

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 track / 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:
