

Form A2: Co-participant Demographics

ADRC name: _____ Participant ID: _____ Form date: ____ / ____ / ____

Visit #: _____ Examiner's initials: _____

INSTRUCTIONS: This form is to be completed by intake interviewer based on co-participant's report. For additional clarification and examples, see the UDS Coding Guidebook for **Initial Visit Packet, Form A2**. Check only one box per question.

Section 1 — Co-participant's Relationship to Participant

1.	What is the co-participant's relationship to the participant?	Check the <u>most</u> appropriate box: <input type="checkbox"/> 1 Spouse, partner, or companion (include ex-spouse, ex-partner, fiancé(e), boyfriend, girlfriend) <input type="checkbox"/> 2 Child (by blood or through marriage or adoption) <input type="checkbox"/> 3 Sibling (by blood or through marriage or adoption) <input type="checkbox"/> 4 Other relative (by blood or through marriage or adoption) <input type="checkbox"/> 5 Friend, neighbor, or someone known through family, friends, work, or community (e.g., church) <input type="checkbox"/> 6 Paid caregiver, health care provider, or clinician	
2.	How long has the co-participant known the participant?	_____ Years (999 = Unknown)	
3.	Does the co-participant live with the participant?	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1
4.	What is the primary mode of contact with the participant?	Check the <u>most</u> appropriate box: <input type="checkbox"/> 1 In-person <input type="checkbox"/> 2 Telephone <input type="checkbox"/> 3 Video conferencing	<input type="checkbox"/> 4 Texting or email <input type="checkbox"/> 5 Social media platforms <input type="checkbox"/> 6 Other (SPECIFY): _____
5.	What is the approximate frequency of contact?	Check the <u>most</u> appropriate box: <input type="checkbox"/> 1 Daily <input type="checkbox"/> 2 At least three times per week <input type="checkbox"/> 3 Weekly	<input type="checkbox"/> 4 At least three times per month <input type="checkbox"/> 5 Monthly <input type="checkbox"/> 6 Less than once a month
6.	What is the average amount of time spent in contact with the participant during each encounter?	Check the <u>most</u> appropriate box: <input type="checkbox"/> 1 Less than 5 minutes (appropriate for texting or email and may be applicable to other modes of contact as well)	<input type="checkbox"/> 2 5-15 minutes <input type="checkbox"/> 3 15-30 minutes <input type="checkbox"/> 4 30-60 minutes <input type="checkbox"/> 5 Longer than one hour
7.	Is there a question about the co-participant's reliability?	No <input type="checkbox"/> 0	Yes <input type="checkbox"/> 1

Section 2 — Co-participant's Judgment of Participant's Memory**INSTRUCTIONS:** Ask the next three questions **directly to the co-participant**.

8.	Do you feel like the participant's memory is becoming worse?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes, but this does not worry me <input type="checkbox"/> 2 Yes, and this worries me
9.	About how often does the participant have trouble remembering things?	<input type="checkbox"/> 1 Very often <input type="checkbox"/> 2 Often <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 Rarely <input type="checkbox"/> 5 Never
10.	Compared to 10 years ago, would you say that the participant's memory is much worse, a little worse, the same, a little better, or much better?	<input type="checkbox"/> 1 Much worse <input type="checkbox"/> 2 A little worse <input type="checkbox"/> 3 The same <input type="checkbox"/> 4 A little better <input type="checkbox"/> 5 Much better