

# Tips for Assessing Cognitive Skills for Decision Making

(Source: MDS Manual)

**Intent:** To record the individual's actual performance in making everyday decisions about tasks or activities of daily living.

## **Examples of Daily Decision Making:**

Choosing items of clothing; knowing when make and eat meals; knowing how to schedule and follow-through with appointments; using environmental cues to organize and plan (e.g., clocks, calendars, posted listings of upcoming events); in the absence of environmental cues, seeking information appropriately (i.e., not repetitively) from others in order to plan the day; using awareness of one's own strengths and limitations in regulating the day's events (e.g., asks for help when necessary); making the correct decision concerning how to get to appointments and using transportation.

**Process:** Observe the individual. Talk with the individual. Consult with family and others when needed. Ask about their daily routine during the last week. If not consistent with observations, confirm with family or caregivers. Sometimes it is helpful to go back to this item after completing other parts of the assessment.

Questions about cognitive function and memory can be sensitive issues for some individuals who may become defensive or agitated or very emotional. If an individual becomes agitated, sympathetically respond to his or her feelings of agitation and STOP discussing cognitive function. Use narratives to describe the individual's circumstances if not sure which category to classify.

In all cases code the cognitive items with answers that reflect your best professional judgment, realizing the difficulty in assessing individuals who are unable to communicate. Cognitive assessment questions can be successfully coded without having to get verbal answers from the individual. Interdisciplinary collaboration will be helpful in conducting an accurate assessment.

### **KEY: Cognitive Skills for Decision Making**

- a) Independent – the individual’s decisions in organizing daily routine and making decision were consistent, reasonable and organized reflecting lifestyle, culture and values.
- b) Modified independence – The individual organized daily routine and made safe decisions in familiar situations but experienced some difficulty in decision making when faced with new tasks or situations. Occasionally needed help.
- c) Moderately impaired – The individual’s decisions were poor: the individual required reminders, cues, and supervision in planning, organizing, carrying out daily routines. The individual may have attempted to make decisions, although poorly. Occasionally participated in decisions and carried out daily routine. Required significant help.
- d) Severely impaired – The individual’s decision making was severely impaired: the individual never (or rarely) participated in planning, organizing or carrying out their daily routine (despite being provided with opportunities and appropriate cues). Total help was needed.

### **Examples:** (from MDS manual)

- (1) If an individual seems to have severe cognitive impairment and is non-verbal, but usually clamps his mouth shut when offered a bite of food, would the individual be considered moderately or severely impaired?
- (2) If an individual does not generally make conversation or make his needs known, but replies “yes” when asked if he would like to take a nap, would the individual be considered moderately or severely impaired?

Answer: If an individual’s communication is only focused on very particular circumstances, in which case it would be regarded as “rarely/never” in the relative number of decisions a person could make during the course of a week, the individual would be coded as “3”, Severe Impairment.