

APPENDIX A: Instructions for the completion of the NTG-EDSD.

Item #	Item Title	Comment
1	File#	For agency use
2	Date	Date form completed
3/4	Name of person	Fill in first and last name of person being screened
5	Date of birth	Provide day, month, year
6	Age	Age when form was completed
7	Sex	Indicate male or female
8	Best description of level of intellectual disability	Draw from any previously completed assessments or estimate if none ever done
9	Diagnosed condition	Draw from any previously completed assessments or estimate if none ever done
-	Current living arrangement of person	Pick most appropriate item
10	General characterization of current physical health	Pick most appropriate item
11	Compared to one year ago, current physical health is:	Pick most appropriate item
12	Compared to one year ago, current mental health is:	Pick most appropriate item
13	Conditions present	Indicate those diagnosed as well as observed
14	Significant recent [in past year] life event	Indicate those that occurred
15	Seizures	Pick most appropriate item
16	Diagnostic history	Complete this item only if the person has been formally assessed and diagnosed; use information provided in diagnostic report
17	Reported date of onset of MCI/dementia	Indicate month/year when first symptoms were noticed
18	Comments/explanation about dementia suspicions	Indicate any behaviors that triggered suspicions or referral for assessment
19	Activities of daily living	Pick most appropriate column item for each 'Always been the case' means the need, problem or behavior has been present for a very long time 'Always but worse' means the existing need, problem or behavior has further declined requiring more personal assistance 'New symptom in past year' means this need, problem or behavior was not present until recently 'Does not apply' means these needs, problems or behaviors are not present
20	Language & communication	Pick most appropriate column item for each

21	Sleep-wake change patterns	Pick most appropriate column item for each
22	Ambulation	Pick most appropriate column item for each
23	Memory	Pick most appropriate column item for each
24	Behavior and affect	Pick most appropriate column item for each
25	Adult's self-reported problems	Pick most appropriate column item for each 'Self-reported' means the adult has expressed one or more of these things
26	Notable significant changes observed by others	Pick most appropriate column item for each Assume that these are new behaviors
27	Chronic health conditions	Pick most appropriate column item for each Draw from any previously completed medical evaluations or current health notes in record
28	Current medications	This item is to help the physician or other clinician assess whether current medications may be the cause of behavioral or functional changes. Best to include a listing of current medication, with dosages, when sending or bringing form to assessment.
29	Comments related to other notable changes or concerns	Use this item to make comments of use related to behavior, function, or any events that may influence behavior
30	Next steps/recommendations	Check most relevant item
31	Date completed	Date form completed
32	Organization/agency	Name of organization providing services to the adult
-	Name of person completing form	Indicate your name
-	Relationship to individual	Indicate whether you are staff, a relative or someone else
-	Date(s) form previously completed	If the <i>NTG-EDSD</i> has been completed before, indicate when

www.aadmd.org/ntg/screening