SECTION B. COGNITIVE PATTERNS

1.	**COMATOSE**	(*Persistent vegetative state/no discernible consciousness*) 0. No 1. Yes **(If yes, skip to Section G)**	
2.	**MEMORY**	(*Recall of what was learned or known*) **a.** Short-term memory OK—seems/appears to recall after 5 minutes 0. Memory OK 1. Memory problem **b.** Long-term memory OK—seems/appears to recall long past 0. Memory OK 1. Memory problem	
3.	**MEMORY/ RECALL ABILITY**	(***Check all*** *that resident was* ***normally able to recall during last 7 days***) Current season **a.** Location of own room **b.** Staff names/faces **c.** That he/she is in a nursing home **d.** *NONE OF ABOVE* are recalled **e.**	
4.	**COGNITIVE SKILLS FOR DAILY DECISION-MAKING**	(*Made decisions regarding tasks of daily life*) 0. *INDEPENDENT*—decisions consistent/reasonable 1. *MODIFIED INDEPENDENCE*—some difficulty in new situations only 2. *MODERATELY IMPAIRED*—decisions poor; cues/supervision required 3. *SEVERELY IMPAIRED*—never/rarely made decisions	
5.	**INDICATORS OF DELIRIUM—PERIODIC DISORDERED THINKING/ AWARENESS**	(*Code for behavior in the* ***last 7 days.)*** **[*Note: Accurate assessment requires conversations with staff and family who have direct knowledge of resident's behavior over this time*].** 0. Behavior not present 1. Behavior present, not of recent onset 2. Behavior present, over last 7 days appears different from resident's usual functioning (e.g., new onset or worsening)	
		a. EASILY DISTRACTED—(e.g., difficulty paying attention; gets sidetracked)	
		b. PERIODS OF ALTERED PERCEPTION OR AWARENESS OF SURROUNDINGS—(e.g., moves lips or talks to someone not present; believes he/she is somewhere else; confuses night and day)	
		c. EPISODES OF DISORGANIZED SPEECH—(e.g., speech is incoherent, nonsensical, irrelevant, or rambling from subject to subject; loses train of thought)	
		d. PERIODS OF RESTLESSNESS—(e.g., fidgeting or picking at skin, clothing, napkins, etc; frequent position changes; repetitive physical movements or calling out)	
		e. PERIODS OF LETHARGY—(e.g., sluggishness; staring into space; difficult to arouse; little body movement)	
		f. MENTAL FUNCTION VARIES OVER THE COURSE OF THE DAY—(e.g., sometimes better, sometimes worse; behaviors sometimes present, sometimes not)	
6.	**CHANGE IN COGNITIVE STATUS**	Resident's cognitive status, skills, or abilities have changed as compared to status of **90 days ago** (or since last assessment if less than 90 days) 0. No change 1. Improved 2. Deteriorated	