

Subject I.D. _____

**CLINICAL DIAGNOSTIC ASSESSMENT PROCEDURE FOR DEMENTIA
(INDIANAPOLIS/IBADAN COMPARATIVE PREVALENCE STUDY)**

April 8, 1992

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INFORMANT INTERVIEW

DEMOGRAPHIC DATA

Subject I.D. # _____

Interviewer's Code: _____

NAME OF SUBJECT:

Date of Interview: _____
mo day year

First MI Last

ADDRESS

() _____

NAME OF SUBJECT'S PHYSICIAN

A. SUBJECT'S INFORMATION:

1. Sex: Male _____
Female _____

2. Date of birth: _____
mo day year

3. Race: _____
White (non-Hispanic) _____
Black (non-Hispanic) _____
Asian _____
Hispanic _____
Other () _____

4. Marital status: _____
Never Married _____
Married or Common Law _____
Separated _____
Divorced _____
Widowed _____
Unknown _____

5. Living arrangements: _____
Alone _____
With spouse _____
With spouse & other _____
With family, no spouse _____
Other () _____

6. Education _____
Years completed _____

7. Major lifetime occupation code: _____

1st Occupation: _____
How long? _____

2nd Occupation: _____
How long? _____

Demographic Data - Cont'd.

8. Income (per annum):
- | | |
|-------------------|-------|
| 0 - \$10,000 | _____ |
| \$10,000 - 20,000 | _____ |
| \$20,000 - 30,000 | _____ |
| \$30,000 - 40,000 | _____ |
| Over \$40,000 | _____ |

B. INFORMANT INFORMATION

1. Informant's information:

First MI Last

ADDRESS

()

2. Relation to subject:

Spouse	_____	Sister	_____	Friend	_____
Daughter	_____	Brother	_____	Other	_____
Son	_____	Other kin	_____		

3. Does informant live with the subject?

Yes _____
No _____
DK _____
NA _____

4. How often does informant see subject?

_____ Daily
_____ Weekly
_____ 2-3 times a month
_____ Several times a year
_____ Contact primarily by mail or telephone

5. How long has informant known subject?

_____ Years

MEMORY

I would now like to ask you some questions regarding _____
(subject's name)
present difficulties. Not all of these questions will apply to (subject).
However, in order to gain a better understanding of the illness we need to
ask about these symptoms.

INSTRUCTIONS FOR INTERVIEWER: For the questions which require the distinction between slight and great difficulties apply the following criteria.

"Slight" means the subject is able to perform the task most of the time but makes some mistakes.

"Great" means the subject is unable to perform the task on all or almost all occasions.

I would first like to ask you some questions about _____ memory.
(subject's name)

1. Does (subject) have difficulty remembering a short list of items? (e.g. shopping list or retrieving three items from another room without writing it down)

No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
Don't Know (DK) _____
Not Applicable (NA) _____

2. Does (subject) have difficulty remembering recent events, e.g. when he/she last saw you, or what happened the day before?

No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
Don't Know (DK) _____
Not Applicable (NA) _____

3. Does (subject) have difficulty interpreting surroundings, e.g. knowing where he/she is, or discriminating between different types of people, such as doctors, visitors, relatives?

No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
Don't Know (DK) _____
Not Applicable (NA) _____

Memory - Cont'd.

4. Does (subject) have difficulty finding his/her way about at home, e.g. can he/she find his/her way to the bathroom or kitchen?

- No Difficulty _____
- Slight Difficulty _____
- Great Difficulty _____
- Don't Know (DK) _____
- Not Applicable (NA) _____

5. Does (subject) have difficulty finding his/her way around the neighborhood, e.g. can he/she find his/her way to the post office, market, church or other relatives/friends homes?

- No Difficulty _____
- Slight Difficulty _____
- Great Difficulty _____
- Don't Know (DK) _____
- Not Applicable (NA) _____

6. Does (subject) get lost/disoriented in new places?

- Yes _____
- No _____
- DK _____
- NA _____

7. Does (subject) have difficulty remembering appointments?

- Yes _____
- No _____
- DK _____
- NA _____

8. Does (subject) have difficulty remembering family events or occasions?

- Yes _____
- No _____
- DK _____
- NA _____

9. Does (subject) have problems remembering to take his/her medications?

- Yes _____
- No _____
- DK _____
- NA _____

10. Does (subject) tend to live in the past?

- No _____
- Sometimes _____
- Often _____
- DK _____
- NA _____

Memory - Cont'd.

11. Does (subject) frequently repeat questions?

Yes _____
No _____
DK _____
NA _____

12. Does (subject) repeat stories?

Yes _____
No _____
DK _____
NA _____

INTERVIEWER'S SUMMARY:

13. Is there evidence of memory problems?

Yes _____
No _____
DK _____
NA _____

If responds YES to memory impairment, continue.

14. How long has (subject) been having memory problems?

Number of months: _____

15. Did these problems start

Suddenly, within 1-3 months _____
Subacutely, within 3-6 months _____
Insidiously, greater than 6 months _____
DK _____
NA _____

16. Was the progression of the memory problems

Gradually progressive _____
Stepwise progressive _____
Leveled off since onset _____
DK _____
NA _____

17. Have the memory problems improved since onset?

Yes _____
No _____
DK _____
NA _____

LANGUAGE

Now I want to ask some questions about (subject's) language abilities.

18. When (subject) is speaking, does he/she have difficulty finding the right word?

Yes _____
No _____
DK _____
NA _____

19. Does he/she frequently use the wrong word?

Yes _____
No _____
DK _____
NA _____

20. Does he/she frequently describe an object because he/she cannot recall the proper name?

Yes _____
No _____
DK _____
NA _____

21. Does he/she talk less than he/she used to?

Yes _____
No _____
DK _____
NA _____

22. Is it difficult to understand what he/she is talking about (excluding physical problems that interfere with speech)?

Yes _____
No _____
DK _____
NA _____

INTERVIEWER'S SUMMARY:

23. From the information provided by the informant is there evidence that the subject is having language impairment?

Yes _____
No _____
DK _____
NA _____

If responds YES to language impairment, continue.

24. How long has the subject been having language problems?

Record the number of months _____

Interviewer's Summary - Cont'd.

25. Did the language impairment start

- Suddenly, within 1-3 months _____
- Subacutely, within 3-6 months _____
- Insidiously, greater than 6 months _____
- DK _____
- NA _____

26. Was the progression of the language impairment

- Gradual _____
- Stepwise _____
- Leveled off since onset _____
- DK _____
- NA _____

27. Has the language impairment improved since onset?

- Yes _____
- No _____
- DK _____
- NA _____

JUDGEMENT AND REASONING

28. Has there been any decline in his/her mental functioning? Is he/she not as clear or as sharp as she used to be?

- Yes _____
- No _____
- DK _____
- NA _____

29. Is he/she able to pay attention to and understand TV programs?

- Yes _____
- No _____
- DK _____
- NA _____

30. Is he/she able to read and discuss the newspaper?

- Yes _____
- No _____
- DK _____
- NA _____

31. Is he/she able to engage in conversations?

- Yes _____
- No _____
- DK _____
- NA _____

INTERVIEWER'S SUMMARY:

32. From the information provided by the informant is there evidence that the subject is having problems with judgement and reasoning?

Yes _____
No _____
DK _____
NA _____

If responds YES to judgment and reasoning, continue.

33. How long has the subject been having problems with judgement and reasoning?

Record the number of months _____

34. Did the problems with judgement and reasoning start

Suddenly, within 1-3 months _____
Subacutely, within 3-6 months _____
Insidiously, greater than 6 months _____
DK _____
NA _____

35. Was the progression of the problems in judgement and reasoning

Gradual _____
Stepwise _____
Leveled off since onset _____
DK _____
NA _____

36. Has the problem with judgement and reasoning improved over time?

Yes _____
No _____
DK _____
NA _____

PERSONALITY

37. Have you noticed any changes in (subject's) personality, such as the way (subject) behaves socially?

Yes _____
No _____
DK _____
NA _____

If yes, please describe:

Personality - Cont'd.

38. Has there been any noticeable exaggeration in (subject's) normal character?

Yes _____
No _____
DK _____
NA _____

39. Has (subject) become more or less changeable in mood?

More _____
Less _____
DK _____
NA _____

40. Has (subject) become more or less irritable or angry?

More _____
Less _____
DK _____
NA _____

41. Does (subject) show more or less concern for others?

More _____
Less _____
DK _____
NA _____

42. Does (subject) get involved in difficult or embarrassing situations in public because of his/her behavior?

Yes _____
No _____
DK _____
NA _____

43. Has (subject) become more stubborn or perhaps a little awkward?

Yes _____
No _____
DK _____
NA _____

INTERVIEWER'S SUMMARY:

44. From the information provided by the informant is there evidence that the subject is having changes in his/her personality?

Yes _____
No _____
DK _____
NA _____

If responds YES to personality changes, continue.

Interviewer's Summary - Cont'd.

45. How long has the subject been having personality changes?
Record the number of months _____
46. Did the personality changes start
Suddenly, within 1-3 months _____
Subacutely, within 3-6 months _____
Insidiously, greater than 6 months _____
DK _____
NA _____
47. Was the progression of the personality changes been
Gradual _____
Stepwise or _____
Leveled off since onset _____
DK _____
NA _____
48. Have the personality changes improved since onset?
Yes _____
No _____
DK _____
NA _____

EVERYDAY TASKS

INSTRUCTIONS FOR INTERVIEWER: For the questions which require the distinction between slight and great difficulties, apply the following criteria.

"Slight" means the subject is able to perform the task most of the time but makes some mistakes.

"Great" means the subject is unable to perform the task on all or almost all occasions.

Now I would like to ask some questions about _____ ability to
(subject's name)
perform everyday tasks. An individual's ability to perform can vary from day to day so answer on the basis of his/her ability over the course of a week.

FOOD PREPARATION

48. Can (subject) find food in the pantry, cupboards or refrigerator?
Yes _____
No _____
DK _____
NA _____

Food Preparation - Cont'd.

- 49. Can (subject) plan meals?
Yes _____
No _____
DK _____
NA _____
- 50. Can (subject) prepare meals?
Yes _____
No _____
DK _____
NA _____
- 51. Can (subject) food shop independently?
Yes _____
No _____
DK _____
NA _____
- 52. Can (subject) assist with food shopping?
Yes _____
No _____
DK _____
NA _____
- 53. Has (subject) repeatedly burned food on the stove?
Yes _____
No _____
DK _____
NA _____
- 54. Has (subject) been limited to preparing foods in the microwave?
Yes _____
No _____
DK _____
NA _____
- 55. Can (subject) prepare any simple food or drink items such as coffee, tea or cereal?
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____

INTERVIEWER'S SUMMARY:

56. From the information provided by the informant the subject's ability to engage in food preparation is

- Greatly impaired (unable to perform any task) _____
- Slightly impaired (not able to perform complex tasks like preparing meals but able to prepare simple foods such as tea or cereal) _____
- Not impaired _____

CHORES

57. Has there been a decline in (subject's) ability to perform household chores?
 Yes _____
 No _____
 DK _____
 NA _____
58. Can (subject) manage to keep up with cleaning the house as he/she used to?
 Yes _____
 No _____
 DK _____
 NA _____
59. Can (subject) perform yard work the way he/she used to?
 Yes _____
 No _____
 DK _____
 NA _____
60. Can (subject) perform minor repairs such as changing light bulbs?
 Yes _____
 No _____
 DK _____
 NA _____
61. Can (subject) still maintain the laundry?
 Yes _____
 No _____
 DK _____
 NA _____
62. Can (subject) still manage doing the dishes?
 Yes _____
 No _____
 DK _____
 NA _____
63. Can (subject) still operate household appliances such as:

Circle answer given:

Vacuum	Yes	No	Dk	NA
Dish Washer	Yes	No	Dk	NA
Washing Machine	Yes	No	Dk	NA
Clothes Dryer	Yes	No	Dk	NA
Microwave	Yes	No	Dk	NA
Calculator	Yes	No	Dk	NA
VCR	Yes	No	Dk	NA
TV	Yes	No	Dk	NA

INTERVIEWER'S SUMMARY

64. From the information provided by the informant, is the (subject's) ability to perform household chores

Greatly impaired (unable to perform all but the simplest tasks, eg. help with the cleaning with supervision) _____

Slightly impaired (not able to look after the house as independently as he/she use to but still performs some tasks, cleaning, doing dishes, etc.) _____

Not impaired _____

FINANCES

INSTRUCTIONS FOR INTERVIEWER: For the questions which require the distinction between "slight" and "great" difficulties, apply the following criteria.

"Slight" means the subject is able to perform the task most of the time but makes some mistakes.

"Great" means the subject is unable to perform the task on all or almost all occasions.

I would like to ask some questions about _____ ability to handle finances. (subject's name)

65. Prior to (subject's) present difficulties, was he/she able to manage his/her financial affairs?

- Yes _____
- No _____
- DK _____
- NA _____

66. Can (subject) purchase a few items at the store?

- Yes _____
- No _____
- DK _____
- NA _____

67. Can (subject) manage a checkbook?

- Yes _____
- No _____
- DK _____
- NA _____

68. Can (subject) pay monthly bills?

- Yes _____
- No _____
- DK _____
- NA _____

Inteviewer's Summary - Cont'd

69. Can (subject) keep financial records?
Yes _____
No _____
DK _____
NA _____
70. Can (subject) prepare tax information or insurance claims?
Yes _____
No _____
DK _____
NA _____
71. Can (subject) figure out the amount of change due back on small items or bills?
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____

INTERVIEWER'S SUMMARY:

72. From the information provided by the informant is the (subject's) ability to handle finances
Greatly Impaired (unable to perform even the simplest transaction) _____
Slightly Impaired (able to handle small sums of money but requires assistance in conducting family or personal finances) _____
Not Impaired _____

SOCIAL

Now I would like to ask some questions about (subject's) social functioning.

73. Does (subject) participate in church or community functions like he/she used to?
Yes _____
No _____
DK _____
NA _____
74. Is (subject) able to recognize and recall the names of the following people:

	<u>Circle answer given:</u>			
New Acquaintances	Yes	No	Dk	NA
Old Friends	Yes	No	Dk	NA
1st. Degree relatives	Yes	No	Dk	NA
Spouse	Yes	No	Dk	NA

Social - Cont'd.

75. Does (subject) converse with friends and acquaintances in an appropriate manner?
Yes _____
No _____
DK _____
NA _____
76. Does (subject) participate in family celebrations and holidays like he/she had done previously?
Yes _____
No _____
DK _____
NA _____
77. Is (subject) participating in hobbies (card playing, sewing, fishing) like he/she used to?
Yes _____
No _____
DK _____
NA _____
78. Has (subject) lost any special skill or interest or hobby that he/she could perform before (e.g. playing a musical instrument, woodworking, sewing, painting)?
Yes _____
No _____
DK _____
NA _____

INTERVIEWER'S SUMMARY:

79. From the information provided by the informant is (subject's) ability to engage in social activities

Greatly Impaired (unable to engage in any social dialogue except in a very simple manner when accompanied by a relative) _____

Slightly Impaired (some loss of skills but still participates in individual or group gatherings) _____

Not Impaired _____

OCCUPATIONAL

Now I would like to ask some questions about (subject's) job performance.

80. Is (subject) currently employed?
Yes _____
No _____
DK _____
NA _____

81. Is (subject) currently retired?
If yes, _____
 mo year
Yes _____
No _____
DK _____
NA _____

82. Has/had (subject's) employer noted any change in his/her performance?
Yes _____
No _____
DK _____
NA _____

83. Was (subject) asked or transferred to a less demanding job?
Yes _____
No _____
DK _____
NA _____

84. Was (subject) encouraged to take early retirement?
If yes, _____
 mo year
Yes _____
No _____
DK _____
NA _____

INTERVIEWER'S SUMMARY:

85. From the information provided by the informant is (subject's) occupational functioning impaired?
Yes _____
No _____
DK _____
NA _____

PERSONAL CARE

86. Does he/she have difficulty feeding him/herself?

Feeds self without assistance _____

Feeds self with minor assistance, requires prompting
to sample all foods or prepare a plate of food _____

Feeds self with much assistance, has difficulty
managing utensils, often uses fingers _____

Has to be fed _____

87. Does he/she have difficulty dressing?

Unaided _____

Occasionally misplaces buttons, etc., requires minor help _____

Wrong sequence, forgets items, requires much assistance _____

Unable to dress _____

88. Hygiene:

Clean, cares for self at toilet _____

Occasional incontinence, or needs to be reminded to toilet _____

Frequent incontinence, or needs much assistance _____

Little or no control _____

INTERVIEWER'S SUMMARY:

89. Is there evidence of problems in the personal care?

Yes _____

No _____

DK _____

NA _____

If responds YES to personal care, continue.

90. How long has (subject) been having problems with personal care?

Number of months _____

91. Did these problems start

Suddenly, within 1-3 months _____

Subacutely, within 3-6 months _____

Insidiously, greater than 6 months _____

DK _____

NA _____

92. Was the progression of these problems

Gradual _____

Stepwise or _____

Leveled off since onset _____

DK _____

NA _____

Indteviewer's Summary - Cont'd.

93. Have the problems with personal care improved since onset?

Yes _____
No _____
DK _____
NA _____

MEDICATIONS

I would like to ask some questions regarding _____ use of
prescription medications. (subject's name)

94. Is (subject) currently taking any prescription medications?

Yes _____
No _____
DK _____
NA _____

If yes, list the medications the patient is taking and dose if available:

95. Has (subject) taken any other prescription medication during the past six months?

Yes _____
No _____
DK _____
NA _____

If yes, list the medication and dose:

If the informant answered NO to the above questions, skip to over-the-counter medications.

Medications - Cont'd.

96. During the past six months, has (subject) had any mental changes from the use of the above recorded medications?

Yes _____
No _____
DK _____
NA _____

97. If the subject experienced mental changes, elicit details:

98. Has (subject) discontinued any of the above listed medications in the past six months?

Yes _____
No _____
DK _____
NA _____

If yes, record medication and date discontinued:

_____	_____
_____	_____
_____	_____

99. If (subject) experienced mental changes, have they cleared?

Yes, completely cleared _____
Still present but improved _____
Still present and unchanged _____
DK _____
NA _____

100. Does the examiner think that the subject now/or in the previous six months has experienced mental changes due to the current or prior medication use?

Yes _____
No _____
DK _____
NA _____

OVER-THE-COUNTER MEDICATIONS

101. Does (subject) take any over-the-counter medications regularly?

- Yes _____
- No _____
- DK _____
- NA _____

If yes please list them:

Name: _____
Dose: _____
Indication: _____

Name: _____
Dose: _____
Indication: _____

102. Did (subject) experience any side effects from any of these medications?

- Yes _____
- No _____
- DK _____
- NA _____

If yes, provide a description:

ALCOHOL USE

I would like to ask a few questions regarding _____ use of alcohol in the past. (subject's name)

103. How often did he/she ever drink alcoholic beverages?

- Daily or almost daily _____
- 3-4 times a week _____
- Once or twice a week _____
- Less than once a week _____
- Never _____
- DK _____
- NA _____

104. On those days that he/she did drink alcoholic drinks, about how many did he/she usually have? (1 drink= 1 glass of wine/1 mixed drink/beer)

- More than 5 drinks _____
- 3 to 5 drinks _____
- 1 to 2 drinks _____
- DK _____

Alcohol Use - Cont'd.

105. For how long did he/she drink in this manner? Years _____

106. Does he/she still drink alcoholic beverages?
Yes _____
No _____
DK _____
NA _____

107. How often does he/she currently drink alcoholic beverages?
Daily or almost every day _____
3-4 times a week _____
Once or twice a week _____
Less than once a week _____
Never _____
DK _____

108. On those days that he/she does drink alcoholic drinks, about how many does he/she usually have? (1 drink= 1 glass of wine/1 mixed drink/beer)
More than 5 drinks _____
3 to 5 drinks _____
1 to 2 drinks _____
DK _____

109. Have you or any other family member or close friend ever thought (subject) drank too much?
Yes _____
No _____
DK _____
NA _____

110. Has (subject) ever had to have a drink in the morning to steady his/her nerves or relieve a hangover?
Yes _____
No _____
DK _____
NA _____

If the answer to either of these last two additional questions is YES, then complete the alcohol inventory.

ALCOHOL INVENTORY

Interviewer Code: _____

Subject I.D.: _____

The previous questions indicate _____ had or is currently
(subject's name)
having a problem with alcohol. I would like to ask some additional questions
about (subject's) drinking.

111. How long has (name) been drinking excessively?
Less than 6 months _____
6 months to 1 year _____
1 to 5 years _____
More than 5 years _____

112. Which term best describes (subject's) drinking habits in the past
three months?
Continual _____
Sporadic _____
Totally stopped _____

113. Has (subject) ever completely stopped drinking?
Yes _____
No _____
DK _____
NA _____

Approximate month/year _____

114. Has (subject) ever drunk as much as a fifth of liquor in one day,
that would be about 20 drinks, or three bottles of wine or as much
as three six packs of beer in one day?
Yes _____
No _____
DK _____
NA _____

115. Have you ever talked with your doctor or other medical professional
about (subject) drinking?
Yes _____
No _____
DK _____
NA _____

116. Has (subject) ever had job trouble because of his/her drinking
(e.g., missing too much work or drinking on the job)?
Yes _____
No _____
DK _____
NA _____

Alcohol Inventory - Cont'd.

117. Has (subject) ever lost a job because of drinking?
Yes _____
No _____
DK _____
NA _____
118. Has (subject) ever had serious marital or family problems, such as a divorce, because of drinking?
Yes _____
No _____
DK _____
NA _____
119. Has (subject) ever been arrested for drunk driving or had an automobile accident while drinking?
Yes _____
No _____
DK _____
NA _____
120. Has (subject) ever been arrested for public intoxication or disturbing the peace while drinking?
Yes _____
No _____
DK _____
NA _____
121. Has (subject) ever gotten into physical fights while drinking?
Yes _____
No _____
DK _____
NA _____
122. Has (subject) ever gone on drinking binges or benders, where he/she kept drinking for a couple of days or more without sobering up?
Yes _____
No _____
DK _____
NA _____
123. How many months ago was the last episode? Months _____
124. Has (subject) ever had the "shakes" after stopping or cutting down on drinking (for example have [subject's] hands ever shaken so much that he/she has had difficulty holding a cup of coffee without it spilling over the edges, or has he/she had difficulty lighting a cigarette)?
Yes _____
No _____
DK _____
NA _____

Alcohol Inventory - Cont'd.

125. Has (subject) ever had fits or seizures after stopping or cutting down on drinking?

Yes _____
No _____
DK _____
NA _____

126. Has (subject) ever had the D.T.'s (hallucinations or fever) when he/she stopped drinking?

Yes _____
No _____
DK _____
NA _____

127. Has (subject) ever seen or heard things that weren't really there after cutting down on drinking?

Yes _____
No _____
DK _____
NA _____

128. Has (subject) ever been hospitalized for alcohol treatment or detoxification?

If yes, where: _____

Date of treatment: _____
year

Physician: _____

Yes _____
No _____
DK _____
NA _____

129. Has (subject) ever gone to the emergency room for any problems related to his/her drinking or while drunk?

If yes, where: _____

Date of treatment: _____
year

Physician: _____

Yes _____
No _____
DK _____
NA _____

130. There are several health problems that can result from long stretches of heavy drinking. Did drinking ever cause (subject) to have:

a. Liver disease or yellow jaundice (hepatitis)?

If yes, date: _____
year

Yes _____
No _____
DK _____
NA _____

Alcohol Inventory - Cont'd.

b. Vomiting blood or other stomach problems (ulcers, bleeding esophagus)?

If yes, date: _____
year

Yes _____
No _____
DK _____
NA _____

c. Trouble with tingling or numbness in his/her feet?

If yes, date: _____
year

Yes _____
No _____
DK _____
NA _____

d. Memory problems when he/she has NOT been drinking (not related to blackouts)?

If yes, date: _____
year

Yes _____
No _____
DK _____
NA _____

e. Inflammation of the pancreas or pancreatitis (Abdominal/back pain, nausea/vomiting, upper abdominal tenderness)? **INTERVIEWER** to indicate left side below the diaphragm.

If yes, date: _____
year

Yes _____
No _____
DK _____
NA _____

131. Is there any additional information you can provide about (subject's) drinking history that has not been covered in the questions already discussed?

LIFESTYLE QUESTIONS

132. Did (subject) ever smoke cigarettes, cigars, or a pipe nearly everyday?

Yes _____
No _____
DK _____
NA _____

CIRCLE: cigarettes cigars pipe

If NO, then go on to the next section. Otherwise, continue.

133. Does he/she still smoke?

Yes _____
No _____
DK _____
NA _____

CIRCLE: cigarettes cigars pipe

134. At what age did he/she start smoking?

Cigarettes _____
Cigars _____
Pipe _____

135. If he/she no longer smokes, how many years age did he/she stop smoking?

Cigarettes _____
Cigars _____
Pipe _____

136. Approximately how many does/did he/she smoke a day?

Cigarettes _____
Cigars _____
Pipe _____

MEDICAL HISTORY

Now I would like some questions about _____ health.
(subject's name)

The medical/clinical history should be asked and recorded for past and present occurrence.

137. Did a doctor or nurse ever tell (subject) that he/she has high blood pressure?
If yes, year _____
- Yes _____
No _____
DK _____
NA _____
138. Is (subject) currently being treated for high blood pressure?
- Yes _____
No _____
DK _____
NA _____
139. Has (subject) ever been told he/she has heart disease?
If yes, year _____
- Yes _____
No _____
DK _____
NA _____
140. Is (subject) currently being treated for heart disease?
- Yes _____
No _____
DK _____
NA _____

If the answer is YES to heart disease, question the informant for more specific information.

141. Did the doctor describe his/her heart problem as:
- MI/Heart attack _____
CHF-congestive heart failure _____
Angina-chest pain (put little pills under their tongue) _____
Arrhythmia-irregular heart beat _____
- Other _____

142. Has (subject) ever been told he/she has a seizures disorder?
If yes, year _____
- Yes _____
No _____
DK _____
NA _____

Medical History - Cont'd.

143. Is (subject) **currently** being treated for seizures disorder?

Yes _____
No _____
DK _____
NA _____

144. Has (subject) ever been told he/she has a thyroid disorder (e.g., hypothyroidism, hyperthyroidism, Graves disease)?

If yes, year _____

Yes _____
No _____
DK _____
NA _____

Specific type of disorder or description of symptoms:

145. Is (subject) **currently** being treated for thyroid disorder?

Yes _____
No _____
DK _____
NA _____

146. Has (subject) ever been treated for cancer?

If yes, year _____

Yes _____
No _____
DK _____
NA _____

Describe: _____

147. Is (subject) **currently** being treated for cancer?

Yes _____
No _____
DK _____
NA _____

Describe: _____

Medical History - Cont'd.

148. Has (subject) ever been treated for leukemia or any blood disorders?
If yes, year _____

Yes _____
No _____
DK _____
NA _____

149. Is (subject) **currently** being treated for leukemia or any blood disorder?

Yes _____
No _____
DK _____
NA _____

150. Has (subject) ever suffered a head injury with loss of consciousness?

Yes _____
No _____
DK _____
NA _____

Describe _____

151. Has (subject) ever been treated for anemia?
If yes, year _____

Yes _____
No _____
DK _____
NA _____

152. Is (subject) **currently** being treated for anemia?

Yes _____
No _____
DK _____
NA _____

153. Has (subject) ever been treated for blood sugar problems?
If yes, year _____

Yes _____
No _____
DK _____
NA _____

154. Is (subject) **currently** being treated for his/her blood sugar?

Yes _____
No _____
DK _____
NA _____

Medical History - Cont'd.

155. Has (subject) ever been treated for diabetes?

If yes, year _____

Yes _____
No _____
DK _____
NA _____

156. Is (subject) **currently** being treated for diabetes?

Yes _____
No _____
DK _____
NA _____

157. Has (subject) had any other serious medical illnesses?

If yes, please describe:

Yes _____
No _____
DK _____
NA _____

158. Has (subject) ever been diagnosed as mentally retarded?

If yes, year _____

Yes _____
No _____
DK _____
NA _____

159. Did (subject) have any learning problems in school?

If yes, please describe:

Yes _____
No _____
DK _____
NA _____

160. Has (subject) ever been treated by a physician for his/her nerves?

If yes, date: _____
 year

Yes _____
No _____
DK _____
NA _____

Medical History - Cont'd.

161. Has (subject) ever been treated by a physician for depression?

If yes, date: _____
 year

Yes _____
No _____
DK _____
NA _____

162. Has (subject) ever had electroshock therapy?

If yes, date: _____
 year

Yes _____
No _____
DK _____
NA _____

CEREBROVASCULAR DISEASE

Has (subject) ever experienced any of the following symptoms?

163. Has he/she ever experienced periods in which he/she was momentarily confused, or unaware of others in the room?

Yes _____
No _____
DK _____
NA _____

164. Has he/she been experiencing problems with eyesight which started suddenly?

Yes _____
No _____
DK _____
NA _____

165. Has he/she been experiencing problems with peripheral vision?

Yes _____
No _____
DK _____
NA _____

166. Has he/she experienced any facial paralysis (inability to smile on one side of the face, drooping facial muscles)?

Yes _____
No _____
DK _____
NA _____

Cerebrovascular Disease - Cont'd.

167. Has he/she shown any sudden changes in his/her ability to form or think of specific words in conversation?
Yes _____
No _____
DK _____
NA _____

168. Have you noticed weakness on one or both sides of his/her body, or an inability to coordinate voluntary movement?
Yes _____
No _____
DK _____
NA _____

169. Has he/she complained of numbness or lack of feeling in hands, feet, arms, legs or trunk of the body?
Yes _____
No _____
DK _____
NA _____

170. Is he/she experiencing difficulty in remembering significant events, names of persons, or how to accomplish tasks and follow directions?
Yes _____
No _____
DK _____
NA _____

171. Has (subject) ever had a stroke or mini stroke?
Yes _____
No _____
DK _____
NA _____

Year of first incident _____
Year of most recent incident _____
Year of the most severe incident _____

If NO, skip to Parkinson's Disease.

172. Did the acute episode of any incident last more than 24 hrs?
Yes _____
No _____
DK _____
NA _____

Cerebrovascular Disease - Cont'd.

173. Was at least one incident verified by a physician?

Yes _____
No _____
DK _____
NA _____

174. Did the doctor tell (subject) what type of stroke or ischemic episode he/she had? Record the approximate year it occurred:

Brain infarction/lacunae: Year _____

Focal TIA: Year _____

Brain hemorrhage: Year _____

Major hypoxic/ischemic event: Year _____

Description: _____

For subjects with symptoms of dementia:

175. Did the symptoms of dementia precede the first vascular accident or TIA?

Yes _____
No _____
DK _____
NA _____

176. Did symptoms of dementia immediately follow the vascular accident?

Yes _____
No _____
DK _____
NA _____

177. Is the onset and clinical course of the subject's memory loss characteristic of vascular dementia (e.g., sudden onset, plateau or improvement of symptoms following stroke, deterioration with subsequent strokes or TIA's)

Yes _____
No _____
DK _____
NA _____

If NO, explain:

PARKINSON'S DISEASE

178. Has (subject) ever been diagnosed as having Parkinson's disease?

Yes _____
No _____
DK _____
NA _____

If yes, when was the diagnosis made? Year _____

179. Do (subject's) hands or legs shake?

Yes _____
No _____
DK _____
NA _____

If NO, go on to #193, otherwise, continue.

180. Do (subject's) hands or legs shake at rest?

Yes _____
No _____
DK _____
NA _____

181. Does (subject's) hands shake when he/she is eating, or writing, or doing other activities?

Yes _____
No _____
DK _____
NA _____

182. Does anyone else in the family have this kind of shaking?

Yes _____
No _____
DK _____
NA _____

If yes, give relationship to subject:

Sibling _____
Parent _____
Child _____
Aunt/Uncle _____
Cousin _____

183. Have you noticed any changes in the way (subject) walks?

Yes _____
No _____
DK _____
NA _____

184. Does he/she now walk in small shuffling steps?

Yes _____
No _____
DK _____
NA _____

Parkinson's Disease - Cont'd.

185. Has his/her posture changed?

Yes _____
No _____
DK _____
NA _____

186. Is (subject's) posture more bent over?

Yes _____
No _____
DK _____
NA _____

187. Is he/she less stable than before?

Yes _____
No _____
DK _____
NA _____

188. Has he/she fallen more lately?

Yes _____
No _____
DK _____
NA _____

189. When he/she is walking, does he/she have trouble stopping?

Yes _____
No _____
DK _____
NA _____

190. Have you noticed any change in (subject's) facial expression?

Yes _____
No _____
DK _____
NA _____

FOR SUBJECTS WITH SYMPTOMS OF DEMENTIA

191. Did the symptoms of dementia described above precede the onset of the Parkinsonian symptoms?

Yes _____
No _____
DK _____
NA _____

If NO,

192. Approximately how long after the onset of the Parkinsonian symptoms, did the symptoms of dementia begin?

Duration in months _____

MAJOR DEPRESSIVE SYNDROME

193. During the past 6 months did _____ ever have a two week
(subject's name)
period where he/she was bothered by feeling depressed, sad, blue,
hopeless, down in the dumps, or that he/she didn't enjoy anything?

Yes _____
No _____
DK _____
NA _____

If answered NO, skip to the next section. Otherwise, continue.

194. During this period was (subject) bothered by:

a. Poor appetite or weight loss?

Yes _____
No _____
DK _____
NA _____

b. Increased appetite or weight gain?

Yes _____
No _____
DK _____
NA _____

c. Trouble sleeping or sleeping too much?

Yes _____
No _____
DK _____
NA _____

d. Loss of energy, easily fatigued, or feeling tired?

Yes _____
No _____
DK _____
NA _____

e. Loss of interest or pleasure in usual activities or sex?

Yes _____
No _____
DK _____
NA _____

f. Feeling guilty or down on himself/herself?

Yes _____
No _____
DK _____
NA _____

Major Depressive Syndrome - Cont'd

(194)g. Trouble concentrating, thinking, or making decisions?

Yes _____
No _____
DK _____
NA _____

h. Thinking about death or suicide?

Yes _____
No _____
DK _____
NA _____

i. Has he/she ever attempted suicide?

Yes _____
No _____
DK _____
NA _____

j. Being able to sit still and have to keep moving?

Yes _____
No _____
DK _____
NA _____

k. Feeling **slowed-down** and having trouble moving?

Yes _____
No _____
DK _____
NA _____

195. Does (subject) meet the criteria for major depressive disorder (at least 4 supporting symptoms)?

Yes _____
No _____
DK _____
NA _____

196. If Yes, does the depression affect cognitive function?

Yes _____
No _____
DK _____
NA _____

Major Depressive Syndrome - Cont'd.

197. During that time, did he/she seek help from anyone like a doctor or minister or even a friend, or did anyone suggest the he/she seek help? Did he/she take any medication?

Yes _____
No _____
DK _____
NA _____

If there is any suspicion of depression in subject, physician should administer a Hamilton depression rating scale to the subject.

PARANOID FEATURES

198. Has he/she complained of being unjustly persecuted or spied on by others?

Yes _____
No _____
DK _____
NA _____

199. Has he/she been troubled by voices or visions not experienced by others?

Yes _____
No _____
DK _____
NA _____

CONFUSION/DELIRIUM

200. During the past six months has (subject) experienced periods lasting hours or days when he/she has appeared more confused than usual?

Yes _____
No _____
DK _____
NA _____

201. During the past six months has (subject) experienced periods lasting hours or days when he/she has appeared more drowsy than usual?

Yes _____
No _____
DK _____
NA _____

If YES to either of the two questions, continue.

Confusion/Delirium - Cont'd.

202. During these periods, do these symptoms change over the course of a day?

Yes _____
No _____
DK _____
NA _____

INTERVIEWER'S SUMMARY

203. From the information provided by the informant, is there any evidence that the subject is suffering from confusional/delirial episodes?

Yes _____
No _____
DK _____
NA _____

FAMILY HISTORY

I would now like to ask you about other members of _____ family. (subject's name)

204. How many children does he/she have (living or dead)?

Number _____
DK _____
NA _____

205. How many brothers does he/she have (living or dead)?

Number _____
DK _____
NA _____

206. How many sisters does he/she have (living or dead)?

Number _____
DK _____
NA _____

207. What position was he/she in his/her family?

Position _____
DK _____
NA _____

208. About how old was his/her mother when she died (approximately)?

Age _____
Still alive _____
DK _____
NA _____

209. About how old was his/her father when he died (approximately)?

Age _____
Still alive _____
DK _____
NA _____

Family History - Cont'd.

210. Did any of his/her relatives have trouble with memory or getting very confused and have to go into a home to be looked after?

Yes _____
No _____
DK _____
NA _____

Female relatives:

Mother _____
Sister _____
Daughter _____

Male Relatives:

Father _____
Brother _____
Son _____

211. Have any of his/her family had Parkinson's disease, i.e. marked tremor or stiffness?

Yes _____
No _____
DK _____
NA _____

Female relatives:

Mother _____
Sister _____
Daughter _____

Male Relatives:

Father _____
Brother _____
Son _____

212. Has anyone in the family had a child with a mental handicap or Down's Syndrome (explain, if necessary)?

Yes _____
No _____
DK _____
NA _____

Female relatives:

Mother _____
Sister _____
Daughter _____

Male Relatives:

Father _____
Brother _____
Son _____

213. Has anyone in his/her family had leukemia?

Yes _____
No _____
DK _____
NA _____

Female relatives:

Mother _____
Sister _____
Daughter _____

Male Relatives:

Father _____
Brother _____
Son _____

Family History - Cont'd.

214. Has anyone in his/her family had a heart attack?

Yes _____
No _____
DK _____
NA _____

Female relatives:
Mother _____
Sister _____
Daughter _____

Male Relatives:
Father _____
Brother _____
Son _____

215. Have any of his/her relatives had a stroke or sudden weakness or speech difficulty?

Yes _____
No _____
DK _____
NA _____

Female relatives:
Mother _____
Sister _____
Daughter _____

Male Relatives:
Father _____
Brother _____
Son _____

216. Have any of his/her relatives had high blood pressure diagnosed?

Yes _____
No _____
DK _____
NA _____

Female relatives:
Mother _____
Sister _____
Daughter _____

Male Relatives:
Father _____
Brother _____
Son _____

217. Has anyone in the family had a nervous or emotional illness requiring treatment?

Yes _____
No _____
DK _____
NA _____

Female relatives:
Mother _____
Sister _____
Daughter _____

Male Relatives:
Father _____
Brother _____
Son _____

NAME _____

ID # _____

DOB _____

	Severity					Onset			Progress			Improve/ onset		
	yes	slight impairment	great impairment	no impairment	DK/NA	suddenly	subacute	insidiously	gradual	stepwise	leveled off	yes	no	DK/NA
Memory Problems														
Language														
Judgement/Reason														
Personality														

	Everday Task		
	greatly impaired	not impaired	slightly impaired
Food Preparaiton			
Chores			
Finances			
Social			

	Activities of Daily Living			
	self care	minor assistance	much assistance	total care
Feeding				
Dressing				
Hygiene				

NAME _____

ID # _____

DOB _____

	Medical History			
	yes	no	past	current
High Blood Pressure				
Heart Disease				
Cancer				
Leukemia/Blood Disorder				
Head Injury with LOC				
Anemia				
Blood Sugar Problems				
Diabetes				
Mental Retardation				
Learning Problems				
Cerebrovascular Disease				
Parkinson's Disease				
Depression*				
Clouding & Delirium				
Family History for Dementia				
Substance Abuse				
Smoking				

	Heart Disease			
	yes	no	past	current
MI/Heart Attack				
CHF				
Angina				
Arrhythmia irregular heart beat				
Other				

* If Depressed, Complete Hamilton Depression Scale

NEUROLOGICAL EXAMINATION: OVERALL ASSESSMENT

1. Gait and posture:

	<u>Normal</u>	<u>Abnormal</u>	<u>Not Assessed</u>
tandem gait	0	1	9
arm swing	0	1	9
hemiparesis	0	1	9
ataxia*	0	1	9
en bloc turning	0	1	9
standing on one leg	0	1	9

If abnormal, specify: _____

*For subjects with ataxia and/or other suspected alcoholic neurological disorders, complete neurological evaluation for manifestations of alcoholism.

2. Abnormal movements:

benign tremor	0	1	9
myoclonus	0	1	9
dyskinesia	0	1	9
other	0	1	9

If abnormal, specify: _____

3. If any one of the Parkinsonian features below is present, complete neurological evaluation for Parkinson's.

tremor (resting)	0	1	9
cogwheel rigidity	0	1	9
Bradykinesia	0	1	9

4. Significant visual or auditory impairment:

	0	1	9
--	---	---	---

5. Cranial nerve function:

	0	1	9
--	---	---	---

If abnormal, specify: _____

6. Motor function*

	0	1	9
--	---	---	---

strength	0	1	9
coordination	0	1	9
tone	0	1	9
other	0	1	9

If other, specify: _____

Neurological Examination: Overall Assessment - Cont'd.

	<u>Normal</u>	<u>Abnormal</u>	<u>Not Assessed</u>
7. Muscle stretch reflexes:	0	1	9
If abnormal, describe: _____			
8. Extensor plantar response	0	1	9
	<u>Absent</u>	<u>Present</u>	<u>Not Assessed</u>
9. Personality changes or behavioral abnormalities (e.g., over activity, hostility, etc.)	0	1	9
If present, describe: _____			
10. Patient cooperativeness during evaluation:			
	0 = fully cooperative at all times		
	1 = mildly to moderately uncooperative		
	2 = very uncooperative		
	3 = uncertain or don't know		

*For subjects suspected as having a stroke, complete neurological examination for cerebro-vascular disease.

A: NEUROLOGICAL EXAMINATION FOR CEREBRO-VASCULAR DISEASE

This section is to be completed for all subjects with a clinical history of stroke or cerebral ischemia.

1. Residual neurological manifestations of stroke or cerebral ischemia:

	<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
gait disturbance (hemiparetic or ataxic)	0	1	9
visual field or cranial nerve deficit	0	1	9
motor weakness of limbs/trunk	0	1	9
sensory deficits of limbs/trunk	0	1	9
language deficits (dysphasia)	0	1	9
dysarthria	0	1	9
emotional lability	0	1	9
other pseudobulbar signs	0	1	9
(specify: _____)			
psychomotor retardation	0	1	9
other (describe: _____)	0	1	9

B: NEUROLOGICAL EXAMINATION FOR MANIFESTATIONS OF ALCOHOLISM

The section is to be completed for all subjects with a clinical history of alcoholism.

1. Neurological manifestations of alcoholism or associated nutritional deficiency:			Not
			Assessed
	No	Yes	
peripheral neuropathy	0	1	9
cerebellar ataxia of limbs or trunk	0	1	9
proximal myopathy	0	1	9
ophthalmoplegia (with or without nystagmus)	0	1	9
other residual deficits (specify: _____)	0	1	9

C: NEUROLOGICAL EXAMINATION FOR PARKINSON'S DISEASE

This form should be completed if the subject is thought to have Parkinson's disease. For 1. and 2., indicate R and L; otherwise, circle the appropriate code.

1. Tremor at rest		R	L
Use the following codes:	Head/mouth chin	_____	
0 = absent	Arms	_____	
1 = slight & infrequent	Legs	_____	_____
2 = mild & frequent	Postural Arms	_____	_____
3 = moderate			
4 = marked	Action Arms	_____	_____
9 = not done for reasons unrelated to severity			
2. Rigidity			
0 = absent			
1 = present only with activation	Neck	_____	
2 = present with cogwheel component			
3 = severe but full range	Arms	_____	_____
4 = severe, limited range	Legs	_____	_____
8 = cannot test due to severity of condition			
9 = not done for reasons unrelated to severity			
3. Parkinsonian gait			
0 = normal			
1 = slow, may shuffle, no festination			
2 = walks with difficulty, may festinate			
3 = walks only with assistance			
4 = unable to walk			
8 = cannot test due to severity of condition			
9 = not done for reasons unrelated to severity			

Neurological Examination for Parkinson's Disease - Cont'd.

4. Bradykinesia, body

- 0 = normal
- 1 = minimal slowness, could be normal
- 2 = mild, clearly abnormal slowness
- 3 = moderate slowness, some hesitation
- 4 = marked slowness, long delays in initiation
- 8 = cannot test due to severity of condition
- 9 = not done for reasons unrelated to severity

5. Arising from a chair

- 0 = normal
- 1 = slow or needs >1 attempt
- 2 = pushes with arms
- 3 = falls back but able to arise w/o assistance
- 4 = needs assistance
- 8 = cannot test due to severity of condition
- 9 = not done for reasons unrelated to severity

6. Posture

- 0 = normal
- 1 = slight stoop, could be normal for elderly
- 2 = moderate stoop, might lean sideways
- 3 = severe stoop, kyphosis, moderate lean sideways
- 4 = marked flexion with extreme abnormality
- 8 = cannot test due to severity of condition
- 9 = not done for reasons unrelated to severity

7. Stability on displacement (pull back test)

- 0 = normal (may take one or two normal steps)
- 1 = recovers-spontaneously
- 2 = would fall if not caught
- 3 = tends to fall spontaneously
- 4 = cannot stand
- 8 = cannot test due to severity of condition
- 9 = not done for reasons unrelated to severity

8. Turning

- 0 = pivots on narrow base
- 1 = hesitates or widens base, but steady
- 2 = turns slowly and awkwardly
- 3 = would likely fall without aid
- 4 = cannot turn
- 8 = cannot test due to severity of condition
- 9 = not done for reasons unrelated to severity

Neurological Examination for Parkinson's Disease - Cont'd.

9. Bradykinesia, face

- 0 = normal
- 1 = could be normal "poker face"
- 2 = mild hypomimia
- 3 = moderate, some lip parting
- 4 = complete loss of expression
- 9 = not done for reasons unrelated to severity

10. Low volume monotone speech/dysarthria

- 0 = absent
- 1 = mild
- 2 = moderate
- 3 = severe
- 9 = not assessed for reasons unrelated to severity

	<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
11. Does examiner think subject has clinical evidence of probable or possible Parkinson's disease?	0	1	9

If yes, give basis for diagnosis:

PROBABLE:

a) Presence of two or more of the four major extrapyramidal signs designated in items 1, 2, 3, and 4	0	1	9
--	---	---	---

POSSIBLE:

b) Presence of only one of the four major extrapyramidal signs (items 1, 2, 3, and 4)	0	1	9
c) Presence of two or more of the minor extrapyramidal signs (items 5, 6, 7, 8, 9 and 10) with a severity of 2 or greater	0	1	9

LABORATORY TESTS

	Date	Range	Value	N = Normal A = Abnormal
Red cell count	_____	_____	_____	_____
Mean globular volume	_____	_____	_____	_____
White cell count	_____	_____	_____	_____
Hemoglobin	_____	_____	_____	_____
Hematocrit	_____	_____	_____	_____
Blood glucose	_____	_____	_____	_____
Triglycerides	_____	_____	_____	_____
Total cholesterol	_____	_____	_____	_____
Blood urea nitrogen	_____	_____	_____	_____
Blood creatinine	_____	_____	_____	_____
Total proteins	_____	_____	_____	_____
Albumin	_____	_____	_____	_____
Alpha 1	_____	_____	_____	_____
Alpha 2	_____	_____	_____	_____
Beta	_____	_____	_____	_____
Gamma	_____	_____	_____	_____
AST (GOT)	_____	_____	_____	_____
ALT (GPT)	_____	_____	_____	_____
VDRL	_____	_____	_____	_____
TSH	_____	_____	_____	_____
T3	_____	_____	_____	_____
T4	_____	_____	_____	_____
Folic Acid	_____	_____	_____	_____
B12 Vitamine	_____	_____	_____	_____

COMPUTERIZED TOMOGRAPHY

Date: mo day year

Contrast 0 No 1 Yes

Findings:

Normal 0 No 1 Yes

Cortical Atrophy 0 No 1 Yes

Ventricular Enlargement 0 No 1 Yes

Infarct and/or lacunae 0 No 1 Yes

Hemorrhage 0 No 1 Yes

Leucoaraiosis 0 No 1 Yes

Other 0 No 1 Yes
(specify: _____)

MAGNETIC RESONANCE IMAGING

Date: mo day year

Tesla: /

TR (msec):

TE (msec):

Gadolinium DTPA 0 No 1 Yes

Findings:

Normal 0 No 1 Yes

Cortical Atrophy 0 No 1 Yes

Ventricular Enlargement 0 No 1 Yes

Infarct and/or lacunae 0 No 1 Yes

Hemorrhage 0 No 1 Yes

Leucoaraiosis 0 No 1 Yes

Other 0 No 1 Yes
(specify: _____)

OTHER RELEVANT EXAMINATIONS (e.g., CSF, EEG, CHEST X-RAY, ECG)

EXAM	Date	Findings
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DIAGNOSIS OF DEMENTIA

Use the DSM-III-R and ICD-10 criteria to fill in the forms.
CODE ALL THE ITEMS.

DIAGNOSIS OF DEMENTIA ACCORDING TO THE DSM-III-R CRITERIA

- A. Evidence of impairment in short- and long-term memory.
- 0 No 1 Yes 9 Insufficient data
- B. At least one of the following:
1. Impairment in abstract thinking

0 No 1 Yes 9 Insufficient data

 2. Impaired judgement

0 No 1 Yes 9 Insufficient data

 3. Other disturbances of higher cortical function
(e.g. aphasia, apraxia, agnosia, constructional difficulty)

0 No 1 Yes 9 Insufficient data

 4. Personality change

0 No 1 Yes 9 Insufficient data
- C. The disturbance in A and B significantly interferes with work or usual social activities or relationship with others.
- 0 No 1 Yes 9 Insufficient data
- D. Not occurring exclusively during the course of delirium.
- 0 No 1 Yes 9 Insufficient data
- E. Either (1) or (2):
1. There is evidence from the history, physical examination, or laboratory tests of a specific organic factor (or factors) judged to be etiologically related to the disturbance.

0 No 1 Yes 9 Insufficient data

 2. In the absence of such evidence, an etiologic organic factor can be presumed if the disturbance cannot be accounted for by any nonorganic mental disorder, e.g. major Depression, accounting for cognitive impairment.

0 No 1 Yes 9 Insufficient data

CONCLUSIONS ACCORDING TO DSM-III-R CRITERIA

DEMENTIA 0 No 1 Yes 9 Insufficient data

If YES, specify the SEVERITY

mild: 0 No 1 Yes 9 Insufficient data

moderate: 0 No 1 Yes 9 Insufficient data

severe: 0 No 1 Yes 9 Insufficient data

DIAGNOSIS OF DEMENTIA ACCORDING TO THE ICD-10 CRITERIA

A. Evidence of a dementia based on the presence of each of the following:

1. Decline in memory which causes impaired functioning in daily living.

0 No 1 Yes 9 Insufficient data

If YES, specify the degree of the impairment:

mild: 0 No 1 Yes 9 Insufficient data

moderate 0 No 1 Yes 9 Insufficient data

severe 0 No 1 Yes 9 Insufficient data

2. Decline in intellectual abilities characterized by deterioration in thinking and in the processing of information of a degree such that it leads to impaired functioning in daily living.

0 No 1 Yes 9 Insufficient data

If YES, specify the degree of the impairment:

mild: 0 No 1 Yes 9 Insufficient data

moderate 0 No 1 Yes 9 Insufficient data

severe 0 No 1 Yes 9 Insufficient data

B. Absence of clouding of consciousness

0 No 1 Yes 9 Insufficient data

C. Deterioration in emotional control, social behavior or motivation:

0 No 1 Yes 9 Insufficient data

D. Disturbances at point A have clearly been present for at least 6 months.

0 No 1 Yes 9 Insufficient data

CONCLUSIONS ACCORDING TO ICD-10 CRITERIA

DEMENTIA 0 No 1 Yes 9 Insufficient data

If YES, specify the SEVERITY:

mild: 0 No 1 Yes 9 Insufficient data

moderate 0 No 1 Yes 9 Insufficient data

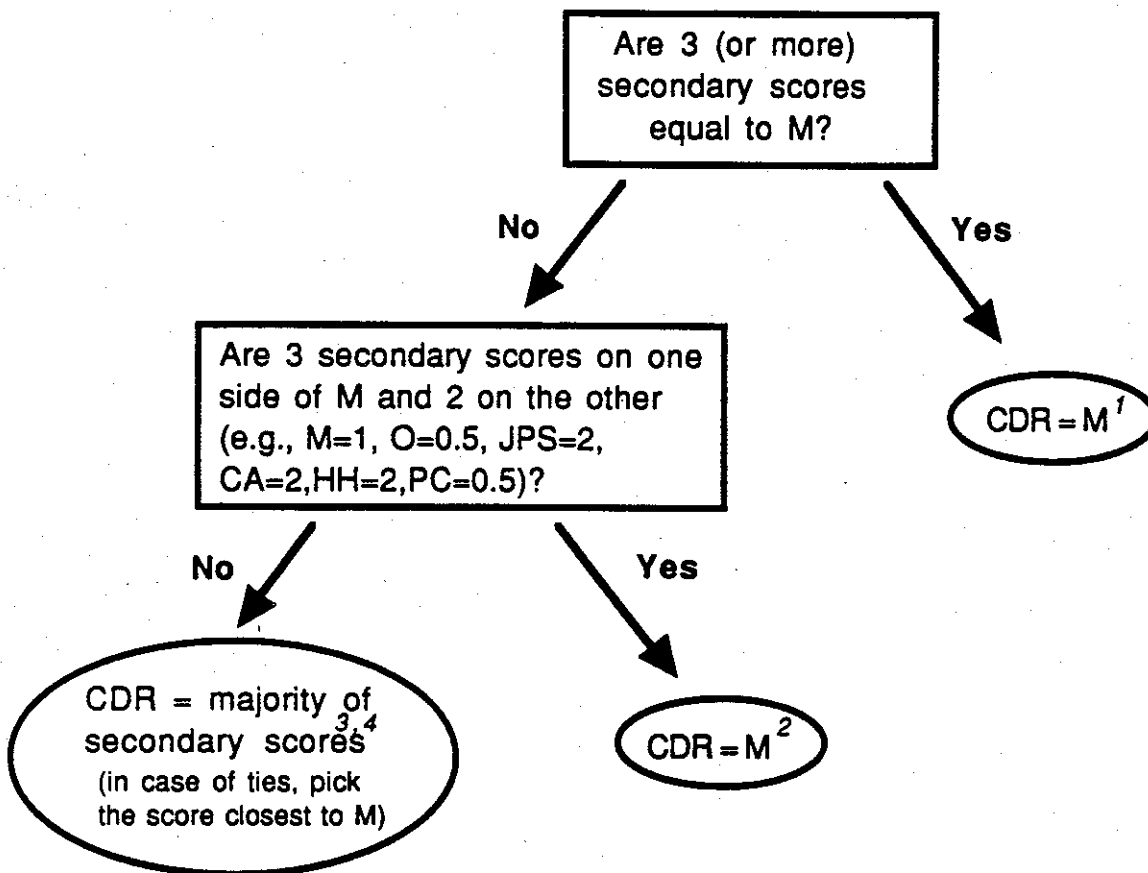
severe 0 No 1 Yes 9 Insufficient data

CDR (Clinical Dementia Rating)

The global staging of dementia is based upon the Washington University Clinical Dementia Rating (CDR) instrument^(3,4). In this scale, the clinician uses all available information to rate the subject's performance in each of six cognitive categories: Memory(M), Orientation(O), Judgement and Problem Solving(JPS), Community Affairs (CA), Home and Hobbies(HH), and Personal Care(PC). However, Memory is the primary category; all others are secondary. If aphasia is a serious complication and interferes with accurate staging of the illness, appendix A may be useful.

To assign a CDR score, use the following flowchart.

Suppose the Memory score is 'M'



Special cases:

- | | | |
|---|---|-------------|
| 1 | M = 0 ; 2 or more secondary scores greater than 0 | ⇒ CDR = 0.5 |
| 2 | M = 0.5 ; 3 or more secondary scores greater than or equal to 1 | ⇒ CDR = 1 |
| 3 | M > 0 ; majority of secondary scores equal 0 | ⇒ CDR = M |
| 4 | Two secondary scores less than M; two greater than M; one = M | ⇒ CDR = M |

CDR Staging

	Memory	Orientation	Judgement and Problem Solving	Community Affairs	Home and Hobbies	Personal Care
None(0)	No memory loss or slight, inconstant forgetfulness	Fully oriented	Solves everyday problems well; judgement good in relation to past performance	Independent function at usual level in job, shopping, business and financial affairs, volunteer and social groups	Life at home, hobbies, intellectual interests well maintained	Fully capable of self care
Questionable (0.5)	Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness	Fully oriented except for slight difficulty with time relationships	Slight impairment in solving problems, similarities, differences	Slight impairment in these activities	Life at home, hobbies, intellectual interests slightly impaired	Fully capable of self care
Mild (1)	Moderate memory loss; more marked for recent events; defect interferes with everyday activities	Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere	Moderate difficulty in handling problems, similarities, differences; social judgement usually maintained	Unable to function independently at these activities though may still be engaged in some; appears normal to casual inspection	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned	Needs prompting
Moderate(2)	Severe memory loss; only highly learned material retained; new material rapidly lost	Severe difficulty with time relationships; usually disoriented in time, often to place	Severely impaired in handling problems, similarities, differences; social judgement usually impaired	No pretense of independent function outside home. Appears well enough to be taken to functions outside family home	Only simple chores preserved, very restricted interests, poorly sustained	Requires assistance in dressing, hygiene, keeping of personal effects
Severe (3)	Severe memory loss; only fragments remain	Oriented to person only	Unable to make judgements or solve problems	No pretense of independent function outside home. Appears too ill to be taken to functions outside family home	No significant function in home	Requires much help with personal care; frequent incontinence

Subitem scores

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Although rules for assigning CDR stages beyond CDR 3 have not been established, the following have been proposed to distinguish additional levels of Impairment in advanced dementia (9):

Profound (4)	Speech usually unintelligible or irrelevant; unable to follow simple instructions or comprehend commands; occasionally recognizes spouse or caregiver. Uses fingers more than utensils, requires much assistance. Frequently incontinent despite assistance or training. Able to walk a few steps with help; usually chair-bound; rarely out of home or residence; purposeless movements often present.
Terminal (5)	No response or comprehension. No recognition. Needs to be fed, may have NG tube and/or swallowing difficulties. Total incontinence. Bedridden, unable to sit or stand, contractures.

Current Staging of Dementia:

- | | |
|--|------------------------|
| 0 => No Dementia | 2 => Moderate Dementia |
| 0.5 => Uncertain or deferred diagnosis | 3 => Severe Dementia |
| 1 => Mild Dementia | 4 => Profound Dementia |
| | 5 => Terminal Dementia |

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CONCLUSIONS ON THE DIAGNOSIS OF DEMENTIA

Is Dementia diagnosed according to both DSM-III-R and ICD-10 criteria?

0 No 1 Yes 9 Insufficient data

If YES, go to the "Diagnosis of Dementia Subtypes" (next page).

If dementia is not diagnosed according to both DSM-III-R and ICD-10 criteria, use all the available data (clinical history, physical examination, neuropsychological, laboratory, and instrumental tests) to reach one of the following diagnoses:

- cognitive impairment without dementia

0 No 1 Yes 9 Insufficient data

- depression

0 No 1 Yes 9 Insufficient data

- other psychiatric disorders

(specify: _____)

0 No 1 Yes 9 Insufficient data

- normal

0 No 1 Yes 9 Insufficient data

- other

(specify: _____)

0 No 1 Yes 9 Insufficient data

DIAGNOSIS OF DEMENTIA SUBTYPES

DIAGNOSTIC IMPRESSION: SPECIFIC TYPES OF AD

A. Probable AD, uncomplicated (i.e., without any other clinical illness contributing to the dementing process or complicating this diagnosis)

1. The criteria for this diagnosis are:

	<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
a. Presence of dementia at a level of CDR 0.5 or greater	0	1	9
b. Sufficient deficit in memory to impair function in everyday activities relative to past performance, as well as deficits in at least one other cognitive area:			
Orientation	0	1	9
Language	0	1	9
Judgement and problem solving	0	1	9
Personality	0	1	9
Other (specify: _____)	0	1	9
c. Gradual onset and progression of cognitive deficits for a period of at least one year	0	1	9
d. Absence of altered consciousness	0	1	9
e. Absence of other disorders contributing to dementia	0	1	9

2. Does the subject meet all of the above criteria for this diagnosis (i.e. a YES response to items a through e)?

	0	1	9
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B. PROBABLE AD, COMPLICATED subsequently by the presence of other medical or neurological conditions that are believed to contribute to the dementing process

1. The criteria for the diagnosis are:

a. a YES response to items a through d in Section A1 above	0	1	9
b. Presence of other disorders noted on clinical history or physical examination	0	1	9
c. Presence of one or multiple disorders, Non-AD Dementing Disorders	0	1	9

2. Does the subject meet the above criteria for this diagnosis (i.e. a YES response to items a through c)?

	0	1	9
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Diagnostic impression: Specific Types of AD - Cont'd.

C. POSSIBLE AD, ATYPICAL (i.e. variations in onset or progression of dementia, or presence, early in the disease, of unusual cognitive manifestations more prominent than the other cognitive deficits commonly seen in AD)

1. The criteria for this diagnosis are:

	<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
a. A YES response to items d and e in question A1 above	0	1	9
b. Presence of unusual symptoms which impair everyday activities:			
Major aphasia	0	1	9
Major agnosia/visual perceptive symptoms	0	1	9
Major apraxia	0	1	9
Major behavioral disability or psychotic manifestations	0	1	9
c. Presence of above cognitive deficits for at least one year	0	1	9
d. Absence of other disorders contributing to the dementia	0	1	9
2. Does the subject meet all of the above criteria for this diagnosis (i.e., a YES response to items a through d)?	0	1	9

D. POSSIBLE AD (accompanied by other cerebral or metabolic disorders that are not considered to contribute to the subject's dementing process)

1. The criteria for this diagnosis are:

a. A YES response to items a through d in Section A1 above	0	1	9
b. Presence of other disorders noted in clinical history or examination	0	1	9

If YES, list disorder(s): _____

2. Does the subject meet all of the above criteria for this diagnosis (i.e., a YES response to items a through b)?	0	1	9
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DIAGNOSTIC IMPRESSION: NON-AD DEMENTING DISORDERS

If the subject's dementia is PROBABLE AD, COMPLICATED BY OTHER DEMENTING DISORDER(S) or if the subject is thought to have NON-AD DEMENTIA, complete all applicable sections below. The diagnostic criteria for the most common non-AD disorders are detailed in sections I-V. The remaining disorders (Section VI) generally depend on laboratory diagnosis (e.g., hypothyroidism, B-12 deficiency) or are infrequent (e.g., Pick's disease).

I. VASCULAR DEMENTIA

A. Probable Vascular Dementia

1. The criteria for this diagnosis are:

	No	Yes	Not Assessed
a. Presence of dementia at a level of CDR 0.5 or greater	0	1	9
b. Sufficient cognitive deficit in two or more of the following areas to impair function in everyday activities (e.g., social, occupations) relative to past performance:			
Orientation	0	1	9
Language/speech disability	0	1	9
Psychomotor retardation	0	1	9
Executive function/perseveration	0	1	9
Personality/mood changes	0	1	9
Visuospatial function/apraxia	0	1	9
Other non-memory area (specify: _____)	0	1	9
c. History of prior focal cerebrovascular event(s), i.e., brain infarct, hemorrhage, or TIA	0	1	9
d. Relatively sudden/subacute onset or stepwise progression of cognitive deficits for one year or more, linked temporally to cerebrovascular episode(s)	0	1	9
e. Presence of <u>focal</u> CNS signs, e.g., motor weakness, sensory, visual, or speech deficits	0	1	9
2. Does the subject meet all of the above criteria for the diagnosis (i.e., a YES response to items a through e)?	0	1	9

If YES, stop. If NO, continue.

Diagnostic Impression: Non-AD Dementing Disorders - Cont'd.

B. POSSIBLE VASCULAR DEMENTIA

1. The criteria for the diagnosis are:

	No	Yes	Not Assessed
a. A YES response to items a and b in section A.1 above	0	1	9
b. History of cardiovascular or hypertensive disease or generalized vascular disorders with likely prior episodes of nonfocal cerebral ischemia (e.g., syncope, fainting spells, drop attacks)	0	1	9
c. Presence of non-focal neurological signs, e.g., dysarthria, dysphagia, emotional lability, psychomotor retardation	0	1	9
d. Supportive neuroimaging findings, i.e., multiple infarcts or punctate (lacunar) lesions	0	1	9
e. Temporal relation between non-focal cerebral ischemic event (listed in b above) and onset of dementia.	0	1	9

2. Does the subject meet all of the criteria for the diagnosis (i.e., a YES response to items a through e)?

	0	1	9
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C. UNUSUAL CAUSES OF VASCULAR DEMENTIA
(e.g. Binswanger's disease, cerebral ischemia)
Describe: _____

	0	1	9
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D. FOR SUBJECTS WITH A DIAGNOSIS OF VASCULAR DEMENTIA, SUBTYPE ACCORDING TO ICD-10 CRITERIA

Vascular Dementia:

	No	Yes	Insufficient Data
Acute onset	0	1	9
Multi-Infarct	0	1	9
Subcortical	0	1	9
Mixed cortical and subcortical	0	1	9