

CERTIFICATION PROCEDURES

Certification requirements are established to ensure that study personnel are familiar with the protocol, various forms and procedures, and to increase consistency between interventionists. Site personnel can be certified in the following areas: conducting the intervention and completing intervention forms and conducting the on line support groups. Each site will have training materials, including readings, slides, and videotapes.

General Certification Process

Each area of certification has specific certification requirements as outlined in the individual certification checklists that follow.

On-line support group facilitator certification. For the on-line support group certification, the Coordinating Center reviews the certification checklist for completeness and quality. Dr. Mark Rubert or designee will certify the facilitator and notify the Coordinating Center who will contact the site with confirmation of certification.

Intervention and forms certification. For the intervention and forms, the Coordinating Center reviews the certification checklists, observational checklists for the four key areas of the intervention, and LPWs for completeness and quality. Upon successful completion of Checklist Steps 1-7, the interventionist is qualified to enter the field; however, final field certification depends on a review of the role play behavioral prescription and an audiotape of the initial portion (i.e., from beginning of session 1 through review of the caregiver notebook) of the interventionist's first session with his/her first intervention subject. After reviews of the behavioral prescription and audio taped intervention are received from the Intervention Certification Committee, the Coordinating Center will contact the site within 5 days with confirmation of certification. The certified person also receives feedback on the materials submitted for review and a certificate for each area of certification.

Learning Process Worksheets

Learning process worksheets (LPWs) are an integral part of each certification. The purpose of the LPWs is to make sure that study personnel are familiar with key aspects of the study protocol. They are not designed to test knowledge of study procedures, but rather to familiarize personnel with key aspects of the study and with methods for finding answers should questions arise in the implementation of the intervention. Interventionists are to complete all of the LPWs for the REACH II intervention and the intervention forms that they will be responsible for completing.

Individuals completing the LPWs are encouraged to use the Interventionist REACH II Caregiver Network training manual as well as the Intervention Manual of Operations (MOP) to find the correct answers. After completing the LPWs, they should be submitted to the intervention trainer or the Principal Investigator for review and discussion. Once the LPWs have been approved by the interventionist trainer or Principal Investigator, the appropriate line on the Certification Checklist should be initialed by that person and the LPWs should be sent to the Coordinating Center for review. Passing score on the LPWs will be 100.

Intervention Role Play and Observational Checklists

Interventionists will be expected to accurately implement each of these tasks in a standardized role play situation that is observed by the site PI or training designate. Ideally, a certified interventionist will play the part of the caregiver.

Standardization of the role plays is enhanced by the following procedures:

1. A case study, including an ABC Process Worksheet, is included to facilitate the problem solving exercise. The person acting as the caregiver should be familiar with the case study and be able to respond to questions from the interventionist in accordance with the caregiving situation described in the case study. The interventionists should NOT review the case study materials (text and ABC Process worksheet) prior to the role play. The interventionist is expected to conduct an interview with the caregiver that yields enough information to complete an appropriate behavioral prescription.
2. A standard set of baseline measures has been constructed for training purposes. The interventionists are expected to complete the risk priority worksheet from this standard set of information. The RPW should be completed by the interventionist and reviewed by the PI before the intervention role play.
3. The following activities should occur during the role play:
 - a. Introduction of the intervention (Basically, all of session one, Intro. Script, review of the Caregiver Notebook, Caregiver Network and its forms, on-line support group, caregiver story and basic review of RPW).
 - b. Review of risk priority worksheet and negotiation of target problem with the CG. The role of the caregiver has been scripted to direct the interventionists to a specific problem behavior;
 - c. Problem solving leading to the creation of a behavioral prescription (i.e., ABC Process and Brainstorming);
 - d. Signal breath as a stress reduction strategy.
4. Following the role play, interventionists are expected to create a behavioral prescription on the problem behavior identified during the role play. The interventionist should use the materials and examples provided in the MOP to develop a comprehensive prescription. Relevant strategies that can be prescribed are listed in the Core Prescriptions and can be found in Resource materials (Appendix A, Resources for Use by Interventionist). The behavioral prescription created by the interventionist should be reviewed and evaluated by the site PI (section on the Interventionist Certification Role Play Observation Checklist) and then sent UNEDITED to the certification committee.

Based on observation of the role play situation and review of the behavioral prescription, the PI or designate should complete the *Interventionist Certification Role Play Observation Checklist*. The checklist includes behaviorally anchored ratings of specific procedural techniques (e.g., correct use of forms) and clinical skills (e.g., active listening). A criterion level performance for “passing” is 80% accuracy based on this set performance-based observations.

The case study, including relevant baseline measures and risk priority worksheet is attached.

Following the role play and first session with a CG, the following information should be sent to the Coordinating Center:

1. Cassette tape of first session.
2. Learning Process Worksheets.
3. Certification Checklist for those Providing REACH II Intervention.
4. Interventionist Certification Role Play Observation Checklist.
5. Behavioral Prescription from role play, including Weekly Recording Forms.

Review of Contact 1 by the Interventionist Certification Committee

The initial portion (i.e., from beginning of session 1 through review of the caregiver notebook) of the interventionist's first session with his/her first intervention subject should be audio taped and sent to the CC, who will forward to the Interventionist Certification Committee. A treatment implementation checklist, (*Checklist to Evaluate Audiotape of Interventionist's Initial Home Visit and Behavioral Prescription Resulting from Role Play*) is used to rate the quality of the interventionist's interactions with the caregiver and the behavioral prescription. Each tape will be reviewed and evaluated by at least three members of the certification committee.

Protocol for Review of Audiotape by the Intervention Certification Committee

- Committee members will listen to the section of the audiotape corresponding to the beginning of session one and continuing through the review of the Caregiver Notebook.
- Committee members will rate the interventionist's performance using *PART 1: Introduction to the Intervention* of the checklist based on the contents of the audiotape.
- It is critical that the audiotape starts at the very beginning of session one and run through the completion of the Caregiver Notebook review. Interventionists will NOT be given credit for any information that is not present on the tape.
- Interventionist should ensure that the quality of tape will allow accurate assessment of their performance, e.g., sound quality of tape should be adequate, and tape should include the very beginning of the session.
- For informed consent purposes, the interventionist should record the caregiver's permission to tape at the beginning of the tape.
- Questions 1 and 2 of PART 1 are deemed of great importance and are scored as 0 (major deviation) or 2 (no deviation).
- NA responses are not allowed on Questions 1, 2, and 6 of PART 1.
- After committee members complete an independent evaluation of the audiotape using PART 1 of the checklist, a consensus conference is held via a telephone conference. Each item of PART 1 is individually reviewed and feedback to the interventionist is recorded. The interventionist's final score for each item is based on rating derived after discussion of committee members. In the absence of a unanimous rating, the majority determines the final score for that item.
- If an interventionist scores less than 80% on the committee's evaluation, a second audiotape must be submitted for review by the certification committee. The audiotape should be made with the second experimental subject assigned to the interventionist.

Protocol for Review of Behavioral Prescription

- Committee members will review the behavioral prescription submitted by the interventionist. The behavioral prescription should represent the work of the interventionist and be unedited by other site personnel.
- Weekly Recording Forms are considered to be key element of the behavioral prescription and should also be submitted to the committee.
- Committee members will rate the interventionist's performance using *PART 2: Behavioral Prescription*. Rating are based on a minimal criteria established by the committee. It is the responsibility of the interventionist to conduct an interview during the role play, including ABC process that yields sufficient information to produce an acceptable behavioral prescription. Training completed prior to the certification process should ensure that interventionists have the necessary skills to conduct the problem solving process.
- After committee members complete an independent evaluation of the behavioral prescription using PART 2 of the checklist, a consensus conference is held via a telephone conference. Each item of PART 2 is individually reviewed and feedback to the interventionist is recorded. The interventionist's final score for each item is based on rating derived after discussion of

committee members. In the absence of a unanimous rating, the majority determines the final score for that item.

- Interventionists may be asked to redo all or part of the behavioral prescription based on the evaluation by the committee. Explicit feedback/directions will be given to the interventionist.

Feedback to the Interventionist

- Feedback is provided individually for each of the items listed on the *Checklist to Evaluate Audiotape of Interventionist's Initial Home Visit and Behavioral Prescription Resulting from Role Play*.
- A blank feedback document is attached.
- Feedback is provided for each item on the checklist. Structure of the feedback will be as follows: statement(s) about any positive behavior demonstrated (if any); statement(s) about what behaviors should have occurred or occurred and were not in keeping with the protocol, and then rationale for the behavior that was expected.
- The feedback document is completed by a certification committee member and submitted to the CC and the PI from the interventionist's site. A member of the interventionist's home site is not eligible to complete the feedback document.
- The Interventionist's PI is expected to review the feedback document with the interventionist and supervise any required remedial work (e.g., edits to the behavioral prescription).

Certification

- Certification occurs when the interventionist achieves an 80% accuracy score on the *Checklist to Evaluate Audiotape of Interventionist's Initial Home Visit and Behavioral Prescription Resulting from Role Play*.
- As delineated above, if an interventionist scores less than 80% on the field tape or behavioral prescription review process, close ongoing supervision of interventionist is expected while committee completes a second review of the interventionist's performance.
- In the unlikely event that the second review falls below the 80% criteria, the interventionist is barred from the field until extensive re-training and resubmission of all materials occurs. An additional role play with additional problems will be provided to the PI for re-training sessions.

Special Certification Procedures for Spanish-Speaking Interventionist

Interventionists must first be certified in English before beginning Spanish certification. To be certified in Spanish, interventionists must audio tape the first portion of the first session of the intervention (Introduction through Caregiver Notebook) in Spanish, as well as a written behavioral prescription in Spanish. This audio tape can be of a role play or of the first Spanish caregiver assigned to the interventionist. The audio tape and behavioral prescription will be sent to Intervention Certification Committee (ICC) who will assign it to Spanish-speaking designees of the ICC to be certified using the checklist. The ICC will notify the Coordinating Center who will provide confirmation of certification and a certificate.

Spanish-speaking on-line support group facilitators will be required to facilitate a role-played on-line support group in Spanish.

Certification Checklist for Those Providing REACH II Intervention

The following criteria must be met by every prospective interventionist before he/she is eligible to conduct an intervention for the REACH II study.

1. Recommended, but not required, viewing of the videotape Grace (John Hopkins, University of Maryland) and/or the movie Down in the Delta.
2. Read the following books/articles (required unless specified as recommended):
 - a. Coon, D. W., Rider, K., Gallagher-Thompson, D., & Thompson, L. (1999). Cognitive-behavioral therapy for the treatment of late-life distress. In M. Duffy (Ed.) *Handbook of counseling and psychotherapy with older adults* (pp. 487-510). New York: John Wiley & Sons, Inc. _____
 - b. D'Zurilla, T. J. & Mezu, A. M. (1999). A prescriptive model of social problem solving. *Problem-solving therapy, 2nd edition, A social competence approach to clinical intervention* (pp. 19-39). New York: Springer. _____
 - c. Gallagher-Thompson, D., Aréan, P., Coon, D., Menédez, A., Takagi, K., Haley, W. E., et al. (2000). Development and implementation of intervention strategies for culturally diverse caregiving populations. In R. Schultz (Ed.), *Handbook on dementia caregiving, evidence-based interventions for family caregivers* (pp. 151-185). New York: Springer. _____
 - d. Gitlin, L. N., & Corcoran, M. (2000). Making homes safer: Environmental adaptations for people with dementia. *Alzheimer's Care Quarterly*, 1(1), 50-58. _____
 - e. Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness* (pp. 248-263). New York: Dell Publishing.
 - f. Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain, and illness* (pp. 264-273). New York: Dell Publishing.
 - g. Toth-Cohen, S., et al. (2001). Providing services to family caregivers at home: Challenges and recommendations for health and human service professions. *Alzheimer's Care Quarterly*, 2(1), 23-32. *This is a resource article for interventionists. Reading prior to certification is not required.*
 - h. Mace, N. & Rabins, P. (1981). *The 36-hour day*. Baltimore: John Hopkins University Press. *This is a resource book for interventionists. Reading prior to certification is not required.*
3. Read the following REACH II Intervention materials. _____
 - a. REACH II Intervention Manual of Operations (MOP). _____
 - b. REACH II CTIS Training Manual. _____
 - c. REACH II Caregiver Notebook. _____
4. Review all forms relevant to conducting the intervention. _____

5. Participate in Training Slide Show presentation and review of accompanying written materials.

6. View the Problem Solving videotape. _____
7. Complete Learning Process Worksheets for the intervention and relevant tracking forms. _____
8. Observe a certified REACH II interventionist at least twice in the home. _____
9. Complete a role play of four key areas of the intervention, with a certified interventionist serving as the caregiver and the PI or training designee observing the intervention and completing the Observational Checklists for each key area, including:
 - d. Introduction of the intervention (including Caregiver Network and Caregiver Notebook);

 - e. Review of risk priority worksheet and negotiation of target problem with the CG; _____
 - f. Problem solving leading to the creation of a behavioral prescription; and, _____
 - g. Signal breathing as a stress reduction strategy. _____
10. Audiotape the initial portion (i.e., from beginning of session 1 through review of the caregiver notebook) of the interventionist's first session with his/her first intervention subject. _____
11. Send audiotape and behavioral prescription to Intervention Certification Committee for review. _____

The prospective interventionist should complete the items in the above checklist in the order given. With the successful completion of each item, the prospective interventionist should check the item completed and has the PI or interventionist trainer initial the item. The PI or the interventionist trainer should review the Learning Process Worksheets and discuss them with the interventionist. The certification checklists, observational checklists for each key area of the intervention, and LPWs should be signed and sent to the Coordinating Center. The Coordinating Center reviews the certification checklists and LPWs for completeness and quality. At this point, with completion of steps 1-9, the interventionist is qualified to enter the field. The audiotape of the first caregiver session will be sent to the Intervention Certification Committee who will notify the Coordinating Center of passing status. After reviews of the taped intervention are received from the Intervention Certification Committee, the Coordinating Center will contact the site within 5 days with confirmation of certification. The certified person also receives feedback on the materials submitted for review and a certificate for certification.

Interventionist's signature _____ Date _____

Site PI's signature _____ Date _____

TREATMENT IMPLEMENTATION

Treatment Delivery

The assessment of treatment delivery will involve a three-prong approach: a) monthly review of select data from the Delivery Assessment Form by the intervention workgroup; b) ratings of audio-tapes of select intervention components by PI and/or designee at each site based upon a schedule followed across sites; and c) review of a random selection of intervention audio-tapes from each site by the Certification/Monitoring committee.

Monitoring Using DA Form:

Basic delivery characteristics that will be examined include:

- a) Amount of time in session by site and across sites (items #3 and #4)
- b) Number of sessions completed by site and across sites
- c) Number of subjects in intervention
- d) Average number of sessions provide training in Caregiver Network (CTIS) (#13)
- e) Average number of sessions provide training in safety (#14)
- f) Average number of sessions provide training in health passport (#15)
- g) Average number of sessions provide training in each well being module (#16)

A monthly report will be generated by CC and distributed to the Intervention Workgroup for review and discussion. The report will enable a determination of whether the basic components of the intervention are implemented at similar frequency rates across sites.

Site- Level Monitoring by Rating of Audio-tapes

A total of 8 tapes will be rated for each interventionist at each site. The tapes will include the following five intervention components: 1) introduction of the intervention (used for certification purposes only); 2) introduction of stress management module (signal breath); 3) introduction to ABC's of Problem Behaviors; 4) delivery of behavioral prescription; and 5) final/closure session. Since the introduction of the signal breath typically occurs in the same session in which the ABC approach is also used, this may result in one tape for these two components. The same caregiver does not have to be taped for each of these components.

A tape for each of the 5 components will be obtained and evaluated for each interventionist at each site immediately following certification and 6 months after the interventionist has entered the field. This schedule will allow for immediate remedial training (if needed) and to monitor "drift".

Each site PI/designee will be responsible for: a) developing a schedule for obtaining the tapes from each interventionist, b) systematically reviewing the tapes using the checklists developed for each of the above five components, and c) formally providing feedback to the interventionist using the checklist feedback form. These materials will be kept on file at the site level and a copy of these forms will also be sent to the CC. Sites will be required to store all tapes in a locked filing cabinet.

Cross-site Monitoring of Audiotapes:

In addition, to insure consistency in ratings the certification/monitoring committee will rate a random sample of tapes from each site during the regularly scheduled conference calls. The CC will develop a schedule by which each site will be asked to provide a tape for a particular component. The CC will distribute the tape to committee members who will then rate the tape using the checklists. Formal feedback to the interventionist will be provided using the feedback form.

Intervention Learning Process Worksheets

Learning Process Worksheet: **Overview - REACH II study.** Check the appropriate response.

1. REACH II is the first ever multi-site study of caregivers.
True _____ False _____

2. Caregivers who are randomly assigned to the Control Group receive:
____ (a) a screen phone and enrollment in an abbreviated REACH II Caregiver Network support group.
____ (b) educational materials, two phone contacts, and invitation to a workshop after 6 months.
____ (c) educational materials and invitation to a workshop after 6 months.
____ (d) enrollment in a seminar, a Caregiver Notebook, and three phone consultations.

3. Of the following which combination of home and phone contacts would be considered off protocol?
____ (a) 6 home visits and 6 phone contacts.
____ (b) 11 home visits and 1 phone contacts.
____ (c) 9 home visits and 3 phone contacts.
____ (d) 7 home visits and 5 phone contacts.

4. Perceived stress may be as much a factor in CG health as CR behavior or the physical and social environment.
True _____ False _____

5. In the REACH II study, risk identification is both systematic and caregiver-driven.
True _____ False _____

Learning Process Worksheet: **Overview - Dementia and Caregiving.** Check the appropriate response.

1. One aspect of the REACH II intervention is teaching people to accept dementia as a normal part of the aging process.
True _____ False _____

2. Of the following, which is not a condition causing reversible symptoms of dementia?
____ (a) reactions to medications.
____ (b) infections.
____ (c) emotional distress.
____ (d) traumatic brain injury.
____ (e) nutritional deficiencies.

3. A definitive diagnosis of irreversible Alzheimer's dementia usually can only be produced by:
- ___ (a) an autopsy.
 - ___ (b) a Mini-Mental State Exam.
 - ___ (c) ruling out treatable causes of dementia.
 - ___ (d) Magnetic Resonance Imaging.
4. The symptoms of dementia do not include:
- ___ (a) difficulty concentrating.
 - ___ (b) short term memory loss.
 - ___ (c) paranoid behavior.
 - ___ (d) paralysis of facial muscles.
5. About half of all people who are 85 or older have Alzheimer's.
- True _____ False _____
6. With Alzheimer's, the time from onset of symptoms until death can range from:
- ___ (a) 10-15 years.
 - ___ (b) 3-20 years.
 - ___ (c) 8-16 years.
 - ___ (d) 5-7 years.
7. Dementing conditions can affect younger as well as older persons.
- True _____ False _____

Learning Process Worksheet: Principles for Working with Diverse Caregivers in the Home - Building Rapport. Check the appropriate response.

1. To help be empathetic, with the CG interventionists, should educate themselves about dementia.
- True _____ False _____
2. One problem an interventionist should be aware of when planning home visits is:
- ___ (a) caregivers usually do not like having visitors.
 - ___ (b) caregivers are familiar with the scientific language used by interventionists during home visits.
 - ___ (c) caregivers are often tired and distracted.
 - ___ (d) most caregivers are suspicious of strangers.
3. Acting professionally during a home session means allowing little or no time for the caregiver to tell their story.
- True _____ False _____

4. If an interventionist senses that a caregiver is reacting to a session with some discomfort or apathy, the interventionist should:
- ___ (a) keep following the script in order to finish each task in the allotted time.
 - ___ (b) allow five extra minutes in the session to educate the caregiver on the importance of following protocol.
 - ___ (c) take a few minutes to listen to the caregiver empathetically and find out what is causing his or her reaction.
 - ___ (d) obtain closure and reschedule the session.

Learning Process Worksheet: Principles for Working with Diverse Caregivers in the Home - Active Listening and Effective Communication. Check the appropriate response.

1. Active listening requires all of the following techniques except:
- ___ (a) attention to body language and eye contact.
 - ___ (b) repeating key words and phrases that the caregiver uses.
 - ___ (c) rephrasing the caregiver's concerns in new ways.
 - ___ (d) using closed responses to resolve any problems with finality.
 - ___ (e) verifying that one's impressions are correct.
2. A good interventionist is committed to actively listening to the caregiver. The active listening component should occur during:
- ___ (a) session 1.
 - ___ (b) session 2.
 - ___ (c) session 4.
 - ___ (d) all sessions.
3. When a caregiver exclaims, "I can't do that!" what is the correct interventionist response?
- ___ (a) "Don't talk like that!"
 - ___ (b) "Do you want to talk about it?"
 - ___ (c) "Okay, let's drop it and discuss another subject."
 - ___ (d) "Let's practice it."
 - ___ (e) b or d
 - ___ (f) all of the above.
4. Which of the following is not an element of active listening?
- ___ (a) eye contact.
 - ___ (b) empathy.
 - ___ (c) teaching the caregiver to communicate better with the care recipient.
 - ___ (d) keeping the caregiver's conversation "on track".
5. Caregivers are more likely to be adherent when they feel the research staff has listened and understands them.

True _____ False _____

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6. Caution must be exercised when giving empathetic responses, so that the boundaries of the intervention are not exceeded.

True _____ False _____

Learning Process Worksheet: Principles for Working with Diverse Caregivers in the Home - Issues Related to Cultural Diversity. Check the appropriate response.

1. When visiting the homes of CG, which of the following is something an interventionist should expect:

- ___ (a) multiple generations within the same home.
- ___ (b) offers of food or drink.
- ___ (c) possible distractions.
- ___ (d) all of the above.

2. When visiting a Latino home, an interventionist should expect:

- ___ (a) to be more flexible with one's time.
- ___ (b) the concern for family to override a concern for punctuality.
- ___ (c) to pay attention to the social niceties of chatting, or sharing coffee and food.
- ___ (d) to allocate more time for goodbyes.
- ___ (e) all of the above.

3. When addressing a Spanish-speaking Latino caregiver, the interventionist should always create an easy-going impression by using the "Tu" form instead of "Usted."

True _____ False _____

4. Interventionists should be aware that people of different cultural backgrounds may react differently to visits from professionals.

True _____ False _____

Learning Process Worksheet: Principles for Working with Diverse Caregivers in the Home - Special Considerations in Working in the Home Setting. Check the appropriate response.

1. If the caregiver offers you food or a drink, the interventionist should:

- ___ (a) never accept anything.
- ___ (b) ask for what you want.
- ___ (c) only accept something that will not stress or inconvenience the caregiver.

2. The interventionist should, in general, avoid commenting on unusual aspects (keeping prejudices and biases in check) of the caregiver's home.

True _____ False _____

3. Because the intervention takes place in the home, the interventionist must be flexible while attempting to adhere to the protocol. If another person is present for the intervention session, the interventionist should:
- (a) determine if the caregiver wants the other person to participate.
 - (b) insist that only the caregiver can be present and ask the other person to leave.
 - (c) insist that only the caregiver can be present and have the caregiver ask the other person to leave.
 - (d) document the other person's presence on the DA form.
 - (e) a and d.

Learning Process Worksheet: **The Intervention - Structure of sessions.** Check the appropriate response.

1. Although each session is different, there are certain components that are part of each session, including:
- (a) brief explanation of session focus.
 - (b) review of previous session strategies/materials.
 - (c) encouragement to caregiver to use resources available.
 - (d) closure.
 - (e) all of the above.
2. Closure does not include which of the following steps:
- (a) establish date/time of next session.
 - (b) briefly review problem area(s) addressed and primary strategies offered in session.
 - (c) briefly review strategies caregiver agrees to try prior to next intervention contact.
 - (d) help caregiver problem solve when and how to practice/implement selected strategies.
 - (e) review home practice and help caregiver identify time to carry it out.
 - (f) signing of caregiver contract agreeing to practice.
3. At each session, the interventionist should review strategies/educational materials offered in the previous session, being sure to:
- (a) determine if CG has specific questions and concerns about material/strategies.
 - (b) determine if CG used strategies.
 - (c) evaluate if target problem is resolved or is still a problem.
 - (d) all of the above.

Learning Process Worksheet: **The Intervention – Session by Session.** Check the appropriate response.

1. The goal of Session One is to introduce the goals of the study and begin negotiating items from the Risk Priority Worksheet.
- True _____ False _____

2. It is important for the interventionist to use research vocabulary and scientific jargon in order for the caregiver to have confidence in the interventionist's skill level.

True _____ False _____

3. Materials needed for Session One include:

- ___ (a) Caregiver Notebook; REACH II Caregiver Network screen phone, materials, user help card and introductory scripts; adapters that may be needed for phone installation, and the Risk Priority Worksheet.
- ___ (b) Introduction to Intervention guideline script and social support group enrollment form.
- ___ (c) a and b

4. If the caregiver has a problem that is not identified on the Risk Priority Worksheet or other forms, the interventionist should:

- ___ (a) see if the problem fits with existing prescription items.
- ___ (b) if the problem is relevant to support group or REACH II Caregiver Network, suggest those resources.
- ___ (c) highlight the problem, and bring caregiver's case back to supervisory team meeting to further discuss.
- ___ (d) all of the above.

5. If a problem is identified but the caregiver chooses not to work on it, the interventionist should:

- ___ (a) try to "convince" the caregiver to address the problem. The interventionist should continue addressing this until the caregiver agrees to work on the problem.
- ___ (b) if the identified problem is an alert, then the interventionist should implement alert protocol using alert script.
- ___ (c) if the identified problem is not an alert, the interventionist should hand the caregiver the appropriate educational material/prescription but not go beyond that.
- ___ (d) b and c.

6. When the caregiver has identified too many problem areas, the interventionist should:

- ___ (a) prioritize items, always addressing alert items first.
- ___ (b) tell the caregiver they have too many problem areas and ask them to rethink their responses.
- ___ (c) use Negotiation script to help the caregiver prioritize problem areas.
- ___ (d) refer caregiver to support group and REACH II Caregiver Network screen phone features to help them obtain information about select problem areas.
- ___ (e) all of the above.
- ___ (f) a, c and d.

7. For most CG, in Session Two, the interventionist begins reviewing the Safety materials and Health Passport and introduces well-being Module #1 (stress management) signal breath.

True _____ False _____

8. The purpose of Session Three is to identify target behavior #1, explore ABC's of target behavior and introduce well-being Module #1 (stress management) signal breath.

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True _____ False _____

9. Obtaining closure to each session is a vital step in helping the caregiver review the session's content and commit to trying strategies discussed during the intervention session.

True _____ False _____

10. The interventionist will need up to one hour to introduce the first stress management module in Session Three.

True _____ False _____

11. The rules to follow for the problem-solving component are intended to:

- ___ (a) make the caregiver decide if he is ready to move to another behavioral prescription.
- ___ (b) assist the interventionist working with the caregiver to know when to start, stop and/or move on with the intervention.
- ___ (c) help tease out the most burdensome problem that is "changeable" within a twelve-month period.
- ___ (d) help modify the behavioral prescriptions throughout the life of the project.
- ___ (e) a and c.
- ___ (f) b and d.

Learning Process Worksheet: **The Intervention** - Education (Caregiver Notebook). Check the appropriate response.

1. The Caregiver Notebook includes information on which topics?

- ___ (a) the REACH Caregiver Network.
- ___ (b) general information on Alzheimer's disease.
- ___ (c) safety in the home.
- ___ (d) health information for the caregiver and care recipient.
- ___ (e) caregiver well-being.
- ___ (f) caregiver challenges.
- ___ (g) all of the above.

2. After the first visit, the interventionist does not refer the caregiver to the Caregiver Notebook again, focusing instead on the well-being modules and the behavioral prescriptions.

True _____ False _____

3. After specific safety risks of the care recipient are identified, the interventionist refers the caregiver to relevant material in:

- ___ (a) Caregiver Notebook.
- ___ (b) Help Card.
- ___ (c) Risk Priority Worksheet.

4. Information in the Caregiver Notebook is used to supplement the personalized behavioral prescriptions and well-being module training.

True ____ False ____

Learning Process Worksheet: **The Intervention** – REACH II Caregiver Network. Check the appropriate response.

1. The REACH II Caregiver Network is one of the intervention components employed by the interventionist.

True ____ False ____

2. Once the caregiver has been randomized to the intervention condition, the interventionist completes the caregiver enrollment form and:

- ____ (a) gives it to their on-site data coordinator for filing.
____ (b) transmits the information to the technical staff at University of Miami via fax.

3. The REACH II Caregiver Network has several features on the Main Menu. Which of the following is not a featured Main Menu item?

- ____ (a) Messages.
____ (b) Resource Guide.
____ (c) Family Resources.
____ (d) Family Respite.
____ (e) Information/Tips.

4. The Family Respite feature of the REACH II Caregiver Network provides caregivers with the names of local agencies who provide respite to caregivers.

True ____ False ____

5. Prior to the first home visit, the interventionist does the following to implement the REACH II Caregiver Network:

- ____ (a) enrolls caregiver into the network.
____ (b) prepares caregiver help card with corresponding PIN number.
____ (c) creates a message for the caregiver.
____ (d) assembles screen phone, setting time and date and installing battery back up.
____ (e) all of the above

6. At the initial home visit, the interventionist simply installs the screen phone and tells the caregiver to practice using the system before the next session. Actual training does not occur until Session Two.

True ____ False ____

7. The REACH II Caregiver Network is a computer-integrated telephone system designed to:

- ____ (a) facilitate caregiver access to information and resources.
____ (b) enhance caregiver communication.
____ (c) reinforce the content and strategies of the intervention.
____ (d) enhance social support.

Interventionist: _____ Date: _____ Principal Investigator: _____

- (e) all of the above.
- (f) a and c

8. Caregivers can use the Caregiver Network (CTIS system) to directly contact the National Alzheimer's Association.

True _____ False _____

9. The interventionist can use the Caregiver Network (CTIS system) to leave a daily reminder message for a caregiver.

True _____ False _____

10. Prior to installing the Caregiver Network (CTIS system) in the caregiver's home arrangements must be made with the local telephone company for a special phone line.

True _____ False _____

11. In order to access the Caregiver Network and use the features of the network (CTIS system) you must:

- (a) dial the 1-800 number
- (b) contact the local telephone company
- (c) enter a five digit PIN number
- (d) none of the above
- (e) a and c of the above

Learning Process Worksheet: The Intervention - Social Support. Check the appropriate response.

1. Which of the following are steps in setting up the REACH II Support Group?

- (a) introduce support group during initial home visit.
- (b) complete support group preference form.
- (c) inform caregiver of initial group meeting.
- (d) encourage meeting attendance.
- (e) use network to remind caregiver of the meeting (set up at any reminder interval).
- (f) all of the above are steps.

2. The on-line support groups have up to ten caregivers and are open to the general public as well as to REACH II participants to facilitate more discussion and better support.

True _____ False _____

3. The on-line support groups have a ten minute "check-in," fifteen minute educational component (community resources, communicating with health care-providers, communicating with family and friends/loved one, and taking care of yourself), and a thirty-five minute "free form" discussion (to encourage caregivers to share issues, problems, concerns and solutions).

True _____ False _____

4. The facilitator of the on-line support group should discourage humor or laughter about caregiving situations.
- True _____ False _____
5. The facilitator should be able to display cultural competence via awareness of ethnic phrases and vocabulary, be sensitive to ethnic differences, and create similarity among experiences.
- True _____ False _____
6. The facilitator of on-line groups should:
- _____ (a) be flexible.
 - _____ (b) be knowledgeable about dementia, caregiving issues, community resources and the educational topic at hand.
 - _____ (c) assume the role of "lecturer."
 - _____ (d) speak loudly and clearly.
 - _____ (e) stay in control of the meeting.
 - _____ (f) all of the above.
 - _____ (g) a, b, d and e

Learning Process Worksheet: **The Intervention** - Principles for Behavioral Management (Task Simplification). Check the appropriate response.

1. In object simplification, it is important to consider the caregiver's age and gender when deciding on the appropriateness of using a specific object.
- True _____ False _____
2. The symbolic meaning of a task has no relationship to the former role/occupation of the care recipient.
- True _____ False _____
3. Identify the component that does not make up the steps necessary for reducing the complexity of a task:
- _____ (a) adjust number of steps.
 - _____ (b) avoid repetitive motion.
 - _____ (c) reduce difficulty of instructions.
 - _____ (d) emphasize familiarity.
4. Verbal instructions are the easiest for the care recipient to comprehend.
- True _____ False _____

Learning Process Worksheet: **The Intervention** - Principles for Behavioral Management (Environmental Simplification). Check the appropriate response.

1. When simplifying the physical environment, the domains to consider are:

- ___ (a) complexity.
- ___ (b) availability.
- ___ (c) flexibility.
- ___ (d) age/gender appropriateness.
- ___ (e) All of the above.

Learning Process Worksheet: The Intervention - Principles for Behavioral Management (Problem solving). Check the appropriate response.

1. Defining the problem in problem solving includes identifying and naming the target problem.

True _____ False _____

2. Goals can be divided into two groups. (Mark the two correct answers)

- ___ (a) concrete.
- ___ (b) problem-focused.
- ___ (c) cognitive.
- ___ (d) emotion-focused.

3. In defining a problem behavior it is important to determine when the behavior occurs.

True _____ False _____

4. Brainstorming consists of the following four steps: (Choose four answers.)

- ___ (a) interventionist and caregiver together devise a list of possible solutions.
- ___ (b) postpone criticizing any possible solutions until brainstorming is over.
- ___ (c) attempt to narrow solutions as quickly as possible.
- ___ (d) establish "ground rules" that define the parameters of the brainstorming activity.
- ___ (e) at the completion of the brainstorming, the caregiver and interventionist rule out unacceptable solutions.

5. What procedures are helpful in reviewing a behavioral prescription with the caregiver? (Mark the three appropriate answers.)

- ___ (a) role playing.
- ___ (b) formulating alternate prescriptions.
- ___ (c) modeling.
- ___ (d) demonstrating technique.

6. Praising the caregiver is one of the components of the follow-up visit with the caregiver.

True _____ False _____

7. As part of the negotiation of problem priorities with the caregiver; it is recommended that you begin the intervention with the _____ problem that is "changeable" in a six-month period.
- ___ (a) least complicated.
___ (b) most burdensome.
___ (c) most negotiable.
8. The general rule for behavioral prescriptions is to keep the prescription active and in place for how long?
- ___ (a) six weeks.
___ (b) three sessions.
___ (c) one month.
9. It is permissible to alter a behavioral prescription from session-to-session.
- True _____ False _____

Learning Process Worksheet: **The Intervention** - Principles for Behavioral Management (Problem Solving Prescriptions). Check the appropriate response.

1. A Living Will serves the following functions: (Mark as many as apply.)
- ___ (a) management of health care and financial matters of care recipient while he/she is still competent.
___ (b) provides written instructions about health care when care recipient is too sick to speak for himself/herself.
___ (c) can decide on whether care recipient would prefer the use of artificial life support.
___ (d) will be honored over the wishes of family members unless a proxy family member has been appointed.
2. Unless stated otherwise, a Power of Attorney will become ineffective when the care recipient becomes incapacitated or incompetent.
- True _____ False _____
3. If a caregiver is physically unable to replace the battery in the fire alarm, what can be done to keep the fire alarm operational? (Mark the two answers that apply.)
- ___ (a) the fire department can be notified and they can be scheduled to check the smoke detectors of incapacitated people and change the battery.
___ (b) a regular inspection of fire hazards by the fire department in the home of an incapacitated person could substitute for use of a smoke detector.
___ (c) a smoke detector can be hardwired into the home electrical system so that batteries are not needed.
4. Dangerous substances should always be stored where the CR cannot get to them.
- True _____ False _____

5. Select steps that can be taken with glass objects to help safeguard the care recipient: (Mark two answers.)
- (a) low glass occasional and coffee tables should be removed.
 - (b) place stickers at waist level on glass doors to make the glass visible.
 - (c) attach full length glass mirrors to the wall.
6. As stated in the REACH II prescription for smoking, outdoor smoking with no one present can be just as dangerous as indoor smoking. While CR is smoking, someone else should be present.
- True _____ False _____
7. The REACH II prescription for smoking offers methods of helping caregivers to assist care recipients in quitting smoking.
- True _____ False _____
8. Appliances that cannot be put away can be disabled with the following methods: (Mark as many answers as apply)
- (a) remove knobs from stove.
 - (b) ask the electrical company to install shut off switches on appliances.
 - (c) install "child protection" devices over stove knobs.
 - (d) unplug the appliance.
9. A Care recipient can be allowed free use of the kitchen if appliances have been disabled.
- True _____ False _____
10. Repetitive activities like folding laundry or sweeping are too complicated for most care recipients to perform.
- True _____ False _____
11. It is helpful for the CG to keep a log to document when the care recipient wanders.
- True _____ False _____
12. The care recipient could be seeking tactile stimulation if they are rummaging through drawers and closets.
- True _____ False _____
13. Why do care recipients wander? (Mark as many answers as apply.)
- (a) they are looking for lost items.
 - (b) they want to start an exercise program.
 - (c) some care recipients wander when they are angry or upset.
 - (d) they are looking for an old friend or relative.
14. Avoiding liquids for two hours before bedtime can reduce wandering.

True _____ False _____

15. Having a physician write an order on his/her prescription pad is often an effective way of convincing care recipients of the need to stop driving.

True _____ False _____

16. Sometimes a care recipient may need to have a set of keys to the car (even if they do not fit the car) as a symbol of independence.

True _____ False _____

17. A memory board is a good tool to use with repetitive questions involving time/place/person, phone numbers, activities, etc.

True _____ False _____

18. What are some of the reasons a care recipient may get up at night?

- ___ (a) is not tired and has not used up all his/her energy during the day.
- ___ (b) care recipient needs to use the toilet.
- ___ (c) care recipient has used alcohol before bedtime and effects wear off in a few hours.
- ___ (d) care recipient is depressed and has "early morning" awakenings or multiple awakenings.
- ___ (e) all of the above.

19. The ABC Behavior probes should only be used if the care recipient is actively suicidal.

True _____ False _____

20. Toileting problems, such as constipation or a urinary tract infection (UTI), are important to consider when analyzing a care recipient's agitation or verbal aggression.

True _____ False _____

21. A _____ book is an important tool for helping a care recipient recall happy times and ease the effects of memory loss.

Learning Process Worksheet: **The Intervention** - Principles for Emotional Support (Stress Management). Check the appropriate response.

1. Psycho-social stress affects physical health, but not *vice versa*.

True _____ False _____

2. When a stressor continues for a long time, caregivers can be at risk for:

- ___ (a) high blood pressure.
- ___ (b) heart problems.

Interventionist: _____ Date: _____ Principal Investigator: _____

- (c) colds and flu.
- (d) all of the above.

3. If at first the caregiver does not find the signal breath exercise helpful, the interventionist should: (Mark all that apply.)

- (a) suggest another technique.
- (b) suggest they practice using the REACH II Caregiver Network.
- (c) record it as an unhelpful thought in their stress diary.
- (d) remind them that it requires regular practice.
- (e) all of the above.

4. If a caregiver experiences some mild discomfort while doing stretches, the interventionist should:

- (a) explain to the caregiver, "No pain, no gain."
- (b) have the caregiver drink plenty of water, then continue.
- (c) obtain closure.
- (d) stop the stretching and guide the caregiver through an imaginary "Meadow and Stream" scenario.

Learning Process Worksheet: **The Intervention** - Principles for Emotional Support (Pleasant Events).
Check the appropriate response.

1. An action counts as a pleasant event if it requires at least 2 hours of non-caregiving activity and involves some degree of planning.

True _____ False _____

2. When thinking of pleasant events, a caregiver should start small and keep it simple.

True _____ False _____

3. If a pleasant event technique doesn't work after one week, a new one should immediately be devised.

True _____ False _____

4. The home practice sheet should be kept out of view, so that the care recipient does not see the caregiver's list of pleasant events.

True _____ False _____

5. It is important that the caregiver's pleasant events do not involve the participation of the care recipient.

True _____ False _____

6. We help the caregiver with the daily scheduling of pleasant events because it is important that they be done on a regular basis.

True _____ False _____

Learning Process Worksheet: **The Intervention** - Principles for Emotional Support (Mood Management). Check the appropriate response.

1. Unhelpful thoughts should be challenged and replaced.
True _____ False _____
2. The mood module is helpful because caregivers often do not give themselves permission to stop and identify their current thoughts.
True _____ False _____
3. The reason for moving from a 3-column Thought Record to a 5-column Thought Record is:
____ (a) to tackle more issues simultaneously, once the caregiver is used to the idea.
____ (b) identify new, more helpful thoughts and the feelings they create and add them to the thought record.
____ (c) to give the caregiver a chance to explore his or her unhelpful thoughts in more detail.
____ (d) to identify which unhelpful thoughts are the care recipient's fault.
4. One must never provide the caregiver with blank thought records.
True _____ False _____
5. Sometimes it is easier to reduce stress by changing one's way of thinking about a situation, rather than changing the situation itself.
True _____ False _____

Learning Process Worksheet: **The Intervention** - Procedural Aspects of Intervention (Forms). Check the appropriate response.

1. What does the interventionist receive from the baseline interview? (Mark all that apply.)
____ (a) Participant Information Form (PI).
____ (b) Risk Appraisal (RA) Form.
____ (c) RMBPC (MB) Form.
____ (d) Personal Appearance (PA) Form.
____ (e) Living Environment Section of the Quality of Care (QC) Form.
2. Which forms are completed after each contact? (Mark all that apply)
____ (a) Delivery Assessment (DA) form.
____ (b) Intervention notes.
____ (c) ABC Behavioral Prescription form.
____ (d) Stress management record form.

Learning Process Worksheet: **The Intervention** - Procedural Aspects of Intervention – (Guidelines for contacting caregivers). Check the appropriate response.

1. When initially contacting a caregiver to request an appointment, the interventionist must adhere to the following guidelines:
 (a) the Interventionist will speak only with the caregiver.
 (b) if the caregiver is not available, then the interventionist leaves his/her name and number.
 (c) a message may be left on the answering machine of a caregiver.
 (d) all of the above.

2. When initially contacting a caregiver to request an appointment, the Interventionist must review the purpose of the study, its procedures and overview the intervention group and be prepared to answer basic questions about the study.

True _____ False _____

3. If caregiver is not home at the time of scheduled home visit, the interventionist should wait 10 minutes past scheduled home visit, then leave. They should also leave a message on the Caregiver Network stating the time of arrival and indicate that you will be contacting them later in the day or the next day to reschedule another visit.

True _____ False _____

4. If a second failed phone visit occurs, the caregiver is considered a discontinuation.

True _____ False _____

5. Confidentiality in research takes a different form than the guidelines followed in a clinic or home health care setting. In research each Caregiver signs a formal consent form. The consent form:
 (a) informs the individual of the study procedures.
 (b) indicates the voluntary nature of their participation
 (c) assures that the information s/he provides remains strictly confidential.
 (d) all of the above.

6. Confidentiality means that all information that pertains to the caregivers and their affairs is kept private. This would include:
 (a) written and audio taped information is stored securely at the project site.
 (b) the Caregiver's name is removed from any documentation that is used for analytic purposes and there is no reference to any individual by name.
 (c) refer to caregiver by his/her name in discussing cases with individual colleagues, in our informational meetings or in a group debriefing meeting.
 (d) all of the above.
 (e) a and b.

7. Your obligation as a member of the research team is to assure confidentiality.

True _____ False _____

Learning Process Worksheet: **The Intervention - Procedural Aspects of Intervention – (Decision Rules)**. Check the appropriate response.

1. A behavioral prescription should be stopped if the interventionist rates two sessions as “a lot worse.”
True _____ False _____

2. A behavioral prescription should not be stopped but modified throughout the life of the project.
True _____ False _____

3. When should the second behavioral prescription be started?
____ (a) two sessions after start of first prescription.
____ (b) caregiver expresses interest in starting work on another problem.
____ (c) the interventionist believes other intervention efforts are too burdensome.
____ (d) all of above.
____ (e) a and b.

Learning Process Worksheet: **The Intervention - Procedural Aspects of Intervention (Alerts)**. Check the appropriate response.

1. Since the last contact, the interventionist finds out that the caregiver went to the emergency room. The interventionist should not:
____ (a) find out the date of the emergency room visit.
____ (b) complete the Acute Baseline Alerts/Adverse Event (AG) Form.
____ (c) fax the AG form to the coordinating center in 24 hours.
____ (d) notify the program manager/PI about the Acute Baseline Alerts/Adverse Event.
____ (e) ask the data assessor to complete the AG form.

Learning Process Worksheet: **Personal Safety**. Check the appropriate response.

1. Caregivers may live in neighborhoods that the interventionist is not familiar with. The interventionist should:
____ (a) ask the caregiver if the neighborhood is safe.
____ (b) assume that if the caregiver lives there, it must be safe.
____ (c) learn karate.
____ (d) check with other staff, always take reasonable safety precautions and avoid embarrassing the caregiver.

Learning Process Worksheet: **Telephone Contact for Control**. Check the appropriate response.

1. The questions asked during the Telephone Contact for Control Caregivers phone calls do not include:

Interventionist: _____ Date: _____ Principal Investigator: _____

- (a) How are things going?
- (b) How are you coping with caregiving?
- (c) How is CR?
- (d) How are you doing?

2. The purpose of the Telephone Contact for Control Caregivers includes:

- (a) briefly "check-in."
- (b) provide some nonspecific support.
- (c) remind the CG that a skills workshop is forthcoming.
- (d) all the above.

3. During the Telephone Contact for Control Caregivers, the interventionist: (Check all that apply.)

- (a) provides minimal support.
- (b) actively listens.
- (c) provides empathic comments.
- (d) provides information on dementia.
- (e) provides some minimal recommendations.

4. Interventionists may increase the amount of time during the control group contact when a caregiver presents a situation or provides information which implies or indicates that the caregiver or care recipient is in emotional or physical distress and/or possible danger. These alerts include:

- (a) possible abuse of care recipient or caregiver.
- (b) severe depression.
- (c) immediate need for formal services.
- (d) dramatic decline in care recipient ability.
- (e) dramatic increase in problem behaviors.
- (f) all the above.

Interventionist Certification Role Play Observation Checklist

Rate each of the following questions on the following scale:
2 = Completely (i.e., No Deviation from Protocol)
1 = Partially (i.e., Minor Deviation from Protocol)
0 = Not at All (i.e., Major Deviation from Protocol)
NA = Not applicable

Introduction of Intervention	NA	0	1	2
1. Interventionist demonstrates knowledge of study timeline (e.g., accurately presents schedule of contacts).				
2. Interventionist demonstrates knowledge of intervention objectives (e.g., summarizes main intervention component).				
3. Interventionist uses non-technical language in introduction (e.g., does not use terms such as “protocol”, “randomization”, “study objectives”).				
4. Interventionist appears at ease in introducing intervention and talking to caregiver.				
5. Interventionist makes appropriate eye contact (e.g. is not looking down at paper work, reading from lists etc).				
6. Interventionist responds to caregiver questions accurately.				
7. Interventionist has all material necessary for conduct of contact 1.				
Risk Priority	NA	0	1	2
1. Interventionist transferred the questions from the baseline documents correctly and prior to home visit (e.g., all items mapped appropriately).				
2. Interventionist transitions from the previous activities to the Risk Priority Worksheet (RPW) smoothly and logically (e.g., interventionist make appropriate transitioning statements).				

3. Interventionist uses elements of the caregiver's story in the discussion of the RPW items.				
4. Interventionist relates anything the caregiver said in the story or mentioned during the intervention session to validate or lead into the RPW items.				
5. Interventionist asks for the caregiver's input on the RPW items using open-end questions, rather than a lecture or a laundry list of problems.				
6. Interventionist handles any disagreements or corrections to the RPW items by the caregiver (e.g., Did the interventionist probe to determine the reason why the caregiver is now clarifying that this is not a problem? Did the interventionist avoid embarrassing or contradicting the caregiver? Were the items removed or reduced in priority without becoming a major issue?				
7. Interventionist concludes by summarizing accurately the caregiver's interest/needs as presented in that session.				
Stress Management	NA	0	1	2
1. Interventionist introduces the Stress Management session and its topic accurately.				
2. Interventionist covers key points of brief educational material on session's topic.				
3. Interventionist introduces, demonstrates/models, and practices first component of the stress management technique with CG.				
4. Interventionist trouble shoots home practice/in-session barrier				
5. Interventionist introduces home practice material and reinforces its importance.				
6. Interventionist effectively uses handouts and provides CG with home practice forms.				
Problem Solving	NA	0	1	2
1. Interventionist defines target problem in objective, behavioral terms.				
2. Interventionist uses "ABC Process" worksheets to gather information accurately.				
3. Interventionist effectively guides caregiver through brainstorming session.				

Interventionist: _____ Date: _____ Principal Investigator: _____

4. Developing the Behavioral Prescription <i>Interventionist . . .</i>				
a. Completes all sections of template.				
b. Customizes Well-being text (Box 2).				
c. List appropriate ANTECEDENT strategies in Box 3.				
d. List appropriate CONSEQUENCES strategies in Box 4.				
e. Strategies written in correct form (i.e., easy-to-understand words, actions words, rationale).				
f. List no more than 5 (?) strategies.				
Active Listening/Rapport Building (Observed as part of above role play)	NA	0	1	2
1. Interventionist uses prompts/open ended questions to solicit information from caregivers.				
2. Interventionist uses appropriate body language and eye contact to engage caregiver.				
3. Interventionist use of emphatic responses, rephrasing, reflection, summarization, use of CG's own language/descriptors.				
4. Interventionist listens correctly and actively (e.g., summarize caregiver comments correct).				
5. Interventionist assessed caregiver's understanding of intervention material, including home practice material.				
6. Interventionist demonstrates appropriate level of assertiveness (e.g., guides the intervention according to protocol, redirects caregiver appropriately as needed.)				
7. Interventionist is able to respond to caregiver empathetically but remain on protocol.				

Formula for determining percent accuracy

Criterion Performance is 75% of all possible points.

1. Determine total points achieved by summing all 1 and 2 point checkmarks (A).
2. Determine number of NA checkmarks (B).
3. Multiple number of NA checkmarks (B) by 2 and subtract this number from 72 (which is the total number of points possible if all 36, 2-point questions apply to the role play). This is the total number of points possible in this specific role play evaluation (C).
4. Divide total points achieved (A) by the total number of points possible in this specific role play evaluation (C). This gives you D
5. Multiple D by 100.

$$72 - (B \times 2) = C$$

$$A / C = D$$

$$D \times 100 = \text{Accuracy Percentage.}$$

Accuracy Percentage must be over 75.

REACH II Caregiver Network Training Observation Checklist for Interventionist

Interventionist _____ Date _____ PI Signature _____

The interventionist is able to perform the following tasks. If any of the following are coded with "N", describe the problem and resolution.

General

1. Access the network _____ (Y / N)
If not, describe problem and resolution:

2. Enter their 5-digit PIN number _____ (Y / N)
If not, describe problem and resolution:

3. Assemble the screen phone _____ (Y / N)
If not, describe problem and resolution:

4. Set the time and the date on the screenphone _____ (Y / N)
If not, describe problem and resolution:

5. Attach the screenphone to the power outlet and the telephone line _____ (Y / N)
If not, describe problem and resolution:

6. Able to create and send a message _____ (Y / N)
If not, describe problem and resolution:

Interventionist Component

7. Able to create and monitor reminders _____ (Y / N)
If not, describe problem and resolution:

8. Able to call support group _____ (Y / N)
If not, describe problem and resolution:

Caregiver Component

9. Access resource guide _____ (Y / N)
If not, describe problem and resolution:

10. Use the network to contact the National Alzheimer’s Association _____ (Y / N)
If not, describe problem and resolution:
11. Access information about community services _____ (Y / N)
If not, describe problem and resolution:
12. Access information about other services _____ (Y / N)
If not, describe problem and resolution:
13. Access information and tips about caregiving _____ (Y / N)
If not, describe problem and resolution:
14. Create a message using the Family Respite Feature _____ (Y / N)
If not, describe problem and resolution:
15. Overall, able to successfully use all features of Caregiver Network. _____ (Y / N)
If not, describe problem and resolution:

Interventionist has received

Initial Training on Caregiver network _____ (date)

Help Card _____ (date)

Caregiver Network Manual _____ (date)

Case Study for Role Play Certification Exercise

Barbara Allen is a 75 year old female caring for her husband of 52 years. Mr. Allen, care recipient, was diagnosed with Alzheimer's disease at the university clinic in 1996. Mrs. Allen is a full time caregiver. While she has never worked outside of the home, she has a Master's Degree in English and relaxes by reading novels. She hosts a "book club" in her home monthly. Mr. and Mrs. Allen's current income is limited to their social security checks and a small pension from Mr. Allen's former employer. They have four children. Their two daughters are married and live out of town with children of their own. Two sons live in the same city and visit often. All are successful professionals who are busy with family and work-related activities.

Mr. Allen's condition has declined in recent months. About one year ago, he was able to help with simple household chores. He and his sons maintained the yard and even tended a small garden. Mr. Allen is physically strong. He and his wife take a daily walk; however, he would be completely lost without his caregiver's assistance with directions. He loves the outdoors and will ask repetitively to go for walks and to go out and "garden", neither of which is safe for him to do with out supervision. In recent weeks he has not been able to recognize his own home, which has been his home since the 1960's. He sometimes asks his wife to "take him home" while in his own house.

He now requires assistance with dressing and bathing because he will become disorient and confused. For example, he recently attempted to place his boxer underwear over his pants. If not supervised, he will not use soap or shampoo during bathing. Mrs. Allen has learned to supervise him during bathing and is very capable of guiding him through ADLs. Mr. Allen is very accepting of her assistance. She describes him as a "very gentle man". Mrs. Allen reports that Mr. Allen has recently become incontinent. He is wetting the bed at night and sometimes has accidents in his chair while watching TV or napping (usually in the afternoon). Nighttime accidents require her to change the sheets. This is causing her to lose sleep. She reports being very tired and "exhausted". In fact, she reports that the past 4 weeks have been the worst weeks since Mr. Allen was diagnosed. She has contacted the nurses at the university clinic. They provided her with some educational materials on incontinence and explained that incontinence was a "typical" problem for patients entering the late stage of AD. The nurses suggested that Mrs. Allen buy diapers. Mrs. Allen is frightened and confused about the term "late stage". She has read several self help books on caregiving, but found little information that applies to her situation. She feels that Mr. Allen is embarrassed by his "accidents". He denies having this problem. He will try to cover up accidents with odd stories. For example, he recently told his wife that a leaky roof was the cause of a wet spot in the bed and "some dog got in the house and tracked water all over the chair".

Mrs. Allen is eager to work on this problem and excited that an interventionist will be coming into their home. She is proud of their home, which is nicely decorated and extremely neat. She stated that she would be available for home visit most any day but hoped that she would not need to change their daily schedule which includes a walk each morning and "coffee time" each afternoon at 4:00 pm.

Mr. Allen continues to receive care at the clinic. He has few medical conditions other than AD.

Certification Checklist for Those Facilitating On-line Support Group

The following criteria must be met by every prospective on-line support group facilitator before he/she is eligible to conduct an on-line support group for the REACH II project.

1. Read the following articles (Tab 6 REACH II Caregiver Network - CTIS Manual):
 - a. Group Work with the Elderly _____
 - b. Support Group Facilitator Manual _____
2. Read the following REACH II Intervention materials.
 - a. REACH II Caregiver Notebook _____
 - b. REACH II Caregiver Network User Manual _____
3. Read REACH II Intervention Manual of Operations and review REACH II training slides. _____
4. Participate in training sessions with certified facilitator(s) at individual site:
 - a. Procedural and operational issues _____
 - b. Facilitator skills _____
5. Attend at least 2 community support groups _____
6. Attend a REACH II session (listen to) that is led by a certified facilitator. _____
7. Complete Learning Process Worksheet (same as interventionist LPW) _____

The prospective interventionist should complete the items in the above checklist in the order given. With the successful completion of each item, the prospective interventionist should check the item completed and have the PI or interventionist trainer initial the item. The certification checklist is signed and sent to the Coordinating Center who will contact the site with confirmation of certification within 5 days. The Coordinating Center will have monthly calls with the support group facilitators to discuss problems/issues associated with conducting the groups.

Interventionist's signature _____ Date _____

Site PI's signature _____ Date _____

CERTIFICATION CHECKLIST FOR THOSE COMPLETING REACH II CONTROL GROUP TELEPHONE CONTACTS

The following criteria must be met by every individual before he/she is eligible to conduct a control group telephone contact for the REACH II study.

1. Read the following REACH II Intervention Manual of Operations (MOP) materials. _____
 - a. Section 1. _____
 - b. Section 2. _____
 - c. Section 5. Pages 1-6 _____
 - d. Section 8. Pages 1-4 _____
 - e. Section 9. Pages 4- 20 _____
 - f. Section 13. _____
 - g. Section 14. _____
2. Review DA, OP, RT, AG, AR, AF forms and QxQ's in REACH II MOP Section 2 & 11. _____
3. Review the standardized educational materials provided to control group caregivers (Alzheimer's Disease Facts; Fact Sheet: Dementia; Fact Sheet: Caregiving; Stress and the Caregiver; Home Safety for the Alzheimer's Patient) _____
4. Complete Learning Process Worksheets for control group telephone contacts. _____
5. Review scenarios of adverse events and procedures that are followed on site.
6. Complete two role play training calls. The two calls must be conducted in the following way: The PI/Project Coordinator, acting as a caregiver, will stage the telephone calls. The first role play phone call will be of the 3-month telephone contact, using the script provided. The second role play phone call will consist of the caregiver presenting an adverse events situation during the 5-month telephone contact. The role plays are evaluated by the PI/Project Coordinator using the Observational Checklist. _____
7. **The TCC staff's first real control phone call must be audio taped.** The audiotape is evaluated by the Intervention Certification Committee (ICC) using the role play checklist. _____

The prospective TCC staff should complete the items in the above checklist in the order given. With the successful completion of each item, the prospective TCC staff should check the item completed. The PI or the trainer should review the Learning Process Worksheets and discuss them with the TCC staff. The certification checklist, observational checklist for the two role plays of control group calls, and LPWs should be signed and sent to the Coordinating Center (CC). The CC reviews the certification checklists and LPWs for completeness and quality. At this point, with completion of steps 1-6, the TCC staff is qualified to begin control group telephone calls. The first TCC call will be audio taped and sent to the Intervention Certification Committee (ICC) who will use the certification checklist to certify the TCC staff. The ICC will then notify the CC and site PI of passing status. The CC will provide the certification number to the site within 2 days of certification. The certified person also receives feedback on the materials submitted for review and a certificate for control group certification.

TCC staff's signature _____ Date _____

Site PI's signature _____ Date _____

Control Group Learning Process Worksheets

Learning Process Worksheet: Overview - REACH II study. Check the appropriate response.

1. REACH II is the first ever multi-site study of caregivers.
True _____ False _____
2. Caregivers who are randomly assigned to the Control Group receive:
____ (a) a screen phone and enrollment in an abbreviated REACH II Caregiver Network support group.
____ (b) educational materials, two phone contacts, and invitation to a workshop after 6 months.
____ (c) educational materials and invitation to a workshop after 6 months.
____ (d) enrollment in a seminar, a Caregiver Notebook, and three phone consultations.
3. Perceived stress may be as much a factor in CG health as CR behavior or the physical and social environment.
True _____ False _____
4. In the REACH II study, risk identification is both systematic and caregiver-driven.
True _____ False _____

Learning Process Worksheet: Overview - Dementia and Caregiving. Check the appropriate response.

1. One aspect of the REACH II intervention is teaching people to accept dementia as a normal part of the aging process.
True _____ False _____
2. Of the following, which is not a condition causing reversible symptoms of dementia?
____ (a) reactions to medications.
____ (b) infections.
____ (c) emotional distress.
____ (d) traumatic brain injury.
____ (e) nutritional deficiencies.
3. A definitive diagnosis of irreversible Alzheimer's dementia usually can only be produced by:
____ (a) an autopsy.
____ (b) a Mini-Mental State Exam.
____ (c) ruling out treatable causes of dementia.
____ (d) Magnetic Resonance Imaging.
4. The symptoms of dementia do not include:
____ (a) difficulty concentrating.
____ (b) short term memory loss.
____ (c) paranoid behavior.
____ (d) paralysis of facial muscles.

5. About half of all people who are 85 or older have Alzheimer's.

True _____ False _____

6. With Alzheimer's, the time from onset of symptoms until death can range from:

- ___ (a) 10-15 years.
- ___ (b) 3-20 years.
- ___ (c) 8-16 years.
- ___ (d) 5-7 years.

7. Dementing conditions can affect younger as well as older persons.

True _____ False _____

Learning Process Worksheet: Educational Materials for Control Group. Check the appropriate response.

1. The Educational Materials includes information on which topics?

- ___ (a) general information on caregiving
- ___ (b) general information on Alzheimer's disease.
- ___ (c) safety in the home.
- ___ (d) stress and caregiving.
- ___ (e) all of the above.

Learning Process Worksheet: - Principles for Emotional Support (Stress Management). Check the appropriate response.

1. Psycho-social stress affects physical health, but not *vice versa*.

True _____ False _____

2. When a stressor continues for a long time, caregivers can be at risk for:

- ___ (a) high blood pressure.
- ___ (b) heart problems.
- ___ (c) colds and flu.
- ___ (d) all of the above.

Learning Process Worksheet: Telephone Contact for Control - Procedural Aspects. Check the appropriate response.

1. When initially contacting a caregiver, the TCC staff must adhere to the following guidelines:

- ___ (a) TCC staff will speak only with the caregiver.
- ___ (b) if the caregiver is not available, then the TCC staff leaves his/her name and number.
- ___ (c) a message may be left on the answering machine of a caregiver.
- ___ (d) all of the above.

2. When initially contacting a caregiver, the TCC staff must review the purpose of the study and be prepared to answer basic questions about the study.
- True _____ False _____
3. If a second failed phone call occurs, the caregiver is considered a discontinuation.
- True _____ False _____
4. Confidentiality in research takes a different form than the guidelines followed in a clinic or home health care setting. In research each caregiver signs a formal consent form. The consent form:
- ___ (a) informs the individual of the study procedures.
 - ___ (b) indicates the voluntary nature of their participation
 - ___ (c) assures that the information s/he provides remains strictly confidential.
 - ___ (d) all of the above.
5. Confidentiality means that all information that pertains to the caregivers and their affairs is kept private. This would include:
- ___ (a) written and audiotaped information is stored securely at the project site.
 - ___ (b) the caregiver's name is removed from any documentation that is used for analytic purposes and there is no reference to any individual by name.
 - ___ (c) refer to caregiver by his/her name in discussing cases with individual colleagues, in our informational meetings or in a group debriefing meeting.
 - ___ (d) all of the above.
 - ___ (e) a and b.
6. Your obligation as a member of the research team is to assure confidentiality.
- True _____ False _____
7. Since the last telephone contact, the TCC staff finds out that the caregiver went to the emergency room. The TCC staff **SHOULD**:
- ___ (a) find out the date of the emergency room visit.
 - ___ (b) complete the Adverse Event (AG) Form.
 - ___ (c) fax the AG form to the coordinating center in 24 hours.
 - ___ (d) notify the program manager/PI about the Adverse Event.
 - ___ (e) ask the data assessor to complete the (AG) Form.
8. On the 3 month telephone contact, the TCC staff finds out that the CR was placed in a residential facility. The TCC staff needs to:
- ___ (a) complete a Care Recipient Tracking (RT) form and an Adverse Event (AR) Form.
 - ___ (b) fax the AR form to the coordinating center in 24 hours.
 - ___ (c) notify the program manager/PI about the Adverse Event.
 - ___ (d) note change on PI form, so interviewer is aware of appropriate follow-up battery.
 - ___ (e) all of the above.

Learning Process Worksheet: Telephone Contact for Control- Call Content. Check the appropriate response.

1. The questions asked during the Telephone Contact for Control Caregivers phone calls do **NOT** include: (Check all that apply.)
 - (a) How are things going?
 - (b) How are you coping with caregiving?
 - (c) How is CR?
 - (d) How are you doing?

2. The purpose of the Telephone Contact for Control Caregivers includes:
 - (a) briefly “check-in.”
 - (b) provide minimal nonspecific support.
 - (c) remind the CG that a skills workshop is forthcoming.
 - (d) all the above.

3. During the Telephone Contact for Control Caregivers, TCC staff: (Check all that apply.)
 - (a) provides minimal support.
 - (b) actively listens.
 - (c) provides empathic comments.
 - (d) provides information on dementia.
 - (e) provides some minimal recommendations.

PARTICIPATION INFORMATION FORM

Today's Date ___ / ___ / _____

Interviewer's Name _____

If applicable,

Referring Name	_____
Referring Agency	_____
Date of Referral	___ / ___ / _____

Caregiver's Name MARY SMITH

Care Recipient's Name JOHN SMITH

Address

Phone _____ - _____ - _____

Other Information: Their 2 sons live nearby and may attend the first session.

Did the caregiver agree to be screened and is he/she eligible based on the prescreen questions?

() No → Do not continue with screen, do not enter prescreen data into PoP

(X) Yes ↓

Is caregiver eligible and willing to participate in REACH II and is he/she available, if assigned to an intervention, to begin visits within the next seven weeks?	
() No →	File under pending; call back in future when CG has more availability
(X) Yes →	Proceed to next page

Respondent's Name SMITH, MARY
Last, First

Date of baseline interview ___ / ___ / ___ Time of baseline interview ___ : ___ AM / PM

CG's relationship to CR WIFE

Is care recipient bed bound? No Yes *(Defined as spending 22 hours a day in a bed or chair for at least 4 of the past 7 days)*

Is care recipient blind/deaf? No Yes

Is there other relevant information that REACH staff should know about CG or CR? No Yes

If Yes, specify:

Directions to House _____

Other information we should know before coming to home: (pets, safety, front door vs. back door, etc.)

Use side door off carport.

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	Yes	Unknown	Refused
0 ()	1 (X)	-3 ()	-4 ()

2. **Do you have written information about different treatments available for memory loss, Alzheimer's Disease, or dementia?**

(RC1)

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

3. **Do you have a living will for (CR)?**

(RC1)

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

4. **Do you or a family member have durable power of attorney or guardianship for (CR)?**

(RC1)

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

Safety

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

(RC1)

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

6. **Can (CR) get to dangerous substances (e.g., medicines, cleaning supplies)?**

(RC1)

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

 7. **Can (CR) get to dangerous objects (e.g., gun, knife or other sharp objects)?**

(RC1)

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

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	Yes	Unknown	Refused
0 (X)	1 ()	-3 ()	-4 ()

9. **Does (CR) smoke when alone in the house?**

(RC41)

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

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

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

(RC41)

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

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

(RC41)

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

Social Support

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

(RC1)

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

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

(RC41)

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

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

(RC41)

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

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

(RC41)

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

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

(RC41)

Never 0 (X)	Sometimes 1 ()	Often 2 ()	Unknown -3 ()	Refused -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 (<input checked="" type="checkbox"/>) | 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 (<input checked="" type="checkbox"/>) | -3 () | -4 () |
32. **In the past 6 months, have you missed any scheduled doctor's appointments?**
(RC1)
- | | | | |
|---|-------|---------|---------|
| No | Yes | Unknown | Refused |
| 0 (<input checked="" type="checkbox"/>) | 1 () | -3 () | -4 () |
33. **In the past year, have you had your eyesight checked?**
(RC1)
- | | | | |
|---|-------|---------|---------|
| No | Yes | Unknown | Refused |
| 0 (<input checked="" type="checkbox"/>) | 1 () | -3 () | -4 () |
34. **In the past year, have you had your hearing checked?**
(RC1)
- | | | | |
|---|-------|---------|---------|
| No | Yes | Unknown | Refused |
| 0 (<input checked="" type="checkbox"/>) | 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 (<input checked="" type="checkbox"/>) | -3 () | -4 () |
36. **In the past year, have you had a flu shot?**
(RC1)
- | | | | |
|-------|---|---------|---------|
| No | Yes | Unknown | Refused |
| 0 () | 1 (<input checked="" type="checkbox"/>) | -3 () | -4 () |
37. **In the past year, have you had your blood pressure checked?**
(RC1)
- | | | | |
|-------|---|---------|---------|
| No | Yes | Unknown | Refused |
| 0 () | 1 (<input checked="" type="checkbox"/>) | -3 () | -4 () |
38. FEMALE ONLY: **In the past two years, have you had a mammogram?**
(RC1)
- | | | | | |
|-------|---|--------|---------|---------|
| No | Yes | N/A | Unknown | Refused |
| 0 () | 1 (<input checked="" type="checkbox"/>) | -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 (<input checked="" type="checkbox"/>) | -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 () |

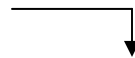
41. ***Have you cut back on your physical activities, like exercise and walking because of caregiving?***
(RC1)
- | | | | |
|----------------|-------|---------|---------|
| No | Yes | Unknown | Refused |
| 0 (X) | 1 () | -3 () | -4 () |
42. ***In the past month or so, has caregiving made you feel overwhelmed or extremely tired?***
(RC41)
- | | | | | |
|--------------|------------------|----------------|---------|---------|
| Never | Sometimes | Often | Unknown | Refused |
| 0 () | 1 () | 2 (X) | -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 (X) | 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 (X) | 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 (X) | 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 (X) | 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 (X) | 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 (X) | 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 (X) | 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 (X) | 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 (X) | 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 (**X**)



52.1 Was the dangerous object identified as a gun

No 0 (**X**)

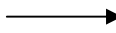
Yes 1 ()



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 (**X**)

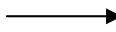
Yes 1 ()



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 (X)	-3 ()	-4 ()

1.1 (RC16)	How bothered or upset were you by this?															
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">Not at all</td> <td style="width: 12.5%;">A little</td> <td style="width: 12.5%;">Moderately</td> <td style="width: 12.5%;">Very Much</td> <td style="width: 12.5%;">Extremely</td> <td style="width: 12.5%;">Unknown</td> <td style="width: 12.5%;">Refused</td> </tr> <tr> <td>0 ()</td> <td>1 ()</td> <td>2 (X)</td> <td>3 ()</td> <td>4 ()</td> <td>-3 ()</td> <td>-4 ()</td> </tr> </table>	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused	0 ()	1 ()	2 (X)	3 ()	4 ()	-3 ()	-4 ()	
Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused										
0 ()	1 ()	2 (X)	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="width: 12.5%;">Not at all</td> <td style="width: 12.5%;">A little</td> <td style="width: 12.5%;">Moderately</td> <td style="width: 12.5%;">Very Much</td> <td style="width: 12.5%;">Extremely</td> <td style="width: 12.5%;">Unknown</td> <td style="width: 12.5%;">Refused</td> </tr> <tr> <td>0 ()</td> <td>1 (X)</td> <td>2 ()</td> <td>3 ()</td> <td>4 ()</td> <td>-3 ()</td> <td>-4 ()</td> </tr> </table>	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused	0 ()	1 (X)	2 ()	3 ()	4 ()	-3 ()	-4 ()	
Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused										
0 ()	1 (X)	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 (X)	-3 ()	-4 ()

2.1 (RC16)	How bothered or upset were you by this?															
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">Not at all</td> <td style="width: 12.5%;">A little</td> <td style="width: 12.5%;">Moderately</td> <td style="width: 12.5%;">Very Much</td> <td style="width: 12.5%;">Extremely</td> <td style="width: 12.5%;">Unknown</td> <td style="width: 12.5%;">Refused</td> </tr> <tr> <td>0 ()</td> <td>1 (X)</td> <td>2 ()</td> <td>3 ()</td> <td>4 ()</td> <td>-3 ()</td> <td>-4 ()</td> </tr> </table>	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused	0 ()	1 (X)	2 ()	3 ()	4 ()	-3 ()	-4 ()	
Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused										
0 ()	1 (X)	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="width: 12.5%;">Not at all</td> <td style="width: 12.5%;">A little</td> <td style="width: 12.5%;">Moderately</td> <td style="width: 12.5%;">Very Much</td> <td style="width: 12.5%;">Extremely</td> <td style="width: 12.5%;">Unknown</td> <td style="width: 12.5%;">Refused</td> </tr> <tr> <td>0 ()</td> <td>1 ()</td> <td>2 (X)</td> <td>3 ()</td> <td>4 ()</td> <td>-3 ()</td> <td>-4 ()</td> </tr> </table>	Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused	0 ()	1 ()	2 (X)	3 ()	4 ()	-3 ()	-4 ()	
Not at all	A little	Moderately	Very Much	Extremely	Unknown	Refused										
0 ()	1 ()	2 (X)	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 (X)	-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 (X)	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 (X)	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 (X)	-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 (X)	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 (X)	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 (X)	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 (X)	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 (X)	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 (X)	-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 (X)	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 (X)	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 (X)	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 (X)	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 (X)	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 (X)	-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 (X)	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 (X)	3 ()	4 ()	-3 ()	-4 ()

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

(RC1)

No 0 (X)	Yes 1 ()	Unknown -3 ()	Refused -4 ()
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9.1 <i>Was the improvement minimal or substantial?</i> (RC18)			
<i>Minimal improvement</i> 1 ()	<i>Substantial improvement</i> 2 ()	Unknown -3 ()	Refused -4 ()

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

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

(RC23)

<i>Not in the past week</i> 0 (X)	<i>1 to 2 times in the past week</i> 1 ()	<i>3 to 6 times in the past week</i> 2 ()	<i>Daily or more often</i> 3 ()	Unknown -3 ()	Refused -4 ()
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10.1 (RC16)	<i>How bothered or upset were you by this?</i>						
	<i>Not at all</i> 0 ()	<i>A little</i> 1 ()	<i>Moderately</i> 2 ()	<i>Very Much</i> 3 ()	<i>Extremely</i> 4 ()	Unknown -3 ()	Refused -4 ()
10.2 (RC16)	<i>How confident do you feel about handling this behavior?</i>						
	<i>Not at all</i> 0 ()	<i>A little</i> 1 ()	<i>Moderately</i> 2 ()	<i>Very Much</i> 3 ()	<i>Extremely</i> 4 ()	Unknown -3 ()	Refused -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 (X)	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 (X)	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 (X)	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 (X)	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 (X)	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 (X)	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 (X)	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 (X)	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 (X)	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

15.1 **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 ()

15.2 **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 ()

 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 (X)	1 ()	2 ()	3 ()	-3 ()	-4 ()
	↓	↓	↓		

16.1 **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 ()

16.2 **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 ()

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 (X)	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 (X)	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 ()

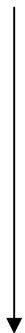
18.2 (RC16) **How confident do you feel about handling this behavior?**

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

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

(RC19)

No change 1 (X)	Minimal decline 2 ()	Substantial decline 3 ()	Unknown -3 ()	Refused -4 ()
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20. ***Within the past week, has (CR) appeared sad or depressed?***

(RC23)

Not in the past week 0 (X)	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 ()
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20.1 **How bothered or upset were you by this?**
(RC16)

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

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



29.1	Specify: <u>Accidents/Urinary Incontinence</u>					
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 (X)	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 (X)	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 (X)	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 (**X**) 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 (**X**)

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 (**X**)

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 ()	

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 (X)	-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 (X)	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 (X)	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 (X)	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 (X)	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 (X)	-2 ()	-3 ()	-4 ()
7. OBSERVE: Objects on floor or pathways in main areas used by CR	0 (X)	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 (X)	-2 ()	-3 ()	-4 ()
b. OBSERVE if all interior stairs used by CG and CR have handrails/banisters that are securely attached.	0 ()	1 (X)	-2 ()	-3 ()	-4 ()
c. OBSERVE if Stairs need repair (steps too steep, handrail broken or unstable)	0 (X)	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 (X)	1 ()	-2 ()	-3 ()	-4 ()
10. EXIT DOORS (RC1) Do you have locks on exit doors of your home? (Verify presence of locks)	0 ()	1 (X)	-2 ()	-3 ()	-4 ()
11. OBSERVE: Are windows broken or in need of repair?	0 (X)	1 ()	-2 ()	-3 ()	-4 ()
12. OBSERVE: Inadequate lighting (e.g., glare, dim light, no lampshade)	0 (X)	1 ()	-2 ()	-3 ()	-4 ()
13. OBSERVE: Presence of vermin (roaches, rats, etc.)	0 (X)	1 ()	-2 ()	-3 ()	-4 ()
14.. OBSERVE: Garbage or offensive smells	0 (X)	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)	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?	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
19. (RC40)	How often in the past six months, have you felt like shaking (CR) because of the way he/she behaved?	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
20. (RC40)	How often in the past six months, have you used a harsh tone of voice with (CR)?	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
21. (RC40)	How often in the past six months, have you blamed (CR) for having created difficulties?	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
22. (RC40)	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)?	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 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.	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
24. (RC40)	I show special amounts of physical affection to (CR).	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
25. (RC40)	Before making a big decision about something that will affect (CR), I talk it over with him/her first if at all possible.	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
26. (RC40)	I go out of my way to make sure (CR's) birthday is a special one.	0 ()	1 ()	2 ()	3 ()	-3 ()	-4 ()
27. (RC40)	I actively avoid treating (CR) like a child.	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 ()

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 (X)	-2 ()	-3 ()	-4 ()
2. <i>Nails clipped</i> Fingernails are of approximately the same length. Edges of nails are smooth.	0 ()	1 (X)	-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 (X)	-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 (X)	-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 (X)	-2 ()	-3 ()	-4 ()
6. <i>Shoes on</i> (including slippers) Shoes or slippers must be on both feet	0 ()	1 (X)	-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 (X)	-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 (X)	-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 (X)	-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 (X) | -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 (X) | -2 () | -3 () | -4 () |
| 12. | <i>Not physically restrained</i> | 0 () | 1 (X) | -2 () | -3 () | -4 () |
| 13. | <i>No indications of injury</i> (bruises, cuts, bites, abrasions, skin rashes or open sores. | 0 () | 1 (X) | -2 () | -3 () | -4 () |

CES-D

This section deals with statements people might make about how they feel. For each of the statements, please indicate how often you felt that way during the past week.

		<i>Rarely or none of the time</i>	<i>Some or a little of the time</i>	<i>Occasionally or a moderate amount of time</i>	<i>Most or almost all of the time</i>	Unknown	Refused
		(<1 day)	(1-2 days)	(3-4 days)	(5-7 days)		
1. (RC32)	<i>I was bothered by things that don't usually bother me.</i>	0 ()	1 ()	2 (X)	3 ()	-3 ()	-4 ()
2. (RC32)	<i>I had trouble keeping my mind on what I was doing.</i>	0 (X)	1 ()	2 ()	3 ()	-3 ()	-4 ()
3. (RC32)	<i>I felt depressed.</i>	0 ()	1 (X)	2 ()	3 ()	-3 ()	-4 ()
4. (RC32)	<i>I felt that everything I did was an effort</i>	0 (X)	1 ()	2 ()	3 ()	-3 ()	-4 ()
5. (RC32)	<i>I felt hopeful about the future.*</i>	0 (X)	1 ()	2 ()	3 ()	-3 ()	-4 ()
6. (RC32)	<i>I felt fearful.</i>	0 ()	1 (X)	2 ()	3 ()	-3 ()	-4 ()
7. (RC32)	<i>My sleep was restless.</i>	0 ()	1 ()	2 (X)	3 ()	-3 ()	-4 ()
8. (RC32)	<i>I was happy.*</i>	0 ()	1 (X)	2 ()	3 ()	-3 ()	-4 ()
9. (RC32)	<i>I felt lonely.</i>	0 (X)	1 ()	2 ()	3 ()	-3 ()	-4 ()
10. (RC32)	<i>I could not get "going".</i>	0 (X)	1 ()	2 ()	3 ()	-3 ()	-4 ()
11. (RC32)	<i>People were unfriendly.</i>	0 (X)	1 ()	2 ()	3 ()	-3 ()	-4 ()
12. (RC32)	<i>I felt that people disliked me.</i>	0 (X)	1 ()	2 ()	3 ()	-3 ()	-4 ()

13. **In the past six months, do you feel your mood or emotional well-being has improved?**
(RC1)

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



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

13.2 Was there no change, minimal decline or substantial decline in these areas? (RC19)				
No change 1 ()	Minimal decline 2 (X)	Substantial decline 3 ()	Unknown -3 ()	Refused -4 ()

14. CES-D Score (questions 1 – 10): ____ ____ (* questions are reverse scored)

15. Is the CES-D score greater than or equal to 15?

No 0 ()

Yes 1 ()



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

INTERVENTIONIST RISK PRIORITY WORKSHEET

CES-D (SD) score: 11

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
	<p>SAFETY (RA items 5-14)</p> <p><u>Alerts</u> (check if relevant):</p> <p>RA #14 ___ (CR) Drives.</p> <p>RA #7 ___ Gun in home that (CR) can access.</p> <p>Other Risk Areas (for Safety):</p> <p>RA #7 <u>Husband can get to dangerous objects (not a gun).</u></p> <p>RA #12 <u>Husband sometimes gets lost in familiar surroundings.</u></p> <p>RA #13 <u>Husband sometimes leaves home and wanders outside.</u></p> <p>___ ___</p> <p>___ ___</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> <p>RA # 33 <u>CG has not had eyesight checked in past year</u></p> <p>RA # 34 <u>CG has not had hearing checked in past year</u></p> <p>___ ___</p> <p>Moderate Risk Areas (items that occur often):</p> <p>RA #46 <u>CG has had headaches, a sore throat, flu or cold.</u></p> <p>RA #49 <u>CG's back has had pain in her back or in other muscles or joints.</u></p> <p>___ ___</p> <p>___ ___</p>	

<p><u>RA #42</u></p> <p>_____</p>	<p>EMOTIONAL WELL BEING (RA items 42-45)</p> <p>High Risk Areas (items that occur often):</p> <p><u>CG felt overwhelmed or extremely tired as a result of caregiving.</u></p> <hr/> <p>Moderate Risk Areas (items that occur sometimes):</p> <p><u>CG felt depressed, sad, had crying spells and/or felt she often needed to cry</u></p> <p><u>It's hard for CG to get quiet time or time for things she enjoys</u></p> <p><u>CG has been angry or frustrated as a result of caregiving</u></p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p><u>RA #16</u></p> <p>_____</p> <p>_____</p> <p><u>RA #15</u></p> <p><u>RA #19</u></p> <p><u>RA #20</u></p> <p><u>RA #21</u></p> <p><u>RA #22</u></p> <p><u>RA #23</u></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><u>CG finds it hard or stressful to help CR with toileting / cleaning up after accidents.</u></p> <hr/> <p>Moderate Risk Areas (items that occur sometimes):</p> <p><u>It's hard or stressful for CG to take care of basic household chores.</u></p> <p><u>It's hard for CG to get helpful information from her husband's doctor or nurse.</u></p> <p><u>It's hard for CR to understand what CG is saying or what she wants him to do.</u></p> <p><u>It's hard for CG to understand what her husband needs or wants.</u></p> <p><u>Husband repeats questions and becomes irritable, argumentative, or aggressive.</u></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> <hr/>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</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):

MB #11 Husband does things that embarrass her.

MB #12 Husband wakes CG (or others) up at night.

MB#29 Husband is having “accidents” / urinary incontinence.

Moderate risk (behavior occurs 3 or more times per wk, CG upset score = 2):

MB #1 Husband is experiencing memory / behavior problems daily.

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

MB #2 Husband asking the same questions over and over.

MB #3 Husband has trouble remembering recent events.

MB #4 Husband has trouble remembering significant past events.

MB #5 Husband is losing or misplacing things.

MB #6 Husband forgets what day it is.

MB #7 Husband has been starting but not finishing things.

MB #8 Husband has difficulty concentrating on a task.

<p>— —</p> <p>— —</p> <p>— —</p> <p>— —</p> <p>— —</p>	<p>D. Personal Appearance (PA items 1-5, 9, 11-13)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>—</p> <p>—</p> <p>—</p> <p>—</p> <p>—</p>
<p><u>QC #6</u></p> <p>— —</p> <p>— —</p>	<p>QUALITY OF CARE (QC #1-14)</p> <p><i>Room that CR spends most time in may be overly stimulating (clutter).</i></p> <hr/> <hr/>	<p>—</p> <p>—</p> <p>—</p>