

The University of Iowa College of Nursing
Family Involvement in Care Research

KNOWLEDGE OF ALZHEIMER'S TEST (KAT)

I.D.# _____
(Col. 4-8)

Date: _____
(Col. 10-13)

Directions: Circle T if the statement is true or F if the statement is false.

CIRCLE ONE

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| 1. Memory loss is part of the normal aging process. | T | F | (15) |
| 2. Alzheimer's is a disease which progresses at an individual rate. | T | F | (16) |
| 3. Low stimulation is important to the individual with advanced Alzheimer's disease. | T | F | (17) |
| 4. The only loss produced by Alzheimer's disease is a progressive decline in memory. | T | F | (18) |
| 5. In the care setting, restraints are the best way to manage a demented patient who wanders. | T | F | (19) |
| 6. When a person with Alzheimer's disease shows signs of increasing confusion or stress, isolation is sometimes an appropriate management technique. | T | F | (20) |
| 7. Repeatedly asking questions is a symptom of the memory loss of Alzheimer's disease. | T | F | (21) |
| 8. The family with an Alzheimer's disease victim is often in a state of chronic grief. | T | F | (22) |
| 9. The T. V. is a good distracter for the patient with Alzheimer's disease. | T | F | (23) |
| 10. When a patient with Alzheimer's disease becomes accusatory, it is best to deny the accusation and remind the person of his disease process. | T | F | (24) |
| 11. Non-verbal cues are not important to the Alzheimer's disease patients because they depend more on communication content to assist function. | T | F | (25) |

CIRCLE ONE

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| 12. Environmental control is a prime intervention with persons with Alzheimer's disease. | T | F | (26) |
| 13. Individuals with Alzheimer's disease have a tendency to become more dependent on significant others. | T | F | (27) |
| 14. Maintaining a routine is important to the person with Alzheimer's disease. | T | F | (28) |
| 15. The family is an important source of information regarding pre-admission behaviors of the patient with Alzheimer's disease. | T | F | (29) |
| 16. Making the care setting more meaningful with family pictures is helpful to the victim of Alzheimer's disease. | T | F | (30) |
| 17. Physical exercise should be avoided by the person with Alzheimer's disease because it increases the person's stress level. | T | F | (31) |
| 18. Rest periods should not be planned for the patient with Alzheimer's disease in order to assure sleeping throughout the night. | T | F | (32) |
| 19. Generally, the cause for disruptive behaviors in the patient with Alzheimer's disease is the loss of ability to cope with stress. | T | F | (33) |
| 20. The patient with advanced Alzheimer's disease has insight into their behaviors. | T | F | (34) |
| 21. The cerebral cortex is the area of the brain where pathological changes are most often found with Alzheimer's disease. | T | F | (35) |
| 22. Alzheimer's disease is easily diagnosed with laboratory tests and X-ray. | T | F | (36) |
| 23. There is research evidence that large amounts of Lecithin or other Choline sources used early in the disease process are beneficial in treating Alzheimer's patients. | T | F | (37) |
| 24. Radios and TVs are usually good ways to keep Alzheimer's patients in touch with the world. | T | F | (38) |

CIRCLE ONE

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| 25. Alzheimer's patients should stay in bed all night so that they can get their sleep. | T | F | (39) |
| 26. Alzheimer's patients are often not able to learn anymore because of their brain damage. | T | F | (40) |
| 27. Nutritional requirements for Alzheimer's patients are the same as for others of the same age and amount of activity. | T | F | (41) |
| 28. A possible explanation for Alzheimer's patients repetitive requests for food may be impairment in the normal appetite control center. | T | F | (42) |
| 29. Alzheimer's patients who step high over cracks or lines in the floor have a muscle control disturbance. | T | F | (43) |
| 30. There is always a continual decrease in sex drive from the early to the last stage of Alzheimer's disease. | T | F | (44) |
| 31. The loss of ability to recognize urge to defecate and/or urinate can be a reason for Alzheimer's patients' incontinence. | T | F | (45) |
| 32. Most drugs used to treat persons with Alzheimer's disease are used to increase the patient's comfort rather than to cure the disease. | T | F | (46) |
| 33. Chemical abnormalities in Alzheimer's disease are comparable in some ways to those in Parkinson's disease. | T | F | (47) |

Knowledge of Alzheimer's Test (KAT)

Description

The KAT is a 33 item true/false instrument used to assess the information individual staff possess regarding Alzheimer's Disease. The questions three areas of knowledge regarding 1) the etiologic pathology of AD; 2) the signs and symptoms of AD; and 3) the treatment/care of Alzheimer's patients. The total score is determined by the number of correct answers.

Validity

Content validity was assessed from a review of the literature and by a panel of gerontological nurses expert in the care of AD patients.

Reliability

The original 20 item tool was pretested using parallel forms with 20 nursing home staff, yielding a reliability coefficient of 0.80. Because consistently high scores were obtained with pretesting, the instrument was revised to include 33 items. With the revised test, the internal consistency reliability coefficient for the total score was 0.54 (this low value may have resulted from incorrectly calculating alpha). More recently, using data from the Family Involvement in Care research, internal consistency reliability was found to be 0.82 (N=843). All item-total correlations were positive, ranging from 0.08 to 0.67.

Note: We've found that this instrument has distinguished between groups in reasonable ways, e.g., RNs score significantly higher than nursing assistants.

Development History

The original KAT tool contained 20 questions and was developed at the Dementia Clinic, Department of Neurology, The University of Iowa Hospitals and Clinics.

Scoring: Count the number of correct answers.

Knowledge of Alzheimer's Test Subparts

<u>Subscale</u>	<u>Items</u>
Signs and symptoms of Alzheimer's	1,2,4,7,8,13,20,30,31
Treatment or care of AD patients	3,5,6,9,10,11,12,14,15,16,17,18,23,24,25,27,32
Etiologic pathology	19,21,22,26,28,29,33