# DEMENTIA SCREENING QUESTIONNAIRE FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (DSQIID)

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**References**

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.

Deb S., Hare M. & Prior L. (2007) Symptoms of dementia among adults with Down's syndrome: a qualitative study. *Journal of Intellectual Disability Research*, 51, 9, 726-739.

**NAME OF THE PERSON:**

**ADDRESS:**

**DATE OF BIRTH:**

**NAME OF THE CARER COMPLETING DSQIID:**

**RELATION OF THE CARER WITH THE PERSON:**

**DATE OF COMPLETION OF DSQIID:**

**DATE OF COMPLETION OF DSQIID LAST TIME:**

**NAME OF THE PERSON ADMINISTERING DSQIID:**

**THE POSITION OF THE ADMINISTERING PERSON:**

**PLACE OF COMPLETION OF DSQIID:**

❒ **FEMALE** ❒ **MALE**

**PHYSICAL DISABILITY:**

- ❒ None
- ❒ Problems with vision/ blind
- ❒ Problems with hearing/ deaf
- ❒ Other – please specify

**OTHER MEDICAL CONDITIONS:**

- ❒ None
- ❒ Present – please specify

**PSYCHOLOGICAL/ BEHAVIOURAL PROBLEMS:**

- ❒ None
- ❒ Present – please specify

**CURRENT MEDICATION** (please specify):

## PART 1: LEVEL OF 'BEST' ABILITY

**Please indicate the level of 'best' ability the person has, or has had, by ☑ the appropriate boxes.**

**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 (e.g. Dressing, washing, eating etc.):**

- ❒ **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 ACCOMMODATION:**

- ❒ **On his/her own**
- ❒ **With relatives**
- ❒ **In a shared, staffed house**
- ❒ **In a group home with full time staff**
- ❒ **In a nursing home with full nursing care**
- ❒ **Other _____**

**OTHER RELEVANT INFORMATION**:

_____

_____

_____

_____

_____

_____

_____

_____

**PART 2**

**Please complete the following questions by ☑ 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 his or her adult life, please ☑ 'Always been the case'.**

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

**If the person had the skill in their adult life and has recently lost this skill, please ☑ '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 ☑ '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 (e.g. Back to front, incomplete)** | ❒ | ❒ | ❒ | ❒ |
| **Undresses inappropriately (e.g. In public)** | ❒ | ❒ | ❒ | ❒ |
| **Needs help eating** | ❒ | ❒ | ❒ | ❒ |
| **Needs help using the bathroom** | ❒ | ❒ | ❒ | ❒ |
| **Incontinent (including occasional accidents)** | ❒ | ❒ | ❒ | ❒ |

| | 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 (including printing own name)** | ❒ | ❒ | ❒ | ❒ |

| | Always been the case | Always, but worse | New symptom | Does not apply |
|---|---|---|---|---|
| **Changed sleep pattern (sleeping more or sleeping less)** | ❒ | ❒ | ❒ | ❒ |
| **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 (time of day, day of the week, seasons)** | ❒ | ❒ | ❒ | ❒ |

| | 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 (staff/ relatives)** | ❒ | ❒ | ❒ | ❒ |
| **Cannot remember names of familiar persons** | ❒ | ❒ | ❒ | ❒ |
| **Cannot remember recent events** | ❒ | ❒ | ❒ | ❒ |
| **Withdraws from social activities** | ❒ | ❒ | ❒ | ❒ |
| **Withdraws from 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 or repetitive behaviour (e.g. Empties cupboards repeatedly)** | ❒ | ❒ | ❒ | ❒ |
| **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 (Verbal or physical)** | ❒ | ❒ | ❒ | ❒ |
| **Fits/ Epilepsy** | ❒ | ❒ | ❒ | ❒ |
| **Talks to self** | ❒ | ❒ | ❒ | ❒ |

**PART 3**

**Finally, please answer the following questions by ticking 'yes' or 'no'.**

| | Yes | No |
|---|---|---|
| **Lost some skills (e.g. Brushing teeth)** | ❒ | ❒ |
| **Speaks (or signs) 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.**