DATA SUPPLEMENT: DEMENTIA SCREENING QUESTIONNAIRE FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES (DSQIID)

NAME:	CURRENT ACCO	MMOD	ATION	1:				Always		Does
ADDRESS	On his/her own						been the case	but	symp- tom	not
ADDRESS:	☐ With relatives					Wanders at night		worse		apply
	☐ In a shared, staffe					Cannot find way in				
DATE OF BIRTH	☐ In a group home					familiar surroundings				
DATE OF BIRTH:	☐ In a nursing home			•		Wanders				
DATE OF COMPLETION OF DOUB	☐ Other					Loses track of time				
DATE OF COMPLETION OF DSQIID:	OTHER INCORNA	TION 1				(time of day, day				
C FEMALE C MALE	OTHER INFORMA	AI ION:				of the week, seasons)				
☐ FEMALE ☐ MALE	-					Not confident walking				
	:					over small cracks, lines on the ground or unever				
PHYSICAL DISABILITY:	:					surfaces	' 			
None						Unsteady walk, loses				
Problems with vision/blind	:					balance				
Problems with hearing/deaf						Cannot walk unaided				
☐ Other – please specify	PART 2					Cannot recognise				
	fa					familiar person (staff/				
						relatives)				
OTHER MEDICAL COMPITIONS	appropriate box.					Cannot remember names of familiar				
OTHER MEDICAL CONDITIONS:	F 1 0 .: 1	٠. ٥			1 4	persons				
□ None	Canad remember						П			
☐ Present – please specify	without help.					recent events				
	16.1			244		Withdraws from social				
	If the person has alw	,			0	activities				
	and bathing in his or h	ner adult	t life, pl	ease 🔽	Always	Withdraws from person	s 🗌			
PSYCHOLOGICAL CONDITIONS:	been the case'.					Loss of interest in				
None						hobbies and activities				
☐ Present – please specify	If the person's previo					Seems to go into own	_	_	_	_
	have deteriorated, 🗹	'Always,	but see	ems wo	rse'.	world Obsessive or repetitive				
						behaviour (e.g. empties				
	recently lost this skill please [7] 'New symptom'					cupboards repeatedly)				
CURRENT MEDICATION (please specify):						Hides or hoards objects				
						Loses objects				
	Finally, if the question does not apply to the person					Puts familiar things				
	(in this case, if the p					into wrong places				
	and this has not chang					Does not know what to				
		•	Always		Does	do with familiar objects				
		been	but	symp-	not	Appears insecure				
	C	the case	worse	tom	apply	Appears anxious or	_	_	_	_
	Cannot wash and /or bathe without help					nervous Appears depressed				
	Cannot dress without			ш	ш	Shows aggression	П			
	help					(verbal or physical)				
	Dresses inappropriately		_		_	Fits/epilepsy				
	(e.g. back to front,					Talks to self				
	incomplete)									
	Undresses inappropri-					PART 3				
	ately (e.g. in public)					Finally, please answe	r the f	ollowing	g quest	tions by
PART I:	Needs help eating					ticking 'yes' or 'no'.		,	Yes	No
	Needs help using the	_	_	_	_	Lost some skills (e.g. bru	ıshing ter	eth)		
LEVEL OF 'BEST' ABILITY	bathroom					Speaks (or signs) less)		
Please indicate the level of 'best' ability the person	Incontinent (including occasional accidents)					Seems generally more ti	red			
has, or has had, by \square the appropriate boxes.	Does not initiate					Appears tearful, gets mo		upset		
	conversation					Appears generally slowe				
SPEECH:	Cannot find words					Slower speech				
☐ Could speak fluently and understandably	Cannot follow simple	_	_	_		Appears more lazy				
☐ Could make short sentences	instructions					Walks slower				
☐ Could speak only a few words	Cannot follow more than	n				Generally appears more	_			
☐ Could not speak much but used sign language	one instruction at a time	: 🗆				Generally appears more	confused	1		
☐ Could not speak and did not use sign language	Stops in the middle of a	_	_	_	_	Thank you for com	pleting	this q	uestio	nnaire
	task Cannot road					-				
DAILY LIVING SKILLS (e.g. dressing, washing,	Cannot read					If you have any fur		mmen	its plea	ase use
eating):	Cannot write (including printing own name)					the space provided	here.			
Could live independently with minor help	Changed sleep pattern									
☐ Could live independently but needed a lot of	(sleeping more									
help with self-help skills	or sleeping less)									
☐ Could not live independently and needed minor	Wakes frequently at									
help with self-help skills	night					-				
Could not live independently and needed a lot	Confused at night									
of help with self-help skills	Sleeps during the day									

of help with self-help skills