Cognitive Impairment Questionnaire - 3rd Party

Attorney Name: ________________________________

Reporter: ___________________ Relation: ______________

Date of Interview: ______________ Location: __________________

This is not a diagnostic tool. This questionnaire is designed as a starting point to assist persons who may have concerns about the current cognitive functioning of an attorney family member or colleague. A thorough assessment by a qualified professional is recommended if you have concerns about your findings. If you need assistance with a referral to a qualified professional, please contact The Mississippi Bar Lawyers and Judges Assistance Program. When following up with a professional, you are encouraged to provide this assessment.

As you consider the following, pay special attention to significant changes in the attorney’s functioning over time. Have you, or others, recently noticed marked changes. Check all that apply, and indicate specific examples. Use the additional comments section to cite other examples as needed.

**Observational Signs & Symptoms:**

**Behavioral Functioning at Work / Observations**

**Practice Management**

_____ Deteriorating performance at work
_____ Making mistakes on files / cases
_____ Difficulties functioning without the help of a legal assistant / or other lawyers
_____ Committing obvious ethical violations
_____ Failing to remain current re changes in the law; over-relying on experience
_____ Exhibiting confusion re timelines, deadlines, conflicts, trust accounting

Additional:

________________________________________________________________________
______________________________________________________________________________

________________________________________________________________________
______________________________________________________________________________
**Appearance / dress**

- Inappropriately dressed
- Poor grooming/hygiene

Additional:

______________________________________________________________________________

______________________________________________________________________________

**Interpersonal disinhibition**

- Sexually inappropriate statements that are historically uncharacteristic for the lawyer
- Engaging in uncharacteristically sexually inappropriate behavior
- Uncharacteristic difficulties inhibiting anger
- Disinhibition in other nonsexual behaviors

Additional:

______________________________________________________________________________

______________________________________________________________________________

**Self-awareness**

- Denial of any problem
- Exhibits/expresses highly defensive beliefs
- Feels others out “to get” him/her, organized against him/her

Additional:

______________________________________________________________________________

______________________________________________________________________________

**Significant changes in characteristic routine at work**
Cognitive Functioning / Observations

**Short-term memory problems** (reduced ability to manipulate information in ST memory)
- Forgets conversations, events, details of cases
- Repeats questions and requests for information frequently

Additional:
________________________________________________________________________
________________________________________________________________________

**Executive functioning** (slower and less accurate in shifting from one thought or action to another)
- Trouble staying on tract / topic
- Trouble following through and getting things done in a reasonable time

Additional:
________________________________________________________________________
________________________________________________________________________

**Lack of mental flexibility**
- Difficulty adjusting to change
- Difficulty understanding alternative or competing legal analysis, positions

Additional:
________________________________________________________________________
________________________________________________________________________

**Language-related problems**
- Comprehension problems
- Problems with verbal expression
  - Difficulty finding the correct word to use
  - Circumstantiality (providing unnecessary details, difficulty “getting to the point”)
  - Tangentiality (seemingly random shifts in thought/speech, “rabbit trails”)

Additional:
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________
**Disorientation**

- Confused about date / time sensitive tasks
- Missing deadlines for filing legal documents

Additional:

________________________________________________________________________
________________________________________________________________________

**Attention / concentration** (problems with dividing attention, filtering out noise and shifting attention)

- Lapses in attention
- Overly distractible

Additional:

________________________________________________________________________
________________________________________________________________________

**Insight/Awareness**

- Attorney fully recognizes/acknowledges deterioration in functioning
- Attorney appears to have some insight as to deterioration in functioning
- Attorney appears to have no insight into deterioration in functioning
- Attorney denies any deterioration in functioning

Additional:

________________________________________________________________________
________________________________________________________________________

**Emotional Functioning / Observations**

- Emotional distress
- Emotional lability (rapid swings in mood/affect; incongruent affect for situation)

Additional:

________________________________________________________________________
________________________________________________________________________
Other Observations/Notes of Functional Behavior

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Mitigating/Qualifying Factors Affecting Observations

Stress, Grief, Depression, Recent Events affecting stability of client:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Medical Factors / medical conditions

_____ Sensory functioning (hearing / vision loss)
_____ Family history of dementia
_____ Substance abuse / dependence
_____ Hypertension
_____ Stroke history
_____ Thyroid disease
_____ Chemotherapy
_____ Sleep apnea
_____ Prescription medications
_____ High cholesterol

Additional:

______________________________________________________________________________

______________________________________________________________________________