



CLINICAL DEMENTIA RATING SUBJECT INTERVIEW

ID NUMBER:

FORM CODE:

C	D	P
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DATE: 04/01/2016
Version 2.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / /
Month Day Year

0b. Staff ID:

Instructions: *This form is administered to the participant.*

Script: "Next, I would like to ask you about your memory and day to day functioning over the past year."

MEMORY

1. Do you forget appointments and (or) rely more on a calendar?
 1 = Yes
 0 = No
2. Do you repeat the same questions or stories?
 1 = Yes
 0 = No
3. Do you forget what people say in conversations or on the phone, or forget to pass on messages?
 1 = Yes
 0 = No
4. Do you spend more time than you used to looking for objects (such as papers, glasses, keys, wallet, etc.)?
 1 = Yes
 0 = No
5. Do you have more trouble finding the words that you want to use?
 1 = Yes
 0 = No
6. Do you have more trouble coming up with names of people that you see often?
 1 = Yes
 0 = No
7. Do you have problems leaving the stove on, or leaving car lights on, or doors unlocked?
 1 = Yes
 0 = No

8. Do you think these changes in your memory have gotten worse in the past year?

- 1 = Yes
- 0 = No
- N/A = No memory problems

[The following question is not used in determining the Memory domain score.]

8a. Has anyone in your family ever expressed concern or worry about your memory?

- 1 = Yes
- 0 = No

ORIENTATION

9. Have you had any accidents or close calls while driving in the past year?

- 1 = Yes
- 0 = No
- N/A = Does not drive **Go to Item 11**

10. Does someone always ride with you as a navigator when you drive?

- 1 = Yes
- 0 = No

11. Have you gotten lost in a familiar area?

- 1 = Yes
- 0 = No

12. Have you had more difficulty finding your way around outside your own neighborhood?

- 1 = Yes
- 0 = No

JUDGMENT AND PROBLEM-SOLVING

13. Have you noticed any changes in your ability to deal with money, for example, figuring out a tip or getting back correct change?

- 0 = No loss
- 1 = Some loss
- 2 = Severe loss

14. Have you noticed any changes in your ability to balance your checkbook or pay bills? For example, have you bounced any checks, forgotten to pay a bill or paid it twice?

- 0 = No change
- 1 = Some change
- 2 = Severe change

Instructions: For remainder of this section, if initial response by subject does not merit a grade 0, press the matter to identify the subject's best understanding of the problem. Indicate nearest response.

Similarities

15. Can you tell me how these things are alike?

a. turnip ----- cauliflower

- 0 = Vegetables
- 1 = Edible foods, living things, can be cooked, etc.
- 2 = Answers not pertinent; differences; buy them

b. desk ----- bookcase

- 0= Furniture, office furniture, both hold books
- 1= Wooden, legs
- 2= Not pertinent, differences

Differences

16. Can you tell me what is the difference between these things?

a. lie ----- mistake

- 0= One deliberated, one unintentional
- 1= One bad, the other good- or explains only one
- 2= anything else

b. river ----- canal

- 0= Natural- artificial
- 1= Anything else

Calculations

17. How many nickels are in a dollar? (20)

- 0= Correct
- 1= Incorrect

18. How many quarters in \$6.75? (27)

- 0= Correct
- 1= Incorrect

19. Subtract 3 from 20 and keep subtracting 3 from each number, all the way down? (20, 17, 14, 11, 8, 5, 2)

- 0= Correct
- 1= Incorrect

COMMUNITY AFFAIRS

20. Are you still working?

- 1= Yes **Go to Item 21**
 0= No
 N/A= Never worked **Go to Item 21**

a. Did memory problems interfere with your ability to do your job?

- 1= Yes
 0= No

21. Do you belong to any groups (examples: senior citizen, religious, political, professional, volunteer, or social)?

- 1= Yes
 0= No

22. Have you attended group functions or meetings in the past few months?

- 0= As often as you used to
 1= Less often than you used to
 2= Not at all

23. Does someone help you with shopping (food or clothes) who previously hadn't (for transportation, driving, etc)?

- 1= Yes
 0= No
 N/A= Does not shop

HOME & HOBBIES

24. Have you noticed changes in your ability to do household chores (choose 1-2 examples: cooking, laundry, cleaning, using household appliances like dishwasher, vacuum, or television, doing grocery shopping, yard work, taking out the garbage, taking care of the car, or fixing things around the house)?

- 0= No change
 1= Some change
 N/A= Never do household chores

25. Has there been any change in your involvement in any hobbies or pastimes (examples: sewing, knitting, painting, playing cards, reading, watching or playing sports)?

- 0= No change
 1= Some change
 N/A = Do not have hobbies or pastimes

CONSENT TO INTERVIEW PROXY

[Do not ask participant question 26 – interviewer only:]

26. Is the informant/proxy present at the visit?

1= Yes

0= No

[Say to the participant:]

“We have a brief set of questions on memory and daily functioning, similar to the ones we just asked you. These questions are designed to be answered by someone who knows you well. Would it be okay with you if we asked your informant/proxy [the person who came with you today], to answer these questions?”

27. Permission to interview informant/proxy?

1= Yes *“Thank you.”*

0= No *“Okay, I understand.”* [SAVE AND CLOSE FORM]

“Our records indicate that [PROXY NAME FROM CIU] is listed as the person who knows you well. Is this the person we should talk to [today/later]?”

28. Proxy/informant name (if different/absent from CIU): _____

29. Proxy/informant telephone number (if different/absent from CIU): _____

“Thank you. Someone from our staff may be in touch with [him/her] in the future



INSTRUCTIONS FOR THE CLINICAL DEMENTIA RATING SUBJECT INTERVIEW; (CDP) FORM

I. General Instructions

Please refer to the CDR Summary QXQ for instructions on scoring and purpose behind the CDR.

These instructions refer specifically to administration of the CDR to the Subject, which is administered to all participants as part of Visit 7.

The interview should be prefaced with the following script: **“Next, I would like to ask you about your memory and day to day functioning over the past year.”**

Emphasize to the participant that we are interested in functioning compared to the past—for example, 10 years ago.

For each item, questions are read and responses given; the examiner may need to listen carefully to the responses, since many participants may answer with more elaborate responses than a simple yes/no; this additional information may be helpful in determining an overall CDR domain score.

The informant part of the CDR (CDI; QXQ provided separately) is most important in determining the total CDR summary score (CDS form), but self-reported forgetfulness and problems in daily functioning that are determined through the CDP interview will be helpful in making the final scoring determinations for the CDR. Thus, it is helpful although not required that the CDP and CDI be administered by the same staff member.

II. Detailed Instructions for Each Item

24-25. (Home and Hobbies questions), if the participant states that there is a change in any of these activities but only for *physical* reasons (such as arthritis, limited mobility, etc) these should not be scored as a “1” (some change).

Yes

No

No memory problems

Q8.

Yes

No

Does not drive

Q9.

No loss

Some loss

Severe loss

Q13.

No change

Some change

Severe change

Q14.

One deliberated, one unintentional

One bad, the other good- or explains only one

Anything else

Q. 15a

Furniture, office furniture, both hold books

Wooden, legs

Not pertinent, differences

Q. 15b

One deliberated, one unintentional

One bad, the other good- or explains only one

Anything else

Q. 16a

Natural- artificial

Anything else

Q. 16b

Yes

No

Never worked

Q20.

As often as you used to

Less often than you used to

Not at all

Q22.

Yes

No

Does not shop

Q23.

No change

Some change

Never do household chores

Q24.

No change

Some change

Do not have hobbies or pastimes

Q25.