



# CLINICAL DEMENTIA RATING INFORMANT INTERVIEW

ID NUMBER:

FORM CODE:

DATE: 04/01/2016  
Version 1.1

## ADMINISTRATIVE INFORMATION

0a. Completion Date:  /  /   
Month Day Year

0b. Staff ID:

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

## BACKGROUND

1. What is your relationship to {S}?

- |   |                |
|---|----------------|
| 1 | Spouse         |
| 2 | Sibling        |
| 3 | Child          |
| 4 | Other relative |
| 5 | Friend         |

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

3. How often do you see {S}?

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

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

- |   |     |
|---|-----|
| Y | Yes |
| N | No  |

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

- |   |     |
|---|-----|
| Y | Yes |
| N | No  |

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

- |   |     |
|---|-----|
| Y | Yes |
| N | No  |

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

- |   |     |
|---|-----|
| Y | Yes |
| N | No  |

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

Y	Yes
N	No

a) If Yes, what is the circumstance?

0	Lifelong mental retardation
1	Severe illness
2	Depression
3	Other

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

Y	Yes
N	No

a) If Yes, which family member?

M	Mother
F	Father
S	Sibling

## MEMORY

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

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

1	Yes
0	No

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

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

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

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

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

1	Yes
0	No

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

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

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

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

15. Does {S} forget conversations?

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

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

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

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

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

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

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

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

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

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

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

## ORIENTATION

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

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

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

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

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

## JUDGMENT AND PROBLEM-SOLVING

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

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

1	Yes	
0	No	

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

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

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

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

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

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

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

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

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

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

## COMMUNITY AFFAIRS

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

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

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

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

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

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

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

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

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

## HOME & HOBBIES

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

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

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

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

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

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

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

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

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

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

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

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

## PERSONAL CARE

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

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

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

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

1	Yes
0	No

**If No, go to #58**

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

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

### BEHAVIOR, COMPORMENT AND PERSONALITY

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

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

1	Yes	<input type="checkbox"/>	<input type="checkbox"/>
0	No	<input type="checkbox"/>	<input type="checkbox"/>

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

1	Yes	<input type="checkbox"/>	<input type="checkbox"/>
0	No	<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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

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

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



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

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

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

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

48. Is {S} restless?

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

49. Is {S} easily distractable?

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

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

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

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

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

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

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

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

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

## LANGUAGE

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

1	Yes
0	No

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

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

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

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

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

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

## FOR INTERVIEWER

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

1	Good
2	Fair
3	Poor

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

1	Good
2	Fair
3	Poor

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

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

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

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

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

0	In person
1	Over the phone

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

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

63. FAQ score: \_\_\_\_\_



# INSTRUCTIONS FOR THE CDR INFORMANT INTERVIEW (CDI) FORM

## I. General Instructions

The CDR informant interview will be administered either in person, in cases where the informant is present at the time of potential participant selection to Stage II, (at the clinic, or in the home or LTC facility) or over the phone. For cases where the interview is administered in person, written consent should be obtained from the informant. For cases where it is administered over the phone, only verbal consent is needed.

**NOTE THAT FOR ANY PARTICIPANT WHO BRINGS AN INFORMANT WITH HIM/HER TO THE VISIT, THE CDI IS TO BE ADMINISTERED TO THE INFORMANT. FOR ALL PARTICIPANTS, THE SELECTION ALGORITHM WILL DETERMINE WHO GOES ON TO STAGE 2 TO COMPLETE THE CDI OVER THE PHONE AT A LATER TIME.**

The CDR Informant (CDI) interview is the most informative part of the CDR interview, more so than the CDR participant interview (CDP) because in many cases individuals with early memory problems and dementia might not give an accurate representation of his or her impairments and daily functioning. The CDP is administered to all participants as part of Visit 6, but the CDI is only administered to those participants selected for further evaluation in stage II of Visit 6. The CDP also includes a question asking for consent to contact an informant to complete this CDI form.

The examiner is asked not only to ask questions of the informant about the participant and his or her daily functioning, but also about the nature and duration of their relationship. In addition, the examiner is asked to rate the quality of the informant, at the end of the interview. This is because, theoretically, the informant could also be cognitively impaired or may not know the participant's daily functioning particularly well.

At all points in the evaluation, the subject's name should be inserted wherever {S} is listed. Please remind the informant that questions are based upon changes as compared to the past. In some instances, the informant might need to be reminded this at several points throughout the examination.

If the informant states that the participant is doing certain activities less because of physical, but not mental limitations, the reason for this limitation should be clarified, and if it is purely for physical reasons, should not be marked as a change.

At the end of the interview, the interviewer should rate how well the informant knows the participant, based on how comfortable he or she seemed answering the questions in the interview. In addition, the interviewer should record whether this interview was completed in person (either in clinic, at a participant's home or LTC facility) or over the phone. The form of consent obtained should also be recorded.

See the CDR-Summary Q X Q for details about scoring the CDR, in combination with the online training module for the CDR.

The Informant Interview (CDI) should ideally be completed within 90 days of stage II (if not completed at that visit in person). If more than 90 days has passed by the time of the CDI, make note of the lapse in time using notelogs in both forms. The CDR Summary score (CDS) will be based on the interview results at the time of the CDI.

**II. Detailed Instructions for each Item, including recommended ways to rephrase certain items if not clear or well-understood by the participant. For all items, the options may need to be read if the response does not clearly fit into one of the defined categories.**

0a. Enter the date on which the participant was seen in the clinic.

0b. Enter the staff ID for the person who completed this form.

11. A “change over the past year” does not mean that the change itself occurred during this past year, but rather that the change occurred at some point in the past, and is still a problem during the past year.

20. Can rephrase, if participant does not understand: Does {S} start talking about something and then seem to forget what he or she was talking about?

22. For participants in a nursing home or who are bedbound at home, can rephrase, “Does {S} ever get lost indoors, or have difficulty finding way to the bathroom or other rooms?”

Items 23-40. As with #11, a “change over the past year” does not mean that the change itself occurred during this past year, but rather that the change occurred at some point in the past, and is still a problem during the past year.

27. Can rephrase as: “Does {S} have less interest in doing chores or activities?”

28. Some examples might be difficulty solving problems at work, for people who are working, or difficulty solving problems with family, or following recipes or cooking for someone who had previously been able to do that.

32. Can rephrase as: “Has {S} been driving unsafely, or having accidents or near misses?”

34. Select 2 or 3 of the appliances: in all participants, ask about television, plus select 1-2 more.

37. Can add, “By a balanced meal, meaning a healthy meal.”

Initiate the interview using one of the following scripts.

**For phone calls:**

"This is (name) from the Atherosclerosis Risk in Communities Study". Your name was given to us by {S} as someone who could tell us about {S}'s day-to-day function and thinking. Would it be alright if I asked you some questions about (his/her) memory and thinking? This call should not take more than 15 or 20 minutes total."

**For In-person visits, when informant is at clinic visit:**

"Thank you for coming to today's visit with {S}. We need to collect a little more information as part of today's visit, and would like to ask you questions about {S}'s day-to-day function and thinking. It should not take us more than 15 or 20 minutes."

Spouse

Sibling

Child

Other relative

Friend

**Q1.**

Every day or every other day

Between one and three times a week

Once a month

A few times a year or less often



**Q3.**

Lifelong mental retardation

Severe illness

Depression

Other

**Q8a.**

Mother

Father

Sibling

**Q9a.**

No (or no evidence of)

Slight or possible

Definite

**Q11.**

Slow, gradual start

They started very quickly, and have been about the same

They started quickly, but have continued to worsen since then

Don't know



**Q11a.**

No (or no evidence of)

Rarely (once a week or less)

Between rarely and frequently

Frequently (every day or more often)

**Q13-16, 19-21**

No (or no evidence of)

Rarely (once a week or less)

Between rarely and frequently

Frequently (every day or more often)

Never did

**Q18.**

No (or no evidence of)

Rarely (once a week or less)

Between rarely and frequently

Frequently (every day or more often)

Never was able to follow directions

**Q22.**

Remembers without written or verbal reminders

Remembers but with aid of notes, calendar

Remembers with verbal reminders on day

Usually forgets appointments

Never kept track of appointments



**Q17.**

As good as they have ever been

Good, but not as good as before

Fair, may be unable in some circumstances

Poor

**Q24.**

No (or no evidence of), as good as they have ever been

Yes, minimal difficulty

Yes, considerable changes (requires assistance)

Yes, unable to do these things at all

Never did these things

**Q25-26**

No (or not evidence of)

Yes, minimal change

Yes, considerable changes

**Q27**

No (or no evidence of)

Slight or possible

Definite yes



**Q28.**

Yes

No

Retired, and not working at volunteer jobs

**Q29.**

No (or no evidence of)

Yes, slightly

Yes, completely

**Q30.**

No (or no evidence of), as good as they have ever been

Yes, minimal difficulty

Yes, requires assistance

Yes, unable to do these things at all

Never did these things

**Q31.**

No

Some minor concerns

Significant safety concerns

Ceased driving because of safety

Never drove or ceased driving for physical or sensory reasons



**Q32.**

No (or no evidence of), as good as they have ever been

Yes, but not as good as before

Yes, definitely decreased

Never did any household chores

**Q33.**

No (or no evidence of)

Yes, but only briefly

Yes, more than briefly but eventually mastered

Yes, never mastered

Never used any

**Q34.**

No (or no evidence of)

Yes, slightly

Yes, requires assistance

Yes, unable to do these at all

Never had hobbies or pastimes

**Q35.**

No (or no evidence of)

Yes, slightly

Yes, requires assistance

Yes, unable to do these at all

Never did



**Q36-37.**

Completely independent without supervision or concerns

Somewhat dependent on others for non-physical reasons

Anything worse

**Q38.**

No

Yes, urinary incontinence

Yes, bowel incontinence

Yes, both urinary and bowel incontinence

**Q40.**

Good

Fair

Poor

**Q58-59.**

No

Yes, mild extenuating circumstances

Yes, significant extenuating circumstances



**Q59a.**

## Normal level

Daily functioning is questionably impaired on cognitive grounds

Daily functioning is mildly but definitely impaired on cognitive grounds

Daily functioning is at least moderately impaired on cognitive grounds

**Q60.**