

Date: _____ Examiner: _____

Patient's name and surname: _____

Informant Questionnaire on Cognitive Decline in the Elderly

We would like you to **remember what your relative / family member was like about two years ago, and to compare it with what she/he is like today**. The following questions are about situations in which she/he had to use her/his memory or intelligence. Please tell us whether her/his behavior in these situations has improved, gotten worse, or **stayed the same** compared to two years ago.

The comparison of her/his behavior today with behavior two years ago **is very important**. For example, if she/he did not know how to take care of financial issues two years ago, and still does not know how to do this, then please respond with "no change".

Please indicate the changes you have observed by ticking the appropriate answers. If you do not know the answer to a question about a certain situation, please try to make an educated guess based on your knowledge of your relative / family member or answer with "no change".

I am: ☐ partner ☐ daughter/son ☐ friend ☐ neighbour
☐ other: _____

Name and surname: _____ Date of Birth: _____

Compared with 2 years ago how
is this person at:

Compared with 2 years ago how is this person at:						
		MUCH IMPROVED	A BIT IMPROVED	NO CHANGE	A BIT WORSE	MUCH WORSE
	Points/Question	1	2	3	4	5
A	Remembering things about family and friends e.g. occupations, birthdays, addresses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Remembering things that have happened recently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Recalling conversations a few days later	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Remembering what day and month it is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Remembering where to find things which have been put in a different place from usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Learning new things in general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Handling financial matters e.g. the pension, dealing with the bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____