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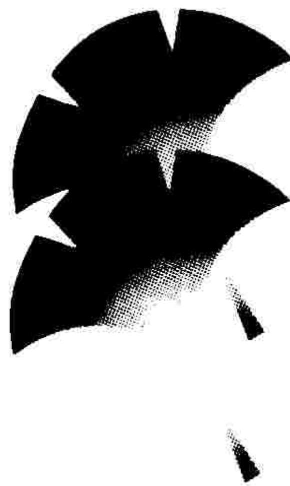

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Care, control, and communication: Linguistic interaction between staff and residents in a Japanese nursing home for the elderly

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Abstract:

Care, control, and communication:
Linguistic interaction between staff and residents in a Japanese nursing home for the elderly

This paper is about work in progress on communication between staff and residents in nursing homes for the elderly in Japan. The paper has two main objectives. Firstly, it provides a general introduction to the topic, its theoretical background, and how it has been addressed in previous research in differing cultural contexts. The second aim is to give a brief outline of a planned research project into linguistic interaction between caregivers and care receivers in a Japanese nursing home for the elderly. Both methodological and practical problems concerning data collection and analysis will be discussed. The paper concludes that, in view of Japan's rapidly aging population, it is vital to study the communicative background of institutional care so as to develop ways to improve it.

Key words: *gerontolinguistics*; *institutional language*; *politeness*; *communication with the elderly*; *conversation analysis.*

1. Introduction

Anyone who has ever seen the inside of a nursing home for the elderly, no matter in what corner of the world, knows that it is a very special place with a particular kind of atmosphere. Residents in a home for the elderly have entered the final stage of their lives, leaving behind the past and most of what was dear to them. Their new life is a life of care and control. The institution on one hand provides the support now needed in order to manage everyday tasks; on the other hand, it demands that the care receivers submit themselves to the institutional rules.

Care and control are two sides of the same coin, and both involve a great deal of infringement on an individual's independence and right to self-determination. Receiving care means that the residents have to accept help to perform actions they were able to carry out themselves for the better part of their lives, including eating and drinking, washing, getting dressed and undressed, and even going to the toilet. Control means that life in an elderly people's home follows strict rules. In sharp contrast to the residents' pre-institutional life, it is not the individual but the institution that now determines what, how and when activities are to be carried out. This creates much potential conflict between residents and staff – conflict which is expressed through linguistic interaction between the two groups.

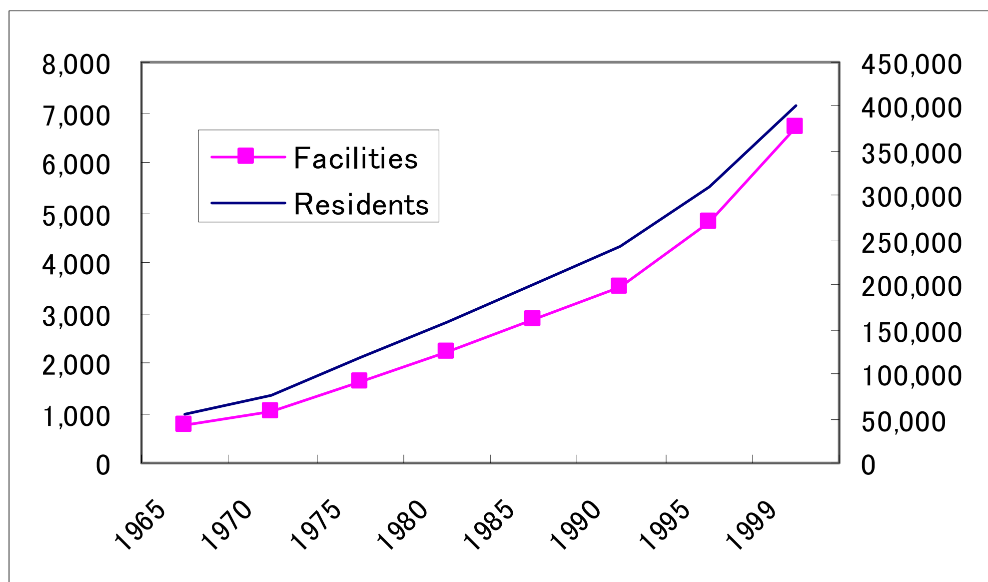
This paper examines the special nature of communication between residents and staff in nursing homes for the elderly. Its aim is twofold in (1) providing a general introduction to the topic and (2) discussing how it could be empirically researched in a Japanese setting. The first part of the paper explores the theoretical background on communication between the providers and the receivers of institutional care and discusses three examples of previous research from different cultural contexts. It will be shown that though the verbal strategies adopted differ in each case, the underlying problem is essentially the same: the linguistic expression and negotiation of unequal power relations. The second part of the paper introduces the setting in which empirical research will be conducted in Japan and discusses some of the major methodological and practical questions involved.

Research into language use in nursing homes for the elderly is of particular interest in the case of Japan and its rapidly aging population. The country's demographic transition into an aging, aged, and hyper-aged society not only means that people get older and older, but also that there are increasingly fewer young people to take care of the elderly. The caregiving problem has been aggravated by the dissolution of the traditional three-generation household, which has been replaced by the nuclear family as the most common living situation. Increasing mobility and changing attitudes towards co-residence with one's parents or parents-in-law in the last decades have continued to reduce the number of elderly persons living with their children (Wu, 2004: 7-10).

As a result of these developments, the numbers of welfare facilities for the elderly have been steadily rising in the last fifty years. According to recent data by the Ministry of Health, Labour and Welfare, a total of 736 homes nationwide provided care to little more than 50,000 elderly people back in 1965, some 0.05% of Japan's population at the time. These figures would rise dramatically throughout the following decades so that, by the end of 1999, 6,686 homes were accommodating no less than 402,713 people (MHLW, 2004: 494). This amounts to some 0.32% of the total population. The development is sketched in Figure 1.

Despite the Confucian concept of filial piety (*oyakōkō*) (Linhart, 1997) and the social stigma of being abandoned by one's family, traditionally associated with the legend of *obasuteyama* (Bethel, 1992: 112), institutionalized life is thus becoming an increasingly common practice for Japan's elderly. This development calls for research into the communicative properties of everyday life in Japanese nursing homes for the elderly. We will start with a brief general introduction into this type of linguistic interaction and the theoretical problems involved.

Figure 1 Elderly people's homes and their residents, 1965-1999 (MHLW, 2004)



2. Theoretical background

From a theoretical point of view, three sociolinguistic subfields are of relevance to the study of linguistic interaction between staff and residents in nursing homes for the elderly: (1) institutional talk, (2) politeness, and (3) communication with the elderly. Individually, each of the three fields has been amply researched, but there have been very few studies that combine the three topics to provide an adequate theoretical background for research into language in welfare facilities for the elderly. Only recently do we observe a series of interrelated approaches to this topic and the emergence of a new sociolinguistic subfield named 'gerontolinguistics'. Before introducing this new branch in more detail, I will briefly discuss each of the three fields mentioned above.

2.1. Institutional Talk

Nursing homes for the elderly have been characterized as a type of 'total institution'. The term was first used by Goffman (1961: xiii), who defined it as 'a place of residence and work where a large number of like-situated individuals, cut off from the wider society for an appreciable period of time, together lead an enclosed, formally administered round of life'. Apart from various sorts of caring facilities, Goffman (1961: 4-12) distinguishes various other types of total institutions, including mental hospitals, prisons,

army barracks, and monasteries. Common to all is a breakdown of the social and physical separations among 'sleep, play, and work', the bureaucratic organization of everyday life, systematic surveillance of the 'inmates'. and incompatibility of the institution with any form of family life. Though Goffman's concept of the total institution is based on observations made more than fifty years ago in a mental hospital in the US, it has been adopted and discussed in various recent sociolinguistic studies of nursing homes for the elderly in cultural contexts as diverse as the Philippines (Somera, 1995), the UK and South Africa (Makoni and Grainger, 2002).

Communication in institutional contexts, total or other, is clearly distinct from everyday, non-institutional linguistic interaction. Its most salient characteristic is an inherent power asymmetry between the participants involved. This asymmetry becomes manifest in various discursive features, including forms of address, amount of talk, absence of response tokens and backchannel cues, and distribution of conversational rights (question-answer sequences, turn-taking patterns, right to interruption, etc.) (Sarangi, 2001). Some particularly well-explored domains of communication in institutional settings are doctor-patient interaction (e.g. Aronsson and Rundstrom, 1989; Ragan, 1990), courtroom discourse (e.g. Atkinson and Drew, 1979; Lakoff, 1989), news interviews (e.g. Heritage and Greatbatch, 1991), and classroom interaction (e.g. Sinclair and Coulthard, 1975).

Linguistic interaction in caring facilities for the elderly has only recently become a field of interest for studies into institutional talk. The power asymmetries in this type of institution are multifarious and more pronounced than in most other institutional contexts. The staff of a nursing home for the elderly are in a position superior to the residents with regard to physical and/or mental constitution, knowledge about health and caring matters, and, most importantly, institutional authority and the right to sanction deviation from the rules (Sachweh, 2003: 145). These particular power asymmetries make research into communication between these two groups a promising source for gaining deeper insight into the nature of institutional talk and its underlying power relationships.

2.2. Politeness

It has been claimed that institutional talk and its 'inbuilt' power asymmetry cannot be properly understood without politeness theory (Harris, 2003). The most influential approach to linguistic politeness is the framework developed by Brown and Levinson (1978, 1987). It is based on the notion of face – another term originally coined by Goffman (1955) – and the assumption that people interacting socially strive to save their own and the other's face. Face is defined in a twofold way: negative face wants, which refer to the right to unimpeded action and self-fulfilment; and positive face wants, which represent the desire for recognition and appreciation by one's social environment.

Politeness as understood by Brown and Levinson is a means of successfully managing interpersonal relationships in order to achieve both individual and group goals. A central concept in their framework is the 'face-threatening act', or FTA. Everyday social interaction abounds with FTAs of a more or less severe nature. Making a request, issuing an order, merely claiming the right to speak is a linguistic act that is inherently face-threatening. As a result, there is a constant need to counterbalance threats to one's own and the other's face by means of linguistic politeness. The seriousness of an FTA and the countermeasures it requires depend on the social distance between speaker and hearer, their relative power with regard to each other, and the absolute ranking of the imposition in question, which may vary depending on the cultural context.

It is a matter of fact that everyday interaction in a nursing home for the elderly is fraught with FTAs of an extremely severe nature. The social distance between residents and staff, in most cases non-acquainted to each other before life at the home started, is high, and so are the power differences between the two (cf. 2.1.). Most important, however, is the nature of the impositions themselves. Due to physical and mental impairments of various sorts, most residents in an elderly people's home need to accept help from the staff to perform actions that would be thought highly embarrassing even between adults who have a very close relationship: getting dressed and undressed, washing and intimate caring procedures, eating and drinking, and even problems concerning incontinence. The exceptional seriousness of FTAs unavoidable in the nursing context calls for a closer analysis of the linguistic strategies that may be used to

redress such actions. Such analysis will also put to the test the applicability of the Brown and Levinson approach itself, which has frequently been criticized for being culturally biased (e.g. Ide, 1989; Matsumoto, 1988) and ignorant of real discursive practices (see Haugh, 2006).

2.3. Communication with the elderly

Obviously, research into communication in nursing homes for the elderly is concerned with communication with the elderly. The process of aging entails a variety of changes in an individual's linguistic competence that need to be taken into account (Wingfield & Stine-Morrow, 1992). More than real cognitive deficits, however, sociolinguistic research has emphasized that it is attitudes about these deficits that exercise the chief influence on how communication between younger and older adults is performed.

Empirical studies on intergenerational communication both in institutional and non-institutional settings since the early 1980s have identified a special speech style that is often used when speaking with older adults. Varyingly referred to as 'elderspeak' (Kemper, 1994) or 'patronizing communication' (Ryan *et al.*, 1995), the basic characteristic of this speech style is an over-accommodation to elderly people's linguistic needs or, more precisely, what these needs are commonly believed to be. On the basis of preconceived ideas about the reduced communicative competence of older adults, younger adults adapt their communicative behaviour in various ways. They tend to speak louder and more slowly, with a higher pitch and exaggerated intonation, avoid difficult syntactic constructions, use frequent repetitions, and restrict the conversation to a small and clearly defined range of topics.

Since this speech style in many respects resembles the way parents speak with their children, it is generally referred to as 'secondary baby talk' (Caporael *et al.*, 1983). Other linguistic features identified as secondary baby talk are terms of endearment, minimizing words, and unusual forms of self-reference and address. They are particularly salient in the context of institutional care (Sachweh, 1998). Elderly people frequently confronted with this speech style tend to adapt to the negative expectations that it conveys. The result is 'a negative downward spiral, with potentially severe

consequences for older adults in terms of health, functioning, and emotional satisfaction' (Ryan *et al*., 1995: 148). In other words, there is a non-trivial relationship between being treated as 'old' and actually becoming 'old'. Although this type of communicative over-accommodation may be well-intended and affectionate, its effects on the older individual's emotional and physical well-being are overly harmful (see Usami (1997, 1999) for a Japanese discussion of Ryan's model).

3. Gerontolinguistic research: Some previous examples

Gerontolinguistics is a term first used by Makoni (1997: 63) to refer to 'work in language and ageing' in general. The term is used in a more specific sense in a subsequent paper by Makoni and Grainger (2002) that deals with communication with the elderly in the context of the total institution and the 'regimes of care' it imposes on its residents. Gerontolinguistic research is empirical research that applies a conversation analysis approach. Naturally occurring interactions between staff and residents in care facilities are audio-recorded and transcribed for further analysis. Underlying research questions include the following:

- What linguistic strategies are applied in order to reconcile institutional goals with personal face-saving goals?
- How are power differences between staff and residents linguistically expressed and negotiated?
- What role does linguistic politeness play? How applicable is the framework by Brown and Levinson (1987)?
- What universals and regional differences can be observed in nursing institutions for the elderly in cross-cultural comparison?
- How can communication between staff and residents be improved (e.g. Sachweh, 2002)?

Below are three examples of gerontolinguistic studies from different cultural contexts. The first is a brief extract from a conversation between a social worker and a resident in a Filipino home for the elderly in Manila.

Extract 1 (Somera, 1997: 23)

		[Original (Tagalog)]
Staff	You're adopted here, remember, Grandpa. You need to follow our rules here.//	*Ampon ka lang dito, tandaan mo, Lolo. Dapat lang (.h) na sumunod kayo sa 'ting mga patakaran dito.//*
Resident	Yeah, Ma'am// I know – (.h) We all realize that here.	*'Lam ko// naman ho – (.h) Batid namin lahat yan dito.*

The power differences between the two interactants in this example show very clearly. The staff member's statement leaves no doubt about who makes the rules of the institution and who has to follow them. This asymmetry is reflected in the mutual choice of terms of address. The staff member refers to the resident as 'grandpa' (*lolo*), a fictive kinship term that is not based on a real family relationship. Use of the term *lolo* here serves to create a family-like situation in order to make the staff's strong and extremely face-threatening admonition acceptable. The resident, on the other hand, obviously does not consider himself entitled to use a fictive kinship term or anything comparable, but replies in a formal and respectful way (*ho*).

The bald power asymmetry in the above example can be accounted for to some extent by the fact that the home in which the data were taken is a government funded institution whose residents cannot claim the right to be treated as 'customers' because they do not pay any fees. In other contexts, the differences in power between residents and staff are negotiated in a more subtle way. An example is given in Extract 2, which is part of a conversation recorded in an elderly people's home near Freiburg, Southern Germany.

Extract 2 (Sachweh, 2003: 150)

		[Original (German)]
Nurse	<well no↓ the arm must go through↓> don't pull it out↓ * →and now←it goes over the head↑ *2* really smart sweater you're wearing↓ * very lovely colour indeed↓	*<ja nei"↓ der arm muß du"rch↓>* *nit rausziehe↓ ** *→un jetz← kommt=s über de ko"pf↑* **2** *ganz schicker p"ullover hend sie an↓ ** *richtig liebe fa"rb isch des↓*

The nurse in this extract is helping a resident get dressed. Various directives must be issued to the resident in order to achieve this goal without delay. Some of them are expressed directly through an imperative construction ('don't'); others are rephrased into affirmative clauses, partly by employing modal constructions ('must'). Each of the directives, abated or unabated, constitutes a potential threat to the resident's negative face wants for self-determination and unimpeded action. The nurse seems to be well aware of this and tries to make up for it by complimenting the resident's sweater after the task has been completed. In other words, she tries to mitigate the committed FTA by positive face work: communicating to the resident that she approves of her dress sense.

In part due to the sudden shift in topic and the conspicuous use of intensifying adverbs ('very', 'really'), the nurse's compliments have an unmistakably condescending tone. This makes it difficult to ascertain to what degree she actually succeeds in redressing the preceding series of FTAs committed on the resident. A more sophisticated face-saving measure based on positive face work can be observed in the following extract from a conversation between a nurse and a patient in a British National Health Service geriatric acute ward.

Extract 3 (Grainger, 2004: 47f)

Nurse	alright I'll leave you to get yourself undressed (.) I'll put the frame in front of you so that when you take your dressing gown off you can stand up
Patient	thank you
	[ ]
Nurse	OK? Fill this bath up now
Patient	drown ((me is it?))
	(Sound of water running into bath)
Nurse	yeh *drown* you yeh (.) ((I'm gonna shove your head)) I'm gonna pour so much water over your head with the jug
Patient	(joking) I'm not coming this place no more
Nurse	(laughs) (2.0) ahh (.) don't ruin our fun Mary (Sound of water running)

The nurse is about to bathe the patient. This is an activity fraught with unavoidable FTAs, including getting undressed in front of and having one's naked body touched by a non-intimate person. The strategy to abate the seriousness of the impending face threats is what Grainger (2004) refers to as 'verbal play'. The play is initiated by the

patient's joking remarks about the nurse's intention to drown her. The nurse takes up this theme by pretending to admit that this is indeed what she is about to do. The joking continues with the patient saying that she won't be 'coming this place no more', an option that is actually not at her disposal, and the nurse's reply, which suggests that bathing the patient is 'fun' rather than a highly embarrassing but unavoidable procedure to both interactants.

According to Grainger (2004: 48), the positive politeness strategy in this last example is based on the shared assumption that 'we both know this is not true/appropriate' for the situation. Through joking, the two participants jointly manage to create a sense of familiarity in order to legitimize 'the intimate help by a non-intimate other, to which the elderly adult is obliged to subject herself'. Vital for the success of the verbal play strategy is that both participants cooperate in the interaction. If the joking remains only on the part of the care-providing person, as Grainger emphasizes, it can be terribly harmful to the care-receiving person's face wants. The use of humour in the caring context is thus a complex and highly interesting phenomenon.

The three extracts discussed in this section show that gerontolinguistic research provides valuable insight into the nature of intergenerational communication in institutional settings and the role of linguistic politeness in enforcing, reaffirming, and negotiating unequal power relations between old and young. The aim of the present project is to examine communication in nursing homes for the elderly in Japan, where so far no gerontolinguistic research has been conducted. The remainder of this paper gives a brief outline of the research setting and the main methodological and practical questions involved.

4. Outline of intended research

Empirical research will be conducted in a geriatric health care facility (*kaigo rōjin hoken shisetsu*) I will refer to by the pseudonym 'Edogawa Care'. It is situated at the outskirts of a smaller city in Saitama Prefecture north of Tokyo. Edogawa Care has around 60 regular employees, the majority being caring and nursing staff. Other types of employees include a doctor (at the same time the institution's director), a care manager,

a dietitian, physical and occupational therapists, and administrative staff. Around 100 elderly people live in Edogawa Care, in addition to a maximum number of 40 regular outpatients receiving rehabilitation care.

The facility consists of three separate floors. The ground floor comprises the administrative sections and a larger hall used for outpatient rehabilitation services. Floor 1 accommodates residents suffering from a higher degree of dementia, while Floor 2 is designed for 'ordinary' residents. The two upper floors are almost identical in design. They consist of a dayroom and the nurse station, surrounded by the residents' rooms (mainly four-bed rooms, each containing one toilet) and a larger bathing room shared by the floor's residents. Most of the residents are not bedridden but are up and around during the daytime. Depending on their physical constitution, some have to use wheelchairs or walking aids.

Table 1 A working day at Edogawa Care

Time	*Activity*
6:00	Wake up
	Get dressed
	Physical care
7:30	Breakfast
8:30	Bathe (twice a week)
10:00	'Tea time'
	Doctor's round
	TV (dayroom)
11:45	Lunch
13:30	Recreation activities
15:00	Afternoon snack
15:30	Recreation activities
	TV (dayroom)
	Go for a walk
17:45	Dinner
18:30	Prepare for the night
21:00	Bedtime

A normal working day at Edogawa Care is shown in Table 1. As is obvious, everyday life in Edogawa Care is determined, to a large extent, by a strict time schedule for the daily routine. The schedule not only determines the time for caring procedures and

meals, but also lays down when and what type of activities are to take place during 'leisure' time.

Data for this project will be gathered by taking part in the daily activities at Edogawa Care for a period of several weeks. After a first phase of getting accustomed to the environment, audio-recordings of conversations between the residents and the staff will be made. The facility's director has already been informed about the intended research method and has offered his cooperation. In addition, it will be necessary to gain the permission of the residents and their families or guardians.

It may appear reasonable to collect data on tasks involving particularly severe face-threatening acts such as feeding, bathing, or providing help with going to the toilet. In some of these cases it may be necessary to leave the room and record without being able to directly make observations, a procedure frequently practiced in previous studies (e.g. Grainger, 2004; Ragan, 1990). As far as possible, however, I plan to be present and take notes during the recordings, since this is crucial for subsequent data analysis.

Other activities that promise insight into the nature of linguistic interaction between residents and staff are recreational events such as playing ball games, singing songs, or doing handicrafts. My first impression from previous visits to the Home was that not all residents were equally willing to take part in these social events. Some of them had to be 'persuaded' by the staff, a form of linguistic interaction that holds a great potential for FTAs for both interactants. An equally interesting daily activity in Edogawa Care is the doctor's round. Due the doctor’s high status, the power difference is likely to be even more pronounced here than in interaction between the residents and the ordinary nursing staff.

Yet to be decided is whether it is appropriate to focus on one particular type of staff-resident interaction only or to record a larger amount of conversations from differing activities. The former approach would appear favourable insofar as it adds a quantitative dimension to the research. Having a fixed corpus of conversations for a given type of activity, one may be able to determine the proportion of those conversations that contain

a certain linguistic feature and those that do not. Two other general problems are the observer's paradox during the collection of the data and the question whether or not to conduct follow-up interviews with the staff and the residents involved.

Yet another important point is deciding what type of residents should be involved in the interactions to be recorded. Previous studies have tended to exclude both persons with severe mental diseases as well as temporary residents (e.g. Makoni & Grainger, 2002). At Edogawa Care, this would suggest limiting the scope of observation to Floor 2 and excluding both the mentally impaired persons on Floor 1 and the outpatients on the ground floor. Residents' general degree of alertness can be tested through the Revised Hasegawa Mental Scale (HDS-R; see question sheet, attached as Appendix 1), one of the standard tools for measuring the mental state of elderly people in the Japanese caring sector. Since previous research suggests that there is a correlation between the mental state of an elderly individual and the way he or she is spoken to by younger adults (de Bot & Makoni, 2005: 18), it would be worth finding out if similar correlations can be observed in the present research context as well.

To record the data, I will use a portable Mini Disc player, which provides a recording technique that is both reliable in sound quality and uncomplicated in application. As for transcription, it should be evident from the three extracts above that transcription rules for conversation analysis vary widely according to the desired degree of precision in mapping prosodic (stress, intonation, etc.) and paralinguistic details (breathing, murmuring, whispering, etc.). The choice of an appropriate transcription system is no trivial task since it has some bearing on the subsequent analysis of the data itself (Sugita, 2004: 46).

In the present case, all extracts to be further analyzed must be translated into English. A way in which these two tasks can be appropriately combined is the Basic Transcription System for Japanese (BTSJ) developed by Usami (2002). An example is given in Extract 4. As can be seen, BTSJ provides three versions of a given utterance. The first line is a transcription into Kanji and Kana, which is intended to facilitate the reading of larger transcripts. The second line is a romanized transliteration of line one, based on

the Hepburn system. Its aim is to guarantee accessibility of the transcripts to people without proficiency in Japanese. The third line provides an English gloss.

Extract 4 (Usami, 2002: 266)

A	それはそれは、＜ご苦労様です。＞｛＜｝
	Sore wa sore wa, <gokurōsama desu.> {<}
	Well, well, nice job.
B	＜いえいえ。＞｛＞｝
	<Ie ie.> {>}
	It was nothing.

Some of the methodological and practical problems discussed above must be resolved before starting the empirical research at Edogawa Care; others can only be addressed by testing out various options during the initial period of the fieldwork at the institution. Needless to say, the development of a sound methodology for data collection and analysis is of crucial importance to the project and can hardly be overestimated.

5. Concluding remarks

Communication in nursing homes for the elderly is a fascinating topic that has been given relatively little attention by sociolinguists so far. The previous studies discussed in this paper show that gerontolinguistic research provides valuable insight into the nature of linguistic interaction between professional caregivers and the receivers of that care. In the case of Japan and the dramatic demographic changes the country is presently facing, this is of special relevance. The number of people in need of institutional care has been constantly on the rise and will most likely continue to do so for many years to come. Despite these developments, we know very little about everyday communication in elderly people's homes, how it is organized, what linguistic strategies it employs, and, most importantly, how it could be improved. The present project aims to yield some preliminary answers to these questions.

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Appendix 1 The Revised Hasegawa Mental Scale (HDS-R)

改定長谷川式簡易知能評価スケール(HDS－R) 氏名

	質 問 項 目		配 点
1	お歳はいくつですか？ （２年までの誤差は正解）		0 1
2	今日は何年の何月何日ですか？ 何曜日ですか？ （年月日、曜日が正解でそれぞれ１点ずつ）	年 月 日 曜日	0 1 0 1 0 1 0 1
3	私達が今いるところはどこですか？ （自発的に出れば２点。５秒おいて、家ですか？病院ですか？施設ですか？の中から正しい選択をすれば１点）		0 1 2
4	これから言う3つの言葉を言ってみて下さい。 後でまた聞きますのでよく覚えておいて下さい。 （以下の系列のいずれか１つで、採用した系列に○印をつけておく） 1．a．桜 b．猫 c．電車 2．a．梅 b．犬 c．自動車		a: 0 1 b: 0 1 c: 0 1
5	100から7を順番に引いて下さい。 （１００－７は？ それからまた７を引くと？と質問する。最初の答えが不正解の場合、打ち切る）	93 86	0 1 0 1
6	私がこれから言う数字を逆から言って下さい。 （6-8-2、3-5-2-9を逆に言ってもらう。３桁逆唱に失敗したら打ち切る）	2-8-6 9-2-5-3	0 1 0 1
7	先程覚えてもらった言葉をもう一度言ってみて下さい。 （自発的に回答があれば各２点、もし回答がない場合は以下のヒントを与え正解であれば各１点） a．植物 b．動物 c．乗り物		a: 0 1 2 b: 0 1 2 c: 0 1 2
8	これから5つの品物を見せます。それを隠しますので何があったか言って下さい。 （時計、鍵、タバコ、ペン、硬貨など必ず相互に無関係な物を選ぶ）		0 1 2 3 4 5
	知っている野菜の名前を出来るだけ多く言って下さい。 （答えた野菜の名前を右覧に記入する。途中で詰まり、約１０秒待っても答えない場合にはそこで打ち切る） ０～５＝０点、 ６＝１点、 ７＝２点、 ８＝３点、 ９＝４点、 １０＝５点		0 1 2 3 4 5

年　月　日　（検者:　　　）　合計得点　　点

【医師記入欄】

(1) 日常生活の自立度等について
- 障害高齢者の日常生活自立度（寝たきり度） □自立 □J1 □J2 □A1 □A2 □B1 □B2 □C1 □C2
- 認知症高齢者の日常生活自立度 □自立 □Ⅰ □Ⅱa □Ⅱb □Ⅲa □Ⅲb □Ⅳ □M

(2) 認知症の中核症状（認知症以外の疾患で同様の症状を認める場合を含む）
- 短期記憶 □問題なし □問題あり
- 日常の意思決定を行うための認知能力 □自立 □いくらか困難 □見守りが必要 □判断できない
- 自分の意志の伝達能力 □伝えられる □いくらか困難 □具体的要求に限られる □伝えられない

(3) 認知症の周辺症状（該当する項目全てチェック ： 認知症以外の疾患で同様の症状を認める場合も含む）
□無 □有→ □幻覚・幻聴 □妄想 □昼夜逆転 □暴言 □暴行 □介護への抵抗 □徘徊
□火の不始末 □不潔行為 □異食行動 □性的問題行動 □その他（　　）

(4) その他の精神・神経症状
□無 □有 〔症状名:　　専門医受診の有無 □有（　　） □無 〕

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