questions to ask

To Assess the Orientation and Memory

1. Ask, “Where are you going and where are you coming from?” Record response as given.

2. Ask to state/spell full name, address, and home phone number.

3. Ask today’s date and day of the week, using prompts if necessary.

4. Ask correct time of day without looking at watch
   (more than 1 hour off is abnormal).
   Stated: ____________________________
   Actual: ____________________________

5. Ask to recite months in reverse order.
   Number of errors: ____________________ (two or more is abnormal)

6. Ask what city or town you are in now:

7. Ask what is make/model/year of car.

8. Point at each item listed below and ask the individual to name it. Record responses as given:
   *If contact is not a result of a traffic stop, choose nearby common items and ask the individual to name them.
   (record items asked and responses, below).

   Steering Wheel: ________________ Windshield: ________________
   Glove Compartment/Box: ___________ Radio/Stereo: ________________
   Rear-view Mirror: ________________ Gear Shift: ________________

Questions 1 Through 8:

# Correct Responses ______   # Incorrect Responses ______

Notes: ____________________________

______________________________

______________________________

______________________________

______________________________

Recommendations: circle

Too Impaired for Driving Skills Test | Too Unsafe/No Further Testing
Vision Testing Recommended | Report to DMV/Unsafe on Road
Locate Family/Neighbor and Secure at Home
File Report/Warning or Citation Issue | Transport to Hospital
Request Further Action

DATE ____________________________

OFFICER _________________________

NAME OF PERSON ____________________

LOCATION _________________________

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IACP’s Alzheimer’s INITIATIVES
Safeguarding the Maturing Population

Identifying & Evaluating the At-Risk Older Adult