

The Cognitive Impairment Questionnaire

CIMP-QUEST™

©Ragnar Åstrand, MD. Version 3.1, 2021
Integrativ Dialog Karlstad AB, Sweden

ragnar.astrand@integrativedialog.se

Name:

.....

Civic registration no.:

.....

When somebody begins to experience memory problems or other cognitive symptoms that are difficult to interpret, an examination might be necessary to determine whether a disease that impairs brain functioning is involved.

In order to most safely make the proper diagnosis and provide suitable treatment, the doctor must perform a detailed analysis of the patient's particular symptoms.

For various reasons, the patient may have trouble thoroughly describing his/her condition. Consequently, it would be very useful if one or more people who are close to him/her carefully go through this form and offer their description of the situation. Anyone who responds to the questionnaire should have known the patient for a long time and be familiar with his/her daily activities.

Indicate whether and to what extent you have observed the symptoms described in the questionnaire by placing an X in the box that best agrees with your opinion about each statement or response. Certain questions require you to write a line or two. If you need more space, feel free to attach another sheet of paper or a letter.

It is important that the information you provide focuses on what has *changed* in the patient's condition.

Questionnaire filled out by:
.....

Relationship to the patient:
 Spouse Child Sibling

Date:
.....

Another person who is close to the patient:
.....

If anything is unclear, you are welcome to call the office nurse:
.....

Phone:
.....

If you call the nurse or come by the office, you will have the chance to discuss the questionnaire in privacy.

The information you provide will be treated confidentially, and the form will be destroyed once all the data has been compiled.

The patient has a more difficult time

No Yes, somewhat/
sometimes Yes, definitely/
often Don't know/
Can't tell

- **finding his/her way in familiar places**, such as at the homes of close friends, or when walking or driving in the local commercial district 1

- **learning to find his/her way in new settings**, such as when traveling or at department stores 2

- **judging distances and holding his/her body properly**, such as when sitting down on a chair or lying down on a bed 3

- **recognizing everyday objects**, pictures, symbols or familiar faces 4

- **performing ordinary chores** – such as dressing, housework, sewing, driving or using appliances like coffeepots, phones, electric shavers, washing machines or TV remote controls – even though his/her mobility is good 5

- **following instructions and directions** 6

- **understanding what he/she is reading or listening to**, such as in letters, newspapers or television and radio programs 7

- **finding the right word**, often looking for another way of explaining what he/she means or talking incoherently 8

- **writing**, such as letters and messages, or filling out forms 9

- **doing arithmetic** and understanding his/her finances, such as making change, paying bills, using checks and credit cards, balancing his/her checkbook or grasping the value of money 10

.....
(PT 1 – 10)

.....
0 1 2 X
.....

The patient has

No Yes, somewhat/
sometimes Yes, definitely/
often Don't know/
Can't tell

- **a changed ability to take the initiative.**

For instance, it is harder for him/her to start on tasks that were once routine, or he/she has become hyperactive in a way that creates problems or disorder (underline whatever you agree with)

 1

- **a harder time planning**, such as taking care of the house, making purchases, or choosing the right clothes to wear

 2

- **poorer judgment.** He/she can't do things that involve risks or have to be figured out, and he/she is **less conscientious** when taking care of the house or his/her personal hygiene, etc.

 3

- **poorer understanding** about the problems that his/her symptoms cause for his/her own situation or for other people

 4

- **a harder time getting involved in and showing compassion** about things that used to be important to him/her, both in the family and the community. His/her emotional responses are weaker or less clear

 5

- **a different sense of humor.** He/she has difficulty understanding jokes, misinterprets things, gets offended or jests in a way that is unlike him/her. He/she sometimes acts amused or elated for no apparent reason

 6

- **more simplistic views**, values and opinions. He/she has a harder time following arguments, and he/she has an **illogical way of reasoning**

 7

- become more **terse** and uses the **same words or expressions** over and over

 8

- **changed his/her behavior.** That sometimes leads to embarrassing or awkward situations in social or married life

 9

- **changed his/her eating habits.** His/her appetite, sense of being full or choice of food is different than it used to be, and his/her table manners are sometimes worse

 10

.....
(F 1 – 10)

..... 0 1 2 X

.....

The patient

No Yes, somewhat/
sometimes Yes, definitely/
often Don't know/
Can't tell

- **thinks more slowly** and has to ponder longer before answering a question

 1

- **reacts more slowly.** He/she can't change pace and do what needs to be done when something unexpected happens

 2

- **moves more slowly**

 3

- **moves more stiffly and awkwardly**

 4

- has **changed his/her way of walking**, and his/her steps are short, hesitant and clumsier

 5

- has **poorer balance** and is more likely to fall

 6

- **is clumsier** or has **shakier hands** (underline whatever you agree with)

 7

- has **different facial expressions** – they are less spontaneous and varied, so that it's harder to guess his/her feelings and reactions

 8

- **speaks less clearly** because he/she slurs his/her words more, or his/her voice has grown weaker (underline whatever you agree with)

 9

- has a **harder time knowing when he/she has to urinate**, so that he/she sometimes has an accident

 10

.....
(SC 1 – 10)

..... 0 1 2 X

.....

The patient

No	Yes, somewhat/ sometimes	Yes, definitely/ often	Don't know/ Can't tell
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- is more **sensitive to stress** and sometimes avoids company or intense activities. He/she has more of a need to do one thing at a time. No Yes, somewhat/sometimes Yes, definitely/often Don't know/Can't tell 1

- is more **downcast** and is sometimes gloomy, pensive or sad with less lust for life No Yes, somewhat/sometimes Yes, definitely/often Don't know/Can't tell 2

- is more **nervous, restless** or has grown **fearful** of certain situations No Yes, somewhat/sometimes Yes, definitely/often Don't know/Can't tell 3

- has **different sleeping habits**, for instance he/she doesn't sleep as well, sleeps more or sleeps at another time of day than before (underline whatever you agree with) No Yes, somewhat/sometimes Yes, definitely/often Don't know/Can't tell 4

- is **more easily moved** (sensitive, touchy) or has **rapid mood changes** for no apparent reason (underline whatever you agree with) No Yes, somewhat/sometimes Yes, definitely/often Don't know/Can't tell 5

- has a harder time controlling himself/herself when he/she gets mad, and he/she sometimes becomes **threatening** or **violent** No Yes, somewhat/sometimes Yes, definitely/often Don't know/Can't tell 6

- has grown **suspicious** and sometimes makes baseless accusations, becomes jealous for no reason or feels persecuted. He/she may also have other **delusions** No Yes, somewhat/sometimes Yes, definitely/often Don't know/Can't tell 7

- has **hallucinations**, seeing, hearing or feeling things that don't actually exist but that he/she has a clear experience of No Yes, somewhat/sometimes Yes, definitely/often Don't know/Can't tell 8

- has occasionally or periodically become **confused** (his/her thinking has rapidly grown unclear), had more difficulty orienting himself/herself in time and space, exhibited changed behavior and had a harder time resting No Yes, somewhat/sometimes Yes, definitely/often Don't know/Can't tell 9

- has short **episodes of absent-mindedness** during which he/she doesn't respond when spoken to, or gets stuck in a movement or activity in a way that is hard to pull himself/herself out of No Yes, somewhat/sometimes Yes, definitely/often Don't know/Can't tell 10

..... 0 1 2 X

(AS 1 – 10)

The patient has a more difficult time	No	Yes, somewhat/ sometimes	Yes, definitely/ often	Don't know/ Can't tell
- remembering what he/she just did	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1
- remembering what was just said	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 2
- remembering what needs to be done or is going to happen, such as making an appointment or celebrating an anniversary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 3
- remembering without being reminded or using post-it notes, calendars, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 4
- remembering more distant events, and he/she may have trouble recalling the order in which things happened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 5
- knowing what day of the week it is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 6
- knowing what time of day it is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 7
.....	0	1	2	X
(M 1 – 7)

How long ago did you notice that the patient began to have difficulty remembering things or experienced any other of the above symptoms?

- less than 6 months 6 months –1 year 1-2 years 2-3 years 3-5 years
 more than 5 years

Do you know of any **special incident** that may be related to the symptoms or that allow you to better estimate the **date** on which the symptoms started to manifest?

- No Yes:

How have the symptoms progressed?

- Gradually** increasing in a subtle manner
 Sudden change – afterwards unchanged, improved, gradual or subtle deterioration (underline whatever you agree with)
 Periodic or recurring symptoms, between which he/she acts like before

Do his/her symptoms vary from day to day? No Sometimes Often

Does the patient say that he/she experiences **any of the symptoms as particularly severe?**

- No Yes:

Have any of the symptoms that you marked above caused **stress for members of the patient's family?**

- No Yes:

Does the patient agree that the symptoms you marked above are the right ones?

- Yes Partly No I haven't really been able to discuss that with the patient