STAGING (from Bentvelzen et al. 2017 JAMDA)

| | | Compreh. | Brief | | | | |
|----|-------------------------------|----------|-------|-----|------|------|------|
| No | Rating Criteria | CDR | GDS | BDS | DSRS | FAST | SCAG |
| 1 | Inter-rater reliability (/4) | 4 | 4 | 2 | 3 | 3 | 2 |
| 2 | Test-retest reliability (/4) | 4 | 4 | 3 | 4 | 0 | 0 |
| 3 | Internal consistency (/2) | 2 | 2 | 2 | 2 | 0 | 1 |
| 4 | Content validity (/2) | 2 | 2 | 1 | 2 | 0.5 | 2 |
| 5 | Concurrent validity (/4) | 4 | 4 | 2 | 2 | 4 | 3 |
| 6 | Discriminant validitiy (/4) | 4 | 4 | 4 | 4 | 4 | 4 |
| 7 | Sensitivity (/4) | 4 | 0 | 4 | 4 | 0 | 0 |
| 8 | Specificity (/4) | 4 | 4 | 2 | 4 | 0 | 0 |
| 9 | Responsiveness (/4) | 4 | 4 | 4 | 2 | 2 | 2 |
| 10 | Dementia types (/2) | 2 | 2 | 0 | 0 | 2 | 2 |
| 11 | Clinical settings (/2) | 2 | 2 | 2 | 2 | 2 | 1 |
| 12 | Education/literacy (/2) | 0.5 | 0.5 | 2 | 0 | 0 | 0 |
| 13 | Translations (/2) | 2 | 0.5 | 2 | 0 | 0 | 2 |
| 14 | International acceptance (/4) | 4 | 4 | 4 | 0 | 4 | 0 |
| 15 | Administration time (/4) | 0 | 4 | 4 | 4 | 4 | 4 |
| 16 | A: Ease of use (/4) | 2 | 4 | 4 | 2 | 4 | 4 |
| | B: Respondent burden (/4) | - | - | - | - | - | - |
| 17 | Qualifications required (/4) | 0 | 2 | 4 | 2 | 2 | 2 |
| 18 | Cost of tool/training (/4) | 4 | 4 | 4 | 4 | 4 | 2 |
| | Weighted score (/60) | 48.5 | 51 | 50 | 41 | 35.5 | 31 |

- Reliability 1: inter-rater
 - 4 excellent (ICC/κ ≥ .90)
 - 2 adequate (ICC/k .70 to .89)
- 0 low (ICC/ κ < .70) or no data
- 2 Reliability 2: test-retest
 - 4 excellent (ICC/k ≥ .90)
 - 2 adequate (ICC/k .70 to .89)
 - 0 low (ICC/κ < .70) or no data
- Reliability 3: internal consistency
- 2 excellent (Cronbach's α ≥ .90)
- 1 adequate to good (Cronbach's α from .70 to .89)
- 0 low (Cronbach's α < .70) or no data
- Validity 1: Content validity-domain of interest is comprehensively sampled by the items
 - 2 domain comprehensively sampled
 - 1 domain reasonably well sampled
 - 0 important aspects of domain are not sampled or irrelevant items included
- Validity 2: Concurrent validity-expected correlations with similar validated measures
 - 4 high ($|r/\kappa| \ge .70$)
 - 2 moderate (lr/kl from .40 to .69)
 - 0 low concurrent validity (($|r/\kappa| < .30$), or no data
- Validity 3: Discriminant validity cross-sectional (eg, dementia vs depression: low vs high levels of severity/impairment: AD vs FTD etc.)

- 4 can distinguish between >2 clinically important categories of respondents
- 2 can distinguish between 2 categories of respondents 0 no evidence
- Validity 4: Sensitivity to diagnosis/category
 - 4 high (≥.85) 2 moderate (.70 to .84)
 - 0 low (<.70)
- Validity 5: Specificity to diagnosis/category
 - 4 high (≥.85)
 - 2 moderate (.70 to .84)
 - 0 low (<.70)
- Validity 6: Responsivenessdability to detect clinically important change over time (eg, because of course of the condition or in response to intervention)
 - 4 availability of minimum clinically important difference (MCID) in appropriate metrics (eg. standardized response means) at the individual patient level on external clinical criteria
 - 2 can detect statistically significant changes over time in hypothesized direction on external clinical criteria, but no metrics available to quantify MCID at the individual patient level
 - 0 no evidence for responsiveness
- 10 Generalizability 1: validity in different dementia populations (eg, AD, FTD, PD etc.) 2 > 2 types of dementia

- 1 two different types of dementia 0 only 1 type of dementia
- 11 Generalizability 2: validity in different clinical settings (ie, nursing home, community, primary care, specialist)
 - 2 > 2 types of setting
 - 1 two different types of setting
 - 0 only 1 type of setting
- 12 Generalizability 3: validity in patients with low education/literacy
 - 2 scale shown to be resistant to low education/literacy, or effects of education/literacy shown but alternative cutoffs or corrections published
 - 1 effect of low education/literacy on validity, but no alternative cut-offs or corrections available
 - 0 not investigated
- 13 Generalizability 4: validity in multiple countries/languages 2 multiple countries or languages
 - 1 different countries but only 1 language
 - 0 1 country and language
- 14 Recommended in published international dementia quidelines
 - 4 ≥ 2 countries
 - 2 1 country
 - 0 0 countries
- Administration time (minutes)
 - 4 ≤ 5
- 2 6-15

- 0 > 15
- 16A Ease of administration and scoring (for clinicianadministered tools)
 - 4 does not require algorithm to score or special equipment 2 requires an algorithm to compute score OR special
 - equipment
 - 0 requires an algorithm to compute score AND special equipment
- 16B Burden on respondent (for self-reported or proxy tools)
 - 4 items are worded simply
 - 2 minor challenges for respondent (eg, minority of items are worded in a complex manner)
 - 0 reasonable degree of burden on respondent (majority of items worded in a complex manner)
- Clinical qualifications required to administer tool
 - 4 untrained rater (eg, general nursing staff, patient/informant)
 - 2 paraprofessional/staff member (eg, clinical nurse; research assistant)
 - 0 professional (eg, doctor, occupational therapist, or neuropsychologist)
- 18 Cost of the tool and training for clinicians
- 4 no charge for tool or for training
- 2 small 1-time costs to acquire tool or for training
- 0 costs charged each time tool is used