

# BRIEF ASSESSMENT OF IMPAIRED COGNITION QUESTIONNAIRE (BASIC-Q) – ADMINISTRATION AND SCORING

## PURPOSE

The purpose of BASIC-Q is to assist professional caregivers in identifying senior citizens with possible cognitive impairment. If a suspicion of cognitive impairment is supported by the result of BASIC-Q, the interview person should be advised to contact his or her general practitioner (GP) for further examination.

## APPLICATION

BASIC-Q may be used by professional caregivers experienced in interviewing and assessing senior citizens. As BASIC-Q provides a momentary 'snapshot' of the cognitive status, the interview person should preferably be in a physically and mentally stable condition. Persons recently discharged from hospitalization may be characterized by transient physical and/or mental impairment.

BASIC-Q is an interview tool – not an exam. BASIC-Q is described here in a relatively schematic and structured way but for practical purposes the questions may be interweaved in the setting of an ordinary conversation. The wording of the questions may be adjusted in order to match the present situation and context as long as the main topics in the questions are addressed. The order of questions is not important.

It is strongly recommended that the complete BASIC-Q is used as default option, but if valid informant report cannot be obtained, an estimated (pro-rated) score may be used.

**Table for pro-rating of BASIC-Q scores**

BASIC-Q without informant report	Estimated BASIC-Q score
14	20
13	18
12	16
11	14
10	13
9	11
8	9
7	8
6	7
5	6
4	5
3	4
2	3
1	2
0	1

## PREPARATION

A good rapport with the interview person is essential. Explain the purpose of the interview in everyday language. In general, only the interviewer, the interview person and possibly an informant should be present at the assessment. Informant report (see below) can be completed before, during or after the assessment of the interview person.

## ADMINISTRATION AND SCORING

### 1. SELF-REPORT

- *Compared to previously, do you feel that your memory has declined substantially?*
- *Do you need more help from others to remember appointments, family occasions, or holidays?*
- *Do you have more trouble recalling names, finding the right words, or completing sentences?*

If the interview person has difficulties choosing one of the three answers, say: *Choose the answer that best describes your present condition.*

**Scoring:** 'No' = 2 points; 'To some extent' = 1 point; 'To a great extent' = 0 points.

### 2. ORIENTATION

- *What is the year?*
- *What is the month?*
- *What day of the week is it?*
- *How old are you?*

**Scoring:** Correct answer = 2 points; Wrong answer = 0 points

If, when asked of his/her age, the interview person instead states his/her birthday, say: *'Yes, but how old are you?'* Only correct reporting of age is assigned two points.

### 3. INFORMANT REPORT

The questions must be answered by someone with a first-hand knowledge of the interview person – e.g. a spouse, cohabiting partner, close friend, or a professional caregiver if the person is in residential care.

*Compared with a few years ago, how is your relative at:*

- *Remembering things that have happened recently?*
- *Recalling conversations a few days later?*
- *Remembering what day and month it is?*

**Scoring:** 'Unchanged' = 2 points; 'A bit worse' = 1 point; 'Much worse' = 0 points.

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## ASSESSMENT OF RESULTS

The result of BASIC-Q is found by the summing up the scores from: 1) self-report, 2) orientation, and 3) informant report. Score range: 0-20.

Based on the result of BASIC-Q the following lines of action may be considered:

BASIC-Q score	Lines of action
0-15	<b>Further assesment</b> Inquire the interview person about early signs and symptoms of dementia. Inquire the family or caregiver about their observations. If the suspicion of cognitive impairment is confirmed, discuss the possibility of further assessment – e.g. at the GP – with the person.
16-17	<b>Watchful waiting</b> Inconclusive result. Pay special attention to signs and symptoms of cognitive impairment. Consider repeating the assessment again at a later date.
18-20	<b>No immediate cause to suspect cognitive impairment</b>

The result of BASIC-Q should be compared to the general impression of the interview person. Does anything indicate cognitive impairment – e.g. confusion, disorientation, failing self-care, excessive disorderliness in the home? The result should not be conceived as a diagnosis or a clear-cut recommendation for a specific line of action. BASIC-Q can never substitute a clinical evaluation by the GP.

## REPORTING OF RESULTS

The reporting of the result of BASIC-Q to the interview person should reflect the uncertainty associated with the result depending on the setting. Predictive validity issues are discussed in the validation study (see reference below).

BASIC-Q score: 0-15

### Consider further assessment

Inquire further about memory and cognitive functioning. If the interview person has noticed memory problems or other signs of cognitive impairment, further assessment – e.g. by the GP - will be relevant.

Also, ask the family or caregiver about their observations and impressions. If a close family member reports that the interview person has become more forgetful or displays other signs of cognitive impairment, a joint effort should be directed at motivating her/him for further assessment.

Consider informing the interview person and the family that BASIC-Q cannot be used for making a diagnosis, but the result is an indication of cognitive status. Consider informing the interview person and the family that the result may indicate cognitive impairment, although it is not definitive.

BASIC-Q score: 16-17

### Watchful waiting

The uncertainty associated with the result is generally too large to confirm suspected cognitive impairment or to consider further assessment. But special attention should be paid to complaints about e.g. memory problems. Special attention should also be paid to any signs of cognitive impairment, e.g.:

<https://www.alz.co.uk/info/early-symptoms>

Consider repeating the assessment in half a year or so. Most dementia disorders will progress over time.

BASIC-Q score: 18-20

### No immediate cause to suspect cognitive impairment

The result indicates that in most cases there will be no reason to suspect cognitive impairment. The result, however, does not completely rule out the possibility of cognitive impairment.

If the interview person shows signs of cognitive impairment despite a normal result of the BASIC-Q, further assessment may be relevant. If she/he experiences memory problems or other signs of cognitive impairment – or if such signs have been noticed by a family member – it should always be taken seriously.

## ABOUT BASIC-Q

BASIC-Q was developed at the Danish Dementia Research Centre as part of the Danish action plan for dementia, which provided funding for the validation of the instrument. The validation of BASIC-Q was based on data collected in 2018 in five memory clinics, involving 297 patients referred from general practice and 135 control participants aged 65-94 years.

Jorgensen K, Nielsen TR, Nielsen A, Waldorff FB, Waldemar G. Brief Assessment of Impaired Cognition Questionnaire (BASIC-Q)-Development and validation of a new tool for identification of cognitive impairment in community settings. *Int J Geriatr Psychiatry*. 2020;35(7):693-701.

Jorgensen K, Nielsen TR, Nielsen A, Waldorff FB, Waldemar G. Validation of the Brief Assessment of Impaired Cognition and the Brief Assessment of Impaired Cognition Questionnaire for identification of mild cognitive impairment in a memory clinic setting. *Int J Geriatr Psychiatry*. 2020;35(8):907-15.