Instructions: This form should be completed during the participant’s visit.

1. In the past month, how often did you misplace or lose things around the house?
   1. Almost never
   2. Sometimes
   3. Often
   4. Very Often

2. In the past month, how often did you write reminder notes to yourself?
   1. Almost never
   2. Sometimes
   3. Often
   4. Very Often

3. In the past month, how often did you have trouble remembering conversations that occurred just a few days earlier?
   1. Almost never
   2. Sometimes
   3. Often
   4. Very Often

4. Has anyone in your family ever expressed concern or worry about your memory?
   1. Yes
   0. No
INSTRUCTIONS FOR THE SUBJECTIVE MEMORY (SMF) FORM

I. General Instructions
This form should be administered to the participant. In the event that the participant requires a proxy for other forms, this should still be administered to the participant (the CDR informant gives the informant an opportunity to comment on the participant’s memory).

II. Detailed Instructions for Each Item
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.
1-3. Questions 1-3 require a participant to answer one of four responses: Almost never, sometimes, often, and very often. If the participant is not able to answer the question, the correct reason should be selected among the “not applicable” pull-down list.
4. Question 4 is a simple yes/ no question. If the participant states that a family member has expressed concern, even if he or she does not feel that it is warranted, this should be scored as “yes”.