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Introductory statement (to be read to all subjects).

Thank you very much for agreeing to see me. My name is....... and I am part of the same team which visited you a couple of years ago to ask for your help with our medical research. We are trying to understand physical and mental well-being in later life and those changes that occur with age.

When we saw you last time we asked a great many questions and the information which you gave was extremely helpful. Today I would like to ask you some more questions about your recent health and about how you have been keeping since we last saw you. Later on I would also like to ask a person who knows you well some questions. I assure you that everything is strictly confidential as before.

At the end of this interview I may ask for your help with a further stage of the study. This involves activities on a computer. You may have helped with this before and if so you will know that it is actually quite straightforward and enjoyable.

(Later we may ask for your help with a further part of the study which involves a visit to Addenbrooke's Hospital with a member of our study team to have a special magnetic picture taken of your head using a scanning machine.)

I have to ask you to sign this consent form as a formality.

(Fill in the consent form. Record informant’s name and address on Front Sheet.)
At this stage of the interview, whether subject agrees to take part or not, record initial impression of subject.

3.
Normal 1
Anxiety only 2
Depression 3
Minimal/mild dementia 4
Moderate or severe dementia 5
Personality disorder 6
Psychotic disorder 7

INSTRUCTIONS TO INTERVIEWER

Each question should be asked as written, although additional probing may sometimes be necessary to clarify inadequate answers. Space is provided on a separate sheet at the end of this section for any additional comments.

Questions are organised into headed sections. The sub-headings are a means of focusing the attention of examiner to a change in theme. A slight pause may be appropriate.

NOTE THAT SUB-HEADINGS ARE NOT INTENDED TO RELATE TO SPECIFIC DIAGNOSTIC ENTITIES, as they may be relevant to several diagnoses. For example, paranoid features do not relate exclusively to a paranoid state or paranoid psychosis; they will often be present in delirious states and affective psychoses. Similarly, positive responses to questions about depressed mood will often be given by subjects who do not suffer from a primary depressive illness.

ALL ITEMS MUST BE CODED

Hamilton (HAM) and Paykel (CID) scale questions should be coded only if evidence of depression. Additional questioning at examiners discretion is often needed.

CODING:  Patient doesn’t know or won’t answer 8
or 88
Not asked/not applicable 9
or 99

ITEMS PREFIXED ’S’ HAVE BEEN IMPORTED FROM THE SCREENING INTERVIEW AND RETAIN THE ORIGINAL QUESTION NUMBERS.
PART I. PRESENT STATE

4. What is your name?  Error..........0
       No error..........1

5  What was your age last birthday?  Error..........0
       No error..........1

6  What is your date of birth?  Error..........0
       No error..........1

(If one year out and appears to be referring to age next birthday this may be clarified by questioning. If date of birth given differs from that in records, check with an informant before coding as incorrect, unless grossly inaccurate.)

(SKIP TO COGNITIVE STATE EXAMINATION IF ANY TWO OF THE ABOVE QUESTIONS SHOW ERROR. In some cases selected questions from present state may be asked, especially relating to mood.)

S.4. What is your current marital status?
       Married........1
       Widowed........2
       Sep/Div........3
       Single........4
       Other........5

S.5. RESIDENCY

(a) Have you moved house in the last 2 years?
       No....0
       Yes....1

IF STILL IN SAME ACCOMMODATION CODE 9 from (b) - (d)

IF MOVED IN LAST 12 MONTHS:

(b) Why did you move to this address?

CODE MAIN REASON(s)

to be near relative(s)  No....0
       Yes....1

bereavement  No....0
       Yes....1

ill health/disability  No....0
       Yes....1

smaller/more convenient house  No....0
       Yes....1
other reason (specify)  
No.....0 □
Yes.....1 □

(c) Record what type of house (ask only if uncertain)

- House/flat/granny flat.............1
- Warden controlled flat.............2
- Council residential home...........3
- Private residential home...........4
- Long stay hospital...................5
- Other (specify)....................6

(d) Is this house/flat owned or rented?

- Owned...........1
- Council rented...........2
- Private rented...........3 □
- Other (specify)...........4 □

(e) Who is head of the household?

- Resp. or spouse.............1
- Sibling.....................2
- Child.....................3 □
- Other (specify).............4 □

(f) Who lives here with you?

- Spouse.....................
- Siblings.............
- Children.............
- Grandchildren.....
- Others (specify)....

S.6. SOCIAL CONTACTS

a) Did you have any contact with any clubs or organisations in the past week?

- Over 60's Club...........No.....0 □
- Other Social Club...........No.....0 □
- Church......................No.....0 □
- Yes.....1 □
Church Group........... No....0 [ ]
    Yes....1 [ ]
Voluntary Work........ No....0 [ ]
    Yes....1 [ ]
Other (specify)........ No....0 [ ]
    Yes....1 [ ]
Regular event less than weekly No....0 [ ]
    e.g. monthly W.I......... Yes....1 [ ]

(b) Did you have any contact with any of the services in the past week?

Home Help (Care Assistant) No....0 [ ]
    Yes....1 [ ]
Community Nurse...... No....0 [ ]
    Yes....1 [ ]
Meals on Wheels...... No....0 [ ]
    Yes....1 [ ]
Day Centre............ No....0 [ ]
    Yes....1 [ ]
Day Hospital....... No....0 [ ]
    Yes....1 [ ]

(c) Do you feel that you get as much help as you need from the Social Services?

Don’t need any................. 1
Adequate....................... 2
Some, but not enough........... 3
Very inadequate................. 4
None but needs help............. 5

(d) In the last year, have you been in contact with your relatives as much as usual?

More........... 1
Same........... 2
Less........... 3
If change
(e) Record main reason:

- Physical illness..............1 (subject)
- Mood change..................2 (subject e.g. says depressed)
- Interpersonal problems.......3 (subject)
- Change in circumstances.......4 (subject)

(f) In the last year, have you been in contact with your friends as much as usual?

- More........1
- Same.........2
- Less.........3

IF NOT APPLICABLE CODE 9

(g) Record main reason:

- Physical illness..............1 (subject)
- Mood change..................2 (subject e.g. says depressed)
- Interpersonal problems.......3 (subject)
- Change in circumstances.......4 (subject)

(h) Do you feel lonely?

- Very lonely........1
- Lonely.............2
- Slightly lonely....3
- Not at all lonely...4

CEREBROVASCULAR FUNCTION

Now I would like to ask you some questions about your health and any problems with it.

19 Do you often have headaches (any kind)?

- No or rarely........0
- >once per week.....1

20 Do you often feel dizzy? (Exclude feelings of muzziness or fullness in head).

- No or rarely........0
- >once per week.....1

21 Do you have a tendency to fall? (Exclude fear of falling without loss of balance)

- No or rarely........0
- >once a month.....1
22 Have you ever had weakness, or difficulty with speech, memory or vision which got better?

No .................. 0
Yes ................ 1

(May need to be broken up and simplified. Include only episodes lasting less than 24 hours not explicable by clear account of trauma or medical condition.)

SLEEP

23 Have you recently experienced difficulty in falling asleep?  No ............... 0

Yes ................ 1

(Code No if taking hypnotics which have helped previous insomnia)

24 Have you recently become restless or wakeful during the night?  No ............... 0

Yes ................ 1

(Establish sleep disturbance is not due to physical problems especially nocturia)

25 Has your sleep pattern changed so that you wake early in the morning and seem unable to fall asleep again?

No ............... 0

Sometimes......... 1

Most of the time... 2

(More than two hours earlier than usual)

HAM4. Insomnia, initial (0-2)
Difficulty in falling asleep

HAM5. Insomnia, middle (0-2)
Patient restless and disturbed during the night
Waking during the night

HAM6. Insomnia, delayed (0-2)
Waking in early hours of the morning and unable to fall asleep again

For each rate
0 - absent
1 - slight or doubtful
2 - clearly present

CID21. Initial Insomnia

"Have you been taking sleeping pills? Have you had any difficulty sleeping, or getting off to sleep? When you do get to sleep, do you sleep well, are you restless, or do you keep waking? Do you wake early in the morning? Keep awake or fall asleep?"
CID23. Delayed insomnia

Early waking. Include all difficulty occurring between five and eight hours after retiring, and also final awakening earlier than five hours after retiring, provided in both cases patient has been asleep at some earlier stage.

CID24. Increased sleep.

"Have you been sleeping more than usual?"

DEPRESSED MOOD

26 Have you lost your appetite?  
No .................. 0  
Sometimes ............ 1  
Most of the time ... 2  
(Include even if apparently due to physical illness)  
(Code yes only for current disturbance)

27 Have you lost a lot of weight in the last six months?  
No .................. 0  
Some change.......... 1  
Considerable change........ 2  
(Exclude weight loss due to dieting. Include if probably due to physical disorder).

HAM12. Somatic Symptoms, Gastrointestinal (0-2) Rate as:  
Loss of appetite  
Heavy feelings in abdomen  
Constipation  
0 - absent  
1 - slightly or doubtful  
2 - clearly present

HAM16. Loss of Weight (0-2)  
Rate as:  
0 - absent  
1 - slightly or doubtful  
2 - clearly present

CID17. Anorexia

"How has your appetite been?  
How much do you eat?"

CID18. Increased appetite

CID19. Weight loss - Weight gain

"Have you lost or gained weight since the trouble started?  
How much?"

a) Weight Loss
b) Weight Gain
28 Do you often feel less confident (or able) than before to cope with what you have to do?  
No ............... 0  
Yes ............. 1

29 Do you find it more difficult to make decisions than you used to?  
No ............... 0  
Yes ............. 1
(If unable to think of decisions, suggest choice of clothes, daytrips etc.)

30 Have you lost pleasure or interest in doing things you usually cared about or enjoyed?  
No ............... 0  
Sometimes ............ 1  
Most of the time ... 2
(Frail subjects may have given up many hobbies. Enquire if they enjoy visits from relatives etc.)

HAM7. Work and Interests (0-4)

Feelings of incapacity  0 - Absent
Listlessness, indecision and vacillation  1 - Mild or Trivial
Loss of interest in hobbies  2 - Moderate
Decreased social activities  3 - Severe
Productivity decreased  4 - Very severe
Unable to work
Stopped work because of present illness.


How much has feeling bad affected your capacity to do your work and other activities?

What have you actually been doing at work, housework, hobbies and interests, and social life?

S.7. e) Would you say you have more or less energy than most people your age?  
More ............ 1  
The same .......... 2  
Less ............. 3

f) Would you say you have more or less energy at the moment than you did two years ago?  
More ............ 1  
The same .......... 2  
Less ............. 3

31 Do you find you have recently lost energy and it is harder to get things done?  
No ............... 0  
Yes ............. 1
(Last few months only)

HAM13. Somatic Symptoms, General (0-2)

Heaviness in limbs, back or head  0 - absent
Diffuse backache  1 - slight or doubtful
Loss of energy and fatigability  2 - clearly present
HAM14. Genital symptoms (0-2)

Loss of libido
Menstrual disturbance.

CID12. Energy and Fatigue

"Do you feel tired easily?
All the time?
Have you much energy?
Is it an effort to do anything?
Do you spend a lot of time resting?
In bed?"

32 Have you preferred to be more
on your own recently?

33 Do you find it more difficult
to concentrate than is normal
for you?
(eg book, TV, conversation)

34 Do you find you talk more
slowly than normal for you?

35 Are there times when your
thoughts come much more
slowly than usual?

36 Do you feel sad or depressed
or miserable?

If not depressed, omit questions 37-42 and Code 999 or 9

37 How long have you felt like
this?

Duration in
Months

Code "I've always been like this" as 998

38 Is there any reason why you
have become depressed?
Specify other

39 Is this different from your
usual feeling of sadness?

40 When you are feeling depressed
can anything cheer you up?

41 Is there any particular time
of day when this is worse?

42 Are other people largely to
blame for your unhappiness?
HAM1. Depressed Mood (0-4)

Gloomy attitude, pessimism about the future
Feelings of sadness
Tendancy to weep: Sadness and/or mild depression 1
: Occasional weeping and/or severe depression 2
: Frequent weeping and/or severe depression 3
: Extreme symptoms 4

HAM18. Diurnal Variation (0-2)

Symptoms worse in morning or evening 0 - absent
1 - slight or doubtful
2 - clearly present

CID1 Feelings of Depressed Mood

"Now, I would like to ask you about the way you have been feeling in the last week."

"Have you felt depressed? How would you describe it?
How often? Does it come and go? How long does it last?
Cried? Does crying relieve it? Do you feel beyond tears? How bad is it? So bad it is excruciating or very painful?"

43 Do you feel worthless, guilty, sinful bad about some of the things you did or mistakes you made in the past?
No....................0
Sometimes.............1
Most of the time...2
Delusions of worthlessness/guilt.............3

HAM2. Guilt (0-4)

Self-reproach, feels he has let people down 0 - absent
Ideas of guilt 1 - mild or trivial
Present illness is a punishment 2 - moderate
Delusion of guilt 3 - severe
Hallucinations of guilt 4 - very severe

CID6. Guilt, Lowered Self-Esteem, and Worthlessness

"Have you had a low impression of your self? Have you blamed yourself for things you have done in the past or recently? Have you felt guilty about things? Have you felt you have let your friends and family down? Have you felt you are to blame for your illness? In what way? A lot? A little?"

44 How do you feel about your future?
Neutral/Optimistic.0
Pessimistic...........1

(Code answers like "I just take one day at a time" as neutral).
CID7. Pessimism and Hopelessness

How have you felt about the future?
Can you see any future for yourself?
Can you see your self getting better?

45 Do you sometimes feel that life isn't worth living?
   No ............... 0
   Yes ............... 1
If no, omit next question and code 9

46 Have you felt so low that you thought of ending it all?
   No ............... 0
   Occasionally .... 1
   Recurrent thoughts .... 2
   Recent suicide attempt (last six months) .... 3

HAM3. Suicide (0-4)

Feels life is not worth living
Wishes he were dead
Suicidal ideas. Attempt at suicide.

0 - absent
1 - slight or doubtful
2 - clearly present

CID8. Suicidal Tendencies

"Have you felt that life was not worth living?
Have you wished you were dead?
Have you had any thoughts of taking your life?
Have you gone so far as to make any plans to do so?
Have you toyed with a gun in your hand or taken one or two pills?
Have you actually made an attempt on your life?

WORRY/ANXIETY

47 Do you feel more tense and worry more than usual about little things?
   No ............... 0
   Yes ............... 1

48 Have you felt more irritable lately?
   No ............... 0
   Yes ............... 1
   (e.g. intolerant of noise)

49 Have there been times lately when you were very anxious or frightened?
   No ............... 0
   Yes ............... 1

HAM10. Psychic Anxiety (0-4)

Tension and irritability
Worrying about minor matters
Apprehensive attitude
Fears

0 - absent
1 - mild or trivial
2 - moderate
3 - severe
4 - very severe
CID13. Anxiety - Psychic - Generalized

"Have you been feeling nervous, anxious, frightened, scared or panicky? Have you found it hard to relax? Have you had a feeling of dread, as though something terrible were about to happen?"

CID20. Irritability (1-7)

"Have you been getting irritated with people more easily recently? Have you been losing your temper? Yelled? Slammed doors? Hit people? Got in trouble with the police? How often?"

50 Yes ............ 1
No .............. 0
Have there been times lately when felt anxious and physically unwell, for example when your heart pounded or you felt shaky or sweaty?

(Exclude when these somatic symptoms not associated with psychic anxiety).

HAM11. Somatic Anxiety (0-4)

0 - absent
1 - mild or trivial
2 - moderate
3 - severe
4 - very severe
Gastrointestinal, wind, indigestion
Cardiovascular, palpitations, headaches
Respiratory, genito-urinary, etc.

CID16 Somatic Anxiety (1-7)

"Have you suffered from any of the following: trembling, shakiness, excessive sweating, feelings of suffocation or choking, attacks of shortness of breath, dizziness, faintness, headaches, pain at the back of the neck, butterflies or tightness in the stomach? How often? How badly?"

51 Yes ............ 1
No .............. 0
Are there any special situations which make you anxious, e.g. leaving home alone, going into shops or crowds?

SPECIFY

52 Yes ............ 1
No .............. 0
Have you had attacks of fear or panic when you felt you would collapse or lose control of yourself?

(If no positive responses to questions 51 and 52 omit next question and code 999)

53 How long have you experienced this? Duration in Months


"Have you had attacks which come on you of feeling very panicky, perhaps even afraid you might die, so you feel very frightened and breath very fast, and have palpitations?"

CID15 Phobic Anxiety

(a) Global Phobic Rating

"Are there any particular situations which tend to make you feel anxious, or lead you to avoid them? For instance (list above)."

b) Avoidance - Main Phobia

HAM19. Depersonalization and derealisation.

Feelings of unreality 0 - absent
Nihilistic ideas 1 - slight or doubtful
2 - clearly visible

CID9. Depersonalization (0-4)

"Have you had any feelings of unreality; the feeling at all that everything was unreal, that you were unreal, or that the world was distant, remote, strange or changed? I don't mean just the feeling that you couldn't really imagine this illness would happen to you."


Obsessive thoughts and compulsions against which the patient struggles.

0 - absent
1 - slight or doubtful
2 - clearly present

CID10. Obsessional Symptoms

"Do you find you have to keep checking or repeating things you have already done? Do you have to do things in a special order, or in a special manner, or a certain number of times? Do you find unpleasant, frightening, or ridiculous thoughts or words come into your head and won't go away, even when you try to get rid of them? Are you afraid you might commit some terrible act without wanting to?"

S.9. ACTIVITIES OF DAILY LIVING

Now I'd like to ask you some questions about how you cope with day-to-day tasks.
(Code main helper with each task with list below. If two codes possible, code highest level.)
How do you manage with......

(a) Using the telephone i.e. looking up numbers, dialling etc?

0 Telephones independently - looks up numbers, dials etc.
1 Dials a few well-known numbers only.
2. Answers telephone but does not dial.  
3. Cannot use telephone at all.
9. No telephone within easy access.

(b) Shopping?

0 Takes care of all or nearly all shopping independently.
1 Shops independently for small purchases only.
2 Needs to be accompanied on any shopping trip.
3 Does not shop at all.

Who helps?:

(c) Finance

0 Manages financial matters independently.
1 Manages day to day purchases but needs help with banking etc.
2 Incapable of handling money.

Who helps?:

(d) Preparing meals?

0 Prepares all or nearly all meals independently.
1 Prepares snacks only or heats up meals prepared by others.
2 All meals and snacks must be prepared by others.
9 Meals have always been prepared by spouse or others.

Who helps?:

(e) Housework?

0 Independent apart from occasional help with heavy work.
1 Performs only light daily tasks e.g. dish washing, dusting. (Cleanliness adequate).
2 Performs light daily tasks but cannot maintain acceptable level of cleanliness.
3 All housework must be done by others.
9 Housework has always been done by spouse or other.

Who helps?:

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<th>Description</th>
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<td>Nobody/none required</td>
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<tr>
<td>Spouse</td>
<td>01</td>
</tr>
<tr>
<td>Daughter</td>
<td>02</td>
</tr>
<tr>
<td>Daughter-in-law</td>
<td>03</td>
</tr>
<tr>
<td>Son</td>
<td>04</td>
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<tr>
<td>Son-in-Law</td>
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<tr>
<td>Other relative</td>
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<td>Friend/Neighbour</td>
<td>07</td>
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<tr>
<td>Home help</td>
<td>08</td>
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<tr>
<td>Meals on wheels</td>
<td>09</td>
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<tr>
<td>Community Nurse</td>
<td>10</td>
</tr>
<tr>
<td>Chiropodist</td>
<td>11</td>
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<tr>
<td>Warden</td>
<td>12</td>
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<tr>
<td>Other (specify)</td>
<td>13</td>
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<tr>
<td>DO NOT USE 99</td>
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</tbody>
</table>
(f) Transportation?

0  Travels independently on public transport or drives own car or cycle.
1  Arrange own travel via taxi only.
2  Travels on public transport with others.
3  Travel limited to taxi, or with assistance of others.
4  Does not travel at all.

(g) Laundry?

0  Independent apart from occasional help with heavy work.
1  Launders only small items e.g. stockings, underwear.
2  All laundry must be done by others.
9  Laundry has always be done by spouse or other.

Who helps?

(h) Walking?

0  Walks around town, suburb or village.
1  Walks no further than one block away.
2  Walks no further than gate.
3  Walks only within the house.
4  Takes no more than a few steps.
5  Bedridden.

(i) Do you use a walking stick or other aid?

0  Independent
1  Walking stick
2  Frame/tripod
3  Wheelchair
4  Other person
5  Bedridden

(j) If in wheelchair, ask the following

1  Gets in and out without help
2  Needs help
3  Sits unsupported in a chair or wheelchair, but cannot propel self without help.

(k) Bathing or showering?

0  Independent in bath, shower or strip-wash
1  Needs help getting in or out of bath or shower.
2  Can wash face and hand only
3  Needs major assistance

Who helps?
(1) Reaching up to comb your hair (or shave) or down to cut your toenails?

0 Attends to grooming independently
1 Needs minor assistance e.g. cutting toenails,
2 Needs moderate assistance e.g. shaving, brushing hair.
3 Needs moderate and regular assistance.
4 Needs grooming care but can remain well groomed with help.

Who helps? [ ] [ ]

(m) Dressing or undressing?

0 Dresses and undress independently.
1 Needs minor assistance e.g. tying shoelaces, buttons.
2 Needs moderate assistance e.g. shoes and socks, arms sleeves. Selection of clothes.
3 Needs major assistance.
4 Unable to dress.

Who helps? [ ] [ ]

(n) Getting to the toilet on time?

0 Always gets to the toilet on time.
1 Rare (weekly at most) accidents.
2 Accidents more than once a week.
3 No control of bladder or bowels.

Who helps? [ ] [ ]

(o) Feeding?

0 Eats without assistance
1 Eats with some assistance at meal times.
2 Feeds self with moderate assistance and is tidy.
3 Requires extensive assistance for all meals.
4 Does not feed self at all.

Who helps? [ ] [ ]

(p) How do you manage with taking medicines?

0 Responsible for taking medicines.
1 Medication must be put out in advance by others.
2 Medication must be administered by others.
9 Takes no medication at present.

Who helps? [ ] [ ]

(q) In any of these tasks that you have difficulty with do you think that you need more help than you are getting at the moment?

No.............0
Yes.............1

If yes please specify.
57 On average do you open your bowels daily?

Daily or More...0
Less often......1

MEMORY

58 Do you have any difficulty with your memory?

No ...............0
Yes ...............1

59 Do you forget where you have left things more than you used to?

No.................0
Yes ...............1

60 Do you forget the names of close friends or relatives?

No.................0
Yes ...............1

61 Have you ever been in your own neighbourhood and forgotten your way?

No .................0
Yes ...............1

(If no difficulty with memory omit next 3 questions and code 999 or 9 below)

62 When did this difficulty begin?

Duration in months

63 Did it come on suddenly?

Gradual ............0
Sudden ............1

64 Has it become better or worse since it started?

Better ............0
Worse ............1
Remained same....2

GENERAL MENTAL FUNCTIONING

65 Do you tend to think and talk about the past more than recent events?

No ...............0
Yes ...............1

66 When speaking, do you have difficulty finding the word you want, or do you sometimes say the wrong word?

No ...............0
Yes ...............1

(If no difficulty omit next question and code 999)

67 How long have you experienced this?

Duration in

Months
PART II  PAST HISTORY

Now I would like to ask you some questions about your health in the past.

S. 8 (a) How would you rate your physical health at present compared to others of the same age?

- Very good............1
- Good................2
- Fair................3
- Poor................4
- Very Poor...........5

S. 8 (b) How would you rate your physical health now compared to two years ago (The first time you were seen)?

- Better..............1
- The same............2
- Worse..............3

B.01 Have you ever had or been told by a doctor that you have had a heart attack?

- No .................0
- One...............1
- Two..............2
- >2................3

B02 Have you ever been told by a doctor that you have "blood pressure" or hypertension?

- No .................0
- Yes..............1

B03 Have you ever been told by a doctor that you have had a stroke?

- No .................0
- One...............1
- Two..............2
- >2................3

B04 Have you ever had a serious head injury and been unconscious after it?

- No .................0
- 1..................1
- 2..................2
- 3 or more.........3

B05 Specify age of first injury

B06 Have you ever had fits?

- No .................0
- Infantile only.....1
- Past fits.........2
- Current fits.....3

B07 Specify age of onset

Have you ever had:

B08 Thyroid problems or goitre?

- No...............0
- Yes..............1

B09 Glaucoma?

- No...............0
- Yes..............1

B10 Cataract?

- No...............0
- Yes..............1
B11 Diabetes?

<table>
<thead>
<tr>
<th>No.</th>
<th>Yes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

CURRENT MEDICATION

What medicines are you taking now and approximately how long is it since it/they were started? Drug Code Duration Month

<table>
<thead>
<tr>
<th>Code</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Duration Code:

<table>
<thead>
<tr>
<th>Code</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 88 = don’t know |
| 77 = not asked |
| 98 = for years |
| 35 = several years/ few years |

(SINCE LAST SEEN)

B25 Have you had emotional or nervous illness requiring treatment?

<table>
<thead>
<tr>
<th>No.</th>
<th>Yes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

(Include GP prescription/counselling)

B26 Were you hospitalised?

<table>
<thead>
<tr>
<th>No.</th>
<th>Yes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

If possible, elicit following information by questioning

B27 Typical depressive episodes

<table>
<thead>
<tr>
<th>No.</th>
<th>Yes.</th>
<th>Unclear</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>7</td>
</tr>
</tbody>
</table>
NOTTINGHAM LIFE SATISFACTION INDEX

Derived from Wood et al’s (1969) 13 item version of Neugarten et al’s (1961) Life Satisfaction Index, the word form of the Nottingham LSIZ has been modified for British samples. For comparative values see Morgan et al (1987) Br J Psychiat, 150, 801-807.

"I would like you to listen to the following statements about your feelings and tell me if you agree or disagree with them, or whether you are unsure".* (Scores for each item are shown under the 3 possible responses. Maximum score = 26)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>N1</td>
<td>As I grow older, things seem better than I thought they would be.</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>N2</td>
<td>I have had more chances in life than most of the people I know.</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>N3</td>
<td>This is the dreariest time of my life.</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>N4</td>
<td>I am just as happy as when I was younger.</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>N5</td>
<td>These are the best years of my life.</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>N6</td>
<td>Most of the things I do are boring or monotonous.</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>N7</td>
<td>The things I do are as interesting to me as they ever were.</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>N8</td>
<td>As I look back on my life I am fairly well satisfied.</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>N9</td>
<td>I have made plans for things I’ll be doing in a month or a year from now.</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>N10</td>
<td>When I think back over my life, I didn’t get most of the important things I wanted.</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>N11</td>
<td>Compared with other people, I get down in the dumps too often.</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>N12</td>
<td>I’ve got pretty much what I expected out of life.</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>N13</td>
<td>In spite of what people say, the life of the average person is getting worse, not better.</td>
<td>0</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

*It is helpful if the respondent is presented with a list of the items (in large print) which they read with the interviewer.
PARANOID/PSYCHOTIC FEATURES

(Make General Enquiry. Skip if nil found.)

Some general questions about the friendliness of neighbours and other are a useful prelude to asking questions which seek to elicit definite pathology - eg. Do you get on well with the neighbours and other people. Sometimes people have unusual experiences when they are on their own or not feeling well. This section requires detailed probing where appropriate.

CODE 9 IF NOT ASKED

68. Do you ever have the experience of hearing things that other people do not? Yes...1 (Establish presence or absence of hallucinations) No...0 Duration in months

69. Do you ever have the experience of seeing things that other people do not? Yes...1 (Establish presence or absence of hallucinations) No...0 Duration in months

70. Do you ever believe that people are watching you, or spying on you, or plotting against you? Yes...1 Duration in months

71. Do you ever feel that special messages are being sent to you on the TV, radio etc, or that your mind or body are being controlled in other ways? Yes...1 Duration in months

72. Have you any peculiar feelings with regards to your body? Yes...1 (Establish presence or absence of nihilistic or hypochondriacal delusions) No...0 Duration in months

73. Have you experienced any bodily harassment or interference? Yes...1 (Establish presense or absence of illusory sexual or other interference) No...0 Duration in months

HAM20. Paranoid symptoms(0-4) Not with a suspicious ideas of reference Delusions of reference and persecution Hallucinations, persecutory

<table>
<thead>
<tr>
<th>Absent</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild or trivial</td>
<td>1</td>
</tr>
<tr>
<td>Moderate</td>
<td>2</td>
</tr>
<tr>
<td>Severe</td>
<td>3</td>
</tr>
<tr>
<td>Very severe</td>
<td>4</td>
</tr>
</tbody>
</table>
FAMILY HISTORY

Now I would like to ask you about your family and other people who are close to you.

S.7. a) Have you lost anyone close to you in the last year?  
Bereavement □ No......0 □ Yes......1

b) Close friend or relative moving away or becoming ill.  
□ No......0 □ Yes......1

Rel. Relationship Code  
Brother = 3  
Sister = 4  
Son = 5  
Daughter = 6

DEMENTIA

In the last 2 years have any members of your close family had memory problems, confusion, Alzheimer’s disease, or dementia?

□ No......0 □ Yes......1

Ask if any family member has had special difficulty with memory or confusion as they got older. If yes, make further enquiry into symptoms and behaviour and code according to likelihood of the described condition being dementia.

Possible 1  
Probable 2  
Definite 3  
For all others code 9

<table>
<thead>
<tr>
<th>Name</th>
<th>Rel. Living/dead</th>
<th>Age</th>
<th>Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>------</td>
<td>------------------</td>
<td>-----</td>
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<td>------</td>
<td>------------------</td>
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</tr>
</tbody>
</table>
CAMDEX

SECTION B - COGNITIVE EXAMINATION

BEFORE COMMENCING, MAKE SURE YOU HAVE THE FOLLOWING ITEMS:

Booklet
Pencil and Wristwatch
Envelope
Blank sheet of A4
Coins - 5p, 10p

This section contains all 19 items of the Mini Mental State Examination of Folstein et al (1975). Some, but not all of these items are used in scoring the more comprehensive Cambridge Cognitive Examination (CAMCOG). A list of the items comprising each of these examinations is set out in Appendix A.

It is important that the examiner speaks slowly and clearly. If person appears not to have heard or understand, repeat the question (unless item specifically prohibits repetition). If another person is present remind that no prompting is allowed.

DO NOT CORRECT IF WRONG ANSWER GIVEN.

Make a note of any unusual responses including extra memory items recalled.

CODING This section differs from other sections of the CAMDEX in that patients who don't know, refuse to answer or give a silly answer are given a score of 0 (not 8) which is equivalent to giving an incorrect answer. Where a score of 9 or 99 is given indicate why question was not asked.

I am going to ask you some questions now which have to do with your memory and concentration. Some of them may seem rather easy, others are more difficult, so do not be worried or surprised if you have trouble with them. We need to ask everyone the same questions.
ORIENTATION - Time

120 What day of the week is it?       □ Incorrect ......0     Correct ...........1

121 What is the date to-day?
   Day       □ Incorrect ......0     Correct ...........1

122 Month       □ Incorrect ......0     Correct ...........1
   (Score as correct the month before/after as correct on the
day/last day respectively of month)

123 Year       □ Incorrect ......0     Correct ...........1
   (During first and last week of year, incoming or outgoing
   year is acceptable)

124 What is the season?       □ Incorrect ......0     Correct ...........1
   Allow flexibility when season changes, i.e.:
   March = winter/spring       June = spring/summer
   September = summer/autumn  December = autumn/winter

Place

125 Can you tell me where we are now. For instance what county are we in?       □ Incorrect ......0     Correct ...........1

126 What is the name of this city?       □ Incorrect ......0     Correct ...........1

127 What are two main streets nearby (or near your home)?       □ Incorrect ......0     Correct ...........1

128 What floor of the building are we on?       □ Incorrect ......0     Correct ...........1

129 What is the name of this place? (or What is this address - if person tested at home)?       □ Incorrect ......0     Correct ...........1
   (Correct if contains enough information for post to be delivered)
LANGUAGE

Comprehension (motor response)

Should the patient not complete the full sequence then the whole instruction may be repeated, without change in tone or tempo to ensure that it has been heard and understood. Prompting and coaching stage by stage is not allowed.

I am going to ask you to carry out some actions, so please listen carefully.

130 Please nod your head. Incorrect ...........0 □ Correct .............1 □
131 Touch your right ear with your left hand. Incorrect ...........0 □ Correct .............1 □
132 Before you look at the ceiling look at the floor. Incorrect ...........0 □ Correct .............1 □
133 Tap each shoulder twice with two fingers keeping your eyes shut. Incorrect ...........0 □ Correct .............1 □

Comprehension (verbal response)

I am going to ask you some questions and would like you to answer yes or no.

134 Is this place a hotel? Incorrect ...........0 □ Correct .............1 □
135 Are villages larger than towns? Incorrect ...........0 □ Correct .............1 □
136 Was there wireless/radio in this country before television was invented? Incorrect ...........0 □ Correct .............1 □

Expression - Naming

In 137-138 we are looking for accurate naming; descriptions of function or approximate answers are not acceptable.

Some items may have more than one correct name, as we have indicated. Errors include description of function (e.g. "used for telling the time" for watch) and approximate answers (e.g. "bag" or "carrier" for suitcase; "light" for lamp). In the case of approximate answers, the examiner should say: Can you think of another word for it?

Tick each item correctly named and enter number correct under TOTAL.
137  SHOW PENCIL
    What is this called?
    Pencil ............ 1

    SHOW WRISTWATCH
    What is this called?
    Watch ............. 1

    TOTAL

138  I am going to show you some objects. Please tell me the
    name of each one.
    SHOW PICTURES IN BOOKLET
    Shoe, sandal (slipper)
    Typewriter (wordprocessor)
    Scales (weighing machine)
    Suitcase, portmanteau
    (attache case)
    Barometer (weatherglass, weatherclock)
    Table lamp, lamp .......... 1

    TOTAL 6

139  Name as many different animals as you can think of. You will
    have one minute to do this.

    Only if subject asks for clarification, explain that animals
    include birds, insects, humans, etc (offspring acceptable as
    separate items).

    If subject gets stuck, encourage them with "Can you
    think of any more?"

    RECORD NUMBER CORRECT IN ONE MINUTE.
    (Repetitions not to be counted) (Offspring acceptable
    as separate items)

    List all items

    Number correct

    NOTE  Recode:
    0  =  0
    1-4  =  1
    5-9  =  2
    10-14  =  3
    15-19  =  4
    20-24  =  5
    25 +  =  6

    Expression - definitions

110  What do you do with a hammer? ................. 0
    (Any correct use) .... 1
    ("Hit" is not acceptable. eg. "hit nail", "break up coal").

141  Where do people usually go to buy medicine?
    Shop (if unable to
    specify) ............ 0
    Chemist ............. 1
    ("Doctor" only acceptable if local health centre has a
    dispensary)
(In 142-143 a concrete definition scores 1 and an abstract definition scores 2. Examples are given beside each score)

142 What is a bridge?  
- Cross the bridge........0  
- Goes across a river, etc. ..........2

143 What is an opinion?  
- .................0  
  eg. "changing your mind".
- A good opinion of someone ..........1  
  eg. "make up your mind"  
  A person's ideas about something .......2  
  eg. "What you think".

Expression - Repetition

Only one presentation allowed so it is essential that you read the phrase clearly and slowly, enunciating all the "S"s.)

I am going to say something and I would like you to repeat it after me.

144 No ifs, ands or buts  
- Incorrect ...............0  
- (Entire phrase must be correct) Correct ...............1

MEMORY_Recall

146 Can you tell me what were the objects in the coloured pictures I showed you a little while ago?  
- (Either description or names acceptable)  
- (Tick each item answered correctly and enter number correct under TOTAL)

Shoe, sandal ..........1  
Typewriter .............1  
Scales ................1  
Suitcase, portmanteau 1  
Barometer ...............1  
Table lamp, lamp .......1

TOTAL 6

Recognition

SHOW MULTIPLE-CHOICE PICTURES IN BOOKLET

147 Which of these did I show you before?  
- Shoe, sandal ..........1  
- Typewriter .............1  
- Scales ................1  
- Suitcase, portmanteau 1  
- Barometer ...............1  
- Table lamp, lamp .......1

(Tick each item answered correctly and enter number correct under TOTAL)

TOTAL 6
Retrieval of remote information

Now I am going to ask you some questions about the past

148 Can you tell me when the First World War began? (Within 1 year) □ Incorrect ...........0 □ 1914 ...............1

149 Can you tell me when the Second World War began? (Within 1 year) □ Incorrect ...........0 □ 1939.................1

150 Who was the leader of the Germans in the Second World War? □ Incorrect ...........0 □ Hitler ...............1

151 Who was the leader of the Russians at that time? □ Incorrect ...........0 □ Stalin ...............1

152 What was Mae West famous for? (any appropriate verbal or non-verbal answer which indicates memory.) □ Incorrect ...........0 □ Actress ...............1

153 Who was the famous flyer whose son was kidnapped? (close approximations to the name are acceptable.) □ Incorrect ...........0 □ Lindbergh ...........1

Retrieval of recent information

154 What is the name of the present King or Queen? □ Incorrect ...........0 □ Correct ...............1

155 Who will follow her? □ Incorrect ...........0 □ Correct ...............1

156 What is the name of the Prime Minister? □ Incorrect ...........0 □ Correct ...............1

(For 1 month after an election, if the name of the former PM is given, say: "Is he/she still PM?")

157 What has been in the news in the past week or two? □ Incorrect ...........0 □ Correct ...............1

(If a general answer is given e.g. "war", ask for details.)
REGISTRATION

158 I am going to name 3 objects. After I have finished saying all three, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes.

Name three objects taking 1 second to say each

Tree    Clock    Boat

(Tick items which are correct on the first attempt and enter number correct under TOTAL)

Tree..................1
Clock..................1
Boat..................1
TOTAL 3

IF ANY ERRORS OR OMISSIONS ARE MADE ON THE FIRST ATTEMPT, REPEAT ALL THE NAMES UNTIL PATIENT LEARNS ALL THREE (MAXIMUM OF FIVE REPEATS). RECORD NUMBER OF REPEATS. (Record 0 if all correct on first attempt)

NUMBER OF REPEATS

RECORD X IF UNABLE TO REMEMBER AFTER 5 REPEATS

ATTENTION/CONCENTRATION

159 Now I would like you to count backwards from 20

Two or more errors ........0
One error ..............1
Correct ................2

19,18,17,16,15,14,13,12,11,10,9,8,7,6,5,4,3,2,1.

160 Now I would like you to take 7 away from 100

Now take 7 away from the number you get
Now keep subtracting 7 until I tell you to stop

Subjects Answer

........93
........86
........79
........72
........65
TOTAL

Record answers. Score 1 point each time the difference is 7 even if a previous answer was incorrect. Maximum score = 5 points (Do not repeat previous answer as prompt).
MEMORY - RECALL

161. What were the three objects I asked you to repeat a little while ago?

Tree ............... 1
Clock ............... 1
Boat ............... 1

(Tick each item answered correctly and enter number correct under TOTAL)

TOTAL 3

LANGUAGE - reading comprehension

SHOW COMMANDS IN BOOKLET

162 Read this page and then do what it says. 
CLOSE YOUR EYES

Incorrect ......... 0
Correct ........... 1

163 IF YOU ARE OLDER THAN 50 PUT YOUR HANDS BEHIND YOUR HEAD

Incorrect ......... 0
Correct ........... 1

(It is not necessary for respondent to read aloud. Code 1 only if action is carried out correctly. If respondent reads instruction but fails to carry out action, say "Now do what it says.")

PRAXIS - copying and drawing

Record responses on sheet provided. For each item, make sure subject has finished before moving on.

164 Copy this design (pentagon)
(Each pentagon should have 5 sides and 5 clear corners and the overlap should form a diamond)

Incorrect ......... 0
Correct ........... 1

165 Copy this design (spiral)
(Three connected loops are required in the correct orientation.)

Incorrect ......... 0
Correct ........... 1

166 Copy this design (3-D house)
(Requires windows, doors, chimney in correct position and 3-D represented.)

Incorrect ......... 0
Correct ........... 1

167 Draw a large clock and put the numbers in. When respondent has done this, say "Now set the hands to 10 past 11."

a) Circle ........... 1
b) All numbers in correct position .......... 1
c) Correct time .......... 1

TOTAL
Writing - spontaneous

168 Write a complete sentence on this sheet of paper. □ Incorrect ...........0
       (Some subjects require time to relax here) Correct .............1

ASK PATIENT WHAT HE/SHE HAS WRITTEN AND RECORD HERE

(Spelling and grammar are not important. The sentence must have a subject (real or implied) and a verb. "Help!" "Go away" are acceptable.)

PRAXIS - ideational

READ FULL STATEMENT AND THEN HAND OVER THE PAPER USED ABOVE. MAKE A POINT OF HANDING TO SUBJECTS MIDLINE

169 I am going to give you a piece of paper. When I do, take the paper in your right hand. Fold the paper in half with both hands, and put the paper down on your lap. Right hand ...........1
       Folds .............1
       On lap.............1
       TOTAL □

DO NOT REPEAT INSTRUCTIONS OR COACH.

(Score a move as correct only if it takes place in the correct sequence. Tick each correct move and enter number correct under TOTAL. Maximum score = 3 points)

170 Put the paper in the envelope and seal the envelope. □ Incorrect ...........0
       Correct .............1

Writing to dictation

171 Write this name and address on the envelope. □ Incorrect ...........0
       Poor but acceptable..1
       Correct .............2

Mr. Fred Jones
26, Church Street
Oxford

(Spelling and neatness are not important. Criterion is whether letter is likely to reach exact destination)

THEN SAY: Please try to remember this name and address I shall be asking you about them later on.

IF PATIENT IS UNABLE TO WRITE, SAY THE ADDRESS SLOWLY, TWICE AND ASK HER/HIM TO REMEMBER IT
PRAXIS - ideomotor

172 Show me how you wave goodbye. Incorrect ..........0
Correct ............1

(In 173-174 we are looking for a correct mime. If subject uses finger to represent scissors or brush, say "pretend you are holding a toothbrush". Score 1 if subject makes brushing movement but not as though holding toothbrush.)

173 Show me how you would cut with scissors Incorrect ..........0
Concrete response..1
Correct mime.......2

174 Show me how you would brush your teeth with a toothbrush Incorrect ..........0
Concrete response..1
Correct mime.......2

PERCEPTION - Tactile

175 I am going to place a coin into your hand and I want you to tell me what it is without looking at it.

PLACE COINS ONE AT A TIME IN THE SUBJECT'S HAND PALM DOWN. 5p (or 1 shilling)..1
(5p, 10p) 10p (or 2 shillings)..1

(Tick each item correct and enter number correct under TOTAL)

TOTAL

CALCULATION

(Mental calculation is required. Paper and pencil are not allowed)

Now let the patient see the coins

176 How much money does this make? Incorrect ..........0
Correct ............1
(15p/3shillings)

177 If somebody gave you this amount (15p or 3 shillings) as change from £1, how much did you spend? Incorrect ..........0
Correct ............1
(85p/17shillings)
MEMORY - Recall

178 What was the name and address you wrote on the envelope a short time ago? Fred.................1
       Jones ................1
       26.....................1
       Church Street.......1
       Oxford...............1
       TOTAL 5

ABSTRACT THINKING

(In this question we are looking for the capacity to think abstractly. Abstract answers score 2, concrete answers score 1. Examples are given beside each score. If subject says "they are not alike", say, "They are alike in some way. Can you tell me in which way they are alike?

I am going to name two things and I'd like you to tell me in what way they are alike. For example, a dog and a monkey are alike because they are both animals.

179 In what way are an apple and a banana alike? round, have calories.......0
       food, grow, have peel....1
       fruit....................2

RECORD ANSWER

For this question ONLY if score is less than 2 say, "They are also alike because they are both fruit"

180 In what way are a shirt and a dress alike? have buttons ............0
       to wear, made of cloth,
       keep you warm ............1
       clothing, garments .......2

RECORD ANSWER

181 In what way are a table and a chair alike? wooden, have 4 legs ......0
       household objects, used
       for meals................1
       furniture................2

RECORD ANSWER

182 In what way are a plant and an animal alike? useful to man, carry
       germs...................0
       grow, need food, natural...1
       living things...........2

RECORD ANSWER

SHOW PICTURES IN BOOKLET
VISUAL PERCEPTION - Famous people

183 Who is this?
Score as correct if picture is recognised. Correct name is not required, but record any answer which does not correspond exactly to the examples given.
Queen .............1
Pope, Archbishop 1
TOTAL 2

Object constancy

SHOW PICTURES IN BOOKLET

184 These are pictures of objects taken from unusual angles. Can you tell me what they are?
(Tick each item answered correctly and enter number correct under TOTAL. Criterion is whether the object is recognised not that it be named correctly, therefore descriptions of function are acceptable.)
Spectacles........1
Shoe................1
Purse, Suitcase...1
Cup & Saucer.....1
Telephone.........1
Pipe...............1
TOTAL 6

Recognition of Person/Function

185 Can you tell me who this is, or what he/she does? (Indicate anyone available, e.g. Cleaner, Doctor, Nurse, Patient, Relative (If none available score 9)
Incorrect ........0
Correct ...........1

N.B. It is not necessary to ask this question in the community. Score 1 if subject clearly recognises relative/friend/he/she is living with.

PASSAGE OF TIME

186 Without looking at your watch, tell me what the time is now.
(To the nearest hour allowed)
Incorrect............0
Correct .............1

187 Without looking at your watch, can you tell me how long you think we have been talking together?
Time in mins...

RECORD FINISHING TIME........................

ACTUAL TIME TAKEN BY INTERVIEW IN MINS....
SECTION C - INTERVIEWER OBSERVATIONS

TO BE RECORDED AT THE END OF THE INTERVIEW

Ethnicity

Caucasian ...... 1
Afro Carribean
/African ...... 2
Asian .......... 3
Chinese ........ 4
Other (specify) 5

For all symptoms/behaviours code only if markedly present.

188 Self neglect

No. ............... 0
Yes. ............... 1

189 Uncooperative behaviour

No. ............... 0
Yes. ............... 1

190 Suspiciousness

No. ............... 0
Yes. ............... 1

191 Hostile or irritable

No. ............... 0
Yes. ............... 1

CID31. Hostility.

192 Silly, incongruent or bizarre behaviour

No. ............... 0
Yes. ............... 1

193 Slow and underactive e.g. sits abnormally still, delay in response to questions

No. ............... 0
Yes. ............... 1

HAM8. Retardation (0-4)
Slowness of thought, speech and activity
Apathy, Stupor
: Absent ........ 0
: Slight retardation at interview ...... 1
: Obvious retardation at interview ...... 2
: Interview difficult ........ 3
: Complete stupor ................ 4

CID32. Retardation.

194 Restless e.g. fidgeting, pacing, unnecessary movements

No. ............... 0
Yes. ............... 1

195 Anxiety and Fear - appears frightened, worried or somatically tense out of proportion to situation

No. ............... 0
Yes. ............... 1
<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAM9 Agitation. (0-2)</td>
<td>Absent - 0</td>
</tr>
<tr>
<td>Restlessness associated with anxiety.</td>
<td>Slight or doubtful - 1</td>
</tr>
<tr>
<td></td>
<td>Clearly present - 2</td>
</tr>
<tr>
<td>CID33. Agitation.</td>
<td></td>
</tr>
<tr>
<td>196 Depressed Mood - Looks sad, mournful, tearful, voice low or gloomy</td>
<td>No.0</td>
</tr>
<tr>
<td></td>
<td>Yes.1</td>
</tr>
<tr>
<td>CID34. Depressed Appearance</td>
<td></td>
</tr>
<tr>
<td>197 Lability of Mood - rapidly changes from sad to happy.</td>
<td>No.0</td>
</tr>
<tr>
<td></td>
<td>Yes.1</td>
</tr>
<tr>
<td>198 Flat affect - lack of spontaneous emotion or emotional response to interviewer. Monotonous</td>
<td>No.0</td>
</tr>
<tr>
<td>voice and lack of gestures.</td>
<td>Yes.1</td>
</tr>
<tr>
<td>199 Hallucinating - behave as though he hears voices, or sees visions, or admits to doing so.</td>
<td>No.0</td>
</tr>
<tr>
<td></td>
<td>Yes.1</td>
</tr>
<tr>
<td>200 Speech very rapid and difficult to follow.</td>
<td>No.0</td>
</tr>
<tr>
<td></td>
<td>Yes.1</td>
</tr>
<tr>
<td>201 Speech very slow. Pauses between the words.</td>
<td>No.0</td>
</tr>
<tr>
<td></td>
<td>Yes.1</td>
</tr>
<tr>
<td>202 Speech restricted in quantity, e.g. answers to questions only, no unnecessary words used.</td>
<td>No.0</td>
</tr>
<tr>
<td></td>
<td>Yes.1</td>
</tr>
<tr>
<td>203 Speech rambling or incoherent, irrelevant answers to questions</td>
<td>No.0</td>
</tr>
<tr>
<td></td>
<td>Yes.1</td>
</tr>
<tr>
<td>204 Speech slurred</td>
<td>No.0</td>
</tr>
<tr>
<td></td>
<td>Yes.1</td>
</tr>
<tr>
<td>205 Perseveration</td>
<td>No.0</td>
</tr>
<tr>
<td></td>
<td>Yes.1</td>
</tr>
<tr>
<td>206 Lack of insight into present disability</td>
<td>No.0</td>
</tr>
<tr>
<td></td>
<td>Yes.1</td>
</tr>
<tr>
<td>207 Clouding of consciousness</td>
<td>No.0</td>
</tr>
<tr>
<td></td>
<td>Yes.1</td>
</tr>
<tr>
<td>Question</td>
<td>Score</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Peculiar use of terms</td>
<td></td>
</tr>
<tr>
<td>e.g. Neologisms</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Speaks to self</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Impaired ability to focus, sustain and shift attention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Impaired judgement of situations and/or persons</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Hypochondriacal pre-occupation with somatic discomfort</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>HAM15. Hyponchondriasis (0-4)</td>
<td></td>
</tr>
<tr>
<td>Self-absorption (bodily)</td>
<td>Absent</td>
</tr>
<tr>
<td></td>
<td>Mild or trivial</td>
</tr>
<tr>
<td>Querulous attitudes</td>
<td>Moderate</td>
</tr>
<tr>
<td>Hypochondriacal delusions</td>
<td>Severe</td>
</tr>
<tr>
<td></td>
<td>Very severe</td>
</tr>
<tr>
<td>HAM17. Insight (0-2)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Loss of insight</td>
</tr>
<tr>
<td></td>
<td>Partial or doubtful loss</td>
</tr>
<tr>
<td></td>
<td>No loss</td>
</tr>
</tbody>
</table>

(Insight must be interpreted in terms of patient's understanding and background).

SECTION D - PHYSICAL EXAMINATION

As I explained earlier, I would now like to carry out a brief physical examination.

Blood pressure should be recorded with the subject sitting with the forearm resting on a horizontal surface after 5 minutes rest.

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systolic Blood Pressure</td>
<td></td>
</tr>
<tr>
<td>Diastolic Blood Pressure</td>
<td></td>
</tr>
</tbody>
</table>

(2 question omitted)

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemiparesis - marked weakness of upper or lower or both limbs of one side</td>
<td>None: 0; Left: 1; Right: 2; Both: 3</td>
</tr>
<tr>
<td>Question</td>
<td>Description</td>
</tr>
<tr>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td>218</td>
<td>Gait abnormal e.g. wide based</td>
</tr>
<tr>
<td></td>
<td>Specify other, e.g. small step untidy.</td>
</tr>
<tr>
<td>219</td>
<td>Mobility - record if he/she needs an artificial aid such as a frame or stick, or needs help of another person</td>
</tr>
<tr>
<td>220</td>
<td>Deafness - record if he/she can hear well or with difficulty (e.g. needs raised voice)</td>
</tr>
<tr>
<td>221</td>
<td>Visual defects - record if unable to see materials or instructions in booklet.</td>
</tr>
<tr>
<td>222</td>
<td>Tremor - (score 1 = mild if tremor present but causes no difficulty with dressing or eating, or gait).</td>
</tr>
<tr>
<td>223</td>
<td>Physical difficulty interfering with manual task e.g. unable to hold pen to write.</td>
</tr>
<tr>
<td>224</td>
<td>Abnormal eye movements e.g. nystagmus.</td>
</tr>
<tr>
<td>225</td>
<td>Shortness of breath at rest?</td>
</tr>
</tbody>
</table>

**INVESTIGATIONS**

At this stage, interviewer should take following blood samples:

- **26** Biochemistry
  - 1.5 mls plasma, orange tube (U+E, Glucose)
  - 2.5 mls serum, white tube (T4, TSH, save serum)

**Genetics**

(for brain bank)

- 3.5 mls plasma, pink EDTA tube (capable of deep freezing)

- 4.5 mls serum, white tube
Blood test results when available are recorded as below:

- Urea
- Sodium
- Potassium
- Bicarbonate
- Glucose
- T4
- TSH
- T3
- Creatinine

Closing statement

As I mentioned earlier, the next stage of our study involves a different sort of interview at Chesterton Hospital. Because it involves computers we would be grateful if you could come to where we have set the machine up. We will arrange transport to take you there and back. If you cannot make it to the hospital we will arrange to visit you here. This is a very important additional source of information for us. Many older people have done these tests before and usually find them interesting and enjoyable.

(Book time)

At end of interview record any relevant observations (after diagnosis section of schedule).
SECTION H - INTERVIEW WITH INFORMANT

Interview to be conducted with a relative, friend or carer concerned with patient who may or may not be living with them.

Questions are organised into headed sections. It may be necessary at the questioner's discretion to introduce each section - for example, "sometimes people lose skills needed for everyday life" with the section on Daily Activities.

Introduction to informant
Thank you for agreeing to see/speak to me. As you know your........ has agreed to help us with our research into health problems of the elderly.

I'm going to ask some questions relating to changes in behaviour and character of ........ They do not always appear in late life and may not be relevant to him/her. But we ask these of everybody because the replies might prove valuable in helping people who do have difficulties.

228 Date of Interview

229 How was interview conducted? Face to face .................1 Telephone .................2

230 Relationship of informant to patient:
Spouse ..................1 In-law (son/daughter) ....5
Sibling ..................2 Friend ......................6
In-law (sister/brother) ..3 Caretaker/warden ........7
Son/daughter ............4 Other ....................8

231 How often do you see him/her? Lives with .................1 Daily .........................2
More than once a week ....3 Weekly ....................4 Monthly .....................5 Yearly ....................6

Informant reliability

At end of interview an assessment should be made according to any available information.

Good informant with good knowledge of subject - 3
Inadequate judgement or candour - 2
Limited knowledge of subject - 1

(All questions to be asked)
HISTORY OF PRESENT DIFFICULTY

PERSONALITY

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>238 Have you noticed any changes in his/her personality, such as the way he/she behaves socially?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**TYPE OF CHANGE MAY BE NOTED HERE**

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>239 Has there been any noticeable exaggeration in his/her normal character?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>240 Has he/she become more changeable in mood?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>241 Has he/she become more (or less) irritable or angry?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>242 Does he/she show less concern for others?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>243 Does he/she get involved in difficult or embarrassing situations in public because his/her behaviour?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

If no personality changes omit next 2 questions and code 999 or 9 below.

<table>
<thead>
<tr>
<th>Question</th>
<th>Duration in months</th>
<th>Option</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>245 How long have these changes been present?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>246 Have these changes developed gradually or did they come on suddenly?</td>
<td>Gradual</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sudden</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>0</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
### MEMORY

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does he/she have more difficulty remembering short lists of items e.g. shopping?</td>
<td>No difficulty ......0</td>
</tr>
<tr>
<td></td>
<td>Slight difficulty...1</td>
</tr>
<tr>
<td></td>
<td>Great difficulty....2</td>
</tr>
<tr>
<td>Does he/she have difficulty remembering recent events e.g. when he/she last saw you, or what happened the day before?</td>
<td>No difficulty ......0</td>
</tr>
<tr>
<td></td>
<td>Slight difficulty ..1</td>
</tr>
<tr>
<td></td>
<td>Great difficulty ..2</td>
</tr>
<tr>
<td>Does he/she have difficulty interpreting surroundings, knowing where he/she is, or discriminating between different types of people, such as doctors, visitors, relatives?</td>
<td>No difficulty ......0</td>
</tr>
<tr>
<td></td>
<td>Slight difficulty ..1</td>
</tr>
<tr>
<td></td>
<td>Great difficulty ..2</td>
</tr>
<tr>
<td>Does he/she have difficulty finding the way about the home (or ward) e.g. finding the toilet?</td>
<td>No difficulty ......0</td>
</tr>
<tr>
<td></td>
<td>Slight difficulty ..1</td>
</tr>
<tr>
<td></td>
<td>Great difficulty ..2</td>
</tr>
<tr>
<td>Does he/she have difficulty finding the way around the neighbourhood e.g. to the shops or post office near home?</td>
<td>No difficulty ......0</td>
</tr>
<tr>
<td></td>
<td>Slight difficulty ..1</td>
</tr>
<tr>
<td></td>
<td>Great difficulty ..2</td>
</tr>
</tbody>
</table>

If no memory problems omit next 2 questions and code 999 or 9 below.

#### How long have these changes been present?
- Duration in months

#### Have these changes developed gradually or did they come on suddenly?
- Gradual
- Sudden
### GENERAL MENTAL FUNCTIONING

254 Has there been a more general decline in his/her mental functioning? e.g. less clear or sharp.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

255 Does he/she tend to talk about what happened long ago rather than in the present?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Sometimes</th>
<th>Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

256 When speaking, does he/she have difficulty finding the right word or use wrong words?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

257 Does he/she seem to find it more difficult to make decisions lately?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

258 Is there a loss of any special skill or hobby he/she could manage before?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

259 Does his/her thinking seem muddled?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

If no mental deterioration omit next 3 questions and code 999 or 9 below

#### EVERYDAY ACTIVITIES

Q.263 to 267. Score if difficulties are not due to physical illness and are judged to be due to cognitive impairment.

263 Does he/she have any difficulty performing common household chores, e.g. can he/she make a cup of tea?

<table>
<thead>
<tr>
<th>No difficulty</th>
<th>Slight difficulty</th>
<th>Great difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

264 Does he/she have more difficulty managing small amounts of money?

<table>
<thead>
<tr>
<th>No difficulty</th>
<th>Slight difficulty</th>
<th>Great difficulty</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
265 Does he/she have difficulty feeding him/herself?

- No difficulty ......0
- Eats messily with a spoon only.........2
- Eats simple solids or biscuits............4
- Has to be fed ..........6

266 Does he/she have difficulty dressing?

- No difficulty ......0
- Occasionally misaligning buttons..............2
- Wrong sequence, often forgets items ......4
- Unable to dress self ..................6

267 Does he/she wet or soil him/herself?

- No .................0
- Wets occasionally ..2
- Wets often ............4
- Doubly incontinent..6

If none of the above present, omit next 2 questions and code 999 or 9 below.

268 How long has this difficulty been present?

- Duration in months [ ] [ ] [ ]

269 Have these difficulties developed gradually or did they come on suddenly?

- Gradual .............0
- Sudden .............1

CLOUDING/DELIRIUM

270 Has there been a sudden worsening towards mental confusion in recent weeks or months, which has continued to the present time?

- No ...............0
- Yes ...............1

If yes or uncertain ASK next 4 questions. If no, code 999 or 9 below.

271 Are there episodes lasting days or weeks when his/her thinking seems quite clear and then becomes muddled?

- No ...............0
- Yes ...............1

272 Are there brief episodes during 24 hours when he/she seems much worse and then times when quite clear?

- No ...............0
- Yes ...............1
<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>273 Is the confusion worse towards dusk or the evening?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>274 How long has this difficulty been present?</td>
<td>Duration in months</td>
<td></td>
</tr>
<tr>
<td>275 Is there a loss of interest or enjoyment in things in general?</td>
<td>No</td>
<td>Yes, to some extent.</td>
</tr>
<tr>
<td>276 Has he/she been inclined to blame herself or feel unusually guilty?</td>
<td>No</td>
<td>Yes, to some extent.</td>
</tr>
<tr>
<td>277 Do you think he/she is depressed?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If no depression, omit next 2 questions and code 999 or 9 below

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>278 How long has this been present?</td>
<td>Duration in months</td>
<td></td>
</tr>
<tr>
<td>279 Did this develop gradually or come on suddenly?</td>
<td>Gradual</td>
<td>Sudden</td>
</tr>
</tbody>
</table>

SLEEP

<table>
<thead>
<tr>
<th>Question</th>
<th>Option 1</th>
<th>Option 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>280 Does he/she have difficulty in getting to sleep?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>281 Is he/she restless or wakeful during the night?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>282 Does he/she wake early in the morning and seem unable to fall asleep again?</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>283 Does he/she tend to get up and wander at night, or any other time?</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If no difficulties omit next 2 questions and code 999 or 9 below
<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Duration in months</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long has this difficulty been present?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did this come on gradually or did it develop suddenly?</td>
<td>Gradual .......</td>
<td>Sudden ...........</td>
</tr>
</tbody>
</table>

**PARANOID FEATURES**

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Duration in months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has he/she complained of being unjustly persecuted or spied on by others?</td>
<td>No ............</td>
<td>Yes ............</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Duration in months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has he/she been troubled by voices or visions not experienced by others?</td>
<td>No ............</td>
<td>Yes ............</td>
</tr>
</tbody>
</table>

**CEREBROVASCULAR PROBLEMS**

If yes to any of the following questions establish how long since first occurrence (in months).

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Duration in months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has he/she ever passed out and then had a brief weakness or difficulty with speech, memory or vision?</td>
<td>No ............</td>
<td>Yes ............</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Duration in months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does he/she have a tendency to fall?</td>
<td>No ............</td>
<td>Yes ............</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Option</th>
<th>Duration in months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has he/she ever had a stroke?</td>
<td>No ............</td>
<td>Yes ............</td>
</tr>
</tbody>
</table>

If any answer is positive - record time (in months) since onset of first symptom. If all answers are no, code 999.

<table>
<thead>
<tr>
<th>Question</th>
<th>Duration in months</th>
</tr>
</thead>
<tbody>
<tr>
<td>How long ago did this first occur?</td>
<td></td>
</tr>
</tbody>
</table>
GENERAL SUMMARY

The next question is aimed at identifying immobility associated with moderately advanced Alzheimer's disease, clouded states or severe depression or changes in gait not due to definable neurological illness.

292 Does he/she have trouble getting about since the above difficulties?  
No ................. 0  
Some difficulty ....1  
Great difficulty ....2  

If no problem has been established anywhere in this section, code 9 above and 999 below. Otherwise say:

You have indicated some changes in Mr./Mrs.________ can you tell me,

What was the first change you noticed in your relative's behaviour?

RECORD ANSWER IN FULL

293 How long ago was that?  
Duration in months

294 When in your judgment was your relative's mental ability last quite normal?  
Duration in months

QUESTIONS PERTAINING TO HIS/HER PAST HEALTH

I would now like to ask you about other aspects of his/her health in the past.

295 Has he/she ever been told by a doctor that he/she had high blood pressure?  
No ................. 0  
Yes ................. 1  

296 Has he/she ever been told by a doctor that he/she had a heart attack?  
No ................. 0  
Yes ................. 1  
More than one ...... 2  

297 Has he/she ever been diagnosed diabetic?  
No ................. 0  
Yes ................. 1
<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
<th>Yes</th>
<th>Type of cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has he/she ever had cancer?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has he/she ever been unconscious after a serious head injury?</td>
<td>No</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 or more</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Age of first episode</td>
<td></td>
</tr>
<tr>
<td>Has he/she ever had fits?</td>
<td>No</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Infantile only</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Past fits</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Current fits</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age of onset</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has he/she ever had thyroid problems or goitre</td>
<td>No</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Has he/she ever had cataract</td>
<td>No</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Has he/she ever had glaucoma</td>
<td>No</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Has he/she had a general anaesthetic in the last 2 years?</td>
<td>No</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>(Code number of anaesthetics (0-7))</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has he/she had a period of hospitalisation in the last 2 years?</td>
<td>No</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>(Code number of admissions 0-7)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has he/she had a nervous or emotional illness requiring treatment?</td>
<td>No</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>(since last seen)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was he/she hospitalized?</td>
<td>No</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
FAMILY HISTORY

Now I would like to ask you about \ldots family and other people who are close to him/her.

S.7. a) Has he/she lost anyone close to him/her in the last year?  
   Bereavement
   No......0  Yes......1  

   b) Close friend or relative moving away or becoming ill.  
   No......0  Yes......1  

Rel  Relationship Code  Brother = 3  
    Sister = 4  
    Son = 5  
    Daughter = 6  

Age  Age at death.

DEMENTIA

In the last 2 years have any members of his/her close family had memory problems, confusion, Alzheimer's Disease or dementia?

   No......0  
   Yes......1  

Ask if any family member has had special difficulty with memory or confusion as they got older. If yes, make further enquiry into symptoms and behaviour and code according to likelihood of the described condition being dementia.

Possible  1  
Probable  2  
Definite  3  
For all others code  9  

<table>
<thead>
<tr>
<th>Name</th>
<th>Rel. Living/dead</th>
<th>Age</th>
<th>Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>--------</td>
<td>------------------</td>
<td>-----</td>
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</tr>
</tbody>
</table>
DIAGNOSIS

This diagnostic section should be completed after completion of subject and informant interviews and before further research investigation.

334a) Primary Psychiatric Diagnosis
(Use CAMDEX diagnostic criteria)

None ..........................00
SDAT ..........................01
Vascular dementia ..............02
SDAT + Vascular dementia ..03
Dementia secondary to
other causes ..................04
Clowned/delirious state....05
Clowned/delirious state +
SDAT ..........................06
Clowned/delirious state +
vascular dementia ..........07
Clowned/delirious state +
other dementia ..............08
Paranoid or paraphrenic
illness .......................09
Depressive illness ..........10
Anxiety or phobic
neurosis ....................11
Paranoid Schizophrenia
.........................12
Other......................13

b) SPECIFY OTHER:

Secondary diagnosis (if present)
(Use CAMDEX criteria and coding from previous question)

335 Clinical estimate of
severity of dementia.
(See CAMDEX guidelines
for severity)

None .......................0
Minimal ....................1
Mild .......................2
Moderate ..................3
Severe ....................4

336 Clinical estimate of
severity of depressive symptoms
(To be assessed irrespective
of diagnosis. No guidelines available)

None .......................0
Minimal ....................1
Mild .......................2
Moderate ..................3
Severe ....................4
337 In interviewer's opinion has the patient an adequate personality (free from any history of neurotic breakdown and without disabling neurotic symptoms or serious social maladjustment)

☐ Adequate ............0
☐ Not adequate........1

338 Recent acute physical illness (i.e. weeks or rarely months duration).

☐ No ......................0
☐ Yes ......................1

(Please specify)

339 McKhann criteria.
(See McKhann et al Neurology (1984) 939-944)

☐ No Alzheimers present.0
☐ Possible Alzheimers ..1
☐ Probable Alzheimers ..2

NB Definite Alzheimers cannot be confirmed at this stage of study

340 Clinical Dementia Rating

☐ None .................00
☐ Questionable .......05
☐ Mild...............10
☐ Moderate..........20
☐ Severe............30