



## AD8 DEMENTIA SCREENING INTERVIEW for ACHIEVE (ADSA)

ID  
NUMBER:

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FORM  
CODE:

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DATE 09/30/2019  
Version 1.0

### ADMINISTRATIVE INFORMATION

0a. Completion Date: /

0b. Staff ID:

**Instructions:** *This form is completed by interview of the proxy/informant/other person when the Dementia Surveillance Required report indicates neurocognitive data has not been collected in a specified amount of time from living participants unable to complete the SISA or for deceased participants. See the detailed QxQ instructions for completion of the ADSA form. Special missing values are recorded in the field status for cases where the response "Don't know", "Refused", "Unknown", or "N/A" is not listed as an option.*

### INTRODUCTION SCRIPT:

If the participant is alive:

**"The next few questions have to do with [Name's] memory, thinking and day-to-day functioning. These are similar to questions that [name] has answered for the ACHIEVE Study."**

If the participant is deceased:

**"The next few questions have to do with [Name's] memory, thinking and day-to-day functioning before [name's] death. These are similar to questions that [name] answered in past visits for the ACHIEVE Study."**

[For the Interviewer - additional background: Should the proxy/informant/other person request additional information before answering the cognitive status questions, the interviewer should reply: **"We are asking about memory and daily functioning to identify the causes of difficulties with memory and day-to-day functioning in older people. Thanks to information shared by ACHIEVE study participants like [name], we may learn ways to prevent memory loss and to better maintain independence in older age"**].

### A. AD8

1. Was the AD8 administered?

Yes ..... ☐ → **GO TO QUESTION 2**  
No ..... ☐

1a. If no, reason: ☐

R = Refusal

I = Insufficient knowledge about the participant's functioning

O = Other 1a1. \_\_\_\_\_

SAVE AND CLOSE FORM

2. Participant vital status:

Alive ..... ☐

Deceased ..... ☐

3. Does/Did [name] have any problems with judgment (e.g., problems making decisions, make bad financial decisions, or have problems with thinking?)

Yes ..... ☐

No ..... ☐ → GO TO QUESTION 4

NA/Don't know ..... ☐ → GO TO QUESTION 4

3a. Would you say this is (was) a change for [name] compared to several years ago (before his/her death)?

Yes ..... ☐

No ..... ☐

Don't know ..... ☐

4. Does/Did [name] have less interest in hobbies or activities?

Yes ..... ☐

No ..... ☐ → GO TO QUESTION 5

NA/Don't know ..... ☐ → GO TO QUESTION 5

4a. Would you say this is (was) a change for [name] compared to several years ago (before his/her death)?

Yes ..... ☐

No ..... ☐

Don't know ..... ☐

*If the cause of the change is unclear, say: "Can you tell me what you think caused this change for [name]: Would you say it was because of problems with memory or thinking or was it due to physical problems (for example, hearing loss or loss of mobility)?" If due to physical impairment, record question 4a as "No". If due to mental or both mental and physical impairment, record question 4a as "Yes."*

5. Does/Did [name] repeat the same things over and over (such as repeating the same questions, stories, or statements)?

Yes ..... ☐

No ..... ☐ → GO TO QUESTION 6

NA/Don't know ..... ☐ → GO TO QUESTION 6

5a. Would you say this is (was) a change for [name] compared to several years ago (before his/her death)?

Yes ..... ☐  
No..... ☐  
Don't know..... ☐

6. Does/Did [name] have trouble using or learning how to use a tool, household appliance, or gadget (e.g., VCR, computer, microwave, remote control)?

Yes ..... ☐  
No ..... ☐ → **GO TO QUESTION 7**  
NA/Don't know..... ☐ → **GO TO QUESTION 7**

6a. Would you say this is (was) a change for [name] compared to several years ago (before his/her death)?

Yes ..... ☐  
No..... ☐  
Don't know..... ☐

*If the cause of the change is unclear, say: “**Can you tell me what you think caused this change for [name]: Would you say it was because of problems with memory or thinking or was it due to physical problems (for example, hearing loss or loss of mobility)?**” If due to physical impairment, record question 6a as “No”. If due to mental or both mental and physical impairment, record question 6a as “Yes.”*

7. Does/Did [name] have trouble remembering what the correct month or year is?

Yes ..... ☐  
No ..... ☐ → **GO TO QUESTION 8**  
NA/Don't know..... ☐ → **GO TO QUESTION 8**

7a. Would you say this is (was) a change for [name] compared to several years ago (before his/her death)?

Yes ..... ☐  
No..... ☐  
Don't know..... ☐

8. Does/Did [name] have trouble handling complicated financial affairs (e.g., balancing the checkbook, doing income taxes, or paying bills)?

Yes ..... ☐  
No ..... ☐ → **GO TO QUESTION 9**  
NA/Don't know..... ☐ → **GO TO QUESTION 9**

8a. Would you say this is (was) a change for [name] compared to several years ago (before his/her death)?

Yes ..... ☐  
No..... ☐  
Don't know..... ☐

9. Does/Did [name] have trouble remembering appointments?

Yes.....☐

No .....☐ → **GO TO QUESTION 10**

NA/Don't know.....☐ → **GO TO QUESTION 10**

9a. Would you say this is (was) a change for [name] compared to several years ago (before his/her death)?

Yes .....☐

No.....☐

Don't know.....☐

10. Does/Did [name] have daily problems with thinking or memory?

Yes.....☐

No .....☐ → **GO TO QUESTION 12**

NA/Don't know.....☐ → **GO TO QUESTION 12**

*If the proxy/informant has difficulty understanding the question or requests further clarification, say: **"We are not asking about [name] only occasionally forgetting a person's name, or misplacing something only every now and then, but instead if she/he experiences memory loss on a daily basis."***

10a. Would you say this is (was) a change for [name] compared to several years ago (before his/her death)?

Yes .....☐

No.....☐

Don't know.....☐

11. Summary score (not applicable for ACHIEVE): ☐

## **B. PERSONAL NEUROLOGIC HISTORY**

**"Was [name] ever told by a doctor or health professional that he/she had:"**

12. Alzheimer's Disease?

Yes.....☐

No .....☐

13. Parkinson's Disease?

Yes.....☐

No .....☐

14. Memory loss or cognitive impairment?

Yes.....☐

No .....☐

15. Dementia, vascular dementia, or hardening of the arteries of the brain?

Yes ..... ☐  
No ..... ☐

<b>C. PROXY/INFORMANT/OTHER PERSON INTERVIEW ASSESSMENT</b>
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16. How would you rate the proxy/informant/other person's knowledge about the participant?

Good ..... ☐ <sub>1</sub>  
Fair ..... ☐ <sub>2</sub>  
Poor ..... ☐ <sub>3</sub>

17. How reliable of an informant was this person? Did he/she seem to understand the questions and answer appropriately?

Good ..... ☐ <sub>1</sub>  
Fair ..... ☐ <sub>2</sub>  
Poor ..... ☐ <sub>3</sub>

18. Were there extenuating circumstances, such as poor phone reception, that might have interfered with the quality of the responses?

No ..... ☐ <sub>0</sub>  
Yes, mild extenuating circumstances ..... ☐ <sub>1</sub>  
Yes, significant extenuating circumstances ..... ☐ <sub>2</sub>