

DISABILITY ASSESSMENT FOR DEMENTIA (DAD)

Name:			File No:
Date:	MMS:	GDS:	DAD:
Respondent:		Relationship:	
Specify all motor and sensory disorders:			
Rater:			Time:

During the past two weeks, did (name) _____, without help or reminder,

	Initiation	Planning & Organization	Effective Performance
HYGIENE SCORING: YES=1 NO=0 N/A=Not Applicable			
Undertake to wash himself/herself or to take a bath or a shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undertake to brush his/her teeth or care for his/her dentures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decide to care for his/her hair (wash and comb)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare the water, towels, and soap for washing, taking a bath or a shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wash and dry completely all parts of his/her body safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brush his/her teeth or care for his/her dentures appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for his/her hair (wash and comb)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DRESSING

Undertake to dress himself/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose appropriate clothing (with regard to the occasion, neatness, the weather and color combination)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress himself/herself in the appropriate order (undergarments, pants/dress, shoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dress himself/herself completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Undress himself/herself completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINENCE

Decide to use the toilet at appropriate times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the toilet without "accidents"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EATING

Decide that he/she needs to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose appropriate utensils and seasonings when eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eat his/her meals at a normal pace and with appropriate manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MEAL PREPARATION

Undertake to prepare a light meal or snack for himself/herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequately plan a light meal or snack (ingredients, cookware)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare or cook a light meal or a snack safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TELEPHONING

Attempt to telephone someone at a suitable time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Find and dial a telephone number correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carry out an appropriate telephone conversation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write and convey a telephone message adequately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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During the past two weeks, did (name) _____, without help or reminder,

	Initiation	Planning & Organization	Effective Performance
GOING ON AN OUTING SCORING: YES=1 NO=0 N/A=Not Applicable			
Undertake to go out (walk, visit, shop) at an appropriate time			
Adequately organize an outing with respect to transportation, keys, destination, weather, necessary money, shopping list			
Go out and reach a familiar destination without getting lost			
Safely take the adequate mode of transportation (car, bus, taxi)			
Return from the store with the appropriate items			

FINANCE AND CORRESPONDENCE

Show an interest in his/her personal affairs such as his/her finances and written correspondence			
Organize his/her finance to pay his/her bills (cheques, bankbook, bills)			
Adequately organize his/her correspondence with respect to stationery, address, stamps			
Handle adequately his/her money (make change)			

MEDICATIONS

Decide to take his/her medications at the correct time			
Take his/her medications as prescribed (according to the right dosage)			

LEISURE AND HOUSEWORK

Show an interest in leisure activity(ies)			
Take an interest in household chores that he/she used to perform in the past			
Plan and organize adequately household chores that he/she used to perform in the past			
Complete household chores adequately as he/she used to perform in the past			
Stay safely at home by himself/herself when needed			

Comments:

SUB TOTAL / #applicable items	/	/	/
DAD TOTAL / #applicable items	/		
DAD TOTAL in %			