

Volunteer's Name:

Volunteer ID #:

Address:

Telephone #: () -

Original Census Tract:

Sex: Date of Birth:

Current Age:

Date of Most Recent Screening Interview

Volunteer:

Relative: / /

Most Recent Interviewer:

Name of Current Interviewer: _____ Initials: _____

Date Supervised: ____/____/____ by _____

Date Entered: ____/____/____ by _____

Date Verified: ____/____/____ by _____

INCIDENCE 1997

COMMUNITY SCREENING INTERVIEW

INDIANAPOLIS

April 18, 1997

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Volunteer's Name: _____

Volunteer ID #: _____

Prevalence Clinical: _____

Incidence Clinical: _____

Other volunteers in household: _____

Dates and notes describing each attempt to conduct the interview:

____/____/____ _____

____/____/____ _____

____/____/____ _____

____/____/____ _____

____/____/____ _____

____/____/____ _____

NEW address: _____
street
_____ , _____
city state zipcode

NEW Telephone #: (____) _____

Final Status: _____
1 = Completed Interview
2 = Refused
3 = Too Sick
4 = Deceased =====> Date of Death: ____/____/____
5 = Lost to Follow-up
6 = Other _____



IUPUI INFORMED CONSENT STATEMENT

Project
for
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 ten dollars (\$10.00) will be given 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



Volunteer's Name:

Volunteer ID #:

Date of this Interview: ____/____/____

Marital status: 3

- 1 = Never Married
- 2 = Married or Common Law
- 3 = Divorced
- 4 = Separated
- 5 = Widowed
- 6 = Unknown

Household Composition: 1

- 1 = Lives alone
- 2 = With spouse
- 3 = With spouse & others
- 4 = With family, no spouse
- 5 = Other _____

Location of Interview: _____

- 1 = Volunteer's residence
- 2 = Relative's residence
- 3 = Nursing home
- 4 = Hospital
- 5 = Other _____

If widowed since last interview, give date: ____/____/____

- 1. Do you currently have a paying job? YES NO
- 2. Do you do volunteer work? YES NO

As you know we had a similar interview in - -

3. When we last spoke, you reported having these medical problems:

4. Since then, has a doctor told you that you have any new major medical problems? YES NO

Since we saw you last, have you had any of the following medical problems?

5. Heart Attack (myocardial infarction)?

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

6. Angina or chest pain? This is treated by putting a small pill under the tongue.

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

7. Other heart problems such as congestive heart failure, surgery or bypass surgery, other procedure for heart problems (positive coronary catheterization, angioplasty [balloon]).

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

Describe: _____



8. Since we saw you last, has a doctor treated you for depression?
0.....No
1.....Yes
2....Not known

9. Did you have a stroke?
0.....No
1.....Yes
2....Not known

10. Has a doctor ever told you that you have high blood pressure?
0.....No
1.....Yes
2....Not known

[IF NO, GO TO #11]

10a. Are you currently being treated by a doctor for high blood pressure?
0.....No
1.....Yes
2....Not known

11. Has a doctor ever told you that you have thyroid disorder?
0.....No
1.....Yes
2....Not known

12. kidney disease?
0.....No
1.....Yes
2....Not known

13. diabetes?
0.....No
1.....Yes
2....Not known

14. Now I would like to write down the names of all medication you currently take regularly. I need to include vitamins and over the counter medicine that you have taken at least every other day over the past month. For example, aspirin and other pain relievers.

Prescriptions:

_____	_____	_____
_____	_____	_____

Over the Counter:

_____	_____	_____
_____	_____	_____

15. Do you look after your own schedule for taking your medicine or does someone help you with this?

- 0.....Very independent, takes care of own medicine
- 1.....Some assistance
- 2.....Relies on others to administer medicine
- 3.....Not applicable

ASK of WOMEN ONLY:

16. Since we saw you last, has your doctor prescribed Premarin or other estrogen for you? YES NO

Now we will go on to the part of the interview that we have done before. It is possible that you may remember some of the questions I will be asking. That is fine, we would like for you to answer all of the questions. Now...

INTERVIEW WITH VOLUNTEER

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

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

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.

2. What is this called?

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

Point to your watch.

3. What is this?

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

Pat your chair.

4. What about this.....

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

Point to shoes

5. And these.....

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

Show your knuckles.

6. What do we call these?

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

Point to the elbow.

7. What do we call this?

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

Point to the shoulder.

8. And this, what do we call this part of our body?

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

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.....

9. What is a bridge?

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

10. What do you do with a hammer?

 0.....Incorrect
 1.....Correct
11. What do people do in a church?

 0.....Incorrect
 1.....Correct
12. Where do we go to buy medicine?

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

Language Expression - Repetition

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

13. Now I would like for you to repeat what I say,
 "no ifs, ands, or buts".
 0.....Incorrect
 1.....Correct

Memory - Recall

14. Do you remember my name? What is it?
 0.....Incorrect
 1.....Correct

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

15. 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.

16. Repeat after me these words:
- | | | |
|--|-------|-----------------|
| | Boat | 0.....Incorrect |
| | | 1.....Correct |
| | House | 0.....Incorrect |
| | | 1.....Correct |
| | Fish | 0.....Incorrect |
| | | 1.....Correct |

[Repeat, up to 5 attempts, until volunteer 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.

17. If I have 20 dollars and give you 2 dollars, how many do I have left?
- [\$18.00]
- | | | |
|--|--|-----------------|
| | | 0.....Incorrect |
| | | 1.....Correct |

Recall

18. Do you remember the three words I told you a few minutes ago?
- | | | |
|--|-------|-----------------|
| | Boat | 0.....Incorrect |
| | | 1.....Correct |
| | House | 0.....Incorrect |
| | | 1.....Correct |
| | Fish | 0.....Incorrect |
| | | 1.....Correct |

Attention and Calculation

19. Please count from 1 to 20.
- | | | |
|--|--|-----------------|
| | | FORWARD |
| | | 0.....Incorrect |
| | | 1.....Correct |

20. Now count backward from 20 to 1.
- | | | |
|--|--|-----------------|
| | | BACKWARD |
| | | 0.....Incorrect |
| | | 1.....Correct |

21. 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?
- | | | |
|--|-----|-----------------|
| | \$4 | 0.....Incorrect |
| | | 1.....Correct |
| | \$6 | 0.....Incorrect |
| | | 1.....Correct |
| | \$8 | 0.....Incorrect |
| | | 1.....Correct |

[Show the volunteer two coins, one dime and one quarter.]

22. How much money does this make?
[\$.35]
0.....Incorrect
1.....Correct
23. If someone gave you this amount, as change
from one dollar, how much would you have spent?
[\$.65]
0.....Incorrect
1.....Correct

Orientation to Place

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

24. What is the name of this state?
0.....Incorrect
1.....Correct
25. What is the name of this city?

0.....Incorrect
1.....Correct
26. Who is the mayor of this city? [Stephen Goldsmith]

0.....Incorrect
1.....Correct
27. What are two major streets near your home?

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

0.....Incorrect
1.....Correct
29. What is your complete address, including your zip code?

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

Orientation to Time

Now I would like to ask some questions about time.

30. What day of the week is it?

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

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

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

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

34. What season is it?
Official dates seasons begin: Allowable answers:
Winter = December 22 December: Fall/Winter
Spring = March 21 March: Winter/Spring
Summer = June 22 June: Spring/Summer
Fall = September 23 September: Summer/Fall
0.....Incorrect
1.....Correct

35. Did it rain/snow yesterday?
0.....Incorrect
1.....Correct

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.]

36. Please nod your head.
0.....Incorrect
1.....Correct

37. Please point first to the window and then to the door.
0.....Incorrect
1.....Correct

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

38. 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.
Right hand 0.....Incorrect
1.....Correct
Folds 0.....Incorrect
1.....Correct
In lap 0.....Incorrect
1.....Correct

Memory - Recall

39. Do you remember my name? [Rough approximation acceptable as correct.]
0.....Incorrect
1.....Correct

Memory

40. 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.

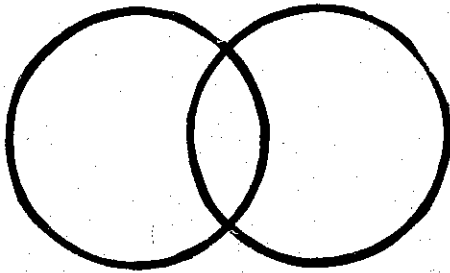
Now I would like for you to tell me the story in as much detail as possible.

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

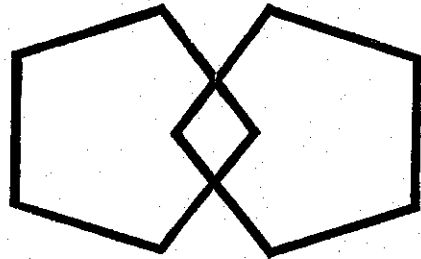
Praxis - Copying

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

41.



42.



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

43. Tremor

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

- 0.....Absent
- 1.....Present

44. Remember the story I told you awhile ago. 1.....Three children
 Now I would like for you to tell me 1.....House on fire
 as much as you can about it. 1.....Brave man climbed
 1.....Children rescued
 1.....Minor injuries
 1.....Everyone well
 _____Total

45. The Japanese bombed Pearl Harbor on December 7, 1941. What did the Americans do after that?

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

46. What is the name of the civil rights leader who was assassinated in Memphis in 1968? [Rev. Martin Luther King, Jr.]

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

47. Who is the current President of the United States? [William Jefferson Clinton]

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

48. Who is the current Governor of Indiana ? [Frank O'Bannon]

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

INVOLVEMENT

We have become more interested in how people spend their time after they retire. I would like to ask you a few questions about your time.

1. Do you take care of anyone in addition to yourself? For example is there anyone you cook meals for, do laundry or generally look after?

0 = No
 1 = Yes

If yes,

Who do you look after?
 How old is _____?
 Tell me what you do for _____?
 How often do you do this?

10. When you do go out what form of transportation do you usually use?

- 0.....Drives own car
- 1.....Rides public transportation
- 2.....Has some help
- 3.....Does not travel at all

11. What about making telephone calls? Do you use the telephone book to look up numbers to make calls?

- 0.....Telephones independently
- 1.....Has some help
- 2.....Does not use the telephone at all

12. Here at home, do you ever prepare meals?

- 0.....Prepares meals independently
- 1.....Has some help
- 2.....Does not prepare meals

Scoring Guidelines

<u>Item</u>	<u>Correct Alternate (1 point)</u>	<u>Incorrect (0 points)</u>
On the day after	statement indicating "the day after"	any other response
Memorial Day	Memorial holiday	any other date/holiday
3 brothers	3 brothers	any other number; any other relationship
went to the White River	White River, creek	lake or pond
to catch fish	to fish, to go fishing, went to fish, fished	any other activity
The youngest boy	youngest, smallest, the baby brother	middle or oldest boy or brother
caught 5 fish	5 fishes, name of fish such as catfish, trout, etc.	any other number
but his 2 brothers	2 must be stated, older, other brothers, older boys (referring to brothers)	any other number
did not catch any	got nothing, got skunked, were empty, got zip	were mad, were jealous
The three brothers	"The boys," "they" (referring to the boys)	the family
took the fish home	Any statement that refers to the catch must state home in some fashion, "their house"	
and their mother	Any phrase that indicates mother	sister or other relative
cooked them for dinner	Any phrase indicating the fish were prepared for eating "made a meal of it, "cooked it for supper," "cleaned the fish and served it"	
The whole family	the family, all the members of the family	
was very proud	"proud," "impressed," "happy with"	"liked him," "laughed at him"
of the youngest boy	"the smallest," "the baby," "the littlest"	"middle boy," "the oldest"

Fish Story

Before we go any further I would like for you to do a little memory exercise with me. I would like to read you a little story. This is a short story but it has a lot of details. I will tell you the story, then when I finish I want you to tell the story back to me with as many details as you can.

On the day after / Memorial Day / three brothers /
went to the White river / to catch fish. / The youngest boy /
caught five fish / but his two brothers / did not catch any./
The three brothers took the fish home / and their mother/
cooked the fish for dinner. / The whole family /
was very proud / of the youngest boy.

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

[Interviewer marks through each part as it is reported, make a "✓" to the correct segments. The number (3 brothers, 5 fish) need to be correct to be counted. Each "/" indicates one segment, with a total of 14 segments. Interviewers cannot help with the contents during the repeating of the story, but may encourage with "then what." Record total number of phrases.]

_____ Total Number of Phrases

NEUROLOGICAL TESTS

I would like to do a few tests to see how well your arms and legs work and how well you are able to walk. Let me know if you feel insecure or unsafe doing any of these tests? O.K., let's begin.

1. Hands in Front (**palms up**) (seated): Describe while demonstrating.
Now I would like for you to sit up straight and put both hands in front of you like this (palms up). Now close your eyes and try to keep your arms just the way they are until I tell you to stop. (time for 30 seconds)

Right Side

- 1.....Unable to do
- 2.....Drifted down
- 3.....Successfully held < 30 secs
- 4.....Successfully held 30 secs

Left Side

- 1.....Unable to do
- 2.....Drifted down
- 3.....Successfully held < 30 secs
- 4.....Successfully held 30 secs

2. Fingers to Nose (sitting): Describe while demonstrating.
Now I would like for you to hold your hands out in front **palms down**, but this time keep your eyes open. Now using the tip of your pointer finger (show) of your right hand, touch the tip of your nose. Now let's do it with the left hand. (If the volunteer has trouble understanding this task he/she may practice.)

Right Side

- 1.....Unable to do
- 2.....Tried unsuccessfully
- 3.....Successfully touched nose
- 4.....Tremor

Left Side

- 1.....Unable to do
- 2.....Tried unsuccessfully
- 3.....Successfully touched nose
- 4.....Tremor

[If tremor is present circle #4 plus test performance]

3. Chair Stand: Interviewer describe chair stand while demonstrating.
[Correct performance = individual rises from chair without help]
 - 3a. Number of attempts to rise [including rocking-weight shifting]
_____ attempts
 - 3b. Score for attempt to rise
 1. Rises without using arms
 2. Rises using arms
 3. Not attempted for safety
 4. Not attempted (chairbound)
 5. Not attempted (no suitable chair)
 6. Not attempted (other) specify _____
 7. Tried but unable
 - 3c. Record chair type
 1. Table chair - i.e. kitchen or dining room chair
 2. Low arm chair or low sofa

4. Walking Ability: No test, interviewer rate by observation and question if unsure.

- 4a. 1.....Unable to walk
2.....Wheelchair as walking aid
3.....Walker
4.....Quadruple cane
5.....Cane
6.....Other
7.....No aid

- 4b. Has there been amputation [by observation]
- 1.....No
2.....One leg
3.....Both legs

- 4c. Is there paralysis or major weakness of the legs?
- 1.....None
2.....One leg
3.....Both legs

5. Semi Tandem Stand: Describe the position while demonstrating. (time for 10 seconds)



- 1.....Tried but unable
2.....Unable to hold 10 seconds
(____ seconds)
3.....Held successfully for 10 seconds
4.....Not attempted

_____ comment

6. Side by Side Stand: Describe the position while demonstrating. [time for 10 seconds]



- 1.....Tried but unable
2.....Unable to hold 10 seconds
(____ seconds)
3.....Held successfully for 10 seconds
4.....Not attempted

_____ comment

7. Are any of the difficulties reported on the neurological tests due to arthritis?

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

8. Now I would like to measure your height and weight. Please remove your shoes and stand as straight as possible against the door frame [wall, if no available door frame].

[Interview place plastic ruler on top of volunteer's head and position "post it" on the door frame.]

Record # of inches _____

9. Now please step onto the scales and I will record your weight.

Record # of pounds _____

Now I would like to measure your blood pressure.

[Interviewer: set up your equipment and make sure the volunteer is seated near a table.]

Before you measure blood pressure ask:

10. Did you take any medicine specifically for blood pressure since this time yesterday?

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

11. Measure blood pressure in the right arm, delay one (1) minute between readings.

Cuff Size: 1.....Adult
2....Large Adult
3.....Child

Pulse: _____

Blood Pressure:

Time 1: _____/_____

Time 2: _____/_____

Time 3: _____/_____

Thank you. Just a couple of last questions now.

12. Do you currently use tobacco?

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

13. Do you drink alcoholic beverages?

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

13a. If yes, how often do you drink alcoholic beverages?

4....Daily or almost everyday
3.....3-4 times a week
2.....1-2 times a week
1.....Once or twice a month
0.....Not applicable

INTERVIEW WITH RELATIVE

Daily Activities

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

_____ (Wife, husband, etc.) activities these days.

1. 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

Please describe (check box if activity is reported):

Within the Home	<input checked="" type="checkbox"/>	In the Community	<input checked="" type="checkbox"/>
knitting/crocheting	<input type="checkbox"/>	church	<input type="checkbox"/>
playing musical instrument	<input type="checkbox"/>	local politics	<input type="checkbox"/>
reading	<input type="checkbox"/>	senior center	<input type="checkbox"/>
games/puzzles (individual)	<input type="checkbox"/>	volunteer work	<input type="checkbox"/>
games/puzzles (with others)	<input type="checkbox"/>	spectator of sports	<input type="checkbox"/>
gardening	<input type="checkbox"/>	participator in sports	<input type="checkbox"/>
walking	<input type="checkbox"/>	playing music	<input type="checkbox"/>
participation in sports	<input type="checkbox"/>	listening to music	<input type="checkbox"/>
other: _____	<input type="checkbox"/>	other: _____	<input type="checkbox"/>

2. 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

3. Has there been a general decline in his/her mental functioning?

Describe:

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

IF NO GO TO #4

3a. When did you first notice this? Estimate date: _____ month _____ day _____ year

Record # of months elapsed: months _____

3b. Did this happen slowly or suddenly?

- 1.....Slowly
- 2.....Suddenly
- 3.....Not Known

3c. Has the course of the decline been a steady downhill progression or have there been abrupt declines?

- 1.....Steady
- 2.....Abrupt
- 3.....Not known

4. We all have slight difficulties with remembering things as we get older. Has this been a particular problem for Mr./Mrs. _____?

volunteer's name

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

IF NO GO TO NEXT QUESTION

4a. Did this happen slowly or suddenly?

- 1.....Slowly
- 2.....Suddenly
- 3.....Not Known

4b. Has the course of the memory problems been a steady downhill progression or have there been abrupt declines?

- 1.....Steady
- 2.....Abrupt
- 3.....Not known

Cognitive Functioning

Now I would like to ask about other changes you may have noticed in your _____ (wife/husband, etc.).

5. Does he/she forget where he/she has put things?

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

- | | | |
|-----|--|---|
| 6. | Does he/she forget where things are usually kept? | 0.....No
0.5...Sometimes
1.....Yes
2.....Not known |
| 7. | Does he/she forget the names of friends? | 0.....No
0.5...Sometimes
1.....Yes
2.....Not known |
| 8. | Or, members of the family? | 0.....No
0.5...Sometimes
1.....Yes
2.....Not known |
| 9. | Does he/she forget what he/she wanted to say in the middle of a conversation? | 0.....No
0.5...Sometimes
1.....Yes
2.....Not known |
| 10. | When speaking does he/she have difficulty finding the right words? | 0.....No
0.5...Sometimes
1.....Yes
2.....Not known |
| 11. | Does he/she use the wrong words? | 0.....No
0.5...Sometimes
1.....Yes
2.....Not known |
| 12. | Does he/she tend to talk about what happened long ago rather than the present? | 0.....No
0.5...Sometimes
1.....Yes
2.....Not known |
| 13. | Does he/she forget when he/she last saw you? | 0.....No
0.5...Sometimes
1.....Yes
2.....Not known |
| 14. | Does he/she forget what happened the day before? | 0.....No
0.5...Sometimes
1.....Yes
2.....Not known |
| 15. | Does he/she forget where he/she is? | 0.....No
0.5...Sometimes
1.....Yes
2.....Not known |
| 16. | Does he/she get lost in the community?
e.g. finding the post office or friends' houses? | 0.....No
0.5...Sometimes
1.....Yes
2.....Not known |

17. Does he/she get lost in his/her own home,
e.g. finding the toilet?
- 0.....No
0.5...Sometimes
1.....Yes
2.....Not known

Activities of Daily Living

18. Does he/she have difficulty performing household
chores that he/she used to do, e.g. preparing food
or boiling a pot of tea?
- 0.....No difficulty
0.5..Slight difficulty
1.....Great difficulty
2.....Not known

- 18a. Does the interviewer think the difficulty
is primarily due to physical disability?
- 0.....No
1.....Yes
2.....Not known

19. Has there been a loss of a special skill or
hobby he/she could manage before?
- 0.....No
1.....Yes
2.....Not known

- 19a. Does the interviewer think the difficulty
is primarily due to physical disability?
- 0.....No
1.....Yes
2.....Not known

20. Has there been a change in his/her ability
to handle money?
- 0.....No change
0.5....Some difficulty
1..Cannot handle money
2.....Not known

21. Does he/she have difficulty in adjusting
to change in his/her daily routine?
- 0.....No
0.5...Sometimes
1.....Yes
2.....Not known

22. Have you noticed a change in his/her ability
to think and reason?
- 0.....No
1.....Yes
2.....Not known

23. Does he/she have difficulty feeding him/herself?
- 0.....Eats cleanly with proper utensils
1.....Eats messily with a spoon only
2....Simple solids such as crackers/cookies
3.....Has to be fed
4.....Not known

- 23a. Does the interviewer think the difficulty
is primarily due to physical disability?
- 0.....No
1.....Yes
2.....Not known

24. Does he/she have difficulty dressing?

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

24a. Does the interviewer think the difficulty is primarily due to physical disability?

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

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

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

25a. Does the interviewer think the difficulty is primarily due to physical disability?

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

Now just a few more questions about general everyday chores. Sometimes people need help to do some of these things. I would like to ask how Mr./Mrs. _____ manages day-to-day.

26. For example, what do he/she do about his/her finances? Does he/she do his/her own banking, does he/she manage his/her own money or does someone help him/her?

- 0.....Manages financial matters independently
- 1.....Has some help
- 2.....Does not handle own finances at all

27. What about grocery shopping? Does he/she do his/her own shopping?

- 0.....Shops independently
- 1.....Has some help
- 2.....Does not shop at all

28. When he/she does go out what form of transportation does he/she usually use?

- 0.....Drives own car
- 1.....Rides public transportation
- 2.....Has some help
- 3.....Does not travel at all

29. What about making telephone calls? Does he/she use the telephone book to look up numbers to make calls?

- 0.....Telephones independently
- 1.....Has some help
- 2.....Does not use the telephone at all

30. Here at home, does he/she ever prepare meals?

- 0.....Prepares meals independently
- 1.....Has some help
- 2.....Does not prepare meals

Personality and Depression

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

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

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

32. Is there a loss of interest or enjoyment in things in general?

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

33. Has he/she lost interest in things he/she used to enjoy?

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

34. Do you think he/she is more depressed than he/she used to be? [describe evidence]

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

35. Do you think he/she is more nervous than he/she used to be? [describe evidence]

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

36. Has he/she been treated by a doctor for depression?

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

General Health

Since the last time we interviewed a relative about Mr./Mrs. _____ has he/she had any of the following medical problems?

1. Heart Attack (myocardial infarction)?

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

2. Angina or chest pain? This is treated by putting a small pill under the tongue.
0.....No
1.....Yes
2.....Not known

3. Other heart problems such as congestive heart failure, surgery or bypass surgery, or other procedures for heart problems (positive coronary catherization, angioplasty [balloon]).
0.....No
1.....Yes
2.....Not known

Describe: _____

4. Did he/she have a stroke since the last interview?
0.....No
1.....Yes
2.....Not known

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

[IF NO, GO TO #6]

5a. Is he/she currently being treated by a doctor for high blood pressure?
0.....No
1.....Yes
2.....Not known

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

7. kidney disease?
0.....No
1.....Yes
2.....Not known

8. What about diabetes?
0.....No
1.....Yes
2.....Not known

9. Does he/she look after his/her own schedule for taking medicine or does someone help him/her with this?

- 0 = Very independent, takes care of own medicine
- 1 = Some assistance
- 2 = Relies on others to administer medicine
- 3 = Not applicable

10. Does he/she use tobacco?

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

11. Does Mr./Mrs. _____ drink alcoholic beverages?

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

11a. If yes, how often does he/she drink alcoholic beverages?

- 4....Daily or almost everyday
3.....3-4 times a week
2.....1-2 times a week
1.....Once or twice a month
0.....Not applicable

Wrap Up

13. Is there anything I haven't asked about that you think we should know about Mr./Mrs. _____'s health?
(volunteer's name)

INTERVIEWER'S NOTES

INTERVIEW WITH VOLUNTEER

1. General description of interview. Comments (people present, progression of interview, significant interruptions, comments to help interviewer remember this interview).

Rate degree problem interfered with testing:

	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 volunteer including general appearance and nutrition status. (cooperation, agitation, anxiety, etc.)

3. Reliability of information contained in this assessment.

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

4. Completeness of this interview:

If incomplete, specify: _____

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

INTERVIEWER'S NOTES

INTERVIEW WITH RELATIVE

1. General description of interview. Comments (people present, progression of interview, significant interruptions, comments to help interviewer remember this interview).

2. Reliability of information contained in this assessment.

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

3. Completeness of this interview:

If incomplete, specify: _____

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

