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|  |  **Assisted Living Facility (ALF)** **Dementia Screening Tool** |
| Name of individual:  The individual named on this form has been assessed and found to exhibit:1. Evidence of short-term memory loss: [ ]  Yes [ ]  No (If there is no evidence of short-term memory loss, the assessor may go to **4.b**, and skip 2 and 3.)**And**2. **One** or more of the following conditions: (Check all that apply.) [ ]  Is not oriented to place or time. [ ]  Has limited ability to make him or herself understood through speech, writing, sign language or any other method the individual uses to communicate. [ ]  Requires hands-on assistance with eating or drinking.(If there is no evidence of one of these conditions, the assessor may go to **4.b**, and skip 3.)**And**3. [ ]  One or more of the following behaviors or symptoms which has been exhibited by the individual within the last thirty days: (Check all that apply.) |
| [ ]  Ability to make decisions about daily life is poor; requires reminders, cues and supervision in planning daily routines[ ]  History of physical injury to staff / others[ ]  Combative[ ]  Resistive to care[ ]  Sexual acting out (does not victimize others)[ ]  Seeks vulnerable or unwilling sexual partners[ ]  Agitated or wanders at night[ ]  Eats non-edible things[ ]  Inappropriate screaming, yelling or verbal noises[ ]  Has left home and gotten lost when trying to return | [ ]  Repetitive physical movement / pacing, hand-wringing, fidgeting[ ]  Leaves stove on after cooking[ ]  Aggressive / intimidating[ ]  Exit seeking behaviors[ ]  Easily irritated / upset / agitated[ ]  Seeks / demands constant attention / reassurance[ ]  Pattern of inability to control own behaviorsSpecify:  [ ]  Unrealistic fears or suspicions[ ]  Inappropriate toileting activitySpecify:   |
| (If there is no evidence of one of these conditions, the assessor may go to **4.b**)**4.a** [ ]  The individual named on this form has identified characteristics of dementia in categories 1, 2, and 3 above. Therefore: (1) The staff of any assisted living facility in which the named individual resides must meet the dementia specialty training requirements specified in Washington Administrative Code 388-112A, and  (2) The assisted living facility must obtain the assessment information for the individual as specified in WAC 388-78A-2370.**4.b** [ ]  This individual does not meet the screening criteria for dementia identified on this form.  QUALIFIED ASSESSOR SIGNATURE DATE |