

This is a **Sample** version of the
**The Cornell-Brown Scale for Quality of Life in
Dementia (CBS-QoLD)**

The **full version** of the The Cornell-Brown Scale for Quality of Life in Dementia (CBS-QoLD) comes without 'sample' watermark

The full complete version includes –

- Overview
- Administration Manual
- Scoring guide
- Reliability and Validity
- Complete 19 item questioner/Test
- Questioning instructions

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The Cornell-Brown Scale for Quality of Life in Dementia

Manual for Administration (SAMPLE)

Introduction

The Cornell-Brown Scale for Quality of Life (CBS) provides a global assessment of quality of life in patients diagnosed with dementia. The scale was developed based on the conceptualization that high quality of life (QOL) is indicated by presence of positive affect, physical and psychological satisfactions, self-esteem and the relative absence of negative affect and experiences.

The CBS was adapted from the Cornell Scale for Depression in Dementia, which has been validated to assess depression in both demented and nondemented elderly (Alexopoulos, Abrams, Young, & Shamoian, 1988a, 1988b). Items for the Cornell Scale were written based on review of the phenomenology of depression in demented and nondemented patients and solicitation of input from geriatric psychiatrists. Ratings can be made based primarily on observation. The Cornell Scale was selected as the basis from which to develop the CBS because negative mood and experiences clearly reflect poor QOL. To measure positive aspects of QOL, the items were broadened to include assessment of positive emotions, experiences, and satisfactions. Thus, as measured by the CBS, high QOL is indicated not only by an absence of negative experiences, but by the presence of positive emotional experiences.

Administration and Scoring

The CBS is rated by a clinician after a joint interview with the patient and caregiver. In some cases where the caregiver is uncomfortable with a joint interview, separate interviews with the patient and caregiver may be necessary to insure reliable and valid collection of data. This issue should be addressed before the interview is begun.

The interview is semi-structured. Each item is assessed by first asking about the negative pole. If the negative aspect of QOL is present, the interviewer determines the extent and severity of the symptom and rates the item as -1 (mild or intermittent) or -2 (severe or chronic). If the negative pole of the item is not endorsed or observed, then the interviewer assesses for presence of the positive

pole of the item. If this is endorsed, the interviewer determines the magnitude of this characteristic and rates the item as +1 (mild or intermittent) or +2 (constant). If neither the negative nor positive aspects of an item are endorsed, the item is scored as a zero. Some items on the CBS require respondents to indicate if a patient is engaging in more or less of a particular type of behavior. Changes are in reference to the patient's premorbid behavior, prior to the onset of dementia.

The goal of the CBS is to assess a patient's quality of life as it is affected by dementia. When change on an item is clearly due to a factor other than dementia, the item should be rated as a zero. For example, when weight loss is due to a medical condition, the weight loss item should be scored as zero.

Reliability and Validity

Preliminary evidence regarding the CBS reliability and validity are in press (Ready, Ott, Grace, & Fernandez, 2002). Data collected from joint interviews with 50 dementia patients and a knowledgeable informant indicated that the scale has adequate interrater reliability (intraclass $r = .90$) and internal consistency (Cronbach alpha = $.81$). Criterion validity was indicated by a positive correlation between CBS scores and visual analogue positive mood ratings made by patients (Spearman rho = $.63$).

QOL was negatively correlated with dementia severity as measured by the Clinical Dementia Rating scale (rho = $-.35$). Reliability and validity findings were similar for the more mildly and more severely impaired halves of the sample.

All patients in the study had an MMSE of 9 or greater, indicating a preliminary cut-off for administration. Other investigators have found that patients with MMSE scores of 11 to 12 and greater can participate in the assessment of QOL, as indicated by their ability to provide reliable and valid data (Brod, Stewart, Sands, & Walton, 1999; Logsdon, Gibbons, McCurry, & Teri, 1999; Selai, Trimble, Rossor, & Harvey, 2000). For patients with severe aphasia or severe dementia, the CBS may not provide reliable and valid information due to the lack of patient self- observations.

The Cornell-Brown Scale for Quality of Life in Dementia (CBS-QoLD) (Test/Questionnaire)

Name _____ Age _____ Sex _____ Date _____

Circle one: Inpatient Nursing Facility Resident Outpatient

Use this measurement scale to document quality of life of dementia patients.

-1 = mild or intermittent -2 = severe or constant	Scoring system 0 = absent a = unable to evaluate	+1 = mild or intermittent +2 = very or constant
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Ratings should be based on symptoms and signs occurring during the week prior to interview. No score should be given if symptoms result from physical disability or illness.

Mood related signs

- | | |
|--|---|
| 1. Anxiety (anxious expression, ruminations, worrying)
-2 -1 0/a | Comfort (relaxed expression, assured, no worries)
+1 +2 |
| 2. Sadness (sad expression, sad voice, tearfulness)
-2 -1 0/a | Happiness (happy expression or voice, smiles and laughs)
+1 +2 |
| 3. Lack of reactivity to pleasant events
-2 -1 0/a | Enjoyment of life's pleasant events
+1 +2 |
| 4. Irritability (easily annoyed, short tempered)
-2 -1 0/a | Tolerance (easily pleased, mild mannered)
+1 +2 |

Ideational Disturbance

- | | |
|--|---|
| 5. Suicide (feels life is not worth living, has suicidal wishes, or makes suicide attempt)
-2 -1 0/a | Value of life (feels life is worth living, has no suicidal thoughts, makes plans for future)
+1 +2 |
| 6. Self-deprecation (self blame, poor self esteem, feelings of failure)
-2 -1 0/a | Self-esteem (feelings of pride and accomplishment; high self-regard)
+1 +2 |
| 7. Pessimism (anticipation of the worst)
-2 -1 0/a | Optimism (anticipation of the best)
+1 +2 |
| 8. Mood congruent delusions (delusions of poverty, illness, or loss)
-2 -1 0/a | Secure feelings (feelings of wealth, good health, or better off than others)
+1 +2 |

This is the end of the sample version of the CBS-QoLD. The full complete 13 page version contains entire CBS-QoLD administration manual and complete 19 item questioner/Test. Please go to page 1 (top page) to purchase complete version.

