

Subject Name _____

Informant Name _____

Date _____

CHANGES IN MEMORY AND THINKING

INSTRUCTIONS: This questionnaire is to be completed by the informant regarding the subject named above. Please answer the following:

Memory:

1. Does he/she have a problem with their memory or thinking? Yes No
 - 1a. If yes, is this a consistent problem (as opposed to inconsistent)? Yes No
2. Does he/she completely forget a major event (e.g. trip, party, family wedding) within a few weeks of the event?
 Usually Sometimes Rarely
3. Does he/she forget pertinent details of the major event? Usually Sometimes Rarely

Judgment and Problem Solving: How would you rate his/her ability to

1. Solve problems?
 No Loss Some Loss Severe Loss
2. Cope with small sums of money (e.g., make change, leave a small tip)?
 No Loss Some Loss Severe Loss Not Applicable
3. Handle complicated financial or business transactions (e.g., balance checkbook, pay bills)?
 No Loss Some Loss Severe Loss Not Applicable
4. Understand situations or explanations?
 No Loss Some Loss Severe Loss
5. Interact with other people in social situations?
 No Loss Some Loss Severe Loss

Community Affairs: These questions relate to the subject's participation in community affairs (such as going to church, visiting friends or family, political activities, professional organizations, social clubs, service organizations, educational programs).

1. Is he/she still working? Yes No Not Applicable

If not applicable, proceed to item 2

1a. If no longer working, did memory or thinking problems contribute to their decision to retire? Yes No

1b. If still working, do problems with memory and thinking affect their ability to perform on their job? Yes No

2. Did he/she ever drive a car? Yes No

If no, proceed to item 3.

2a. Does he/she drive a car now? Yes No Don't know

2b. If no longer driving, did memory or thinking problems contribute to the decision not to drive? Yes No Don't know

2c. If still driving, are there problems or risks because of impaired memory or thinking? Yes No Don't know

3. Is he/she able to go shopping for needs on their own?
 Rarely or Never Sometimes Usually Don't know Not Applicable

(Needs to be accompanied on any shopping trip)

(Shops for limited number of items; buys duplicate items or forgets needed items)

4. Is he/she able to carry out activities outside the home on their own?
 Rarely or Never Sometimes Usually Don't know

(Generally unable to perform activities without help)

(Passive participation in activities)

(Actively participates in activities)

5. Would a casual observer notice that something was wrong with the subject?

Yes

Maybe

Probably Not

Don't know

6. If in a nursing home, does he/she participate in social functions?

Yes

Sometimes

No

Don't know

Not Applicable

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Home and Hobbies: These questions relate to changes in homemaking tasks

(such as cooking, laundry, grocery shopping, taking out garbage, yard work, simple care maintenance, and basic home repair) and hobbies (such as sewing, painting, handcrafts, reading, entertaining, photography, gardening, going to theater or symphony, woodworking, participation in sports).

1a. What changes have occurred in his/her abilities to perform household chores?

1b. What can he/she still do well?

2a. What changes have occurred in his/her abilities to perform hobbies?

2b. What can he/she still do well?

3a. If in nursing home, what do you think he/she could no longer do well (household chores and hobbies)? If not applicable, skip to next section.

3b. What do you think he/she still could do well?

Personal Care: These questions relate to changes from a previous level of personal care.

What is your estimate of his/her ability in the following areas:

A. Dressing	Unaided 0	Occasionally misplaced buttons, etc. 1	Wrong sequence commonly forgotten items 2	Unable to dress 3
B. Washing, grooming	Unaided 0	Needs prompting 1	Sometimes needs help 2	Always or nearly always needs help 3
C. Eating habits	Cleanly; uses proper utensils 0	Messily; uses spoon only 1	Simple solids uses hands 2	Has to be fed completely 3

D.	Bladder and bowel control	Normal complete control	Occasionally wets bed	Frequently wets bed	No control of bowel and bladder
		0	1	2	3