Dementia and Driving Checklist

1. Questions to Ask the Patient and Family

Patient

Yes	No		
		Have you noticed any change or decreased confidence in	
		your driving skills	
		Have you had any accidents (or minor fender bender s with	
		other cars in the parking lots) in the last year?	
		Do other drivers honk at you or show irritation towards your	
		driving?	
		Have you lost confidence in your overall driving ability?	
		Have you restricted your driving habits (driven less or only	
		on familiar routes, or avoided driving at night, in bad	
		weather, or on busy streets)?	
		Have you ever become lost while driving or forgotten where	
		you were going?	
		Have you received any traffic citations (driving too slowly /	
A.1 1.6.	and C 1:	failing to stop) in the last year?	

Adapted from 3rd Canadian Consensus Conference On Diagnosis and Treatment of Dementia (3rd CCCDTD)

Family

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Yes	No			
		Do you or would you feel uncomfortable being a passenger		
		when the person is driving?		
		Would you be concerned if the grandchildren were		
		alone in the car when the patient was driving? -		
		Anecdotally this question produces a more genuine		
		response regarding how safe the patient is to drive		
	In the last year has the person had any crashes or ne			
	misses or tickets for traffic violations (driving too slow			
		failure to stop)?		
		Have you noticed the person self restricting their driving		
		habits (driving less or only on familiar routes, or avoiding		
		driving at night, in bad weather, or on busy streets)?		
		Have you or others seen unsafe or abnormal driving		
		behaviour or are cues / directions needed from a "co-pilot"?		

Adapted from 3rd Canadian Consensus Conference On Diagnosis and Treatment of Dementia (3rd CCCDTD









2. Vision/hearing – are there concerns with the following

Yes	No	Ability	Issues
		Visual Acuity	
		Filed of Vision	
		Hearing	

3. Physical Examination – Are there concerns with the following

Yes	No		Description
		Upper Extremities	
		Lower Extremities	
		Neck Range of	
		Motion	
		Balance	
		History of Falls	

Adapted from Dementia Tool Box (2004)

4. Assessing Reaction Time using the "Ruler Test" Are there concerns

Yes	No	Description

5. Medical Conditions – Are there concerns with the following

Yes	No	Condition
		Cardiac
		Neurological
		Musculoskeletal
		Diabetes
		Sleep Apnea
		Alcohol









6. Medication Review - Are there concerns with the following

Yes	No	Medication	High Dose	Changing Doses
		benzodiazepines		
		Antipsychotics		
		Muscle relaxants		
		Sedating		
		antidepressants		
		Sedating		
		antihistamines		
		anticonvulsants		
		others		

7. Dementia Characteristics: Indicate

Type of Dementia

Yes	Туре	Comments
	Lewy Body Dementia	Unsafe to drive regardless of
	LBD	MMSE score due to hallucinations
		and fluctuations
	Frontotemporal Dementia	Unsafe to drive regardless of
	FTD	MMSE score due to disinhibition
		and impaired judgment
	Vascualr Dementia	Unsafe to drive if visuospatial
	VAD	problems exist
	Alzheimer's Dementia	Only very mild to mild cognitive
	AD	impairment and with individual
		assessment with 6 month follow
		ups
	Mixed AD/ VAD	See above









8. Severity of Dementia : MMSE scores and Functional Abilities

MMSE Scores

Yes	Score	Comments
	< 20	Unsafe
	21 - 24	Probably safe
	> 25	Possibly unsafe

Functional Abilities:

• Problems with no more that 1 IADLs and no ADLs

Yes	IADLs		
	Shopping		
	Housework		
	Accounting		
	Food preparation		
	Transportation		
	Laundry		
	Telephone		
	Medications		

9. Other Cognitive Function Factors

Judgment: Are there any concerns with the following responses

Yes	No		Comments
		What would you do if there was a fire in	
		your neighbour's kitchen?	
		When driving what should you do when you	
		approach a yellow light?	
		What would you do if you found an	
		addressed envelope on the ground?	









Visuospatial: Based on testing / MMSE are there any concerns with

Yes	No	Test Item	Comment
		Intersecting Pentagons - MMSE	
		Clock drawing - MMSE	

Executive Functioning: Based on Testing / MOCA are there any concerns

Yes	No	Test Item	Comment
		Trails A - MOCA	
		Trails B - MOCA	

10. Behavioural Issues

Ask the patient and family if the patient displays or is experiencing any of the following

Yes	No	
		Delusions
		Disinhibition
		Hallucinations
		Impulsivness
		Agitation
		Anxiety
		Apathy
		Depression







