Informant Questionnaire on Cognitive Decline in the Elderly: Short Form: Clinician Report

Patient:	Pat Smith
Assessment date:	2026-05-18
Informant:	Sam Carer

TOTAL SCORE

3.5 / 5

Screen result: Screening threshold met (3.31–3.59)

CUTPOINTS BY POPULATION CONTEXT

Threshold	Population context	Status
>= 3.18	Optimal post-stroke/TIA threshold (van Nieuwkerk et al. 2021) (Se 0.90, Sp 0.84)	CROSSED
>= 3.31	Primary community screening threshold (Jorm 2004) (Se 0.80, Sp 0.75)	CROSSED
>= 3.38	Optimal community screening threshold (Harrison et al. 2014 Cochrane) (Se 0.91, Sp 0.66)	CROSSED
>= 3.6	Higher-specificity specialist/secondary care threshold (Jorm 2004)	not crossed

SEVERITY INTERPRETATION

In the Jorm (1994) Australian community normative sample (N=718, mean=3.02, SD=0.26), the current score falls approximately 1.8 standard deviations above the community mean, indicating decline well beyond typical ageing.

SYMPTOM PROFILE

Decline profile. The informant rated 8 of 16 items as worse than ten years ago. The pattern is memory-predominant, with memory (episodic, semantic, prospective, and orientation) and procedural knowledge with familiar devices rated as worse and new learning, comprehension and working memory, and executive function and instrumental activities of daily living rated as unchanged.

RECOMMENDATION

Scores meeting the community screening threshold (IQCODE-SF 3.31 or above) with a memory-predominant decline pattern have been associated in the literature with the typical amnestic presentation of Alzheimer's disease, although a screen score does not establish a diagnosis (Jorm, 2004; Dubois et al. 2014). Components described in published guidelines for structured evaluation include history (onset, progression, functional impact, vascular risk factors, medication review), physical and neurological examination, objective cognitive testing (a brief screen such as the MoCA at minimum; neuropsychological assessment where the picture is unclear or where formal documentation is needed for medicolegal or disability purposes), bloods (full blood count, electrolytes, urea, creatinine, calcium, thyroid function, B12, folate), and structural neuroimaging (CT or MRI) as clinically indicated. Onward referral to a memory clinic, geriatrician, or neurologist has been described as appropriate where the diagnosis is uncertain or specialist management is needed. *These notes summarise the published evidence base for this presentation pattern and are intended for clinician consideration. They do not constitute individual treatment recommendations and may not apply to every person; clinical judgement and knowledge of the full clinical picture take precedence.*

SCALE INFORMATION

Scale information. The IQCODE-SF is a 16-item informant-rated questionnaire comparing the patient's current cognitive functioning with their functioning ten years earlier. Items rated 1 (much improved) to 5 (much worse); mean score range 1 to 5, with 3 indicating no perceived change. Community screening threshold >= 3.31 (Jorm, 2004); specialist threshold >= 3.60. Cochrane meta-analysis (Harrison et al., 2014) reports pooled sensitivity 0.91 and specificity 0.66 at >= 3.38 for dementia detection. Performance is consistent across language and education levels in the published validation cohorts. The instrument is a screen; diagnostic confirmation requires clinical assessment.

ITEM RESPONSES

Rating scale: **1** = Much improved **2** = A bit improved **3** = No change **4** = A bit worse **5** = Much worse

#	Description	Response	Score
1	Remembering things about family and friends e.g. occupations, birthdays, addresses	A bit worse	4
2	Remembering things that have happened recently	A bit worse	4
3	Recalling conversations a few days later	A bit worse	4
4	Remembering his/her address and telephone number	A bit worse	4
5	Remembering what day and month it is	A bit worse	4
6	Remembering where things are usually kept	A bit worse	4
7	Remembering where to find things which have been put in a different place from usual	A bit worse	4
8	Knowing how to work familiar machines around the house	A bit worse	4
9	Learning to use a new gadget or machine around the house	No change	3
10	Learning new things in general	No change	3
11	Following a story in a book or on TV	No change	3
12	Making decisions on everyday matters	No change	3
13	Handling money for shopping	No change	3
14	Handling financial matters e.g. the pension, dealing with the bank	No change	3
15	Handling other everyday arithmetic problems e.g. knowing how much food to buy, knowing how long between visits from family or friends	No change	3
16	Using his/her intelligence to understand what's going on and to reason things through	No change	3