FUNCTIONAL ASSESSMENT STAGING (FAST)[1]

(See reverse for scoring guideline)

RESIDENT NAME: _____ **DATE OF BIRTH (Y/M/D):** _____

FACILITY: _____

INFORMANT NAME: _____ **RELATIONSHIP TO PATIENT:** _____
(if applicable) (if applicable)

1. **No difficulties, either subjectively or objectively**
2. **Complains of forgetting location of objects; subjective work difficulties** (i.e. Subjective functional decrement but no objective evidence of decreased performance in complex occupational and social tasks).
3. **Decreased job functioning evident to co-workers; difficulty in traveling to new locations** (i.e. Objective functional decrement of sufficient severity to interfere with complex occupational and social tasks).
4. **Decreased ability to perform complex tasks (e.g. planning dinner for guests; handling finances; marketing)** (i.e. Deficient performance in the complex tasks of daily life).
5. **Requires assistance in choosing proper clothing** (i.e. Deficient performance in such basic tasks of daily life as choosing proper clothing).
6. **Decreased ability to dress, bathe, and toilet independently**
   - (a) Difficulty putting clothing on properly.
   - (b) Unable to bathe properly; may develop fear of bathing.
   - (c) Inability to handle mechanics of toileting (i.e. forgets to flush, doesn't wipe properly).
   - (d) Urinary incontinence.
   - (e) Fecal incontinence**.**
7. **Loss of speech, locomotion, and consciousness**
   - (a) Ability to speak limited (1 to 5 words a day).
   - (b) All intelligible vocabulary lost.
   - (c) Non ambulatory.
   - (d) Unable to sit up independently.
   - (e) Unable to smile.
   - (f) Unable to hold head up.

COMMENTS:

_____

_____

COMPLETED BY (PRINT NAME):	DESIGNATION:	SIGNATURE:	DATE (Y/M/D):

[1] Adapted from: Reisberg, B. Functional Assessment Staging (FAST). Psychopharmacology Bulletin 1988;**24(4)**:653-9

[2] Cross Reference: HCD Funding Request Form and protocol (HCD-09) and Use of Cholinesterase Inhibitor (Anti-dementia drugs) in Care Centre Settings (E-02a)

Note: Completed form to be filed on health record

102591 © (2005/06)

FUNCTION ASSESSMENT STAGING (FAST)

Annotated Guidelines for Scoring

Stage 5: Deficient performance in such basic tasks of daily like as choosing proper clothing

Patients can no longer function independently. The caregiver must assist not only in managing financial affairs and in shopping, but also must assist the patient in choosing the proper clothing for the season and the occasion. The patient will frequently wear obviously incongruous clothing combinations unless the caregiver intervenes. Indeed, this deficit in choosing proper clothing is virtually pathognomonic of this stage. Less characteristically, some patients begin to forget to bathe regularly unless reminded. Sometimes coaxing as well as reminding to bathe is necessary.

Patients at this stage are still capable of putting on their clothing properly, once it has been selected for them. They are also capable of bathing themselves and even adjusting the bathwater properly when washing, although, as mentioned, they may have been cajoled or reminded to bathe.

Another functional deficit that frequently becomes manifest over the course of this stage is difficulty driving an automobile. The patient may inappropriately speed up or slow down the vehicle, mistakenly go through a stop light, or even collide with another vehicle for the first time in many years. Frequently, the patient is sufficiently alarmed by these deficits as to voluntarily discontinue driving. Occasionally coercion from the spouse or other caregiver is necessary.

Stage 6: Decreased ability to dress, bathe, and toilet independently

Substage 6(a): Decreased ability to put on clothing properly. Initially, many patients put their daytime clothing on over their nightclothes. Other patients will, for the first time in their adult lives, experience difficulty tying shoelaces or putting shoes on the proper feet. As the illness advances, increasing assistance from caregivers is needed to help the patients clothe themselves properly.

Substage 6(b): Decreased ability to bathe independently. Ability to properly adjust the bathwater, enter and exit the bath, wash properly, and completely dry oneself declines. Fear or resistance sometimes precedes actual deficits in bathing.

Substage 6(c): Decreased ability to perform mechanics of toileting independently. Patients at this stage begin to forget to flush the toilet. They may also begin to forget to wipe themselves when toileting, and may develop difficulty in pulling up their underclothing or trousers. The caregiver begins to assist the patient in the mechanics of toileting.

Substage 6(d): Urinary incontinence. Occasionally, this occurs virtually simultaneously with stage 6c, but more frequently there is a discernible interval of a few to several months between these stages. The urinary incontinence occurs at this stage in the absence of infection or other genitourinary tract pathology. It appears to be entirely the result of decreased cognitive capacity to respond to urinary urgency with appropriate toileting behaviour.

Substage 6(e): Fecal incontinence. Fecal and urinary incontinence may occur simultaneously or even at the same time that difficulties with the mechanics of toileting become evident.

Stage 7: Loss of speech, locomotion, and consciousness

This is the final stage of AD. Although some Alzheimer's patients succumb earlier in the course of the illness to social hazards the majority of AD patients survive until some point in the seventh stage. Again a number of substages afford the clinician and family some predictive capability.

Substage 7(a): Vocabulary becomes limited to fewer than half-dozen works. Deficits in vocabulary and speech abilities increase with progression of AD. Reticence and a paucity of speech are frequently noted in the fourth and fifth GDS stages. In the sixth stage, the ability to speak in complete sentences is gradually lost. After the development of incontinent, speech becomes even more circumscribed to single words or short phrases, and spoken vocabulary becomes limited to only a few words.

Substage 7(b): Intelligent vocabulary becomes limited to a single word**.** The spoken word for an AD patient varies. For some patients, the spoken word is "no". For one patient, the final word is "okay" which was repeated in response to all verbalization-provoking phenomena, including need to toilet, express anxiety, and express either the affirmative or the negative.

Substage 7(c): Loss of ambulatory ability. The onset of ambulatory loss during Stage 7 is somewhat varied. Some patients simply take progressively smaller and slower steps. Others begin to tilt forward, backward, or laterally when ambulating. Twisted gaits have also been noted.

Substage 7(d): Loss of ability to sit. At this point, the patients are still capable of smiling, chewing, grunting, crying out, and grasping.

Substage 7(e): Loss of ability to smile. At this stage, AD survivors can generally still move their eyes and may appear to show deliberate ocular movements in response to stimuli; however, they no longer recognize familiar persons or objects. Grasp reflexive ability is also preserved, as is the ability to swallow and even to chew in many patients. Also, patients at this stage continue to cry out in response to stimuli.

Substage 7(f): Loss of ability to hold up head. They may still make noises, but these vocalizations are not readily associated with exogenous stimuli.

References:

1. Adapted from: Reisberg, B. MD. Functional Assessment Staging (FAST). Psychopharmacology Bulletin 1988;**24(4)**:653-9