

Directions for Use of Comfort Assessment in Dying with Dementia Scale (CAD-EOLD)

(CAD-EOLD page 1 of 2)

Procedure: CAD-EOLD should be completed by a person who was familiar with the condition of the person with dementia during the last month of his or her life. The respondent could be a family member who visited frequently or a staff member who was responsible for the person's care. Instruct the respondent to complete the scale by circling the number that corresponds to his or her agreement with each included statement. Responses should reflect the respondent's experiences during the last month of the person's life. If he or she is unsure of how to answer a statement, refer him or her to the Item Definitions on the second page of the scale. Completing the scale should not take more than 5 minutes.

Scoring: Scores have a normal distribution and can be used to compare quality of care in different institutions or changes in quality of care after the introduction of a new program. The scale has four subscales that evaluate different types of symptoms during dying. Items in the scale evaluating "well-being" have reverse coding.

Comfort Assessment in Dying with Dementia (CAD-EOLD)

Patient ID/PIN:				Date:			
Instructions: Please circle the number that corresponds to your agreement with each statement below. Responses should reflect your experiences during the last month of the person's life. If you are unsure of how to answer a statement, please refer to the Item Definitions on page 2.							
Item	Frequencies			Subscales			
	A lot	Some-what	Not at all	Physical distress	Dying symptoms	Emotional distress	Well-being
Discomfort	1	2	3				
Pain	1	2	3				
Restlessness	1	2	3				
Shortness of breath**	1	2	3				
Choking	1	2	3				
Gurgling	1	2	3				
Difficulty swallowing	1	2	3				
Fear	1	2	3				
Anxiety	1	2	3				
Crying	1	2	3				
Moaning	1	2	3				
Serenity (inner peace)*	3	2	1				
Peace*	3	2	1				
Calm*	3	2	1				
Total scores							

*Reverse coded for calculation of the total score

**This item is in both subscales.

From Volicer, Hurley, & Blasi (2001). Scales for evaluation of end-of-life care in dementia. *Alzheimer Disease and Associated Disorders*, 15(4), 194-200.

Item Definitions:

Discomfort = The person with dementia exhibits some of the following: noisy breathing, negative vocalization, sadness, frowning or frightened facial expression, tense or fidgeting body language (Hurley, Volicer, Hanrahan, Houde, & Volicer, 1992).

Pain = The person with dementia exhibited behavior indicating that he or she was in pain. Presence of pain could be based on informal observation or on one of the pain scales (e.g., PAINAD).

Restlessness = The person with dementia is moving frequently, has repetitive movements.

Shortness of breath = Shortness of breath could be manifested by increased respiratory rate or heart rate, restlessness, accessory muscle use, grunting at end-expiration, nasal flaring, and fearful facial expression (The Respiratory Distress Observation Scale [RDOS]; Campbell, 2008).

Choking = The person with dementia coughs when given fluids or food.

Gurgling = When left alone, the person with dementia exhibits gurgling sounds indicating presence of secretions in the throat that he or she cannot swallow.

Difficulty swallowing = The person with dementia does not readily swallow foods and liquids and might keep them in his or her cheeks.

Fear = The person with dementia has a fearful facial expression.

Anxiety = The person with dementia exhibits the following: worry, apprehension and vigilance, motor tension, and autonomic hypersensitivity (for detailed scale, see Shankar, Walker, Frost, & Orrell, 1999).

Crying = The person with dementia is sobbing, tearful.

Moaning = The person with dementia exhibits frequent vocalization indicating discomfort.

Serenity (inner peace) = The person with dementia exhibits tranquility, quietude.

Peace = The person with dementia is peaceful, content.

Calm = The person with dementia is relaxed, still.