

BLESSED DEMENTIA SCALE
(Activities of Daily Living)

Name of Missing Person:	Time:	Date:
Report Completed By:	Location / Site:	

I. The informant is to provide the answers. Circle the number which best rates the changes in memory and performance since the person began having difficulties.

No Loss	Some Loss	Severe Loss	Ability / Task
0	0.5	1	Ability to perform household tasks.
0	0.5	1	Ability to cope with small sums of money.
0	0.5	1	Ability to remember a short list of items (i.e. shopping list).
0	0.5	1	Ability to find way about indoors (home or familiar location).
0	0.5	1	Ability to find way around familiar streets.
0	0.5	1	Ability to grasp situations or explanations.
0	0.5	1	Ability to recall recent events.
0	0.5	1	Tendency to dwell in the past.

II. For each ADL below, choose the one which currently describes the person with dementia.

	Eating
0	Feeds self without assistance.
1	Feeds self with minor assistance.
2	Feeds self with much assistance.
3	Has to be fed.
	Dressing
0	Unaided.
1	Occasionally misplaces buttons etc. Requires some help.
2	Wrong sequences, forgets items, requires much assistance
3	Unable to dress.
	Toilet
0	Cleans, cares for self at toilet.
1	Occasional incontinence, or needs to be reminded.
2	Frequent incontinence, or needs much assistance.
3	Little or no control.

III. TOTAL SCORE of Blessed Dementia Scale (0-17) _____ (see back for breakdown)

SAR 300 Nicolet Search Team 2/11/2005	Other Notes:
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Mild dementia (Score: 0-5)

The chief characteristic of mild Alzheimer’s Disease is forgetfulness. Not only will the individual misplace items but will start to place them in unusual locations (i.e. keys in the freezer). Changes in ability to tell time and other visual-spatial tasks represents another sensitive indicator. Simple tests such as temporal orientation and clock drawing help uncover mild AD. Loss of a sense of time and direction greatly interferes with the ability to navigate and are important components of a “sense of direction.” The characteristic of becoming lost, especially in unfamiliar territory is a common hallmark of the critical wanderer with mild AD. Wandering is reported in 18% of those suffering from mild dementia. However, the patient may experience no problems taking long walks of considerable distance in familiar territory. Instead, it is new activities and complex tasks that cause problems. More abstract tasks such as managing finances or making calculations deteriorate early. The decline may be so gradual that it may take family members years to notice since some forgetfulness is a natural part of aging.

Wandering during the mild stages requires both a search response and a strong investigative component. The wandering is often goal directed. Since the wanderer still has sufficient facilities to use public transportation or drive the search area grows rapidly. Determining possible goals of the lost person will become a major emphasis for the search. However, even if the wanderer seeks an initial goal, they may easily become lost along the way. Another common type of wandering seen among mild Alzheimer’s disease subjects is escapist behavior.

Moderate dementia (Score: 6-11)

Once Alzheimer’s disease deteriorates to the moderate stage; profound memory loss that interferes with daily activities characterizes the disorder. The AD patient in the moderate stage is dependent upon others. The sufferer becomes lost even in familiar surroundings and has lost the ability to learn any new material. At this stage judgment and insight are severely impaired. The confusion often becomes worse in the evening, a phenomena called sun-downing. Behavioral problem such as wandering increase during this time. In addition, the AD patient often suffers from sleep disorders.

Behavioral problems become much more serious in the moderate Alzheimer’s disease stage. Wandering occurs in AD patients that are often restless. The wandering is often described as pacing or searching at this stage. The trigger for wandering behavior at this stage is linked to the patient becoming agitated. Other behavioral problems include hostility, verbal outburst, aggression, and inappropriate behavior. Other patients become apathetic and deny any type of problem. Psychological problems also start becoming more common. Patients often suffer from delusions, hallucinations, and paranoia which occurs in 24% of the patients.

Severe dementia (Score: 12-17)

Once the disease progress to the severe stage the patient suffers from severe impairment of mind (cognitive functions) and body. The subject has reached the point they may no longer recognize their spouse and children. The AD patient no longer has any sense of time or current location. Verbal communication has decreased to the point of phrases, words, or merely syllables are constantly repeated. Eventually, even this simple communication degenerates to a complete inability to speak. Several physical problems also occur. Unsteadiness, falls, and reduced mobility should severely limit the distance the AD wanderer may travel. However, the overall incidence of wandering increases to 50%. The overall loss of coordination and body control means the patient may need help dressing, bathing, grooming, eating, and toileting.

General Summary	Suggested Search Techniques
<ul style="list-style-type: none"> ✓ Leave their own residence or nursing home and start traveling along roads. ✓ The patient is usually located (89% of all cases) within one mile (1.2 km) of the Point Last Seen. ✓ If the patients were not on the road itself (14%), they are usually in a creek/drainage (28%), and/or caught in briars/bushes (33%). ✓ Subject usually found a short distance from a road. Median 33 yards (100 feet). ✓ The majority of patients succumb to the environment, (hypothermia, dehydration) and require evacuation (35%) or are deceased (19%). ✓ Subject will not cry out for help or respond to shouts. ✓ Subject will not leave many physical clues. ✓ Subject may attempt to travel to a former residence or to a favorite location. ✓ Subject has previous history of wandering. ✓ Coexisting medical problems that limit mobility are common. 	<ul style="list-style-type: none"> ✓ Early use of trackers at point last seen (PLS) ✓ Early use of tracking dogs at PLS and along roadways. ✓ Early deployment of air scent dog teams into drainages and streams, start near PLS. ✓ Thoroughly search the residence/nursing home and surrounding grounds and buildings; repeat every few hours. ✓ Cut for signs along roadways and trails. ✓ Search heavy briars/bushes; remind field team leaders of this. ✓ Dog teams and ground sweep teams (in separate sectors) expanding from PLS. ✓ Air scent dog teams and ground sweep team tasks 100 yards (initially) parallel to roadways. ✓ Search nearby previous home sites and the region between home sites and PLS.