



Cognitive-Communication Disorders of Dementia Assessment – A Quick Guide

With contributions from Natalie Douglas PhD., CCC-SLP

Any thorough evaluation should assess the whole person, build on strengths, and support functional communication. The assessment of cognitive-communication disorders of dementia can be challenging, especially considering that a standardized measure is often required by insurance companies. The goal of this resource is not to be exhaustive. Rather, it is written to provide clinicians with a list of commonly available screeners, assessments and other formalized tools for dementia care.

Cognitive-Communication Screeners	
<i>Montreal Cognitive Assessment (MOCA)</i>	Cognitive-communication screener; Designed to be sensitive to pick up on mild cognitive impairment
<i>St. Louis University Mental Status Examination (SLUMS)</i>	Cognitive-communication screener; Designed to be sensitive to pick up on mild cognitive impairment
<i>Self-Administered Gerocognitive Exam (SAGE)</i>	Cognitive-communication screener; Also designed to be sensitive enough to pick up on mild cognitive impairment; patient able to fill it out themselves with pen and paper
<i>Brief Interview for Mental Status (BIMS)</i>	Cognitive-communication screener; Brief; not as sensitive to mild cognitive impairment or when compared to MOCA/SLUMS; corresponds to MDS 3.0 *
<i>Addenbrooke’s Cognitive Examination (ACE-III); mini ACE</i>	Originally developed to extend Mini-Mental Examination; available in multiple languages
Hearing Screener	
<i>Hearing Handicap Inventory for the Elderly Screening Version (HHIE-S)</i>	Hearing screening for older adults based on self or caregiver report; does not require audiometer
Depression Screener	
<i>Geriatric Depression Scale</i>	Screens persons with dementia and their care partners for depression and make appropriate referrals
Cognitive-Communication Assessments	
<i>Severe Impairment Battery</i>	Designed for people in later stage dementia
<i>Arizona Battery for Cognitive-Communication Disorders -2 (ABCD-2)</i>	Mild cognitive impairment through more severe stages of dementia; can give individual subtests and not all, individual subtests are standardized; reliability and validity data specifically for people with dementia
<i>Functional Linguistic Communication Inventory- 2 (FLCI)</i>	For moderate-severe dementia; updated reliability and validity data for year 2020



Cognitive-Communication Disorders of Dementia Assessment – A Quick Guide

<i>Cognitive Linguistic Quick Test-Plus (CLQT+)</i>	Appropriate for people in mild-moderate-severe ranges of cognitive-communication impairment; suitable for people who have aphasia and/or significant difficulty with language
<i>Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)</i>	Assessment of dementia and other cognitive-communication impairments from other etiologies; special group studies are available for Alzheimer’s Disease, Vascular Dementia, HIV Dementia, Huntington’s Disease, Parkinson’s Disease, Depression, Schizophrenia, and Closed Head Injury; Various versions available for administration to minimize effects of multiple testing sessions
<i>Scales of Cognitive and Communicative Ability for Neurorehabilitation (SCCAN)</i>	Broad range of neurological impairments in multiple settings; impairment and life participation/living
Language Assessment	
<i>Sydney Language Battery</i>	Validated for primary progressive aphasia (PPA); may aid in the differential diagnosis of different PPA subtypes
Assessment of Functional Dependence and Behavioral Changes	
<i>Fronto-temporal Dementia Rating Scale</i>	Interview guide for caregivers that includes questions about behavior in general, behavior in the community, household chores and phone usage, finances, medication, meal prep and eating, and self-care/mobility
Assessment of the Communication Environment	
<i>Environmental and Communication Assessment Toolkit for Dementia Care</i>	Assess impact on environment on communication with recommendations for intervention
Functional Communication Assessment	
<i>Functional Assessment of Communication Skills for Adults (ASHA-FACS)</i>	Incorporates assessment of communication in ADLs
<i>Communication Activities of Daily Living – 3 (CADL-3)</i>	Functional communication skills of adults with neurogenic communication disorders; Social interaction; communication in ADLs

* MDS <https://www.resdac.org/cms-data/files/mds-3.0> “The Long Term Care Minimum Data Set (MDS) is a health status screening and assessment tool used for all residents of long term care nursing facilities certified to participate in Medicare or Medicaid, regardless of payer.”



Cognitive-Communication Disorders of Dementia Assessment – A Quick Guide

References

Bayles, K.A. & Tomoeda, C.K. (2019). *ABCD-2: Arizona Battery for Cognitive-Communication Disorders, Second Edition-Complete Kit*. Pro-Ed.

Bayles, K.A. & Tomoeda, C.K. (2020). *Functional Linguistic Communication Inventory-2*. Pro-Ed.

Brush, J., Calkins, M., Bruce, C., Sanford, J. (2012). *Environment and communication assessment toolkit (ECAT) for dementia*. Health Professions Press.

Dooley, S. & Walshe, M. (2019). Assessing cognitive-communication skills in dementia: a scoping review. *International Journal of Language and Communication Disorders*, 54(5), 729-741. <https://doi.org/10.1111/1460-6984.12485>

Frattali, C., Thompson, C.K., Holland, A., Wohl, C.B., Wenck, C.J., Slater, S.C., Paul, D. (2017). *American speech-language-hearing association functional assessment of communication skills for adults (ASHA FACS)*. American Speech-Language-Hearing Association.

Helm-Estabrooks, N. (2017). *Cognitive-linguistic quick test-plus*. Pearson.

Holland, A., Fromm, D., Wozniak, L. (2018). *CADL-3: Communication activities of daily living-third edition*. Pro-Ed.

MacDonald, S. (2015). *Cognitive communication checklist for acquired brain injury (CCCABI)*. CCD Publishing.

Krein, L., Joen, Y.-H., Amberber, A.M., Fethney, J. (2019). The assessment of language and communication in dementia: a synthesis of evidence. *American Journal of Geriatric Psychiatry*, 27(4), 363-377. <https://doi.org/10.1016/j.jagp.2018.11.009>

Mathuranath, P.S., Nestor, P.J., Berrios, G.E., Rakowicz, W., Hodges, J.R. (2000). A brief cognitive test battery to differentiate Alzheimer's disease and frontotemporal dementia. *Neurology*, 55(11), 1613-1620. <https://doi.org/10.1212/01.wnl.0000434309.85312.19>

Milman, L., Holland, A., Kaszniak, A.W., D'Agostino, J., Garrett, M., Rapcask, S. (2008). Internal validity and reliability of the SCCAN: using tailored testing to assess adult cognition and communication. *Journal of Speech, Language and Hearing Research*, 51(1), 49-69. [https://doi.org/10.1044/1092-4388\(2008/004\)](https://doi.org/10.1044/1092-4388(2008/004))



Cognitive-Communication Disorders of Dementia Assessment – A Quick Guide

Mioshi, E., Hsieh, S., Savage, M., Hornberger, M., Hodges, J.R. (2010). Clinical staging and disease progression in frontotemporal dementia. *Neurology*, 74(20), 1591-1597. <https://doi.org/10.1212/WNL.0b013e3181e04070>

Nasreddine, Z.S., Phillips, N.A., Bedirian, V., Charbonneau, S., Whitehead, V., Collin, I., Cummings, J.L., Chertkow, H. (2005). The Montreal Cognitive Assessment, MOCA: a brief screening tool for mild cognitive impairment. *Journal of American Geriatric Society*, 53(4), 695-699. <https://doi.org/10.1111/j.1532-5415.2005.53221.x>

Panisset, M., Roudier, M., Saxton, J., Boller, F. (1994). Severe impairment battery: a neuropsychological test for severely demented patients. *Archives of Neurology*, 51(1), 41-50. <https://doi.org/10.1001/archneur.1994.00540130067012>

Randolph, C. (2012). *Repeatable battery for the assessment of neuropsychological status update*. Pearson.

Saliba, D., Buchanan, J., Edelen, M.O., Streim, J., Ouslander, J., Berlowitz, D., Chodosh, J. (2012). MDS 3.0: brief interview for mental status. *Journal of American Medical Directors Association*, 13(7), 611-617. <https://doi.org/10.1016/j.jamda.2012.06.004>

Scharre, D.W., Chang, S-I., Murden, R.A., Lamb, J., Beversdorf, D.Q., Kataki, M., Nagaraja, H.N., Bornstein, R.A. (2010). Self-administered gerocognitive examination (SAGE): a brief cognitive assessment instrument for mild cognitive impairment (MCI) and early dementia. *Alzheimer Disease and Associated Disorders*, 24(1), 64-71. <https://doi.org/10.1097/WAD.0b013e3181b03277>

Tariq, S.H., Tumosa, N., Chibnall, J.T., Perry, M.H., Morley, J.E. (2006). Comparison of the St. Louis University Mental Status Examination and the Mini-Mental State Examination for detecting dementia and mild neurocognitive disorder: a pilot study. *Journal of American Geriatric Society*, 14(11), 900-1010. <https://doi.org/10.1097/01.jgp.0000221510.33817.86>

The University of Sydney Brain and Mind Center. *Diagnostic dementia tests* <https://www.sydney.edu.au/brain-mind/resources-for-clinicians/dementia-test.html>

Ventry, I.M. & Weinstein, B.E. (1982). The hearing handicap inventory for the elderly: a new tool. *Ear and Hearing*, 3(3), 128-134. <https://doi.org/10.1097/00003446-198205000-00006>

Yesavage, J.A., Brink, T.L., Rose, T.L., Lum, O., Huang, V., Adey, M., Leirer, V.O. (1982). Development and validation of a geriatric depression screening scale: a preliminary report. *Journal of Psychiatric Research*, 17(1), 37-49. [https://doi.org/10.1016/0022-3956\(82\)90033-4](https://doi.org/10.1016/0022-3956(82)90033-4)