptoms</b>							
<a href="#">Neuropsychiatric Inventory (NPI)</a> (Cummings)	12 items	In relation to 12 possible categories of behavioral symptoms, caregivers are asked to rate frequency and severity.	<a href="#">Terms of service</a>	<a href="http://npitest.net/npi/about-npi.html">http://npitest.net/npi/about-npi.html</a>	Available in more than <a href="#">40 languages</a>	Criterion; test re-test: $r = .92$	Administered to caregiver by a clinician
<a href="#">Revised Memory and Behavior Problem Checklist</a> (Teri et al.)	24 items	24 possible behavioral symptoms listed. Caregivers are asked which have occurred in past week. Examples: <ul style="list-style-type: none"> <li>Losing or misplacing things.</li> <li>Aggressive to others verbally.</li> </ul>	Contact Linda Teri <a href="mailto:lteri@uw.edu">lteri@uw.edu</a>	Scoring instructions are included on the instrument.	Spanish, Mandarin, German, Japanese	Concurrent, discriminant; $\alpha = .67-.90$	Completed by caregiver
<b>Dementia screening</b>							
<a href="#">AD-8</a> (Galvin et al.)	8 items	[Have there been changes] in the last several years: <ul style="list-style-type: none"> <li>Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking).</li> <li>Repeats the same things over and over (questions, stories, or statements).</li> </ul>	Refer to the Copyright & Permission bookmark within the linked PDF.	Refer to the Administration and Scoring bookmark within the linked PDF.	Spanish, French, Portuguese, Norwegian, Chinese, Korean, Indonesian and Tagalog (Filipino)	Concurrent; 0.84	Preferable to administer to an informant, but may be administered to the person with possible dementia
Mini-Cog* (Borson et al.)	3 items	<ul style="list-style-type: none"> <li>Remembering three words.</li> <li>Clock drawing.</li> </ul>	Contact Soo Borson <a href="mailto:soob@uw.edu">soob@uw.edu</a>	Administration and scoring instructions are included on the instrument.			Administered to person with possible dementia

\*For a copy of the measure or information on where to obtain it, contact the National Alzheimer's and Dementia Resource Center at [shughes@rti.org](mailto:shughes@rti.org).

## Measures for Persons with Dementia

Measure	Number of items/time needed	Sample items	Permissions	Administration and scoring instructions	Languages	Validity and reliability	Notes
<a href="#">Montreal Cognitive Assessment (MoCA)</a> ( <a href="#">Nasreddine et al.</a> )	24 items	<ul style="list-style-type: none"> <li>Repeat a list of five words, and recall list after 5 minutes.</li> <li>Repeating a list of digits in order or in reverse order.</li> </ul>	<a href="#">Permissions information and form</a>	Basic information on <a href="#">administering and interpretation</a> <a href="#">Detailed instructions</a> (select the version from the Paper Tests menu)	<a href="#">36 languages</a>	Discriminant	Administered to person with possible dementia
<a href="#">St. Louis University Mental Status Exam (SLUMS)</a> ( <a href="#">Tariq et al.</a> )	11 items; 5-30 minutes	<ul style="list-style-type: none"> <li>Remembering a list of five objects.</li> <li>Naming as many animals as possible in 1 minute.</li> </ul>	Public domain	<a href="#">Instructions</a>	<a href="#">22 languages with multiple dialects</a>	Convergent, criterion; reliability information available in the cited research article.	Administered to person with possible dementia. DVD is available for training staff to administer this tool. Contact <a href="mailto:tumosan@slu.edu">tumosan@slu.edu</a>
<b>Dementia screening for persons with intellectual and developmental disabilities</b>							
Dementia Screening Questionnaire for Individuals with Intellectual Disabilities (DSQIID)* ( <a href="#">Deb et al.</a> )	56 items	An informant indicates whether a certain symptom is not there, has always been there, is a new symptom, or is a symptom that has gotten worse. Examples: <ul style="list-style-type: none"> <li>Cannot wash or bathe without help</li> <li>Withdraws from social activities</li> </ul>	Contact Dr. Shoumitro Deb, <a href="mailto:s.deb@bham.ac.uk">s.deb@bham.ac.uk</a>			Construct; test-retest and internal consistency	Completed by informant
<a href="#">NTG-Early Detection Screen for Dementia (NTG-EDSD)</a> ( <a href="#">National Task Group on Intellectual Disabilities and Dementia Practices</a> )	32 items, some with multiple parts	Always been the case; Always but worse; New symptom in past year; or Does not apply Examples: <ul style="list-style-type: none"> <li>Needs help with dressing.</li> <li>Does not follow simple instructions.</li> </ul>	Public domain	<a href="#">NTG-EDSD manual</a>	<a href="#">Dutch, French, German, Greek, Italian, Spanish, Japanese, Scottish</a>		Completed by informant
<b>Depression</b>							
<a href="#">CESD-R</a> ( <a href="#">Eaton et al.</a> )	5-, 10-, and 20-item versions	In the past week or so: <ul style="list-style-type: none"> <li>My appetite was poor.</li> <li>I could not shake off the blues.</li> <li>I had trouble keeping my mind on what I was doing.</li> </ul>	Public domain	<a href="#">Scoring instructions</a>	Arabic, Chinese, Dutch, French, German, Greek, Korean, Italian, Japanese, Portuguese, Russian, Spanish, Turkish, and Vietnamese	Construct; .90	Third-grade reading level; completed by the person with dementia (appropriate in early stages)

\*For a copy of the measure or information on where to obtain it, contact the National Alzheimer's and Dementia Resource Center at [shughes@rti.org](mailto:shughes@rti.org).

## Measures for Persons with Dementia

Measure	Number of items/time needed	Sample items	Permissions	Administration and scoring instructions	Languages	Validity and reliability	Notes
<a href="#">Geriatric Depression Scale</a> ( <a href="#">Yesavage et al.</a> )	15- and 30-item versions	<ul style="list-style-type: none"> <li>Have you dropped many of your activities and interests?</li> <li>Are you in good spirits most of the time?</li> </ul>	Public domain	Instructions on <a href="#">Short-form</a> scoring; <a href="#">Long-form</a> scoring; <a href="#">How to handle missing responses</a>	More than 35 languages available	Discriminant, concurrent; .94	Fourth-grade reading level; Completed by the person with dementia, or by an informant (informant version available)
<b>Functional status</b>							
<a href="#">Functional Activities Questionnaire (FAQ)</a> ( <a href="#">Pfeffer et al.</a> )	10 items	Informant rates patient's abilities: <ul style="list-style-type: none"> <li>Writing checks, paying bills, balancing checkbook</li> <li>Keeping track of current events</li> </ul>	Contact <a href="mailto:journals.permissions@oup.com">journals.permissions@oup.com</a>	Administration and scoring instructions are included on the instrument		Reliability > .80	Completed by informant
<a href="#">Instrumental Activities of Daily Living Scale (IADL)</a> ( <a href="#">Lawton</a> )	8 items	Circle the...statement that most closely corresponds to the patient's current functional ability for each task. Shopping: 1. Takes care of all shopping needs independently. 2. Shops independently for small purchases. 3. Needs to be accompanied on any shopping trip. 4. Completely unable to shop.	Contact <a href="mailto:journals.permissions@oup.com">journals.permissions@oup.com</a>	Administration and scoring instructions are included on the instrument	Spanish, Japanese, Chinese, Korean	Inter-rater reliability of .85	Completed by informant
<b>Global assessment</b>							
<a href="#">Global Deterioration Scale</a> ( <a href="#">Reisberg et al.</a> )	7 stages	Caregivers observe behavioral characteristics of the person with dementia. Example: Level 3, Mild cognitive decline: Earliest clear-cut deficits. Manifestations in more than one of the following areas: (a) patient may have gotten lost when traveling to an unfamiliar location; (b) coworkers become aware of patient's relatively poor performance; (c) word and name finding deficit becomes evident to intimates...(and 4 more areas)	Grantees of the AoA/ACL AD RD programs may use this scale. It must be properly <a href="#">cited</a> and the copyright must be noted on all reproductions. Others may contact the developer directly at <a href="mailto:barry.reisberg@nyu.mc.org">barry.reisberg@nyu.mc.org</a>	"Caregivers can get a rough idea of where an individual is at in the disease process by observing that individual's behavioral characteristics and comparing them to the GDS."		Construct	Completed by caregiver or informant

\*For a copy of the measure or information on where to obtain it, contact the National Alzheimer's and Dementia Resource Center at [shughes@rti.org](mailto:shughes@rti.org).

## Measures for Persons with Dementia

Measure	Number of items/time needed	Sample items	Permissions	Administration and scoring instructions	Languages	Validity and reliability	Notes
<b>Quality of life</b>							
<a href="#">Quality of Life – Alzheimer’s Disease (QOL-AD)</a> (Logsdon)	13 items	Caregivers or people with dementia rate items such as physical health, mood, and ability to do things for fun.	Contact Caroline Anfray at MAPI Research Trust, <a href="mailto:canfray@mapigroup.com">canfray@mapigroup.com</a> . There is a processing cost of €300.	Administration and scoring instructions are included on the instrument	French, Mandarin, Portuguese, Japanese, Danish, German, Italian, Spanish, Swedish, Greek. Contact information is included on the instrument	Construct validity; shows reliability for persons with MMSE of 3-11, not <3	Can be administered to person with dementia or caregiver
<a href="#">Quality of Life in Late Stage Dementia Scale (QUALID)</a> (Weiner et al.)	11 items	<ul style="list-style-type: none"> <li>_____ has a facial expression of discomfort—appears unhappy or in pain (looks worried, grimaces, furrowed or turned down brow).</li> <li>_____ is irritable or aggressive (becomes angry, curses, pushes or attempts to hurt others).</li> </ul>	May be used with permission from Dr. Myron Weiner <a href="mailto:Myron.Weiner@UTSouthwestern.edu">Myron.Weiner@UTSouthwestern.edu</a>	Administration and scoring instructions are included on the instrument	Spanish, Norwegian	Validity and reliability information available in the cited research article.	Administered to family member or professional caregiver
<a href="#">Pain Assessment in Advanced Dementia Scale (PAINAD)</a> (Warden, Hurley, Volicer)	5 items	Health care provider scores several behaviors such as breathing, facial expression, and consolability based on observation.	Public domain	Administration and scoring instructions are included on the instrument		Construct; interrater reliability and internal consistency	Assessment by health care provider
<b>Unmet needs</b>							
<a href="#">Live Alone Assessment (Hall)</a>	29 items	A professional doing a home visit notes observed or reported conditions such as wandering outside the home, inability to take medications correctly, or dirty/infested household.	Permission has been obtained for ADSSP and ADI grantees. Others may contact the developer directly at <a href="mailto:Geri.Hall@bannerhealth.com">Geri.Hall@bannerhealth.com</a>	Scoring instructions provided on instrument		Validity and reliability information available in the cited research article.	Assessment by a professional making a home visit
Unmet Need Assessment* (Bass et al.)	49 items	Do you need more information about or help with: <ul style="list-style-type: none"> <li>Getting family members to cooperate in helping your (RELATIONSHIP)?</li> <li>Ways to make the place where your (RELATIONSHIP) lives safe?</li> </ul>	Contact David Bass <a href="mailto:dbass@benrose.org">dbass@benrose.org</a>			Validity and reliability information available in the cited research article.	Administered to caregiver

\*For a copy of the measure or information on where to obtain it, contact the National Alzheimer’s and Dementia Resource Center at [shughes@rti.org](mailto:shughes@rti.org).

## Measures for Providers

Measure	Number of items/time needed	Sample items	Permissions	Administration and scoring instructions	Languages	Validity and reliability	Notes
<b>Attitudes</b>							
<a href="#">Dementia Attitudes Scale (DAS)*</a> <a href="#">(O'Connor, McFadden)</a>  <i>Note: Online version contains question text only; a version appropriate for distribution (with response options) is available from the Resource Center.</i>	20 items	<ul style="list-style-type: none"> <li>I feel uncomfortable being around people with ADRD.</li> <li>People with ADRD can feel when others are kind to them.</li> </ul>	No special permissions are required. If research using the DAS is published, please notify Dr. Susan McFadden at University of Wisconsin Osh Kosh, <a href="mailto:mcfadden@uwosh.edu">mcfadden@uwosh.edu</a>			Convergent; 0.83-.85	
<b>Knowledge</b>							
<a href="#">Alzheimer's Disease Knowledge Scale (ADKS)</a> <a href="#">(Carpenter et al.)</a>	30 items	True/False: <ul style="list-style-type: none"> <li>People with Alzheimer's disease are particularly prone to depression.</li> <li>It has been scientifically proven that mental exercise can prevent a person from getting Alzheimer's disease.</li> </ul>	Permission has been obtained for ADSSP and ADI grantees. Others may contact the developer directly at <a href="mailto:bcarpenter@wustl.edu">bcarpenter@wustl.edu</a>	Answers are included on the instrument		Content, predictive, concurrent, convergent. Test-retest and internal consistency.	Designed for use with students, health care professionals, and the general public.
Knowledge about Memory Loss and Care Test (KAML-C)* <a href="#">(Kuhn, Fulton, King)</a>	15 items	Multiple choice questions. <ul style="list-style-type: none"> <li>Which of the following is the most common cause of memory loss in people over age 65?</li> <li>Which of the following conditions may resemble Alzheimer's disease?</li> </ul>	Permission has been obtained for ADSSP and ADI grantees. Others may contact the developer directly at <a href="mailto:dan@alltrustrhomecare.com">dan@alltrustrhomecare.com</a>	Answers are included on p. 3 of the instrument		Validity and reliability information available in the cited research article.	

\*For a copy of the measure or information on where to obtain it, contact the National Alzheimer's and Dementia Resource Center at [shughes@rti.org](mailto:shughes@rti.org).

## **Glossary for the Measures Tables**

### **Measure**

Includes the name of the measure and the name of the researcher(s) who developed the measure. Measures that are available online are hyperlinked. The researcher's name is linked to the citation at the end of the document. A few measures are available in PDF/Word format only (indicated with an asterisk [\*]). ADSSP and ADI-SSS grantees may obtain a copy of these measures from the National Alzheimer's and Dementia Resource Center; others may contact [shughes@rti.org](mailto:shughes@rti.org) for information on where to obtain them.

### **Number of items/Time needed**

Indicates the number of questions or statements on the measure. Where available, the estimated amount of time that it takes to complete the measure is also provided.

### **Sample items**

These are actual questions or statements on the measure, intended to give a sense of the types of questions and focus of each measure.

### **Permissions**

Provides information on whether permission is required to use the measure, and if so, how to obtain it. Measures in the public domain may be used freely. For some measures, permission for ADSSP and ADI-SSS grantees' use already has been obtained; in these instances, it is noted as "Permission has been obtained for ADSSP and ADI grantees." For all other measures, permissions must be obtained as noted.

### **Administration and scoring instructions**

Indicates where to find instructions on administering the measure and how to score and interpret the results.

### **Languages**

Lists the languages into which the measure has been translated, or provides a link to that list. This information may not be complete for all measures. If a specific language version is needed that is not listed, consult the website or researcher provided for more information.

### **Validity and reliability**

Validity refers to whether the measure assesses what it is meant to assess. Reliability indicates whether it would obtain the same result if administered repeatedly. Information on these two measures is provided where available. Refer to the original research (cited at the end of the document) for additional information about how each measure was tested.

**Notes**

Provides any other relevant or important information about the measure, including intended audiences and reading levels where available.

## References

- American Academy of Developmental Medicine and Dentistry, National Task Group on Intellectual Disabilities and Dementia Practices. (2013). *NTG-Early Detection Screen for Dementia*. Retrieved 11 December 2015, from <http://aadmd.org/sites/default/files/NTG-EDSD-Final.pdf>. <http://geronj.oxfordjournals.org/content/37/3/323.short>
- American Medical Association, Health in Aging Foundation. (2015). *Caregiver Health Self-Assessment Questionnaire*. Retrieved from [http://www.healthinaging.org/files/documents/caregiver\\_self\\_assessment.pdf](http://www.healthinaging.org/files/documents/caregiver_self_assessment.pdf)
- Archbold, P., Stewart, B., Greenlick, M., & Harvath, T. (1992). The clinical assessment of mutuality and preparedness in family caregivers to frail older people. In S. G. Funk, E. M. Tornquist, M. T. Champagne, & L. A. Copp (Eds.). *Key aspects of elder care* (pp. 328–339). New York: Springer.
- Bass, D., et al. (2012). Negative caregiving effects among caregivers of veterans with dementia. *The American Journal of Geriatric Psychiatry, 20*(3), 239–247.
- Bass, D., Noelker, L., & Rechlin, L. (1996). The moderating influence of service use on negative caregiving consequences. *Journals of Gerontology, 51*(3), S121–131.
- Bédard, M., Molloy, D., Squire, L., Dubois, S., Lever, J., O'Donnell, M. (2001). The Zarit burden interview: A new short version and screening version. *The Gerontologist, 41*(5), 652–657.
- Borson, S., Scanlan, J., Brush, M., Vitaliano, P., & Dokmak, A. (2000). The Mini-Cog: A cognitive “vital signs” measure for dementia screening in multi-lingual elderly. *International Journal of Geriatric Psychiatry, 15*(11), 1021–1027.
- Carpenter, B., Balsis, S., Otilingam, P., Hanson, P., & Gatz, M. (2009). The Alzheimer's Disease Knowledge Scale: Development and psychometric properties. *The Gerontologist, 49*(2), 236-247. doi: 10.1093/geront/gnp023.
- Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine, 4*, 92–100.
- Cummings, J. (1997). The Neuropsychiatric Inventory: Assessing psychopathology in dementia patients. *Neurology, 48*(Suppl 6), S10–S16.
- Deb, S., Hare, M., Prior, L., & Bhaumik, S. (2007). Dementia screening questionnaire for individuals with intellectual disabilities (DSQIID). *British Journal of Psychiatry, 190*, 440–444.

- Eaton, W., Smith, C., Ybarra, M., Muntaner, C., & Tien, A. (2004). Center for Epidemiologic Studies Depression Scale: Review and revision (CESD and CESD-R). In M. E. Maruish (Ed.). *The use of psychological testing for treatment planning and outcomes assessment (3rd Ed.), Volume 3: Instruments for adults* (pp. 363–377). Mahwah, NJ: Lawrence Erlbaum.
- Epstein-Lubow, G., Gaudiano, B. A., Hinckley, M., Salloway, S. and Miller, I. W. (2010). Evidence for the validity of the American Medical Association’s caregiver self-assessment questionnaire as a screening measure for depression. *Journal of the American Geriatrics Society*, 58(2), 387–388. doi: 10.1111/j.1532-5415.2009.02701.x
- Feher, E., Larrabee, G., and Crook, T. (1992). Factors attenuating the validity of the geriatric depression scale in a dementia population. *Journal of the American Geriatrics Society*, 40(9), 906-909.
- Galvin, J., et al. (2005). The AD8, a brief informant interview to detect dementia. *Neurology*, 65(4), 559–564.
- Hall, G., Bossen, A., & Specht, J. (2001). Live alone assessment. University of Iowa College of Nursing. Iowa City, IA.
- Krause, N., & Markides, K. S. (1990). Measuring social support among older adults. *International Journal of Aging and Human Development*, 30(1), 37–53.
- Kroenke, K., Spitzer, R., & Williams, J. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606–613.
- Kuhn, D., Fulton, B., & King, S. (2005). Development of the Knowledge about Memory Loss & Care Test. *American Journal of Alzheimer’s Disease and Other Dementias*, 20(1), 41–49.
- Lawton, P. (1971). The functional assessment of elderly people. *Journal of the American Geriatric Society*, 19(6), 465–481.
- Logsdon, R., Gibbons, L., McCurry, S., & Teri, L. (1999). Quality of life in Alzheimer’s disease: Patient and caregiver reports. *Journal of Mental Health & Aging*, 5(1), 21–32.
- Logsdon, R., Gibbons, L., McCurry, S., & Teri, L. (2002). Assessing quality of life in older adults with cognitive impairment. *Psychosomatic Medicine*, 64(3), 510–519.
- Lubben, J. (1988). Assessing social networks among elderly populations. *Family & Community Health: The Journal of Health Promotion & Maintenance*, 11(1), 42–52. (Long version)
- Lubben, J., et al. (2006). Performance of an abbreviated version of the Lubben Social Network Scale among three European Community–dwelling older adult populations. *Gerontologist*, 46(4), 503–513. (Short version)

- Morycz, R. (1985). Caregiving strain and the desire to institutionalize family members with Alzheimer's disease: Possible predictors and model development. *Research on Aging*, 7(3), 329–361.
- Nasreddine, Z., Phillips, N., Bédirian, V., Charbonneau, S., Whitehead, V., Collin, I., et al. (2005). The Montreal Cognitive Assessment, MoCA: A brief screening tool for mild cognitive impairment. *Journal of the American Geriatric Society*, 53(4), 695–699.
- O'Connor, M., & McFadden, S. (2010). Development and psychometric validation of the Dementia Attitudes Scale. *International Journal of Alzheimer's Disease*, Article ID 454218, 10 pages. doi:10.4061/2010/454218
- Pfeffer, R., et al. (1982). Measurement of functional activities in older adults in the community. *Journal of Gerontology*, 37(3), 323–329. doi:10.1093/geronj/37.3.323
- Reisberg, B., Ferris, S.H., de Leon, M.J., & Crook, T. (1982). The global deterioration scale for assessment of primary degenerative dementia. *American Journal of Psychiatry*, 139(9), 1136–1139.
- Steffen, A., McKibbin, C., Zeiss, A., Gallagher-Thompson, D., & Bandura, A. (2002). The revised scale for caregiving self-efficacy: Reliability and validity studies. *Journals of Gerontology. Series B, Psychological Sciences and Social Sciences*, 57(1), P74–86.
- Tariq, S., Tumosa, N., Chibnall, J., Perry III, H., & Morley, J. (2006). Comparison of the Saint Louis University mental status examination and the mini-mental state examination for detecting dementia and mild neurocognitive disorder—A pilot study. *American Journal of Geriatric Psychiatry*, 14(11), 900–910.
- Teri, L., et al. (1992). Assessment of behavioral problems in dementia: The revised memory and behavior problems checklist. *Psychology and Aging*, 7(4), 622–631.
- Thornton, M., & Travis, S. (2003). Analysis of the reliability of the Modified Caregiver Strain Index. *The Journal of Gerontology, Series B, Psychological Sciences and Social Sciences*, 58(2), S129.
- Warden, V., Hurley, A., & Volicer, L. (2003). Development and psychometric evaluation of the Pain Assessment in Advanced Dementia (PAINAD) scale. *Journal of the American Medical Directors Association*, 4(1), 9–15.
- Weiner, M., et al. (2000). The quality of life in latestage dementia (QUALID) scale. *Journal of the American Medical Directors Association*, 1(3), 114–116.
- Yesavage, J., Brink, T., Rose, T., Lum, O., Huang, V., Adey, M., & Leirer, V. (1983). Development and validation of a geriatric depression screening scale: A preliminary report. *Journal of Psychiatric Research*, 17(1), 37–49.