

## **INTRODUCTION**

### **Introductory statement to be used for all subjects.**

Thank you very much for seeing me. I would 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 important to you, but it would be helpful if you would answer them all. Your answers will be kept confidential.

Before we start, I must ask you to sign a Consent Form to show that you have agreed to take part in this study.

**Start time:** \_\_\_\_\_

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

Volunteer ID #: \_\_\_\_\_

Date of this Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Final Status: \_\_\_\_\_

1 = Completed Interview

2 = Refused

3 = Too Sick

4 = Deceased

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

5 = Lost to follow up

6 = Other \_\_\_\_\_

7 = Moved out of Indianapolis

9 = Out of Study – Alzheimer’s Disease

10 = Out of Study – Moved to Nursing Home \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Marital Status**

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

**Household Composition**

- 1 = Lives alone
- 2 = Lives 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 \_\_\_\_\_

1. Do you currently have a paying job?

N.....No  
Y.....Yes

2. Do you do volunteer work?

N.....No  
Y.....Yes

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

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

Age of onset

Father	_____	
Mother	_____	
Brother	(1) _____	(2) _____
Sister	(1) _____	(2) _____
Son	(1) _____	(2) _____
Daughter	(1) _____	(2) _____

**IF YES, ASK #4. IF NO, PROCEED TO #5.**

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

	No	Yes		
Father.....0		1		
Mother.....0		1	No	Yes
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

5. I am now going to read to you a list of medical conditions. I want to know if a doctor has told you that you have any of these conditions. Please answer YES, NO, or DON'T KNOW for each condition.

CONDITION	YES	NO	DON'T KNOW
<b>Stroke or Mini-stroke</b> Date of most recent stroke: ____/____/____ Mon Day Year			
<b>Parkinson's Disease</b>			
<b>Alzheimer Disease</b>			
<b>Epilepsy</b>			
<b>Heart Attack</b> Date of most recent attack: ____/____/____ Mon Day Year			
<b>Angina</b>			
<b>Other heart problems</b> _____ _____ _____			
<b>Vascular Disease</b>			
<b>High Blood Pressure</b>			
<b>Diabetes</b>			
<b>Thyroid Disease</b>			
<b>Kidney Disease</b>			
<b>Are you on Dialysis?</b>			
<b>Liver Disease (Jaundice)</b>			
<b>Lung Disease</b>			
<b>Cancer</b> Are you currently being treated for cancer? _____			
<b>Malaria</b>			
<b>Arthritis</b>			
<b>Broken Bone</b>			
<b>Depression</b>			
<b>Nerves</b>			
<b>Been knocked unconscious</b>			

6. Now I would like to write down the names of all medication(s) you currently take on a regular basis. I need to include vitamins and over-the-counter medicine, as well as herbal remedies that you have taken at least once a day over the past two weeks.

PRESCRIPTIONS	INFORMATION TAKEN FROM THE BOTTLE	
	YES	NO

OVER-THE-COUNTER	INFORMATION TAKEN FROM THE BOTTLE	
	YES	NO


Now I would like to ask about where you were born, your schooling, and your work.

1. Where were you born?

\_\_\_\_\_ Town \_\_\_\_\_ County \_\_\_\_\_ State

2. Where did you live when you were growing up, say, until you were about 19 years old?

\_\_\_\_\_ Town \_\_\_\_\_ County \_\_\_\_\_ State

2a. Did you live in the country or in the town? 1.....Urban/Town  
2.....Rural/Country  
3.....Other

3. Did you work on a farm as a child? 0.....No  
1.....Yes

4. What about between the ages of 20 and 60, where did you live most of the time?

\_\_\_\_\_ Town \_\_\_\_\_ County \_\_\_\_\_ State

4a. Did you live in the country or in the town? 1.....Urban/Town  
2.....Rural/Country  
3.....Other

5. Since you turned 60, where have you lived most of the time?

\_\_\_\_\_ Town \_\_\_\_\_ County \_\_\_\_\_ State

5a. Did you live in the country or in the town? 1.....Urban/Town  
2.....Rural/Country  
3.....Other

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

\_\_\_\_\_

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

\_\_\_\_\_

8. Did you attend school?  
0.....No  
1.....Yes

9. Can you read and write?  
0.....No  
1.....Yes

10. 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)

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

11a. Primary Occupation \_\_\_\_\_

11b. How long? \_\_\_\_\_ Years

11c. Secondary Occupation \_\_\_\_\_

11d. How long? \_\_\_\_\_ Years

12. I would like for you to remember my name. My last name is \_\_\_\_\_ . Can you repeat this please?

(last name)

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.

13. What is this called?  
0.....Incorrect  
1.....Correct

Point to your watch.

14. What is this?

0.....Incorrect

1.....Correct

Pat your chair.

15. What about this...

0.....Incorrect

1.....Correct

Point to shoes.

16. And these...

0.....Incorrect

1.....Correct

Show your knuckles.

17. What do we call these?

0.....Incorrect

1.....Correct

Point to the elbow.

18. What do we call this?

0.....Incorrect

1.....Correct

Point to the shoulder.

19. 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...

20. What is a bridge?

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

0.....Incorrect

1.....Correct

(Examples of correct answer: Something that goes across a river, canyon, road; something the dentist puts in your mouth. Examples of an incorrect answer are road and street.)

21. What do you do with a hammer?

\_\_\_\_\_

0.....Incorrect

1.....Correct

(Examples of correct answer: Drive nails, build things, bang things, hit someone.)

22. What do people do in a church?

\_\_\_\_\_

0.....Incorrect

1.....Correct

(Examples of correct answer: Pray, sing, praise God, read, meditate, etc.)



23. Where do we buy medicine?

\_\_\_\_\_

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

(Examples of correct answer: Drug store, pharmacy, special section of supermarket...)

**Language Expression – Repetition**

(Note to Interviewer: Only one presentation is allowed.)

24. I would like for you to repeat what I say.  
“no ifs, ands, or buts”.

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

**Memory – Recall**

25. Do you remember my name, What is it?

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

If incorrect: Well, I will ask you again very soon. Remember, my last  
name is \_\_\_\_\_.

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

**Language Expression – Naming, Fluency**

26. 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...

\_\_\_\_\_ Number of animals

**Registration**

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

27. 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 the volunteer has successfully said the three words.)

Very good, now try to remember these words because I will ask you later.

**Attention and Calculation**

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

28. If I had 20 dollars and gave you 2 dollars, how many would I have left?  
(\$18.00)

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

**Recall**

29. 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**

30. 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

**Orientation to Place**

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

31. What is the name of this city? 0.....Incorrect  
\_\_\_\_\_ 1.....Correct

32. Who is the Mayor of this city? (Bart Peterson) 0.....Incorrect  
\_\_\_\_\_ 1.....Correct

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

34. Where is the City Market? 0.....Incorrect  
\_\_\_\_\_ 1.....Correct

(Correct answers 222 E. Market St; on Market Street downtown; across from City Hall; across from the City-County Building; on the corner of Market between Delaware and Alabama)

35. 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.

36. What day of the week is it? 0.....Incorrect  
\_\_\_\_\_ 1.....Correct

37. What month is it? 0.....Incorrect  
\_\_\_\_\_ 1.....Correct

38. What year is this? 0.....Incorrect  
\_\_\_\_\_ 1.....Correct

39. What season is it? 0.....Incorrect  
1.....Correct  
 \_\_\_\_\_  
 Allowable answers: December: Fall/Winter  
 March: Winter/Spring  
 June: Spring/Summer  
 September: Summer/Fall
40. Did it rain/snow yesterday? YES NO 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.)

41. Please nod your head. 0.....Incorrect  
1.....Correct
42. 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.)

43. I am 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**

44. Do you remember my name? (Close approximation acceptable as correct.) 0.....Incorrect  
1.....Correct

**Memory**

45. Now I will read a short story. I will then 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.

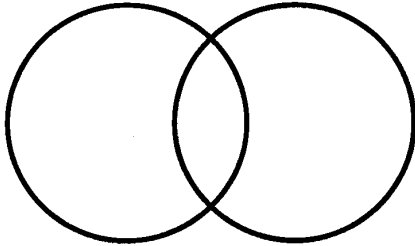
- 1.....Three children
- 1.....House on fire
- 1.....Brave man climbed
- 1.....Children rescued
- 1.....Minor injuries
- 1.....Everyone well

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

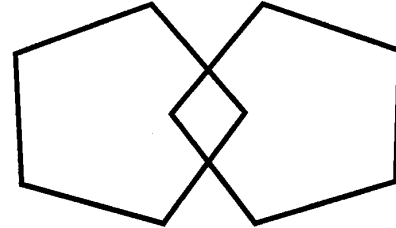
**Praxis – Copying**

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

46.



47.



46.

0.....Incorrect

1.....Correct

47.

0.....Incorrect

1.....Correct

48. Tremor

0.....Absent

1.....Present

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

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

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

50. 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

51. Who is the current President of the United States? (George W. Bush)

\_\_\_\_\_

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

52. Who is the current Governor of Indiana? (Mitch Daniels)

\_\_\_\_\_

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 for or generally look after?

0 = No  
1 = Yes

If YES,

<u>Relationship</u>	<u>Age</u>	<u>Type of Care</u>	<u>How Often</u>		<u>Reason</u>
1 = Spouse		1 = Full care			1 = Child
2 = Sibling		2 = Look after			2 = Sick
3 = Child		3 = Meals/Laundry			3 = Old
4 = Grandchild					4 = Mentally compromised
5 = Other kin			Hrs/day	Days/week	5 = Other
6 = Other					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. About how often do you have visitors such as:

	NEVER	<1/ MO	1-3/MO	1-2/WK	3-4/WK	5-6/WK	>6/WK
<b>FAMILY</b>							
<b>FRIENDS</b>							

3. As you know, there is a notion that as people grow older they acquire more wisdom through their life experiences. Have you personally had the experience of family members or friends seeking your advice on day-to-day things or when they face important decisions?

0 = No  
1 = Yes

About how often does this happen?

	NEVER	<1/ MO	1-3/MO	1-2/WK	3-4/WK	5-6/WK	>6/WK
<b>FAMILY</b>							
<b>FRIENDS</b>							



**Individual Cognitive Activity**

4. Some people enjoy doing crafts and hobbies such as knitting, crossword puzzles, gardening or reading. I am referring to activities we usually do alone, by ourselves. What sorts of things do you enjoy?

	NEVER	<1/MO	1-3/MO	1-2/WK	3-4/WK	5-6/WK	>6/WK
Arts/Crafts							
Baking/Cooking							
Exercising at home							
Games/Puzzles/Cards							
Gardening							
Playing Music at home							
Reading							
Sewing/Knitting							
Walking/Jogging							
Wood/Metal Working							
Other _____							

5. What about watching television and/or listening to the radio? About how many hours a day do you...

- a. watch television \_\_\_\_\_ hours per day
- b. listen to the radio \_\_\_\_\_ hours per day

**Social Activities**

6. Now I am interested in activities we usually do with other people. Do you participate in activities outside the home, in the community, such as:

	NEVER	<1/MO	1-3/MO	1-2/WK	3-4/WK	5-6/WK	>6/WK
Bowling							
Dancing							
Church							
Exercising							
Exercise Class							
Fishing							
Neighborhood Association or local politics							
Senior Center							
Social Club							
Volunteer							
Watch/participate in sports							
Playing music with others							
Go to restaurants or movies							
Visit Family							
Visit Friends							
Other _____							

And which Church is that? \_\_\_\_\_  
 (Actual name of the Church should be written.)

7. About how often do you go out into the community to do errands such as:

	NEVER	<1/ MO	1-3/MO	1-2/WK	3-4/WK	5-6/WK	>6/WK
<b>Grocery shopping</b>							
<b>Other Errands</b>							

## NEUROLOGICAL TESTS

I would like to do a few tests to see how well your arms and legs work. Let me know if you feel insecure or unsafe doing any of these tests. OK, 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).

<u>Right Side</u>	<u>Left Side</u>
1.....Unable to do	1.....Unable to do
2.....Drifted down	2.....Drifted down
3.....Successfully held <30 secs	3.....Successfully held <30 secs
4.....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.)

<u>Right Side</u>	<u>Left Side</u>
1.....Unable to do	1.....Unable to do
2.....Tried unsuccessfully	2.....Tried unsuccessfully
3.....Successfully touched nose	3.....Successfully touched nose
4.....Tremor	4.....Tremor

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

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

- 3b. Has there been amputation (by observation)?

1.....No
2.....One leg
3.....Both legs

- 3c. Is there paralysis or major weakness of the legs?

1.....No
2.....One leg
3.....Both legs

4. 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

5. Are any of the difficulties reported on the neurological tests due to arthritis?
- 0.....No  
 1.....Yes

6. Now I would like to measure your height and weight. Please stand as straight as possible against the doorframe (wall, if no available door frame).

(Interviewer, place plastic ruler on top of volunteer's head and position "post it" on the doorframe.)

Record # of inches \_\_\_\_\_

7. Now please step onto the scale 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 with arm about heart level.)

Before you measure blood pressure ask:

8. Did you take any medicine specifically for blood pressure since this time yesterday?
- 0.....No  
 1.....Yes  
 2.....Not known

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

Blood Pressure Machine #: \_\_\_\_\_ Cuff size: 1.....Adult  
 2.....Large Adult  
 3.....Child

Blood Pressure:

Time #1: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_  
 Time #2: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_  
 Time #3: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_

Thank you. Just a couple of last questions.

**Alcohol Use**

10. Do or did you drink alcoholic beverages? 0.....No  
1.....Yes
11. Was there ever a period when you drank alcoholic beverages regularly?  
0.....No  
1.....Yes

**IF BOTH #10 AND #11 ARE NO, GO TO #17.**

12. At what age did you begin drinking alcohol? \_\_\_\_\_ (age)
13. Do you still drink alcoholic beverages? 0.....No  
1.....Yes

**IF YES, GO TO #15.**

14. At what age did you stop drinking? \_\_\_\_\_ (age)
15. How often do/did you drink alcoholic beverages?  
4.....Daily or almost everyday  
3.....3-4 times a week  
2.....Once or twice a week  
1.....Once or twice a month
16. On those days that you have or had alcoholic beverages, about how many drinks do/did you usually have?  
(1 drink = 1 beer; 1 glass wine; 1 mixed drink)  
3.....More than 5 drinks  
2.....3 to 5 drinks  
1.....1 or 2 drinks

**Tobacco Use**

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

- |           |                       |
|-----------|-----------------------|
|           | YES                   |
| 0.....No  | 1.....Cigarettes      |
| 1.....Yes | 1.....Cigars          |
|           | 1.....Pipe            |
|           | 1.....Chewing Tobacco |
|           | 1.....Snuff           |

**IF NO, THIS CONCLUDES THE QUESTIONS. IF YES, GO TO #18.**

When you give the volunteer the envelope with the money and the consent form, say the following:

18. How **old** were you when you **started** using tobacco?

- |                 |       |
|-----------------|-------|
| Cigarettes      | _____ |
| Cigars          | _____ |
| Pipe            | _____ |
| Chewing Tobacco | _____ |
| Snuff           | _____ |

19. Do you still use tobacco?

- |           |                       |
|-----------|-----------------------|
|           | YES                   |
| 0.....No  | 1.....Cigarettes      |
| 1.....Yes | 1.....Cigars          |
|           | 1.....Pipe            |
|           | 1.....Chewing Tobacco |
|           | 1.....Snuff           |

**IF YES, GO TO #21.**

20. At what **age** did you **stop** using tobacco?

- |                 |       |
|-----------------|-------|
| Cigarettes      | _____ |
| Cigars          | _____ |
| Pipe            | _____ |
| Chewing Tobacco | _____ |
| Snuff           | _____ |

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

Cigarettes \_\_\_\_\_

Cigars \_\_\_\_\_

Pipe \_\_\_\_\_

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

Snuff \_\_\_\_\_

One final question.

Are any blood relatives of your participating in this study?

Name \_\_\_\_\_

Name \_\_\_\_\_

Conclude the interview. Thank the volunteer and give the \$10.00 and the pink copy of the consent form. Don't forget, you may want to go back to check that you recorded the medications properly.

When you give them the envelope with the money and the consent form, say the following:

"We appreciate your taking the time to have the interview today."

**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 subject 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





**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 other
- 1....some, active at home, takes care of self and 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:

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Please check box if activity is reported.

<b>Within the Home</b>	√	<b>In the Community</b>	√
Knitting/crocheting		Church	
Playing musical instrument		Local politics	
Reading		Senior center	
Games/puzzles (individual)		Volunteer work	
Games/puzzles (with others)		Spectator of sports	
Gardening		Participator in sports	
Walking		Playing music	
Participation in sports		Listening to music	
Other:		Other:	

**2. Have you seen a change in his/her daily activities in the past few 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

**Daily Activities – Cont'd.**

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

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

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**IF NO, GO TO #4.**

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

Record # 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 serious problem for Mr./Mrs. \_\_\_\_\_?

Volunteer's name

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

**IF NO, GO TO NEXT SECTION.**

- 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.....Slowly  
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

**Cognitive Functioning – Cont'd.**

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

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

19a.

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

**Activities of Daily Living – Cont'd.**

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

**Personality and Depression**

Now I would like to know about any changes in Mr./Mrs./Miss \_\_\_\_\_ personality.

26. Have you noticed any changes in his/her personality? Describe.
- \_\_\_\_\_
- \_\_\_\_\_
- 0.....No  
1.....Yes  
2.....Not known
27. Has he/she become more irritable?
- 0.....No  
1.....Yes  
2.....Not known
28. Has he/she become more stubborn?
- 0.....No  
1.....Yes  
2.....Not known
29. Does he/she show less concern for other people?
- 0.....No  
1.....Yes  
2.....Not known
30. Is there a loss of interest or enjoyment in things in general?
- 0.....No  
1.....Yes  
2.....Not known
31. Has he/she lost interest in things he/she used to enjoy?
- 0.....No  
1.....Yes  
2.....Not known
32. Do you think he/she is more depressed than he/she used to be?  
(describe evidence)
- 0.....No  
1.....Yes  
2.....Not known
33. Do you think he/she is more nervous than he/she used to be? (describe evidence)
- 0.....No  
1.....Yes  
2.....Not known



**Personality and Depression – Cont’d.**

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

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

**General Health**

Now I would like to ask you about Mr./Mrs./Miss \_\_\_\_\_ health. I will read a list of medical conditions. For each condition, please tell me if a doctor has ever told him/her that he/she has this condition. Answer Yes, No, or Don't Know.

CONDITION	Yes	No	Don't Know
Stroke or Mini-stroke Date of most recent stroke:  ____/____/____ Mon Day Year			
Parkinson's Disease			
Alzheimer Disease			
Epilepsy			
Heart Attack Date of most recent attack:  ____/____/____ Mon Day Year			
Angina			
Other heart problems _____ _____			
Vascular Disease			
High Blood Pressure			
Diabetes			
Thyroid Disease			
Kidney Disease			
Liver Disease (Jaundice)			
Lung Disease			
Cancer _____ _____			
Malaria			
Arthritis			
Broken Bone			
Depression			
Nerves			
Been knocked unconscious			

**General Health – Cont'd.**

1. 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
- 4.....Not known

2. Does or did he/she drink alcoholic beverages?

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

3. Was there ever a period when he/she drank alcoholic beverages regularly?

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

known

**IF BOTH #2 AND #3 ARE NO, GO TO #9.**

4. At what age did he/she begin drinking alcohol? \_\_\_\_\_  
(age)

5. Does he/she still drink alcoholic beverages?

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

**IF YES, GO TO #7.**

6. At what age did he/she stop drinking?  
\_\_\_\_\_ (age)

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

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

8. On those days that he/she has or had alcoholic beverages, about how many drinks does/did he/she usually have?  
(1 drink = 1 beer; 1 glass wine; 1 mixed drink)

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



**General Health – Cont’d.**

9. Has there ever been a period when he/she smoked cigarettes, cigars, a pipe, chewing tobacco, or snuff nearly every day?

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

IF NO, THIS CONCLUDES THE QUESTIONS. THANK YOU VERY MUCH FOR YOUR PARTICIPATION. IF YES, CONTINUE WITH #10.

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

- |                 |       |
|-----------------|-------|
| Cigarettes      | _____ |
| Cigars          | _____ |
| Pipe            | _____ |
| Chewing Tobacco | _____ |
| Snuff           | _____ |

11. Does he/she still use tobacco?

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

**IF YES, GO TO #13.**

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

- |                 |       |
|-----------------|-------|
| Cigarettes      | _____ |
| Cigars          | _____ |
| Pipe            | _____ |
| Chewing Tobacco | _____ |
| Snuff           | _____ |

**General Health – Cont'd.**

13. About **how many** does/did he/she have a day? (leave blank if not known)

Cigarettes \_\_\_\_\_

Cigars \_\_\_\_\_

Pipe \_\_\_\_\_

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

Snuff \_\_\_\_\_

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

Wrap up

14. Is there anything I haven't asked that you think we should know about  
Mr./Mrs./Miss \_\_\_\_\_'s health?

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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