

Form A2: Co-participant Demographics

ADRC: _____ PTID: _____ Form date: ____/____/____ Visit #: _____ Examiner's initials: _____

Language: <input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish	Mode: <input type="checkbox"/> 1 In-person <input type="checkbox"/> 2 Remote (reason): ____ <input type="checkbox"/> 1 Telephone <input type="checkbox"/> 2 Video <input type="checkbox"/> 0 Not completed (reason): ____	Key (remote reason): 1=Too cognitively impaired 2=Too physically impaired 3=Homebound or nursing home 4=Refused in-person visit 5=Other	Key (not completed reason): 92=No co-participant 95=Physical problem 96=Cognitive/behavioral problem 97=Other 98=Verbal refusal
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INSTRUCTIONS: This form is to be completed by intake interviewer based on co-participant's report. This form should not be provided directly to the co-participant. For additional clarification and examples, see the **UDS Coding Guidebook** for **Form A2**. Check only one box per question.

Section 1 — Co-participant's Relationship to Participant

1.	Is this a new co-participant (i.e., one who was not a co-participant at any past UDS visit)?	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes
2.	What is the co-participant's relationship to the participant?	<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	
3.	How long has the co-participant known the participant? (If the co-participant has known the participant for less than 1 year, use 0.)	____ Years (999 = Unknown)	
4.	Does the co-participant live with the participant?	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes (SKIP TO QUESTION 6)
5.	What is the primary mode of contact with the participant?	<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): _____	
5a1.	What is the approximate frequency of all types of contact?	<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	
5a2.	What is the average amount of time spent in contact with the participant during each encounter? (Please include an average of all encounter types)	<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	
6.	Is there a question about the co-participant's reliability?	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes

Section 2 — Co-participant's Judgment of Participant's Memory

Ask the next three questions **directly to the co-participant**.

7.	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 <input type="checkbox"/> 9 Unknown
8.	About how often does the participant have trouble remembering things?	<input type="checkbox"/> 1 Never <input type="checkbox"/> 2 Rarely <input type="checkbox"/> 3 Sometimes	<input type="checkbox"/> 4 Often <input type="checkbox"/> 5 Very Often <input type="checkbox"/> 9 Unknown
9.	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 better <input type="checkbox"/> 2 A little better <input type="checkbox"/> 3 The same	<input type="checkbox"/> 4 A little worse <input type="checkbox"/> 5 Much worse <input type="checkbox"/> 9 Unknown