

## Major [mild] neurocognitive disorder

- A. Evidence of significant [modest] cognitive decline from a previous level of performance in one or more cognitive domains (complex attention, executive function, learning and memory, language, perceptual-motor, or social cognition) based on:
  - 1. Concern of the individual, a knowledgeable informant, or the clinician that there been a significant decline in cognitive function; and
  - 2. A substantial [modest] impairment in cognitive performance, preferably documented by standardized neuropsychological testing or, in its absence, another quantified clinical assessment
- B. The cognitive deficits [do not] interfere with independence in everyday activities (i.e., at a minimum, requiring assistance with complex instrumental activities of daily living such as paying bills or managing medications) [complex instrumental activities of daily living such as paying bills or managing medications are preserved, but greater effort, compensatory strategies, or accommodation may be required].
- C. The cognitive deficits do not occur exclusively in the context of a delirium.
- D. The cognitive deficits are not better explained by another mental disorder (e.g., major depressive disorder, schizophrenia).

*Specify* whether due to:

- Alzheimer's disease**
- Frontotemporal lobar degeneration**
- Lewy body disease**
- Vascular disease**
- Traumatic brain injury**
- Substance/medication use**
- HIV infection**
- Prion disease**
- Parkinson's disease**
- Huntington's disease**
- Another medical condition**
- Multiple etiologies**
- Unspecified**