

Frontotemporal Dementia Rating Scale FRS

Patient's Name: _____ Today's date: ____/____/____
 Respondent: _____ Relationship to patient: _____

For each sentence, circle the frequency of the problem on the right handside. If the question does not apply for them, e.g. he/she did not cook before, then mark N/A. Please refer to scoring and interview guides before administering the scale.

Behaviour	Frequency
1. Lacks interest in doing things - their own interests/leisure activities/new things	All the time Sometimes Never
2. Lacks normal affection, lacks interest in family members worries	All the time Sometimes Never
3. Is uncooperative when asked to do something; refuses help	All the time Sometimes Never
4. Becomes confused or muddled in unusual surroundings	All the time Sometimes Never
5. Is restless	All the time Sometimes Never
6. Acts impulsively without thinking, lacks judgement	All the time Sometimes Never
7. Forgets what day it is	All the time Sometimes Never
Outing and Shopping	
8. Has problems taking his/her usual transportation safely (car if has a driver licence; bike or public transport if does not have a driver licence)	All the time Sometimes Never
9. Has difficulties shopping on their own (e.g. to go to the local shops to get milk and bread if did not use to do the main shopping)	All the time Sometimes Never
	N/A
Household chores and telephone	
10. Lacks interest or motivation to perform household chores that he/she used to perform in the past	All the time Sometimes Never
	N/A
11. Has difficulties completing household chores adequately that he/she used to perform in the past (to the same level)	All the time Sometimes Never
	N/A
12. Has difficulty finding and dialling a telephone number correctly	All the time Sometimes Never
Finances	
13. Lacks interest in his/her personal affairs such as finances	All the time Sometimes Never
	N/A
14. Has problems organising his/her finances and to pay bills (cheques, bankbook, bills)	All the time Sometimes Never
	N/A
15. Has difficulties organising his/her correspondence without help (<i>writing skills</i>)	All the time Sometimes Never
	N/A
16. Has problems handling adequately cash in shops, petrol stations, etc (give and check change)	All the time Sometimes Never

Medications	
17. Has problems taking his/her medications at the correct time (forgets or refuses to take them)	All the time Sometimes Never N/A
18. Has difficulties taking his/her medications as prescribed (according to the right dosage)	All the time Sometimes Never N/A
Meal Preparation and Eating	
19. Lacks previous interest or motivation to prepare a meal (or breakfast, sandwich) for himself/herself (<i>rating based pre-morbid functioning; score same task for questions 19, 20 and 21</i>)	All the time Sometimes Never N/A
20. Has difficulties organising the preparation of meals (or a snack if patient was not the main cook) (choosing ingredients; cookware; sequence of steps)	All the time Sometimes Never N/A
21. Has problems preparing or cooking a meal (or snack if applicable) on their own (needs supervision/help in kitchen)	All the time Sometimes Never N/A
22. Lacks initiative to eat (if not offered food, might spend the day without eating anything at all)	All the time Sometimes Never
23. Has difficulties choosing appropriate utensils and seasonings when eating	All the time Sometimes Never
24. Has problems eating meals at a normal pace and with appropriate manners	All the time Sometimes Never
25. Wants to eat the same foods repeatedly	All the time Sometimes Never
26. Prefers sweet foods more than before	All the time Sometimes Never
Self care and mobility	
27. Has problems choosing appropriate clothing (with regard to the occasion, the weather or colour combination)	All the time Sometimes Never
28. Is incontinent	All the time Sometimes Never
29. Cannot be left at home by himself/herself for a whole day (for safety reasons)	All the time Sometimes Never
30. Is restricted to the bed	All the time Never

Any other comments: