

Guidelines for Use of a Risk Assessment Approach in the REACH II Intervention

The level of dosage for each intervention component is determined in part by a risk assessment that is initially conducted at the baseline interview by the interviewer and then refined in the process of the intervention by the interventionist.

The interventionist uses a Risk Priority Worksheet (RPW) that summarizes the major areas of risk for the caregiver in areas of safety, health, emotional well being, social support, behavioral management. The interventionist uses the RPW to identify risks at baseline, to guide discussions and negotiations of the target problem areas with the caregiver, and to reevaluate areas of risk periodically throughout the intervention. Below are the specific guidelines for using the RPW in specific intervention sessions.

Guidelines for Transferring Baseline Information to RPW

Information from the baseline interview is transferred to the Risk Priority Worksheet (RPW) by either the interventionist or a member of project team prior to the first intervention session. Transferring information can serve as a source of error. Therefore, it is important to double check that information has been accurately carried over onto the form. Given that the RPW serves as the basis from which a particular behavior or area of caregiving difficulty is identified, transferring the wrong information or missing a particular risk item in the transfer problem can interfere with the intervention process.

The following forms and items from the Baseline Interview and Screening are given to the Interventionist:

- Risk Appraisal (RA) form, baseline pages 67-72.
- RMBPC (MB) form, baseline pages 25-40.
- CES-D score _____.
- Personal Appearance (PA) form, baseline pages 8-9.
- Living Environment (QC) section of form, baseline pages 63-64.
- Participant Information form (PI).
- Demographic information (caregiver age, race, gender, relationship to care recipient, language preference).
- Caregiver literacy level
- Care recipient MMSE

The following specific items are transferred to the RPW from the baseline Risk Appraisal Form. At the top of the RPW form transfer the total CES-D score. A score ≥ 4 is considered evidence of clinical depressive symptoms. A score of ≥ 15 triggers the alert protocol (see Section 14). Next, for each component of risk, follow the directions below:

1) SAFETY

- a. Alerts from Risk Assessment (RA)
 - Make a check mark if the CR drives (RA #14)
 - Make a check mark if the CR can access a gun (RA#7)
- b. List ALL other risk items for SAFETY (RA items #5 –14).

2) HEALTH/PHYSICAL WELL BEING (RA items #30-41 and #46-51)

- a. High Risk Areas – List items #30, 32, and 41 if the CG answered “yes” to those questions. List items #31 and #33-40 if the CG answered “no” to those items. For items #46-51, list those that were reported by the CG to occur “often.”

- b. Moderate Risk Areas - List here all items that were reported by the CG to occur “sometimes.”
- 3) EMOTIONAL WELL BEING (RA items #42-45)
- a. High Risk Areas - List all items that were reported by the CG to occur “often.”
 - b. Moderate Risk Areas - List here all items that were reported by the CG to occur “sometimes.”
- 4) BEHAVIORAL/SOCIAL SUPPORT
- a. CAREGIVING SKILLS (RA items #15-22)
 - High Risk Areas - List all items that were reported by the CG to occur “often.”
 - Moderate Risk Areas - List here all items that were reported by the CG to occur “sometimes.”
 - b. SOCIAL SUPPORT (RA items #23-29)
 - Make a check mark if CG has no one to take over care for self or CR if needed (RA #23)
 - High Risk Areas – *Some of these are reverse scored, so be careful. Items #24, #25, and #28 are considered “high risk” if the CG responded “never.” Items #26, #27, and #29 are considered “high risk” if the CG responded “often.”
 - Moderate Risk Areas – List here all items that were reported by the CG to occur “sometimes.”
 - c. RMBPC (MB) ITEMS
 - High Risk Areas – List here ALL items for which the CG reported an “upset” score = 3 or 4 (regardless of how often they occur).
 - Moderate Risk Areas – List here items for which the CG reported that a behavior occurs “3-6 times per week” or “Daily or more often” AND the CG reported an “upset” score of 2.
 - Low Risk Areas – List here items that were reported to occur “1 to 2 times” or “3 to 6 times” in the past week, AND the CG reported an “upset” score of 1 or 0.
 - d. PERSONAL APPEARANCE (PA items #1-5, 9, 11-13)
 - Items #12 and #13 should always be listed on the RPW if they are marked “no.”
 - Items #1-5 and #9 should be listed on the RPW if **3 or more** of these items are marked “no” (because endorsement of three or more of these items would probably indicate a personal hygiene issue for the CR that needs to be addressed).
- 5) QUALITY OF CARE
- a. WALK THROUGH – ITEMS #6-#14
 - Items to be listed on RPW are those that are endorsed during the walk-through as being potentially problematic. Generally, the following endorsements would be included:
 - “yes” for #6, #7, #8c, #11, #12, #13, and #14.
 - “no” for #8a, #8b, #9, and #10.

Use of RPW in Intervention Sessions

First session:

In the first home session, the interventionist uses general probes to elicit caregiver story. Suggested probes are as follows:

- When was your (family member) first diagnosed with dementia?
- How did you know?
- How are things going?
- What is your day like?

As the caregiver tells his/her story, the interventionist refers to the RPW to see if issues raised are also on the form.

For those areas on the RPW that are not raised by caregiver, the interventionist indicates the following (use as a guideline for the approach to take):

At the initial interview, you indicated that (NAME PROBLEM) is upsetting. Is this an area of concern for you now?

Risk areas associated with safety that are alerts (Driving and Presence of Gun in home) are addressed in this session.

Risk areas associated with safety (other than alerts) and CG physical health are not reviewed or addressed in this session.

Second Session:

The second home session includes a review of the safety and health passport materials in depth. The interventionist reviews the safety and physical health items identified on the RPW prior to entering the home. The interventionist uses the RPW items to tailor the presentation of the safety and health passport materials in the Caregiver Notebook. The interventionist can use a highlighter to underline in the CG Notebook materials those recommendations most pertinent to the RPW items.

Third Session:

In this session the interventionist reviews in more depth the specific risk items that have been targeted for skills training and well-being management. The interventionist identifies those areas of highest risk on the form and enters into a negotiation with the caregiver in order to identify the first problem area to work on.

Negotiation guidelines:

- Our time together is designed to assist you with caregiving. We'll work together to identify caregiving problems/issues you face and prioritize which of those to help you handle. Today, let's talk about how to use our time to meet your needs
- Let's review the concerns/issues/problems you mentioned during your initial interview and during our first session or other issues that are really important to you, but have not been discussed yet.
- INTERVENTIONIST REFERS TO RPW AND STATES:
 - You indicated that NAME PROBLEM was very upsetting to you. Is this still an issue? Is this something you want to work on first?

Subsequent Intervention Sessions

The RPW is used in each session in which there is a review and negotiation of a new target problem area.

INTERVENTIONIST RISK PRIORITY WORKSHEET (RPW)

CES-D (SD) score: _____

CR MMSE score: _____

Literacy Level:
 1. set of words: _____
 2. CTIS score: _____
 3. sentences: _____

List potential risk items to be addressed with CG during the intervention. Record all risk items indicated in assessment.

Form and item #	Risk Item	Priority
RA #14 RA #7 _____ _____ _____ _____ _____	<p>SAFETY (RA items 5-14)</p> <p><u>Alerts</u> (check if relevant): _____ (CR) Drives. _____ Gun in home that (CR) can access.</p> <p>Other Risk Areas (for Safety):</p> _____ _____ _____ _____ _____	
 _____ _____ _____ _____ _____	<p>HEALTH/PHYSICAL WELL-BEING (RA items 30-41, 46-51)</p> <p>High Risk Areas (“yes” for items 30, 32 & 41; “no” for items 31 & 33-40; “often” for items 46-51):</p> _____ _____ _____ _____ _____ Moderate Risk Areas (“sometimes” for items 46-51): _____ _____ _____ _____ _____	

	<p>EMOTIONAL WELL BEING (RA items 42-45)</p> <p>High Risk Areas (items that occur often):</p> <p>____</p> <p>____</p> <p>Moderate Risk Areas (items that occur sometimes):</p> <p>____</p> <p>____</p>	
	<p>BEHAVIORS/SOCIAL SUPPORT</p> <p>A. Caregiving Skills (RA items 15-22)</p> <p>High Risk Areas (items that occur often):</p> <p>____</p> <p>____</p> <p>____</p> <p>____</p> <p>Moderate Risk Areas (items that occur sometimes):</p> <p>____</p> <p>____</p> <p>____</p> <p>____</p> <p>B. Social Support (RA items 23-29)</p> <p>Check if relevant:</p> <p>_____ If needed, CG has no one to care for self or CR (RA #23)</p> <p>High Risk Areas (“never” for items 24, 25 & 28; “often” for items 26, 27 & 29):</p> <p>____</p> <p>____</p> <p>____</p>	

(Social support – continued)

Moderate Risk Areas (items that occur sometimes):

____ _

____ _

____ _

____ _

C. RMBPC Items (MB)

High Risk Areas (Any items where CG “upset” score = 3 or 4):

____ _

____ _

____ _

____ _

____ _

Moderate risk (Any items where CG upset score = 2):

____ _

____ _

____ _

____ _

____ _

Low risk (any behavior that occurs at all and the CG upset score = 0 or 1):

____ _

____ _

____ _

____ _

____ _

	D. Personal Appearance (PA items 1-5, 9, 11-13)	
— —	_____	_____
— —	_____	_____
— —	_____	_____
— —	_____	_____
— —	_____	_____
	QUALITY OF CARE (QC #6-14)	
— —	_____	_____
— —	_____	_____
— —	_____	_____
— —	_____	_____
— —	_____	_____

RISK APPRAISAL

We are nearing the end the interview. I would now like to ask you questions that will cover all the areas we've discussed today as a general overview. We realize that many of these questions may seem repetitive, and we appreciate your patience and participation.

Education

1. ***Do you have written information about memory loss, Alzheimer's Disease, or dementia?***

(RC1)

No 0 ()	Yes 1 ()	Unknown -3 ()	Refused -4 ()
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2. ***Do you have written information about different treatments available for memory loss, Alzheimer's Disease, or dementia?***

(RC1)

No 0 ()	Yes 1 ()	Unknown -3 ()	Refused -4 ()
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3. ***Do you have a living will for (CR)?***

(RC1)

No 0 ()	Yes 1 ()	Unknown -3 ()	Refused -4 ()
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4. ***Do you or a family member have durable power of attorney or guardianship for (CR)?***

(RC1)

No 0 ()	Yes 1 ()	Unknown -3 ()	Refused -4 ()
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Safety

5. ***Is there a working smoke detector and fire extinguisher in your house?***

(RC1)

No 0 ()	Yes 1 ()	Unknown -3 ()	Refused -4 ()
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6. ***Can (CR) get to dangerous substances (e.g., medicines, cleaning supplies)?***

(RC1)

No 0 ()	Yes 1 ()	Unknown -3 ()	Refused -4 ()
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 7. ***Can (CR) get to dangerous objects (e.g., gun, knife or other sharp objects)?***

(RC1)

No 0 ()	Yes 1 ()	Unknown -3 ()	Refused -4 ()
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8. ***Does (CR) wear a safety ID bracelet or other form of identification that would alert police and fire officials of his/her memory problem and home address?***


(RC1)

No 0 ()	Yes 1 ()	Unknown -3 ()	Refused -4 ()
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9. ***Does (CR) smoke when alone in the house?***

(RC41)

Never 0 ()	Sometimes 1 ()	Often 2 ()	Unknown -3 ()	Refused -4 ()
-----------------------	---------------------------	-----------------------	-------------------	-------------------

10. **Does (CR) leave things on the stove or store objects in the oven?**
(RC41)
- | | | | | |
|--------------|------------------|--------------|----------------|----------------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |
11. **Do you ever leave (CR) alone or unsupervised in the home?**
(RC41)
- | | | | | |
|--------------|------------------|--------------|----------------|----------------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |
12. **Does (CR) get lost in familiar surroundings (e.g., home, church, or neighborhood)?**
(RC41)
- | | | | | |
|--------------|------------------|--------------|----------------|----------------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |
13. **Does (CR) try to leave the home and wander outside?**
(RC41)
- | | | | | |
|--------------|------------------|--------------|----------------|----------------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |
-  14. **Does (CR) drive?**
(RC41)
- | | | | | |
|--------------|------------------|--------------|----------------|----------------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |

Caregiving Skills

15. **Is it hard or stressful for you to take care of basic household chores, like cleaning, yard work, or home repairs?**
(RC41)
- | | | | | |
|--------------|------------------|--------------|----------------|----------------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |
16. **Is it hard or stressful for you to help (CR) with toileting, including cleaning up after accidents?**
(RC41)
- | | | | | |
|--------------|------------------|--------------|----------------|----------------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |
17. **Is it hard or stressful for you to prepare (CR) meals or help (CR) eat?**
(RC41)
- | | | | | |
|--------------|------------------|--------------|----------------|----------------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |
18. **Is it hard or stressful for you to help (CR) in basic daily activities, like bathing, changing clothes, brushing teeth, or shaving?**
(RC41)
- | | | | | |
|--------------|------------------|--------------|----------------|----------------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |
19. **Is it hard for you to get helpful information from (CR' s) doctor or nurse?**
(RC41)
- | | | | | |
|--------------|------------------|--------------|----------------|----------------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |

20. ***Is it hard for (CR) to understand what you are saying or want him/her to do?***

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

21. ***Is it hard for you to understand what (CR) needs or wants?***

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

22. ***Do you face problem behaviors when caring for (CR) such as (CR) asks the same question over and over, becomes irritable, argumentative or aggressive?***

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

Social Support

23. ***If you were unable to care for (CR) or yourself, do you have someone who would take over?***

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()

24. ***Do you have someone (other than CR) you can talk to about important decisions or difficult caregiving situations?***

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

25. ***Do you have someone, like a family member, friend, or neighbor (other than CR) who can take you places if you needed help?***

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

26. ***Is it hard for you to find services like adult day care, sitters, or respite care?***

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

27. ***Is it hard for you to find a friend or family member who can stay with (CR) to give you a break from caregiving?***

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

28. ***Do you have someone to comfort you, listen to your feelings, or express concern for you?***

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

29. ***Do you feel isolated from your family/friends?***

(RC41)

Never	Sometimes	Often	Unknown	Refused
0 ()	1 ()	2 ()	-3 ()	-4 ()

Caregiver Emotional and Physical Well-being

30. **In the past month, have you lost or gained weight without meaning to?**
(RC1)
- | | | | |
|-------|-------|---------|---------|
| No | Yes | Unknown | Refused |
| 0 () | 1 () | -3 () | -4 () |
31. **In the past year, have you seen your primary care physician for a routine check up?**
(RC1)
- | | | | |
|-------|-------|---------|---------|
| No | Yes | Unknown | Refused |
| 0 () | 1 () | -3 () | -4 () |
32. **In the past 6 months, have you missed any scheduled doctor's appointments?**
(RC1)
- | | | | |
|-------|-------|---------|---------|
| No | Yes | Unknown | Refused |
| 0 () | 1 () | -3 () | -4 () |
33. **In the past year, have you had your eyesight checked?**
(RC1)
- | | | | |
|-------|-------|---------|---------|
| No | Yes | Unknown | Refused |
| 0 () | 1 () | -3 () | -4 () |
34. **In the past year, have you had your hearing checked?**
(RC1)
- | | | | |
|-------|-------|---------|---------|
| No | Yes | Unknown | Refused |
| 0 () | 1 () | -3 () | -4 () |
35. **In the past year, have you had your teeth/dentures examined by a dentist?**
(RC1)
- | | | | |
|-------|-------|---------|---------|
| No | Yes | Unknown | Refused |
| 0 () | 1 () | -3 () | -4 () |
36. **In the past year, have you had a flu shot?**
(RC1)
- | | | | |
|-------|-------|---------|---------|
| No | Yes | Unknown | Refused |
| 0 () | 1 () | -3 () | -4 () |
37. **In the past year, have you had your blood pressure checked?**
(RC1)
- | | | | |
|-------|-------|---------|---------|
| No | Yes | Unknown | Refused |
| 0 () | 1 () | -3 () | -4 () |
38. FEMALE ONLY: **In the past two years, have you had a mammogram?**
(RC1)
- | | | | | |
|-------|-------|--------|---------|---------|
| No | Yes | N/A | Unknown | Refused |
| 0 () | 1 () | -2 () | -3 () | -4 () |
39. FEMALE ONLY: **In the past two years, have you had a pap smear?**
(RC1)
- | | | | | |
|-------|-------|--------|---------|---------|
| No | Yes | N/A | Unknown | Refused |
| 0 () | 1 () | -2 () | -3 () | -4 () |
40. MALE ONLY: **In the past year, have you had a prostate examination?**
(RC1)
- | | | | | |
|-------|-------|--------|---------|---------|
| No | Yes | N/A | Unknown | Refused |
| 0 () | 1 () | -2 () | -3 () | -4 () |

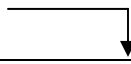
41. ***Have you cut back on your physical activities, like exercise and walking because of caregiving?***
(RC1)
- | | | | |
|-------|-------|---------|---------|
| No | Yes | Unknown | Refused |
| 0 () | 1 () | -3 () | -4 () |
42. ***In the past month or so, has caregiving made you feel overwhelmed or extremely tired?***
(RC41)
- | | | | | |
|--------------|------------------|--------------|---------|---------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |
43. ***In the past month, have you felt depressed, sad, had crying spells or felt like you often needed to cry?***
(RC41)
- | | | | | |
|--------------|------------------|--------------|---------|---------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |
44. ***Is it hard for you to have quiet time for yourself or time to do the things you enjoy?***
(RC41)
- | | | | | |
|--------------|------------------|--------------|---------|---------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |
45. ***In the past month, have you been angry or frustrated as a result of your caregiving?***
(RC41)
- | | | | | |
|--------------|------------------|--------------|---------|---------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |
46. ***In the past month or so, have you had headaches, a sore throat, the flu, or a cold?***
(RC41)
- | | | | | |
|--------------|------------------|--------------|---------|---------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |
47. ***In the past month, have you had stomach or intestinal problems, like cramps, heartburn, or diarrhea?***
(RC41)
- | | | | | |
|--------------|------------------|--------------|---------|---------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |
48. ***In the past month, have you had trouble falling asleep, staying asleep, or waking up too early in the morning?***
(RC41)
- | | | | | |
|--------------|------------------|--------------|---------|---------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |
49. ***In the past month, has your back hurt, or have you had pains in other muscles or joints?***
(RC41)
- | | | | | |
|--------------|------------------|--------------|---------|---------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |
50. ***In the past month, has it been hard to eat healthy or well-balanced meals on a regular basis?***
(RC41)
- | | | | | |
|--------------|------------------|--------------|---------|---------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 () | -3 () | -4 () |
51. ***Do you miss taking your prescription medication on a regular basis?***
(RC41)
- | | | | | | |
|--------------|------------------|--------------|--------|---------|---------|
| Never | Sometimes | Often | N/A | Unknown | Refused |
| 0 () | 1 () | 2 () | -2 () | -3 () | -4 () |

INTERVIEWER ANSWERS FOLLOWING QUESTIONS:

52. Did the respondent answer “yes” to **question 7** “Can (CR) get to dangerous objects (e.g., gun, knife or other sharp objects?”

No 0 ()

Yes 1 ()



52.1 Was the dangerous object identified as a gun

No 0 ()

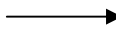
Yes 1 ()



52.2 Has the Principal Investigator or appropriate site personnel been notified?

No 0 ()

Yes 1 ()



Please notify the Principal Investigator or appropriate site personnel.

53. Did the respondent answer “(1) Sometimes or (2) Often” to **question 14** “Does (CR) drive?”

No 0 ()

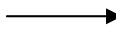
Yes 1 ()



53.1 Has the Principal Investigator or appropriate site personnel been notified?

No 0 ()

Yes 1 ()



Please notify the Principal Investigator or appropriate site personnel.

REVISED MEMORY AND BEHAVIOR PROBLEMS CHECKLIST

Now I'd like to ask you about some of the problems you may have encountered while caring for (CR). I will read a list of specific problems (CR) may sometimes have. Please indicate if any of these problems have occurred during the past week. If so, how much has this bothered or upset you when it happened.

1. **Within the past week, has (CR) experienced any memory or behavior problems?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

1.1 (RC16)	How bothered or upset were you by this?														
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Not at all</td> <td style="text-align: center;">A little</td> <td style="text-align: center;">Moderately</td> <td style="text-align: center;">Very Much</td> <td style="text-align: center;">Extremely</td> <td style="text-align: center;">Unknown</td> <td style="text-align: center;">Refused</td> </tr> <tr> <td style="text-align: center;">0 ()</td> <td style="text-align: center;">1 ()</td> <td style="text-align: center;">2 ()</td> <td style="text-align: center;">3 ()</td> <td style="text-align: center;">4 ()</td> <td style="text-align: center;">-3 ()</td> <td style="text-align: center;">-4 ()</td> </tr> </table>	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused									
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()									
1.2 (RC16)	How confident do you feel about handling these problems?														
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Not at all</td> <td style="text-align: center;">A little</td> <td style="text-align: center;">Moderately</td> <td style="text-align: center;">Very Much</td> <td style="text-align: center;">Extremely</td> <td style="text-align: center;">Unknown</td> <td style="text-align: center;">Refused</td> </tr> <tr> <td style="text-align: center;">0 ()</td> <td style="text-align: center;">1 ()</td> <td style="text-align: center;">2 ()</td> <td style="text-align: center;">3 ()</td> <td style="text-align: center;">4 ()</td> <td style="text-align: center;">-3 ()</td> <td style="text-align: center;">-4 ()</td> </tr> </table>	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused									
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()									

2. **Within the past week, has (CR) been asking the same question over and over?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

2.1 (RC16)	How bothered or upset were you by this?														
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Not at all</td> <td style="text-align: center;">A little</td> <td style="text-align: center;">Moderately</td> <td style="text-align: center;">Very Much</td> <td style="text-align: center;">Extremely</td> <td style="text-align: center;">Unknown</td> <td style="text-align: center;">Refused</td> </tr> <tr> <td style="text-align: center;">0 ()</td> <td style="text-align: center;">1 ()</td> <td style="text-align: center;">2 ()</td> <td style="text-align: center;">3 ()</td> <td style="text-align: center;">4 ()</td> <td style="text-align: center;">-3 ()</td> <td style="text-align: center;">-4 ()</td> </tr> </table>	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused									
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()									
2.2 (RC16)	How confident do you feel about handling this behavior?														
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Not at all</td> <td style="text-align: center;">A little</td> <td style="text-align: center;">Moderately</td> <td style="text-align: center;">Very Much</td> <td style="text-align: center;">Extremely</td> <td style="text-align: center;">Unknown</td> <td style="text-align: center;">Refused</td> </tr> <tr> <td style="text-align: center;">0 ()</td> <td style="text-align: center;">1 ()</td> <td style="text-align: center;">2 ()</td> <td style="text-align: center;">3 ()</td> <td style="text-align: center;">4 ()</td> <td style="text-align: center;">-3 ()</td> <td style="text-align: center;">-4 ()</td> </tr> </table>	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused									
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()									

3. Within the past week, has (CR) had trouble remembering recent events (e.g., items in the newspaper or (RC23) on TV)?

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

3.1 **How bothered or upset were you by this?**
(RC16)

Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

3.2 **How confident do you feel about handling this behavior?**
(RC16)

Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

4. Within the past week, has (CR) had trouble remembering significant past events?
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

4.1 **How bothered or upset were you by this?**
(RC16)

Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

4.2 **How confident do you feel about handling this behavior?**
(RC16)

Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

5. **Within the past week, has (CR) been losing or misplacing things?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

5.1 **How bothered or upset were you by this?**
(RC16)

Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

5.2 **How confident do you feel about handling this behavior?**
(RC16)

Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

6. **Within the past week, has (CR) been forgetting what day it is?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

6.1 **How bothered or upset were you by this?**
(RC16)

Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

6.2 **How confident do you feel about handling this behavior?**
(RC16)

Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

7. **Within the past week, has (CR) been starting but not finishing things?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

7.1 (RC16)	How bothered or upset were you by this?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
7.2 (RC16)	How confident do you feel about handling this behavior?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

8. **Within the past week, has (CR) had difficulty concentrating on a task?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

8.1 (RC16)	How bothered or upset were you by this?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
8.2 (RC16)	How confident do you feel about handling this behavior?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

9. ***In the past six months, have you seen any cognitive improvement overall?***

(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()



9.1 Was the improvement minimal or substantial? (RC18)			
Minimal improvement	Substantial improvement	Unknown	Refused
1 ()	2 ()	-3 ()	-4 ()

9.2 Was there no change, minimal decline or substantial decline? (RC19)				
No change	Minimal decline	Substantial decline	Unknown	Refused
1 ()	2 ()	3 ()	-3 ()	-4 ()

10. ***Within the past week, has (CR) been destroying property?***

(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()



10.1	<i>How bothered or upset were you by this?</i>						
(RC16)	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
10.2	<i>How confident do you feel about handling this behavior?</i>						
(RC16)	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

11. **Within the past week, has (CR) been doing things that embarrass you?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

11.1 (RC16)	How bothered or upset were you by this?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
11.2 (RC16)	How confident do you feel about handling this behavior?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

12. **Within the past week, has (CR) been waking you or other family members up at night?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

12.1 (RC16)	How bothered or upset were you by this?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
12.2 (RC16)	How confident do you feel about handling this behavior?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

13. **Within the past week, has (CR) been talking loudly and rapidly?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

13.1 (RC16)	How bothered or upset were you by this?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
13.2 (RC16)	How confident do you feel about handling this behavior?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

14. **Within the past week, has (CR) appeared anxious or worried?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

14.1 (RC16)	How bothered or upset were you by this?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
14.2 (RC16)	How confident do you feel about handling this behavior?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

15. **Within the past week, has (CR) been engaging in behavior that is potentially dangerous to him/herself or others?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

15.1 (RC16)	How bothered or upset were you by this?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
15.2 (RC16)	How confident do you feel about handling this behavior?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

16. **Within the past week, has (CR) threatened to hurt him/herself?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

16.1 (RC16)	How bothered or upset were you by this?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
16.2 (RC16)	How confident do you feel about handling this behavior?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

17. **Within the past week, has (CR) threatened to hurt others?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

17.1 (RC16)	How bothered or upset were you by this?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
17.2 (RC16)	How confident do you feel about handling this behavior?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

18. **Within the past week, has (CR) been aggressive to others verbally?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

18.1 (RC16)	How bothered or upset were you by this?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
18.2 (RC16)	How confident do you feel about handling this behavior?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

19. ***In the past six months, have you seen any behavioral improvement overall?***

(RC1)

No 0 ()	Yes 1 ()	Unknown -3 ()	Refused -4 ()
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19.1 Was the improvement minimal or substantial? (RC18)			
Minimal improvement	Substantial improvement	Unknown	Refused
1 ()	2 ()	-3 ()	-4 ()

19.2 **Was there no change, minimal decline or substantial decline?**

(RC19)

No change	Minimal decline	Substantial decline	Unknown	Refused
1 ()	2 ()	3 ()	-3 ()	-4 ()

20. ***Within the past week, has (CR) appeared sad or depressed?***

(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()



20.1 (RC16)	How bothered or upset were you by this?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
20.2 (RC16)	How confident do you feel about handling this behavior?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

21. **Within the past week, has (CR) been expressing feelings of hopelessness or sadness about the future?**
(RC23) (Such as, "Nothing worthwhile ever happens", or "I never do anything right")

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()



21.1 (RC16)	How bothered or upset were you by this?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
21.2 (RC16)	How confident do you feel about handling this behavior?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

22. **Within the past week, has (CR) been crying and tearful?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()



22.1 (RC16)	How bothered or upset were you by this?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
22.2 (RC16)	How confident do you feel about handling this behavior?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

23.  **Within the past week, has (CR) been commenting about the death of him/herself or others?** (such as, "Life isn't worth living", or "I'd be better off dead")
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

23.1 (RC16) **How bothered or upset were you by this?**

Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

23.2 (RC16) **How confident do you feel about handling this behavior?**

Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

24. **Within the past week, has (CR) been talking about feeling lonely?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

24.1 (RC16) **How bothered or upset were you by this?**

Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

24.2 (RC16) **How confident do you feel about handling this behavior?**

Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

25. **Within the past week, has (CR) made comments about feeling worthless or being a burden to others?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

25.1 (RC16)	How bothered or upset were you by this?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
25.2 (RC16)	How confident do you feel about handling this behavior?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

26. **Within the past week, has (CR) made comments about feeling like a failure or about not having any worthwhile accomplishments in life?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

26.1 (RC16)	How bothered or upset were you by this?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()
26.2 (RC16)	How confident do you feel about handling this behavior?						
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()

27. **Within the past week, has (CR) been arguing, irritable, and/or complaining?**
(RC23)

Not in the past week	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused
0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

27.1 (RC16)	How bothered or upset were you by this?							
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused	
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()	
27.2 (RC16)	How confident do you feel about handling this behavior?							
	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused	
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 ()	-4 ()	

28. **In the past six months, have you seen any improvement in (CR)'s mood overall?**
(RC1)

No	Yes	Unknown	Refused
0 ()	1 ()	-3 ()	-4 ()
↓	↓		

28.1 (RC18)	Was the improvement minimal or substantial?			
	Minimal improvement	Substantial improvement	Unknown	Refused
	1 ()	2 ()	-3 ()	-4 ()

28.2 (RC19)	Was there no change, minimal decline or substantial decline?				
	No change	Minimal decline	Substantial decline	Unknown	Refused
	1 ()	2 ()	3 ()	-3 ()	-4 ()

29. **Within the past week, has (CR) had any other memory or behavior problems that I haven't already mentioned?**
(RC1)

No 0 () Yes 1 () Unknown -3 () Refused -4 ()



29.1	Specify: _____					
29.2 (RC23)	How often has this problem occurred in the <u>past week</u>?					
	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused	
	1 ()	2 ()	3 ()	-3 ()	-4 ()	
29.3 (RC16)	How bothered or upset were you by this?					
	Not at all	A little	Moderately	Very Much	Extremely	Unknown Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 () -4 ()
29.4 (RC16)	How confident do you feel about handling this behavior?					
	Not at all	A little	Moderately	Very Much	Extremely	Unknown Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 () -4 ()

30. **Any other memory or behavior problems within the past week? (Ask question only if a "Yes" response to question #29 was made)**
(RC1)

No 0 () Yes 1 () Unknown -3 () Refused -4 ()



30.1	Specify: _____					
30.2 (RC23)	How often has this problem occurred in the <u>past week</u>?					
	1 to 2 times in the past week	3 to 6 times in the past week	Daily or more often	Unknown	Refused	
	1 ()	2 ()	3 ()	-3 ()	-4 ()	
30.3 (RC16)	How bothered or upset were you by this?					
	Not at all	A little	Moderately	Very Much	Extremely	Unknown Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 () -4 ()
30.4 (RC16)	How confident do you feel about handling this behavior?					
	Not at all	A little	Moderately	Very Much	Extremely	Unknown Refused
	0 ()	1 ()	2 ()	3 ()	4 ()	-3 () -4 ()

31. **Any other memory or behavior problems within the past week?** (Ask question only if a “Yes” response to (RC1) question #30 was made)

No 0 () Yes 1 () Unknown -3 () Refused -4 ()



31.1	Specify: _____					
31.2 (RC23)	How often has this problem occurred in the <u>past week</u>?					
	1 to 2 times in the past week 1 ()	3 to 6 times in the past week 2 ()	Daily or more often 3 ()	Unknown -3 ()	Refused -4 ()	
31.3 (RC16)	How bothered or upset were you by this?					
	Not at all 0 ()	A little 1 ()	Moderately 2 ()	Very Much 3 ()	Extremely 4 ()	Unknown -3 () Refused -4 ()
31.4 (RC16)	How confident do you feel about handling this behavior?					
	Not at all 0 ()	A little 1 ()	Moderately 2 ()	Very Much 3 ()	Extremely 4 ()	Unknown -3 () Refused -4 ()

INTERVIEWER ANSWERS FOLLOWING QUESTIONS:

32. Is the answer to **question 16** “Within the past week, has (CR) threatened to hurt him/herself?” either 2 () “3 to 6 times in the past week” or 3 () “Daily or more often”?

No 0 ()

Yes 1 () →

32.1	Has the Principal Investigator or appropriate site personnel been notified?	
	No 0 () →	Please notify the Principal Investigator or appropriate site personnel.
	Yes 1 ()	

33. Is the answer to **question 23** “Within the past week, has (CR) been commenting about the death of him/herself or others ”either 2 () “3 to 6 times in the past week” or 3 () “Daily or more often”?

No 0 ()

Yes 1 () →

33.1	Has the Principal Investigator or appropriate site personnel been notified?	
	No 0 () →	Please notify the Principal Investigator or appropriate site personnel.
	Yes 1 ()	

PERSONAL APPEARANCE

While administering the MMSE, please observe the following aspects of the CR's personal appearance.

	No	Yes	N/A	Unknown	Refused
1. <i>Hand and nails clean</i> No dirt or foreign matter is visible under or on fingernails, on palms or back of hands, or fingers.	0 ()	1 ()	-2 ()	-3 ()	-4 ()
2. <i>Nails clipped</i> Fingernails are of approximately the same length. Edges of nails are smooth.	0 ()	1 ()	-2 ()	-3 ()	-4 ()
3. <i>Hair clean and combed</i> Hair is free of lint, foreign materials, and excessive natural oil (unapplied). Exceptions: Dry scalp, dandruff, barrettes, hair bands, wigs, hair pieces or extensions, hair dresses.	0 ()	1 ()	-2 ()	-3 ()	-4 ()
4. <i>Face clean</i> No dirt or food is visible on face. There is no more than one piece of lint or "dust" on face. Exceptions: Do not score mucus in or on the nose in this category.	0 ()	1 ()	-2 ()	-3 ()	-4 ()
5. <i>Clean shaven</i> No beard, beard "shadow" or "patches" (uneven shaving) visible. Exceptions: Score N/A if the participant is female, or a male whose beard or mustache appears "planned".	0 ()	1 ()	-2 ()	-3 ()	-4 ()
6. <i>Shoes on</i> (including slippers) Shoes or slippers must be on both feet	0 ()	1 ()	-2 ()	-3 ()	-4 ()
7. <i>Shoes tied</i> Laces pass through every eyelet to the tops of both shoes, and are tied in bows. Exceptions: Score N/A if shoes do not require laces.	0 ()	1 ()	-2 ()	-3 ()	-4 ()
8. <i>Dressed in clothing</i> Person is dressed in a dress, or top and pants (i.e., shirts, sweatshirt or blouse, and pants or sweatpants). Score N/A if in night clothes before noon.	0 ()	1 ()	-2 ()	-3 ()	-4 ()
9. <i>Clothing is dry</i> No wet spots are visible in crotch of pants or on front or back of dress or skirt.	0 ()	1 ()	-2 ()	-3 ()	-4 ()
	No	Yes	N/A	Unknown	Refused

Personal Appearance

Subject ID _____

- | | | | | | | |
|-----|--|-------|-------|--------|--------|--------|
| 10. | <i>Clothing untorn</i>
There are no tears, rips, holes, or fabric pulls on clothing or shoes. Pant legs are not frayed. | 0 () | 1 () | -2 () | -3 () | -4 () |
| 11. | <i>Clothing unstained</i>
No dirt or stains are visible on clothing.
Exceptions: Do not score stains on shoes. | 0 () | 1 () | -2 () | -3 () | -4 () |
| 12. | <i>Not physically restrained</i> | 0 () | 1 () | -2 () | -3 () | -4 () |
| 13. | <i>No indications of injury</i> (bruises, cuts, bites, abrasions, skin rashes or open sores. | 0 () | 1 () | -2 () | -3 () | -4 () |

QUALITY OF CARE

I. Living Environment – RA Observation and CG Report

This next section is about the ways that you use your home to care for (CR). First I will ask you some general questions and then I will ask you to show me the rooms that (CR) uses so that you can show me any changes you have made in your home to help you provide care.

A. Positive Aspects of Environment	No	Yes	N/A	Unknown	Refused
1. (RC1) Do you keep materials present to occupy CR or that provide comfort or meaning (e.g., games, sorting tasks, magazines, photos, stuffed animals)?	0 ()	1 ()	-2 ()	-3 ()	-4 ()
2. (RC1) Have you <u>removed</u> any objects or furniture in your home in response to (CR's) memory problems (i.e. wastebaskets, throw rugs, any sharp or dangerous objects)?	0 ()	1 ()	-2 ()	-3 ()	-4 ()
3. (RC1) Have you <u>added, modified or rearranged</u> any furniture or objects in response to (CR)'s problems or to make caregiving easier?	0 ()	1 ()	-2 ()	-3 ()	-4 ()
4. (RC1) Do you use signs or label objects to offer cues to your (CR)? OBSERVE: if cues to CR are present to enhance orientation and way finding (e.g., signs, objects labeled)	0 ()	1 ()	-2 ()	-3 ()	-4 ()
5. (RC1) Are there assistive devices or special equipment that (CR) uses or you use to help (CR) in daily care (e.g., bathing, dressing, monitoring, communicating).	0 ()	1 ()	-2 ()	-3 ()	-4 ()
B. Hazards in Environment	No	Yes	N/A	Unknown	Refused
<i>BEGIN WALK-THRU OF HOME</i>					
6. Let's start in the room that your (CR) uses the most during the day. OBSERVE if clutter present in room of greatest daily use by CR (clutter is the presence of an excessive number of objects or visual and auditory stimulation in a living space that increase its complexity)	0 ()	1 ()	-2 ()	-3 ()	-4 ()
7. OBSERVE: Objects on floor or pathways in main areas used by CR	0 ()	1 ()	-2 ()	-3 ()	-4 ()

	No	Yes	N/A	Unknown	Refused
8. STAIRS: (RC1) a. Do you have a handrail/banister on the stairs that either you or your CR use?	0 ()	1 ()	-2 ()	-3 ()	-4 ()
b. OBSERVE if all interior stairs used by CG and CR have handrails/banisters that are securely attached.	0 ()	1 ()	-2 ()	-3 ()	-4 ()
c. OBSERVE if Stairs need repair (steps too steep, handrail broken or unstable)	0 ()	1 ()	-2 ()	-3 ()	-4 ()
9. BATHROOM: (RC1) Do you have a grab bar in the bathroom primarily used by (CR)? Observe if Grab bars installed in bathroom	0 ()	1 ()	-2 ()	-3 ()	-4 ()
10. EXIT DOORS (RC1) Do you have locks on exit doors of your home? (Verify presence of locks)	0 ()	1 ()	-2 ()	-3 ()	-4 ()
11. OBSERVE: Are windows broken or in need of repair?	0 ()	1 ()	-2 ()	-3 ()	-4 ()
12. OBSERVE: Inadequate lighting (e.g., glare, dim light, no lampshade)	0 ()	1 ()	-2 ()	-3 ()	-4 ()
13. OBSERVE: Presence of vermin (roaches, rats, etc.)	0 ()	1 ()	-2 ()	-3 ()	-4 ()
14.. OBSERVE: Garbage or offensive smells	0 ()	1 ()	-2 ()	-3 ()	-4 ()

II. Frustrations of Caregiving

Next, I'm going to read a list of items that describe methods that caregivers often use when people with memory problems won't follow the doctor's orders or do what caregivers feel they should do. When you have these kinds of problems with (CR), which of these methods have you either felt like using or have used? Please tell me the word that best describes how often in the past six months, you have felt like using or have used this method.

	Never	Sometimes	Often	Always	Unknown	Refused
15. (RC40) How often in the past six months, have you felt like screaming or yelling at (CR) because of the way he/she behaved?	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
16. (RC40) How often in the past six months, have you considered using physical restraint (such as tying in a chair)?	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
17. (RC40) How often in the past six months, have you considered confining (CR) (e.g., to a room)?	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

		Never	Sometimes	Often	Always	Unknown	Refused
18. (RC40)	<i>How often in the past six months, have you had to keep yourself from hitting or slapping (CR) because of the way he/she behaved?</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
19. (RC40)	<i>How often in the past six months, have you felt like shaking (CR) because of the way he/she behaved?</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
20. (RC40)	<i>How often in the past six months, have you used a harsh tone of voice with (CR)?</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
21. (RC40)	<i>How often in the past six months, have you blamed (CR) for having created difficulties?</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
22. (RC40)	<i>How often in the past six months, have you told (CR) to stop doing things that caused worry because of what it did to you (or to other family members)?</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

III. Exemplary Caregiving

The following statements have to do with the interactions you have with (CR). For each statement, please tell me which one of these answers you feel is most accurate.

		Never	Sometimes	Often	Always	Unknown	Refused
23. (RC40)	<i>I make sure (CR) is included in special gatherings such as family and friends getting together for religious or national holidays (such as Thanksgiving) when at all possible.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
24. (RC40)	<i>I show special amounts of physical affection to (CR).</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
25. (RC40)	<i>Before making a big decision about something that will affect (CR), I talk it over with him/her first if at all possible.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
26. (RC40)	<i>I go out of my way to make sure (CR's) birthday is a special one.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
27. (RC40)	<i>I actively avoid treating (CR) like a child.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()

		Never	Sometimes	Often	Always	Unknown	Refused
28. (RC40)	<i>To make (CR) feel refreshed and good about him/herself, I do things like being sure that he/she is dressed nicely or that his/her hair is clean and styled.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
29. (RC40)	<i>I make sure that where (CR) lives is bright and cheery.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
30. (RC40)	<i>I try to arrange (CR)'s environment to safeguard him/her against causing problems, getting into trouble, or endangering him/herself.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
31. (RC40)	<i>I take the time to sit and talk with (CR).</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
32. (RC40)	<i>I do everything I can to avoid making (CR) feel that he/she is a burden to me.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
33. (RC40)	<i>I really try to avoid interrupting (CR) when he/she is talking.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
34. (RC40)	<i>When at all possible, I make sure that (CR) gets to do some of the things he/she enjoys (e.g., playing cards, visiting friends, going for a walk, listening to music).</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
35. (RC40)	<i>I try to maintain a relaxed, unhurried atmosphere for (CR).</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
36. (RC40)	<i>I make sure the food (CR) likes is available for meals and snacks.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
37. (RC40)	<i>I avoid being overcritical of (CR).</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
38. (RC40)	<i>I make a point of praising (CR) when he/she does what I consider appropriate.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
39. (RC40)	<i>I try to soothe (CR)'s emotions when he/she gets upset.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
40. (RC40)	<i>I try to hold my anger and frustration in, to protect (CR) from these feelings.</i>	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()