# 10 ITEM - DEMENTIA AND DRIVING CHECKLIST

1. **Dementia type**: □ AD □ VaD □ FTD □ LBD □ Mixed AD/VaD Other:_______________________

   **LBD** – generally unsafe due to hallucinations.
   **FTD** – if associated with judgment and behaviour issues.

Cognitive function:  MOCA ____ or  MMSE ____

**MMSE and MOCA by evidence show sensitivity in detecting dementia and cognitive impairment, but were not validated to detect driving safety. Therefore no cut-offs are offered and other variables need to be used to support the results of these tests.**

2. **Severity**: □ Very mild □ Mild □ Moderate □ Severe

   **Consensus guidelines recommend that older adults with moderate to severe dementia not drive.**

   **ADL problems**: □ Feeding □ Dressing □ Bathing □ Toileting  *If one or more are selected, it is unsafe for the patient to drive.

   **IADL problems**: □ Shopping □ Housework □ Finances □ Food □ Telephone/tools  

   *If two or more are selected, it is unsafe for the patient to drive.

<table>
<thead>
<tr>
<th>OK</th>
<th>A PROBLEM:</th>
<th>DECISION MAKING/INTERPRETATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□__________</td>
<td>- Keep in mind that most families tend to under-report;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Ask if the family has noticed a change in the patient’s driving;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Ask about collisions, tickets, getting lost, confusing the gas and brake, traffic tickets, missing lights/signs, missing lane changes, irritability, need for support in emergencies;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Ask the granddaughter question: “Do you feel it is safe for a 5 year old granddaughter to be alone in the car with this person?”</td>
</tr>
</tbody>
</table>

3. **Family concerns**

   (Family should be questioned separately from the patient).

   □ □__________

4. **Visu-spatial ability**

   □ □ Pentagon □ Clock □ Other_______

   - Use marks from the MMSE pentagon drawing or clock drawing test.

5. **Vision/visual field**

   □ □__________

   - Significant visual loss including problems with visual acuity or vision field.

The items above are ‘killer- blowers’; if one or more are abnormal the person is unsafe to drive and there is no need to continue.
# 10 ITEM - DEMENTIA AND DRIVING CHECKLIST

<table>
<thead>
<tr>
<th>OK</th>
<th>A PROBLEM:</th>
<th>DECISION MAKING/INTERPRETATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>Normal:</strong> 6 to 9 inches / 15 to 22cm</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Abnormal:</strong> 2 failed trials</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(A failed trial means that the score is bigger than 6 to 9 inches/15 to 22 cm).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YouTube demonstration video: <a href="http://www.youtube.com/watch?v=yn6WRm6TiPk">http://www.youtube.com/watch?v=yn6WRm6TiPk</a></td>
</tr>
</tbody>
</table>

**6. Reaction time**
- **Ruler test** (Use a 30 cm ruler x 3 trials).

**7. Judgment/insight**

**Questions to assess judgment:**
- What would you do if you were driving and saw a ball roll out on the street ahead of you?
- With your diagnosis of dementia, do you think at some time you will need to stop driving?

**8. Trails A/B**

- **Trails A**
  - Normal: score < 2 min or ≤ 1 error
  - Abnormal: score ≥ 2 min or ≥ 2 errors

- **Trails B**
  - Normal: score ≤ 2 min or ≤ 2 errors
  - Abnormal: score ≥ 3 min or ≥ 3 errors

**9. Drugs**

- Any drugs associated with slow reaction time, drowsiness, lack of focus.
  - E.g: alcohol, benzodiazepines, narcotics, neuroleptics, sedatives, anticonvulsants, anticholinergic drugs, muscle relaxants, tricyclic, antidepressants, antihistamine (OTC), antiemetics, antipruritics, antispasmodics

- **Other medications:** antidepressants, antipsychotics, antihistamins, antipruritics, antiparkinsonian, antispasmodics, antiemetics

- **Drugs that add to anticholinergic load:** Flexeril, Lomotil, Rythmodan, Tagamet, Digoxin, Lasix.

**10. Other medical/physical/red flags**

- **Musculoskeletal problems:**
  - E.g: limited ability to turn neck, inability to use steering wheel or pedals, inability to feel gas or break pedal, weakness.

- **Other medical problems:** level of consciousness, cardiac/neurological problems (episodic spells).

- **Red flags:** delusions, disinhibition, hallucinations, impulsiveness.

---

* Given the results of this checklist, would you get into a car with this person? □ Yes □ No □ Uncertain

---

**This tool was created by Einat Danieli - OT.Reg. Ont – Psychogeriatric Resource Consultant in primary care TC-LHIN at Reitman Centre, Mount Sinai Hospital in partnership with the PRC Program of Toronto. The tool is based on the work of W.B. Dalziel, Dr. F Molnar and Byzsiewski A. et. al. A special acknowledgment to Dr. W.B. Dalziel – Division of Geriatric Medicine, University of Ottawa and Dr. Mark Rapoport – Department of Psychiatry University of Toronto; Sunnybrook Health Centre, for their feedback and input in creating this tool. In addition the following resources were used in creating this tool: Byzsiewski A. et. al. (2009). The Driving and Dementia Tool Kit 3rd Edition. The Champlain Dementia Network and the RGP of Eastern Ontario; Dalziel WB. (2011). A Practical Safe Driving Checklist. Alzheimer Knowledge Exchange. (October, 1, 2012) [http://www.akeresourcecentre.org](http://www.akeresourcecentre.org); Molnar FJ. (2009). Practical Experience-Based Approaches to Assessing Fitness to Drive in Dementia. Geriatrics & Aging. V.12/2 . (pp. 83-92); Molnar FJ, Rapoport MJ. (2012). Dementia and Driving: Maximizing the Utility of In-Office Screening and Assessment tools. CGS Journal of CME.V.2/2 (pp. 11-14).**