

Completed: Yes.....1
No.....2

Clinical History

This is a semi-structured interview. Please ask all of the questions, noting the skip patterns. Ask any additional questions necessary to meet the purposes of the interview. The purpose of the clinical history interview is to identify: 1) presence of cognitive problems, 2) type of cognitive problems, 3) current status of cognitive ability, 4) when cognitive problems began, and 5) when cognitive problems interfered with ability to function.

Memory

Now, I'd like to ask you some about questions about (NAME's) memory and how her/his memory has changed since (s/he) got older.

1. Have you noticed that (s/he) has had more difficulty with memory or thinking than in the past?
YES.....1
NO(GO TO 3)....2
RF (GO TO 3)... 7
DK (GO TO 3)...8
2. Is this a consistent problem?
YES.....1
NO 2
RF 7
DK..... 8
3. Let's talk about her/his memory for day to day happenings and events that happened recently.
Can (s/he) recall recent events?
USUALLY 1
SOMETIMES... 2
RARELY..... 3
RF..... 7
DK..... 8
4. Can (s/he) recall day to day happenings around the house?:
(Use the prompts below, as needed to get information for #4):
Can (s/he) remember where (s/he) put things or where things are kept?
Can (s/he) remember where to find things if they are put in a different place than usual?
Can (s/he) remember what you tell (her/him) or (s/he) tells you?
Can (s/he) remember a plan for daily activities, appts., phone calls?
1
USUALLY.....
Can (s/he) remember conversations from a few days earlier?
SOMETIMES.. 2
RARELY..... 3
RF.....7
DK..... 8
5. Can (s/he) remember a short list of items (shopping or things (s/he) needs to do)?
1
USUALLY.....
SOMETIMES.. 2
RARELY..... 3
RF.....7
DK..... 8
6. Comments (examples of problems noted above):

INTERVIEWER CHECKPOINT IF [#1≠1] and [#3≠2 or 3] and [#4≠2 or 3] and [#5≠2 or 3]; THEN GO TO 8

7. When did you first notice these changes in her/his memory for day to day happenings [or her/his ability to remember a short list of items]?

..TM..TM..TM..TM..TM..
MO YEAR
(MO DK = 98)
(YEAR DK=9998)

OR

..TM..TM..TM..
AGE
(DK = 998)

8. Now how about her/his memory for events that happened a while ago. Does (s/he) completely forget a major event (e.g. trip, party, family wedding) within a few weeks of the event?

USUALLY 1
SOMETIMES... 2
RARELY 3
RF..... 7
DK..... 8

9. Does (s/he) forget pertinent details of the major event?

USUALLY 1
SOMETIMES... 2
RARELY 3
RF..... 7
DK..... 8

10. Does (s/he) completely forget important information of the distant past about (herself/or himself) or family and friends (e.g. birth date, wedding date, place of employment, historical events, things that happened to (her/him) when (s/he) was young)?

USUALLY 1
SOMETIMES... 2
RARELY 3
RF..... 7
DK..... 8

11. Can (s/he) remember her/his phone number?

USUALLY 1
SOMETIMES... 2
RARELY 3
RF..... 7
DK..... 8

12. Comments (examples of problems noted above):

INTERVIEWER CHECKPOINT IF [#8≠1 or 2] and [#9≠1 or 2] and [#10≠1 or 2] and [#11≠2 or 3]; THEN GO TO 14

13. When did you first notice these changes in memory for events that happened a while ago or information (s/he) learned some time ago?

.TM.TM..TM.TM..TM.TM.
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
.TM.TM.TM..

AGE
(DK = 998)

14. How about her/his memory for people’s names. Does (s/he) have more difficulty now than in the past remembering people’s names?

YES.....1
NO 2
RF 7
DK..... 8

15. Can (s/he) remember the names of family and friends?

USUALLY 1
SOMETIMES... 2
RARELY 3
RF..... 7
DK..... 8

16. Can (s/he) remember the names of more distant acquaintances?

USUALLY 1
SOMETIMES... 2
RARELY 3
RF..... 7
DK..... 8

17. Comments (examples of problems noted above):

INTERVIEWER CHECKPOINT IF [#14≠1] and [#15≠2 or 3] and [#16≠2 or 3]; THEN GO TO 19

18. When did you first notice changes in remembering people’s names?

.TM.TM..TM.TM.
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
.TM.TM.TM..
AGE
(DK = 998)

19. And how about memory for people’s faces. Does (s/he) have more difficulty than in the past recognizing familiar faces?

YES.....
1
NO (GO TO NEXT INTERVIEWER CHECKPOINT)..... 2
RF (GO TO NEXT INTERVIEWER CHECKPOINT)..... 7
DK (GO TO NEXT INTERVIEWER CHECKPOINT)..... 8

20. Comments (examples of problems noted above):

21. When did you first notice changes in recognizing people's faces?

.TM.TM. .TM.TM.TM.TM.
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
.TM.TM.TM..
AGE
(DK = 998)

*INTERVIEWER CHECKPOINT IF #7 and #13 and #18 and #21 not asked; GO TO Orientation

22. Did [all of] these memory problems we talked about begin suddenly or slowly?

SLOWLY.....

1

SUDDENLY..... 2
RF..... 7
DK..... 8

23. Comments (example to support answer to above question):

24. Have these memory problems progressed or stayed stable over time?

PROGRESSED.. 1
STABLE..... 2
RF..... 7
DK 8

25. Do these memory problems interfere with her/his activities of daily life? For example, have they caused (her/him) to change her/his daily activities, caused difficulty in social activities, or in the way (s/he) relates to other people?

LITTLE..... 1
SOME.....

2

MUCH..... 3
NO (GO TO 28)..... 4
RF (GO TO 28)..... 7
DK (GO TO 28)..... 8

26. When did they begin to interfere with her/his daily life?

.TM.TM. .TM.TM.TM.TM.
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
.TM.TM.TM..
AGE
(DK = 998)

27. Comments:

Orientation

Let's talk about her/his awareness of what the date is.

28. Have you noticed that (s/he) has more difficulty than in the past with this?

YES.....1
NO 2
RF 7
DK..... 8

29. How often does (s/he) know the exact date of the month?

1

USUALLY.....

SOMETIMES... 2
RARELY..... 3
RF.....7
DK..... 8

30. How often does (s/he) know the exact month?

1

USUALLY.....

SOMETIMES... 2
RARELY..... 3
RF.....7
DK..... 8

31. How often does (s/he) know the exact year?

1

USUALLY.....

SOMETIMES... 2
RARELY..... 3
RF.....7
DK..... 8

32. How often does (s/he) know the day of the week?

1

USUALLY.....

SOMETIMES... 2
RARELY..... 3
RF.....7
DK..... 8

33. Does (s/he) have difficulty with time relationships (when events happened in relation to each other)?

USUALLY..... 1
SOMETIMES... 2
RARELY..... 3
RF.....7
DK..... 8

34. Comments (examples of problems noted above):

INTERVIEWER CHECKPOINT IF [#28 ≠1] and [#29≠2 or 3] and [#30≠2 or 3] and [#31≠2 or 3] and [#32≠2 or 3] and [#33≠1 or 2]; THEN GO TO 36

35. When did you first notice these changes in knowing what the date is?

.TM.TM. .TM.TM.TM.TM.
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
.TM.TM.TM..
AGE
(DK = 998)

36. Let's talk about her/his ability to find her/his way around places. Does (s/he) have more difficulty than in the past with finding her/his way around familiar streets outside her/his neighborhood?

YES..... 1
NO (GO TO 38)..... 2
RF (GO TO 38)..... 7
DK (GO TO 38)..... 8

37. How often does (s/he) have problems finding her/his way around familiar streets outside her/his neighborhood?

USUALLY 1
SOMETIMES... 2
RARELY 3
RF..... 7
DK..... 8

38. Does (s/he) have trouble getting from one place to another in her/his neighborhood?

YES.....
1
NO (GO TO NEXT INTERVIEWER CHECKPOINT)..... 2
RF (GO TO NEXT INTERVIEWER CHECKPOINT)..... 7
DK (GO TO NEXT INTERVIEWER CHECKPOINT)..... 8

39. How often does (s/he) have trouble getting from one place in her/his neighborhood?

USUALLY 1
SOMETIMES... 2
RARELY 3
RF..... 7
DK..... 8

40. Comment (examples of problems noted above – be sure that this is a change from the past):

*INTERVIEWER CHECKPOINT IF [#36≠1] and [#38≠1]; GO TO 42

41. When did you first notice this change in her/his ability to find her/his way around places outdoors?

.TM.TM. .TM.TM.TM.TM.
MO YEAR
(MO DK=98)
(YEAR DK=9998)
OR
.TM.TM.TM..
AGE
(DK = 998)

42. And now how about her/his ability to find her/his way around places indoors. Does (s/he) have more difficulty now than in the past finding her/his way about indoors, such as at the mall , in stores, or in her/his home?

YES..... 1
NO (GO TO NEXT INTERVIEWER CHECKPOINT)..... 2
RF (GO TO NEXT INTERVIEWER CHECKPOINT)..... 7
DK (GO TO NEXT INTERVIEWER CHECKPOINT)..... 8

43. How often can (s/he) find her/his way about indoors? (code for most impaired environment)

USUALLY..... 1
SOMETIMES... 2
RARELY3
RF.....7
DK..... 8

44. Comment (examples of problems noted above):

45. When did you first notice this change in her/his ability to find her/his way around indoors?

.TM.TM. .TM.TM.TM.TM.
MO YEAR
(MO DK=98)
(YEAR DK=9998)
OR
.TM.TM.TM..
AGE
(DK = 998)

*INTERVIEWER CHECKPOINT IF #35 and #41 and #45 not answered; GO TO 50

46. Have these problems with knowing the date or finding (her/his) way around outdoors or indoors gotten worse over time? (Or if problems have recently started ask "Have these problems gotten worse in the past year?")

YES.....1
NO 2
RF 7
DK..... 8

47. Do these problems interfere with her/his activities of daily life? For example, have they caused (her/him) to change her/his daily activities, caused difficulty in social activities, or in the way (s/he) relates to other people?

LITTLE..... 1
SOME.....
2
MUCH.....3
NO (GO TO 50).....4
RF (GO TO 50).....7
DK (GO TO 50).....8

48. When did these problems begin to interfere with her/his daily life?

. TM . TM . TM . TM . TM .
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
. TM . TM . TM .
AGE
(DK = 998)

49. Comments:

Language and Comprehension

50. Let's now talk about her/his language and her/his ability to understand what (s/he) hears and sees. Does (s/he) have more trouble than in the past finding the right word or expressing (herself/ or himself) clearly?

YES.....1
NO 2
RF 7
DK..... 8

51. Have you noticed that (s/he) talks less than before?

LITTLE LESS..... 1
MUCH LESS..... 2
NO.....3
RF.....7
DK.....8

52. Compared to the past, does (s/he) more often substitute words or make up words as (s/he) talks?

YES.....1
NO 2
RF 7
DK..... 8

53. Does (s/he) stutter, break off in the middle of a sentence, or show other signs of losing her/his train of thought?

YES.....
1
NO (GO TO NEXT INTERVIEWER CHECKPOINT).....2
RF (GO TO NEXT INTERVIEWER CHECKPOINT)..... 7
DK (GO TO NEXT INTERVIEWER CHECKPOINT)..... 8

54. If yes, how often does (s/he) show signs of losing her/his train of thought?

USUALLY 1
SOMETIMES... 2
RARELY 3
RF..... 7
DK..... 8

55. Comment (examples of problems noted above):

*INTERVIEWER CHECKPOINT IF [#50≠1] and [#51≠1 or 2] and [#52≠1] and [#53≠1] THEN GO TO 57

56. When did you first notice these changes in her/his speech and language?

. TM . TM . TM . TM . TM .
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR

. TM . TM . TM .
AGE
(DK = 998)

The next few questions are going to be about reading ability.

57a. Did (s/he) learn to read during her/his life?

YES 1
NO.....2
RF 7
DK 8

57b. Has (s/he) been able to read newspapers, books, or magazines, either now or at an earlier time?

YES..... 1
NO.....2
RF..... 7
DK..... 8

57c. Has (s/he) been able to read well enough to fill out forms such as a job application, insurance form, or taxes, either now or at an earlier time?

YES.....1
NO.....2

RF.....7

DK.....8

57. Now let's talk about how well (s/he) understands language. Does (s/he) read books, magazines or the newspaper less than (s/he) used to?

LITTLE LESS.....1
MUCH LESS..... 2
NO.....3
RF.....7
DK.....8

58. Does (s/he) seem less able to understand what (s/he) reads?

LITTLE LESS 1
MUCH LESS..... 2
NO 3
RF 7
DK 8

59. Does (s/he) seem less able to understand what (s/he) sees on TV?

LITTLE LESS 1
MUCH LESS..... 2
NO 3
RF 7
DK 8

60. Does (s/he) have more difficulty than in the past understanding or following spoken instructions?

LITTLE MORE..... 1
MUCH MORE..... 2
NO 3
RF 7
DK 8

61. Comment (examples of problems noted above):

*INTERVIEWER CHECKPOINT IF [#58≠1 or 2] and [#59≠1 or 2] and [#60≠1 or 2] THEN GO TO 63

62. When did you first notice these changes in her/his ability to understand language?

. TM . TM . TM . TM . TM .
MO YEAR
(MO DK=98)
(YEAR DK=9998)
OR
. TM . TM . TM .
AGE
(DK = 998)

63. Does (s/he) have any problems with vision?

SOME (GO TO NEXT INTERVIEWER CHECKPOINT)..... 1
MUCH (GO TO NEXT INTERVIEWER CHECKPOINT)..... 2
NO (OR ADEQUATELY CORRECTED) (GO TO 65)..... 3
RF (GO TO 65)..... 7
DK (GO TO 65)..... 8

*INTERVIEWER CHECKPOINT IF ASKED #62, THEN ASK #64, OTHERWISE GO TO 65

64. How much are her/his problems with understanding what (s/he) reads and sees due to her/his problems with vision?

SOME.....
MUCH.....2
NOT AT ALL.....3
RF.....7
DK.....8

1

65. Does (s/he) have any problems with her/his hearing?

YES, BUT HEARING AIDS CORRECT(GO TO * BEFORE 67)..... 1
SOME (GO TO * BEFORE 66)..... 2
MUCH (GO TO * BEFORE 66)..... 3
NO (GO TO * BEFORE 67)..... 4
RF (GO TO * BEFORE 67)..... 7
DK(GO TO * BEFORE 67)..... 8

*INTERVIEWER CHECKPOINT IF ASKED #62, THEN ASK #66; OTHERWISE GO TO * BEFORE 67

66. How much are her/his problems with language and understanding what (s/he) hears due to problems with hearing?

SOME..... 1
MUCH.....2
NOT AT ALL..... 3
RF.....7
DK.....8

*INTERVIEWER CHECKPOINT IF DID NOT ASK #62, THEN GO TO 73

67. Did these problems with language and comprehension begin suddenly or slowly?

SUDDENLY..... 1
SLOWLY.....2
RF.....7
DK.....8

68. Have they gotten worse over time? Or if problems have recently started ask “Have these problems gotten worse in the past year?”]

YES.....1
NO 2
RF 7
DK..... 8

69. Comments (example to support answer to above question):

70. Do these problems with language and comprehension interfere with her/his daily life? For example, have they caused (her/him) to change her/his daily activities, caused difficulty in social activities, or in the way (s/he) relates to other people?

LITTLE 1
SOME..... 2
MUCH..... 3
NO (GO TO 73) 4
RF (GO TO 73) 7
DK (GO TO 73) 8

71. When did they begin to interfere with her/his daily activities?

.TM .TM . .TM .TM .TM .TM .
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
.TM .TM .TM .
AGE
(DK = 998)

72. Comments:

Activities of Daily Living

73. These next questions are about daily activities. First, does (s/he) have more difficulty than in the past carrying out routine household tasks, such as cooking, cleaning, laundry, taking out garbage, yard work, simple maintenance and home repair?

LITTLE.....1
SOME.....
2
MUCH.....3
NO (GO TO 77).....4
RF (GO TO 77).....7
DK (GO TO 77).....8

74. What specific changes have occurred in her/his abilities to perform household tasks?

Text field:

75. If changes in abilities reported, ask 'Has (s/he) given up previous tasks or responsibilities?'

YES.....1
NO 2
RF 7
DK..... 8

76. Which tasks can (s/he) still do well?

Text field:

77. Does (s/he) have more difficulty than in the past using familiar gadgets and appliances such as the VCR, microwave, or tools?

LITTLE 1
SOME 2
MUCH..... 3
NO4
RF..... 7
DK..... 8

78. Does (s/he) have more difficulty than in the past figuring out how to use new appliances or gadgets?

LITTLE 1
SOME 2
MUCH..... 3
NO4
RF..... 7
DK..... 8

*INTERVIEWER CHECKPOINT IF [#73≠1, 2, OR 3] and [#75≠1] and [#77≠1, 2, OR 3] and [#78≠1, 2, OR 3]; THEN GO TO 81

79. Are these changes due to problems with thinking and memory or to physical health problems?

Specify: _____

THINKING & MEMORY.....	1
PHYSICAL HEALTH (SPECIFY).....	2
BOTH (SPECIFY).....	3
NEITHER.....	4
RF.....	7
DK.....	8

80. When did you first notice these changes in her/his ability to do household tasks?

. TM . TM . TM . TM . TM .
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
. TM . TM . TM .
AGE
(DK = 998)

81. Now I have a few questions about her/his hobbies. Does (s/he) have more difficulty than in the past performing her/his hobbies?

Hobbies may include things like sewing, painting, handicrafts, reading, entertaining, photography, and gardening, going to theater or symphony, woodworking, participation in sports.

LITTLE..... 1
SOME.....
2
MUCH..... 3
NO (GO TO 86)..... 4
RF (GO TO 86)..... 7
DK (GO TO 86)..... 8

82. What specific changes have occurred in her/his abilities to perform hobbies?

83. What hobbies can (s/he) still do well?

84. Are these changes due to problems with thinking and memory or physical health problems?

Specify: _____

THINKING & MEMORY	1
PHYSICAL HEALTH (SPECIFY)	2
BOTH (SPECIFY).....	3
NEITHER	4
RF.....	7
DK.....	8

85. When did you first notice these changes in her/his hobbies?

. TM . TM . TM . TM . TM .
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
. TM . TM . TM .
AGE
(DK = 998)

Activities outside the home

86. I am now going to ask you about some activities outside the home. Did (s/he) ever drive a car?

YES1
NO (GO TO 92)2
RF (GO TO 92)7
DK(GO TO 92)8

87. Does (s/he) drive a car now?

YES (GO TO 90)..... 1
NO.....2
RF.....7
DK.....8

88. When did (s/he) stop driving?

. TM TM . TM TM . TM TM .
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
. TM TM TM ..
AGE
(DK = 998)

89. Did (s/he) stop because of memory or thinking problems?

YES (GO TO 92)..... 1
NO (GO TO 92)..... 2
RF (GO TO 92).. 7
DK (GO TO 92)..... 8

90. Does (s/he) have difficulty driving or take risks driving because of difficulties with memory or thinking?

YES.....1
NO 2
RF 7
DK..... 8

91. Comments (on driving questions):

92. Is (s/he) able to independently shop for her/his needs?

USUALLY (GO TO 95)..... 1
SOMETIMES (shops for limited number of items,
buys duplicate items or forgets needed items)..... 2
RARELY OR NEVER
(needs to be accompanied on any shopping trip)...3
RF (GO TO 95).....7
DK (GO TO 95).....8

93. Comments:

94. When did you first notice changes in her/his ability to shop independently?

.. TM .. TM .. TM .. TM ..
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
.. TM .. TM ..
AGE
(DK = 998)

95. Can (s/he) independently carry out social activities outside her/his home, such as going to church, visiting with friends or family, political activities, professional organizations, social clubs, service organizations, educational programs?

USUALLY (Meaningful participation in activities,
e.g. voting) (GO TO 103)..... 1
SOMETIMES (Limited and/or routine,
e.g. superficial participation in church or meetings,
trips to beauty parlor).....2
RARELY OR NEVER (Generally unable to
perform activities without help).....3
RF (GO TO 103)..... 7
DK (GO TO 103)..... 8

96. Comments:

97. When did you first notice these changes in her/his ability to independently do social activities?

.. TM .. TM .. TM .. TM ..
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
.. TM .. TM ..
AGE
(DK = 998)

98. Are these changes due to problems with thinking and memory or physical health problems?

Specify: _____
THINKING & MEMORY..... 1
PHYSICAL HEALTH (SPECIFY) (GO TO 103).... 2
BOTH (SPECIFY)3
NEITHER (GO TO 103)..... 4
RF (GO TO 103)..... 7
DK (GO TO 103)..... 8

99. (If significantly impaired) 'Is (s/he) taken to social functions outside the home?'

YES (GO TO 101)..... 1
NO.....2
NA (GO TO 101).....6
RF (GO TO 101).....7
DK (GO TO 101)..... 8

100. (If not taken) Why not?
Text field:

101. (Ask only when answer not evident) Would a casual observer think that (NAME) was ill?

YES.....1
NO 2
NA..... 6
RF 7
DK..... 8

102. (If in nursing home) Does (s/he) participate well in social functions?

YES.....1
NO 2
NA..... 6
RF 7
DK..... 8

103. (Interviewer rating. No need to ask informant.)

At which of the levels below is (s/he) able to perform household chores?

NORMAL FUNCTION IN USUAL ACTIVITIES..... 1
FUNCTIONS IN USUAL ACTIVITIES BUT NOT AT USUAL LEVEL.....
2
FUNCTIONS INDEPENDENTLY IN SOME ACTIVITIES
(Operates appliances, such as a vacuum cleaner; prepares simple meals)..... 3
FUNCTIONS IN LIMITED ACTIVITIES ONLY
(With some supervision, washes dishes with acceptable cleanliness; sets table)..... 4
NO MEANINGFUL FUNCTION
(Performs simple activities, such as making a bed, only with much supervision)..... 5
RF.....
7
DK.....
8

Judgement and Problem Solving

Now I am going to ask you about (NAME's) ability to solve problems and handle money.

104. Does (s/he) have more difficulty than in the past taking care of financial tasks such as paying bills?

YES.....1
NO 2
RF 7
DK..... 8

105. Rate her/his ability to handle complicated financial or business transactions (e.g. balancing checkbook, paying bills, doing banking, handling investments)?

NO LOSS 1
SOME LOSS 2
SEVERE LOSS 3
RF 7
DK 8

106. Who handles the bills now in [her/his] home?

RESPONDENT.....1
INFORMANT.....2
OTHER RELATIVE.....3
OTHER (specify).....4
RF.....7
DK.....8

Specify: _____

107. Is this a change and, if so, why was this change made?

R NO CHANGE (GO TO 109).....

1

OTHER NO CHANGE (GO TO 109).... 2
CHANGE FROM R (specify)..... 3
RF..... 7
DK.....8

Specify: _____

108. (If change from R) When did this change occur?

. TM . TM . TM . TM . TM .
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
. TM . TM . TM .
AGE
(DK = 998)

109. Rate her/his ability to handle small sums of money (e.g. making change, leaving a small tip, shopping):

NO LOSS 1
SOME LOSS 2
SEVERE LOSS 3
RF 7
DK 8

110. Comment:

*INTERVIEWER CHECKPOINT IF [#104≠1] and [#105≠2 OR 3] and [#109≠2 OR 3] THEN GO TO 112

111. When did you first notice changes in her/his ability to handle money?

. TM . TM . TM . TM . TM .
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
. TM . TM . TM .
AGE
(DK = 998)

112. In general, if you had to rate her/his abilities to solve problems at the present time, would you consider them:

AS GOOD AS THEY HAVE EVER BEEN.....	1
GOOD, BUT NOT AS GOOD AS BEFORE.....	2
FAIR.....	3
POOR	4
NO ABILITY AT ALL.....	5
RF.....	7
DK.....	8

113. Do her/his ideas seem to be less logical, or does (s/he) make less sense then (s/he) used to?

SOME LESS.....	1
MUCH LESS.....	2
NO.....	3
RF.....	7
DK.....	8

114. Does (s/he) have more difficulty than in the past making decisions on everyday matters? Using her/his intelligence to understand what's going on and to reason things through? (e.g. knowing how much food to buy or making decisions about car maintenance)?

SOME MORE.....	1
MUCH MORE.....	2
NO.....	3
RF.....	7
DK.....	8

115. Do you have more trouble than in the past trusting her/his judgement? --trusting her/his ability to make sound decisions about personal safety, family or financial matters?

SOME TROUBLE.....	1
MUCH TROUBLE.....	2
NO TROUBLE.....	3
RF.....	7
DK.....	8

116. Comment:

*INTERVIEWER CHECKPOINT IF [#112≠3, 4, OR 5] AND [#113≠1 OR 2] AND [#114≠1 OR 2] AND [#115≠1 OR 2]
THEN GO TO 118

117. When did you first notice these changes?

..TM..TM..TM..TM..TM..TM..
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
..TM..TM..TM..
AGE
(DK = 998)

118. Can (s/he) handle a household emergency (e.g. small fire, plumbing leak)? (Do they know how to handle the situation – not can they fix the leak themselves.)

Specify: _____

AS WELL AS BEFORE (GO TO 121) 1
WORSE THAN BEFORE BECAUSE OF TROUBLE THINKING 2
WORSE THAN BEFORE, ANOTHER REASON WHY 3
RF (GO TO 121)..... 7
DK (GO TO 121)..... 8

119. Comment:

120. When did you first notice changes in her/his ability to handle household emergencies? .TM.TM. .TM.TM.TM.TM.
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR

.TM.TM.TM..
AGE
(DK = 998)

121. Can (s/he) understand situations or explanations? (Does (s/he) understand what is going on around (her/him)?)

USUALLY (GO TO 124)..... 1
SOMETIMES..... 2
RARELY..... 3
RF (GO TO 124)..... 7
DK (GO TO 124)..... 8

122. Comment:

123. When did you first notice changes in her/his ability to understand situations or explanations? .TM.TM. .TM.TM.TM.TM.
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR

.TM.TM.TM..
AGE
(DK = 998)

124. Does (s/he) behave appropriately (i.e. the way (s/he) has always behaved during her/his adult life) in social situations and interactions with other people?

USUALLY (GO TO PERSONAL CARE)...
1
SOMETIMES..... 2
RARELY..... 3
RF (GO TO PERSONAL CARE)..... 7
DK (GO TO PERSONAL CARE)..... 8

125. Comment:

126. When did you first notice these changes? .TM.TM. .TM.TM.TM...TM.
MO YEAR
(MO DK=98)

Personal Care

Now I am going to ask you about (NAME's) ability to take care of her/his hygiene and do personal care tasks.

127. Does (s/he) have difficulty with dressing himself/herself? **YES..... 1**
 NO (GO TO BLESSED ITEM)..... 2
 RF (GO TO BLESSED ITEM)..... 7
 DK (GO TO BLESSED ITEM)..... 8

128. What type of difficulty?

Specify: _____

Blessed Item – Dressing (If unclear how to code for **Blessed**, probe further) – **Don't Enter**

- UNAIDED (GO TO 130)..... 1
 OCCASIONALLY MISPLACES BUTTONS, ETC. REQUIRES MINOR HELP..... 2
 WRONG SEQUENCES, FORGETS ITMES, REQUIRES MUCH ASSISTANCE.....
 3
 UNABLE TO DRESS.....
 4
 RF..... 7
 DK..... 8

129. Is this due to physical/health problems or memory/thinking problems?

- THINKING & MEMORY 1
 PHYSICAL HEALTH (SPECIFY) 2
 BOTH (SPECIFY) 3
 NEITHER 4
 RF..... 7
 DK..... 8

Specify: _____

130. Does (s/he) have difficulty with feeding her/himself? **YES..... 1**
 NO (GO TO BLESSED ITEM)..... 2
 RF (GO TO BLESSED ITEM)..... 7
 DK (GO TO BLESSED ITEM)..... 8

131. What type of difficulty?

Specify: _____

Blessed Item – Eating (If unclear how to code for **Blessed**, probe further) – **Don't Enter**

- FEEDS SELF WITHOUT ASSISTANCE (GO TO 133)..... 1
 FEEDS SELF WITH MINOR ASSISTANCE.....
 FEEDS SELF WITH MUCH
 2
 ASSISTANCE..... 3
 HAS TO BE FED..... 4
 RF.....
 7
 DK..... 8

132. Is this due to physical/health problems or memory/thinking problems?

Specify: _____

THINKING & MEMORY	1
PHYSICAL HEALTH (SPECIFY).....	2
BOTH (SPECIFY).....	3
NEITHER.....	4
RF.....	7
DK.....	8

133. Does (s/he) have difficulty with bathing or washing?

YES	1
NO (GO TO 136)	2
RF (GO TO 136)	7
DK (GO TO 136)	8

134. If yes, what type of difficulty?

Specify: _____

135. Is this due to physical/health problems or memory/thinking problems?

Specify: _____

THINKING & MEMORY	1
PHYSICAL HEALTH (SPECIFY).....	2
BOTH (SPECIFY).....	3
NEITHER.....	4
RF.....	7
DK.....	8

136. Does (s/he) need prompting to get dressed, to wash or do other hygiene tasks?

YES.....	1
NO	2
RF	7
DK.....	8

137. Does (s/he) have difficulty performing well-learned tasks such as tying shoes, tying a tie, putting on clothes in the correct order, or brushing teeth?

YES.....	1
NO	2
RF	7
DK.....	8

*INTERVIEWER CHECKPOINT IF #127=1, ASK A; IF #130 = 1, ASK B; IF #133 = 1, ASK C; IF #137 = 1, ASK D

138. When did these difficulties begin?

A. DRESSING

.TM.TM. .TM.TM. .TM.TM.
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
.TM.TM.TM..
AGE
(DK = 998)

B. FEEDING

.TM.TM. .TM.TM. .TM.TM..
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
.TM.TM.TM..
AGE
(DK = 998)

C. BATHING

.TM.TM. .TM.TM. .TM.TM..
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
.TM.TM.TM..
AGE
(DK = 998)

D. WELL-LEARNED TASKS

.TM.TM. .TM.TM. .TM.TM..
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
.TM.TM.TM..
AGE
(DK = 998)

139. Does (s/he) have difficulties controlling her/his bladder?

YES..... 1
NO (GO TO 143)..... 2
RF (GO TO 143)..... 7
DK (GO TO 143)..... 8

140. How frequently does (s/he) have problems?

DAILY..... 1
ONCE A WEEK..... 2
1-3 TIMES/MONTH..... 3
LESS THAN ONE TIME/MONTH..... 4
RF.....
DK..... 8

7

141. When did you first notice this difficulty with controlling her/his bladder?

. TM . TM . TM . TM . TM .
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
. TM . TM . TM .
AGE
(DK = 998)

142. Do you think this difficulty is due to physical/health reasons or due to problems with memory and thinking?

Specify: _____

THINKING & MEMORY..... 1
PHYSICAL HEALTH (SPECIFY)..... 2
BOTH (SPECIFY).....3
NEITHER..... 4
RF..... 7
DK..... 8

143. Does (s/he) have difficulties controlling her/his bowels?

YES..... 1
NO (GO TO BLESSED ITEM)..... 2
RF (GO TO BLESSED ITEM)..... 7
DK (GO TO BLESSED ITEM)..... 8

144. How frequently does (s/he) have problems?

DAILY.....1
ONCE A WEEK.....2
1-3 TIMES/MONTH.....3
LESS THAN ONE TIME/MONTH.....4
RF.....
7
DK..... 8

145. When did you first notice this difficulty with controlling her/his bowels?

. TM . TM . TM . TM . TM .
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR

. TM . TM . TM .
AGE
(DK = 998)

146. Do you think this problem is due to physical/health reasons or due to problems with memory and thinking?

Specify: _____

THINKING & MEMORY..... 1
PHYSICAL HEALTH (SPECIFY)..... 2
BOTH (SPECIFY).....3
NEITHER..... 4
RF..... 7
DK..... 8

Blessed Item – Toilet (If unclear how to code for Blessed, probe further) – **Don't Enter**

CLEANS, CARES FOR SELF AT TOILET.....1
 OCCASIONAL INCONTINENCE, OR NEEDS TO BE REMINDED..2
 FREQUENT INCONTINENCE OR NEEDS MUCH ASSISTANCE...3
 LITTLE OR NO CONTROL.....4
 RF.....7
 DK.....8

Personality

147. In addition to the changes we have already discussed, have you noticed any changes in (NAME's) personality or behavior over time? For example, has (s/he) been less conscientious, considerate, sociable, flexible, more irritable, more suspicious, or argumentative?

A LITTLE CHANGE 1
 A BIG CHANGE..... 2
 NO CHANGE (GO TO 150) 3
 RF (GO TO 150) 7
 DK (GO TO 150)..... 8

148. Comment:

149. When did you first notice changes in her/his personality or behavior?

.TM.TM. .TM.TM.TM.TM.
 MO YEAR
 (MO DK=98)
 (YEAR DK=9998)

OR

.TM.TM.TM..
 AGE
 (DK = 998)

150. Has (s/he) become more dependent on you?

A LITTLE MORE.....1
 A LOT MORE..... 2
 NO.....3
 RF.....7
 DK.....8

151. Comment:

152. Do you do more for (her/him) than you used to do?

A LITTLE MORE..... 1
 A LOT MORE.....2
 NO (GO TO 155)..... 3
 RF (GO TO 155)..... 7
 DK (GO TO 155)..... 8

153. Do you do more for (her/him) than you used to because of :

Specify: _____

154. Comment:

THINKING & MEMORY..... 1
PHYSICAL HEALTH (SPECIFY)..... 2
BOTH (SPECIFY).....3
NEITHER..... 4
RF..... 7
DK..... 8

***INTERVIEWER CHECKPOINT IF ANY PROBLEMS WITH MEMORY OR COGNITION REPORTED, ASK 155**

155. When (s/he) seems to be having trouble with her/his memory or other problems does it make (her/him) more nervous or frustrated than in the past?

A LITTLE MORE.....1
A LOT MORE..... 2
NO.....3
NA.....6
RF.....7
DK.....8

156. Comment:

***INTERVIEWER CHECKPOINT IF ANY PROBLEMS WITH MEMORY OR COGNITION ASK 157**

157. Were you the first person to notice (NAME's) problems with memory and thinking?

YES (GO TO 160).....1
NO 2
NA.....6
RF 7
DK.....8

158. If not informant, who was the 1st person to notice changes?

SPECIFY: _____

159. RELATIONSHIP TO RESPONDENT:

SPECIFY: _____

SPOUSE.....1
CHILD2
SIBLING3
PARENT4
FRIEND5
GUARDIAN6
NEIGHBOR.....7
OTHER (SPECIFY).....8
RF97
DK.....98

***INTERVIEWER CHECKPOINT IF ANY PROBLEMS NOTED HAVE INTERFERED WITH DAILY ACTIVITIES
ASK 160 & 162**

160. Do the memory (language) problems fluctuate from day-to-day to such an extent that some days (s/he) seems normal and other days (s/he) has very marked problems?

YES..... 1
NO 2
NA..... 6
RF 7
DK..... 8

161. Comments:

162. Does (her/his) level of alertness fluctuate day-to-day to the extent that some days (s/he) can barely stay awake and some days (s/he) is quite awake and alert?

YES..... 1
NO 2
NA..... 6
RF 7
DK..... 8

163. Comments:

Occupational History

164. Is [Name] currently employed?

YES.....
1
NO (GO TO 167)..... 2
N/A (never worked outside the home) (GO TO CURRENT ACTIVITIES)..... 3
RF.....
7
DK.....
8

165. What type of work? _____

166. Is (s/he) having significant trouble at work because of memory or thinking problems? (e.g. missed promotion, poorer evaluations, or anything that might indicate (s/he) is not working as well as in the past).

USUALLY (GO TO 171)..... 1
SOMETIMES (GO TO 171)..... 2
RARELY OR NEVER (GO TO 172)..... 3
RF (GO TO 172)..... 7
DK (GO TO 172)..... 8

167. At what age did (s/he) retire? _____

168. What kind of work did (s/he) do? _____

169. Why did (s/he) retire? _____

170. Did memory or thinking problems contribute to her/his decision to retire?

YES 1
NO (GO TO 172) 2
RF (GO TO 172) 7
DK (GO TO 172) 8

171. When did these problems begin?

. TM . TM . TM . TM . TM .
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
. TM . TM . TM .
AGE
(DK = 998)

Current Activities

172. Please describe NAME'S typical day.

173. What are her/his major interests and activities now?

174. Have there been any major changes in her/his activities or interests?

Specify _____

YES (specify).... 1
NO..... 2
RF.....7
DK 8
