



HDS-R

HIERARCHIC DEMENTIA SCALE - REVISED

Name:

Address:

Ref Number:

Date(s) of assessment:

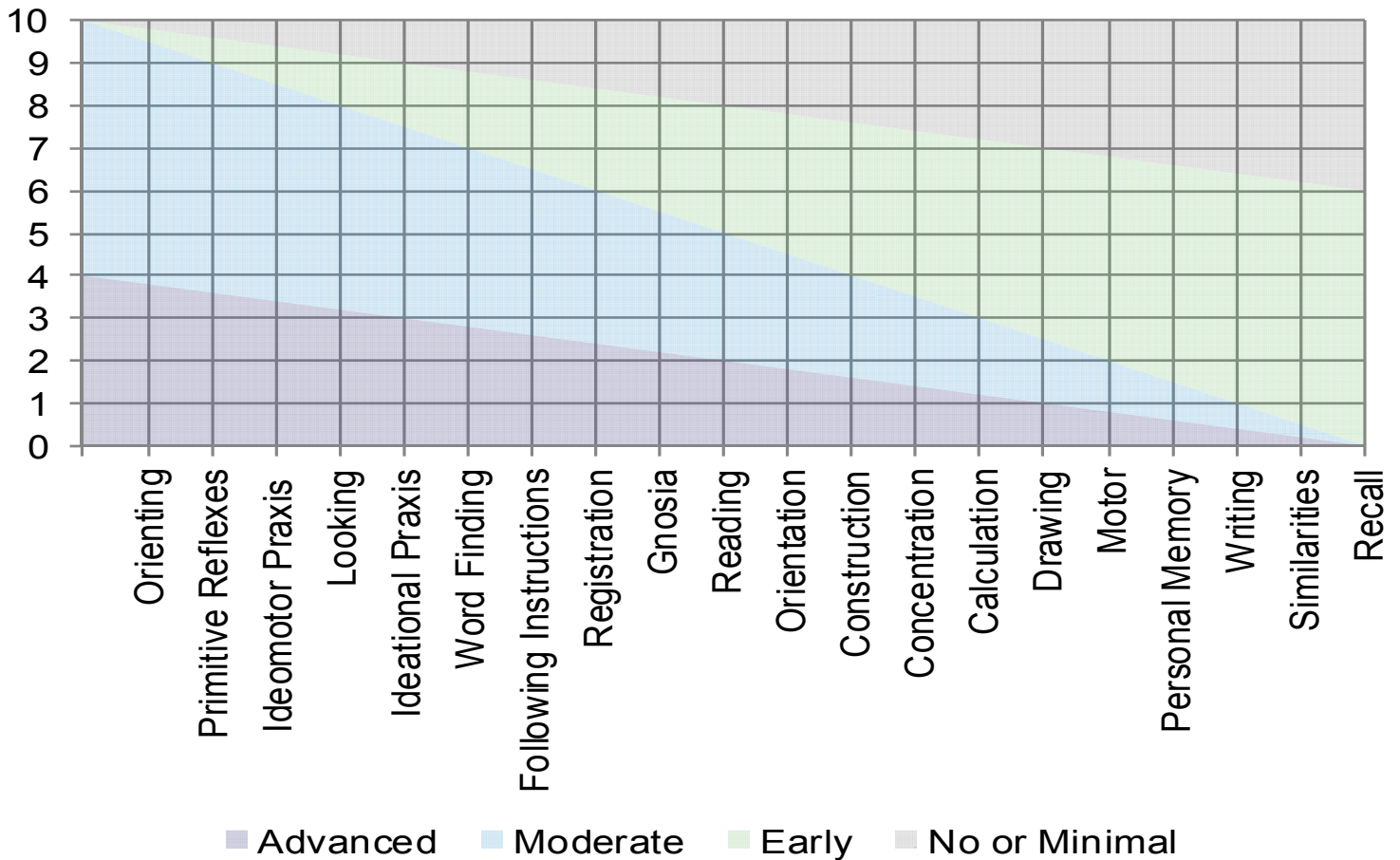
Assessor:

Total score:

Number of subscales completed:

Projected score:

/200



PERCEPTION



Orienting

10	No impairment	
8	Shakes hands	
6	Reacts to auditory stimulus	
4	Reacts to visual stimulus	
2	Reacts to tactile stimulus	
0	No response	

Gnosia



10	Superimposed words	
9	Superimposed images	
8	Digital gnosia	
7	Right-left – assessor	
6	Right-left – self	
5	Body parts – assessor	
4	Body parts – self	
3	Touch 5cm	
2	Touch 5-15cm	
1	Response to touch	
0	No response	



Looking

10	Finds images	
8	Searches for images	
6	Grasps contents of picture	
4	Scans picture	
2	Looks at picture	
0	No response	

ORIENTATION, ATTENTION & MEMORY



Concentration

10	Serial 7's (93, 86, 79, 72, 65, 58)	
9	Serial 3's (30, 27, 24, 21, 18, 15, 12, 9, 6, 3)	
8	Months of the year backwards	
7	Days of the week backwards	
6	Count down 93-85	
5	Count down 10-1	
4	Months of the year forwards	
3	Days of the week forwards	
2	Count 1-10	
1	Actual counting (10)	
0	Incorrect or no response	

Wait five minutes between registration and recall

Recall



10	All five items	
8	Any four	
6	Any three	
4	Any two	
2	One item	
0	No items	

Personal Memory



10	Current finances	
8	Current family	
6	Early adulthood	
4	Childhood	
2	Place of birth	
0	Incorrect or no response	



Registration

10	Five items	
8	Four items	
6	Three items	
4	Two items	
2	One item	
0	No items	

Orientation



10	Date (within 2 days)	
8	Month	
6	Year of birth	
4	Morning or afternoon	
2	First name	
0	Incorrect or no response	

CALCULATION



Calculation

10	43 - 17 (= 26)	
9	56 + 19 (= 75)	
8	39 - 14 (= 25)	
7	21 + 11 (= 32)	
6	15 - 6 (= 9)	
5	18 + 9 (= 27)	
4	9 - 4 (=5)	
3	8 + 7 (= 15)	
2	2 - 1 (= 1)	
1	3 + 1 (= 4)	
0	Incorrect or no response	

LANGUAGE

Following Instructions



5	Close eyes, touch left ear	
4	Clap hands three times	
3	Touch your right eye	
2	Touch your nose	
1	Open mouth	
0	No response	

Verbal

5	Close eyes, touch left ear	
4	Clap hands three times	
3	Touch your right eye	
2	Touch your nose	
1	Open mouth	
0	No response	

Written



Writing

Form

5	Flowing style	
4	Loss of flow	
3	Letters misshapen	
2	Repetition or substitution	
1	Scribble	
0	No response	

Content

5	No error	
4	Word substitution	
3	Missing preposition	
2	Missing verb or noun	
1	Missing two or more words	
0	No response	

Reading



10	Paragraph	
8	Paragraph with 4 errors or less	
6	Sentence	
4	Word	
2	Letter	
0	Incorrect or no response	

Word Finding



10	No errors	
9	Anomia – parts	
8	Anomia – objects	
7	Use of parts	
6	Use of objects	
5	Semantic error – parts	
4	Semantic error – objects	
3	Phonemic error - parts	
2	Phonemic error - objects	
1	Deformed words / jargon	
0	No response	



Similarities

10	Aeroplane – bicycle	
8	Gun – knife	
6	Cat – pig	
4	Pants/trousers – dress	
2	Orange - banana	
0	Incorrect or no response	

PRAXIS



Ideomotor Praxis

10	Reversed hands		
9	Double rings		
8	Double fingers		
7	Opposed hands		
6	Single ring		
5	Single finger		
4	Clap hands		
3	Wave		
2	Raise hands		
1	Open mouth		
0	Incorrect or no response		

Ideational Praxis



10	Imaginary toothbrush and toothpaste		
9	Imaginary jar and lid		
8	Imaginary scissors		
7	Imaginary comb		
6	Toothbrush and toothpaste		
5	Jar and lid		
4	Scissors		
3	Comb		
2	Put on spectacles		
1	Open door		
0	Incorrect or no response		

SPATIAL ABILITIES



Drawing

10	Cube		
9	Cube (difficulty with perspective)		
8	Two rectangles		
7	Circle and square		
6	Rectangle		
5	Square		
4	Circle inside circle		
3	Circle		
2	Line		
1	Scribble		
0	No response		

Construction



10	Four blocks diagonal		
8	Four blocks square		
6	Two blocks diagonal		
4	Two blocks square		
2	Match circle		
0	Incorrect or no response		

MOVEMENT



Motor

10	No impairment		
9	Increased muscle tone—repeated		
8	Increased muscle tone – initial		
7	Loss of rhythm		
6	Loss of associated movements		
5	Contracture of legs		
4	Kyphosis		
3	Vertical restriction eye movement		
2	Non-ambulatory		
1	Lateral restriction eye movement		
0	Incorrect or no response		

Primitive Reflexes



10	None		
8	Palmar grasp reflex		
6	Snout reflex		
4	Visual rooting reflex		
2	Tactile rooting reflex		

HDS-R SCORE SUMMARY

Name:

Date(s) of assessment:

Subscale		Score	Comments
Orienting			
Gnosia			
Looking			
Concentration			
Registration			
Recall			
Personal Memory			
Orientation			
Calculation			
Following Instructions	Verbal		
	Written		
Writing	Form		
	Content		
Word Retrieval			
Reading			
Similarities			
Ideomotor Praxis			
Ideational Praxis			
Drawing			
Construction			
Primitive Reflexes			
Motor			
TOTAL			Number of subscales completed
PROJECTED TOTAL			(If not all subscales have been completed)

$$\text{Projected total score} = \frac{\text{Sum of subscale scores completed}}{\text{Number of subscales completed}} \times 20$$

The revised version has been approved by Dr. Martin Cole and Dr. Dolly Dastoor, McGill University, Montreal, Quebec, Canada

