

1. Have you noticed that s/he (name) is forgetting a lot of things?

No	0
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If yes, does this happen:

Sometimes	1
All the time	2

(___ /2)

2. Does s/he forget the names of her/his family?

No	0
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If yes, does this happen:

Sometimes	1
All the time	2

(___ /2)

3. Does s/he forget what happened yesterday?

No	0
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If yes, does this happen:

Sometimes	1
All the time	2

(___ /2)

4. Does s/he forget where s/he is now?

No	0
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If yes, does this happen:

Sometimes	1
All the time	2

(___ /2)

5. Does s/he say the same thing over and over?

No	0
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If yes, does this happen:

Sometimes	1
All the time	2

(___ /2)

6. Can s/he remember which week is pension (or pay) week?

No	0
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If yes, does this happen:

Sometimes	1
All the time	2

(___ /2)

7. Does s/he keep walking away and getting lost?

No	0
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If yes, does this happen:

Sometimes	1
All the time	2

(___ /2)

8. Does s/he do things that are wrong in Aboriginal way? (e.g. calling out names of people who have passed away)

No	0
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If yes, does this happen:

Sometimes	1
All the time	2

(___ /2)

KICA-Carer TOTAL SCORE

Score of $\geq 3/16$ further investigations required

___ /16