



INDIANA UNIVERSITY

Indianapolis Study  
of Health and Aging

SCHOOL OF MEDICINE

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Census Tract #: \_\_\_\_\_  
Subject I.D. #2 \_\_\_\_\_  
Supervision Date: \_\_\_\_\_  
Date entered: \_\_\_\_\_  
Date verified: \_\_\_\_\_

COMMUNITY SCREENING INTERVIEW

INDIANAPOLIS

June 24, 1992  
Time: 03:15 a.m

Kathleen S. Hall, Ph.D.  
Hugh C. Hendrie, M.B. Ch.B.  
Harry M. Brittain

Benjamin O. Osuntokun, M.D.  
Adesola O. Ogunniyi, M.D.

INTRODUCTION

Introductory statement to be read to all subjects.

THANK YOU VERY MUCH FOR SEEING ME. I WOULD JUST LIKE TO EXPLAIN WHAT THE STUDY IS ABOUT AND WHAT I WILL BE ASKING YOU TO DO. THE ANSWERS WHICH YOU AND OTHERS GIVE WILL HELP US TO UNDERSTAND MORE FULLY SOME OF THE PROBLEMS THAT ELDERLY PEOPLE HAVE AND HOW WE CAN HELP THEM.

I WILL THEREFORE BE ASKING YOU ABOUT YOURSELF IN THE PAST AND HOW YOU ARE NOW. SOME OF THE QUESTIONS MAY NOT SEEM RELEVANT TO YOU, BUT IT WOULD BE HELPFUL IF YOU WOULD ANSWER THEM ALL. YOUR ANSWERS WILL BE KEPT CONFIDENTIAL.

LATER ON I WOULD LIKE TO ASK A PERSON WHO KNOWS YOU WELL SOME QUESTIONS.

BEFORE WE START, I MUST ASK YOU TO SIGN A CONSENT FORM TO SHOW THAT YOU AGREE TO TAKE PART.

Start time, subject: \_\_\_\_\_

Finish time: \_\_\_\_\_

Study No.:  
#9011-13

IUPUI INFORMED CONSENT STATEMENT

for

Project

Title: Indianapolis Study of Health and Aging

STAGE I - Volunteer

I understand that I am being asked to take part in a study that may help answer some questions about the frequency and possible causes of memory and other health related problems in elderly people. The research study plans to interview 2500 people for this study.

As part of this study, I understand I will be interviewed by a specially trained interviewer. I will be asked to do some simple arithmetic, name some objects and copy some designs. This interview and testing will last about 30 minutes. A member of my immediate family will be asked questions about my health and functioning.

The results of this testing may be used for teaching and publication but my identity and confidences will not be revealed. If I wish, I can request that the test results be made available to my doctor or health counselor. I may ask any questions about this study and the procedures that are not clear to me. I understand that this study is entirely voluntary. I may refuse to answer some or all of the questions and I can withdraw from the study at any time without affecting any health care services I may seek in the future from the study doctors.

I have read this form and understand the above statements and I consent to volunteer for the study. A member of the team has explained the project and discussed any questions I might have. I freely agree to participate in the study. There will be no cost to me. After I participate in the study a check in the amount of \$10.00 will be sent to me. If I have any questions later I may call Dr. Kathleen Hall at 274-1249.

I acknowledge receipt of a copy of this informed consent statement.

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

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Witness

12-16-91

INITIAL INFORMATION

IDENTIFIERS FOR MAP

Address:

\_\_\_\_\_ # Street

\_\_\_\_\_ Apt. #

\_\_\_\_\_ Zip Code

Non Response:  
1 = Empty house  
2 = Not home  
3 = Not eligible  
4 = Other

Interviewer Code: \_\_\_\_\_

Are you conducting this interview? No....0  
Yes....1

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

SUBJECT

Name of Subject: \_\_\_\_\_  
first last

<sup>2</sup> \_\_\_\_\_  
Subject I.D.

Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
mo day year

Age at Interview: \_\_\_\_\_ # years

Sex: Male/Female

Marital Status:

- Never Married.....1
- Married or Common Law.....2
- Divorced.....3
- Separated.....4
- Widowed.....5

Location of Interview:

- Subject's residence.....1
  - Relatives' residence....2
  - Nursing home.....3
  - Hospital .....4
  - Other.....5
- Specify: \_\_\_\_\_

Household Composition:

- Lives alone.....1
- With spouse.....2
- Spouse & others.....3
- Other adults.....4
- Other adults & children....5

INTERVIEW WITH SUBJECT

I would like to begin by asking about school and also about your work.

- 1. Did you attend school?
  - No.....0
  - Yes.....1
- 2. Can you read and write?
  - No.....0
  - Yes.....1
- 3. What was the highest grade you reached in school?

00	06	
01	07	12
02	08	13 = Some college
03	09	14 = Technical school
04	10	15 = College degree
05	11	16 = Postgraduate (university)

4. What was your main occupation in life? What kind of job did you have?

- 4a. First Occupation \_\_\_\_\_
- 4b. How long? \_\_\_\_\_
- 4c. Second Occupation \_\_\_\_\_
- 4d. How long? \_\_\_\_\_

5. I'd like for you to remember my name. My last name is  
 \_\_\_\_\_ . Can you repeat that please?  
 (last name)

(Interviewer may repeat name 3 times if necessary.)

I want you to remember it because I will ask you my name a little later.

- Cannot repeat name.....0
- Successfully repeats name...1

Language Expression - Naming

We will begin with naming things. I will point to something and I would like for you to tell me the name of the object. For example.....

Show your pencil.

- 6. What is this called?
  - Incorrect.....0
  - Correct.....1

Point to your watch.  
7. What is this?

Incorrect.....0  
Correct.....1

Pat your chair.  
8. What about this.....

Incorrect.....0  
Correct.....1

Point to shoes  
9. And these.....

Incorrect.....0  
Correct.....1

Show your knuckles.  
10. What do we call these?

Incorrect.....0  
Correct.....1

Point to the elbow.  
11. What do we call this?

Incorrect.....0  
Correct.....1

Point to the shoulder.  
12. And this, what do we call this part of our body?

Incorrect.....0  
Correct.....1

Language Expression - Definition

I was just showing you things and you told me what we call them. Now I will tell you the name of something and I want you to describe what it is. For example.....

13. What is a bridge?  
\_\_\_\_\_

Incorrect.....0  
Correct.....1

14. What do you do with a hammer?  
\_\_\_\_\_

Incorrect.....0  
Correct.....1

15. What do people do in a church?  
\_\_\_\_\_

Incorrect.....0  
Correct.....1

16. Where do we go to buy medicine?  
\_\_\_\_\_

Incorrect.....0  
Correct.....1

Language Expression - Repetition

[Note to Interviewer: Only one presentation is allowed.]

17. Now I would like for you to repeat what I say,  
"no ifs, ands, or buts".

Incorrect.....0  
Correct.....1

Memory - Recall

18. Do you remember my name? What is it?

Incorrect.....0  
Correct.....1

If Incorrect: Well, I'll ask you again very soon. Remember  
my last name is \_\_\_\_\_.

(Repeat 3 times if necessary, rough approximation of name is acceptable.)

Language Expression - Naming, Fluency

19. Now we are going to do something a little different, I am going to give you  
a category and I want you to name, as fast as you can, all of the things that  
belong in that category. For example, if I say 'articles of clothing,' you could  
say shirt, tie or hat. Can you think of other articles of clothing?

That's fine. I want you to name things that belong to another category  
'animals'. I want you to think about all the many different kinds of animals you  
know. Think of any kind of animal in the air, on land, in the water, in the  
forest, all the different animals. Now I would like for you to tell the names  
for as many different animals as you can. You will have a minute to do this.  
[Interviewer - look at your watch.] Are you ready? Let's begin.....

Record number of animals \_\_\_\_\_

Registration

Now I am going to tell you three words and I would like for you to repeat them after me.

20. Repeat after me these words:

Incorrect.....0  
Boat.....1  
House.....1  
Fish.....1

Total Correct..... \_\_\_\_\_

Repeat, up to 5 attempts, until subject has successfully said the three words. Very good, now try to remember these words because I will be asking you later.

Attention and Calculation

Now we're going to do some things with numbers. This is sometimes hard for people, just try to do the best you can.

21. If I have 20 Dollars and give you 2 Dollars, how many do I have left? \$18.00

Incorrect.....0  
Correct.....1

Recall

22. Do you remember the three words I told you a few minutes ago?

Incorrect.....0  
Boat.....1  
House.....1  
Fish.....1

Total..... \_\_\_\_\_

Attention and Calculation

23. Please count from 1 to 20.

FORWARD  
Incorrect.....0  
Correct.....1

24. Now count backward from 20 to 1.

BACKWARD  
Incorrect.....0  
Correct.....1

25. If one pound of butter costs 2 dollars, how much would 2 pounds of butter cost? How much would 3 pounds of butter cost? What about 4 pounds of butter?

Incorrect.....0  
\$4.....1  
\$6.....1  
\$8.....1

Total .... \_\_\_\_\_



Show the subject two coins, one dime and one quarter.

26. How much money does this make?  
Incorrect.....0  
Correct.....1

27. If someone gave you this amount, as change  
from one dollar, how much would you have spent?  
\$.65  
Incorrect.....0  
Correct.....1

Orientation to Place

Now I would like to ask some questions about your home, this area.

28. What is the name of this state?  
Incorrect.....0  
Correct.....1

29. What is the name of this city?  
Incorrect.....0  
Correct.....1

30. Who is the mayor of this city?  
Incorrect.....0  
Correct.....1

31. What are two major streets near your home?  
\_\_\_\_\_  
\_\_\_\_\_  
Incorrect.....0  
Correct.....1

32. Where is the City Market?  
Incorrect.....0  
Correct.....1

33. What is your complete address, including your zip code?  
\_\_\_\_\_  
\_\_\_\_\_  
Incorrect.....0  
Correct.....1

Orientation to Time

Now I would like to ask some questions about time.

34. What day of the week is it?  
Incorrect.....0  
Correct.....1

35. What month is it?  
Incorrect.....0  
Correct.....1

36. What year is this?  
Incorrect.....0  
Correct.....1

37. What part of the day is it? For example is it morning, afternoon, or evening?  
Incorrect.....0  
Correct.....1

38. What season is it?

Official dates seasons begin:

Allowable answers:

Winter = December 22  
Spring = March 21  
Summer = June 22  
Fall = September 23

December: Fall/Winter  
March: Winter/Spring  
June: Spring/Summer  
September: Summer/Fall

Incorrect.....0  
Correct.....1

39. Did it rain/snow yesterday?

Incorrect.....0  
Correct.....1

Language Comprehension - Motor Response

I am going to ask you to carry out some actions so please listen carefully because I will only tell you one time. [Interviewer - give complete instructions at one time, do not give them step by step.]

40. Please nod your head.

Incorrect.....0  
Correct.....1

41. Please point first to the window and then to the door.

Incorrect.....0  
Correct.....1

[Should the subject not complete the full sequence, then the whole instruction may be repeated to insure it has been heard and understood.]

42. I'm going to give you a piece of paper. When I do, take the paper in your right hand, fold the paper in half with both hands, and put the paper down on your lap.

Incorrect.....0  
Right hand....1  
Folds.....1  
In lap.....1  
Total.....

Memory - Recall

43. Do you remember my name? (Rough approximation acceptable as correct.)

Incorrect.....0  
Correct.....1

Memory

44. Now I will read a short story then I will ask you to repeat as much of the story as you can remember. I want you to listen very carefully because I want you to try to tell me the whole story with as many details as you can remember.

Three children were alone at home and the house caught on fire. A brave man managed to climb in a back window and carry them to safety. Aside from minor cuts and bruises all were well.

Now I would like for you to tell me the story in as much detail as possible.

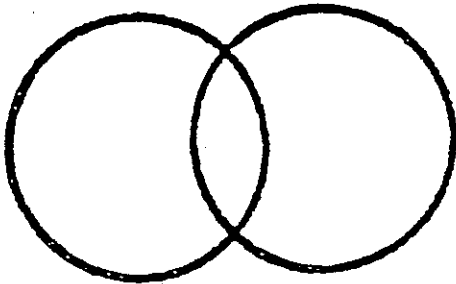
Three children..... 1  
 House on fire..... 1  
 Brave man climbed ..... 1  
 Children rescued..... 1  
 Minor injuries..... 1  
 Everyone well..... 1

Total..... \_\_\_\_\_

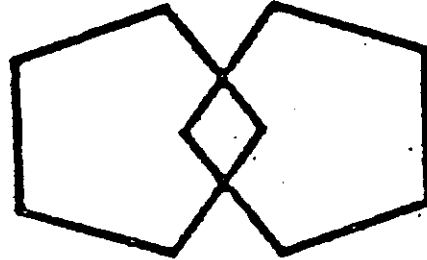
Praxis - Copying

Now I would like for you to take my pencil and copy these figures in this space.

45.



46.



Incorrect.....0  
 Correct.....1

Incorrect.....0  
 Correct.....1

47. Remember the story I told you awhile ago.  
 Now I would like for you to tell me  
 as much as you can about it.

Three children..... 1  
 House on fire.....1  
 Brave man climbed ..... 1  
 Children rescued..... 1  
 Minor injuries..... 1  
 Everyone well..... 1

Total..... \_\_\_\_\_

48. The Japanese bombed Pearl Harbor on December 7, 1941. What did the Americans do after that?
- Incorrect.....0  
Correct.....1
49. What is the name of the civil rights leader who was assassinated in Memphis in 1968? (Rev. Martin Luther King, Jr.)
- Incorrect.....0  
Correct.....1
50. Who is the current President of the United States?
- Incorrect.....0  
Correct.....1
51. Who is the current Governor of Indiana ?
- Incorrect.....0  
Correct.....1

**RISK FACTOR QUESTIONS**

Now I would like to ask a few more questions.

1. Where were you born?

\_\_\_\_\_ city/town/village \_\_\_\_\_ state \_\_\_\_\_ country

2. Where did you live when you were growing up, say, until you were about 19 years old?
- Urban.....1  
Rural.....2  
Other.....3
3. What about between the ages of 20 and 60, where did you live most of the time?
- Urban.....1  
Rural.....2  
Other.....3
4. Since you turned 60, where have you lived most of the time?
- Urban.....1  
Rural.....2  
Other.....3

Would you please tell me a bit about your parents?

5. Is your father still alive?
- No.....0  
Yes.....1

IF NO, GO TO #7

6. How old is he? \_\_\_\_\_ (NOW GO TO ITEM #10)

7. How old was he at his death?

\_\_\_\_\_

8. What year did he die?

19\_\_\_\_\_

9. Skip \_\_\_\_\_

10. Is your mother still alive?

No.....0  
Yes.....1

IF NO, GO TO #12

11. How old is she? \_\_\_\_\_ (NOW TO TO ITEM #15)

12. How old was she at her death?

\_\_\_\_\_

13. What year did she die?

19\_\_\_\_\_

14. Skip \_\_\_\_\_

15. Do you have any children?

No.....0  
Yes.....1

IF NO, GO TO #18

16. How many sons?

\_\_\_\_\_

17. How many daughters?

\_\_\_\_\_

18. Did you/your wife ever have a miscarriage  
or still birth?

No.....0  
Yes.....1

IF NO, GO TO #20

19. How many? \_\_\_\_\_

20. How many brothers do or did you have? (Including those who have died)

\_\_\_\_\_

21. How many sisters do or did you have? (Including those who have died)

\_\_\_\_\_

22. Have any of your close relatives such as parents, brothers, sisters, or children had the problem of serious loss of memory?

No.....0  
Yes.....1

Age of onset

father		_____	
mother		_____	
brother	(1)	_____	(2) _____
sister	(1)	_____	(2) _____
son	(1)	_____	(2) _____
daughter	(1)	_____	(2) _____

IF NO, GO TO #24

23. Was it so serious that they had to be taken care of in a nursing home?

	No	Yes		No	Yes
father.....	0	1			
mother.....	0	1			
brother (1).....	0	1	brother (2).....	0	1
sister (1).....	0	1	sister (2).....	0	1
son (1).....	0	1	son (2).....	0	1
daughter (1).....	0	1	daughter (2).....	0	1

24. Have any of your close relatives suffered from mongolism, Down's Syndrome, or mental retardation?

No.....0  
Yes.....1

father_____	brother_____	son_____
mother_____	sister_____	daughter_____

25. Do or did any of your close relatives have high blood pressure?

No.....0  
Yes.....1

father_____	brother_____	son_____
mother_____	sister_____	daughter_____

26. Have any of your close relatives had diabetes or high blood sugar?

No.....0  
Yes.....1

father\_\_\_\_ brother\_\_\_\_ son\_\_\_\_  
mother\_\_\_\_ sister\_\_\_\_ daughter\_\_\_\_

27. Have any of your close relatives had a stroke?

No.....0  
Yes.....1

father\_\_\_\_ brother\_\_\_\_ son\_\_\_\_  
mother\_\_\_\_ sister\_\_\_\_ daughter\_\_\_\_

Now I would like to ask you a few questions about your health.

28. Do you have any medical or physical problems? List.

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

29. Do you take any medicine regularly?

No.....0  
Yes.....1

30. What medicine(s) do you take? List.

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

31. Has a doctor ever treated you for cancer?

No.....0  
Yes.....1

IF NO, GO TO #33

32. What kind of cancer did the doctor say you had?

\_\_\_\_\_

33. Has a doctor ever told you that you have Parkinson's Disease?

No.....0  
Yes.....1

34. Has a doctor ever told you that you had diabetes?

No.....0  
Yes.....1

35. Has a doctor ever told you that you have high blood sugar?

No.....0  
Yes.....1

IF BOTH #34 & #35 ARE NO, GO TO #37

36. When did the doctor first tell you that you had diabetes  
(or high blood sugar; use the subject's words)?

19 \_\_\_\_\_

37. Has a doctor ever told you that you suffer from hypertension or high blood pressure?

No.....0  
Yes.....1

IF NO, GO TO #39

38. When did a doctor first tell you that you suffered from hypertension/high blood pressure?

19 \_\_\_\_\_

39. Has a doctor ever treated you for severe chest pain or angina?

No.....0  
Yes.....1

40. Have you ever had a heart attack?

No.....0  
Yes.....1

IF NO, GO TO #42

41. When did you have it? (Record most recent date)

\_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

42. Have you ever had a stroke?

No.....0  
Yes.....1

IF NO, GO TO #44

43. When did you have it? (Record most recent date)

\_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year

44. Have you ever been unconscious after a blow to the head?

No.....0  
Once.....1  
Twice.....2  
Three or more....3

IF NO, GO TO #46



45. When did this happen?

How long unconscious?

Was it treated by a doctor?

1. 19 \_\_\_\_\_ hrs.  
2. 19 \_\_\_\_\_ hrs.  
3. 19 \_\_\_\_\_ hrs.  
4. 19 \_\_\_\_\_ hrs.

No....0 Yes....1  
No....0 Yes....1  
No....0 Yes....1  
No....0 Yes....1

46. Have you ever been treated by a doctor for your nerves?

No.....0  
Yes.....1

47. Have you ever been treated by a doctor for depression?

No.....0  
Yes.....1

48. Have you ever had electroshock therapy?

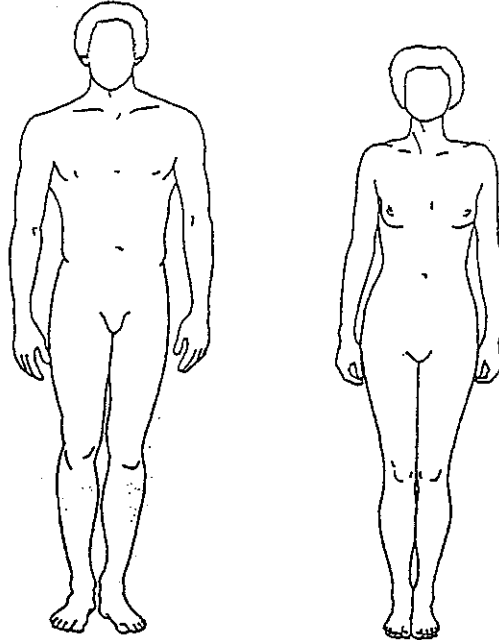
No.....0  
Yes.....1

49. Have you broken any of your bones during the past year?

No.....0  
Yes.....1

IF NO, GO TO #51

50. Which of your bones were broken? (Place x on bone(s).)



51. Do or did you drink alcoholic beverages?

No.....0  
Yes.....1

52. Was there ever a period when you drank alcoholic beverages regularly?

No.....0  
Yes.....1

IF BOTH #51 & #52 ARE NO, GO TO #58

53. At what age did you begin drinking alcohol?

\_\_\_\_\_ age

54. Do you still drink alcoholic beverages?

No.....0  
Yes.....1

IF YES, GO TO #56

55. At what age did you stop drinking?

\_\_\_\_\_ age

56. How often do/did you drink alcoholic beverages?

Daily or almost everyday ....4  
3-4 times a week .....3  
Once or twice a week.....2  
Once or twice a month.....1

57. On those days that you have or had alcoholic drinks about how many drinks do/did you usually have?

More than 5.....3  
3 to 5 .....2  
1 or 2 .....1

(1 drink = 1 beer; 1 glass wine; 1 mixed drink)

58. Has there ever been a period when you smoked cigarettes, cigars, or a pipe, chewing tobacco, or snuff nearly every day?

No.....0  
Yes.....1  
Cigarettes.....1  
Cigars.....1  
Pipe.....1  
Chewing Tobacco.....1  
Snuff.....1

IF NO: This concludes the questions. Thank you very much for your participation.

59. How old were you when you started using tobacco?

Cigarettes \_\_\_\_\_  
Cigars \_\_\_\_\_  
Pipe \_\_\_\_\_  
Chewing Tobacco \_\_\_\_\_  
Snuff \_\_\_\_\_

60. Do you still use tobacco?

No.....0	Cigarettes.....1	Yes
Yes.....1	Cigars.....1	
	Pipe.....1	
	Chewing Tobacco.....1	
	Snuff.....1	

IF YES, GO TO #62

61. At what age did you stop using tobacco ?

Cigarettes \_\_\_\_\_  
Cigars \_\_\_\_\_  
Pipe \_\_\_\_\_  
Chewing Tobacco \_\_\_\_\_  
Snuff \_\_\_\_\_

62. About how many do/did you have a day?

Cigarettes \_\_\_\_\_  
Cigars \_\_\_\_\_  
Pipe \_\_\_\_\_  
Chewing Tobacco \_\_\_\_\_  
Snuff \_\_\_\_\_

This concludes the questions. Thank you very much for your participation.

Study No.:  
#9011-13

IUPUI INFORMED CONSENT STATEMENT

for  
Project  
Title: Indianapolis Study of Health and Aging

STAGE I - Family Member

I understand my (relative) is being asked to take part in a study that may help answer some questions about the frequency and possible causes of memory and other health related problems of elderly people.

As part of this study, I understand I will be interviewed by a specially trained interviewer and asked questions about (my relative's) health and how he or she manages in his/her everyday activities. This interview will last about 30 minutes. I consent to participate.

I understand the results of this interview may be used for teaching and publication but my identity and confidences will not be revealed. If (the subject) wishes the results can be made available to his/her doctor or health counselor. I understand that my (relative) will receive a check for \$10.00 for participating in this research. After I participate, if I have any additional questions, I may call Dr. Kathleen Hall at 274-1249. I acknowledge receipt of a copy of this informed consent statement.

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

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Witness

12-16-91

RELATIVE

Name of relative: \_\_\_\_\_  
                            first                            last

Date of interview: \_\_\_\_\_  
                            month                            day                            year

Telephone number: \_\_\_\_\_

Relationship to subject:

- Spouse.....1
  - Sibling.....2
  - Child.....3
  - Grandchild.....4
  - Other.....5
- Specify: \_\_\_\_\_

Age: \_\_\_\_\_ years

Address: \_\_\_\_\_  
                    Street                            Apt.#

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

Residence:

- Lives with subject.....1
  - Other.....2
- Specify: \_\_\_\_\_

If 2, how often does relative see subject:

- Every day.....1
  - Every other day.....2
  - Once a week.....3
  - Once a month.....4
  - Other.....5
- Specify: \_\_\_\_\_

INTERVIEW WITH RELATIVE

Occupation & Daily Activities

I would like to ask a few brief questions about Mr./Mrs.

\_\_\_\_\_ (Wife, husband, etc.) activities these days and the work he/she did when he/she was younger.

1. What was/is Mr./Mrs. \_\_\_\_\_ main occupation?  
(subject's name)

a. Occupation \_\_\_\_\_

b. How long did he/she work at that? \_\_\_\_\_

c. 2nd occupation \_\_\_\_\_

d. How long did he/she work at that? \_\_\_\_\_

2. When did he/she stop working regularly?

still working .....00  
year stopped.....19\_\_

3. Why did he/she stop working? 1 = still working at a paying job  
2 = still working, housework, family upkeep  
3 = age 65 or normal retirement any age  
4 = physical health problems  
5 = mental health problems  
6 = other  
7 = not known

4. Currently, what are his/her main activities? List activities:

0 = none, personal and home maintenance assisted by others  
1 = some, active at home, takes care of self & other family members  
2 = extensive activities including those outside the home,  
i.e. attends community meetings, volunteers at church, etc.  
3 = not known

5. Have you seen a change in his/her daily activities in the past several years? Please describe:

- 0 = no change
- 1 = "slowing down"
- 2 = activities decreased or discontinued due to known health problem
- 3 = activities decreased or discontinued due to mental problems
- 4 = activities decreased or discontinued; no apparent reason
- 5 = not known

6. Has there been a general decline in his/her mental functioning? Describe:

No.....0  
 Yes.....1  
 Not known.....2

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When did you first notice this? Estimate date:      month   day   year

Record # months elapsed: months \_\_\_\_\_

7. We all have slight difficulties with remembering things as we get older. Has this been a particular problem for Mr./Mrs. \_\_\_\_\_? subject's name

No.....0  
 Yes.....1  
 Not known.....2

Cognitive Functioning

Now I would like to ask about other changes you may have noticed in your

\_\_\_\_\_ (wife/husband, etc.).

- |     |  |   |
|-----|--|---|
| 8.  | Does he/she forget where he/she has put things?                                | No.....0<br>Sometimes...0.5<br>Yes.....1<br>Not known.....2 |
| 9.  | Does he/she forget where things are usually kept?                              | No.....0<br>Sometimes...0.5<br>Yes.....1<br>Not known.....2 |
| 10. | Does he/she forget the names of friends?                                       | No.....0<br>Sometimes...0.5<br>Yes.....1<br>Not known.....2 |
| 11. | Or, members of the family?   | No.....0<br>Sometimes...0.5<br>Yes.....1<br>Not known.....2 |
| 12. | Does he/she forget what he/she wanted to say in the middle of a conversation?  | No.....0<br>Sometimes...0.5<br>Yes.....1<br>Not known.....2 |
| 13. | When speaking does he/she have difficulty finding the right words?             | No.....0<br>Sometimes...0.5<br>Yes.....1<br>Not known.....2 |
| 14. | Does he/she use the wrong words?   | No.....0<br>Sometimes...0.5<br>Yes.....1<br>Not known.....2 |
| 15. | Does he/she tend to talk about what happened long ago rather than the present? | No.....0<br>Sometimes...0.5<br>Yes.....1<br>Not known.....2 |
| 16. | Does he/she forget when he/she last saw you?                                   | No.....0<br>Sometimes...0.5<br>Yes.....1<br>Not known.....2 |



17. Does he/she forget what happened the day before? No.....0  
Sometimes...0.5  
Yes.....1  
Not known.....2
18. Does he/she forget where he/she is? No.....0  
Sometimes...0.5  
Yes.....1  
Not known.....2
19. Does he/she get lost in the community?  
E.g. finding the post office or friends' houses? No.....0  
Sometimes...0.5  
Yes.....1  
Not known.....2
20. Does he/she get lost in his/her own home,  
e.g. finding the toilet? No.....0  
Sometimes...0.5  
Yes.....1  
Not known.....2

Activities of Daily Living

21. Does he/she have difficulty performing household  
chores that he/she used to do, e.g. preparing food  
or boiling a pot of tea? No difficulty.....0  
Slight difficulty..0.5  
Great difficulty.....1  
Not known.....2
- 21a. Does the interviewer think the difficulty  
is primarily due to physical disability? No.....0  
Yes.....1  
Not known.....2
22. Has there been a loss of a special skill or  
hobby he/she could manage before? No.....0  
Yes.....1  
Not known.....2
- 22a. Does the interviewer think the difficulty  
is primarily due to physical disability? No.....0  
Yes.....1  
Not known.....2

23. Has there been a change in his/her ability to handle money?

No change.....0  
 Some difficulty....0.5  
 Cannot handle money..1  
 Not known.....2

24. Does he/she have difficulty in adjusting to change in his/her daily routine?

No.....0  
 Sometimes...0.5  
 Yes.....1  
 Not known.....2

25. Have you noticed a change in his/her ability to think and reason?

No.....0  
 Yes.....1  
 Not known.....2

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

Eats cleanly with proper utensils.....0  
 Eats messily with a spoon only.....1  
 Simple solids such as crackers/cookies....2  
 Has to be fed.....3  
 Not known.....4

26a. Does the interviewer think the difficulty is primarily due to physical disability?

No.....0  
 Yes.....1  
 Not known.....2

27. Does he/she have difficulty dressing?

Dresses self.....0  
 Occasionally misplaces buttons etc....1  
 Wrong sequence, commonly forgets items.2  
 Unable to dress.....3  
 Not known.....4

27a. Does the interviewer think the difficulty is primarily due to physical disability?

No.....0  
 Yes.....1  
 Not known.....2

28. Does he/she have difficulty using the toilet?  
Does he/she wet or soil him/herself?

No problems.....0  
Occasionally wets bed.....1  
Frequently wets bed.....2  
Double incontinence.....3  
Not known.....4

28a. Does the interviewer think the difficulty is  
primarily due to physical disability?

No.....0  
Yes.....1  
Not known.....2

Personality

Now I would like to know about any changes in Mr./Mrs. \_\_\_\_\_  
personality. (subject's name)

29. Have you noticed any changes in his/her personality? Describe:

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

No.....0  
Yes.....1  
Not known.....2

30. Has he/she become more irritable?

No.....0  
Yes.....1  
Not known.....2

31. Has he/she become more stubborn?

No.....0  
Yes.....1  
Not known.....2

32. Does he/she show less concern for other people?

No.....0  
Yes.....1  
Not known.....2

33. Is there a loss of interest or enjoyment in things in general?
- No.....0  
Yes.....1  
Not known.....2
34. Has he/she lost interest in things he/she used to enjoy?
- No.....0  
Yes.....1  
Not known.....2
35. Do you think he/she is more depressed than he/she used to be? (describe evidence)
- No.....0  
Yes.....1  
Not known.....2
36. Do you think he/she is more nervous than he/she used to be? (describe evidence)
- No.....0  
Yes.....1  
Not known.....2

General Health

Now I would like you to tell me about Mr./Mrs. \_\_\_\_\_ health.

1. Does he/she have any physical/medical problems?
- No.....0  
Yes.....1  
Not known.....2

List:


2. What, if any, medicine does he/she take regularly?      None.....0  
Some.....1  
Not known.....2

List:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Has he/she ever been told by a physician  
that he/she has Parkinson's disease?      No.....0  
Yes.....1  
Not known.....2

4. Do Mr./Mrs. \_\_\_\_\_ hands or legs shake involuntarily?      No.....0  
Yes.....1  
Not known.....2

IF NO, GO TO #9

5. Does the shaking occur at rest?      No.....0  
Yes.....1  
Not known.....2

6. Does he/she shake when he/she is eating,  
writing, or doing other activities?      No.....0  
Yes.....1  
Not known.....2

7. Does anyone else in the family  
have this kind of shaking?      No.....0  
Yes.....1  
Not known.....2

IF YES ON #7, CONTINUE, IF NO GO TO #9

8. Give relationship to subject:

Sibling \_\_\_\_\_  
Parent \_\_\_\_\_  
Child \_\_\_\_\_  
Aunt/Uncle \_\_\_\_\_  
Cousin \_\_\_\_\_

9. Have you noticed any change in the way  
 Mr./Mrs. \_\_\_\_\_ walks? No.....0  
 Yes.....1  
 Not known.....2

IF NO, GO TO #15

10. Does he/she now walk in small shuffling steps?  
 No.....0  
 Yes.....1  
 Not known.....2

11. Has his/her posture changed?  
 No.....0  
 Yes.....1  
 Not known.....2

12. Is his/her posture more bent over?  
 No.....0  
 Yes.....1  
 Not known.....2

13. Is he/she less stable than before?  
 That is, has he/she had more falls recently?  
 No.....0  
 Yes.....1  
 Not known.....2

14. When Mr./Mrs. \_\_\_\_\_ is walking,  
 does he/she have trouble stopping?  
 No.....0  
 Yes.....1  
 Not known.....2

15. Have you noticed any change in  
 Mr./Mrs. \_\_\_\_\_ facial expression?  
 No.....0  
 Yes.....1  
 Not known.....2

IF NO, GO TO #18

16. Would you say there is less expression  
 than he/she used to have? (stiff face, wooden  
 face, etc.).  
 No.....0  
 Yes.....1  
 Not known.....2

17. Is there drooling of saliva? No.....0  
Yes.....1  
Not known.....2

18. Does he/she often complain that his/her arms and legs feel stiff or are difficult to move? No.....0  
Yes.....1  
Not known.....2

IF NO, GO TO #21

19. Does he/she suffer from pain or swelling of the joints in his/her hands or any other joints? No.....0  
Yes.....1  
Not known.....2

20. Have you noticed a change in his/her movements? Are his/her movements more slowed down than they used to be? For example, does he/she have difficulty getting out of bed or out of a chair? No.....0  
Yes.....1  
Not known.....2

21. Has a doctor ever told him/her that he/she has diabetes? No.....0  
Yes.....1  
Not known.....2

22. Has a doctor ever told him/her that he/she has high blood sugar? No.....0  
Yes.....1  
Not known.....2

IF BOTH #21 & #22 ARE NO, GO TO #24

23. When did the doctor tell him/her this?  
19\_\_\_\_\_

24. Has a doctor ever told him/her that he/she suffers from hypertension or high blood pressure? No.....0  
Yes.....1  
Not known.....2

IF NO, TO GO #26

25. When did the doctor tell him/her this? (leave blank if not known)  
19\_\_\_\_\_

26. Has Mr./Mrs. \_\_\_\_\_ ever had a heart attack?  
No.....0  
Yes.....1  
Not known.....2

IF NO, GO TO #28

27. When did he/she have the heart attack?  
(Record most recent date, leave blank if not known.)

\_\_\_\_\_  
month day year

28. Has he/she ever been treated by a doctor  
for severe chest pain or angina?  
No.....0  
Yes.....1  
Not known.....2

29. Has he/she ever had a stroke?  
No.....0  
Yes.....1  
Not known.....2

IF NO, GO TO #31

30. When did he/she have the stroke?  
(Record most recent date, leave blank if not known)

\_\_\_\_\_  
month day year

31. Did he/she ever have a short period of confusion  
which lasted minutes or hours and then cleared up?  
No.....0  
Yes.....1  
Not known.....2

IF NO, GO TO #33

32. When did this happen?

19 \_\_\_\_\_

33. Has a doctor ever treated Mr./Mrs. \_\_\_\_\_ for cancer?  
No.....0  
Yes.....1  
Not known.....2



IF NO, GO TO #35

34. What kind of cancer did he/she have? (leave blank if not known)

---

35. Has he/she ever been unconscious or blacked-out after a blow to the head?

No.....	0
Once.....	1
Twice.....	2
Three or more times.....	3
Not known.....	4

IF NO, GO TO #37

36. When did this happen? (Begin with most recent, leave blank if not known)

1). 19_____	2). 19_____
3). 19_____	4). 19_____

37. Did he/she ever have treatment by a doctor for his/her nerves?

No.....	0
Yes.....	1
Not known.....	2

38. Was he/she ever treated by a doctor for clinical depression?

No.....	0
Yes.....	1
Not known.....	2

39. Did he/she ever have electroshock treatment?

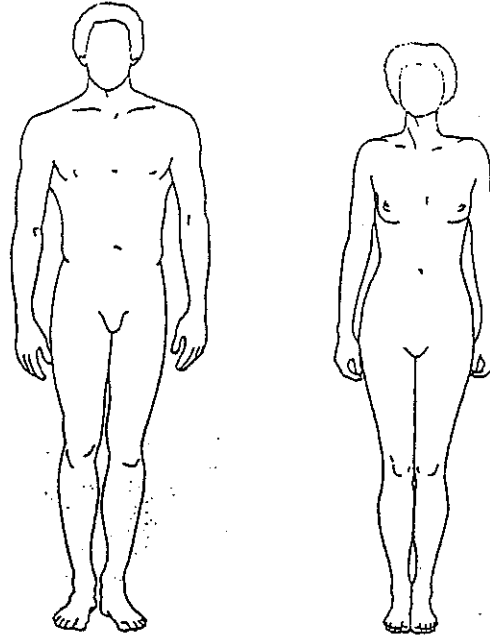
No.....	0
Yes.....	1
Not known.....	2

40. Over the past year do you know if any of his/her bones were broken?

No.....	0
Yes.....	1
Not known.....	2

IF NO, GO TO #42

41. Which bone was broken? (Place x on bone(s).)



42. Does Mr./Mrs. \_\_\_\_\_ drink alcoholic beverages? No.....0  
Yes.....1  
Not known.....2
43. Was there ever a period of time when he/she drank alcoholic beverages regularly? No.....0  
Yes.....1  
Not known.....2

IF BOTH #42 & #43 ARE NO, GO TO #49

44. At what age did he/she begin drinking?

Age \_\_\_\_\_

45. Does he/she still drink alcoholic beverages?

- No.....0  
Yes.....1  
Not known.....2

IF YES, GO TO #47

46. At what age did he/she stop drinking?

Age \_\_\_\_\_

47. How often did/does he/she drink alcoholic beverages?

- Not known.....5
- Daily or almost every day....4
- 3 - 4 times a week.....3
- Once or twice a week.....2
- Once or twice a month.....1

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

- Not known.....4
- More than 5...3
- 3 to 5.....2
- 1 or 2.....1

49. Has there ever been a time in his/her life when he/she smoked cigarettes, cigars, pipe, chewing tobacco, or snuff nearly every day?

- |                | Yes                   |
|----------------|-----------------------|
| No.....0       | Cigarettes.....1      |
| Yes.....1      | Cigars.....1          |
| Not Known....2 | Pipe.....1            |
|                | Chewing Tobacco.....1 |
|                | Snuff.....1           |

IF NO, GO TO #54

50. How old was he/she when he/she started using tobacco?  
(leave blank if not known)

Cigarettes \_\_\_\_\_

Cigars \_\_\_\_\_

Pipe \_\_\_\_\_

Chewing Tobacco \_\_\_\_\_

Snuff \_\_\_\_\_

51. About how many did/does he/she use on an average day?  
(leave blank if not known)

Cigarettes \_\_\_\_\_

Cigars \_\_\_\_\_

Pipe \_\_\_\_\_

Chewing Tobacco \_\_\_\_\_

Snuff \_\_\_\_\_

52. Does he/she still use tobacco ?

	Yes
No.....0	Cigarettes.....1
Yes.....1	Cigars.....1
Not Known....2	Pipe.....1
	Chewing Tobacco.....1
	Snuff.....1

IF YES, GO TO #54

53. At what age did he/she stop using tobacco?  
(leave blank if not known)

Cigarettes \_\_\_\_\_

Cigars \_\_\_\_\_

Pipe \_\_\_\_\_

Chewing Tobacco \_\_\_\_\_

Snuff \_\_\_\_\_

Just a few questions about Mr./Mrs. \_\_\_\_\_ relatives.

54. Do you know if any of his/her close relatives such as a parent, brothers, sisters, or children have had the problem of serious or extreme loss of memory?

No.....0  
Yes.....1

Age of onset

father		_____	
mother		_____	
brother	(1)	_____	(2) _____
sister	(1)	_____	(2) _____
son	(1)	_____	(2) _____
daughter	(1)	_____	(2) _____

IF NO, GO TO #56

55. Was the problem so serious that they had to be taken care of in a nursing home.

	No	Yes		No	Yes
father.....	0	1			
mother.....	0	1			
brother (1).....	0	1	brother (2).....	0	1
sister (1).....	0	1	sister (2).....	0	1
son (1).....	0	1	son (2).....	0	1
daughter (1).....	0	1	daughter (2).....	0	1

56. Do you know if any of his/her close relatives such as brothers, sisters or children suffered from mongolism or Down's Syndrome or mental retardation?

No.....0  
Yes.....1

father_____	brother_____	son_____
mother_____	sister_____	daughter_____

57. Do you know if any of his/her close relatives such as parents, brothers, sisters, or children suffered from a stroke?

No.....0  
Yes.....1

father_____	brother_____	son_____
mother_____	sister_____	daughter_____

58. Do you know if any of his/her close relatives such as parents, brothers, sisters, or children had diabetes?

No.....0  
Yes.....1

father_____	brother_____	son_____
mother_____	sister_____	daughter_____

59. Do you know if any of his/her close relatives such as parents, brothers, sisters, or children had Parkinson's Disease?

No.....0  
Yes.....1

father\_\_\_\_ brother\_\_\_\_ son\_\_\_\_  
mother\_\_\_\_ sister\_\_\_\_ daughter\_\_\_\_

60. Do you know if any of his/her close relatives such as parents, brothers, sisters, or children had high blood pressure?

No.....0  
Yes.....1

father\_\_\_\_ brother\_\_\_\_ son\_\_\_\_  
mother\_\_\_\_ sister\_\_\_\_ daughter\_\_\_\_

Wrap Up

61. Is there anything I haven't asked about that you think we

should know about Mr./Mrs. \_\_\_\_\_?  
(subject's name)

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

INTERVIEWER'S NOTES

1. General description of interview.

People present:

Comments (progression of interview, significant interruptions, comments to help interviewer remember this interview).

	NONE 1	MILD 2	MODERATE 3	SEVERE 4
DEAFNESS				
PROBLEMS WITH EYESIGHT				
PHYSICAL PROBLEMS INTERFERING WITH TESTING				

2. Describe observed physical and mental state of subjects including general appearance and nutrition status. (cooperation, agitation, anxiety, etc.)
3. Describe the history of any symptoms of dementia reported by the subject or family member.

History Reported...1

4. Reliability of information contained in this assessment.

Very Good.....1  
Good.....2  
Only Fair.....3  
Poor.....4  
Very Poor.....5

5. Completeness of this interview:

Complete.....1  
Incomplete.....2

If incomplete, specify: \_\_\_\_\_