

Subject I.D. _____

CLINICAL DIAGNOSTIC ASSESSMENT PROCEDURE FOR DEMENTIA

**INDIANAPOLIS/IBADAN COMPARATIVE STUDY – PROJECT 2001
and
INDIANA ALZHEIMER’S DISEASE CORE CENTER**

{Use for initial and follow-up visits}

October 30, 2001
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A. SUBJECT'S INFORMATION

Interviewer's Initials: _____

Subject I.D. #: _____

Date of Interview: _____
mo day year

Subject's Name: _____
 First MI Last

Address: _____
 Street

_____ City State Zip

Telephone #: () _____

1. Name of Subject's Physician: _____

2. Sex: _____ Male
 _____ Female

3. Date of birth: _____
 mo day year

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

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

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

7. Type of residence:
_____ Private residence
_____ Retirement community
_____ Assisted living
_____ Skilled nursing facility
_____ Other(_____)

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

9. Education: _____ years completed

10. Twin: _____ Yes _____ No

11. Primary Occupation: _____

How long? _____

Secondary Occupation: _____

How long? _____

B. INFORMANT INFORMATION

1. _____
First MI Last

Street

City State Zip

Telephone #:() _____

2. Sex: _____ Male
 _____ Female

3. Date of birth: _____
 mo day year

4. Relation to subject:
 _____ Spouse _____ Sister _____ Friend
 _____ Daughter _____ Brother _____ Other
 _____ Son _____ Other kin

5. Do you live with the Mr./Mrs. _____?
Yes _____
No _____
DK _____
NA _____

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

9. What was your main occupation in life?
a. _____
b. _____

10. How would you rate your general health?
_____ 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 that 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)

Yes _____
No _____
Don't know (DK) _____
Not applicable (NA) _____

2. 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 _____
DK _____
NA _____

3. 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 _____
DK _____
NA _____

4. 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 _____
DK _____
NA _____

Memory – Cont'd.

5. 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 _____
DK _____
NA _____
6. 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 _____
DK _____
NA _____
7. Does (subject) get lost/disoriented in new places?
- 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 _____
8. Does (subject) have difficulty remembering appointments?
- No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
9. Does (subject) have difficulty remembering family events or occasions?
- No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
10. Does (subject) have difficulty remembering to take his/her medications?
- No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____

Memory – Cont'd.

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

No _____
Sometimes _____
Often _____
DK _____
NA _____

12. Does (subject) frequently repeat questions?

Yes _____
No _____
DK _____
NA _____

13. Does (subject) repeat stories?

Yes _____
No _____
DK _____
NA _____

INTERVIEWER'S JUDGEMENT/ASSESSMENT:

14. *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.

14a. *From the information provided by the informant, the subject's memory is...*

Greatly impaired _____
Slightly impaired _____

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

_____ Number of months

16. Did these problems start...

If other, specify: _____

Suddenly _____
Gradually _____
Other _____
DK _____
NA _____

Memory – Cont'd.

17. Was the progression of the memory problems...
Gradually progressive _____
Stepwise progressive (e.g. multiple cortical infarct) _____
Leveled off since onset (e.g. single cortical stroke) _____
Improved since onset _____
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)
Yes _____
No _____
DK _____
NA _____
19. When (subject) is speaking, does he/she have difficulty finding the right word?
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
20. Does he/she frequently use the wrong word?
Yes _____
No _____
DK _____
NA _____
21. Does he/she frequently describe an object because he/she cannot recall the proper name?
Yes _____
No _____
DK _____
NA _____
22. Does he/she talk less than he/she used to?
Yes _____
No _____
DK _____
NA _____

Language – Cont'd.

23. Is it difficult to follow and understand (subject's) conversation, (excluding physical problems that interfere with speech)?

Yes _____
No _____
DK _____
NA _____

INTERVIEWER'S JUDGEMENT/ASSESSMENT:

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

Yes _____
No _____
DK _____
NA _____

If NO, skip to JUDGEMENT AND REASONING section.

24a. *From the information provided by the informant, the subject's use of language is...*

Greatly impaired _____
Slightly impaired _____

25. How long has (subject) been having language problems?

Record the number of months _____

26. Did the language impairment start...

Suddenly _____
Gradually _____
Other _____
DK _____
NA _____

If other, specify: _____

27. Was the progression of the language impairment

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

JUDGEMENT AND REASONING

28. Is he/she not as clear or as sharp as he/she used to be?

Yes _____
No _____
DK _____
NA _____

Judgement and Reasoning – Cont'd.

29. Does (subject) have difficulty paying attention to and understanding radio or TV programs?
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?
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
31. Does (subject) have difficulty following and understanding conversations?
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
32. Would (subject) know what to do if there were a small fire in the kitchen?
Yes _____
No _____
DK _____
NA _____
33. Are you comfortable leaving (subject) at home alone?
Yes _____
No _____
DK _____
NA _____
34. Is (subject) responsible for taking his/her own medicines?
Yes _____
No _____
DK _____
NA _____

Judgement and Reasoning – Cont'd.

35. 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.]

Yes _____
No _____
DK _____
NA _____

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

Yes _____
No _____
DK _____
NA _____

INTERVIEWER'S JUDGEMENT/ASSESSMENT:

37. *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 NO, skip to PERSONALITY section.

37a. *From the information provided by the informant, the subject's judgement and reasoning is...*

Greatly impaired _____
Slightly impaired _____

38. How long has (subject) been having problems with judgement and reasoning?

Record the number of months _____

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

Suddenly _____
Gradually _____
Other _____
DK _____
NA _____

If other, specify: _____

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

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

PERSONALITY

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

Yes _____
No _____
DK _____
NA _____

If yes, please describe:

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

Yes _____
No _____
DK _____
NA _____

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

No _____
More _____
Less _____
DK _____
NA _____

44. Do you think (subject) is sadder now than they used to be?

Yes _____
No _____
DK _____
NA _____

45. Do you think (subject) keeps to themselves more than before?

Yes _____
No _____
DK _____
NA _____

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

No _____
More _____
Less _____
DK _____
NA _____

Personality – Cont'd.

47. Has (subject) shown more or less concern for others?
No _____
More _____
Less _____
DK _____
NA _____
48. Has (subject) gotten involved in difficult or embarrassing situations in public because of his/her behavior?
Yes _____
No _____
DK _____
NA _____
49. Has (subject) become more stubborn or obstinate?
Yes _____
No _____
DK _____
NA _____
50. Is (subject) more agitated? Have you noticed restlessness to the point that he/she can't sit still, paces or wrings his/her hands?
Yes _____
No _____
DK _____
NA _____

INTERVIEWER'S JUDGEMENT/ASSESSMENT:

51. *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 NO, skip to EVERYDAY TASKS section.

- 51a. *From the information provided by the informant, the subject's personality is...*
Greatly changed _____
Slightly changed _____

Personality – Cont'd.

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

Record the number of months _____

53. Did the personality changes start ...

Suddenly _____

Gradually _____

Other _____

DK _____

NA _____

If other, specify: _____

54. Has the progression of the personality changes been ...

Gradual _____

Stepwise (e.g. multiple cortical infarct) _____

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

Improved since onset? _____

DK _____

NA _____

EVERYDAY TASKS

INSTRUCTIONS FOR INTERVIEWER: For the questions that 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 perform
(subject's name)
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

55. For most of his/her life, how much has (subject) been involved in food preparation?
Greatly involved _____
Slightly involved _____
Not at all _____
DK _____
NA _____
56. Has there been a decline in (subject's) ability to prepare food?
Yes _____
No _____
DK _____
NA _____
57. Does (subject) have difficulty finding food in the pantry, cupboards or refrigerator?
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
58. Does (subject) have difficulty planning meals?
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____

Food Preparation – Cont'd.

59. Does (subject) have difficulty preparing meals?

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

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

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

61. Has (subject) burned food on the stove?

No _____
Sometimes _____
Often _____
DK _____
NA _____

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

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

INTERVIEWER'S JUDGEMENT/ASSESSMENT:

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

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 _____

Food Preparation – Cont'd.

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

63a. *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)* _____

**List the physical disability that accounts for this impairment :*

Chores

64. For most of his/her life, how much has (subject) been involved in household chores?
Greatly involved _____
Slightly involved _____
Not at all _____
DK _____

65. Has there been a decline in (subject's) ability to perform household chores?
Yes _____
No _____
DK _____
NA _____

66. Does (subject) have difficulty managing to keep up with cleaning the house the way he/she did in the past?
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____

67. Does (subject) have difficulty performing yard work the way he/she did in the past?
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____

Chores – Cont’d.

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

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

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

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

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

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

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

Circle answer given:

Lighting a stove	Yes	No	Dk	NA
Vacuum	Yes	No	Dk	NA
Dish Washer	Yes	No	Dk	NA
Washing Machine	Yes	No	Dk	NA
Clothes Dryer	Yes	No	Dk	NA
Radio	Yes	No	Dk	NA
TV	Yes	No	Dk	NA
Car	Yes	No	Dk	NA

72. In the past years, does (subject) get lost more easily while driving.

Yes _____
No _____
DK _____
NA _____

Chores – Cont'd.

INTERVIEWER'S JUDGEMENT/ASSESSMENT:

73. 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"...

73a. 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) _____

*List the physical disability that accounts for this impairment :

FINANCES

INSTRUCTIONS FOR INTERVIEWER: For the questions that 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 _____'s ability to
(subject's name)
handle finances.

74. For most of his/her life, how involved has (subject) been in managing his/her financial affairs?

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

75. Has there been a decline in (subject's) ability to manage his/her financial affairs?

Yes _____
No _____
DK _____
NA _____

76. Does (subject) have difficulty purchasing a few items at the store?

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

77. Does (subject) know the prices of common commodities (milk, juice, etc.)?

Yes _____
No _____
DK _____
NA _____

77. Does (subject) have difficulty managing a checkbook?

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

Finances – Cont'd.

78. Does (subject) have difficulty paying monthly bills?
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
79. Does (subject) have difficulty keeping financial records?
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
80. Does (subject) have difficulty preparing tax information or insurance claims?
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____
81. Does (subject) have difficulty figuring out the amount of change due back on small items or bills?
No Difficulty _____
Slight Difficulty _____
Great Difficulty _____
DK _____
NA _____

INTERVIEWER'S JUDGEMENT/ASSESSMENT:

82. *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 _____

Finances – Cont'd.

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

82a. *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)* _____

**List the physical disability that accounts for this impairment.*

SOCIAL

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

83. For most of his/her adult life, how much has (subject) been involved in social activities?
Greatly involved _____
Slightly involved _____
Not at all _____
DK _____

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

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

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

Circle answer given:

Spouse	Yes	No	Dk	NA
Brothers, sisters or children	Yes	No	Dk	NA
Grandchildren	Yes	No	Dk	NA
Old Friends	Yes	No	DK	NA
New Acquaintances	Yes	No	DK	NA

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

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

89. Does (subject) participate in hobbies (card playing, sewing, fishing) as he/she did in the past?
Yes _____
No _____
DK _____
NA _____

Social – Cont'd.

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

Yes _____
No _____
DK _____
NA _____

INTERVIEWER'S JUDGEMENT/ASSESSMENT:

90. 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"...

90a. 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) _____

*List the physical disability that accounts for this impairment:

PERSONAL CARE

91. 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 _____

92. Does he/she have difficulty dressing?

- Unaided _____
- Occasionally misplaces buttons, etc., requires minor help _____
- Wrong sequence, forgets items, requires much assistance _____
- Unable to dress _____

93. Does he/she have difficulty taking care of his/her personal 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:

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

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

If NO, skip to DRIVING HABITS section.

94a. *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?*

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

**List the physical disability that accounts for this impairment:*

MEDICATIONS/CONVENTIONAL

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

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

Yes _____
No _____
DK _____
NA _____

If yes, list the medications and dose if available:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

96. 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 two questions, skip to OVER-THE COUNTER MEDICATIONS/TRADITIONAL section.

Medications/Conventional – Cont'd.

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

Yes _____
No _____
DK _____
NA _____

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

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/TRADITIONAL

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

Yes _____
No _____
DK _____
NA _____

If yes please list them:

Name: _____

Name: _____

Dose: _____

Dose: _____

Indication: _____

Indication: _____

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

Yes _____
No _____
DK _____
NA _____

If yes, provide a description:

103. Does (subject) have any allergies
to medicines? _____

in general? _____

104. Has (subject) had any surgeries?

Surgery

Year

ALCOHOL USE

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

105. How often did he/she 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 _____

If answer is NEVER, skip to LIFESTYLE QUESTIONS section.

106. 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)

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

107. For how long did he/she drink in this manner?

Years _____

108. Does he/she still drink alcoholic beverages?

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

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

Years ago _____

109. 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 _____
- NA _____

If answer is NEVER, skip to LIFESTYLE QUESTIONS section .

Alcohol Use – Cont’d.

110. 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).

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

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

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

112. 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 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.

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

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

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

- Continual _____
- Sporadic _____
- Totally stopped _____

115. Has (subject) ever completely stopped drinking?

Longest duration in months _____

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

116. 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 _____

117. Have you ever talked with your doctor or other medical professional about (subject) drinking?

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

118. 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.

119. Has (subject) ever lost a job because of drinking?
Yes _____
No _____
DK _____
NA _____
120. Has (subject) ever had serious marital or family problems, such as a divorce, because of drinking?
Yes _____
No _____
DK _____
NA _____
121. Has (subject) ever been arrested for drunk driving or had an automobile accident while drinking?
Yes _____
No _____
DK _____
NA _____
122. Has (subject) ever been arrested for public intoxication or disturbing the peace while drinking?
Yes _____
No _____
DK _____
NA _____
123. Has (subject) ever gotten into physical fights while drinking?
Yes _____
No _____
DK _____
NA _____
124. 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 _____
125. How many months ago was the last episode? Months _____

Alcohol Inventory – Cont'd.

126. 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 _____
127. Has (subject) ever had fits or seizures after stopping or cutting down on drinking?
- Yes _____
No _____
DK _____
NA _____
128. Has (subject) ever had the D.T.'s (hallucinations or fever) when he/she stopped drinking?
- Yes _____
No _____
DK _____
NA _____
129. Has (subject) ever seen or heard things that weren't really there after cutting down on drinking?
- Yes _____
No _____
DK _____
NA _____
130. Has (subject) ever been hospitalized for alcohol treatment or detoxification?
- If yes, where: _____
Year of treatment: _____
Physician: _____
- Yes _____
No _____
DK _____
NA _____
131. Has (subject) ever gone to the emergency room for any problems related to his/her drinking or while drunk?
- If yes, where: _____
Year of treatment: _____
Physician: _____
- Yes _____
No _____
DK _____
NA _____

Alcohol Inventory – Cont'd.

132. 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)?

Yes _____
If Yes, year _____
No _____
DK _____
NA _____

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

Yes _____
If Yes, year _____
No _____
DK _____
NA _____

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

Yes _____
If Yes, year _____
No _____
DK _____
NA _____

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

Yes _____
If Yes, year _____
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.

Yes _____
If Yes, year _____
No _____
DK _____
NA _____

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

Alcohol Inventory – Cont’d.

For subjects with symptoms of dementia:

134. Has (subject) stopped drinking alcohol?

Yes _____
No _____
DK _____
NA _____

135. Did the signs and symptoms of dementia start prior to (subject's excessive drinking?

Yes _____
No _____
DK _____
NA _____

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

Yes _____
No _____
DK _____
NA _____

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

Improved _____
Remained the same _____
Worsened _____

LIFESTYLE QUESTIONS

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

Yes _____
No _____
DK _____
NA _____

CIRCLE: cigarettes cigars pipe chew

If NO, then skip to MEDICAL HISTORY section.

139. Does he/she still smoke?

Yes _____
No _____
DK _____
NA _____

CIRCLE: cigarettes cigars pipe chew

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

Cigarettes _____
Cigars _____
Pipe _____
Chew _____
 DK _____
 NA _____

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

Cigarettes _____
Cigars _____
Pipe _____
Chew _____
 DK _____
 NA _____

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

Cigarettes _____
Cigars _____
Pipe _____
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.

143. Did a doctor or nurse ever tell (subject) that he/she has high blood pressure?
- Yes _____
If Yes, year _____
No _____
DK _____
NA _____
144. Is (subject) **currently** being treated for high blood pressure?
- Yes _____
No _____
DK _____
NA _____
145. Has (subject) ever been told he/she has heart problems such as heart disease, heart attack, angina, chest pain or congestive heart failure.
- Yes _____
If Yes, year _____
No _____
DK _____
NA _____
146. Is (subject) **currently** being treated for this heart problem?
- Yes _____
No _____
DK _____
NA _____
147. Did the doctor describe his/her heart problem as: (check all that apply)
- MI/Heart attack _____
CHF-congestive heart failure _____
Angina-chest pain (put little pills under their tongue) _____
Arrhythmia-irregular heart beat _____
- Other _____
148. If (subject) had a heart attack (Myocardial Infarction), what is the year of the first occurrence? Year _____

Medical History – Cont'd.

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

Yes _____
If Yes, year _____
No _____
DK _____
NA _____

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

Yes _____
No _____
DK _____
NA _____

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

Yes _____
If Yes, year _____
No _____
DK _____
NA _____

Specific type of disorder or description of symptoms:

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

Yes _____
No _____
DK _____
NA _____

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

Yes _____
If Yes, year _____
No _____
DK _____
NA _____

Describe: _____

Medical History – Cont’d.

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

Yes _____
 No _____
 DK _____
 NA _____

Describe: _____

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

Yes _____
 If Yes, year _____
 No _____
 DK _____
 NA _____

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

Yes _____
 No _____
 DK _____
 NA _____

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

Yes _____
 No _____
 DK _____
 NA _____

158. If yes, record most recent as #1:

	1	2	3	4
Age at injury				
Cause				
Number of hours of unconsciousness				
Was he/she hospitalized?				
Name of hospital				

Medical History – Cont'd.

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

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

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

Yes _____
No _____
DK _____
NA _____

161. Has (subject) ever been treated for blood sugar problems?

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

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

Yes _____
No _____
DK _____
NA _____

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

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

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

Yes _____
No _____
DK _____
NA _____

Medical History – Cont'd.

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

Yes _____
No _____
DK _____
NA _____

If yes, please describe: _____

166. **[Interviewer may mark this based upon their own judgement, or may ask the question.]** Has (subject) ever been diagnosed as mentally retarded?

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

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

Yes _____
If yes, year: _____
No _____
DK _____
NA _____

168. 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?

Yes _____
If yes, year: _____
DK _____
NA _____

169. Has he/she ever attempted suicide?

Yes _____
No _____
DK _____
NA _____

If yes, please describe: _____

Medical History – Cont’d.

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

Yes _____
If yes, year: _____
No _____
DK _____
NA _____

MAJOR DEPRESSIVE SYNDROME

171. 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?

Yes _____
No _____
DK _____
NA _____

If NO, skip to STROKE AND CEREBROVASCULAR DISEASE section.

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

a. Poor appetite or weight loss?

Yes _____
No _____
DK _____
NA _____

Major Depressive Syndrome – Cont’d.

- 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 _____
- g. Trouble concentrating, thinking, or making decisions? Yes _____
No _____
DK _____
NA _____
- h. Thinking about death or suicide? Yes _____
No _____
DK _____
NA _____
- i. **[Note to interviewer: Record based on information provided for item 169. Do not ask.]** 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 _____

Major Depressive Syndrome – Cont’d.

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

Yes _____
No _____
DK _____
NA _____

173. Does (subject) meet the criteria for major depressive disorder (at least 4 of the symptoms in question #156)?

Yes _____
No _____
DK _____
NA _____

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

Yes _____
No _____
DK _____
NA _____

175. 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.

STROKE AND CEREBROVASCULAR DISEASE

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

176. 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?

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

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

Yes _____
No _____
DK _____
NA _____

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

Yes _____
No _____
DK _____
NA _____

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

Yes _____
No _____
DK _____
NA _____

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

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

181. 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 PARANOID FEATURES section.

Stroke and Cerebrovascular Disease – Cont'd.

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

183. Was at least one incident verified by a physician?
Yes _____
No _____
DK _____
NA _____

184. Did the doctor tell (subject) what type of stroke or ischemic episode he/she had? Record the approximate **year** it occurred:
Brain infarction/lacunae: _____ Focal TIA: _____
Brain hemorrhage: _____ Major hypoxic/ischemic event: _____
Description: _____

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

185. Did the memory and thinking problems precede the first vascular accident or TIA?
Yes _____
No _____
DK _____
NA _____

186. Did the memory and thinking problems immediately follow the vascular accident?
Yes _____
No _____
DK _____
NA _____

187. *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:

PARANOID FEATURES

188. Has he/she complained of being unjustly persecuted or spied on by others?
Yes _____
No _____
DK _____
NA _____
189. Has he/she been troubled by voices or visions not experienced by others?
Yes _____
No _____
DK _____
NA _____

FAMILY HISTORY - Dementia

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

190. Was his/her **mother** ever diagnosed with Alzheimer's disease or other dementia?
Yes No DK
If yes: Diagnosis _____
Approximate age at onset _____
191. Did his/her **mother** ever show any symptoms (memory problems, confusion) of dementia?
Yes No DK
If yes: Approximate age at onset _____
192. Was his/her **father** ever diagnosed with Alzheimer's disease or other dementia?
Yes No DK
If yes: Diagnosis _____
Approximate age at onset _____
193. Did his/her **father** ever show any symptoms (memory problems, confusion) of dementia?
Yes No DK
If yes: Approximate age at onset _____
194. Were any of his/her paternal or maternal **aunts or uncles** ever diagnosed with Alzheimer's disease or other dementia or exhibit symptoms of dementia?
Yes No DK
If yes, list relation: _____
195. How many biological **brothers** does he/she have? (living or dead)
_____ (If none, go to 198.)

196. Were any of his/her **brothers** ever diagnosed with Alzheimer's disease or other dementia?
Yes No DK
If yes: How many? _____
Diagnosis _____
Approximate age at onset _____
197. Did any of his/her **brothers** ever show any symptoms (memory problems, confusion) of dementia?
Yes No DK
If yes: How many? _____
Approximate age at onset _____
198. How many biological **sisters** does he/she have? (Living or dead) _____
_____ (If none, go to 201.)
199. Were any of his/her **sisters** ever diagnosed with Alzheimer's disease or other dementia?
Yes No DK
If yes: How many? _____
Diagnosis _____
Approximate age at onset _____
200. Did any of his/her **sisters** ever show any symptoms (memory problems, confusion) of dementia?
Yes No DK
If yes: How many? _____
Approximate age at onset _____
201. How many biological **children** does he/she have? (Living or dead)
_____ (If none go next section.)
202. Have any of these **children** ever been diagnosed with Alzheimer's disease or other dementia?
Yes No DK
If yes: How many? _____
Diagnosis _____
Approximate age at onset _____
203. Have any of these **children** ever shown any symptoms (memory problems, confusion) of dementia?
Yes No DK
If yes: How many? _____
Approximate age at onset _____

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.

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 _____

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

Mother _____
Sister _____
Daughter _____

Father _____
Brother _____
Son _____

Yes _____
No _____
DK _____
NA _____

Family History – cont.

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

Mother _____	Father _____	Yes _____
Sister _____	Brother _____	No _____
Daughter _____	Son _____	DK _____
		NA _____

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

Mother _____	Father _____	Yes _____
Sister _____	Brother _____	No _____
Daughter _____	Son _____	DK _____
		NA _____

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

Mother _____	Father _____	Yes _____
Sister _____	Brother _____	No _____
Daughter _____	Son _____	DK _____
		NA _____

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

Mother _____	Father _____	Yes _____
Sister _____	Brother _____	No _____
Daughter _____	Son _____	DK _____
		NA _____

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

Mother _____	Father _____	Yes _____
Sister _____	Brother _____	No _____
Daughter _____	Son _____	DK _____
		NA _____

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

Mother _____	Father _____	Yes _____
Sister _____	Brother _____	No _____
Daughter _____	Son _____	DK _____
		NA _____

QUESTIONS FOR INFORMANTS WHO ARE CAREGIVERS

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

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

Yes _____
No _____
DK _____
NA _____

If yes,

Name: _____

Relationship to subject: _____

Comment on care giving role:

Name: _____

Relationship to subject: _____

Comment on care giving role:

Name: _____

Relationship to subject: _____

Comment on care giving role:

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

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

Questions for Informants who are Caregivers – Cont’d.

219. 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).

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

INTERVIEWER'S SUMMARY

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

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

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

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

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															
Language															
Judgement/Reason															
Personality															

	Not impaired	Slightly impaired	Greatly impaired
Food Preparation			
Chores			
Finances			
Social			

	Self care	Minor assistance	Much assistance	Total care
Feeding				
Dressing				
Hygiene				

Subject I.D. _____

Heart Disease

	No	Past	Current
MI/Heart Attack			
CHF			
Angina			
Arrhythmia irregular heart beat			
Other			

Medical Illnesses

	No	Past	Current
High Blood Pressure			
Heart Disease			
Seizure Disorder			
Thyroid Disorder			
Cancer			
Leukemia/Blood Disorder			
Head Injury w/ LOC			
Anemia			
Blood Sugar Problem			
Diabetes			
Mental Retardation			
Nerves			
Depression			
Cerebrovascular Disease			
Confusion & Delirium			
Paranoid Features			
Family History for Dementia			
Alcohol/Substance Abuse			
Smoking			
Other			

PHYSICIAN INTERVIEW

Physician's Initials: _____

Subject Name: _____

Subject I.D. #: _____

Date: ____/____/____

Phase: P1

The purpose of the following items is to assess the subject's higher cortical functioning. These probes are designed to assess the subject's knowledge of how to perform activities of daily living. Scoring is not based on whether the subject can actually physically perform these activities.

Personal History

[Date and place of birth; education and work history; when subject moved into present home; when subject retired]

- 2 - Account is coherent and accurate. Events happen in logical, historical sequence. Subject may be a little uncertain about exact dates.
- 1 - Some discrepancies occur. Subject can't remember some important aspects of personal history or gives contradictory dates.
- 0 - Most of personal history is vague and/or inaccurate.

Cooking/Food Preparation

[Can state favorite meal; knows ingredients and steps in preparing favorite meal; able to state what he/she recently ate]

- 2 - Describes how to prepare food, ingredients needed, etc. Provides information on favorite meals. Able to state where meals come from.
- 1 - Can provide information about favorite foods but cannot describe preparation of food beyond simple tasks such as making sandwich, cereal or microwave meals.
- 0 - Can't describe food preparation. Has difficulty discussing favorite foods. Can't describe where food comes from or when he/she eats.

Shopping

[Knows name of local market, can describe route to get to the market; buys own food or knows the general cost of staples]

- 2 - Accurate information for name of store and route to grocery store. Non-primary shopper can be a little vague about prices.
- 1 - Incomplete or vague information. Doesn't recall name of store or can't describe route. Uncertain of prices.
- 0 - Completely inaccurate information about location, directions, prices

Finances

[Can state where money comes from; manages own money (purchases, checkbook); knows rent cost]

- 2 - Fully independent in managing own finances. Knows source of income. Writes own checks.
- 1 - Requires help with money management, may write checks or balance checkbook but relative looks over for mistakes.
- 0 - No accurate information regarding finances or money management. Unable to handle own money. Cannot balance checkbook.

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]

- 2 - Manages own medications. Knows what each medicine is for.
- 1 - Has help with managing medications; e.g., relative supervises. Knows in general what the medications are for but may not be able to match each medication with each condition.
- 0 - Cannot provide information about medication use.

Church/Mosque

[States name of church/mosque; can describe how to get to church/mosque; knows name of church/mosque leader]

- 2 - Gives accurate information about geographic location, name of church, and name of minister.
- 1 - Incomplete or inaccurate information. Doesn't know name of church or cannot describe how to get there or doesn't know name of minister.
- 0 - No accurate information or completely vague answers.

Communication/Telephone

[Can dial up a close relative; knows relative's number or where it is kept; knows how to get a message across town if no phone]

- 2 - Knows the number/address of relative and know how to reach relative.
- 1 - Knows in general how to contact relative but doesn't know details.
- 0 - Completely vague or inaccurate information

Roles

[Describes household chores; cares for young children for extended intervals single-handedly; decision making role in family or community]

- 2 - Can describe household chores or activities he/she is involved in; e.g., looks after young children. If unable to physically perform chores, can describe how chores should be done (ie how to do laundry). Subject makes substantive decisions regarding his/her life
- 1 - Difficulty describing household chores or activities. Reduced decision making authority (children may give substantial input). Limited childcare.
- 0 - Unable to describe housekeeping needs. No longer allowed to care for young children. Decisions made for subject by others.

Organization of Home/Personal Clothing

[Home clean and tidy; dressed and groomed appropriately]

- 2 - Takes responsibility for or supervises housecleaning. Home is tidy. Subject dressed in appropriate clothes and neatly groomed.
- 1 - Reduced awareness of what needs to be done to keep home tidy. Does not appear as well groomed or neatly dressed as might usually be expected.
- 0 - Home disorganized. Subject not wearing appropriate clothes, may be disheveled.

Recognition

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

- 2 - Aware of news, weather changes, contact by study personnel.
- 1 - Recognizes family members but reduced awareness of recent events, weather, or study participation.
- 0 - Unable to state any current events or describe recent weather. Doesn't recognize family members.

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:_____

0 1 SHOE
0 1 GOAT
0 1 STONE

0 1 - season
0 1 - month
0 1 - day of week
0 1 - time of day
0 1 - president/ruler of country
0 1 - mayor/oba
0 1 - Mogaji (local/family leader)
0 1 - name of street/compound
0 1 - counts from 1 to 10
0 1 - counts backward from 10 to 1

- recalls three objects

0 1 SHOE
0 1 GOAT
0 1 STONE

Judgement/Abstraction/Calculation

0 1 - What would you do if your cooking stove explodes and catches fire?
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?
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?
0 1 - What is the meaning of 'Ile ni nwo ki a to so omo loruko?' or 'Haste makes waste?'

PHYSICAL EXAMINATION

After completing the examination, score

OVERALL EXAMINATION ASSESSMENT

0 = Normal

1 = Abnormal*

9 = Not assessed

1. Weight (fully clothed, in pounds)

2. Blood pressure:

systolic/diastolic

a) Sitting

_____ / _____

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

systolic/diastolic

_____ / _____

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

systolic/diastolic

_____ / _____

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

NEUROLOGICAL EXAMINATION: OVERALL ASSESSMENT

1. Gait and posture:

	Normal	Abnormal	Not Assessed
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: _____

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

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			

FUNCTIONAL EVALUATION

Motor

	<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
1. Is the subject paralyzed, bedfast or wheelchair-bound?	0	1	9
2. Can the subject sit up without someone else's help?	0	1	9
3. Can the subject stand up without assistance?	0	1	9
4. Is the subject able to walk alone more than a few steps?	0	1	9
If No, does the subject...			
4a. hold on to furniture?	0	1	9
4b. use cane or walker?	0	1	9
4c. hold on to another person?	0	1	9
Describe walking _____			
5. Does the subject report they can walk 1 block without another person's help?	0	1	9
6. Can the subject lift arms up above the head and keep them elevated for 30 seconds?	0	1	9

Vision

7. Subject's level of vision:

- 1 = blind
- 2 = distinguishes light/dark only
- 3 = distinguishes shapes or colors
- 4 = counts fingers
- 5 = distinguishes denominations of paper money

Hearing

8. Subject hears conversational speech:

- 1 = None of the time (deaf)
- 2 = Some of the time (hearing loss, difficulty hearing)
- 3 = Most of the time (good hearing)

Pain

9. Does the subject complain of pain?

	Not		
	No	Yes	Assessed
	0	1	9

9a. If yes, what effect does the pain have on activity?

- 1 = doesn't limit activity
- 2 = partially limits activity
- 3 = severely limits activity

9b. Where is the pain located (check all that apply)?

- extremities
- back/neck
- abdomen
- other: _____

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)	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
	<u>No</u>	<u>Yes</u>	<u>Assessed</u>
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	0	1	9
(specify: _____)			

C: NEUROLOGICAL EXAMINATION FOR PARKINSON'S DISEASE

This section 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

11. Does examiner think subject has clinical evidence of probable or possible Parkinson's disease?

	No	Yes	Not Assessed
	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

COMPUTERIZED TOMOGRAPHY

Date:
 day mo 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 (specify: _____)	0 No	1 Yes

MAGNETIC RESONANCE IMAGING

Date:
 day mo 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 (specify: _____)	0 No	1 Yes

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

EXAM	Date	Findings
_____	_____	_____
_____	_____	_____

DIAGNOSIS

Physician's Initials: _____

Subject Name: _____

Subject I.D. #: _____

Date of Consensus Diagnosis: ____/____/____

Phase: P1

Normal

	<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
A. Any clinically significant impairments in specific cognitive tasks on the Cognitive Symptoms Section of the Informant Interview?	0	1	9
B. Any inability to adequately meet his/her daily living needs based on Function Section of the Informant Interview.	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])?	0	1	9
D. History or evidence of neurological disease with potential to affect cognition.	0	1	9
E. Does the subject meet criteria for NORMAL which is a NO response to items A through D ?	0	1	9

Cognitively Impaired (CI)

	<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
A. At least one of the following:			
1. Report of clinically significant <u>decline</u> 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 <u>decline</u> 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	0	1	9
B. The cognitive <u>decline</u> in 1 or 2 occurs without clear impairment in daily functioning based on the Function Section of the Informant Interview (e.g., CDR < 1).	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

CI Subtypes

		No	Yes	Not Assessed
A.	Prodromal AD			
1.	All of the following:			
a.	Presence of CI as defined above	0	1	9
b.	Cognitive dysfunction is limited to a deficit in recent memory/new learning ability	0	1	9
c.	Memory deficit had insidious onset and gradual progression	0	1	9
d.	Memory deficit has no other medical explanation	0	1	9
2.	Does the subject meet criteria for Prodromal AD which is a YES response to a through d ?	0	1	9
B.	Cerebrovascular CI - Post Stroke CI			
1.	All of the following:			
a.	Presence of CI as defined above	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	0	1	9
c.	Presence of a clear temporal relationship between onset of the cerebrovascular disease and onset of cognitive dysfunction	0	1	9
2.	Does the subject meet criteria for Post Stroke CI which is a YES response to a through c ?	0	1	9
C.	Other Cerebrovascular Disease CI			
1.	All of the following:			
a.	Presence of CI as defined above	0	1	9
b.	Evidence from history, clinical examination, or neuroimaging of clinically significant cerebrovascular disease which is believed to correlate with cognitive dysfunction.	0	1	9
2.	Does the subject meet criteria for Other Cerebrovascular Disease which is a YES response to a and b ?	0	1	9
D.	Medical Illness-induced CI			
1.	All of the following			
a.	Presence of CI as defined above	0	1	9
b.	Evidence from history or exam of a major medical illness which could account for the cognitive deficit	0	1	9
d.	Temporal relationship between onset of the illness and onset of cognitive dysfunction	0	1	9
2.	Does the subject meet criteria for Medical Illness-induced CI which is a YES response to a through d .	0	1	9

CI Subtypes (cont.)

		No	Yes	Not Assessed
E.	Alcohol-induced CI			
1.	All of the following:			
a.	Presence of CI as defined above	0	1	9
b.	Presence in the past or currently of alcohol abuse (DSM III-R criteria)	0	1	9
c.	Temporal relationship between alcohol use and onset of cognitive dysfunction	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.	0	1	9
b.	Subject has continued to drink during the past three months	0	1	9
3.	Does the subject meet criteria for Alcohol-induced CI which is a YES response to 1 and 2 .	0	1	9
F.	Other Substance-induced CI			
1.	All of the following:			
a.	Presence of CI as defined above	0	1	9
b.	Use of a substance with potential to affect mentation (list substance _____)	0	1	9
c.	Temporal relationship between use of the substance and onset of cognitive dysfunction	0	1	9
2.	Does the subject meet criteria for Other Substance-induced CI which is a YES response to a through c ?	0	1	9
G.	Other Psychiatric Disorder Causing CI			
1.	All of the following:			
a.	Presence of CI as defined above	0	1	9
b.	Evidence from history or exam of a psychiatric illness which could account for the cognitive deficit (list psychiatric illness _____)	0	1	9
c.	Temporal relationship between onset of the illness and onset of cognitive dysfunction	0	1	9
2.	Does the subject meet criteria for Other Psychiatric Disorder Causing CI which is a YES response to a through c ?	0	1	9
H.	Other Disorder Causing CI			
1.	All of the following:			
a.	Presence of CI as defined above	0	1	9
b.	Evidence from history or exam of a condition which could account for the cognitive deficit (list condition _____)	0	1	9
c.	Temporal relationship between onset of the condition and onset of cognitive dysfunction	0	1	9
2.	Does the subject meet criteria for Other Disorder Causing CI which is a YES response to a through c ?	0	1	9

Life-Long Cognitive Impairment (LLCI)

	No	Yes	Not 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
<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 (list _____)	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
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
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 _____)	0	1	9
b. Temporal relationship between sensory deficit and onset of impairment in daily living skills	0	1	9
2. Motor handicap (All of the following:)			
a. A total or near total loss of a motor function (list motor deficit _____)	0	1	9
c. Temporal relationship between motor deficit and onset of impairment in daily living skills	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 _____)	0	1	9
b. Temporal relationship between primary psychiatric disturbance and onset of impairment in daily living skills	0	1	9

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

	No	Yes	Not Assessed
A. Evidence of impairment in short- and long-term memory.	0	1	9
B. At least one of the following:			
1. Impairment in abstract thinking	0	1	9
2. Impaired judgement	0	1	9
3. Other disturbances of higher cortical function (e.g. aphasia, apraxia, agnosia, constructional difficulty)	0	1	9
4. Personality change	0	1	9
C. The disturbance in A and B significantly interferes with work or usual social activities or relationship with others.	0	1	9
D. Not occurring exclusively during the course of delirium.	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.	0	1	9
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	1	9

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

		<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
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	1	9
	If YES, specify the degree of the impairment:			
	mild:	0	1	9
	moderate:	0	1	9
	severe:	0	1	9
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	1	9
	If YES, specify the degree of the impairment:			
	mild:	0	1	9
	moderate:	0	1	9
	severe:	0	1	9
B.	Absence of clouding of consciousness	0	1	9
C.	Deterioration in emotional control, social behavior or motivation:	0	1	9
D.	Disturbances at point A have clearly been present for at least 6 months.	0	1	9

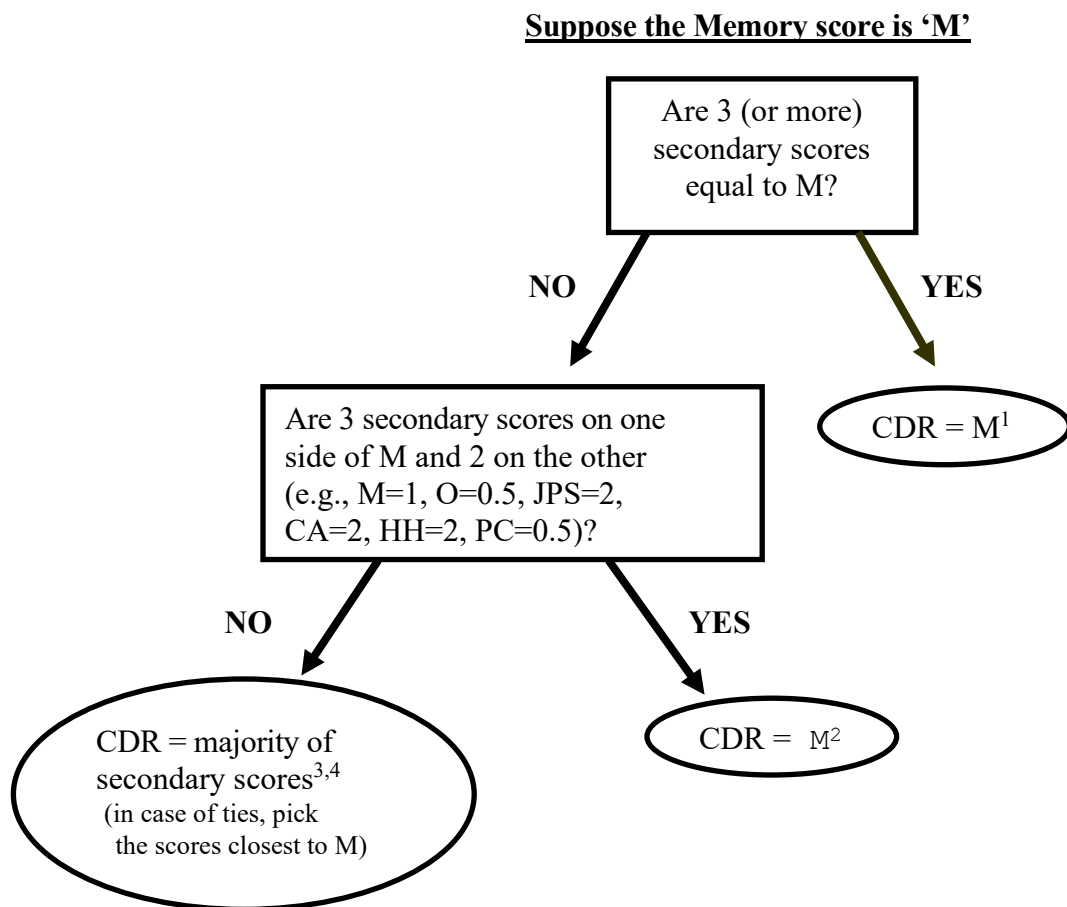
CONCLUSIONS ACCORDING TO ICD-10 CRITERIA

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. 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.



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

--	--	--	--	--	--

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:

(Use algorithm on previous page)

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

--	--

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 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:

	<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
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	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

NINCDS Criteria

A. POSSIBLE AD, I

	<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
1. The criteria for this diagnosis are:			
a. Dementia Syndrome	0	1	9
b. At least one of:			
Atypical onset (list_____)	0	1	9
Atypical AD presentation	0	1	9
If yes, please specify:			
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
Other (list_____)	0	1	9
Atypical course (list_____)	0	1	9
c. Absence of other disorders contributing to dementia	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)?	0	1	9

B. POSSIBLE AD, II

	<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
1. The criteria for this diagnosis are:			
a. Dementia Syndrome	0	1	9
b. Typical AD presentation	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	0	1	9
If yes, list_____			
2. Does the subject meet all of the criteria for this diagnosis (i.e., a YES response to items a through c)?	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	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 focal 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

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

C. UNUSUAL CAUSES OF VASCULAR DEMENTIA 0 1 9
 (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	0	1	9
Multi-Infarct	0	1	9
Subcortical	0	1	9
Mixed cortical and subcortical	0	1	9

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

II. THE DEMENTIA SYNDROME OF DEPRESSION

	No	Yes	Not Assessed
1. The criteria for the diagnosis are:			
a. Presence of dementia at a level of CDR 0.5 or greater	0	1	9
b. During the two weeks prior to examination, subject has experienced daily 5 or more depression symptoms	0	1	9
c. Onset or worsening of dementia temporally related to depression	0	1	9
d. Depression considered to be sufficiently severe to cause most of subject's cognitive impairment	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)?	0	1	9

III. DRUG-RELATED DEMENTIA

A. PROBABLE ADVERSE COGNITIVE EFFECTS OF DRUGS OR OTHER SUBSTANCES

1. The criteria for the diagnosis are:			
a. Presence of dementia at a level of CDR 0.5 or greater	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	0	1	9
c. Mental changes developed during the use of the substance or within six weeks of the cessation of its use.	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)?	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 and c above;	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	0	1	9
2. Does the subject meet all of the criteria for this diagnosis (i.e., a YES answer to items a and b)?	0	1	9

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

IV. ALCOHOL-RELATED DEMENTIA

A. PROBABLE ALCOHOLIC DEMENTIA

	<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
1. The criteria for this diagnosis are:			
a. Presence of dementia at a level of CDR 0.5 or greater	0	1	9
b. History of heavy prolonged use of alcohol sufficient to meet DSM-III-R criteria for alcohol dependence	0	1	9
c. Presence of dementia during drinking and for at least three months after cessation of alcohol intake	0	1	9
d. The severity of the dementia has not worsened since drinking cessation	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)?	0	1	9

B. POSSIBLE ALCOHOLIC DEMENTIA

1. The criteria for this diagnosis are:			
a. A YES response to items a through c above	0	1	9
b. Subject has continued to drink in the past three months	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)?	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	0	1	9
b. Absence within previous six months of medications capable of inducing extrapyramidal side effects	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	0	1	9
d. At least two of the four major extrapyramidal signs were found on examination, with a severity of 2 or greater	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)?	0	1	9

B. POSSIBLE PARKINSON'S DEMENTIA

1. The criteria for this diagnosis are:			
a. Presence of dementia with or without memory loss	0	1	9
b. Absence within previous six months of medication capable of inducing extrapyramidal side effects	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	0	1	9
d. Only one of the four major extrapyramidal signs were found on examination, with a severity of 2 or greater	0	1	9
e. Two or more of the minor signs of extrapyramidal dysfunction were found on examination, with a severity rating of 2 or greater	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. Dementia with Lewy Bodies (DLB). Adapted from McKeith et al. Neurology 1996; 47: 113-1124 and McKeith et al. Neurology 1999; 53: 902-905.

	No	Yes	Not Assessed
1. Meets DSM-IV criteria for dementia. (Note: Memory loss need not be prominent early; deficits in attention, executive, and/or visuospatial abilities may be prominent early.)	0	1	9
2. Two or more of the following:	0	1	9
a. Fluctuating cognition with pronounced variations in attention and alertness.	0	1	9
b. Recurrent visual hallucinations that are typically well formed and detailed.	0	1	9
c. Spontaneous features of parkinsonism. Onset of parkinsonism should not precede the onset of dementia by more than 12 months (if motor findings precede dementia by more than 12 months, consider PD dementia).	0	1	9
3. Absence of medications or other illnesses which are thought to cause or exacerbate the cognitive, hallucinatory, motor, or behavioral symptoms.	0	1	9
4. Probable DLB. A YES response to criteria #1, #2, and #3.	0	1	9
5. Possible DLB Type I (incomplete presentation). A YES response to criteria #1, at least one item in criteria #2, and a YES response to criteria #3.	0	1	9
6. Possible DLB Type II (possible co-morbidity). A YES response to criteria #1, at least one item in criteria #2, and a NO response to criteria #3.	0	1	9
7. Please code presence of these supportive features:			
a. Repeated falls.	0	1	9
b. Syncope.	0	1	9
c. Transient loss of consciousness.	0	1	9
d. Neuroleptic sensitivity.	0	1	9
e. Systematized delusions.	0	1	9
f. Hallucinations in other modalities.	0	1	9
g. REM sleep disorder.	0	1	9
h. Clinical depression or score of 11+ on GDS.	0	1	9

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

VII. 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:

A. Thyroid disease _____

B. B-12 deficiency _____

C. Creutzfeld-Jakob disease _____

D. Head Trauma _____

E. Down Syndrome _____

F. Mental Retardation _____

G. Psychiatric disorder _____
(Other than depression)

H. Pick's disease _____

I. Huntington's disease _____

J. HIV _____

K. Extrapyrmidal disorders (e.g., progressive supranuclear palsy (PSP), Shy-Drager, striatal nigral degeneration)

L. Other neurologic, medical diagnosis (e.g., brain tumor, multiple sclerosis, metabolic disease, CNS infection, normal pressure hydrocephalus, etc.)

M. Non-specific dementia _____

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.	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.	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.	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.	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.	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)?	0	1	9