



AD8 DEMENTIA SCREENING INTERVIEW

ID NUMBER:

FORM CODE:

DATE 04/29/2015
Version 1.0

ADMINISTRATIVE INFORMATION

0a. Completion Date: / 0b. Staff ID:

Instructions: *This form is completed when proxy/informant/other person is interviewed during the participant's annual follow-up unless a certain threshold is met in a previous AD8 dementia screening interview. The form should be completed for both living and deceased participants. See the detailed QxQ instructions for completion of the ADS form. Special missing values are allowed for cases where the response "Don't know", "Refused", "Unknown", or "N/A" is not listed as an option.*

INTRODUCTION SCRIPT:

If the participant is alive:

"The next few questions have to do with [Name's] memory, thinking and day-to-day functioning. These are similar to questions that [name] has answered in the ARIC clinic."

If the participant is deceased:

"The next few questions have to do with [Name's] memory, thinking and day-to-day functioning before [name's] death. These are similar to questions that [name] answered in past visits to the ARIC clinic."

[For the Interviewer - additional background: Should the proxy/informant/other person request additional information before answering the cognitive status questions, the interviewer should reply: **"Thanks to information shared by ARIC study participants like [name] over the years, we have learned many important things about prevention of heart disease and stroke. We are asking about memory and daily functioning to identify the causes of difficulties with memory and day-to-day functioning in older people. This may show us ways to prevent memory loss and to better maintain independence in older age"**].

A. AD8

1. Was the AD8 administered?

Yes → **GO TO QUESTION 2**
No

1a. If no, reason:

R = Refusal

I = Insufficient knowledge about the participant's functioning

O = Other 1a1. _____

SAVE AND CLOSE FORM

2. Participant vital status:

Alive

Deceased

ANSWER QUESTIONS 3-10a, SKIP QUESTIONS 12-15 AND ANSWER QUESTIONS 16-18.

3. Does/Did [name] have any problems with judgment (e.g., problems making decisions, make bad financial decisions, or have problems with thinking?)

Yes

No

NA/Don't know

GO TO QUESTION 4

GO TO QUESTION 4

3a. Would you say this is (was) a change for [name] compared to several years ago (before his/her death)?

Yes

No

Don't know

4. Does/Did [name] have less interest in hobbies or activities?

Yes

No

NA/Don't know

GO TO QUESTION 5

GO TO QUESTION 5

4a. Would you say this is (was) a change for [name] compared to several years ago (before his/her death)?

Yes

No

Don't know

If the cause of the change is unclear, say: "Can you tell me what you think caused this change for [name]: Would you say it was because of problems with memory or thinking or was it due to physical problems (for example, hearing loss or loss of mobility)?" If due to physical impairment, record question 4a as "No". If due to mental or both mental and physical impairment, record question 4a as "Yes."

5. Does/Did [name] repeat the same things over and over (such as repeating the same questions, stories, or statements)?

Yes

No

NA/Don't know

GO TO QUESTION 6

GO TO QUESTION 6

5a. Would you say this is (was) a change for [name] compared to several years ago (before his/her death)?

- Yes
- No.....
- Don't know.....

6. Does/Did [name] have trouble using or learning how to use a tool, household appliance, or gadget (e.g., VCR, computer, microwave, remote control)?

- Yes.....
- No → **GO TO QUESTION 7**
- NA/Don't know..... → **GO TO QUESTION 7**

6a. Would you say this is (was) a change for [name] compared to several years ago (before his/her death)?

- Yes
- No.....
- Don't know.....

If the cause of the change is unclear, say: “Can you tell me what you think caused this change for [name]: Would you say it was because of problems with memory or thinking or was it due to physical problems (for example, hearing loss or loss of mobility)?” If due to physical impairment, record question 6a as “No”. If due to mental or both mental and physical impairment, record question 6a as “Yes.”

7. Does/Did [name] have trouble remembering what the correct month or year is?

- Yes.....
- No → **GO TO QUESTION 8**
- NA/Don't know..... → **GO TO QUESTION 8**

7a. Would you say this is (was) a change for [name] compared to several years ago (before his/her death)?

- Yes
- No.....
- Don't know.....

8. Does/Did [name] have trouble handling complicated financial affairs (e.g., balancing the checkbook, doing income taxes, or paying bills)?

- Yes.....
- No → **GO TO QUESTION 9**
- NA/Don't know..... → **GO TO QUESTION 9**

8a. Would you say this is (was) a change for [name] compared to several years ago (before his/her death)?

- Yes
- No.....
- Don't know.....

9. Does/Did [name] have trouble remembering appointments?

- Yes.....
No → **GO TO QUESTION 10**
NA/Don't know..... → **GO TO QUESTION 10**

9a. Would you say this is (was) a change for [name] compared to several years ago (before his/her death)?

- Yes
No.....
Don't know.....

10. Does/Did [name] have daily problems with thinking or memory?

- Yes.....
No → **GO TO QUESTION 12**
NA/Don't know..... → **GO TO QUESTION 12**

If the proxy/informant has difficulty understanding the question or requests further clarification, say: "We are not asking about [name] only occasionally forgetting a person's name, or misplacing something only every now and then, but instead if she/he experiences memory loss on a daily basis."

10a. Would you say this is (was) a change for [name] compared to several years ago (before his/her death)?

- Yes
No.....
Don't know.....

11. Summary score of AD8:

(Note: Question 11 will be auto filled in the CDART DMS. The score is the total number of 'Yes' responses to Questions 3a, 4a, 5a, 6a, 7a, 8a, 9a and 10a.)

B. PERSONAL NEUROLOGIC HISTORY

"Was [name] ever told by a doctor or health professional that he/she had:"

12. Alzheimer's Disease?

- Yes.....
No

13. Parkinson's Disease?

- Yes.....
No

14. Memory loss or cognitive impairment?

Yes
No

15. Dementia, vascular dementia, or hardening of the arteries of the brain?

Yes
No

C. PROXY/INFORMANT/OTHER PERSON INTERVIEW ASSESSMENT

16. How would you rate the proxy/informant/other person's knowledge about the participant?

Good ₁
Fair ₂
Poor ₃

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

Good ₁
Fair ₂
Poor ₃

18. Were there extenuating circumstances, such as poor phone reception, that might have interfered with the quality of the responses?

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