



CLINICAL DEMENTIA RATING SUBJECT INTERVIEW for TELEPHONE FORM



ID NUMBER:

FORM CODE: C D P T

DATE: 04/14/2020
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

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

Questions 15-19 moved to MCHT

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

26. Question removed

[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, to answer these questions?”

27. Permission to interview informant/proxy?

1= Yes *“Thank you. Someone from our staff may be in touch with [him/her] in the future.”*

0= No *“Okay, I understand.”* [SAVE AND CLOSE FORM]