

Subject I.D. \_\_\_\_\_

**INFORMANT INTERVIEW AT CLINICAL ASSESSMENT**

**INDIANAPOLIS/IBADAN COMPARATIVE STUDY**

**And**

**IADC - CLINICAL CORE**

**PROJECT 2009**

{Use for initial and follow-up visits}

2 July 2009

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**B. INFORMANT INFORMATION**

1. \_\_\_\_\_  
First MI Last

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Telephone #:( ) \_\_\_\_\_

2. Sex: \_\_\_\_\_ Male 3. Date of birth: \_\_\_\_\_  
\_\_\_\_\_ Female 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 functioning.  
(subject's name)

Not all of these questions will apply. However, in order to gain a better understanding of aging, we need to ask these questions.

I would first like to ask you some questions about \_\_\_\_\_'s 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 \_\_\_\_\_
  
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 \_\_\_\_\_

**Memory – Cont'd.**

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 \_\_\_\_\_

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

No \_\_\_\_\_  
Sometimes \_\_\_\_\_  
Often \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

**Memory – Cont'd.**

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? Do any of the responses to items # 1-13 indicate problems with memory?*  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

**If NO, skip to LANGUAGE section.**

15. How long has (subject) been having memory problems?  
Record the number of months \_\_\_\_\_

16. Did these problems begin suddenly or gradually?  
Suddenly \_\_\_\_\_  
Gradually \_\_\_\_\_  
If other, specify: \_\_\_\_\_ Other \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

17. Since the memory problems began, have they worsened, stayed the same or improved?  
Worsened \_\_\_\_\_  
Stayed the same \_\_\_\_\_  
Improved \_\_\_\_\_  
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 \_\_\_\_\_
23. Is it difficult to follow and understand (subject's) conversation,  
(excluding physical problems that interfere with speech)?
- Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

**Language – Cont'd.**

**INTERVIEWER'S JUDGEMENT/ASSESSMENT:**

24. *Is there evidence of language problems? Do any of the responses to items # 18-23 indicate problems with language?*

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

**If NO, skip to JUDGEMENT AND REASONING section.**

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

Record the number of months \_\_\_\_\_

26. Did these problems begin suddenly or gradually?

Suddenly \_\_\_\_\_  
Gradually \_\_\_\_\_  
Other \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

If other, specify: \_\_\_\_\_

27. Since the language problems began, have they worsened, stayed the same or improved?

Worsened \_\_\_\_\_  
Stayed the same \_\_\_\_\_  
Improved \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

**JUDGEMENT AND REASONING**

28. Is he/she less clear or less sharp than he/she used to be?

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

29. Does (subject) have difficulty paying attention to and understanding radio or TV programs?

No Difficulty \_\_\_\_\_  
Slight Difficulty \_\_\_\_\_  
Great Difficulty \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_



**Judgement and Reasoning – Cont'd.**

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 \_\_\_\_\_
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 \_\_\_\_\_

**Judgement and Reasoning – Cont'd.**

**INTERVIEWER'S JUDGEMENT/ASSESSMENT:**

37. *Is there evidence of judgement and reasoning problems? Do any of the responses to items # 28-36 indicate problems with judgement and reasoning?*

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

**If NO, skip to PERSONALITY section.**

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 begin suddenly or gradually?

Suddenly \_\_\_\_\_  
Gradually \_\_\_\_\_  
Other \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

If other, specify: \_\_\_\_\_

40. Since the judgement and reasoning problems began, have they worsened, stayed the same or improved?

Worsened \_\_\_\_\_  
Stayed the same \_\_\_\_\_  
Improved \_\_\_\_\_  
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 \_\_\_\_\_

**Personality – Cont'd.**

43. Has (subject) become more or less changeable in mood?  
No \_\_\_\_\_  
More \_\_\_\_\_  
Less \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
44. Do you think (subject) is sadder now than he/she used to be?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
45. Do you think (subject) keeps to himself/herself more than before?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
46. Has (subject) become more or less irritable or angry?  
No \_\_\_\_\_  
More \_\_\_\_\_  
Less \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
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 \_\_\_\_\_

**Personality – Cont'd.**

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. *Is there evidence of personality changes? Do any of the responses to items # 41-50 indicate changes in personality?*

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

**If NO, skip to EVERYDAY TASKS section.**

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

Record the number of months \_\_\_\_\_

53. Did the personality changes begin suddenly or gradually?

Suddenly \_\_\_\_\_  
Gradually \_\_\_\_\_  
Other \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

If other, specify: \_\_\_\_\_

54. Since the personality changes began, have they worsened, stayed the same or improved?

Worsened \_\_\_\_\_  
Stayed the same \_\_\_\_\_  
Improved \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

## **EVERYDAY TASKS**

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 \_\_\_\_\_
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 \_\_\_\_\_

**Food Preparation – Cont'd.**

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 \_\_\_\_\_

**Chores**

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

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

65. 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 \_\_\_\_\_

66. 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.**

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

No Difficulty \_\_\_\_\_  
 Slight Difficulty \_\_\_\_\_  
 Great Difficulty \_\_\_\_\_  
 DK \_\_\_\_\_  
 NA \_\_\_\_\_

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

No Difficulty \_\_\_\_\_  
 Slight Difficulty \_\_\_\_\_  
 Great Difficulty \_\_\_\_\_  
 DK \_\_\_\_\_  
 NA \_\_\_\_\_

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

No Difficulty \_\_\_\_\_  
 Slight Difficulty \_\_\_\_\_  
 Great Difficulty \_\_\_\_\_  
 DK \_\_\_\_\_  
 NA \_\_\_\_\_

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

	<u>Circle answer given:</u>			
	Yes	No	DK	NA
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

71. Does (subject) have difficulty performing household chores?

No Difficulty \_\_\_\_\_  
 Slight Difficulty \_\_\_\_\_  
 Great Difficulty \_\_\_\_\_  
 DK \_\_\_\_\_  
 NA \_\_\_\_\_

72. Does (subject) get lost more easily while driving.

Yes \_\_\_\_\_  
 No \_\_\_\_\_  
 DK \_\_\_\_\_  
 NA \_\_\_\_\_

**FINANCES**

I would now like to ask you some questions about \_\_\_\_\_'s ability to  
(subject's name)  
handle finances.

73. 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 \_\_\_\_\_
74. Has there been a decline in (subject's) ability to manage his/her financial affairs?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
75. Does (subject) have difficulty purchasing a few items at the store?  
No Difficulty \_\_\_\_\_  
Slight Difficulty \_\_\_\_\_  
Great Difficulty \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
76. 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 \_\_\_\_\_
78. Does (subject) have difficulty paying monthly bills?  
No Difficulty \_\_\_\_\_  
Slight Difficulty \_\_\_\_\_  
Great Difficulty \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_



**Finances – Cont'd.**

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 \_\_\_\_\_

**SOCIAL**

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

82. For most of his/her adult life, how much has (subject) been involved in social activities?  
Greatly involved \_\_\_\_\_  
Slightly involved \_\_\_\_\_  
Not at all \_\_\_\_\_  
DK \_\_\_\_\_
83. Has there been a decline in (subject's) social functioning?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
84. Does (subject) participate in church or community functions as he/she did in the past?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

**Social – Cont'd.**

85. When (subject) meets the following people does he/she know who they are:

	<u>Circle answer given:</u>			
	Yes	No	DK	NA
Spouse				
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

86. Does (subject) converse with friends and acquaintances in an appropriate manner?

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

87. Does (subject) participate in family celebrations and holidays as he/she did in the past?

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

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

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

89. 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 \_\_\_\_\_

**PERSONAL CARE**

90. 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 \_\_\_\_\_
91. Does he/she have difficulty dressing? Unaided \_\_\_\_\_  
Occasionally misplaces buttons, etc., requires minor help \_\_\_\_\_  
Wrong sequence, forgets items, requires much assistance \_\_\_\_\_  
Unable to dress \_\_\_\_\_
92. 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 \_\_\_\_\_

**MEDICATIONS/CONVENTIONAL**

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

93. Is (subject) currently taking any prescription medications? Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

If yes, list the medications and dose if available:

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

94. 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 section.**

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

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

If yes, record details:

\_\_\_\_\_

\_\_\_\_\_

If yes, have the mental changes cleared?

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

**OVER-THE-COUNTER MEDICATIONS**

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

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

If yes please list them:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Dose: \_\_\_\_\_

Indication: \_\_\_\_\_

Indication: \_\_\_\_\_

If yes, did (subject) experience any side effects from any of these medications?

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

If yes, provide a description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

97. Does (subject) have any allergies

to medicines? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

in general? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

98. 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)

99. 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.**

100. 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 \_\_\_\_\_

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

Years \_\_\_\_\_

102. Does he/she still drink alcoholic beverages?

- Yes \_\_\_\_\_
- No \_\_\_\_\_
- DK \_\_\_\_\_
- NA \_\_\_\_\_

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

Years ago \_\_\_\_\_

103. 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.**

104. 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 \_\_\_\_\_

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

- Yes \_\_\_\_\_
- No \_\_\_\_\_
- DK \_\_\_\_\_
- NA \_\_\_\_\_

106. 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 #105 or 106 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.

107. 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 \_\_\_\_\_

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

Continual \_\_\_\_\_  
Sporadic \_\_\_\_\_  
Totally stopped \_\_\_\_\_

109. Has (subject) ever completely stopped drinking?

Longest duration in months \_\_\_\_\_

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

110. 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 \_\_\_\_\_

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

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

112. 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.**

113. Has (subject) ever lost a job because of drinking? Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
114. Has (subject) ever had serious marital or family problems, such as a divorce, because of drinking? Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
115. Has (subject) ever been arrested for drunk driving or had an automobile accident while drinking? Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
116. Has (subject) ever been arrested for public intoxication or disturbing the peace while drinking? Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
117. Has (subject) ever gotten into physical fights while drinking? Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
118. 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 \_\_\_\_\_
119. How many months ago was the last episode? Months \_\_\_\_\_

**Alcohol Inventory – Cont'd.**

120. 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 \_\_\_\_\_
121. Has (subject) ever had fits or seizures after stopping or cutting down on drinking?
- Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
122. Has (subject) ever had the D.T.'s (hallucinations or fever) when he/she stopped drinking?
- Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
123. Has (subject) ever seen or heard things that weren't really there after cutting down on drinking?
- Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
124. Has (subject) ever been hospitalized for alcohol treatment or detoxification?
- If yes, where: \_\_\_\_\_  
Year of treatment: \_\_\_\_\_  
Physician: \_\_\_\_\_
- Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
125. 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.**

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

a. Liver disease or yellow jaundice (hepatitis)?

If yes, year: \_\_\_\_\_

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

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

If yes, year: \_\_\_\_\_

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

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

If yes, year: \_\_\_\_\_

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

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

If yes, year: \_\_\_\_\_

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

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

If yes, year: \_\_\_\_\_

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

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

---

**LIFESTYLE QUESTIONS**

128. 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.**

129. Does he/she still smoke?

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

CIRCLE: cigarettes    cigars    pipe    chew

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

Cigarettes \_\_\_\_\_  
Cigars        \_\_\_\_\_  
Pipe         \_\_\_\_\_  
Chew        \_\_\_\_\_  
DK            \_\_\_\_\_  
NA            \_\_\_\_\_

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

Cigarettes \_\_\_\_\_  
Cigars        \_\_\_\_\_  
Pipe         \_\_\_\_\_  
Chew        \_\_\_\_\_  
DK            \_\_\_\_\_  
NA            \_\_\_\_\_

132. 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.**

133. Did a doctor or nurse ever tell (subject) that he/she has high blood pressure?  
If yes, year: \_\_\_\_\_  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
134. Is (subject) **currently** being treated for high blood pressure?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
135. Has (subject) ever been told he/she has heart problems such as heart disease, heart attack, angina, chest pain or congestive heart failure.  
If yes, year: \_\_\_\_\_  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
136. Is (subject) **currently** being treated for this heart problem?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
137. 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 \_\_\_\_\_
138. If (subject) had a heart attack (Myocardial Infarction), what is the year of the first occurrence?  
Year \_\_\_\_\_

**Medical History – Cont'd.**

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

If yes, year: \_\_\_\_\_

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

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

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

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

If yes, year: \_\_\_\_\_

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

Specific type of disorder or description of symptoms:

\_\_\_\_\_

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

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

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

If yes, year: \_\_\_\_\_

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

Describe: \_\_\_\_\_

**Medical History – Cont’d.**

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

Yes \_\_\_\_\_  
 No \_\_\_\_\_  
 DK \_\_\_\_\_  
 NA \_\_\_\_\_

Describe: \_\_\_\_\_  
 \_\_\_\_\_

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

If yes, year: \_\_\_\_\_

Yes \_\_\_\_\_  
 No \_\_\_\_\_  
 DK \_\_\_\_\_  
 NA \_\_\_\_\_

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

Yes \_\_\_\_\_  
 No \_\_\_\_\_  
 DK \_\_\_\_\_  
 NA \_\_\_\_\_

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

Yes \_\_\_\_\_  
 No \_\_\_\_\_  
 DK \_\_\_\_\_  
 NA \_\_\_\_\_

148. 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.**

149. Has (subject) ever been treated for anemia (tired, low or poor blood)?  
If yes, year: \_\_\_\_\_  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

150. Is (subject) **currently** being treated for anemia?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

151. Has (subject) ever been treated for blood sugar problems?  
If yes, year: \_\_\_\_\_  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

152. Is (subject) **currently** being treated for his/her blood sugar?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

153. Has (subject) ever been treated for diabetes?  
If yes, year: \_\_\_\_\_  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

154. Is (subject) **currently** being treated for diabetes?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

155. Has (subject) had any other serious medical illnesses?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Medical History – Cont'd.**

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

If yes, year: \_\_\_\_\_

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

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

If yes, year: \_\_\_\_\_

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

158. 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?

If yes, year: \_\_\_\_\_

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

159. Has he/she ever attempted suicide?

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

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

If yes, year: \_\_\_\_\_

Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

**MAJOR DEPRESSIVE SYNDROME**

161. 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.**

**Major Depressive Syndrome – Cont’d.**

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

- a. Poor appetite or weight loss?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
- b. Increased appetite or weight gain?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
- c. Trouble sleeping or sleeping too much?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
- d. Loss of energy, easily fatigued, or feeling tired?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
- e. Loss of interest or pleasure in usual activities or sex?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
- f. Feeling guilty or down on himself/herself?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
- 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 #159. Do not ask.]** Has he/she ever attempted suicide?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

**Major Depressive Syndrome – Cont’d.**

j. Being able to sit still and have to keep moving?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

k. Feeling **slowed-down** and having trouble moving?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

163. **[Note to interviewer: Do not read this question]**  
Does (subject) meet the criteria for major depressive disorder?  
(Yes response to at least 4 of the symptoms in question #162)  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

164. 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, physician should administer a Hamilton Depression Rating Scale to the subject.**

**STROKE AND CEREBROVASCULAR DISEASE**

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

165. 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 \_\_\_\_\_

**Stroke and Cerebrovascular Disease – Cont'd.**

166. Has he/she experienced any facial paralysis (inability to smile on one side of the face, drooping facial muscles)?
- Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
167. Has (subject) had weakness or numbness in his/her arms or legs on one side of his/her body?
- Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
168. If YES to any of the three questions above, did this condition happen suddenly?
- Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
169. 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 \_\_\_\_\_
170. 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.**

171. Did the acute episode of any incident last more than 24 hours?
- Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
172. Was at least one incident verified by a physician?
- Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

**PARANOID FEATURES**

173. Has he/she complained of being unjustly persecuted or spied on by others?  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
174. 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.

175. Is his/her **mother** still alive? If not, about how old was she when she died?  
Still alive \_\_\_\_\_  
Age at death \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
176. Was his/her **mother** ever diagnosed with Alzheimer's disease or other dementia?  
Yes \_\_\_\_\_  
If yes:      Diagnosis \_\_\_\_\_  
                  Approximate age at onset \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
177. Did his/her **mother** ever show any symptoms (memory problems, confusion) of dementia?  
Yes \_\_\_\_\_  
If yes:      Approximate age at onset \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
178. Is his/her **father** still alive? If not, about how old was he when he died?  
Still alive \_\_\_\_\_  
Age at death \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
179. Was his/her **father** ever diagnosed with Alzheimer's disease or other dementia?  
Yes \_\_\_\_\_  
If yes:      Diagnosis \_\_\_\_\_  
                  Approximate age at onset \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

**Family History – Dementia cont.**

180. Did his/her **father** ever show any symptoms (memory problems, confusion) of dementia?  
If yes: Approximate age at onset \_\_\_\_\_  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
181. 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?  
If yes, list relation: \_\_\_\_\_  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
182. How many biological **brothers** does he/she have? (living or dead)  
\_\_\_\_\_ (If none, go to 185.)
183. Were any of his/her **brothers** ever diagnosed with Alzheimer's disease or other dementia?  
If yes: How Many? \_\_\_\_\_  
Diagnosis \_\_\_\_\_  
Approximate age at onset \_\_\_\_\_  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
184. Did any of his/her **brothers** ever show any symptoms (memory problems, confusion) of dementia?  
If yes: How Many? \_\_\_\_\_  
Approximate age at onset \_\_\_\_\_  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
185. How many biological **sisters** does he/she have? (Living or dead)  
\_\_\_\_\_ (If none, go to 188.)
186. Were any of his/her **sisters** ever diagnosed with Alzheimer's disease or other dementia?  
If yes: How Many? \_\_\_\_\_  
Diagnosis \_\_\_\_\_  
Approximate age at onset \_\_\_\_\_  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_
187. Did any of his/her **sisters** ever show any symptoms (memory problems, confusion) of dementia?  
If yes: How Many? \_\_\_\_\_  
Approximate age at onset \_\_\_\_\_  
Yes \_\_\_\_\_  
No \_\_\_\_\_  
DK \_\_\_\_\_  
NA \_\_\_\_\_

188. How many biological **children** does he/she have? (Living or dead)  
 \_\_\_\_\_ (If none go next section.)
189. Have any of these **children** ever been diagnosed with Alzheimer's disease or other dementia?  
 Yes \_\_\_\_\_  
 No \_\_\_\_\_  
 DK \_\_\_\_\_  
 NA \_\_\_\_\_
- If yes: How Many? \_\_\_\_\_  
 Diagnosis \_\_\_\_\_  
 Approximate age at onset \_\_\_\_\_
190. Have any of these **children** ever shown any symptoms (memory problems, confusion) of dementia?  
 Yes \_\_\_\_\_  
 No \_\_\_\_\_  
 DK \_\_\_\_\_  
 NA \_\_\_\_\_
- 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.

191. What position was he/she in his/her family?  
 Position \_\_\_\_\_  
 DK \_\_\_\_\_  
 NA \_\_\_\_\_
192. Have any of his/her family had Parkinson's disease, i.e. marked tremor or stiffness?  
 Yes \_\_\_\_\_  
 No \_\_\_\_\_  
 DK \_\_\_\_\_  
 NA \_\_\_\_\_
- Mother \_\_\_\_\_      Father \_\_\_\_\_  
 Sister \_\_\_\_\_      Brother \_\_\_\_\_  
 Daughter \_\_\_\_\_      Son \_\_\_\_\_
193. Has anyone in the family had a child with a mental handicap or Down's Syndrome (explain, if necessary)?  
 Yes \_\_\_\_\_  
 No \_\_\_\_\_  
 DK \_\_\_\_\_  
 NA \_\_\_\_\_
- Mother \_\_\_\_\_      Father \_\_\_\_\_  
 Sister \_\_\_\_\_      Brother \_\_\_\_\_  
 Daughter \_\_\_\_\_      Son \_\_\_\_\_

**Family History – cont.**

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

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

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

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

196. 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 _____

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

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

198. 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. \_\_\_\_\_.

199. 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:

\_\_\_\_\_  
\_\_\_\_\_

200. 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.**

201. 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).

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

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**INTERVIEWER'S SUMMARY**

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

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204. 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:

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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			

**CLINICIAN INTERVIEW (CHIF)**

Nurse's Initials: \_\_\_\_\_

Subject Name: \_\_\_\_\_

Subject I.D. #: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phase: 2009

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.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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

Comments: \_\_\_\_\_  
\_\_\_\_\_

**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.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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 - 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):

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**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
9. Personality changes or behavioral abnormalities (e.g., over activity, hostility, etc.)	<u>Absent</u>	<u>Present</u>	<u>Not Assessed</u>
	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 EVALAUATION**

**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?

	No	Yes	Not 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:

	No	Yes	Not 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 (specify: _____)	0	1	9
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>Assessed</u>
	No	Yes	
peripheral neuropathy	0	1	9
cerebellar ataxia of limbs or trunk	0	1	9
proximal myopathy	0	1	9
ophthalmoplegia (with or without nystagmus)	0	1	9
other residual deficits	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

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

If yes, give basis for diagnosis:

PROBABLE:

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

POSSIBLE:

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



**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 0 No 1 Yes  
(specify: \_\_\_\_\_)

**MAGNETIC RESONANCE IMAGING**

Date: \_\_\_ \_\_\_ \_\_\_  
day mo year

Tesla: \_\_\_ / \_\_\_ TR (msec): \_\_\_ TE (msec): \_\_\_  
adolinium DTPA 0 No 1 Yes

Findings:

Normal 0 No 1 Yes

Cortical Atrophy 0 No 1 Yes

Ventricular Enlargement 0 No 1 Yes

Infarct and/or lacunae 0 No 1 Yes

Hemorrhage 0 No 1 Yes

Leucoaraiosis 0 No 1 Yes

Other 0 No 1 Yes  
(specify: \_\_\_\_\_)

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

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

**DIAGNOSIS**

Physician's Initials: \_\_\_\_\_

Subject Name: \_\_\_\_\_

Subject I.D. #: \_\_\_\_\_

Date of Consensus Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phase: **2009**

**Normal**

	No	Yes	Not Assessed
--	----	-----	--------------

- |    |   |   |   |   |
|----|---|---|---|---|
| A. | Any clinically significant impairments in specific cognitive tasks on the Cognitive Symptoms Section of the Informant Interview or the CHIF?  | 0 | 1 | 9 |
| B. | Any inability to adequately meet his/her daily living needs based on Function Section of the Informant Interview or the CHIF?   | 0 | 1 | 9 |
| C. | Any significant decline or impairment in cognition on clinical examination or the neuropsychological tests (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 <b>NO</b> response to items <b>A</b> through <b>D</b> ?  | 0 | 1 | 9 |

**Cognitively Impaired (CI)**

	No	Yes	Not Assessed
--	----	-----	--------------

- |    |  |   |   |   |
|----|--|---|---|---|
| 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 (CHIF) or neuropsychological tests 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 <b>YES</b> response to items <b>A</b> and <b>B</b> ?	0	1	9
----	---	---	---	---

**CI Phenotype Subtypes**

		<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
A.	Single Domain Amnestic: Amnestic MCI – memory impairment only	0	1	9
B.	Single Domain Non-amnestic			
1.	Non-amnestic MCI – single domain (If <b>yes</b> , select <b>only one</b> domain “yes” and select all other domains “no”)	0	1	9
a.	Language	0	1	9
b.	Attention	0	1	9
c.	Executive function	0	1	9
d.	Visuospatial	0	1	9
C.	Multi-domain Amnestic			
1.	Amnestic MCI – memory impairment plus one or more other domains (If <b>yes</b> , select <b>two or more</b> domains “yes” and select all other domains “no”)	0	1	9
a.	Language	0	1	9
b.	Attention	0	1	9
c.	Executive function	0	1	9
d.	Visuospatial	0	1	9
D.	Multi-domain Non-amnestic			
1.	Non-amnestic MCI – multiple domains (If <b>yes</b> , select <b>two or more</b> domains “yes” and select all other domains “no”)	0	1	9
a.	Language	0	1	9
b.	Attention	0	1	9
c.	Executive function	0	1	9
d.	Visuospatial	0	1	9

**CI Etiological Subtypes**

		<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
A.	Prodromal AD			
1.	All of the following:			
a.	Presence of CI as defined above	0	1	9
b.	Cognitive dysfunction is predominantly 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 <b>Prodromal AD</b>			

which is a **YES** response to **a** through **d**? 0 1 9

**CI Etiological Subtypes (cont.)**

		No	Yes	Not Assessed
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 <b>Post Stroke CI</b> which is a <b>YES</b> response to <b>a</b> through <b>c</b> ?	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 <b>Other Cerebrovascular Disease</b> which is a <b>YES</b> response to <b>a</b> and <b>b</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 <b>Medical Illness-induced CI</b> which is a <b>YES</b> response to <b>a</b> through <b>d</b> .	0	1	9
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

**CI Etiological Subtypes (cont.)**

	<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
3. Does the subject meet criteria for <b>Alcohol-induced CI</b> which is a <b>YES</b> response to <b>1</b> and <b>2</b> .	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 <b>Other Substance-Induced CI</b> which is a <b>YES</b> response to <b>a</b> through <b>c</b> ?	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 <b>Other Psychiatric Disorder Causing CI</b> which is a <b>YES</b> response to <b>a</b> thru <b>c</b> ?	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 <b>Other Disorder Causing CI</b> which is a <b>YES</b> response to <b>a</b> through <b>c</b> ?	0	1	9

**Life-Long Cognitive Impairment (LLCI)**

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
--	---	---	---

*[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.]*

**Life-Long Cognitive Impairment (LLCI) (cont.)**

	<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
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-IV-TR CRITERIA**

	No	Yes	Not Assessed
A. The development of multiple cognitive deficits manifested by both	0	1	9
1. Memory impairment (impaired ability to learn new information or to recall previously learned information)	0	1	9
2. One (or more) of the following cognitive disturbances:			
a. aphasia (language disturbance)	0	1	9
b. apraxia (impaired ability to carry out motor activities despite intact motor function)	0	1	9
c. agnosia (failure to recognize or identify objects despite intact sensory function)	0	1	9
d. disturbance in executive functioning (i.e., planning, organizing, sequencing, abstracting)	0	1	9
B. The cognitive deficits in Criteria A1 and A2 each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning.	0	1	9
C. Not occurring exclusively during the course of delirium.	0	1	9
D. 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-IV-TR CRITERIA**

<b>DEMENTIA</b>	0 No	1 Yes	9 Insufficient data
<b>If YES, specify the SEVERITY</b>			
mild:	0 No	1 Yes	9 Insufficient data
moderate:	0 No	1 Yes	9 Insufficient data
severe:	0 No	1 Yes	9 Insufficient data



**DIAGNOSIS OF DEMENTIA ACCORDING TO THE ICD-10 CRITERIA**

A.	Evidence of a dementia based on the presence of each of the following:	<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
1.	Decline in memory which causes impaired functioning in daily living.	0	1	9
	<b>If YES, specify the degree of the impairment:</b>			
	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
	<b>If YES, specify the degree of the impairment:</b>			
	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 <b>A</b> have clearly been present for at least 6 months.	0	1	9

**CONCLUSIONS ACCORDING TO ICD-10 CRITERIA**

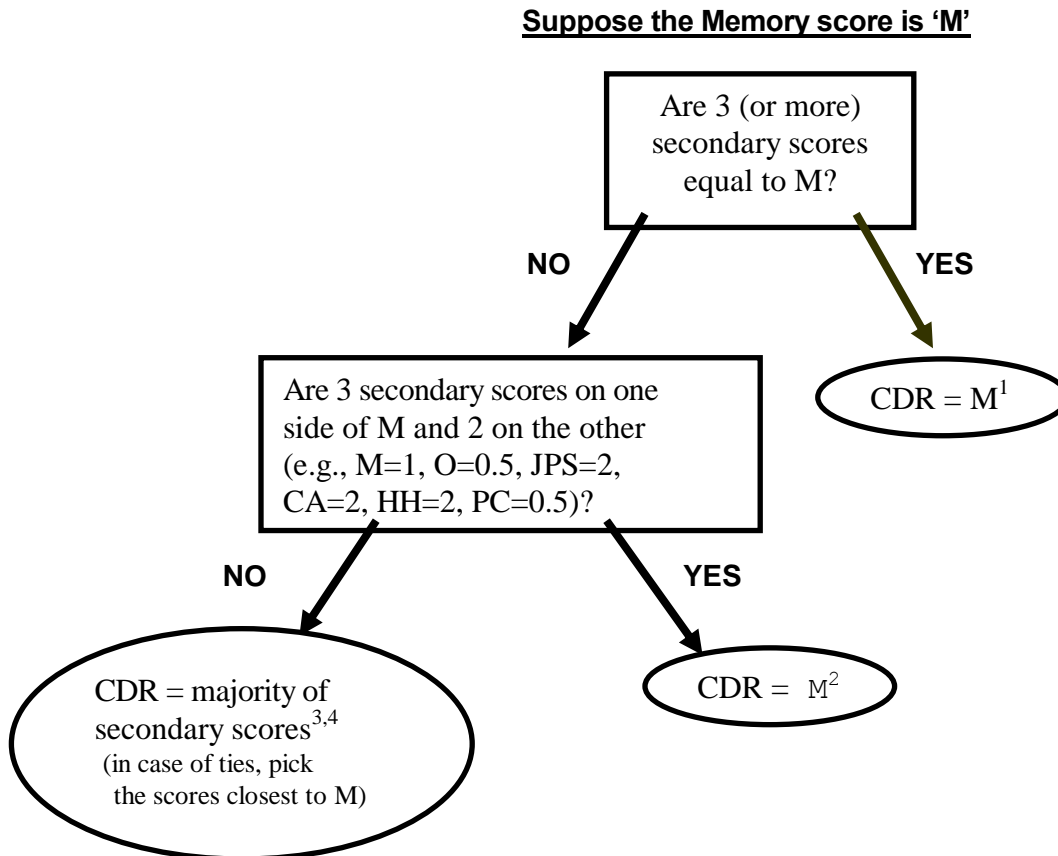
<b>DEMENTIA</b>	0 No	1 Yes	9 Insufficient data
	<b>If YES, specify the SEVERITY:</b>		
	0 No	1 Yes	9 Insufficient data
	0 No	1 Yes	9 Insufficient data

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:**

- <sup>1</sup> M = 0; 2 or more secondary scores greater than 0 → CDR = 0.5**
- <sup>2</sup> M = 0.5; 3 or more secondary scores greater than or equal to 1 → CDR = 1**
- <sup>3</sup> M > 0; majority of secondary scores equal 0 → CDR = M**
- <sup>4</sup> 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, shop-ping, business and financial affairs, volunteer and social groups	Life at home, hobbies, intellectual interests well maintained	Fully capable of self care
Questionable (0.5)	Consistent slight forgetfulness; partial recollection of events; "benign forgetfulness"	Fully oriented Except for slight difficulty with time relationships	Slight impairment in solving problems, similarities, differences	Slight impairment in these activities	Life at home hobbies, intellectual interests slightly impaired	Fully capable of self care
Mild (1)	Moderate memory loss; more marked for recent events; defect interferes with everyday activities	Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere	Moderate difficulty in handling problems, similarities, differences; social judgement usually maintained	Unable to function independently at these activities though may still be engaged in some; appears normal to casual inspection	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned	Needs prompting
Moderate (2)	Severe memory loss; only highly learned material retained; new material rapidly lost	Severe difficulty with time relationships; usually disoriented in time, often to place	Severely impaired in handling problems, similarities, differences: social judgement usually impaired	No pretense of independent function outside home. Appears well enough to be taken to functions outside family home	Only simple chores preserved, very restricted interests, poorly sustained	Requires assistance in dressing, hygiene, keeping of personal effects
Severe (3)	Severe memory loss; only fragments remain	Oriented to person only	Unable to make judgements or solve problems	No pretense of independent function outside home. Appears too ill to be taken to functions outside family home	No significant function in home	Requires much help with personal care; frequent incontinence

**Subitem scores**

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

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 |

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## DIAGNOSIS OF DEMENTIA SUBTYPES

### PROBABLE AD (from McKhann et al. Neurology 1984; 34: 939-944)

		<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
1.	The criteria for this diagnosis are:			
	a. Meets DSM-IV-TR criteria for dementia	0	1	9
	b. Gradual onset and progression of cognitive deficits for a period of at least six months	0	1	9
	c. Absence of altered consciousness	0	1	9
	d. 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 <b>YES</b> response to items a through e)?	0	1	9

### POSSIBLE AD, I

1.	The criteria for this diagnosis are:			
	a. Meets DSM-IV-TR criteria for dementia	0	1	9
	b. At least one of: Atypical onset (list _____) Atypical AD presentation If yes, please specify: Major aphasia Major agnosia/visual perceptible symptoms Major apraxia Major behavioral disability or psychotic manifestations Other (list _____) 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 <b>YES</b> response to items a through c)?	0	1	9

### POSSIBLE AD, II

1.	The criteria for this diagnosis are:			
	a. Meets DSM-IV-TR criteria for dementia	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 If yes, list _____	0	1	9
2.	Does the subject meet all of the criteria for this diagnosis (i.e., a <b>YES</b> response to items a through c)?	0	1	9

**VASCULAR DEMENTIA** (from Roman et al Neurology 1993; 43:250-260)

1. Meets DSM-IV-TR criteria for dementia	0	1	9
2. Core Features			
a. Cerebrovascular disease (defined by the presence of focal signs on neurologic examination, such as hemiparesis, lower facial weakness, Babinski sign, sensory deficit, hemianopia, and dysarthria consistent with stroke (with or without history of stroke)	0	1	9
b. Evidence of relevant CVD by brain imaging (CT or MRI) including: Multiple large vessel infarcts; a single strategically placed infarct; multiple basal ganglia and white matter lacunes; extensive periventricular white matter lesions; or combinations thereof	0	1	9
c. A relationship between the above two disorders, manifested or inferred by the presence of one or more of the following:			
i. Onset of dementia within 3 months following a recognized stroke; or			
ii. Abrupt deterioration in cognitive functions; or fluctuating, stepwise progression of cognitive deficits	0	1	9
3. Probable Vascular Dementia (each of "a", "b", and "c" below required)			
a. DSM-IV dementia	0	1	
b. YES to 2a, 2b, and 2c	0	1	
c. YES to 3a and 3b	0	1	
4. Possible Vascular Dementia ("a" and either "b" or "c" or "d" below)			
a. DSM-IV dementia	0	1	
b. YES to 2a but brain imaging studies are not available.	0	1	
c. YES to 2a but absence of a clear temporal relationship between dementia and stroke	0	1	
d. YES to 2b but subtle onset and variable course (plateau or improvement) of cognitive deficits	0	1	

**THE DEMENTIA SYNDROME OF DEPRESSION**

1. The criteria for the diagnosis are:			Not
	<u>No</u>	<u>Yes</u>	<u>Assessed</u>
a. Meets DSM-IV criteria for dementia.	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 <b>YES</b> response to items <b>a</b> through <b>d</b> )?	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. Meets DSM-IV criteria for dementia. 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

**IV. ALCOHOL-RELATED DEMENTIA**

**A. PROBABLE ALCOHOLIC DEMENTIA**

1. The criteria for this diagnosis are:
- a. Meets DSM-IV criteria for dementia. 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.**

**V. DEMENTIA SYNDROME OF PARKINSON'S DISEASE**

**A. PROBABLE PARKINSON'S DEMENTIA**

1. The criteria for this diagnosis are:
- a. Meets DSM-IV criteria for dementia. 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. Meets DSM-IV criteria for dementia. 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 extra-pyramidal 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

**VI. Dementia with Lewy Bodies (DLB).** From McKeith et al. Neurology 2005; 65: 1863-1872.

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. Core Features
- 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 0 1 9



dementia by more than 12 months (if motor findings precede dementia by more than 12 months, consider PD dementia).

3. Suggestive Features			
a. REM sleep behavior disorder	0	1	9
b. Severe neuroleptic sensitivity	0	1	9
c. Low dopamine transporter uptake in basal ganglia on SPECT or PET	0	1	9
4. Probable DLB (either "a" or "b" below qualifies)			
a. <b>DSM-IV dementia and at least 2 Core Features present</b>	0	1	9
b. <b>DSM-IV dementia and at least 1 Core Feature and 1 Suggestive Feature present</b>	0	1	9
5. Possible DLB (either "a" or "b" below qualifies)			
a. <b>DSM-IV dementia and only 1 Core Feature present</b>	0	1	9
b. <b>DSM-IV dementia and at least 1 Suggestive Feature present</b>	0	1	9

**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. Extrapyrarnidal 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**

		<u>No</u>	<u>Yes</u>	<u>Not Assessed</u>
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 <b>YES</b> answer to items a, b, c and either d or e)?	0	1	9