COGNITION (from Bentvelzen et al. 2017 JAMDA)

		Very brief screens					Brief screens			Comprehensive		Informant questionnaires			Special purpose		Executive function	
No	Rating Criteria	6CIT	AMTS	GPCOG	Mini-Cog	3MS	MoCa	PAS-CIS	ACE-III	ADAS-COG	IQCODE	PAS-CDS	AD8	RUDAS	KICA-Cog	FAB	EXIT-25	
1	Inter-rater reliability (/4)	0	0	2	4	4	4	0	4	4	0	0	2	3	2	4	4	
2	Test-retest reliability (/4)	2	4	2	0	4	4	2	4	4	4	4	2	4	0	2	2	
3	Internal consistency (/2)	0	1	1	0	1	1	0	1	1	2	1	1	1	1	1	1	
4	Content validity (/2)	1	1	2	2	2	2	1.5	2	1.5	1	1	1	2	2	1	2	
5	Concurrent validity (/4)	4	4	2	2	4	4	4	4	4	2	4	2	2	2	3	3	
6	Discriminant validitiy (/4)	2	1	2	1	4	4	2	4	4	4	2	2	0	0	4	4	
7	Sensitivity (/4)	4	4	4	4	4	4	2	4	4	4	2	2	2	4	4	4	
8	Specificity (/4)	2	4	4	4	4	2	0	4	4	2	2	2	4	4	4	4	
9	Responsiveness (/4)	4	0	0	0	2	2	2	0	2	2	3	0	0	0	4	0	
10	Dementia types (/2)	1	0	0	0	1	2	1	2	2	1	1	1	0.5	0	2	1	
11	Clinical settings (/2)	2	2	2	2	2	2	0.5	1	1	2	0.5	1	2	0	1	1	
12	Education/literacy (/2)	2	2	2	2	2	2	2	2	2	2	2	1	2	2	1.5	0	
13	Translations (/2)	2	2	2	2	2	2	1	2	2	2	1	2	2	2	2	1	
14	International acceptance (/4)	4	2	4	4	4	4	2	4	2	4	2	4	2	2	4	2	
15	Administration time (/4)	4	4	4	4	2	2	2	0	0	2	2	4	2	0	4	2	
16	A: Ease of use (/4)	2	4	4	4	4	4	4	4	0	-	-	-	4	4	4	2	
	B: Respondent burden (/4)	-	-	-	-	-	-	-	-	-	4	4	4	-	-	-	-	
17	Qualifications required (/4)	4	4	2	2	2	2	2	2	0	4	4	4	2	2	0	0	
18	Cost of tool/training (/4)	4	4	4	4	4	4	4	4	4	4	4	4	2	4	4	4	
	Weighted score (/60)	44	43	43	41	52	51	32	48	41.5	46	39.5	39	36.5	31	49.5	37	

- 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 $\alpha < .70$) 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 ((lr/kl < .30), or no data
- Validity 3: Discriminant validity cross-sectional (eq. 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)
- 8 Validity 5: Specificity to diagnosis/category
 - 2 moderate (.70 to .84)
 - 4 high (≥.85) 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
- 15 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
 - 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)
- 17 Clinical qualifications required to administer tool
 - 4 untrained rater (eq. general nursing staff, patient/informant)
 - 2 paraprofessional/staff member (eq. 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