

DEMENTIA SCREENING QUESTIONNAIRE FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (DSQIID)

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Deb S., Hare M., Prior L & Bhaumik S. (2007a) Dementia Screening Questionnaire for Individuals with Intellectual Disabilities (DSQIID). *British Journal of Psychiatry*, 190, 440-4.

Deb S., Hare M. & Prior L. (2007b) Symptoms of dementia among adults with Down's syndrome: a qualitative study. *Journal of Intellectual Disability Research*, 51, 9, 726-39.

Name of the person		ID no.	
Date of completion of DSQIID		Date of completion of DSQIID last time	
Place of completion of DSQIID		Person's current place of residence	
Name of the person scoring DSQIID		Position of the person scoring DSQIID	
Caregiver's name		Relationship with the person	

Physical disability			
None		Problems with vision / blind	Problems with hearing / deaf
Other (<i>please specify</i>)			

Other medical conditions			
None		Present (<i>please specify</i>)	

Psychological / mental health/ behavioural problems				
None		Present (<i>please specify</i>)		

Current medication with daily dosage

Part 1: Level of 'Best' Ability
Please indicate the level of 'best' ability the person has, or has had by ticking the appropriate box

Speech					
Could speak fluently and understandably		Could make short sentences		Could speak only a few words	
Could not speak much but used sign language		Could not speak and did not use sign language			

Daily living skills (<i>e.g. dressing, washing, eating etc.</i>)	
Could live independently with minor help	
Could live independently but needed a lot of help with self-help skills	
Could not live independently and needed minor help with self-help skills	
Could not live independently and needed a lot of help with self-help skills	

Current Accommodations					
On their own		With relatives		In a shared, staffed house	
In a group home with full time staff		In a nursing home or long-stay hospital/ institution		Other (<i>please specify</i>)	

Other relevant information

Part 2

Please complete the following questions by ticking the appropriate box

Example: Question 1) Cannot wash and / or bathe without help

If the person has always needed help with washing and bathing in their adult life, please tick 'Always been the case'

If the person's previous skills in this area seem to have deteriorated, tick 'Always, but worse'

If the person had the skill in their adult life and has recently lost this skill, please tick 'New symptom'

Finally, if the question does not apply to the person (*in this case, if the person can wash without help and this has not changed*), please tick 'Does not apply'

	Always been the case	Always, but worse	New symptom	Does not apply
Cannot wash and / or bathe without help				
Cannot dress without help				
Dresses inappropriately (<i>e.g. back to front, incomplete</i>)				
Undresses inappropriately (<i>e.g. in public</i>)				
Needs help using the bathroom				
Incontinent (<i>including occasional accidents</i>)				
Needs help eating				

	Always been the case	Always, but worse	New symptom	Does not apply
Does not initiate conversation				
Cannot find words				
Cannot follow simple instructions				
Cannot follow more than one instruction at a time				
Stops in the middle of a task				
Cannot read				
Cannot write (<i>including printing own name</i>)				

	Always been the case	Always, but worse	New symptom	Does not apply
Changed sleep pattern (<i>sleeping more or sleeping less</i>)				
Wakes frequently at night				
Confused at night				
Sleeps during the day				
Wanders at night				
Cannot find way in familiar surroundings				
Wanders				
Loses track of time (<i>time of day, day of the week, seasons</i>)				

	Always been the case	Always, but worse	New symptom	Does not apply
Not confident walking over small cracks, lines on the ground or uneven surfaces				
Unsteady walk, loses balance				
Cannot walk unaided				
Cannot recognise familiar person (<i>staff / relatives</i>)				
Cannot remember names of familiar persons				
Cannot remember recent events				
Withdraws from social activities				
Withdraws from other persons				

	Always been the case	Always, but worse	New symptom	Does not apply
Loss of interest in hobbies and activities				
Seems to go into own world				
Obsessive repetitive behaviour (<i>e.g. empties cupboards repeatedly</i>)				
Hides or hoards objects				
Loses objects				
Puts familiar things into wrong places				

	Always been the case	Always, but worse	New symptom	Does not apply
Does not know what to do with familiar objects				
Appears insecure				
Appears anxious or nervous				
Appears depressed				
Shows aggression (<i>verbal or physical</i>)				
Fits / epilepsy				
Talks to self				

Part 3		
Finally, please answer the following questions by ticking 'Yes' or 'No'	Yes	No
Lost some skills (<i>e.g. brushing teeth</i>)		
Speaks (<i>or signs</i>) less		
Seems generally more tired		
Appears tearful, gets more easily upset		
Appears generally slower		
Slower speech		
Appears more lazy		
Walks slower		
Generally, appears more forgetful		
Generally, appears more confused		

Thank you for completing this questionnaire

If you have any further comments, please use the space provided here

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Total score \geq 20 = Possible (BUT NOT DEFINITE) Dementia, REQUIRES FURTHER ASSESSMENT

Total score $<$ 20 = The person may still have a diagnosis of dementia.

Scoring for Part 2

Always been the case / does not apply: Score = 0

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Always but worse / new symptom: Score = 1

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Scoring for Part 3

Score: Yes = 1

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Score: No = 0

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Total score (Part 2 + Part 3)

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DSQIID is not a diagnostic instrument and should not be used for the diagnosis of dementia. However, this is a screening instrument and research (Deb et al., 2007a) shows that a high proportion of people (but not all) with a total score of 20 or above eventually are found to have dementia after clinical assessment, although a small proportion with a score below 20 has also been found to have a clinical diagnosis of dementia. Repeated scoring over time (always compare with the original baseline i.e., level of 'Best' ability, otherwise score may drop over time) is advisable and people with high/ increasing scores should have further assessment for a diagnosis of dementia. The best way to use DSQIID is for the professionals to take the caregivers through each item asking for further explanations/ examples/ clarification in order to confirm the score and develop a clinical picture. Please remember that this scale is NOT based on adaptive behaviour or cognitive function but is based on actual symptoms of dementia. Therefore, many people won't score on items positively if only they show decline in adaptive behaviour or cognition. They will only score positively when they start showing early symptoms of dementia but other conditions such as depression, hypothyroidism, social factors may lead to similar symptoms that have to be distinguished from on clinical assessment. Please exclude causes that may produce similar symptoms (e.g., speech or gait problems after a stroke). DSQIID is free for use for any non-profit making purpose such as clinical use, research, teaching and training as long as the original source of the scale and the author affiliations are clearly mentioned at the outset.

Caregiver completed DSQIID		Caregiver provided information but did not complete DSQIID	
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