



CLINICAL DEMENTIA RATING SUBJECT INTERVIEW



ID
NUMBER:

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FORM CODE:

C	D	P	G
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DATE: 05/12/2023

Version 1 . 0

ADMINISTRATIVE INFORMATION

0a. Completion Date:

		/			/				
Month			Day		Year				

0b. Staff ID:

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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