

Subject I.D. _____

**CLINICAL DIAGNOSTIC ASSESSMENT PROCEDURE FOR
DEMENTIA**

**INDIANAPOLIS/IBADAN COMPARATIVE STUDY - INCIDENCE 1997-98
and
INDIANA ALZHEIMER'S DISEASE CORE CENTER**

{Use for initial and follow-up visits}

January 15, 1998

INFORMANT INTERVIEW

A. SUBJECT'S INFORMATION

Interviewer's

Initials:

INTCODE

Subject I.D. #: subid

Date of Interview: INTDATE
mo day year

Subject's Name: SUBFIRST MIDINIT SUBLAST
First MI Last

Address: STREET APTNO
Street

CITY STATE ZIP
City State Zip

Telephone #: () PHONE

1. Name of Subject's Physician:
SUBPHYS

2. Sex: SEX Male
Female
3. Date of birth: mo day year

4. Race: RACE
White (non-Hispanic)
Black (non-Hispanic)
Asian
Hispanic
Other ()
5. Marital status: MARITAL
Never Married
Married or Common Law
Separated
Divorced
Widowed
Unknown

6. Is the subject Hispanic, Spanish, or Latino? Yes
No

7. Type of residence: TYPRESID
arrangements: HOUSECOMP
Private residence
Retirement community
Assisted living
Skilled nursing facility
Other ()
8. Living
Alone
With spouse
With spouse & other
With family, no spouse
Other ()

9. Education: GRADE years completed
10. Twin: Yes TWIN
No

11. Primary Occupation: OCCUP1
How long? OCC1YR

Secondary Occupation: OCCUP2
How long? OCC2YR

B. INFORMANT INFORMATION

1. RELFIRST _____ RELMID _____ RELLAST _____
First MI Last

RELSTREE _____ RELAPT _____
Street

RELCITY _____ RELSTATE _____ RELZIP _____
City State Zip

Telephone #: (____) RELPHONE

2. Sex: _____ Male RELSEX _____ Date of birth: _____ RELDOB _____
_____ Female _____ mo day year

4. Relation to subject: RELSUBJ
1 Spouse 4 Sister 7 Friend
2 Daughter 5 Brother 8 Other
3 Son 6 Other kin

5. Do you live with the Mr./Mrs. _____? RELRESID
Yes _____

No _____
DK _____
NA _____

6. How often do you see Mr./Mrs. _____? OFTSEE

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

7. How long have you known Mr./Mrs. _____? LONGKNOW _____
Years

Now I would like to ask you briefly about your education and the work you have done.

8. What was the highest grade you completed in school? RELGRADE _____

9. What was your main occupation in life?

- a. RELOCCA _____
- b. RELOCCB _____

10. How would you rate your general health? RELHLTH
_____ Excellent _____ Good _____ Fair _____ Poor

MEMORY

I would now like to ask you some questions regarding _____'s
 (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. Has there been any decline in his/her memory? Is he/she not
 able to remember as well as he/she did in the past? (compared
 to ten years ago)

MEMDECL

Yes _____

No _____

Don't know (DK) _____

Not applicable (NA) _____

- 1a. 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)? FRGTLIST

No Difficulty _____

Slight Difficulty _____

Great Difficulty _____

DK _____

NA _____

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

FRGTEVNT

No Difficulty _____

Slight Difficulty _____

Great Difficulty _____

DK _____

NA _____

Memory - Cont'd.

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? **DIFINTER**
- Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
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? **LOSTHOME**
- No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
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? **LOSTCOMM**
- No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
6. Does (subject) get lost/disoriented in new places? **DISORIEN**
- For example if you take him/her to a market or shopping center are you able to go your separate ways and then meet later at an identified location?
- No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
7. Does (subject) have difficulty remembering appointments? **FRGTAPPT**
- No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
8. Does (subject) have difficulty remembering family events or occasions? **FRGTOCCA**
- No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____

Memory - Cont'd.

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

FRGTMED1

No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____

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

No _____
Sometimes _____
Often _____
DK _____
NA _____

11. Does (subject) frequently repeat questions? RPTQSTNS

Yes _____
No _____
DK _____
NA _____

12. Does (subject) repeat stories? RPTSTRYS

Yes _____
No _____
DK _____
NA _____

INTERVIEWER'S JUDGEMENT/ASSESSMENT:

MMRYPRBM

13. Is there evidence of memory problems?

[N.B. This is meant to be the interviewer's clinical judgement based upon all available information.]

Yes _____
No _____
DK _____
NA _____

If NO, skip to LANGUAGE section.

13a. From the information provided by the informant, the subject's memory is...

SUBMEMRY

Greatly impaired _____
Slightly impaired _____

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

LONGMMRY

Number of months: _____

Memory - Cont'd.

15. Did these problems start... PRBMSTRT
1= Suddenly _____
2= Gradually _____
If other, specify: _____ 0=Other _____
DK=DK _____
NA=NA _____
16. Was the progression of the memory problems... MMRYPGSN
Gradually progressive _____
Stepwise progressive (e.g. multiple cortical infarct) _____
Leveled off since onset (e.g. single cortical stroke) _____
DK _____
NA _____
17. Have the memory problems improved since onset? MMRYPIMPV
Yes _____
No _____
DK _____
NA _____

LANGUAGE

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

18. Has there been a decline in the way (subject) uses language? (compared to ten years ago) LANGDECL
Yes _____
No _____
DK _____
NA _____
- 18a. When (subject) is speaking, does he/she have difficulty finding the right word? FINDWORD
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
19. Does he/she frequently use the wrong word? WRNGWORD
Yes _____
No _____
DK _____
NA _____

Language - Cont'd.

20. Does he/she frequently describe an object because he/she cannot recall the proper name?
DESCOBJ Yes _____
No _____
DK _____
NA _____
21. Does he/she talk less than he/she used to?
TALKLESS Yes _____
No _____
DK _____
NA _____
22. Is it difficult to follow and understand (subject's) conversation, (excluding physical problems that interfere with speech)?
DIFUNDER Yes _____
No _____
DK _____
NA _____

INTERVIEWER'S JUDGEMENT/ASSESSMENT:

23. *From the information provided by the informant, is there evidence that the subject is having language impairment?*
LANGIMP Yes _____
No _____
DK _____
NA _____

If NO, skip to JUDGEMENT AND REASONING section.

- 23a. *From the information provided by the informant, the subject's use of language is...*
SUBLANGU Greatly impaired _____
Slightly impaired _____
24. How long has (subject) been having language problems? **LONGLANG**
Record the number of months _____
25. Did the language impairment start... **LANGPRBM**
Suddenly _____
Gradually _____
Other _____
DK _____
NA _____
If other, specify: _____

Language - Cont'd

26. Was the progression of the language impairment **LANGPGSN**
Gradual _____
Stepwise (e.g. multiple cortical infarct) _____
Leveled off since onset (e.g. single cortical stroke) _____
DK _____
NA _____
27. Has the language impairment improved since onset? **LANGIMPY**
Yes _____
No _____
DK _____
NA _____

JUDGEMENT AND REASONING

28. Is he/she not as clear or as sharp as he/she used to be?
MENTDECL
No _____
DK _____
NA _____
29. Does (subject) have difficulty paying attention to and understanding
radio or TV programs? **UNDRSDTV**
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
30. Does (subject) have difficulty reading written material (mail, bills,
newspapers, books, magazines, etc.) and discussing the contents?
READNEWS
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
31. Does (subject) have difficulty following and understanding
conversations? **CONVERSE**
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____

Judgement and Reasoning - Cont'd.

31a. Would (subject) know what to do if there were a small fire in the kitchen? **DOIFFIRE**

Yes _____
No _____
DK _____
NA _____

31b. Are you comfortable leaving (subject) at home alone.

HOMEALONE

Yes _____
No _____
DK _____
NA _____

31c. Is (subject) responsible for taking his/her own medicines?

TKOWNMED

Yes _____
No _____
DK _____
NA _____

31d. Does (subject) understand about his/her money? For example does he/she know when it comes, where it comes from, and how it is spent? [If no to any of the above mark no.]

UNSMONEY

Yes _____
No _____
DK _____
NA _____

31e. Are you comfortable leaving children in his/her care?

KIDNCARE

Yes _____
No _____
DK _____
NA _____

INTERVIEWER'S JUDGEMENT/ASSESSMENT:

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

RSNGPRBM

Yes _____
No _____
DK _____
NA _____

If NO, skip to PERSONALITY section.

32a. *From the information provided by the informant, the subject's judgement and reasoning is...*

Greatly impaired _____
Slightly impaired _____

Judgement and Reasoning - Cont'd.

33. How long has (subject) been having problems with judgement and reasoning? **LONGRSNG**

Record the number of months _____

34. Did the problems with judgement and reasoning start ...

RSNGSTRT

If other, specify: _____

Suddenly _____
Gradually _____
Other _____
DK _____
NA _____

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

RSNGPRGS

Gradual _____
Stepwise (e.g. multiple cortical infarct) _____
Leveled off since onset (e.g. single cortical stroke) _____
DK _____
NA _____

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

RSNGIMPV

Yes _____
No _____
DK _____
NA _____

PERSONALITY

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

Yes _____
No _____
DK _____
NA _____

If yes, please describe:

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

EXGGCHAR

Yes _____
No _____
DK _____
NA _____

Personality - Cont'd.

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

CHNGMOOD

No _____
More _____
Less _____
DK _____
NA _____

40. Do you think (subject) is sadder now than they used to be?
SADNOW Yes _____
 No _____
 DK _____
 NA _____
41. Do you think (subject) keeps to themselves more than before?
KEEP2SLF Yes _____
 No _____
 DK _____
 NA _____
42. Has (subject) become more or less irritable or angry?
SUBJANGR No _____
 More _____
 Less _____
 DK _____
 NA _____
43. Has (subject) shown more or less concern for others?
SHWCNCRN No _____
 More _____
 Less _____
 DK _____
 NA _____
44. Has (subject) gotten involved in difficult or embarrassing situations in public because of his/her behavior?
DFCLTPUB Yes _____
 No _____
 DK _____
 NA _____
45. Has (subject) become more stubborn or obstinate?
MORSTBBN Yes _____
 No _____
 DK _____
 NA _____
- 45a. Is (subject) more agitated? Have you noticed restlessness to the point that he/she can't sit still, paces or wrings his/her hands?
MORAGIT Yes _____
 No _____
 DK _____
 NA _____

Personality - Cont'd.

INTERVIEWER'S JUDGEMENT/ASSESSMENT:

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

SUBPERSN Yes _____
 No _____
 DK _____

NA _____

If NO, skip to EVERYDAY TASKS section.

46a. From the information provided by the informant, the subject's personality is...

Greatly changed _____
Slightly changed _____

47. How long has (subject) been having personality changes? LONGCHNG

Record the number of months _____

48. Did the personality changes start ... CHNGSTRT

Suddenly _____
Gradually _____
Other _____
DK _____
NA _____

If other, specify: _____

49. Has the progression of the personality changes been ... PGSNCHNG

Gradual _____
Stepwise (e.g. multiple cortical infarct) _____
Leveled off since onset (e.g. single cortical stroke) _____
DK _____
NA _____

50. Have the personality changes improved since onset?

CHNGIMPV

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

51. For most of his/her life, how much has (subject) been involved in food preparation? **SUBINVOL**

Greatly involved _____
Slightly involved _____
Not at all _____
DK _____

51a. Has there been a decline in (subject's) ability to prepare food?
SUBPREP

Yes _____
No _____
DK _____
NA _____

51b. Does (subject) have difficulty finding food in the pantry, cupboards or refrigerator? **FINDFOOD**

No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____

51c. Does (subject) have difficulty planning meals? **PLANMEAL**

No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____

52. Does (subject) have difficulty preparing meals? **PREPMEAL**

No Difficulty _____
 Slight Difficulty _____
 Great Difficulty _____
 DK _____
 NA _____

53. Does (subject) have difficulty independently shopping for food?
FOODSHOP

No Difficulty _____
 Slight Difficulty _____
 Great Difficulty _____
 DK _____
 NA _____

54. Has (subject) burned food on the stove? **BURNFOOD**

No _____
 Sometimes _____
 Often _____
 DK _____
 NA _____

55. Does (subject) have difficulty preparing any simple food or drink items such as coffee, tea or cereal? **SMPLFOOD**

No Difficulty _____
 Slight Difficulty _____
 Great Difficulty _____
 DK _____
 NA _____

INTERVIEWER'S JUDGEMENT/ASSESSMENT:

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

FOODPREP 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 _____

If ANSWER IS "GREATLY" OR "SLIGHTLY IMPAIRED"...

56a. *In the opinion of the interviewer, is subject's impairment due to physical impediment (e.g. paralysis, mobility problems, blindness, deafness) as distinct from cognitive impairment?*

VIEWPREP

Not physical, (entirely cognitive) _____
 Partly physical, (partly cognitive) _____
 Entirely physical, (not at all cognitive) _____

List physical impairments: _____

Chores

57. For most of his/her life, how much has (subject) been involved in household chores? **SUBCHORE**

Greatly involved _____
 Slightly involved _____
 Not at all _____
 DK _____

57a. Has there been a decline in (subject's) ability to perform household chores?

DECLCHOR

Yes _____
 No _____
 DK _____
 NA _____

58. Does (subject) have difficulty managing to keep up with cleaning the house the way he/she did in the past?

CLNHOUSE

No Difficulty _____
 Slight Difficulty _____
 Great Difficulty _____
 DK _____
 NA _____

59. Does (subject) have difficulty performing yard work the way he/she did in the past? YARDWORK

No Difficulty _____
 Slight Difficulty _____
 Great Difficulty _____
 DK _____
 NA _____

60. Does (subject) have difficulty performing minor repairs such as changing light bulbs, using a screw driver, sewing?

CHNGLITE

No Difficulty _____
 Slight Difficulty _____
 Great Difficulty _____
 DK _____
 NA _____

61. Does (subject) have difficulty maintaining the laundry?

DOLNDRY

No Difficulty _____
 Slight Difficulty _____
 Great Difficulty _____
 DK _____
 NA _____

62. Does (subject) have difficulty doing the dishes?

DODISHES

No Difficulty _____
 Slight Difficulty _____
 Great Difficulty _____
 DK _____
 NA _____

63. Can (subject) still operate household appliances such as:

Circle answer given:

Lighting a stove	Yes	No	Dk	NA	LITESTOV
Vacuum	Yes	No	Dk	NA	VACUUM
Dish Washer	Yes	No	Dk	NA	DISHWASH

Washing Machine	Yes	No	Dk	NA	WASHMACH
Clothes Dryer	Yes	No	Dk	NA	DRYER
Radio	Yes	No	Dk	NA	RADIO
TV	Yes	No	Dk	NA	OPERTTV

63a. Does (subject) currently drive? Check NA if never drove.

Yes _____
 No _____
 DK _____
 NA _____

OPERTCAR

INTERVIEWER'S JUDGEMENT/ASSESSMENT:

HOUSECHR

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 _____

IF ANSWER IS "GREATLY" OR "SLIGHTLY IMPAIRED"... VIEWCHOR

64a. In the opinion of the interviewer, is (subject's) impairment due to physical impediment (e.g. paralysis, mobility problems, blindness, deafness) as distinct from cognitive impairment?

Not physical, (entirely cognitive) _____

Partly physical, (partly cognitive) _____

Entirely physical, (not at all cognitive) _____

If so, list physical impairments: _____

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

65. For most of his/her life, how involved has (subject) been in managing his/her financial affairs? **MNGFINNC**
- Greatly involved _____
Slightly involved _____
Not at all _____
DK _____
- 65a. Has there been a decline in (subject's) ability to manage his/her financial affairs? **SUBMANAG**
- Yes _____
No _____
DK _____
NA _____
66. Does (subject) have difficulty purchasing a few items at the store? **BUYITEMS**
- No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
- 66a. Does (subject) know the prices of common commodities (milk, juice, etc.)? **KNOPRICE**
- Yes _____
No _____
DK _____
NA _____
67. Does (subject) have difficulty managing a checkbook? **MNGCHCKS**
- No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
68. Does (subject) have difficulty paying monthly bills? **PAYBILLS**
- No Difficulty _____
Slight Difficulty _____
Great Difficulty _____

DK _____
NA _____

69. Does (subject) have difficulty keeping financial records?
KEEPRCDS
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____

70. Does (subject) have difficulty preparing tax information or insurance claims?
PRPARTAX
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____

71. Does (subject) have difficulty figuring out the amount of change due back on small items or bills? **FIGRCHNG**
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____

INTERVIEWER'S JUDGEMENT/ASSESSMENT: **HNDLEFNNC**

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 _____

IF ANSWER IS "GREATLY" OR "SLIGHTLY IMPAIRED"... **VIEWMNG**

72a. *In the opinion of the interviewer, is (subject's) impairment due to physical impediment (e.g. paralysis, mobility problems, blindness, deafness) as distinct from cognitive impairment?*

Not physical, (entirely cognitive) _____
Partly physical, (partly cognitive) _____
Entirely physical, (not at all cognitive) _____

If so, list physical impairments: _____

SOCIAL

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

73. For most of his/her adult life, how much has (subject) been involved in social activities? **SUBSOC**

Greatly involved _____

Slightly involved _____
 Not at all _____
 DK _____

73a. Has there been a decline in (subject's) social functioning?
SOCFUNC Yes _____
 No _____
 DK _____
 NA _____

73b. Does (subject) participate in church or community functions as
 he/she did in the past? DCLCHRCH Yes _____
 No _____
 DK _____
 NA _____

74. When (subject) meets the following people does he/she know who they
 are and what their names are:

	<u>Circle answer given:</u>				
New Acquaintances	Yes	No	Dk	NA	RCGNZNEW
Old Friends	Yes	No	Dk	NA	RCGNZOLD
Brothers, sisters or children	Yes	No	Dk	NA	RCGNZREL
Grandchildren	Yes	No	Dk	NA	RCGNZKID
Spouse	Yes	No	DK	NA	RCGNZSPS

75. Does (subject) converse with friends and acquaintances in an
 appropriate manner? CONVSFRND Yes _____
 No _____
 DK _____
 NA _____

76. Does (subject) participate in family celebrations and holidays
 as he/she did in the past? DCLHLIDY Yes _____
 No _____
 DK _____
 NA _____

77. Does (subject) participate in hobbies (card playing, sewing, fishing) as he/she did in the past? **DCLHOBBY**

Yes _____
No _____
DK _____
NA _____

78. Has (subject) lost any special skill that he/she could perform before (e.g. playing a musical instrument, woodworking, carpentry, sewing, reading, painting)? **LSTNTRST**

Yes _____
No _____
DK _____
NA _____

INTERVIEWER'S

JUDGEMENT/ASSESSMENT :

SOCACTVY

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 _____

IF ANSWER IS "GREATLY" OR "SLIGHTLY IMPAIRED"...

VIEWSOC

79a. *In the opinion of the interviewer, is (subject's) impairment due to physical impediment (e.g. paralysis, mobility problems, blindness, deafness) as distinct from cognitive impairment?*

Not physical, (entirely cognitive) _____

Partly physical, (partly cognitive) _____

Entirely physical, (not at all cognitive) _____

If so, list physical impairments: _____

PERSONAL CARE

80. Does he/she have difficulty feeding him/herself? FEEDSELF

1=Feeds self without assistance _____

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

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

4=Has to be fed _____

81. Does he/she have difficulty dressing? DRESSELF

Unaided _____

Occasionally misplaces buttons, etc., requires minor help _____

Wrong sequence, forgets items, requires much assistance _____

Unable to dress _____

82. Does he/she have difficulty taking care of his/her personal hygiene?

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

JUDGEMENT/ASSESSMENT:

PRSNLCRE

83. Is there evidence of problems in (subject's) personal care?

Yes _____

No _____

DK _____

NA _____

If NO, skip to DRIVING HABITS section.

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

LONGCARE

Number of months _____

85. Did these problems start ... STRTCARE

Suddenly _____

Gradually _____

If other, specify: _____

Other _____

DK _____

NA _____

86. Was the progression of these problems ... PGSNCARE

Gradual _____

Stepwise (e.g. multiple cortical infarct) _____

Levelled off since onset (e.g. single cortical stroke) _____

DK _____

NA _____

87. Have the problems with personal care improved since onset? CAREMPRV

Yes _____
No _____
DK _____
NA _____

87a. In the opinion of the interviewer, is the (subject's) impairment due to physical impediment (e.g. paralysis, mobility problems, blindness, deafness) as distinct from cognitive impairment?

VIEWCARE

Not physical, (entirely cognitive) _____
Partly physical, (partly cognitive) _____
Entirely physical, (not at all cognitive) _____

If so, list physical impairments: _____

DRIVING HABITS

88a. Does (subject) get lost while driving more easily than in past years?

LOSTTEZ

Yes _____
No _____
DK _____
NA _____

88b. Does (subject) drive too fast? **DRIVFAST**

Yes _____
No _____
DK _____
NA _____

88c. Does (subject) drive too slow? **DRIVSLOW**

Yes _____
No _____
DK _____
NA _____

88d. Has the subject ever had trouble finding the controls for the vehicle such as the ignition, turn signals, horn, or the proper gear?

FNDCONTR

Yes _____
No _____
DK _____
NA _____

88e. Has (subject) had any accidents, moving violations, or warnings during the past two years? ACCMVWRN

Yes, 1 time _____
 Yes, 2 times _____
 Yes, 3+ times _____
 No _____
 DK _____
 NA _____

88f. Has (subject) run red traffic lights? RUNREDS

Yes _____
 No _____
 DK _____
 NA _____

88g. Has (subject) run stop signs? RUNSTOPS

Yes _____
 No _____
 DK _____
 NA _____

88h. Has (subject) had trouble staying in his/her lane or tended to cross over the center line? TRBLANE

Yes _____
 No _____
 DK _____
 NA _____

88i. Has (subject) driven the wrong way on a street or highway? WRNGWAY

Yes _____
 No _____
 DK _____
 NA _____

88j. Has (subject) almost hit another vehicle, person or object? ALMSTHIT

Yes _____
 No _____
 DK _____
 NA _____

MEDICATIONS/CONVENTIONAL

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

89. Is (subject) currently taking any prescription medications? TKNGMEDS

Yes _____
 No _____
 DK _____
 NA _____

If yes, list the medications and dose if available:

MED1 _____ MED4 _____
 MED2 _____ MED5 _____
 MED3 _____ MED6 _____
 ...MED18 _____

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

Yes _____

No _____
DK _____
NA _____

If yes, list the medication and dose:

_____MEDIC7_____ MEDIC10_____
_____MEDIC8_____ MEDIC11_____
_____MEDIC9_____ MEDIC12_____

If the informant answered NO to the above two questions, skip to OVER-THE COUNTER MEDICATIONS/TRADITIONAL section.

91. During the past six months, has (subject) had any mental changes that are associated in time with the use of the above-listed medications? **MNTLCHNG**

Yes _____
No _____
DK _____
NA _____

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

_____CHNGDTLS_____

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

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

94. *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?* **EXMNCHNG**

Yes _____
No _____
DK _____
NA _____

OVER-THE-COUNTER MEDICATIONS/TRADITIONAL

95. Does (subject) take any over-the-counter medications regularly?
OTCMEDS Yes _____
No _____
DK _____
NA _____

If yes please list them:

Name: NAME1 Name: NAME2
Dose: DOSE1 Dose: DOSE2
Indication: INDCTN1 Indication: INDCTN2

96. Did (subject) experience any side effects from any of these medications? SIDEFFCT Yes _____
No _____
DK _____
NA _____

If yes, provide a description:

96a. Does (subject) have any allergies
to medicines? MEDALLG1 MEDALLG3
MEDALLG2 MEDALLG4
in general? GENALLG1 GENALLG3
GENALLG2 GENALLG4

96b. Has (subject) had any surgeries?

<u>Surgery</u>	<u>Year</u>
<u>SURGERY1</u>	<u>SURGYR1</u>
<u>SURGERY2</u>	<u>SURGYR2</u>
<u>SURGERY3</u>	<u>SURGYR3</u>
<u>SURGERY4</u>	<u>SURGYR4</u>

ALCOHOL USE

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

97. How often did he/she drink alcoholic beverages?

OFTNDRNK

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

If answer is NEVER, skip to LIFESTYLE QUESTIONS section.

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

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

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

100. Does he/she still drink alcoholic beverages? STLLDRNK

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

If NO, how many years ago did he/she stop? NOSTLDRK

101. How often does he/she currently drink alcoholic beverages?

CRNTLYDR

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

If answer is NEVER, skip to LIFESTYLE QUESTIONS section.

102. On those days that he/she does drink alcoholic beverages, about how many does he/she usually have? (1 drink= 1 glass of wine/1 mixed drink/beer). NMBRDRNK

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

103. Have you or any other family member or close friend ever thought
 (subject) drank too much? **TOOMUCH**

Yes _____
 No _____
 DK _____
 NA _____

104. Has (subject) ever had to have a drink in the morning to steady
 his/her nerves or relieve a hangover? **STDYNRVS**

Yes _____
 No _____
 DK _____
 NA _____

**If the answer to either of the last two questions is YES, complete the
 ALCOHOL INVENTORY section, otherwise skip to LIFESTYLE QUESTIONS section.**

ALCOHOL INVENTORY

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

105. How long has/had (subject) been drinking excessively?
XCSVDRNK

Less than 6 months _____
 6 months to 1 year _____
 1 to 5 years _____
 More than 5 years _____

106. Which term best describes (subject's) drinking habits in the past
 three months? **PST3MNTH**

Continual _____
 Sporadic _____
 Totally stopped _____

107. Has (subject) ever completely stopped drinking? **EVERSTOP**

Yes _____
 No _____
 Longest duration in months _____ **STOPMNTH** DK _____
 NA _____

108. 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? **FIFTHDAY**

Yes _____
 No _____
 DK _____
 NA _____

109. Have you ever talked with your doctor or other medical professional about (subject) drinking? **TALKDOC**
- Yes _____
No _____
DK _____
NA _____
110. Has (subject) ever had job trouble because of his/her drinking (e.g., missing too much work or drinking on the job)? **JOBTRBLE**
- Yes _____
No _____
DK _____
NA _____
111. Has (subject) ever lost a job because of drinking? **LOSTAJOB**
- Yes _____
No _____
DK _____
NA _____
112. Has (subject) ever had serious marital or family problems, such as a divorce, because of drinking? **FMLYPBLM**
- Yes _____
No _____
DK _____
NA _____
113. Has (subject) ever been arrested for drunk driving or had an automobile accident while drinking? **AUTOACCD**
- Yes _____
No _____
DK _____
NA _____
114. Has (subject) ever been arrested for public intoxication or disturbing the peace while drinking? **PUBLNTOX**
- Yes _____
No _____
DK _____
NA _____
115. Has (subject) ever gotten into physical fights while drinking? **PHYSFGHT**
- Yes _____
No _____
DK _____
NA _____
116. Has (subject) ever gone on drinking binges or benders, where he/she kept drinking for a couple of days or more without sobering up? **BINGES**
- Yes _____
No _____
DK _____
NA _____

117. How many months ago was the last episode? **LONGBNGE** Months _____

118. 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)? **SHAKES**

Yes _____
No _____
DK _____
NA _____

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

Yes _____
No _____
DK _____
NA _____

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

Yes _____
No _____
DK _____
NA _____

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

Yes _____
No _____
DK _____
NA _____

122. Has (subject) ever been hospitalized for alcohol treatment or detoxification? **HOSPTRMT**

If yes, where: **WHREHOSP** _____ Yes _____
Year of treatment: **YEARHOSP** _____ No _____
Physician: **PHYSHOSP** _____ DK _____
NA _____

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

If yes, where: WHREER No
Year of treatment: VRTRETED DK
Physician: PHYSER NA

124. 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)? JAUNDICE Yes
If yes, year: JNDICEYR No
DK
NA

b. Vomiting blood or other stomach problems (ulcers, bleeding esophagus)? VOMITBLD Yes
If yes, year: VOMITYR No
DK
NA

c. Trouble with tingling or numbness in his/her feet? NUMBFEEET Yes
If yes, year: NUMBYEAR No
DK
NA

d. Memory problems when he/she has NOT been drinking (not related to blackouts)? MMRYPBLM Yes
If yes, year: MMRYYEAR No
DK
NA

e. Inflammation of the pancreas or pancreatitis (Abdominal/back pain, nausea/vomiting, upper abdominal tenderness)? INTERVIEWER
INFLPANC Yes
to indicate left side below the diaphragm. No
If yes, year: INFLYEAR DK
NA

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

For subjects with symptoms of dementia:

125a. Has (subject) stopped drinking alcohol? DEMDRIN1 Yes

No _____
DK _____
NA _____

125b. Did the signs and symptoms of dementia start prior to (subject's) excessive drinking? DEMRIN2

Yes _____
No _____
DK _____
NA _____

125c. Did the signs and symptoms of dementia start while (subject) was still drinking? DEMDRIN3

Yes _____
No _____
DK _____
NA _____

125d. Since stopping drinking, have (subject's) signs and symptoms of dementia improved, remained the same, or worsened? DEMDRIN4

Improved _____
Remained the same _____
Worsened _____

LIFESTYLE QUESTIONS

126. Did (subject) ever smoke cigarettes, cigars, or a pipe or chew tobacco nearly everyday? EVRSMOKE

Yes _____
No _____
DK _____

CIRCLE: EVERCIGS EVRCIGAR EVERPIPE EVERCHEW
 cigarettes cigars pipe chew

If NO, then skip to MEDICAL HISTORY section.

127. Does he/she still smoke? STLLSMKE

Yes _____
No _____
DK _____
NA _____

CIRCLE: CIGSMKE CGARSMKE PIPESMKE CHEWSMKE
 cigarettes cigars pipe chew

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

CGRTSTRT Cigarettes _____
CGARSTRT Cigars _____
PIPESTRT Pipe _____
CHEWSTRT Chew _____
DK _____
NA _____

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

LONGCGRT Cigarettes _____
LONGCGAR Cigars _____
LONGPIPE Pipe _____
LONGCHEW

DK _____
NA _____

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

MANYCIG Cigarettes _____
MANYCGAR Cigars _____
MANYPIPE Pipe _____
MANYCHEW Chew _____
DK _____
NA _____

MEDICAL HISTORY

Now I would like to ask you some questions about (subject's) health.

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

131. Did a doctor or nurse ever tell (subject) that he/she has high blood pressure? **HBP**

If yes, year **YEARHBP** _____
Yes _____
No _____
DK _____
NA _____

132. Is (subject) **currently** being treated for high blood pressure? **TRTDHBP**

Yes _____
No _____
DK _____
NA _____

133. Has (subject) ever been told he/she has heart problems such as heart disease, heart attack, angina, chest pain or congestive heart failure. **HEARTDIS**

If yes, year **HEARTYR** _____
Yes _____
No _____
DK _____
NA _____

134. Is (subject) **currently** being treated for this heart problem? **TRTDHART**

Yes _____
No _____
DK _____
NA _____

135. Did the doctor describe his/her heart problem as:
(check all that apply)

MI/Heart attack **HPMIHATT** _____
CHF-congestive heart failure **HPCHF** _____
Angina-chest pain (put little pills under their tongue) **HPANGINA** _____
Arrhythmia-irregular heart beat **HPARRHYT** _____

Other **HPOTHER** _____

135a. If (subject) had a heart attack (Myocardial Infarction), what is the

year of the first occurrence?

year **HRTATTYR** _____

136. Has (subject) ever been told he/she has a seizure disorder, fits, epilepsy, convulsions or falling out? **SEIZEDIS**

If yes, year **_SEIZYR** _____

Yes _____
No _____
DK _____
NA _____

137. Is (subject) **currently** being treated for a seizure disorder?

SZRTRTMT

Yes _____
No _____
DK _____
NA _____

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

If yes, year **_THYRDYR** _____

Yes _____
No _____
DK _____
NA _____

Specific type of disorder or description of symptoms:

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

THYTRMT

Yes _____
No _____
DK _____
NA _____

140. Has (subject) ever been treated for cancer? **TRTDCNCR**

If yes, year **_CNCRYEAR** _____

Yes _____
No _____
DK _____
NA _____

Describe: _____

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

CURRCNCR

Yes _____
No _____
DK _____
NA _____

Describe: _____

142. Has (subject) ever been treated for leukemia or any blood disorders?

EVERLEUK

If yes, year **_LEUKEMYR** _____

Yes _____
No _____

DK _____
NA _____

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

CURRLEUK

Yes _____
No _____
DK _____
NA _____

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

HEADINJR

Yes _____
No _____
DK _____
NA _____

144a. If yes, record most recent as #1:

	1	2	3	4
Age at injury	AGEING1	AGEING2	AGEINJ3	AGEINJ4
Cause	CAUSE1	CAUSE2	CAUSE3	CAUSE4
Number of hours of unconsciousness	HRUNCON1	HRUNCON2	HRUNCON3	HRUNCON4
Was he/she hospitalized?	HSPIZED1	HSPIZED2	HSPIZED3	HSPIZED4
Name of hospital	NAMEHSP1	NAMEHSP2	NAMEHSP3	NAMEHSP4

145. Has (subject) ever been treated for anemia (tired, low or poor blood)?

EVERANEM

If yes, year ANEMIAYR

Yes _____
No _____
DK _____
NA _____

146. Is (subject) **currently** being treated for anemia?
CURRANEM
Yes _____
No _____
DK _____
NA _____

147. Has (subject) ever been treated for blood sugar problems?
If yes, year SUGARYR EVERSUGA
Yes _____
No _____
DK _____
NA _____

148. Is (subject) **currently** being treated for his/her blood sugar?
CURRSUGA
Yes _____
No _____
DK _____
NA _____

149. Has (subject) ever been treated for diabetes?
If yes, year DIABETYR EVERDIAB
Yes _____
No _____
DK _____
NA _____

150. Is (subject) **currently** being treated for diabetes?
CURRDIAB
Yes _____
No _____
DK _____
NA _____

151. Has (subject) had any other serious medical illnesses?
SERUSILL
Yes _____
No _____
DK _____
NA _____

If yes, please describe: _____
LISTILL _____

152. **[Interviewer may mark this based upon their own judgement, or may ask the question.]** Has (subject) ever been diagnosed as mentally retarded?
RETARDED
If yes, year RETARDYR
Yes _____
No _____
DK _____
NA _____

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

NRVTRTMT

If yes, year: NRVYEAR

Yes _____
No _____
DK _____
NA _____

153a. Has he/she **ever** had a two week period when he/she was bothered by feeling depressed, sad, blue, hopeless, down in the dumps, or that he/she did not enjoy anything? SAD2WEEK

If yes, year: _YRSAD2WK_

Yes _____
No _____
DK _____
NA _____

153b. Has he/she ever attempted suicide? ATTSUICI

Yes _____
No _____
DK _____
NA _____

If yes, please describe:

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

DPRESSED

If yes, year: _DPRESSYR_

Yes _____
No _____
DK _____
NA _____

MAJOR DEPRESSIVE SYNDROME

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

HOPELESS

Yes _____
No _____
DK _____
NA _____

If NO, skip to STROKE AND CEREBROVASCULAR DISEASE section.

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

a. Poor appetite or weight loss? WGHTLOSS

Yes _____
No _____
DK _____
NA _____

b. Increased appetite or weight gain? WGHTGAIN

Yes _____
No _____
DK _____

- c. Trouble sleeping or sleeping too much? **SLPTRBLE** NA _____
Yes _____
No _____
DK _____
NA _____
- d. Loss of energy, easily fatigued, or feeling tired? **FATIGUED** Yes _____
No _____
DK _____
NA _____
- e. Loss of interest or pleasure in usual activities or sex? **NOPLSURE** Yes _____
No _____
DK _____
NA _____
- f. Feeling guilty or down on himself/herself? **GUILTY** Yes _____
No _____
DK _____
NA _____
- g. Trouble concentrating, thinking, or making decisions? **TRBLTHNK** Yes _____
No _____
DK _____
NA _____
- h. Thinking about death or suicide? **SUICIDE** Yes _____
No _____
DK _____
NA _____
- i. **[Note to interviewer: Record based on information provided for item 153b. Do not ask.]** Has he/she ever attempted suicide? **ATTEMPT** Yes _____
No _____
DK _____
NA _____
- j. Being able to sit still and have to keep moving? **SITSTILL** Yes _____
No _____
DK _____
NA _____
- k. Feeling **slowed-down** and having trouble moving? **SLOWEDDN** Yes _____
No _____
DK _____
NA _____

157. Does (subject) meet the criteria for major depressive disorder

(at least 4 of the symptoms in question #156)?

MAJORDIS

Yes _____
No _____
DK _____
NA _____

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

COGFUNCT

Yes _____
No _____
DK _____
NA _____

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

SEEKHELP

Yes _____
No _____
DK _____
NA _____

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

STROKE AND CEREBROVASCULAR DISEASE

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

160. Has (subject) ever had episodes of unconsciousness. That is, not understanding, not hearing, not seeing what was happening around (him/her), and later not remembering what had happened during the loss of consciousness? UNCONSCI

Yes (more than once) _____
Yes (once) _____
No _____
DK _____
NA _____

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

FACIAL

Yes _____
No _____
DK _____
NA _____

162. Has (subject) had weakness or numbness in his/her arms or legs on one side of his/her body? WEAKNUMB

Yes _____
No _____
DK _____
NA _____

163. If YES to any of the three questions above, did this condition happen suddenly?

SUDDEN

Yes _____
No _____
DK _____

NA _____

164. If YES to any of the three questions above, did this condition get better... **GETBETTR**

within a day _____
within a week _____
within a month _____
did not get better _____
DK _____
NA _____

165. Has (subject) ever had a stroke or mini stroke?

STROKE

Yes _____
No _____
DK _____
NA _____

Year of first incident **FRSTSTRK** _____

Year of most recent incident **RCNTSTRK** _____

Year of the most severe incident **SVRESTRK** _____

If NO, skip to PARANOID FEATUES section.

166. Did the acute episode of any incident last more than 24 hours?

INCIDENT

Yes _____
No _____
DK _____
NA _____

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

VERIFIED

Yes _____
No _____
DK _____
NA _____

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

Brain infarction/lacunae: **LACUNAYR** Focal TIA: **TIAYEAR** _____

Brain hemorrhage: **BRNHEMYR** Major hypoxic/ischemic event: **HYPOXYR** _____

Description: _____

For subjects with symptoms of dementia, interviewer record the following:

169. Did the memory and thinking problems precede the first vascular accident or TIA?

PREVASC

Yes _____
No _____
DK _____
NA _____

170. Did the memory and thinking problems immediately follow the vascular accident?

POSTVASC

Yes _____
No _____
DK _____
NA _____

171. *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)*

CLINCRSE

Yes _____
No _____
DK _____
NA _____

If NO, explain:

PARANOID FEATURES

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

SPIEDON

Yes _____
No _____
DK _____
NA _____

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

VOICES

Yes _____
No _____
DK _____
NA _____

FAMILY HISTORY

This section only needs to be completed at the initial assessment.

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

174. How many children does he/she have (living or dead)?
MANYCHILD
Number _____
DK _____
NA _____

175. How many brothers does he/she have (living or dead)?
MANYBROS
Number _____
DK _____
NA _____

176. How many sisters does he/she have (living or dead)?
MANYISIS
Number _____
DK _____
NA _____

177. What position was he/she in his/her family?
POSITION
Position _____
DK _____
NA _____

178. About how old was his/her mother when she died (approximately)?
MOMAGE
Age _____
Still alive _____
DK _____
NA _____

179. About how old was his/her father when he died (approximately)?
DADAGE
Age _____
Still alive _____
DK _____
NA _____

180. 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?
RELATMEM
Mother MOTHER1
Sister SISTER1
Daughter DAUGHTER1
Father FATHER1
Brother BROTHER1
Son SON1
NA _____

181. Have any of his/her family had Parkinson's disease, i.e. marked tremor or stiffness? FAMPARK
Mother MOTHER2
Sister SISTER2
Daughter DAUGHTER2
Father FATHER2
Brother BROTHER2
Son SON _____
Yes _____
No _____
DK _____
NA _____

FAMILY HISTORY, (cont)

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

Mother	MOTHER3	Father	FATHER3	Yes	_____
Sister	SISTER3	Brother	BROTHER3	No	_____
Daughter	DAUGHTER3	Son	SON3	DK	_____
				NA	_____

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

FAMLEUK

Mother	MOTHER4	Father	FATHER4	Yes	_____
Sister	SISTER4	Brother	BROTHER4	No	_____
Daughter	DAUGHTER4	Son	SON4	DK	_____
				NA	_____

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

FAMHEART

Mother	MOTHER5	Father	FATHER5	Yes	_____
Sister	SISTER5	Brother	BROTHER5	No	_____
Daughter	DAUGHTER5	Son	SON5	DK	_____
				NA	_____

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

Mother	MOTHER6	Father	FATHER6	Yes	_____
Sister	SISTER6	Brother	BROTHER6	No	_____
Daughter	DAUGHTER6	Son	SON6	DK	_____
				NA	_____

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

FAMBP

Mother	MOTHER7	Father	FATHER7	Yes	_____
Sister	SISTER7	Brother	BROTHER7	No	_____
Daughter	DAUGHTER7	Son	SON7	DK	_____
				NA	_____

187. Has anyone in the family had a nervous or emotional illness requiring treatment? **FAMNERV**

Mother	MOTHER8	Father	FATHER8	Yes	_____
Sister	SISTER8	Brother	BROTHER8	No	_____
Daughter	DAUGHTER8	Son	SON8	DK	_____
				NA	_____

QUESTIONS FOR INFORMANTS WHO ARE CAREGIVERS

Now I would like to ask you a few questions about caring for Mr./Mrs. _____.

188. Are there any other people who help you take care of Mr./Mrs. _____? OTHRCARE

Yes _____
No _____
DK _____
NA _____

If yes,

Name: _____ CGIVER1 _____

Relationship to subject: _____ RELCGIV1 _____

Comment on care giving role:

Name: _____ CGIVER2 _____

Relationship to subject: _____ RELCGIV2 _____

Comment on care giving role:

Name: _____ CGIVER3 _____

Relationship to subject: _____ RELCGIV3 _____

Comment on care giving role:

189. How much do you feel the caring for Mr./Mrs. _____ has affected your ability to carry on a normal life?

CGNORLIF
No Problem _____
Some stress but tolerable _____
Very stressful _____
Can no longer cope _____

190. I have asked a lot of questions about Mr./Mrs. _____ and how he/she is doing. Now I would like for you to tell me how you are

managing. (Interviewer may jot notes if needed, but should record a summary after the interview has concluded).

191. Is there anything else you would like to tell me?

INTERVIEWER'S SUMMARY

192. Interviewer's impression and recommendations for possible follow up.

RECFOLUP

193. Interviewer's judgement on the accuracy of the information provided in this interview.

ACCINFO

Very Good _____
Good _____
Fair _____
Poor _____
Very Poor _____

If you rate the quality of the information as poor or very poor, please explain:

INFOPOOR

Subject I.D. _____

	Severity				Onset				Progress				Improve/ onset		
	No impairment	Slight impairment	Great impairment	DK/NA	Suddenly	Gradually	Other	DK/NA	Gradual	Stepwise	Leveled off	DK/NA	Yes	No	DK/NA
Memory Problems	MEMPRSEV				MEMPRONS				MEMPRPRG				MEMPRIMP		
Language	LANGUSEV				LANGUONS				LANGUPRG				LANGUIMP		
Judgement/Reason	JDGRESEV				JDGREONS				JDGREPRG				JDGREIMP		
Personality	PERSNSEV				PERSNONS				PERSONPRG				PERSNIMP		

		Not impaired	Slightly impaired	Greatly impaired
		Food Preparation	F DPRP EDT	
Chores	CHORE EDT			
Finances	FINAN EDT			
Social	SOCLE DT			

		Self care	Minor assistance	Much assistance	Total care
		Feeding	FEEDACTV		
Dressing	DRESACTV				
Hygiene	HYGNACTV				

Heart Disease

	No	Past	Current
MI/Heart Attack	MIHRTHD		
CHF	CHFHD		
Angina	ANGINAHD		
Arrythmia irregular heart beat	ARRYTHHD		
Other	OTHERHD		

Medical Illnesses

	No	Past	Current
High Blood Pressure	HBPMH		
Heart Disease	HRTDISMH		
Seizure Disorder	SEIZEMH		
Thyroid Disorder	THYRMH		
Cancer	CNCRMH		
Leukemia/Blood Disorder	LEUKBDMH		
Head Injury w/ LOC	HEDINJM		
Anemia	ANEMIAH		
Blood Sugar Problem	BLDSUGMH		
Diabetes	DIABETMH		
Mental Retardation	MNTLREMh		
Nerves	NERVESMH		
Depression	DPRSSNMH		
Cerebrovascular Disease	CBVDISMh		
Confusion & Delirium	CONFUSMH		
Paranoid Features	PARANOMH		
Family History for Dementia	FHDEMEMH		
Alcohol/Substance Abuse	SUBABUMH		
Smoking	SMKINGMH		
Other	OTHERMH		

PHYSICIAN INTERVIEW

Physician's Initials PHYSINIT

Subject Name _____

Subject I.D. # _____

Date ____/____/____ *PIDATE*

Phase PHASE

Several domains of function are listed. The clinician should score each domain on a continuum reflecting the clarity and accuracy of the patient's response: 0=incoherent/illogical, 1=borderline, 2=coherent/logical. Probes are provided, not all will be applicable. Score each domain globally and make notes in the space provided.

Score

Domain

- 0 1 2 **Personal History PHISTORY**
 - time and place of birth
 - work history
 - when did patient move into present home

- 0 1 2 **Cooking/Food Preparation COOKFOOD**
 - who does the cooking
 - can state favorite meal
 - knows ingredients and steps in preparing favorite meal

- 0 1 2 **Shopping SHOPPING**
 - knows name of local market
 - can describe route to get to the market
 - buys own food or knows the general cost of staples

- 0 1 2 **Finances FINANCES**
 - can state where money comes from
 - manages own money (purchases, checkbook)
 - if receives assistance, knows general financial status

- 0 1 2 **Medicines MEDICINES**
 - can state current medication
 - knows what condition each medicine is for
 - responsible for managing own medications
 - knows where medication are stored, when to take each

- 0 1 2 **Church/Mosque CHURCHMO**
 - states name of church/mosque
 - can describe how to get to church/mosque
 - knows name of church/mosque leader

- 0 1 2 **Communication/Telephone COMMTELE**
 - can dial up a close relative
 - knows relative's number of where it is kept
 - knows how to get a message across town if no phone

0 1 2 **Roles** **ROLES**

- still performs household chores
- cares for young children for extended intervals single-handedly
- retains decision making role in family or community

0 1 2 Organization of Home/Personal Clothing **ORGANIZ**

- home clean and tidy
- dressed and groomed appropriately

0 1 2 Recognition **RECOGNIT**

- aware of recent news items (shortages, politics, events)
- aware of recent weather changes
- recognizes family members
- knows when last contacted by study; describes personnel

For the following items, please score as: 0=incorrect 1=correct

Short-term Memory/Concentration

- repeat: *(before presenting the words, give instruction that items will be presented and the subject will be asked to repeat and remember them)* # of trials: _____ **NUMTRIAL**

0 1 SHOE **SHOE1**

0 1 GOAT **GOAT1**

0 1 STONE **STONE1**

0 1 - season **SEASON**

0 1 - month **MONTH**

0 1 - day of week **DAYWEEK**

0 1 - time of day **TIMEDAY**

0 1 - president/ruler of country **PRESRULE**

0 1 - mayor/oba **MAYOBA**

0 1 - Mogaji (local/family leader) **MOGAJI**

0 1 - name of street/compound **NSTREET**

0 1 - counts from 1 to 10 **COUNT110**

0 1 - counts backward from 10 to 1 **COUNT101**

- recalls three objects

0 1 SHOE **SHOE2**

0 1 GOAT **GOAT2**

0 1 STONE **STONE2**

Judgement/Abstraction/Calculation

0 1 - What would you do if your cooking stove explodes and catches fire. **EXPLODES**

0 1 - If you have N20 (\$20) and you buy an article for N7 (\$7)

and another article for N5 (\$5), how much change will you have left? **CHNGLEFT**

0 1 - If there are 10 birds on a tree and you fire a shot killing one, how many will be left on the tree? **BIRDLEFT**

0 1 - What is the meaning of 'Ile ni nwo ki a to so omo loruko?' or 'Haste makes waste?' **MEANING**

PHYSICAL EXAMINATION

After completing the examination, score

OVERALL EXAMINATION ASSESSMENT

0 = Normal

OVERALL

1 = Abnormal*

9 = Not assessed

1. Weight (fully clothed, in pounds)

___WEIGHT___

2. Blood pressure:

systolic/diastolic

a) Sitting

___BPSITSYS___ / ___BPSITDIA___

b) IF (systolic > 175) OR (diastolic > 100, THEN repeat measurement later in exam.

systolic/diastolic

___BPRPTSYS___ / ___BPRPTDIA___

c) IF available, score average of BPs in medical records.

systolic/diastolic

___BPAVGSYS___ / ___BPAVG DIA___

*List significant abnormal physical findings (e.g., arrhythmia):

ABPHYFND

NEUROLOGICAL EXAMINATION: OVERALL ASSESSMENT

1. Gait and posture:

		Normal	Abnormal	Assessed
tandem gait	TANDGAIT	0	1	9
arm swing	ARMSWING	0	1	9
hemiparesis	HEMIPARE	0	1	9
ataxia*	ATAXIA	0	1	9
en bloc turning	ENBLOCTN	0	1	9
standing on one leg	STND1LEG	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	BNGNTRMR	0	1	9
myoclonus	MYOCLONU	0	1	9
dyskinesia	DYSKINES	0	1	9
other	MOVOTHER	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)	TREMREST	0	1	9
cogwheel rigidity	COGRIGID	0	1	9
Bradykinesia	BRDYKINE	0	1	9

4. Significant visual or auditory impairment: **VISAUDIM**

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

5. Cranial nerve function: **CRANNERV**

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

If abnormal, specify: _____

6. Motor function* **MTRFUNCT**

strength	MFSTRNTH	0	1	9
coordination	MFCOORDN	0	1	9
tone	MFTONE	0	1	9
other	MFOTHER	0	1	9

If other, specify: _____

Neurological Examination: Overall Assessment - Cont'd.

				Not
		Normal	Abnormal	Assessed
7.	Muscle stretch reflexes: MSCLRFLX	0	1	9
	If abnormal, describe: _____			
8.	Extensor plantar response EXTPLNRE	0	1	9
				Not
		Absent	Present	Assessed
9.	Personality changes or behavioral abnormalities (e.g., over activity, hostility, etc.) PERSONAL	0	1	9
	If present, describe: _____			
10.	Patient cooperativeness during evaluation: PTNTCOOP			
	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:

				Not
		No	Yes	Assessed
	gait disturbance (hemiparetic or ataxic) GAITDIST	0	1	9
	visual field or cranial nerve deficit VFCNDFCT	0	1	9
	motor weakness of limbs/trunk MTRWKNS	0	1	9
	sensory deficits of limbs/trunk SNSRYDEF	0	1	9
	language deficits (dysphasia) LNGDFCT	0	1	9
	dysarthria DYSARTH	0	1	9
	emotional lability EMTIONS	0	1	9
	other pseudobulbar signs OTHERSEU	0	1	9
	(specify: _____)			
	psychomotor retardation PSYCHMTR	0	1	9
	other (describe: REOTHER _____)	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

	No	Yes	Assessed
peripheral neuropathy PRPHNRPY	0	1	9
cerebellar ataxia of limbs or trunk CRBTAXLT	0	1	9
proximal myopathy PROXMYOP	0	1	9
ophthalmoplegia (with or without nystagmus) OPHTHPLEG	0	1	9
other residual deficits OTHRREDE (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	ARMSR	ARMSL
1 = slight & infrequent	Legs	LEGSR	LEGLS
2 = mild & frequent	Postural Arms	POSTARML	POSTARMR
3 = moderate			
4 = marked	Action Arms	ACTIONARML	ACTIONARMR
9 = not done for reasons unrelated to severity			

2. Rigidity

0 = absent			
1 = present only with activation	Neck	RGDNECK	_____
2 = present with cogwheel component			
3 = severe but full range	Arms	GDARMSR/RGDARMSL	
4 = severe, limited range	Legs	GDLEGSR/RGDLEGLS	
8 = cannot test due to severity of condition			
9 = not done for reasons unrelated to severity			

3. Parkinsonian gait **PARKGAIT**

- 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 **BRADYBOD**
- 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 **ARISECHR**
- 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 **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) **STABILIT**
- 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 **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 BRADYFAC
- 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 LOSPEECH
- 0 = absent
 1 = mild
 2 = moderate
 3 = severe
 9 = not assessed for reasons unrelated to severity

- | | No | Yes | Not Assessed |
|--|---|-----|--------------|
| 11. Does examiner think subject has clinical evidence of probable or possible Parkinson's disease? | 0 | 1 | 9 |
| | EVIDENCE | | |

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 |
| | PROBABLE | | |

POSSIBLE:

- | | | | |
|---|---|---|---|
| b) Presence of only one of the four major extrapyramidal signs (items 1, 2, 3, and 4) | 0 | 1 | 9 |
| | POSSIBLB | | |
| 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 |
| | POSSIBLC | | |

LABORATORY TESTS

	Date	Range	Value	
Red cell count	_____	_____	_____	N = Normal A = Abnormal REDCLLCT
Mean globular volume	_____	_____	_____	MNGLBVOL
White cell count	_____	_____	_____	WHTCLLCT
Hemoglobin	_____	_____	_____	HEMOGLBN
Hematocrit	_____	_____	_____	HEMATCRT
Blood glucose	_____	_____	_____	BLDGLCS
Triglycerides	_____	_____	_____	TRIGLYCR__
Total cholesterol	_____	_____	_____	TTCCHOLE__
Blood urea nitrogen	_____	_____	_____	BLDNTRGN__
Blood creatinine	_____	_____	_____	BLDCRTNN__
Total proteins	_____	_____	_____	TTLPRNTS__
Albumin	_____	_____	_____	ALBUMIN__
Alpha 1	_____	_____	_____	ALPHA1__
Alpha 2	_____	_____	_____	ALPHA2__
Beta	_____	_____	_____	BETA__
Gamma	_____	_____	_____	GAMMA__
AST (GOT)	_____	_____	_____	ASTGOT__
ALT (GPT)	_____	_____	_____	ALTGPT__
VDRL	_____	_____	_____	BDRL__
TSH	_____	_____	_____	TSH__
T3	_____	_____	_____	T3__
T4	_____	_____	_____	T4__
Folic Acid	_____	_____	_____	FOLICACD__
B12 Vitamin	_____	_____	_____	B12 VITMN__

COMPUTERIZED TOMOGRAPHY

Date: ____ **TMGRDAT** ____
day mo year

Contrast 0 No 1 Yes
CTCNTRST

Findings:

		Normal	0 No 1 Yes
			CTNORMAL
Cortical Atrophy	0 No	1 Yes	
	CTCORTAT		
Ventricular Enlargement	0 No	1 Yes	
	CTVENTEN		
Infarct and/or lacunae	0 No	1 Yes	
	CTINFALA		
Hemorrhage	0 No	1 Yes	
	CTHEMRRG		
Leucoaraiosis	0 No	1 Yes	
	CTLEUCOS		
Other (specify: _____)	0 No	1 Yes	
	CTOTHER		

MAGNETIC RESONANCE IMAGING

Date: ____ **MRIDATE** ____
day mo year

MRITLSA1/MRITLSA2
Tesla: ____ / ____
MRITE ____

TR (msec): **MRITR** ____

TE (msec):

Gadolinium DTPA 0 No 1 Yes
MRIDTPA

Findings:

Normal	0 No	1 Yes	
	MRINRMAL		
Cortical Atrophy	0 No	1 Yes	
	MRICTAT		
Ventricular Enlargement	0 No	1 Yes	
	MRIVTRN		
Infarct and/or lacunae	0 No	1 Yes	
	MRIINFAR		
Hemorrhage	0 No	1 Yes	
	MRIHEMRR		
Leucoaraiosis	0 No	1 Yes	
	MRILEUCO		
Other (specify: _____)	0 No	1 Yes	
	MRIOTHERS		

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

EXAM	Date	Findings
_____	____-____-____	_____
_____	____-____-____	_____
_____	____-____-____	_____

DIAGNOSIS

Physician's Initials _____

Subject Name _____

Subject I.D. # _____

Date ____/____/____
DDATE

Phase _____

Normal
Not

No Yes Assessed

- A. Any clinically significant impairments in specific cognitive tasks on the Cognitive Symptoms Section of the Informant Interview? **NCOGSYMP** 0 1 9
- B. Any inability to adequately meet his/her daily living needs based on Function Section of the Informant Interview. **NEFUNCTN** 0 1 9
- C. Any significant decline or impairment in cognition on clinical examination (e.g., memory [orientation, object recall], language [naming, fluency], praxis [drawing, motor programs], or executive [goal directed behavior, awareness of circumstance])? **NCLINEXM** 0 1 9
- D. History or evidence of neurological disease with potential to affect cognition. **NNEURDI** 0 1 9
- E. Does the subject meet criteria for NORMAL which is a **NO** response to items **A** through **D**? **NORMAL** 0 1 9

Cognitively Impaired (CI)
Not

No Yes Assessed

- A. At least one of the following: **CISOGSYM**
 - 1. Report of clinically significant decline in specific cognitive tasks on the Cognitive Symptoms Section of the Informant Interview from some previous higher level 0 1 9
 - 2. Evidence of cognitive decline on clinical examination in one or more cognitive domains (e.g., memory [orientation, object recall], language [naming, fluency], praxis [drawing, motor programs], executive [goal directed behavior, awareness of circumstance]) from some previous/presumed higher level **CICLINEX** 0 1 9
- B. The cognitive decline in 1 or 2 occurs without clear impairment in daily functioning based on the Function Section of the Informant Interview (e.g., CDR < 1). **CIFUNCTN** 0 1 9
- C. Does the subject meet criteria for COGNITIVELY IMPAIRED which is a **YES** response to items **A** and **B**? 0 1 9

COGIMPAR

CI Subtypes

Not

No Yes Assessed

A.	Prodromal AD	PROD AD				
	1.	All of the following:				
	a.	Presence of CI as defined above	PADCI	0	1	9
	b.	Cognitive dysfunction is limited to a deficit in recent memory/new learning ability	PADCOGDY	0	1	9
	c.	Memory deficit had insidious onset and gradual progression	PADMEMIO	0	1	9
	d.	Memory deficit has no other medical explanation	PADMEMNO	0	1	9
	2.	Does the subject meet criteria for Prodromal AD which is a YES response to a through d ?	PROD AD	0	1	9
B.	Cerebrovascular CI - Post Stroke CI	CVD POST STROKE				
	1.	All of the following:				
	a.	Presence of CI as defined above	CCICI	0	1	9
	b.	Evidence from history, clinical examination, or neuroimaging of a clinically significant stroke in brain region(s) which correlate with cognitive dysfunction	CCIHIST	0	1	9
	c.	Presence of a clear temporal relationship between onset of the cerebrovascular disease and onset of cognitive dysfunction	CCICBV	0	1	9
	2.	Does the subject meet criteria for Post Stroke CI which is a YES response to a through c ?	POSTSTRK	0	1	9
C.	Other Cerebrovascular Disease CI	OTHER CVD				
	1.	All of the following:				
	a.	Presence of CI as defined above	OCBVCI	0	1	9
	b.	Evidence from history, clinical examination, or neuroimaging of clinically significant cerebrovascular disease which is believed to correlate with cognitive dysfunction.	OCDVHIST	0	1	9
	2.	Does the subject meet criteria for Other Cerebrovascular Disease which is a YES response to a and b ?	OCBVDIS	0	1	9
D.	Medical Illness-induced CI	MEDICAL ILL				
	1.	All of the following				
	a.	Presence of CI as defined above	MIICI	0	1	9
	b.	Evidence from history or exam of a major medical illness which could account for the cognitive deficit	MIIHIST	0	1	9
	d.	Temporal relationship between onset of the illness and onset of cognitive dysfunction	MIIILL	0	1	9
	2.	Does the subject meet criteria for Medical Illness-induced CI which is a YES response to a through d .	MEDIU	0	1	9

CI Subtypes (cont.)

Not

No Yes Assessed

E.	Alcohol-induced CI	ALCOHOL			
1.	All of the following:				
a.	Presence of CI as defined above	AICI	0	1	9
b.	Presence in the past or currently of alcohol abuse (DSM III-R criteria)	AIPAST	0	1	9
c.	Temporal relationship between alcohol use and onset of cognitive dysfunction	AIALCOUS	0	1	9
2.	One of the following:				
a.	If alcohol consumption has ceased, the severity of the CI has not worsened since drinking cessation.	AICEASED	0	1	9
b.	Subject has continued to drink during the past three months	AIDRNK3M	0	1	9
3.	Does the subject meet criteria for Alcohol-induced CI which is a YES response to 1 and 2 .	ALCOINDU	0	1	9
F.	Other Substance-induced CI	OTHERSUBSTANCE			
1.	All of the following:				
a.	Presence of CI as defined above	OSCI	0	1	9
b.	Use of a substance with potential to affect mentation (list substance	OSLISTSUB_) OSMENTA	0	1	9
c.	Temporal relationship between use of the substance and onset of cognitive dysfunction	OSSUBUSE	0	1	9
2.	Does the subject meet criteria for Other Substance-induced CI which is a YES response to a through c ?	OSUBSTAN	0	1	9
G.	Other Psychiatric Disorder Causing CI	PSYCHIATRIC			
1.	All of the following:				
a.	Presence of CI as defined above	OPDCCI	0	1	9
b.	Evidence from history or exam of a psychiatric illness which could account for the cognitive deficit (list psychiatric illness	OPDCLIST_) OPDCHIST	0	1	9
c.	Temporal relationship between onset of the illness and onset of cognitive dysfunction	OPDCILL	0	1	9
2.	Does the subject meet criteria for Other Psychiatric Disorder Causing CI which is a YES response to a through c ?	OPSYDIS	0	1	9
H.	Other Disorder Causing CI	OTHER			
1.	All of the following:				
a.	Presence of CI as defined above	ODCCI	0	1	9
b.	Evidence from history or exam of a condition which could account for the cognitive deficit (list condition	ODCLIST_) ODCHIST	0	1	9
c.	Temporal relationship between onset of the condition and onset of cognitive dysfunction	ODCCOND	0	1	9
2.	Does the subject meet criteria for Other Disorder Causing CI which is a YES response to				

a through **c**?

ODISORD

0 1 9

Life-Long Cognitive Impairment (LLCI)

Not

No Yes Assessed

- | | | | | |
|----|---|---|----------|---|
| A. | The subject has a deficit in cognition which has been present since childhood and that has consistently impaired his/her daily functioning. | 0 | 1 | 9 |
| | | | LLCIKID | |
| | <i>[For subjects with both LLCI and a superimposed dementia or other CI disorder, then the dementia or other CI disorder takes precedence and should be coded.]</i> | | | |
| B. | LLCI subtypes | | | |
| | 1. Mental retardation | 0 | 1 | 9 |
| | 2. Other developmental disability | | LLCIMRET | |
| | (list _____ LISTODEV _____) LLCIODEV | 0 | 1 | 9 |

Non-Cognitive Impairment in Daily Functioning (NCI-DF)

- | | | | | |
|----|--|---|----------|---|
| A. | Impairment in daily living caused by a sensory or motor handicap or primary psychiatric disturbance (e.g., psychosis or major depression) | 0 | 1 | 9 |
| | | | NCIPSYCH | |
| B. | No decline or impairment in cognition on clinical examination (e.g., memory [orientation, object recall], language [naming, fluency], praxis [drawing, motor programs], executive [goal directed behavior, awareness of circumstance]) | 0 | 1 | 9 |
| | | | NCINODEC | |
| C. | Subtypes of NCI-DF | | | |
| | 1. Sensory handicap (All of the following:) | | | |
| | a. A total or near total loss of a sensory modality (list sensory deficit _____ LISTSDDEF _____) | 0 | 1 | 9 |
| | b. Temporal relationship between sensory deficit and onset of impairment in daily living skills _____ SENSDEF | 0 | 1 | 9 |
| | 2. Motor handicap (All of the following:) | | | |
| | a. A total or near total loss of a motor function (list motor deficit _____ LISTMDEF _____) | 0 | 1 | 9 |
| | c. Temporal relationship between motor deficit and onset of impairment in daily living skills _____ MOTORDEF | 0 | 1 | 9 |
| | 3. Primary psychiatric disturbance (e.g., psychosis or major depression) (All of the following:) | | | |
| | a. A DSM Axis I Primary psychiatric disturbance (list syndrome _____ LISTDSM _____) | 0 | 1 | 9 |
| | b. Temporal relationship between primary psychiatric disturbance and onset of impairment in daily living skills | 0 | 1 | 9 |
| | | | DSMAXIS1 | |
| | | | PRIMPSY | |

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

Not

No Yes Assessed

A.	Evidence of impairment in short- and long-term memory. IMPDMEMR	0	1	9
B.	At least one of the following:			
1.	Impairment in abstract thinking IMPDTHNK	0	1	9
2.	Impaired judgement IMPDJUDG	0	1	9
3.	Other disturbances of higher cortical function (e.g. aphasia, apraxia, agnosia, constructional difficulty) OTHRDIST	0	1	9
4.	Personality change PSNCHNG	0	1	9
C.	The disturbance in A and B significantly interferes with work or usual social activities or relationship with others. WRKINTFR	0	1	9
D.	Not occurring exclusively during the course of delirium. NOTEXCLU	0	1	9
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. ORGANIC	0	1	9
2.	<i>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.</i> PRSUMORG	0	1	9

CONCLUSIONS ACCORDING TO DSM-III-R CRITERIA

DEMENTIA	0 No	1 Yes	9 Insufficient data	DEMENTA1
If YES, specify the SEVERITY				
mild:	0 No	1 Yes	9 Insufficient data	MILDDEMI
moderate:	0 No	1 Yes	9 Insufficient data	MODDEMI
severe:	0 No	1 Yes	9 Insufficient data	SERVDEMI

DIAGNOSIS OF DEMENTIA ACCORDING TO THE ICD-10 CRITERIA

A.	Evidence of a dementia based on the presence of each of the following:			
	Not			
			<u>No</u>	<u>Yes</u>
				<u>Assessed</u>
1.	<i>Decline in memory which causes impaired functioning in daily living.</i> MMRYDECL	0	1	9
	If YES, specify the degree of the impairment:			
	mild: MLDMPAR1	0	1	9
	moderate: MODMPAR1	0	1	9
	severe: SVRMPAR1	0	1	9
2.	<i>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.</i> INTLDECL	0	1	9
	If YES, specify the degree of the impairment:			
	mild: MLDMPAR2	0	1	9
	moderate: MLDMPAR2	0	1	9
	severe: SVRMPAR2	0	1	9
B.	Absence of clouding of consciousness CLDCONSC	0	1	9
C.	Deterioration in emotional control, social behavior or motivation: DECONTRL	0	1	9
D.	Disturbances at point A have clearly been present for at least 6 months. DSTPRSNT	0	1	9

CONCLUSIONS ACCORDING TO ICD-10 CRITERIA

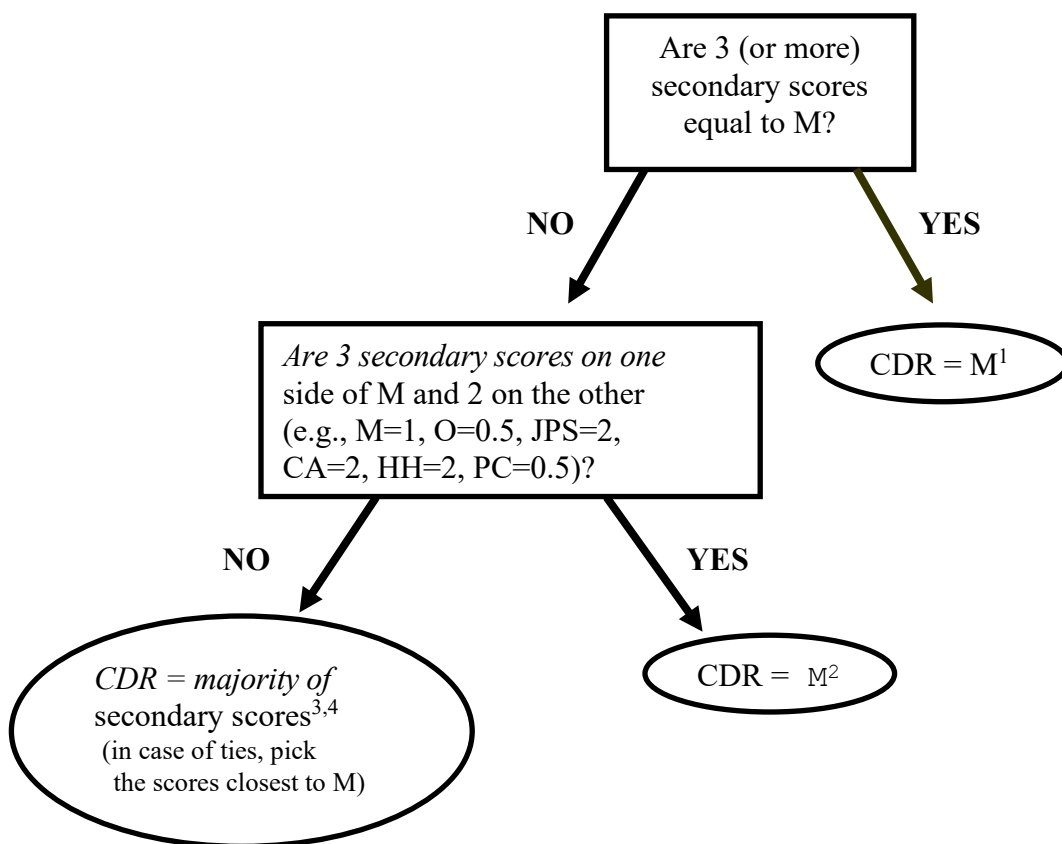
DEMENTIA	0	No	1	Yes	9	Insufficient data	DEMENTA2
If YES, specify the SEVERITY:							
mild:	0	No	1	Yes	9	Insufficient data	MLDDEM2
moderate:	0	No	1	Yes	9	Insufficient data	MODDEM2
severe:	0	No	1	Yes	9	Insufficient data	SVRDEM2

CDR (Clinical Dementia Rating)

The global staging of dementia is based upon the Washington University Clinical Dementia Rating (CDR) instrument. 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

CDRMEN	CDROPIEN	CCORJUDG	CDRCOMM	CDRHOM	CDRPERS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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:

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

4 => Profound Dementia 5 => Terminal Dementia

(Use algorithm on previous page) CURRSTAG .

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 **DIAGNOSD**

If dementia is diagnosed, continue with the "Diagnosis of Dementia Subtypes".

DIAGNOSIS OF DEMENTIA SUBTYPES

DIAGNOSTIC IMPRESSION: SPECIFIC TYPES OF AD

A. PROBABLE AD

1. The criteria for this diagnosis are:

	No	Yes	Not Assessed
a. Meets DSM-III-R criteria for dementia	0	1	9
b. Meets ICD-10 criteria for dementia	0	1	9
c. Gradual onset and progression of cognitive deficits for a period of at six months	0	1	9
d. Absence of altered consciousness PBLADUNC	0	1	9
e. Absence of other disorders contributing to dementia BLADUND	0	1	9
			BLADUNE
2. Does the subject meet all of the above criteria for this diagnosis (i.e. a YES response to items a through e)? PBLADUN2	0	1	9

NINCDS Criteria

A. POSSIBLE AD, I

		No	Yes	Not Assessed
1.	The criteria for this diagnosis are:			
a.	Dementia Syndrome DEMSYN	0	1	9
b.	At least one of:			
	Atypical onset (list __ATYONTXY__) ATYONSET	0	1	9
	Atypical AD presentation If yes, please specify: ATYPRES	0	1	9
	Major aphasia PSLAS1B	0	1	9
	Major agnosia/visual perceptive symptoms PSLAD2B	0	1	9
	Major apraxia PSLAD3D	0	1	9
	Major behavioral disability or psychotic manifestations PSLAD4B	0	1	9
	Other (list __PSLOTHT__) PSLOTH	0	1	9
	Atypical course (list __ATYCOURT__) ATYCOURS	0	1	9
c.	Absence of other disorders contributing to dementia ABSDIS	0	1	9
2.	Does the subject meet all of the criteria for this diagnosis (i.e., a YES response to items a through c)? POSSADI	0	1	9

B. POSSIBLE AD, II

		No	Yes	Not Assessed
1.	The criteria for this diagnosis are:			
a.	Dementia Syndrome DEMSYN2	0	1	9
b.	Typical AD presentation TYPRES	0	1	9
c.	Presence of other systemic or brain disorder sufficient to produce dementia but not considered to be the cause of dementia in this subject If yes, list __PRESDISL__	0	1	9
2.	Does the subject meet all of the criteria for this diagnosis (i.e., a YES response to items a through c)? POSSADII	0	1	9

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 PRESEDEM	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 DEFORENT	0	1	9
	Language/speech disability DEFLANGU	0	1	9
	Psychomotor retardation DEFPSYCH	0	1	9
	Executive function/perseveration DEFPERSO	0	1	9
	Personality/mood changes DEFVISUO	0	1	9
	Visuospatial function/apraxia DEFOTHER	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 HISTCVC	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) SUDDNCVC	0	1	9
e.	Presence of focal CNS signs, e.g., motor weakness, sensory, visual, or speech deficits FOCALCNS	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)? ALLABOVE	0	1	9

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 YESTOAB	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) PRIOREP	0	1	9
c.	Presence of non-focal neurological signs, e.g., dysarthria, dysphagia, emotional lability, psychomotor retardation NONFOCNS	0	1	9
d.	Supportive neuroimaging findings, i.e., multiple infarcts or punctate (lacunar) lesions NEUROIMG	0	1	9
e.	Temporal relation between non-focal cerebral ischemic event (listed in b above) and onset of dementia. TEMPRLTN	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**)?
ALLCRITE

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

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

Vascular Dementia:

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

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

II. THE DEMENTIA SYNDROME OF DEPRESSION

		Not		
		No	Yes	Assessed
		0	1	9
1.	The criteria for the diagnosis are:			
a.	Presence of dementia at a level of CDR 0.5 or greater CDRGT5A	0	1	9
b.	During the two weeks prior to examination, subject has experienced daily 5 or more depression symptoms DAILYDEP	0	1	9
c.	Onset or worsening of dementia temporally related to depression WORSEDEM	0	1	9
d.	Depression considered to be sufficiently severe to cause most of subject's cognitive impairment DEPCONSV	0	1	9
2.	Does the subject meet all of the criteria for this diagnosis (i.e., a YES response to items a through d)? YESTOAD	0	1	9

III. DRUG-RELATED DEMENTIA

A. PROBABLE ADVERSE COGNITIVE EFFECTS OF DRUGS OR OTHER SUBSTANCES

		Not		
1.	The criteria for the diagnosis are:			
a.	Presence of dementia at a level of CDR 0.5 or greater CDRGT5B	0	1	9
b.	A history of use of psychoactive substances during the six months prior to this evaluation which resulted in two or more of the clinical manifestations listed in clinical history HISPSYCH	0	1	9
c.	Mental changes developed during the use of the substance or within six weeks of the cessation of its use. MENTALCH	0	1	9
2.	Does the subject meet all of the criteria for this diagnosis (i.e., a YES response to items a through c)? YESTOAC1	0	1	9

B. POSSIBLE ADVERSE COGNITIVE EFFECTS OF DRUGS OR OTHER SUBSTANCES

1.	The criteria for this diagnosis are:			
a.	A YES answer to a <u>and</u> c above; YESTOAC2	0	1	9
b.	History of psychoactive substances during the six months prior to this evaluation, which resulted in one of the clinical manifestations listed in clinical history HISTSUBST	0	1	9

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

	No	Yes	Not Assessed
2. Does the subject meet all of the criteria for this diagnosis (i.e., a YES answer to items a and b)? YESTOAB2	0	1	9

IV. ALCOHOL-RELATED DEMENTIA

A. PROBABLE ALCOHOLIC DEMENTIA

1. The criteria for this diagnosis are:

a. Presence of dementia at a level of CDR 0.5 or greater CDRGT5C	0	1	9
b. History of heavy prolonged use of alcohol sufficient to meet DSM-III-R criteria for alcohol dependence HISTALCH	0	1	9
c. Presence of dementia during drinking and for at least three months after cessation of alcohol intake DEMDRINK	0	1	9
d. The severity of the dementia has not worsened since drinking cessation NOTWORSE	0	1	9

2. Does the subject meet all of the criteria for this diagnosis (i.e., a YES response to items a through d)? ALLABCD	0	1	9
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B. POSSIBLE ALCOHOLIC DEMENTIA

1. The criteria for this diagnosis are:

a. A YES response to items a through c above YESTOAC3	0	1	9
b. Subject has continued to drink in the past three months CONTDDRK	0	1	9

2. Does the subject meet all of the criteria for this diagnosis (i.e., a YES response to items a and b)? ALLAB	0	1	9
---	---	---	---

All subjects with this diagnosis must have completed neurological evaluation for alcoholism.

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

V. DEMENTIA SYNDROME OF PARKINSON'S DISEASE

A. PROBABLE PARKINSON'S DEMENTIA

	No	Yes	Not Assessed
1. The criteria for this diagnosis are:			
a. Presence of dementia at a level of CDR 0.5 or greater CDRGT5D	0	1	9
b. Absence within previous six months of medications capable of inducing extrapyramidal side effects ABSENCE1	0	1	9
c. An established temporal relationship between Parkinson's disease and dementia, i.e., onset of Parkinson's disease occurred one year or more before dementia was recognized ESTBRE1	0	1	9
d. At least two of the four major extrapyramidal signs were found on examination, with a severity of 2 or greater TWOOF4	0	1	9
2. Does the subject meet all of the criteria for this diagnosis (i.e., a YES response to items a through d)? ALLABCD2	0	1	9

B. POSSIBLE PARKINSON'S DEMENTIA

1. The criteria for this diagnosis are:			
a. Presence of dementia with or without memory loss DEMMRY	0	1	9
b. Absence within previous six months of medication capable of inducing extrapyramidal side effects ABSENCE2	0	1	9
c. An established temporal relationship between Parkinson's disease and dementia; i.e., onset of Parkinson's disease occurred one year or more before dementia was recognized ESTBREL2	0	1	9
d. Only one of the four major extrapyramidal signs were found on examination, with a severity of 2 or greater ONEOF4	0	1	9
e. Two or more of the minor signs of extra-pyramidal dysfunction were found on examination, with a severity rating of 2 or greater YESTOAE	0	1	9
2. Does the subject meet all of the criteria for this diagnosis (i.e., a YES response to items a through e)?	0	1	9

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

VI. OTHER DEMENTING DISORDERS (and conditions that may be confused with dementia). Encircle the appropriate item(s) below and give the basis for diagnosis in space provided below or on back of page:

- A. Thyroid disease THYDIS
- B. B-12 deficiency B12DEFIC
- C. Creutzfeld-Jakob disease CRUETJAK
- D. Head Trauma HEADTRAU
- E. Down Syndrome DOWNSYND
- F. Mental Retardation MENTRETD
- G. Psychiatric disorder PSYCHIAT
(Other than depression)
- H. Pick's disease PICKSDIS
- I. Huntington's disease HUNTINGT
- J. HIV HIV
- K. Extrapyrarnidal disorders (e.g., progressive supranuclear palsy, Shy-Drager, striatal nigral degeneration) XTRPYRAM
- L. Other neurologic, medical diagnosis (e.g., brain tumor, multiple

sclerosis, metabolic disease, CNS infection, normal pressure hydrocephalus, etc.) OTRNEURO

M. Non-specific dementia

NONSPECI

DELIRIUM/CONFUSION

		No	Yes	Not Assessed
1.	The criteria for this diagnosis are:			
a.	Impairment of consciousness (i.e., reduced clarity of awareness of the environment) with reduced ability to focus, sustain or shift attention. REDAWARE	0	1	9
b.	Changes in cognitive (such as memory deficit, disorientation, language disturbance, perceptual disturbance) that are not better accounted for by a pre-existing, established or evolving dementia. CHNGSCOG	0	1	9
c.	The disturbance develops over a short period of time (usually hours to days) and tends to fluctuate over the course of the day. SHRTPERD	0	1	9
d.	There is evidence from the history, physical examination, or laboratory findings of a medical condition judged to be etiologically related to the disturbance. ETIOLOGC	0	1	9
e.	There is evidence from the history, physical examination or laboratory findings of substance use and the symptoms developed during intoxication with or withdrawal from the substance. INTOXICA	0	1	9
2.	Does the subject meet all the criteria for this diagnosis (i.e., a YES answer to items a, b, c and either d or e)? YESTOABC	0	1	9