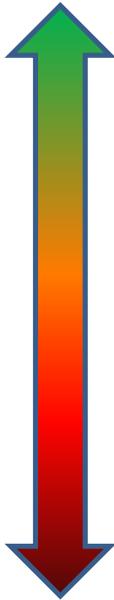


Abbreviated Scoring Sheet: Impairment and Disability Domains of the CPC-E

Circle Ratings

		ASSESSED PRIOR TO DISCHARGE					ASSESSED POST DISCHARGE				
		1.1	1.2	1.3	1.4	1.5	1.6	1.7	1.8	1.9	1.10
Domain Levels		Alert	Short Term Memory *	Logical Thinking	Attention	Motor	Basic Activities of Daily Living (BADLs)	Mood	Fatigue	Complex Activities of Daily Living (CADLs)	Return to Work
 <p>Best Indicator</p> <p>Worst Indicator</p>	1	Spontaneously orients or responds to person entering room	4 words recalled	Correctly answers all 4 questions	No errors	Ambulates without assistance	Independent in 4/4 (eating, dressing, transferring and toileting)	I feel positive and hopeful most of the time	I feel fatigued none of the time	Independent in 4/4 (medication management, food preparation, shopping and transportation)	Currently performing 100% <i>pre</i> CA [§] work tasks ^{€€}
	2	Requires only verbal stimulus to orient or respond to observer	3 words recalled	Correctly answers 3/4 questions	1 error	Ambulates with assistance	Independent in 3/4 (eating, dressing, transferring or toileting)	I feel positive and hopeful some of the time	I feel fatigued rarely	Independent in 3/4 (medication management, food preparation, shopping or transportation)	Currently performing 75% <i>pre</i> CA [§] work tasks ^{€€}
	3	Requires light touch and verbal stimulus to orient or respond to observer	2 words recalled	Correctly answers 2/4 questions	2 errors	Needs assistance to stand	Independent in 2/4 (eating, dressing, transferring or toileting)	I feel positive and hopeful occasionally	I feel fatigued occasionally	Independent in 2/4 (medication management, food preparation, shopping or transportation)	Currently performing 50% <i>pre</i> CA [§] work tasks ^{€€}
	4	Requires noxious stimulus to orient or respond to observer	1 word recalled	Correctly answers 1/4 questions	3 errors	Needs assistance to sit	Independent in 1/4 (eating, dressing, transferring or toileting)	I feel positive and hopeful rarely	I feel fatigued some of the time	Independent in 1/4 (medication management, food preparation, shopping or transportation)	Currently performing 25% <i>pre</i> CA [§] work tasks ^{€€}
	5	No response to voice or physical stimulation; may observe abnormal reflex or posturing	No words recalled	0/4: Does not answer any question correctly	4 errors	Only moves in bed	0/4: Not independent in any BADLs	I feel positive and hopeful none of the time	I feel fatigued all of the time	0/4: Not independent in any CADLs	0%: Currently unable to perform any <i>pre</i> CA [§] work tasks ^{€€}
	6	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported
	7		Not Testable	Not Testable	Not Testable						

* Scoring is based on the delayed 4 min recall trial (Refer to directions on page 2).

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§ CA: Cardiac Arrest €€ Includes retiree or homemaker.

CPC-E SUBJECT ID: _____

Date: ___/___/20___

Data Collected By: _____

RECORD START TIME: ____:____ am or pm

1.1 ALERT DOMAIN

1	Spontaneously orients or responds to person entering room (i.e., tracks with eyes/turns head toward person entering room)
2/3/4	(As stated on front page)
5	No eye opening or spontaneous speaking. Does not follow commands, and when provoked by a noxious stimulus eyes remain closed. Motor activity is absent or abnormal and reflexive, rather than purposeful or defensive.

1.2 SHORT-TERM MEMORY DOMAIN

Part 1: Tell the patient, "Listen carefully. This is a memory test. I am going to read a list of words that I want you to remember. I will ask you to repeat these words now and later on. When I am through, tell me as many words as you can remember." (*While pausing at least 1 second between each word*), Say: "The words are: **Book, goat, dirt, and hand**. Repeat the words to me." [For each word that is repeated, place a check in the Part 1 box **but do not score**.]

	Part 1 (Record but do <u>not</u> score)	Part 2 (Record but do <u>not</u> score)	<i>Part 3 Delayed Recall</i> Score after finishing next Domain (1.3 Logical Thinking)
Book			
Goat			
Dirt			
Hand			

Part 2: After the subject has recalled all, or as many as words as (s)he can remember, read the list a **second** time with the following instructions: "I am going to read the same list again. Try to remember and tell me as many words as you can. The words are: Book, goat, dirt, and hand. Repeat the words to me." [For each word that is repeated by the patient, place a check in the Part 2 box above **but do not score**.]

Now inform the patient that (s)he will be asked to recall these words again by saying, "I will ask you to recall those words later."

If the patient has a tracheostomy and you are unable to lip read, ask the patient to write the correct word or read from the list of words below* and ask for a hand gesture or eye closure: Tell the patient, "Lift your hand (or close your eyes) when you hear the word that I mentioned earlier." While pausing between words, say:

- 1) "Is the correct word: Pen, desk, or book?"
- 2) "Is the correct word: Horse, goat or lamb?"
- 3) "Is the correct word: Dirt, sand or rock?"
- 4) "Is the correct word: Foot, hand or head?"

Scoring is based on PART 3 DELAYED RECALL: "*Earlier in my visit, I asked you to remember a few words. Please tell me as many words as you can remember.*" Place a check in the space next to each word in Part 3 Delayed Recall. Confirm that you have recorded **only the final score from Part 3**.

1.3 LOGICAL THINKING**Copyright © 2013, E. Wesley Ely, MD, MPH and Vanderbilt University, all rights reserved

Ask the patient to answer the following 4 questions:

1. Will a stone float on water? (Correct answer is "No")
2. Are there fish in the sea? (Correct answer is "Yes")
3. Does one pound weigh more than two? (Correct answer is "No")
4. Can you use a hammer to pound a nail? (Correct answer is "Yes")

Return to Part 3 of Short-term Memory Domain to test and score Delayed Recall.

If the patient is hard of hearing, deaf or aphasic, attempt the questions in written form. If the patient has a tracheostomy: Thumbs up = Yes; Thumbs down= No.

1.4 ATTENTION DOMAIN**Copyright © 2013, E. Wesley Ely, MD, MPH and Vanderbilt University, all rights reserved

Say to the patient, "I am going to read you a series of 10 letters. Whenever you hear the letter 'A,' squeeze my hand." *
Read letters from the following list in a normal tone, 3 seconds apart.

S A V E A H A A R T

Errors are counted when patient fails to squeeze on the letter "A" and when the patient squeezes on any letter other than "A."

If the patient is hard of hearing (first check for hearing aide), deaf or aphasic, this domain may not be testable. (Select number 7 under the Attention Domain in Table 1).

*Clinician needs to select a consistent, reproducible response if the patient is unable to squeeze clinician's hand.

1	No errors with squeezing	The patient correctly squeezes only when the letter "A" is mentioned. (i.e., correctly squeezes 4/4 times when the letter "A" is mentioned)
2	1 error with squeezing	The patient squeezes on a wrong letter or fails to squeeze on the letter "A."
3	2 errors with squeezing	The patient squeezes on 2 wrong letters and/or fails to squeeze on the letter "A" twice, or a combination of errors.
4	3 errors with squeezing	The patient squeezes on 3 wrong letters and/or fails to squeeze on the letter "A" three times, or a combination of errors.
5	4 or more errors with squeezing	The patient squeezes on 4 wrong letters and/or fails to squeeze on the letter "A" four times, or a combination of errors.

1.5 MOTOR DOMAIN

Gross screening of motor weakness. Assistance equals help from another individual. Check either the nursing, physical therapy or occupational therapy notes. If the patient has a tracheostomy, select the highest level of tolerated activity.

1.6 BASIC ACTIVITIES OF DAILY LIVING (BADLS) DOMAIN

4 Basic Human Activities: Eating, dressing, transferring and toileting. The examiner records the CURRENT level of independence in basic activities of daily living (BADLs). Independence is defined as no assistance from another person. It may be necessary to refer to the nursing and occupational therapy notes in the patient's chart.

RECORD END TIME: _____:_____ am or pm