

Patient name: \_\_\_\_\_

Testing date: \_\_\_\_\_



## STEP 1 – PATIENT EXAMINATION

Unless specified, each question should only be asked once.

### Name and address for subsequent recall test

*I am going to give you a name and address. After I have said it, I want you to repeat it. Remember this name and address because I am going to ask you to tell it to me again in a few minutes: John Brown, 42 West Street, Kensington. (Allow a maximum of 4 attempts.)*

### Time orientation

1. *What is the date? (exact only)*

**Correct**    **Incorrect**

### Clock drawing (use blank page)

2. *Please mark in all the numbers to indicate the hours of a clock. (correct spacing required)*
3. *Please mark in hands to show 10 minutes past eleven o'clock. (11.10)*

### Information

4. *Can you tell me something that happened in the news recently? (Recently = in the last week. If a general answer is given, e.g. "war", "lot of rain", ask for details. Only specific answer scores.)*

### Recall

5. *What was the name and address I asked you to remember?*

John

Brown

42

West (St)

Kensington

  
  
  
  
  
  
  
  
  
  

Add the number of items answered correctly:

**Total score:**

**out of 9**

**9**    **No significant cognitive impairment**

Further testing is not necessary

**5 – 8**    **More information required**

Proceed with informant interview in step 2 on next page

**0 – 4**    **Cognitive impairment is indicated**

Conduct standard investigations

Patient name: \_\_\_\_\_

Testing date: \_\_\_\_\_



## STEP 2: INFORMANT INTERVIEW

Informant name: \_\_\_\_\_

Relationship to patient, i.e. informant is the patient's: \_\_\_\_\_

Ask the informant:

*Compared to 5–10 years ago,*

	YES	NO	Don't know	N/A
1. Does the patient have more trouble remembering things that have happened recently than s/he used to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does s/he have more trouble recalling conversations a few days later?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. When speaking, does s/he have more difficulty in finding the right word or tend to use the wrong words more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is s/he less able to manage money and financial affairs (e.g. paying bills and budgeting)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is s/he less able to manage his or her medication independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does s/he need more assistance with transport (either private or public)? (If the patient has difficulties only due to physical problems, e.g. bad leg, tick 'no'.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add the number of items answered with 'NO', 'Don't know' or 'N/A':

Total score:  out of 6

- 4 – 6 No significant cognitive impairment**  
Further testing is not necessary
- 0 – 3 Cognitive impairment is indicated**  
Conduct standard investigations

When referring to a specialist, mention the individual scores for the two GPCOG test steps:

STEP 1 Patient examination: \_\_\_ / 9

STEP 2 Informant interview: \_\_\_ / 6 or N/A