SmartPaper – *Neuropsychological Interview* (different ink for patient/carer)

CLINICAL DETAILS	Medical Screening cardiac, blood pressure, cholesterol, smoking	Neurological Screening birth/milestones, head injury, epilepsy, loss of consciousness, funny turns. Check for ictal/post-ictal amnesia.	COGNITION, EMOTION & MOTIVATION	Concentration Gives up or is distracted easily. Daydreams. Difficulty driving & talking. Flips between tasks. Falls asleep watching TV. Mind wanders during reading, group conversation. Goes off at tangent in a conversation.	Speech Word-finding – high frequency words, getting stuck OR word substitutions, transient. Returns after a while or with cues. Mispronounces words. Speech comprehension.
Sleep, Tiredness.	**Psychiatric Screening** Taken anti-depressants, seen psychiatrist. Recent stressful life events, family history.				
Family setting & adjustment. Social – friends.		**Family History of Neurological Disease**	**Current medication –**		

Change in food prefs. Alcohol abuse, illicit drugs	**Memory -** *frequency, severity, change*	Repeatedly asks what day it is	Repeats self 3 or more times a day, most days	Where items are kept at home, supermarket	Memory difficulties when reading books or watching TV
Headache, Backache, Stomach ache	Forgets deaths of family/friends, pets, people in news. Forgets holidays.	Forget messages. Forget appointments. Forget to take medication.	Uncharacteristic difficulty in learning new gadgets/pieces of equipment	Navigation problems – way back to, within hotel if on holiday. After shopping – finding car.	Due to memory, cannot now do things did before - ADL, job, hobbies, DIY.

Other Language
Reading
Writing
Spelling

INSTRUMENTAL ACTIVITIES OF DAILY LIVING & EXECUTIVE FUNCTION				
	Hobbies, interests, music, sports, achievements, holidays **Media exposure (TV, radio, papers, internet)**	**Education – best / worst subjects, reading-writing problems**		
	Occupation (first, best, last) **Premorbid Strengths / Weaknesses**			
	Medical & Psychiatric History.	**Family History**	**R–L Hand**	**Reading Glasses**

Vision, Hearing, etc.
Double vision
Visual neglect
Smell, Taste, Libido

Occupational Adjustment Technical, dealing with people, stressful events. Learning new routines, evidence from superiors or colleagues.	**Early Symptoms:** **Duration:** **Change over time:** **Frequency during the day:** **Frequency during the week (e.g. daily?):**		**Calculating Skill**
	Purpose is to probe memory, to assess speech, and to build rapport. With OP, when did you leave home? With I/P, when were you admitted, tests, visitors? Start off with general conversation about Hobbies/Sports, Holidays, Tests, Treatment (including medication) and TV. Ask Who, When, Where questions. See below for further questions ***		**Reality Distortion** Hallucinations/confab 'Eyes or ears play tricks…' (things, people, animals). Delusions.
	Purpose of assessment (reason for referral). **Nature of assessment** (cognitive, not psychiatric). **Test procedures** (what's involved, time to prepare & score). **How patient feels about testing**. **Use of info** (clinical, audit, etc). **Confidentiality** (who will get info). **Feedback** (when given, they get copy of report). **Home situation. If recording, consent to record.**		
Mental slowing. Making Decisions. Planning. Dealing with problems.			**Depressed -** Feels sad. Libido down. Seldom laughs. Eating/drinking change Sleep disturbed, Suicidal. Indecisive. -ve about past, future. Tearful. a.m. worse. Lost interest in pastimes, leisure and appearance.
Driving & related Accidents/near accid. Recall parked car. Navigating familiar & unfamiliar routes. Use of satnav.			
Cooking & for several people. Leaves equipment on.			**Motivation** Past hobbies/pastimes Hygiene, cleanliness Change of clothes. Eating
Change in ability to use TV, DIY equipment, kitchen appliances			**Tolerance level** Verbal - anger Physical - aggression
Make/answer phone calls. Use all features of mobile phone.			**Anxiety** Panic Attacks Chronic Anxiety
Use of computer, internet, email			**Disinhibition** Verbal, social, financial, toilet, sexual.
Shopping in shops and online. Handling coins. Dealing with bills, bank accounts			**Obsessionality/ Stereotyped Behaviour** Obsessional thinking/ruminations
Eating habits and preferences. Table manners.			**Emotional Lability** Spontaneous or triggered by event
Bath, shower, shave, make-up.			*Worried Well – What it is not – fatal, 'mad'. Genuine - not making up, common, 'functional'. Reversible. Because brain is physically intact, things can be done to help.*
Dressing - ability, appropriate	IN THE CASE OF THOSE WHO HAVE LIMITED FLUENCY IN ENGLISH, OR HAVE MINIMAL EDUCATION OR ARE FROM ANOTHER CULTURE, TRY TO GET INFORMATION FROM 1-2 INFORMANTS		
Lacks judgement when buying items, responding to offers, gambling	***** 1. Doctors seen before – names, when, content. Drug history – what, when**	**2. What had for supper yesterday evening** **Tests, Scans, etc – when & am/pm, who else there**	**3. Recent holidays/trips – when, incidents-events from episode or journey to/from.**	**4. Ages – self, spouse, children, grand-children (& names)**	**5. Day Month Year (Date)**

Any activities spouse has had to over	**6. Provide names of personalities who have died .....ask if familiar, and for details. Note media exposure.** **Mohammad Ali, Terry Wogan, Maggie Thatcher, Nelson Mandela, Michael Jackson, Osama Bin Laden, Saddam Hussein**			*Effects of fatigue, stress, hypervigilance, pain. How states of mind > physical symp*
Coping on holidays	**7. Reading books - ask for title, author, content of current book or last one read. TV programme recently watched.** **8. Prime Minister, Leader of Opposition, USA President, Queen's children. Charles' partner & children.**			
After poor performance ask about concentration during testing	**9. Prime Ministers & US Presidents in recent years; Royal family members; Current London mayor.**			*Software-hardware, car / piano out of tune*
	MALINGERING-I. If appropriate, warn before-hand about need for maximum effort & that poor effort can be detected. Establish good rapport. Bad news, some scores very low. Good news, low scores due to non-neuro treatable factors.	*MALINGERING-II. Perhaps due to the stress they are going through, some find it difficult to be fully engaged and to stay motivated during testing, and this can affect their concentration and the amount of effort they put into a test. Do you think this applied in your case?*	*Anger – **S.T.O.P.** **S**top.**T**hink. **O**ther **P**erspectives. **O**ther **P**ossible actions. Refrain, Reframe, Remove mentally/physically from situation*	*Problem Solving – **S.T.O.P.** **S**top **T**hink **O**rganize – what to do **Plan –** when, how*
*Say to the patient they have 'done well' to be **P**atient, **P**ositive, **P**ersevere. Encourage them to Accept, Adapt to, Embrace, show Self-Compassion to situation. Cognitive Reframing, Humour, Support Groups / Organizations, Adjust Goals & Expectations. Spiritual or Charitable Activities, Meditation – these need to be advised as appropriate, and with sensitivity to individuals & context.*				

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These guidelines need to be considered in the context of clinical, imaging and laboratory findings.

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