

Brief Cognitive Impairment Scale® (BCIS)®

***This screening tool is for severe cognitive impairment.**

Name: _____

Today's Date: _____

DOB: _____

Gender: Female / Male

Total Score: _____ / 14

Education: _____

Examiner: _____

POINTS

1. Does the patient make appropriate eye contact with the examiner ? _____ / 1
(minimal standard - initial contact with at least subsequent intermittent contact) - 1 point

Say: "I'm going to put this pencil (or other small object) over here (out of patient's immediate visual field).
I'll ask you later to remind me where I put it."

2. Say: "Please tell me your name." - 1 point _____ / 1

3. Say: "Where are we now?" - simple answers like nursing home are scored as 1 point _____ / 1

4. Say: "This is a piece of paper and this is a pencil (pen), Please draw a circle right here (point to the spot on the paper)."
approximately round shape is scored as 1 point _____ / 1

5. 3-step command (simple): Say: "Open your mouth, close your eyes, raise your hand." (Give each command separately.)
2 points if all correct; 1 point if 1-2 correct _____ / 2

6. 3-step command (complex): Say: "Raise your right hand, touch your nose, then make a fist."
(Give all 3 commands before patient begins the task.) - 2 points if all correct; 1 point if 1-2 correct _____ / 2

7. Say: "Please count backwards from 10 to 1." - patient must complete full task for 1 point _____ / 1

8. Say: "What would you do if you were very thirsty?" - 2 points for elaboration; 1 point for concrete response _____ / 2

9. Say: "What would you do if someone took your shoes?" - 1 point for an appropriate answer _____ / 1

10. Say: "When we first met today, I put my pencil (or other object) somewhere in this room. Where did I put it?" - 1 point _____ / 1

11. Was patient able to tolerate visit without becoming agitated? (without requiring "calming") - 1 point if affirmative _____ / 1