

## GPCOG

### *General Practitioner assessment of Cognition*

**Purpose :** Screen for dementia specifically in a primary care setting

**Admin time :** 5 min.

**User Friendly :** High

**Administered by :** Health care provider

**Content :** there are two components:

- a cognitive assessment conducted with the patient
  - patient assessment
    - results >8 assumed to be cognitively intact
    - results < 5 assumed to be cognitively impaired
    - if patient scores 5-8, more information required -> informant questionnaire
- an informant questionnaire (only considered necessary if the results of the cognitive section are equivocal, ie score 5-8 inclusive)
  - informant questionnaire - for patients requiring a informant questionnaire, scores of 3 or less out of 6 in this section indicates cognitive impairment

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The GPCOG is free for clinicians and researchers.

There is no fee for use of the website or downloading the paper-and-pencil test. However, you are not allowed to change any content of the GPCOG and are required to include the original reference on the worksheets (Brodaty et al, JAGS 2002; 50:530-534).

#### **Language Accessibility**

The [English](#) GPCOG has been translated into many languages, including [Arabic](#), [Cantonese](#), [Dutch](#), [Farsi](#), [French](#), [Greek](#), [German](#), [Hungarian](#), [Italian](#), [Korean](#), [Mandarin](#), [Polish](#), [Portuguese](#), [Romanian](#), [Russian](#), [Sinhalese](#), [Spanish](#), [Thai](#) and [Welsh](#).

Translations into other languages are currently under way in several countries all over the world.



<https://www.cgakit.com/p-1-gpcog>

Patient name: \_\_\_\_\_

Testing date: \_\_\_\_\_



## STEP 1 – PATIENT EXAMINATION

Unless specified, each question should only be asked once.

### Name and address for subsequent recall test

*I am going to give you a name and address. After I have said it, I want you to repeat it. Remember this name and address because I am going to ask you to tell it to me again in a few minutes: John Brown, 42 West Street, Kensington. (Allow a maximum of 4 attempts.)*

### Time orientation

1. What is the date? (exact only)

Correct Incorrect

☐☐

### Clock drawing (use blank page)

2. Please mark in all the numbers to indicate the hours of a clock. (correct spacing required)
3. Please mark in hands to show 10 minutes past eleven o'clock. (11.10)

☐☐☐☐

### Information

4. Can you tell me something that happened in the news recently? (Recently = in the last week. If a general answer is given, e.g. "war", "lot of rain", ask for details. Only specific answer scores.)

☐☐

### Recall

5. What was the name and address I asked you to remember?

John

☐☐

Brown

☐☐

42

☐☐

West (St)

☐☐

Kensington

☐☐

Add the number of items answered correctly:

Total score:

☐

out of 9

**9 No significant cognitive impairment**

Further testing is not necessary

**5 – 8 More information required**

Proceed with informant interview in step 2 on next page

**0 – 4 Cognitive impairment is indicated**

Conduct standard investigations

Patient name: \_\_\_\_\_

Testing date: \_\_\_\_\_



## STEP 2: INFORMANT INTERVIEW

Informant name: \_\_\_\_\_

Relationship to patient, i.e. informant is the patient's: \_\_\_\_\_

Ask the informant:

*Compared to 5–10 years ago,*

	YES	NO	Don't know	N/A
1. Does the patient have more trouble remembering things that have happened recently than s/he used to?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does s/he have more trouble recalling conversations a few days later?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. When speaking, does s/he have more difficulty in finding the right word or tend to use the wrong words more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is s/he less able to manage money and financial affairs (e.g. paying bills and budgeting)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Is s/he less able to manage his or her medication independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Does s/he need more assistance with transport (either private or public)? (If the patient has difficulties only due to physical problems, e.g. bad leg, tick 'no'.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add the number of items answered with 'NO', 'Don't know' or 'N/A':

Total score:  out of 6

- 4 – 6 No significant cognitive impairment**  
Further testing is not necessary
- 0 – 3 Cognitive impairment is indicated**  
Conduct standard investigations

When referring to a specialist, mention the individual scores for the two GPCOG test steps:

STEP 1 Patient examination: \_\_\_\_ / 9

STEP 2 Informant interview: \_\_\_\_ / 6 or N/A