

	Psychometrics*	User-friendliness [#]	Time	Cost	Specific strengths
Very brief screening					
<u>GPCOG</u>	●	●	●	●	Screen plus optional informant measure
<u>MiniCog</u>	●	●	●	●	Very brief
<u>AMTS</u>	●	●	●	●	No materials required; long history of use;
<u>FAB</u>	●	●	●	●	Executive dysfunction
Screening					
<u>MoCA</u>	●	●	●	●	Mild cognitive impairment
<u>3MS</u>	●	●	●	●	Extension of MMSE with excellent psychometrics
<u>S-MMSE</u>	●	●	●	●	MMSE with standardised administration
<u>MMSE</u>	●	●	●	●	Very widespread use
<u>RUDAS</u>	●	●	●	●	Low literacy; easily translated into different languages
Comprehensive					
<u>ACE-III</u>	●	●	●	●	Differential diagnosis
<u>ADAS-Cog</u>	●	●	●	●	Measuring change in drug trials
Informant-based					
<u>IQCODE-Short</u>	●	●	●	●	Widespread use; diagnostic efficiency
<u>PAS-CDS</u>	●	●	●	●	Evidence for responsiveness
<u>AD8</u>	●	●	●	●	Very brief

●	Sound	Straightforward	< 6 min	Free
●	Acceptable	Complex admin or scoring	6–15 min	One-time/training costs
●	Minimal/unknown	Complex admin and scoring	> 15 min	Charge for each use

Underlined scales are featured on the DOMS website.

* Psychometrics: based on evidence-based quality rating items 1–9 (Green: 24+; Yellow: 16–23; Red: <16 out of a total score of 32).

[#] User-friendliness: criteria shown are for clinician-administered scales, for informant-completed scales: Green: all items worded simply; Yellow: some items have complex wording; Red: majority of items have complex wording.