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

NAME:

ADDRESS:

DATE OF BIRTH:

DATE 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 CONDITIONS:
□ 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 checking 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):
□ 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 INFORMATION:

PART 2

Please complete the following questions by checking 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 check ‘Always been the case’.

If the person’s previous skills in this area seem to have deteriorated, check ‘Always, but seems worse’.

If the person had the skill in their adult life and has recently lost this skill, please check ‘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 check ‘Does not apply’.

OTHER MEDICAL CONDITIONS: Other — please specify

PART 3

Finally, please answer the following questions by ticking ‘Yes’ or ‘No’.

Thank you for completing this questionnaire.

If you have any further comments please use the space provided here.