



# CLINICAL DEMENTIA RATING SUBJECT INTERVIEW



ID  
NUMBER:

FORM CODE: 

C	D	P
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DATE: 04/01/2016  
Version 2.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date: 

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Month Day Year

0b. Staff ID: 

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Instructions:** *This form is administered to the participant.*

**Script:** "Next, I would like to ask you about your memory and day to day functioning over the past year."

## MEMORY

1. Do you forget appointments and (or) rely more on a calendar?  
☐ 1 = Yes  
☐ 0 = No
2. Do you repeat the same questions or stories?  
☐ 1 = Yes  
☐ 0 = No
3. Do you forget what people say in conversations or on the phone, or forget to pass on messages?  
☐ 1 = Yes  
☐ 0 = No
4. Do you spend more time than you used to looking for objects (such as papers, glasses, keys, wallet, etc.)?  
☐ 1 = Yes  
☐ 0 = No
5. Do you have more trouble finding the words that you want to use?  
☐ 1 = Yes  
☐ 0 = No
6. Do you have more trouble coming up with names of people that you see often?  
☐ 1 = Yes  
☐ 0 = No
7. Do you have problems leaving the stove on, or leaving car lights on, or doors unlocked?  
☐ 1 = Yes  
☐ 0 = No

8. Do you think these changes in your memory have gotten worse in the past year?

- ☐ 1 = Yes  
☐ 0 = No  
☐ N/A = No memory problems

***[The following question is not used in determining the Memory domain score.]***

8a. Has anyone in your family ever expressed concern or worry about your memory?

- ☐ 1 = Yes  
☐ 0 = No

## **ORIENTATION**

9. Have you had any accidents or close calls while driving in the past year?

- ☐ 1 = Yes  
☐ 0 = No  
☐ N/A = Does not drive **Go to Item 11**

10. Does someone always ride with you as a navigator when you drive?

- ☐ 1 = Yes  
☐ 0 = No

11. Have you gotten lost in a familiar area?

- ☐ 1 = Yes  
☐ 0 = No

12. Have you had more difficulty finding your way around outside your own neighborhood?

- ☐ 1 = Yes  
☐ 0 = No

## **JUDGMENT AND PROBLEM-SOLVING**

13. Have you noticed any changes in your ability to deal with money, for example, figuring out a tip or getting back correct change?

- ☐ 0 = No loss  
☐ 1 = Some loss  
☐ 2 = Severe loss

14. Have you noticed any changes in your ability to balance your checkbook or pay bills? For example, have you bounced any checks, forgotten to pay a bill or paid it twice?

- ☐ 0 = No change  
☐ 1 = Some change  
☐ 2 = Severe change

**Instructions:** For remainder of this section, if initial response by subject does not merit a grade 0, press the matter to identify the subject's best understanding of the problem. Indicate nearest response.

### **Similarities**

15. Can you tell me how these things are alike?

a. turnip ----- cauliflower

- ☐0 = Vegetables
- ☐1 = Edible foods, living things, can be cooked, etc.
- ☐2 = Answers not pertinent; differences; buy them

b. desk ----- bookcase

- ☐0= Furniture, office furniture, both hold books
- ☐1= Wooden, legs
- ☐2= Not pertinent, differences

### **Differences**

16. Can you tell me what is the difference between these things?

a. lie ----- mistake

- ☐0= One deliberated, one unintentional
- ☐1= One bad, the other good- or explains only one
- ☐2= anything else

b. river ----- canal

- ☐0= Natural- artificial
- ☐1= Anything else

### **Calculations**

17. How many nickels are in a dollar? (20)

- ☐0= Correct
- ☐1= Incorrect

18. How many quarters in \$6.75? (27)

- ☐0= Correct
- ☐1= Incorrect

19. Subtract 3 from 20 and keep subtracting 3 from each number, all the way down? (20, 17, 14, 11, 8, 5, 2)

- ☐0= Correct
- ☐1= Incorrect

## COMMUNITY AFFAIRS

20. Are you still working?

- ☐ 1= Yes **Go to Item 21**  
☐ 0= No  
☐ N/A= Never worked **Go to Item 21**

a. Did memory problems interfere with your ability to do your job?

- ☐ 1= Yes  
☐ 0= No

21. Do you belong to any groups (examples: senior citizen, religious, political, professional, volunteer, or social)?

- ☐ 1= Yes  
☐ 0= No

22. Have you attended group functions or meetings in the past few months?

- ☐ 0= As often as you used to  
☐ 1= Less often than you used to  
☐ 2= Not at all

23. Does someone help you with shopping (food or clothes) who previously hadn't (for transportation, driving, etc)?

- ☐ 1= Yes  
☐ 0= No  
☐ N/A= Does not shop

## HOME & HOBBIES

24. Have you noticed changes in your ability to do household chores (choose 1-2 examples: cooking, laundry, cleaning, using household appliances like dishwasher, vacuum, or television, doing grocery shopping, yard work, taking out the garbage, taking care of the car, or fixing things around the house)?

- ☐ 0= No change  
☐ 1= Some change  
☐ N/A= Never do household chores

25. Has there been any change in your involvement in any hobbies or pastimes (examples: sewing, knitting, painting, playing cards, reading, watching or playing sports)?

- ☐ 0= No change  
☐ 1= Some change  
☐ N/A = Do not have hobbies or pastimes

## CONSENT TO INTERVIEW PROXY

[Do not ask participant question 26 – interviewer only:]

26. Is the informant/proxy present at the visit?

☐ 1= Yes

☐ 0= No

[Say to the participant:]

*"We have a brief set of questions on memory and daily functioning, similar to the ones we just asked you. These questions are designed to be answered by someone who knows you well. Would it be okay with you if we asked your informant/proxy [the person who came with you today], to answer these questions?"*

27. Permission to interview informant/proxy?

☐ 1= Yes "Thank you."

☐ 0= No "Okay, I understand." [SAVE AND CLOSE FORM]

*"Our records indicate that [PROXY NAME FROM CIU] is listed as the person who knows you well. Is this the person we should talk to [today/later]?"*

28. Proxy/informant name (if different/absent from CIU): \_\_\_\_\_

29. Proxy/informant telephone number (if different/absent from CIU): \_\_\_\_\_

*"Thank you. Someone from our staff may be in touch with [him/her] in the future*