

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: _____

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

Type of job _____

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

	<u>Age of onset</u>	
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		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

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
Stroke or Mini-stroke Date of most recent stroke: ____/____/____ Mon Day Year			
Parkinson's Disease			
Alzheimer Disease			
Serious Memory Problems			
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			
Are you on Dialysis?			
Liver Disease (Jaundice)			
Lung Disease			
Cancer: _____			
Are you currently being treated for cancer? Chemotherapy or Radiation			
Malaria			
Arthritis			
Broken Bone in the last year			
Depression			
Nerves			
Been knocked unconscious			

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.

Not taking any medications

Medications not available

PRESCRIPTIONS	INFORMATION TAKEN FROM THE BOTTLE	
	YES	NO

7. 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.

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

Point to your watch.

9. What is this? 0.....Incorrect
 1.....Correct

Pat your chair.

10. What about this... 0.....Incorrect
 1.....Correct

Point to shoes.

11. And these... 0.....Incorrect
 1.....Correct

Show your knuckles.

12. What do we call these? 0.....Incorrect
 1.....Correct

Point to the elbow.

13. What do we call this? 0.....Incorrect
 1.....Correct

Point to the shoulder.

14. 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...

15. 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 street, highway.)

16. What do you do with a hammer?

 0.....Incorrect
 1.....Correct
 (Examples of correct answer: Drive nails, build things, bang things.)

17. What do people do in a church?

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

18. 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.)

19. I would like for you to repeat what I say.
 “no ifs, ands, or buts”.
 0.....Incorrect
 1.....Correct

Memory – Recall

20. 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

21. 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 me 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...

Registration

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

22. 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.)

Record number of attempts _____

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.

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

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

Recall

24. 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

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?

- \$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.

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

27. Who is the Mayor of this city? (Greg Ballard) 0.....Incorrect
_____ 1.....Correct

28. What are the two major streets near your home? 0.....Incorrect

_____ 1.....Correct

29. 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)

30. 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.

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

32. What month is it? 0.....Incorrect
_____ 1.....Correct

33. What year is this? 0.....Incorrect
_____ 1.....Correct

34. What season is it? 0.....Incorrect
1.....Correct
- _____
- Allowable answers: December: Fall/Winter
 March: Winter/Spring
 June: Spring/Summer
 September: Summer/Fall

35. 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.)

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

38. 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.

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

- | | |
|------------|----------------------------------|
| 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? (Close approximation acceptable as correct.) 0.....Incorrect
1.....Correct

(First B.P. Measurement)

Blood Pressure: _____/_____ Pulse: _____

Memory

40. 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.

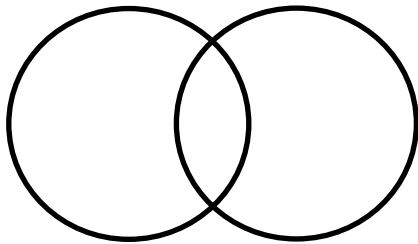
- 1.....Three children
- 1.....House on fire
- 1.....Brave man climbed
- 1.....Children rescued
- 1.....Minor injuries
- 1.....Everyone well

_____.....Total

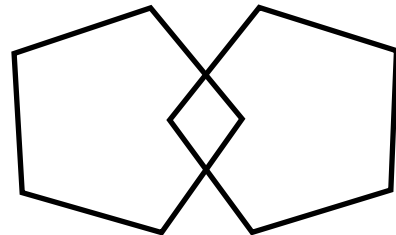
Praxis – Copying

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

41.



42.



41.

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

42.

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

43. Tremor

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

44. 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

45. The Japanese bombed Pearl Harbor on December 7, 1941. What did the Americans do after that? (Declared war, entered WWII, or similar)

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? (Barack Obama)

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

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

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

WORD LIST LEARNING

49. “I am going to read a list of 10 words. Listen closely. When I am finished, I will ask you to tell me all ten words.” Read the words at the rate of one every 2 seconds. Record the serial position of each word recalled. After Trials 1 and 2 say, **“We are going to try that again. Listen closely as I read each word.”**

<u>Trial 1</u>	<u>Trial 2</u>	<u>Trial 3</u>
1. Butter _____	1. Ticket _____	1. Queen _____
2. Arm _____	2. Cabin _____	2. Grass _____
3. Shore _____	3. Butter _____	3. Arm _____
4. Letter _____	4. Shore _____	4. Cabin _____
5. Queen _____	5. Engine _____	5. Pole _____
6. Cabin _____	6. Arm _____	6. Shore _____
7. Pole _____	7. Queen _____	7. Butter _____
8. Ticket _____	8. Letter _____	8. Engine _____
9. Grass _____	9. Pole _____	9. Ticket _____
10. Engine _____	10. Grass _____	10. Letter _____

# Correct by Trial:		
_____ /10	_____ /10	_____ /10
Grand Total	_____ /30	

Record Intrusions Here:

# Intrusions by Trial:		
_____	_____	_____
Grand Total	_____	

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.

- 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					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- 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
FAMILY							
FRIENDS							

- 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
FAMILY							
FRIENDS							

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. I am going to read a list of activities, and I want you to tell me whether or not you do each activity and if you do the activity, how often you do it.

	NEVER	<1/MO	1-3/MO	1-2/WK	3-4/WK	5-6/WK	>6/WK	W/Others
Arts / Crafts								
Baking / Cooking								
Exercising at home								
Games / Puzzles / Cards								
Heavy housework								
Light housework								
Playing a musical instrument								
Reading								
Sewing / Knitting / Crocheting								
Walking / Jogging / Treadmill / Bicycle / Stationery Bike / Hiking								
Wood / Metal Working								
Yard work / Gardening / Lawn / Cutting Wood / Raking								
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? I am going to read a list of activities and I want you to tell me whether or not you do each activity and if you do the activity, how often you do it.

	NEVER	<1/MO	1-3/MO	1-2/WK	3-4/WK	5-6/WK	>6/WK	Alone
Bicycle / Stationary Bike / Hiking								
Bowling								
Casino Boat								
Doing hair (hairdressing)								
Exercise Class / Line Dance / Go to Gym								
Fishing / Hunting								
Golf / Tennis								
Mentoring / Tutoring								
Neighborhood Association or local politics								
Senior Center								
Social Club								
Swimming / Water Aerobics								
Volunteer								
Attend sporting event								
Playing music / games with Others								
Go to restaurants or movies								
Visit Family								
Visit Friends								
Church / Choir								
Other _____								

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

7. Do you drive a car? _____ Yes _____ No

How often do you go out in your car?

	NEVER	<1/ MO	1-3/MO	1-2/WK	3-4/WK	5-6/WK	>6/WK
How Often?							

8. 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
Grocery shopping							
Other Errands							

Happy Faces Scale:

Now I want you to look at this card. See these yellow circles; they represent five different faces. Here are the eyes and this is the mouth. Notice how the mouth is different for each face. Face number 5 has a big smile; this face is extremely happy (point to upturned mouth.) Face number 1 shows a downturned mouth; this face is extremely unhappy or sad (point to downturned mouth). Face number 3 in the middle with the straight mouth, is neither happy nor unhappy (point to face 3). Face number 4 with a small smile is kind of happy (point to face 4). Face number 2 has a slightly downturned mouth and is kind of sad (point to face 2). Now I want you to think about how you have felt over the past week, and then point to the face that shows how you have felt most of the time.

Extremely unhappy 1 2 3 4 5 Extremely happy

Now I'm going to ask you questions about how you've been feeling over the past week.

Please tell me the best answer for how you have felt over the past week:

Geriatric Depression Scale

1. Are you basically satisfied with your life?
Yes **NO**
2. Have you dropped many of your activities and interests?
YES No
3. Do you feel that your life is empty?
YES No

4. Do you often get bored?
YES No
5. Are you in good spirits most of the time?
Yes **NO**
6. Are you afraid that something bad is going to happen to you?
YES No
7. Do you feel happy most of the time?
Yes **NO**
8. Do you often feel helpless?
YES No
9. Do you prefer to stay home, rather than going out and doing new things?
YES No
10. Do you feel that you have more problems with memory than most people?
YES No
11. Do you think it is wonderful to be alive now?
Yes **NO**
12. Do you feel pretty worthless the way you are now?
YES No
13. Do you feel full of energy?
Yes **NO**
14. Do you feel that your situation is hopeless?
YES No
15. Do you think that most people are better off than you are?
YES No

Anxiety (Hopkins Symptom Checklist):

16. During the past week, have you felt nervous or shaky inside?

0=No
1=a little
2=sometimes
3=extremely
4=do not know

(Second B.P. Measurement)

Blood Pressure: _____/_____

Pulse: _____

17. During the past week, did you have to avoid certain things, places or activities because they frighten you?

- 0=No
- 1=a little
- 2=sometimes
- 3=extremely
- 4=do not know

18. During the past week, have you felt tense?

- 0=No
- 1=a little
- 2=sometimes
- 3=extremely
- 4=do not know

19. During the past week, have you felt fearful?

- 0=No
- 1=a little
- 2=sometimes
- 3=extremely
- 4=do not know

Mastery:

20. Please tell me whether you agree or disagree with this statement: I can do just about anything I really set my mind to.

- 1=strongly agree
- 2=somewhat agree
- 3=somewhat disagree
- 4=strongly disagree

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.....Held less than (<) 30 secs	3.....Held less than (<) 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. Stand up from sitting in a chair: While demonstrating, interviewer describes standing up from sitting in a chair.
(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.....No
2.....One leg
3.....Both legs
5. Semi-Tandem Stand: Describe the position while demonstrating. The right foot is placed next to the left foot with the heel of the right foot at about the instep of the left foot with 2 to 3 inches between the two feet. (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. Stand with feet side by side, toes aligned, feet about 3 inches apart. (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 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 _____

- 9. We need to measure your **waist circumference**. Please wrap this around your waist.

Record # of inches _____

- 10. 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:

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

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

- 12. Measure blood pressure in the left arm, and record under Time #3.

Blood Pressure Machine #: _____ Cuff size: 1.....Adult
 2.....Large Adult

Blood Pressure:

Time #1: _____ / _____ Pulse: _____
 Time #2: _____ / _____ Pulse: _____
 Time #3: _____ / _____ Pulse: _____

Thank you. Just a couple of last questions.

18. One final question.

Are any blood relatives of yours participating in this study (mother, father, brother, sister, son, or daughter?)

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

Name _____ Relationship _____

Name _____ Relationship _____

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."

Finish time: _____

INTERVIEWER'S NOTES

Interviewer Assessment of Overall Executive Functioning

This is to be filled out by the interviewer after the interview has been completed and the interviewer has left the participant's home. The following ratings represent the interviewer's impressions based upon the entire interview experience.

- | | | | | | | |
|--|---|---|--------------|---|---|--|
| A. Very well organized
(person, home environment) | 1 | 2 | Average
3 | 4 | 5 | Disorganized
(disheveled person, clutter, confusion) |
| B. Socially very active
(Involved with community, church, friends, family) | 1 | 2 | Average
3 | 4 | 5 | Socially Isolated |
| C. Good insight
(Realistic appreciation of personal life situation and circumstances) | 1 | 2 | Average
3 | 4 | 5 | Lacks insight
(Doesn't fully understand current circumstances) |
| D. Fully independent
(Performs necessary activities of daily living independently) | 1 | 2 | Average
3 | 4 | 5 | Depends on others
(Medications, food, activities of daily living) |
| E. Successfully solves simple problems of daily living | 1 | 2 | Average
3 | 4 | 5 | Unable to solve simple daily problems |
| F. Able to concentrate and focus attention to solve complex problems | 1 | 2 | Average
3 | 4 | 5 | Unable to solve complex problems |

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

RELATIVE

Name of relative: _____
 First Last

Date of this Interview: _____
 Month Day Year

Telephone number: _____

Best time of day to telephone: _____

Relationship to volunteer: 1.....Spouse
 2.....Sibling
 3.....Daughter/Son
 4.....Grandchild
 5.....Other
 Specify: _____

Have we spoken with this relative before?
0.....No
1.....Yes

Age of relative: _____ years

Address: _____
 Street Apt. #
 _____ _____ _____

Residence:
1.....Lives with volunteer
2.....Other Specify: _____

How often does the relative see the volunteer?
1.....Every day
2.....Every other day
3.....Once a week
4.....Once a month
5.....Other Specify: _____

Interviewer Initials: _____

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

Individual Cognitive Activity

2. 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. I am going to read a list of activities, and I want you to tell me whether or not Mr./Mrs. _____ does each activity and if he/she does the activity, how often he/she does it.

	NEVER	<1/MO	1-3/MO	1-2/WK	3-4/WK	5-6/WK	>6/WK	W/Others
Arts / Crafts								
Baking / Cooking								
Exercising at home								
Games / Puzzles / Cards								
Heavy housework								
Light housework								
Playing a musical instrument								
Reading								
Sewing / Knitting / Crocheting								
Walking / Jogging / Treadmill / Bicycle / Stationery Bike / Hiking								
Wood / Metal Working								
Yard work / Gardening / Lawn / Cutting Wood / Raking								
Other _____								

Social Activities

3. Now I am interested in activities we usually do with other people. Does Mr./Mrs. _____ participate in activities outside the home, in the community? I am going to read a list of activities and I want you to tell me

whether or not Mr./Mrs. _____ does each activity and if he/she does the activity, how often he/she does it.

	NEVER	<1/MO	1-3/MO	1-2/WK	3-4/WK	5-6/WK	>6/WK	Alone
Bicycle / Stationary Bike / Hiking								
Bowling								
Casino Boat								
Doing hair (hairdressing)								
Exercise Class / Line Dance / Go to Gym								
Fishing / Hunting								
Golf / Tennis								
Mentoring / Tutoring								
Neighborhood Association or local politics								
Senior Center								
Social Club								
Swimming / Water Aerobics								
Volunteer								
Attend sporting event								
Playing music / games with Others								
Go to restaurants or movies								
Visit Family								
Visit Friends								
Church / Choir								
Other _____								

Daily Activities – Cont'd.

4. 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

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

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

IF NO, GO TO #7.

6a. When did you first notice this? Estimate date: _____
month day year

Record # months elapsed: _____ Months

6b. Did this happen slowly or suddenly?

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

6c. Has the course of the decline been a steady downhill progression or have there been abrupt declines?

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

7. 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.

7a. Did this happen slowly or suddenly?

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

7b. 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.).

- 8. Does he/she forget where he/she has put things?
 0.....No
 0.5...Sometimes
 1.....Yes
 2.....Not known

- 9. Does he/she forget where things are usually kept?
 0.....No
 0.5...Sometimes
 1.....Yes
 2.....Not known

- 10. Does he/she forget the names of friends?
 0.....No
 0.5...Sometimes
 1.....Yes
 2.....Not known

- 11. Or, members of the family?
 0.....No
 0.5...Sometimes
 1.....Yes
 2.....Not known

- 12. 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

Cognitive Functioning – Cont’d.

- 13. When speaking does he/she have difficulty finding the right words?
 0.....No
 0.5...Sometimes
 1.....Yes
 2.....Not known

- 14. Does he/she use the wrong words?

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

15. 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

16. Does he/she forget when he/she last saw you?

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

17. Does he/she forget what happened the day before?

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

18. Does he/she forget where he/she is?

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

19. 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

20. 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

21. Does he/she have difficulty performing household chores that he/she used to do; e.g. preparing food or preparing a pot of tea?

0.....No difficulty
0.5...Slight difficulty
1.....Great difficulty
2.....Not known

21a. Does the interviewer think the difficulty is primarily due to physical disability?

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

22. Has there been a loss of a special skill or hobby he/she could manage before?

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

22a.

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

23. 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

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

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

25. 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.

26. 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

- 26a. Does the interviewer think the difficulty is primarily due to physical disability?
0.....No
1.....Yes
2.....Not known

27. 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

- 27a. Does the interviewer think the difficulty is primarily due to physical disability?
0.....No
1.....Yes
2.....Not known

28. Does he/she have difficulty using the toilet?
Does he/she wet or soil himself/herself?
0.....No Problems
1.....Occasionally wets bed
2.....Frequently wets bed
3.....Double incontinence
4.....Not known

- 28a. 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.

29. Have you noticed any changes in his/her personality? Describe.
- _____
- _____
- 0.....No
1.....Yes
2.....Not known
30. Has he/she become more irritable?
- 0.....No
1.....Yes
2.....Not known
31. Has he/she become more stubborn?
- 0.....No
1.....Yes
2.....Not known
32. Does he/she show less concern for other people?
- 0.....No
1.....Yes
2.....Not known
33. Is there a loss of interest or enjoyment in things in general?
- 0.....No
1.....Yes
2.....Not known
34. Has he/she lost interest in things he/she used to enjoy?
- 0.....No
1.....Yes
2.....Not known
35. Do you think he/she is more depressed than he/she used to be?
(describe evidence)
- 0.....No
1.....Yes
2.....Not known
36. 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.

37. 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			
Serious Memory Problems			
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			
Is he/she on Dialysis?			
Liver Disease (Jaundice)			
Lung Disease			
Cancer: _____			
Is he/she currently being treated for cancer? Chemotherapy or Radiation			
Malaria			
Arthritis			
Broken Bone in the last year			
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 he/she drink alcoholic beverages?

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

IF YES

3. How often does 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

4. On those days that he/she has alcoholic beverages, about how many drinks does 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

5. Does he/she smoke 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 #6.

6. Approximately how much tobacco does he/she use daily? (enter question mark (?) if not known)

Cigarettes _____

Cigars _____

Pipe _____

Chewing Tobacco _____

Snuff _____

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

Wrap up

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

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