



# SUBJECTIVE MEMORY FORM

ID NUMBER:

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FORM CODE:

S	M	F
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DATE: 06/01/2011  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date:

		/			/				
Month			Day			Year			

0b. Staff ID:

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**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".