

# AD8 DEMENTIA SCREENING

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*Alzheimer's Disease Research Center*

### MEMORY & AGING PROJECT

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## THE ASCERTAIN DEMENTIA 8-ITEM INFORMANT QUESTIONNAIRE (AD8) ADMINISTRATION AND SCORING GUIDELINES

*Spontaneous self-correction is allowed for all responses without counting as an error.*

The questions are given to the respondent for self-administration or can be read aloud to the respondent either in person or over the phone. It is preferable to administer the AD8 to an informant, if available. If an informant is not available, the AD8 may be administered to the patient.

Informants should only rate *change* in the patient due to cognitive problems.

The patient should also only self-rate *changes* due to cognitive problems.

In all instances, change should be noted without attributing causality.

It is important to carefully read the phrase as worded. There should be a one second delay between the reading of each individual item.

No timeframe for reported change is required.

The final score is a sum of the number of items marked “Yes, A change.”

**Interpretation of the AD8** (Adapted from Galvin JE et al, The AD8, a brief informant interview to detect dementia, *Neurology* 2005;65:559-564)

Screening tests such as the AD8 are insufficient to diagnose a dementing disorder. The AD8 is, however, sensitive to detecting early cognitive changes associated with many common dementing illnesses, including Alzheimer disease, vascular dementia, Lewy body dementia, and frontotemporal dementia.

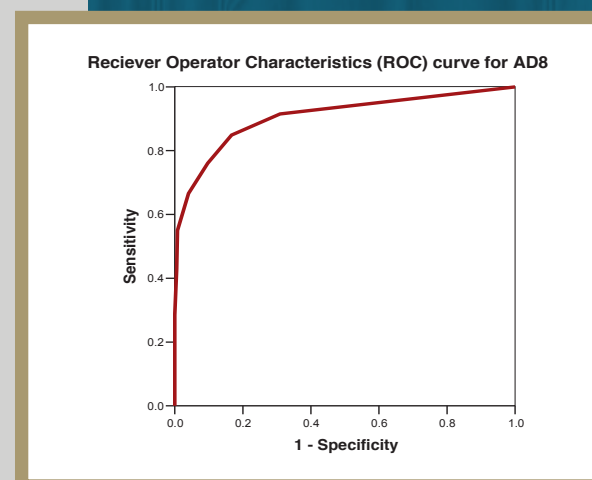
Scores in the impaired range (see below) indicate a need for further diagnostic assessment. Scores in the “normal” range suggest that a dementing disorder is unlikely, but a very early disease process cannot be ruled out.

Based on clinical research findings from 995 individuals included in the development and validation samples for the AD8, the following cutoff points are provided:

- 0 – 1: Normal cognition
- 2 or greater: Cognitive impairment is likely to be present

Administered to either the informant (preferable) or self-rated by the patient, the AD8 has the following properties:

- Sensitivity > 84%
- Specificity > 80%
- Positive Predictive Value > 85%
- Negative Predictive Value > 70%
- Area under the Curve: 0.908; 95%CI: 0.888-0.925



## AD8 DEMENTIA SCREENING INTERVIEW

Remember, “Yes, a change” indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.	YES, A change	NO, No change	N/A, Don’t know
1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)			
2. Less interest in hobbies/activities			
3. Repeats the same things over and over (questions, stories, or statements)			
4. Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)			
5. Forgets correct month or year			
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)			
7. Trouble remembering appointments			
8. <b>Daily</b> problems with thinking and/or memory			
<b>TOTAL AD8 SCORE</b>			

Adapted from Galvin JE et al, The AD8, a brief informant interview to detect dementia, *Neurology* 2005;65:559-564  
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