

**BRIEF COGNITIVE RATING SCALE (BCRS)**Guidelines for Using the BCRS

The BCRS is an assessment tool to be used with the Global Deterioration Scale (GDS) to help stage a person suffering from a primary degenerative dementia such as Alzheimer's disease. Developed by Dr. Barry Reisberg, this assessment tool tests 5 different areas known as Axis (4 cognitive and 1 functional). For the first 4 axis, the tester will ask a variety of questions to determine the level of impairment (see Guidelines for Scoring BCRS at the bottom of this page). The results of the 5th axis (Functioning) are determined primarily by observation. Tester can use the Functional Assessment Staging test (FAST) for a more accurate assessment. After a score is determined for each Axis, total the results and divide by 5. This answer will result in a stage corresponding on the GDS.

Assessment					Brief Cognitive Rating Scale (BCRS)*
Date	Date	Date	Date	Date	
Rating	Rating	Rating	Rating	Rating	
(Circle the Highest Rating Attained)					
1	1	1	1	1=	<b>Axis I: Concentration</b> No objective or subjective evidence of deficit in concentration.
2	2	2	2	2=	Subjective decrement in concentration ability.
3	3	3	3	3=	Minor objective signs of poor concentration (e.g., subtraction of serial 7's from 100).
4	4	4	4	4=	Definite concentration deficit for persons of their backgrounds (e.g. marked deficit on serial 7's; frequent deficit in subtraction of serials 4's from 40).
5	5	5	5	5=	Marked concentration deficit (e.g., giving months backwards or serials 2's from 20).
6	6	6	6	6=	Forgets the concentration task. Frequently begins to count forward when asked to count backwards from 10 by 1's.
7	7	7	7	7=	Marked difficulty counting forward to 10 by 1's.
					<b>Axis II: Recent Memory</b>
1	1	1	1	1=	No objective or subjective evidence of deficit in recent memory.
2	2	2	2	2=	Subjective impairment only (e.g., forgetting names more than formerly).
3	3	3	3	3=	Deficit in recall of specific events evident upon detailed questioning. No deficit in recall of major recent events.
4	4	4	4	4=	Cannot recall major events of previous weekend or week. Scanty knowledge (not detailed) of current events, favorite TV shows, etc.
5	5	5	5	5=	Unsure of weather; may not know current President or current address.
6	6	6	6	6=	Occasional knowledge of some events. Little or no idea of current address, weather, etc.
7	7	7	7	7	No knowledge of any recent events.

						<b>Axis III: Past Memory</b>
1	1	1	1	1=	No subjective or objective impairment in past memory.	
2	2	2	2	2=	Subjective impairment only. Can recall two or more primary school teachers.	
3	3	3	3	3=	Some gaps in past memory upon detailed questioning. Able to recall at least one childhood teacher and/or one childhood friend.	
4	4	4	4	4=	Clear-cut deficit. The spouse recalls more of the patient's past than the patient. Cannot recall childhood friends and/or teachers but knows the names of most schools attended. Confuses chronology in reciting personal history.	
5	5	5	5	5=	Major past events sometimes not recalled (e.g., names of schools attended).	
6	6	6	6	6=	Some residual memory of past (e.g., may recall country of birth or former occupation).	
7	7	7	7	7=	No memory of past.	
					<b>Axis IV: Orientation</b>	
1	1	1	1	1=	No deficit in memory for time, place, identify of self or others.	
2	2	2	2	2=	Subjective impairment only. Knows time to nearest hour, location.	
3	3	3	3	3=	Any mistakes in time >2 hours: day of week > 1 day; date > 3 days.	
4	4	4	4	4=	Mistakes in month > 10 days or year > 1 month.	
5	5	5	5	5=	Unsure of month and/or year and/or season; unsure of locale.	
6	6	6	6	6=	No idea of date. Identifies spouse but may not recall name. Knows own name.	
7	7	7	7	7=	Cannot identify spouse. May be unsure of personal identity.	

Axis V: Functioning and Self-Care					
1	1	1	1	1=	No difficulty, either subjectively or objectively.
2	2	2	2	2=	Complains of forgetting location of objects. Subjective work difficulties.
3	3	3	3	3=	Decreased job functioning evident to coworkers. Difficulty traveling to new locations.
4	4	4	4	4=	Decreased ability to perform complex tasks (e.g., planning dinner for guests, handling finances, marketing, etc.)
5	5	5	5	5=	Requires assistance in choosing proper clothing.
6	6	6	6	6=	Requires assistance in feeding, and/or toileting, and/or bathing, and/or ambulating.
7	7	7	7	7=	Requires constant assistance in all activities of daily life.
					=Total Score
/5=	/5=	/5=	/5=	/5=	Stage on Global Deterioration Scale (GDS)
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*Use with Global Deterioration Scale (GDS)					
<b>GUIDELINES FOR SCORING BCRS</b>					
Ratings: Taking into account the subject's level of education, cultural background, etc., the interviewer rates each clinical axis on the BCRS on a scale ranging from 1 to 7. These scale points define the degree of impairment on each axis as follows:					
<p>1 = Normal, no cognitive decline present. Average or better performance.</p> <p>2 = Very mild, subjective impairment in comparison with 5 or 10 years previous.</p> <p>3 = Mild. Minimal impairment which is clinically verifiable with detailed questioning.</p> <p>4 = Moderate. Marked impairment which is readily evidenced clinically.</p> <p>5 = Moderately severe. Severe impairment on assessment.</p> <p>6 = Severe. Very severe impairment; some residual capacity in some assessment areas.</p> <p>7 = Very severe. Very severe impairment; little residual capacity elicited in assessments.</p>					
<p><b>Axis I: Concentration</b> - Assessing concentration and attentiveness. Taking into account educational level, ask "How far did you go in school?" "How are you at subtraction?" "What is 7 from 100? 7 from 93; 7 from 86" (if can't do ask 4s; if can't do ask 2s).</p> <p><b>Axis II: Impairment of Recent Memory</b> - Ask "What did you do last weekend? What did you have for breakfast? What is the weather like today? Who is the president, the governor, etc."</p> <p><b>Axis III: Impairment of Past Memory</b> - Ask "What primary schools did you attend? Where was it located? Who were your primary teachers? Where were you born? Who were your childhood friends? What kinds of things did you do with your childhood friends?"</p> <p><b>Axis IV: Orientation</b> - Ask hour, day of week, date, place, identity of self.</p> <p><b>Axis V: Functioning and Self-Care</b></p>					

The Global Deterioration Scale (GDS), developed by Dr. , provides caregivers an overview of the stages of cognitive function for those suffering from a primary degenerative dementia such as Alzheimer's disease. It is broken down into 7 different stages. Stages 1-3 are the pre-dementia stages. Stages 4-7 are the dementia stages. Beginning in stage 5, an individual can no longer survive without assistance. Within the GDS, each stage is numbered (1-7), given a short title (i.e., Forgetfulness, Early Confusional, etc. followed by a brief listing of the characteristics for that stage. Caregivers can get a rough idea of where an individual is at in the disease process by observing that individual's behavioral characteristics and comparing them to the GDS. For more specific assessments, use the accompanying Brief Cognitive Rating Scale (BCRS) and the Functional Assessment Staging (FAST) measures.

### The Global Deterioration Scale for Assessment of Primary Degenerative Dementia

Level	Clinical Characteristics
<b>1</b> No cognitive decline	No subjective complaints of memory deficit. No memory deficit evident on clinical interview.
<b>2</b> Very mild cognitive decline (Age Associated Memory Impairment)	Subjective complaints of memory deficit, most frequently in following areas: (a) forgetting where one has placed familiar objects; (b) forgetting names one formerly knew well. No objective evidence of memory deficit on clinical interview. No objective deficits in employment or social situations. Appropriate concern with respect to symptomatology.
<b>3</b> Mild cognitive decline (Mild Cognitive Impairment)	Earliest clear-cut deficits. Manifestations in more than one of the following areas: (a) patient may have gotten lost when traveling to an unfamiliar location; (b) co-workers become aware of patient's relatively poor performance; (c) word and name finding deficit becomes evident to intimates; (d) patient may read a passage or a book and retain relatively little material; (e) patient may demonstrate decreased facility in remembering names upon introduction to new people; (f) patient may have lost or misplaced an object of value; (g) concentration deficit may be evident on clinical testing. Objective evidence of memory deficit obtained only with an intensive interview. Decreased performance in demanding employment and social settings. Denial begins to become manifest in patient. Mild to moderate anxiety accompanies symptoms.
<b>4</b> Moderate cognitive decline (Mild Dementia)	Clear-cut deficit on careful clinical interview. Deficit manifest in following areas: (a) decreased knowledge of current and recent events; (b) may exhibit some deficit in memory of one's personal history; (c) concentration deficit elicited on serial subtractions; (d) decreased ability to travel, handle finances, etc. Frequently no deficit in following areas: (a) orientation to time and place; (b) recognition of familiar persons and faces; (c) ability to travel to familiar locations. Inability to perform complex tasks. Denial is dominant defense mechanism. Flattening of affect and withdrawal from challenging situations frequently occur.
<b>5</b> Moderately severe cognitive decline (Moderate Dementia)	Patient can no longer survive without some assistance. Patient is unable during interview to recall a major relevant aspect of their current lives, e.g., an address or telephone number of many years, the names of close family members (such as grandchildren), the name of the high school or college from which they graduated. Frequently some disorientation to time (date, day of week, season, etc.) or to place. An educated person may have difficulty counting back from 40 by 4s or from 20 by 2s. Persons at this stage retain knowledge of many major facts regarding themselves and others. They invariably know their own names and generally know their spouses' and children's names. They require no assistance with toileting and eating, but may have some difficulty choosing the proper clothing to wear.

<p style="text-align: center;"><b>6</b> Severe cognitive decline (Moderately Severe Dementia)</p>	<p>May occasionally forget the name of the spouse upon whom they are entirely dependent for survival. Will be largely unaware of all recent events and experiences in their lives. Retain some knowledge of their past lives but this is very sketchy. Generally unaware of their surroundings, the year, the season, etc. May have difficulty counting from 10, both backward and, sometimes, forward. Will require some assistance with activities of daily living, e.g., may become incontinent, will require travel assistance but occasionally will be able to travel to familiar locations. Diurnal rhythm frequently disturbed. Almost always recall their own name. Frequently continue to be able to distinguish familiar from unfamiliar persons in their environment. Personality and emotional changes occur. These are quite variable and include: (a) delusional behavior, e.g., patients may accuse their spouse of being an impostor, may talk to imaginary figures in the environment, or to their own reflection in the mirror; (b) obsessive symptoms, e.g., person may continually repeat simple cleaning activities; (c) anxiety symptoms, agitation, and even previously nonexistent violent behavior may occur; (d) cognitive abulia, i.e., loss of willpower because an individual cannot carry a thought long enough to determine a purposeful course of action.</p>
<p style="text-align: center;"><b>7</b> Very severe cognitive decline (Severe Dementia)</p>	<p>All verbal abilities are lost over the course of this stage. Frequently there is no speech at all -only unintelligible utterances and rare emergence of seemingly forgotten words and phrases. Incontinent of urine, requires assistance toileting and feeding. Basic psychomotor skills, e.g., ability to walk, are lost with the progression of this stage. The brain appears to no longer be able to tell the body what to do. Generalized rigidity and developmental neurologic reflexes are frequently present.</p>
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