



## CLINICAL DEMENTIA RATING INFORMANT INTERVIEW

ID  
NUMBER:

FORM CODE:

DATE: 09/01/2011  
Version 1.1

### ADMINISTRATIVE INFORMATION

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**Instructions:** This form is administered to the informant. {S} refers to subject, please state subject's name in where {S} is found below.

### BACKGROUND

1. What is your relationship to {S}?

1	Spouse
2	Sibling
3	Child
4	Other relative
5	Friend

2. For how many years have you known {S}?

3. How often do you see {S}?

0	Every day or every other day
1	Between one and three times a week
2	Once a month
3	A few times a year or less often

4. **[FAQ8]** Does {S} have significant hearing difficulties that interfere with daily communication?

Y	Yes
N	No

5. Does {S} have significant visual difficulties that interfere with daily activities?

Y	Yes
N	No

6. Does {S} have significant walking or balance difficulties that interfere with daily activities?

Y	Yes
N	No

7. Does {S} speak English as her/his first language?

Y	Yes
N	No

8. Are there any other circumstances, such as lifelong mental retardation, severe medical illness, or depression that impact {S}'s daily functioning?

Y	Yes
N	No

a) If Yes, what is the circumstance?

0	Lifelong mental retardation
1	Severe illness
2	Depression
3	Other

9. Were any of {S}'s immediate family members, that is biological parents or full brothers or sisters, ever diagnosed with dementia, Alzheimer's disease, senility, or hardening of the arteries in the brain?

Y	Yes
N	No

a) If Yes, which family member?

M	Mother
F	Father
S	Sibling

## MEMORY

**Instructions:** Most of the questions in this section are based upon changes as compared to 10 years previously, unless we specifically ask about a different time frame.

10. Has {S} been diagnosed with dementia, "Alzheimer's Disease" or mild cognitive impairment?

1	Yes
0	No

11. Have you noticed any consistent changes in {S} memory over the past year?

0	No (or no evidence of)
0.5	Slight or possible
1	Definite

- 11a. Did these memory changes start slowly, or more quickly?

0	Slow, gradual start
1	They started very quickly, and have been about the same
2	They started quickly, but have continued to worsen since then
3	Don't know

12. Does {S} consistently complain about memory problems?

1	Yes
0	No

13. Does {S} forget recent events such as a trip, party, family gathering

0	No (or no evidence of)
0.5	Rarely (once a week or less)
1	Between rarely and frequently
2	Frequently (every day or more often)

14. Does {S} repeat the same questions or stories more than once in a short period of time?

0	No (or no evidence of)
0.5	Rarely (once a week or less)
1	Between rarely and frequently
2	Frequently (every day or more often)

15. Does {S} forget conversations?

0	No (or no evidence of)
0.5	Rarely (once a week or less)
1	Between rarely and frequently
2	Frequently (every day or more often)

16. Does {S} spend more time looking for belongings (papers, glasses, keys, wallet, jewelry, etc) (e.g., Misplacing things)?

0	No (or no evidence of)
0.5	Rarely (once a week or less)
1	Between rarely and frequently
2	Frequently (every day or more often)

17. **[FAQ9]** Does {S} forget appointments?

FAQ score		CDR score
0	Remembers without written or verbal reminders	0
1	Remembers but with aid of notes, calendar	0.5
2	Remembers with verbal reminders on day	1
3	Usually forgets appointments	2
	Never kept track of appointments	N/A

18. **[FAQ7]** Does {S} have trouble keeping track of current events?

FAQ score		CDR score
0	No (or no evidence of)	0
1	Rarely (once a week or less)	0.5
2	Between rarely and frequently	1
3	Frequently (every day or more often)	2
	Never did	N/A

19. Does {S} forget names of close friends or relative?

0	No (or no evidence of)
0.5	Rarely (once a week or less)
1	Between rarely and frequently
2	Frequently (every day or more often)

20. Has {S} had trouble with forgetting in 'mid-stream'?

0	No (or no evidence of)
0.5	Rarely (once a week or less)
1	Between rarely and frequently
2	Frequently (every day or more often)

## ORIENTATION

**Instructions:** The questions in this section are based upon changes as compared to 10 years previously.

21. Do you think that {S} has more trouble knowing the exact day of the week and date (time orientation)?

0	No (or no evidence of)
0.5	Rarely (once a week or less)
1	Between rarely and frequently
2	Frequently (every day or more often)

22. **[FAQ10]** Does {S} have trouble with directions in familiar areas such as {S}'s specific neighborhood?

FAQ score		CDR score
0	No (or no evidence of)	0
1	Rarely (once a week or less)	0.5
2	Between rarely and frequently	1
3	Frequently (every day or more often)	2
	Never was able to follow directions	N/A

## JUDGMENT AND PROBLEM-SOLVING

**Instructions:** The questions in this section are based upon changes over the previous year.

23. Do you believe that there are any changes in {S} thinking and judgment or ability to solve typical daily challenges?

1	Yes	
0	No	

24. How would you rate {S} ability to handle unexpected problems such as household emergencies in the past year such as plumbing leaks or tripped fuses or circuit breakers?

0	As good as they have ever been
0.5	Good, but not as good as before
1	Fair, may be unable in some circumstances
2	Poor

25. **[FAQ1]** Have you noticed any changes in {S} ability to write checks, pay routine bills, cope with small sums of money e.g., make change, leave a small tip, handle cash in the past year?

FAQ score		CDR score
0	No (or no evidence of), as good as they have ever been	0
1	Yes, minimal difficulty	0.5
2	Yes, considerable changes (requires assistance)	1
3	Yes, unable to do these things at all	2
	Never did these things	N/A

26. **[FAQ2]** Have you noticed any changes in {S} ability to handle more complicated financial or business transactions (e.g., pay taxes, make decisions about investments and savings) in the past year?

FAQ score		CDR score
0	No (or no evidence of), as good as they have ever been	0
1	Yes, minimal difficulty	0.5
2	Yes, considerable changes (requires assistance)	1
3	Yes, unable to do these things at all	2
	Never did these things	N/A

27. Have you noticed that {S} has less initiative or desire to carry out necessary chores or activities?

0	No (or no evidence of)
0.5	Yes, minimal change
1	Yes, considerable changes

28. Do you believe that there are any other changes in {S} thinking and judgment or ability to solve typical daily challenges?

0	No (or no evidence of)
0.5	Slight or possible
1	Definite yes

## COMMUNITY AFFAIRS

**Instructions:** The questions in this section are based upon changes over the previous year.

29. Does {S} have significant difficulty at (paid or volunteer) job because of problems with memory or thinking?

1	Yes
0	No
N/A	Retired, and not working at volunteer jobs

30. Has {S} been less involved in activities outside the home than previously?

0	No (or no evidence of)
0.5	Yes, slightly
1	Yes, completely

31. **[FAQ3]** Has {S} had difficulty with shopping alone and making a purchase (at a grocery store, hardware store, department store) on her/his own?

FAQ score		CDR score
0	No (or no evidence of), as good as they have ever been	0
1	Yes, minimal difficulty	0.5
2	Yes, requires assistance	1
3	Yes, unable to do these at all	2
	Never did these things	N/A

32. Has {S} exhibited unsafe practices in operating a motor vehicle safely, such as having accidents or near misses, hesitating in intersections, running stop signs/lights, driving recklessly?

0	No
0.5	Some minor concerns
1	Significant safety concerns
2	Ceased driving because of safety
N/A	Never drove or ceased driving for physical or sensory reasons

## HOME & HOBBIES

**Instructions:** The questions in this section are based upon changes over the previous year.

33. Have you noticed changes in {S}'s ability to do household chores?

0	No (or no evidence of), as good as they have ever been
0.5	Yes, but not as good as before
1	Yes, definitely decreased
N/A	Never did any household chores

34. Does {S} have any trouble using any of the following household appliances?

Washer      dryer      vacuum  
Dishwasher      power tool(s)      toaster oven  
Range      microwave      food processor  
Television      VCR/DVD      lawn mower

0	No (or no evidence of)
0.5	Yes, but only briefly
1	Yes, more than briefly but eventually mastered
3	Yes, never mastered
N/A	Never used any

35. **[FAQ4]** Has {S} shown decreased interest in previous hobbies or pastimes, such as reading, woodworking, knitting, sewing, gardening, etc?

FAQ score		CDR score
0	No (or no evidence of)	0
1	Yes, slightly	0.5
2	Yes, requires assistance	1
3	Yes, unable to do these at all	2
	Never had hobbies or pastimes	N/A

36. **[FAQ5]** Does {S} have trouble heating up water, making coffee, turning off stove?

FAQ score		CDR score
0	No (or no evidence of)	0
1	Yes, slightly	0.5
2	Yes, requires assistance	1
3	Yes, unable to do these at all	2
	Never did	N/A

37. **[FAQ6]** Does {S} have trouble preparing a balanced meal for him/herself?

FAQ score		CDR score
0	No (or no evidence of)	0
1	Yes, slightly	0.5
2	Yes, requires assistance	1
3	Yes, unable to do this at all	2
	Never did	N/A

## PERSONAL CARE

**Instructions:** The questions in this section are based upon changes over the previous year.

38. Do you think that {S} has any difficulty managing his/her own bathing, dressing or toileting?

0	Completely independent without supervision or concerns
1	Somewhat dependent on others for non-physical reasons
2	Anything worse

39. Do you think that {S} has any difficulty controlling his bladder or bowels?

1	Yes
0	No

**If No, go to #41**

40. Has {S} had any incontinence, or accidents with {S}'s bladder or bowels?

0	No
1	Yes, urinary incontinence
2	Yes, bowel incontinence
3	Yes, both urinary and bowel incontinence

## BEHAVIOR, COMPORTMENT AND PERSONALITY

**Instructions:** *The questions in this section are based upon changes over the previous year.*

41. Do you believe that {S} has had any change in personality?

1	Yes	
0	No	

42. Do you believe that {S} has a loss of insight into his/her problems?

1	Yes	
0	No	

43. Is {S} disinhibited, meaning that he/she will say or do things that are not socially appropriate?

0	No (or no evidence of)
0.5	Yes, minimal change
1	Yes, considerable changes

44. Is {S} impulsive as well, meaning that he/she will say or do things that are not socially appropriate without thinking?

0	No (or no evidence of)
0.5	Yes, minimal change
1	Yes, considerable changes

45. Does {S} understand the effect of his/her behavior on others?

0	Yes (understands the effect on others)
0.5	Sometimes no, minimal change
1	No, considerable changes



46. Is {S} socially withdrawn and disengaged such as from family and friends?

0	No (or no evidence of)
0.5	Yes, minimal change
1	Yes, considerable changes

47. Does {S} show widely-swinging emotions (rapidly changing from excessive happiness to sadness)?

0	No (or no evidence of)
0.5	Yes, minimal change
1	Yes, considerable changes

48. Is {S} restless?

0	No (or no evidence of)
0.5	Yes, minimal change
1	Yes, considerable changes

49. Is {S} easily distractable?

0	No (or no evidence of)
0.5	Yes, minimal change
1	Yes, considerable changes

50. Has {S}'s food preferences changed?

0	No (or no evidence of)
0.5	Yes, minimal change
1	Yes, considerable changes

51. Does {S} have any physical movements that he/ she repeats, such as repeated washing of hands, or wringing hands, or pacing in the house?

0	No (or no evidence of)
0.5	Yes, minimal change
1	Yes, considerable changes

52. Does {S} seem to have no interest in things that he/ she liked previously, or does {S} have a hard time getting motivated to do things, such as getting dressed or leaving the house?

0	No (or no evidence of)
0.5	Yes, minimal change
1	Yes, considerable changes

53. Has {S} become not as interested in own appearance? Does {S} seem disheveled, with poor grooming and poor self-care?

0	No (or no evidence of)
0.5	Yes, minimal change
1	Yes, considerable changes

## LANGUAGE

54. Does {S} have noticeable alterations in speech and language?

1	Yes
0	No

55. Does {S} have difficulty speaking such as problems with pronouncing common words, or does {S}'s speech have a strange pattern to it, such as sounding like a robot or like a telegram?

0	No (or no evidence of)
0.5	Rare (once a week or less)
1	Between rarely and frequently
2	Frequently (every day or more often)

56. Does {S} have problems with understanding spoken speech in ordinary conversations?

0	No (or no evidence of)
0.5	Rare (once a week or less)
1	Between rarely and frequently
2	Frequently (every day or more often)

57. Does {S} have problems with finding words and coming up with names in ordinary conversations?

0	No (or no evidence of)
0.5	Rare (once a week or less)
1	Between rarely and frequently
2	Frequently (every day or more often)

## FOR INTERVIEWER

58. How would you rate the proxy's knowledge about the participant?

1	Good
2	Fair
3	Poor

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

1	Good
2	Fair
3	Poor

59a. Were there extenuating circumstances, such as poor phone reception or lack of a private location for this interview, that might have interfered with the quality of the responses?

0	No
1	Yes, mild extenuating circumstances
2	Yes, significant extenuating circumstances

60. In your opinion based on your interview of the informant, what is your overall impression of the subject's level of function in daily affairs?

0	Normal level
1	Daily functioning is questionably impaired on cognitive grounds
2	Daily functioning is mildly but definitely impaired on cognitive grounds
3	Daily functioning is at least moderately impaired on cognitive grounds

61. Was this interview conducted in person or over the phone?

0	In person
1	Over the phone

62. Was written or oral consent obtained from the informant for this questionnaire?

0	Written consent
1	Oral consent
2	Neither oral nor written consent