

Crichton Geriatric Rating Scale
201-CRICH

ITEMS

Score	1	2	3	4	5	6	7	8	9	10		11
										Objective	Subjective	
	Mobility	Orientation	Communication	Co-operation	Restlessness	Dressing	Feeding	Continence	Sleep		Mood	
1	Fully ambulant (including stairs)	Complete	Always clear and retains information	Actively co-operative	None	Dresses correctly, unaided	Feeds correctly unaided at appropriate times	Fully continent	Normal (Hypnotic not required)	Normal and stable affective response and appearance	Well-being or euphoria	
2	Usually independent (not stairs)	Orientated in ward and identifies persons correctly	Can indicate needs. Can understand simple verbal directions. Can deal with simple information	Passively co-operative	Intermittent	Dressing imperfect but adequate	Feeds adequately with minimum supervision	Nocturnal incontinence unless toiletied. Occasional accidents (urine or faeces)	Requires occasional hypnotic; or occasionally restless	Fair affective response; or not always appropriate or stable	Self-reproachful, listless, dejected, indecisive, lacks interest (Not completely well though no specific complaints)	
3	Walks with supervision	Misidentified persons and surroundings but can find way about	Understands simple verbal information but does not indicate needs	Requires frequent encouragement and/or persuasion	Persistent by day	Dressing adequate with minimum supervision	Does not feed adequately unless continually supervised	Continent by day if regularly toiletied	Sleeps well with regular hypnotic; or usually restless for a period every night	Marked blunting or impairment of mood or inappropriateness of affect	Marked somatic or hypochondriacal concern. Pre-occupation	
4	Walks with artificial aids or under careful supervision	Cannot find way to bed or toilet without assistance	Cannot understand simple verbal or non-verbal information but retains some expressive ability	Rejects assistance and shows some independent but poorly directed activity	Persistent by day with frequent nocturnal restlessness	Dressing inadequate unless continually supervised	Defective feeding because of physical handicap or appetite	Urinary incontinence in spite of regular toiletting	Occasionally disturbed in spite of regular standard hypnotic	Emotional lability or incoherence of affect. Retarded, lacks spontaneity but can respond	Severe retardation or agitation. Marked withdrawal though responds to questioning	
5	Bedfast or mainly so. Chairfast	Lost	No effective contact	Completely resistive or withdrawn	Constant	Unable to dress or retain clothing because of mental impairment	Unable to feed because of mental impairment	Regularly/frequently doubly incontinent	Disturbed even with heavier sedation	Hallucinations or nihilistic delusions of guilt or somatic dysfunction	Suicidal or death wishes. Mute, or agitated to the point of incoherence	

The 11-item CRICHT was developed as part of a geriatric treatment program and was designed to assess the level of behavioral functioning. Derived from clinical observation, the items are rated on a 5-point scale - ranging from normality (1) to complete failure of function (5).

REFERENCE Robinson, R. A., The Diagnosis and Prognosis of Dementia, Current Achievements in Geriatrics, W. F. Anderson, Ed., Cassell 1964, 190-203.

APPLICABILITY Elderly psychiatric patients.

UTILIZATION Once at pretreatment; at least one posttreatment rating. Additional ratings are at the discretion of the investigator.

TIME SPAN TO BE RATED None stated by author. Now or within the past week is suggested.

ENCODING FORMAT The 201 - CRICHT requires a 11 x 5 matrix; i.e., 11 rows and 5 columns. The matrix may be located in any one of the 4 quadrants of the General Scoring Sheet. Either of the following formats can be used for encoding:

SCALE POINTS

	1	2	3	4	5	1	2	3	4	5
Item 1	0	1	2	3	4	5	6	7	8	9
2	0	1	2	3	4	5	6	7	8	9
3	0	1	2	3	4	5	6	7	8	9
4	0	1	2	3	4	5	6	7	8	9
5	0	1	2	3	4	5	6	7	8	9
6	0	1	2	3	4	5	6	7	8	9
7	0	1	2	3	4	5	6	7	8	9
8	0	1	2	3	4	5	6	7	8	9
9	0	1	2	3	4	5	6	7	8	9
10	0	1	2	3	4	5	6	7	8	9
11	0	1	2	3	4	5	6	7	8	9

OR

Total score need not be encoded as it will be derived by computer programming.

CARD FORMAT - (19x, 1111, 12)

Item	Column	Item	Column
1	20	7	26
2	21	8	27
3	22	9	28
4	23	10	29
5	24	11	30
6	25	Total	31 - 32

Total Score = Sum of the 10 items. Total Score provides a useful index of deterioration according to the author:

Total Score	Deterioration
10 - 20	Mild
21 - 30	Moderate
31 +	Severe

DOCUMENTATION

- a. Raw score printout
- b. Means and standard deviations
- c. Variance analyses