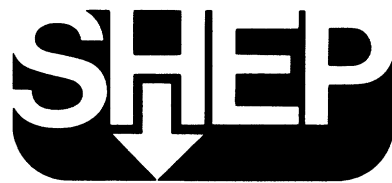


SHEP Behavioral Evaluation Manual
June 1985



Systolic Hypertension in the Elderly Program

SHEP BEHAVIORAL EVALUATION MANUAL

Revised June 1987

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*This chapter included only for centers doing Behavioral Evaluation--Part 11: New York, Portland, Birmingham, Davis, Memphis, St. Louis.

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CHAPTER 1 INTRODUCTION

1.1 Purpose of the Behavioral Component of SHEP

The main purpose of the SHEP study is to evaluate the effects of treating isolated systolic hypertension (ISH) on mortality and morbidity in elderly patients. However, these issues, while essential, do not fully answer the question as to whether it is advisable to treat ISH in the elderly. While a person may, in fact, live longer as a result of some medical intervention, or have some symptoms of a disease controlled by treatment, questions remain as to the quality of that person's life. Certain aspects of quality of life are handled within the medical components of this study, especially in the side effects of medication. Other aspects of quality of life such as change in cognitive status, affective state, ability to perform the activities of daily living, and satisfaction with life will be dealt with by the behavioral evaluation. In addition, a person's social network will be assessed in order to test the hypothesis that social supports are inversely associated with risk of morbidity and mortality.

Many of the factors that affect quality of life are interrelated. For example, a person who exhibits a change in cognitive status and begins to show increasing memory problems, disorientation as to the date, slowed and confused performance on a task that requires a motor sequence, may find it difficult to perform normal activities of daily living. It becomes difficult to cook, to pay bills or balance a checkbook, to go shopping, or to get washed and dressed. Such behavior can lead to increasing social isolation as other people stay

away because the person is unkempt or acting strangely. The person may forget to call family or friends, or stop participating in social activities. Such increasing isolation can make the person even more confused and disoriented.

An increase in depression may also render a person nonfunctional. A depressed person may not be motivated enough to get dressed, to go out shopping, to take care of the house, to see or talk to anybody. Many times the depression will be presented as a series of vague physical complaints--general fatigue, headaches, slowness, or memory problems.

Numerous studies have reported adverse effects of hypertension on behavioral tasks such as response speed (Light 1980; Spieth 1965), performance on subtests of the Wechsler Adult Intelligence Scale (Wilkie and Eisdorfer 1971), and memory function (Pentz et al. 1979). However, these studies have limited applicability to the SHEP study because they have generally included diastolic hypertensives, have not concentrated primarily on an elderly population, and have not had good control over medication effects.

The SHEP study presents an extremely rare opportunity to evaluate the effects of treating ISH on the quality of life in elderly patients. The following questions can be asked:

- a) What are the effects of lowering systolic blood pressure in elderly patients? Will the treated group show improvement in behavioral measures when blood pressure is lowered or do elderly people require a certain level of systolic blood pressure to maintain adequate cerebral perfusion for sustaining cognitive function?

- b) What are the behavioral side effects of the antihypertensive medication? Will the medication cause an increase in depression, or changes in memory or response speed?

1.2 The SHEP Behavioral Evaluation Package

The SHEP behavioral evaluation package includes:

- a) SHORTCARE (reduced to those items required for detecting clinically significant depression and dementia)--SH30
- b) Center for Epidemiologic Studies-Depression Scale (CES-D)--SH30
- c) Activities for Daily Living (ADL)--SH33
- d) Social Network Questionnaire (social support)--SH34
- e) Behavioral Evaluation-Part II (SH35), consisting of:
- questions on anger
 - Trailmaking Task (visual-spatial ability, visual motor tracking)
 - Digit-Symbol Substitution (set-shifting, attention, memory)
 - Addition Task (mental calculations)
 - Finding A's Task (visual selectivity)
 - Boston Naming Task (language)
 - Delayed Recognition Span Task (memory)
 - Quality of Life
 - Activities Scale
 - Letter Sets Task (hypothesis formation and testing)

The SHORTCARE is the instrument used to screen systematically for clinically significant depression and dementia. It will be administered along with the CES-D at baseline prior to randomization, and at all semiannual visits. If a participant reaches criterion score for dementia on the SHORTCARE prior to randomization, that person will be referred back to a physician for judgment as to that person's eligibility for the trial, in light of what is already known about that person. Participants reaching depression criterion score at two consecutive visits will be referred for diagnostic evaluation. Persons reaching criterion score for dementia at two consecutive post-baseline visits will be referred for diagnostic evaluation. (Refer to Chapter 3 for details of the referral process.)

The Activities of Daily Living Questionnaire will be administered at the Baseline Visit 2 and annually, and the Social Network Questionnaire will be administered at the one-month clinic visit and annually.

The Behavioral Evaluation-Part II will be administered at baseline (after randomization), and at all annual visits by six of the seventeen SHEP Clinical Centers.

1.3 Interviewing the Elderly

Much of what will be discussed in this section is appropriate to any interviewing situation. Understanding human development as a continuum renders even the term "elderly" as a relatively arbitrary distinction. There are large individual differences in the rate at which people age and which functions are most affected by the aging process. Therefore, no assumptions should be made about what an elderly person can and cannot do prior to testing. In addition, ratings should be made as objectively as possible, without the thought "Well, he didn't do that badly, considering his age."

a. Establish rapport. Establishing rapport is an essential element in any interview. It is important that you let the participants know that you are interested in them as people as well as subjects in a study. One way to do this is to know the interview well so that you are comfortable enough to look up at participants and make eye contact with them while they are talking to you. You can respond sympathetically to what they are saying. No one wants to report honestly their fears and anxieties to someone whose nose is always buried in his or her papers and who is only worried about what the next question is.

One of the problems of creating a sympathetic, interested environment is that many of these people, grateful for the companionship and interest, may want to talk about everything. It requires a great deal of skill and tact to allow the person to say what he or she wants to and yet to keep control of the interview. One technique, if the person starts to talk about certain disabilities or their family, is to say that there are questions about that a little later in the interview and could we save this discussion for then? You can also tactfully remind them that there is a lot to do, and perhaps if you could get through all of the standard questions, you would love to see photos of three grandchildren in the school play. It would mean a great deal to most of these people if, when the interview was over, you did ask to see those photos.

b. Check for sensory impairment. Do not assume that all elderly people are either deaf or blind. However, certain practices should be followed. Speak clearly and slowly, facing the participant, but do not shout. If the participant has a hearing aid, ascertain whether it is on and working properly. If the participant tells you that one ear is better, then direct your voice to the best ear. Testing should be done in an area without an echo or background noise.

In order for most of the Behavioral Evaluation--Part II to be completed, the participant requires fairly adequate vision. Therefore, make sure that if a participant wears glasses that they are brought along the day of the testing. The testing area should be well-lit, without glare. Extra magnifying glasses may be useful.

c. Understanding the anxieties associated with mental health assessment. Most people are afraid of having their "sanity" questioned, and the elderly of this generation may be very cautious about discussing feelings--especially when they relate to depression and suicide.

Testing cognitive status may also generate a great deal of resistance in the elderly because many of the tasks appear to be like childish games. Playing such games can be demeaning--and especially threatening if the games are difficult for them. Such direct testing may make them fear being labeled "senile."

It is important to assure the participants that the same questions are asked of everyone, that you have to ask every question, and that you would appreciate it if they answered the questions even if they seem silly, redundant, or do not apply to them. In addition, on the cognitive tests it is important to assure them that no one is expected to get everything right, or to finish the task in the specified time limit. Try to reassure them that they have done well after each test. If they get rattled on one test and are not reassured, it can cause self-doubt and anxiety that can impair performance on the rest of the session, or even lead to the termination of the entire testing session.

d. Handling fatigue and boredom. Older participants may not have the attention, concentration, or physical stamina to sustain a long testing situation. You must listen to these complaints, even if they come from boredom or avoidance, for if you continue testing, performance on those tests will not accurately reflect the actual ability of the participant.

Testing should be done in a quiet environment without distractions. If the participant "drifts off" or wanders during a session, call him or her by name or gently tap his or her hand to get their attention. If the person remains tired, you can explain that it will only be a short while more--perhaps 5 or 10 minutes, and could they continue for that period of time. Be honest about how much time is left, and if it is a quantifiable amount of time, they may be able to stick it out, rather than feeling that this will go on forever. If a significant amount of testing remains, it is acceptable to suggest a short break and, if the participant is really exhausted or not feeling well, it may be necessary to complete the session on another day.

CHAPTER 2

SHEP SHORTCARE AND THE CES-D

Form:	SH30, SH36 (Worksheet)
Administered:	Baseline Visit 2, Semiannually

2.1 SHORTCARE Background and Description

The SHEP SHORTCARE is an extremely abbreviated form of the Comprehensive Assessment and Referral Evaluation (CARE), a semi-structured interview designed to assess a wide range of psychiatric, social, and medical problems of the elderly (Gurland et al. 1977-78). The CARE instrument contained 1500 items which were arranged into 38 homogeneous scales.

The SHEP SHORTCARE contains the two diagnostic scales from the original CARE--one for depression and one for dementia. The two diagnostic scales, when used together, have been found to correctly classify 98% of cases of pervasive depression and dementia (Gurland, Golden, and Challop 1981).

The dementia diagnostic scale attempts to operationalize those factors that go into the clinical diagnosis of dementia--that is, impaired cognitive function which interferes with the person's ability to perform the tasks of everyday living. Most of the cognitive items have been taken from the Mental Status Questionnaire--the MSQ (Kahn, Goldfarb, Pollack, and Peck 1960). They cover orientation to time (the current month and year), personal information (age, birthdate, address, telephone number), general information (current and past president), and new learning (the interviewer's name).

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In addition to the MSQ, the hand-ear test involves a number of functions which may be disrupted in a person with cognitive impairment. It requires that the person be able to follow a two-element command such as touching your ear with your hand, that the person be able to distinguish right from left, and that the person be able to cross the body midline (e.g., touch your right ear with your left hand).

The depression diagnostic scale attempts to operationalize those factors that go into the diagnosis of clinical depression. Included in this scale are items which refer to a depressed or worried state for an extended period of time, lack of hope about the future, suicidal thoughts or attempts, and some of the somatic complaints associated with depression--sleep difficulty, fatigue, restlessness, and headaches.

2.1.1 Frequency of SHORTCARE Administration

The SHORTCARE will be administered at Baseline Visit 2 and at semiannual visits (every 6 months). In addition, the SHORTCARE will be administered at other quarterly visits if:

- (1) The SHEP drugs have been stepped up or a new drug started in that quarter, and if that change has not been reversed (i.e., if the participant is still stepped up or on the new drug). In other words, "If the SHEP medications were changed in the past quarter, was the most recent change a start or step up?" This is regardless of the interval from the start/step up to the next quarterly visit. Essentially, this means that all participants will have the SHORTCARE administered at the first quarterly visit, except if they have had their drugs discontinued.

- (2) The participant reached criterion score for depression at the last SHORTCARE evaluation, was not referred for depression at that time, and has not been previously confirmed as having depression.
- (3) The participant reached criterion score for dementia at the last SHORTCARE evaluation, was not referred for dementia at that time, and has not been previously confirmed as having dementia.

2.2 The SHEP SHORTCARE Instrument (Form SH30)

The SHEP SHORTCARE form is divided into three columns. The column on the left contains the "script," i.e., the specific question to be asked by the rater. The middle column contains a statement which summarizes some aspect of the participant's response, and the third column contains the ratings, generally t (true), f (false), r (refused) and n (not asked). The "t" or "f" is circled in response to the statement in the middle column, not the question asked by the rater. Thus, in the first question which asks that the participant repeat the rater's name, if the participant is able to repeat the rater's name, "f" is circled for item 8a because the middle column reads "cannot repeat even rough approximation of rater's name." In general, a "t" rating is an abnormal response.

Use the responses r (refused) and n (not asked), as indicated below:

r = the question was asked, but the participant chooses not to answer by saying something like, "I'd rather not say," or, "Go on to the next one"; also, if the participant terminates the interview after initially providing some information, all subsequent items should be marked "r."

n = permitted at the discretion of the interviewer only if the participant is agitated or upset by a certain series or type of questions, or by the SHORT-CARE interview itself.

If a question is not asked because it is an inappropriate contingency item, they may be left blank. For example, in Item 17, if the participant does not admit to being sad or depressed during the past month (17a=f), then 17b, 17c and 17d may be left blank.

17. Have you been sad or depressed during the past month?	17a. Sad or depressed mood during past month	t	(f)	r	n	**
<u>IF ADMITS TO DEPRESSION:</u> How long does the depression last? Just a few hours at a time or longer than that?	17b. Depression lasts longer than just the occasional few hours	t	f	r	n	**
What time of the day does your depression feel worst?	17c. Depression worst at beginning of day	t	f	r	n	**
Have you felt that life wasn't worth living?	17d. Has felt life wasn't worth living	t	f	r	n	**

Although the questions printed in the left-hand column provide the basic script for the interview, the rater is permitted to rephrase the question if it appears that the participant did not understand the question as it was originally asked. In addition, non-specific, open-ended questions such as "How much? How often? Tell me more about that. What do you mean by . . . ?" are permitted if the rater feels that more information is required or if the participant's answers are unconvincing or contradictory.

The questions in the SHEP SHORT-CARE cover the time period of the past month. The non-specific probe of "Has that happened in the last month?" or "Has that occurred recently?" may be useful. If the reported symptom was intermittent, rate it as positive if it was present for a sufficient time during the past month to constitute a problem, generally as perceived by the participant.

2.3 Specific Instructions for Ambiguous Items

- Item 8 If the participant asks to see the rater's name written, then the rater should comply, but should not give the paper to the participant until after recall has been tested. Also, do not wear a name tag when testing for recall.
- 9 "t" is recorded if participant's stated age is more than one year different from most accurate estimate.
- 10 Stated year of birth should be the same as the most accurate estimate.
- 11a Score "t" if the participant is given a chance to correct a discrepancy, but does not correct the discrepancy.
- 11b Score "t" if the participant is given a chance to correct a discrepancy.
- 11c Score "t" if the participant "corrects" their original response, but there is still a discrepancy.
- 12 "Neighborhood" does not mean "address"; the participant's length of time at his or her present address is asked in Item 14. "Neighborhood" is to be interpreted as "area" or "section of town." This item should be re-phrased if it is confusing to the participant.

It is not acceptable for the participant to know only the date that they moved to their neighborhood. The response must include the length of the (e.g., number of years) in that neighborhood. If the response is a date or year, and not a length of time, the interviewer should ask, "So how long has that been?" The point is that inability to think about duration of time can occur even though the ability to remember a date is retained.

- 14 The same rule regarding dates versus length of time applies to this item--it is not acceptable for the participant to know only the date that they moved to their address. If the response is a date or year, and not a length of time, the interviewer should use probes as for Item 12.
- 16 In terms of depressive symptoms, do not count worries about civic concerns or politics, or common or nonspecific concerns. We are really trying to get at something that might be on that person's mind. Do not probe too hard, or the participant may back off. In response to the first question, if the participant does not spontaneously (without probing) mention any specific worries, then Item #16a is false. Do not use the probes provided unless they indicate that they really do not worry about anything. If the participant spontaneously mentions worries, then the probes are not necessary. If the participant spontaneously mentions worries, or indicates worries on probing, ask the follow-up question, "Do you worry about almost everything?"

- 17 In the follow-up questions, be sure to use their word for their feelings--if they use "sad" or "blue," for example, then use "sad" or "blue" in the follow-ups.
- 18 Do not count an isolated incident, such as crying at the end of a sad movie, unless the participant indicated that it was upsetting for personal reasons.
- 19 Participants may respond to this question by saying "I'll be dead" or "I'm going to die." The appropriate probe here would be, "If you are alive, what are your hopes for the future?" If the participant seems confused regarding what is meant by a "hope," the interviewer should ask something like, "Is there anything that you are looking forward to?" or any phrasing that will elicit information on the degree of optimism or pessimism. We are looking for an attitude about the future as somehow being worse. If the participant really avoids talking about the future (e.g., "I really don't think about it."), score "0."
- 20 If specific suicidal methods or an attempt is reported, write down that information because of its possible clinical importance.
- 23 If the participant indicates that they have not been having trouble sleeping because they are taking some drug to help them sleep. This includes any sedative or hypnotic taken at night as well as valium or alcohol if used to promote sleep. It also included anything that the participant perceives as helping them sleep, e.g., aspirin or skim milk. It does not include medications taken to relieve medical problems, e.g., antihistamines for sinus problems. Record 23b as "t," and ask the follow-up question on depression.

- 25 The rater should use the best information he or she has on memory problems--do not use an informant's opinion. Half of the people with memory impairment do not report it. Memory problems are not limited to those listed in 25b, but include anything that the participant perceives as a problem.
- 26 The participant must remember the rater's last name, not the rater's first name.
- 27 Ask both for the current president of the U.S. and the president before him. When asking for the past president, include the correct name of the current president.
- 30 Remember that we are looking for recent changes (in the past month). We are not looking for "As I get older, I slow down." Include injuries such as fractures, etc., if they have caused "slowing down."
- 33 The participant must remember the rater's last name, not the rater's first name.
- 34 Include sinus headaches.
- 37 Implies enjoyment compared to some time ago, such as in Item #36 (say a few years ago).
- 40 The term "help" refers to assistance or joint effort; the term "prepare" indicates that the person manages without any assistance. This item is sex-biased in that some men report that "Their wives never let them in the kitchen." In such cases, attempt to ascertain if they would go without food if their spouse were away or ill. Use informant information, if available.

42 Personal business refers to paying bills, banking, balancing a checkbook, handling money (making correct change).

40,42,43, These questions require that the rater use his or her judgment. They served multiple purposes in the original CARE interview, especially in assessing physical disability and use of outside services. However, here we are concerned with those activities that cannot be done due to cognitive impairment. It is not always easy to tell whether a problem is due to physical or cognitive problems. On the whole, it is safer to record any report of difficulty with activities unless the cause is obviously physical--e.g., a broken leg. For items relating to cooking, shopping, etc., the rater should probe as to whether the person could do these things if they had to. Informant information may be used for these items, and can be very important.

2.4 CES-D--Feelings During the Past Week

Also included on the SH30 is a 20-item series (#47-66) on feelings during the past week. This is not part of the original SHORTCARE, but is the Center for Epidemiologic Studies-Depression Scale (CES-D).

Obtain this information only from the participant--not from a proxy. Read each item in this series as written, including the response categories. For example, "During the past week, I was bothered by things that usually don't bother me. Did you feel that way rarely or none of the time, some of the time, most of the time, or all of the time?" Always use the response card provided in this manual. Discontinue reading the entire set of responses whenever the participant provides the response to that item before you are finished. On the next item, however, again begin to read the entire set of responses.

Should the participant ask about the meaning of an item or try to qualify an item, simply repeat the item. For example, Participant: "What do you mean by bothered?" Interviewer: "I was bothered by things that usually don't bother me. Did you feel that way . . . ?" Should the participant still ask about the meaning or say that he doesn't understand, code "DK."

Should the participant ask about the meaning of a response, use the following definitions:

Rarely or none of the time	=	Less than 1 full day
Some of the time	=	1-2 days
Much of the time	=	3-4 days
Most or all of the time	=	5-7 days

Use the responses REF (Refused), and DK (Don't Know), as indicated below:

REF = The question was asked, but the participant chooses not to answer by saying something like, "I'd rather not say," or, "Go on to the next one."

DK = The question was asked, but the participant does not know, does not remember, or does not understand.

Since this scale is intended to measure recent mood, it is very important to remind the participant that the items refer only to the past week, i.e., the past 7 days. (The day of the interview counts as the first day.)

Add the scores in each of the first 4 columns. (Codes for REF and DK are not counted as part of the score.) Add the four-column subtotals to obtain the total score, Item 67. If each item has been answered, the total score will be 20 to 80.

2.5 Scoring the SHORTCARE (Worksheet SH36)

2.5.1 Dementia diagnostic scale. The items used in the dementia diagnostic scale are marked by a single asterisk (*). Those items marked "t" receive a point. In addition, multiple items from the interview may be combined to determine one item on the dementia scale. There are 9 possible points on the dementia scale, but 18 items from the SHORT-CARE interview are used to determine those points. The higher the score on the dementia scale, the more likely a diagnosis of dementia is. However, when used as a screening test as in this study, the dementia scale is treated dichotomously; people who score between 0-3 points are considered to be non-cases, and those who score 4 or more on two consecutive post-baseline evaluations are considered to be possible cases of pervasive dementia.

2.5.2 Depression diagnostic scale. The items used in the depression diagnostic scale are marked by double asterisks (**). In most cases those items which are marked "t" receive a point. On the four scale items where numerical values are used, the actual numerical value is counted as the number of points given for three of the items (19, 20, 22), and a point is given for a numerical value of 3 or 4 on Item 38a. There are 26 possible points on the depression scale. The higher the score on the depression scale, the more likely a diagnosis of depression is. However, the depression scale is treated dichotomously for screening purposes; people who score 0-6 are considered to be non-cases, and those who score 7 or more on two consecutive evaluations are considered to be possible cases of pervasive depression.

SHEP SHORT-CARE FORM

Name: _____

1. SHEP ID: [] - [] - []

2. Acrostic: []

3. Date of clinic visit: [] [] []
Month Day Year

4. Sequence #: []

5. Date of SHORTCARE evaluation: [] [] []
Month Day Year

RECORD THE FOLLOWING PRIOR TO CLINIC VISIT:

Participant's Year of Birth according to most accurate estimate: [] [] [] [] [] []

Most Accurate Estimate of Participant's Age: [] [] [] [] [] []

Participant's Telephone Number: [] [] [] [] [] [] - [] [] [] [] [] [] [] []
 No Telephone

Participant's Home Address: _____

RESULT OF THIS SHORTCARE EVALUATION:

6. a. Total Score #1 = []

b. Total Score #2 = []

At Baseline Visit 2, participants reaching a Total Score #1 of 4 or more (criterion score for dementia) must be referred to a Clinic physician for eligibility determination. Participants reaching a Total Score #1 of 4 or more (criterion score for dementia) on two consecutive post-baseline evaluations should be referred for further diagnostic evaluation of dementia.

Participants reaching a Total Score #2 of 7 or more (criterion score for depression) on two consecutive evaluations should be referred for further diagnostic evaluation of depression. At the first quarterly visit, the determination of "two consecutive" should be made using the baseline and first quarterly scores.

Participant referred for (check all that apply):

- c. Dementia evaluation (SH31) Yes 1 No 2
- d. Depression evaluation (SH32) Yes 1 No 2
- e. Other referral for evaluation or treatment (describe in Comments, Item 7a) Yes 1 No 2

7. a. Comments on this evaluation: _____

b. Interviewer: _____
Signature

[]
Code

8. I'd like you to remember my name. My name is (<u>LAST NAME ONLY</u>). <u>REPEAT 3 TIMES IF NECESSARY.</u> Can you repeat that please?	8a. Cannot repeat even rough approximation of rater's name t f r n
9. How old are you?	9a. Stated age <input type="text"/> 9b. States does not know or does not complete reply t f r n * 9c. Stated age different by more than one year from most accurate estimate t f r n *
10. So what year were you born?	10a. Stated year of birth <input type="text"/> 10b. States does not know or does not complete reply t f r n * 10c. Stated birth year different from most accurate estimate t f r n *
11. <u>ADD STATED AGE TO STATED BIRTH YEAR. IF SUM DIFFERS BY 2 OR MORE YEARS FROM CURRENT YEAR, ASK:</u> That doesn't seem to come out right when I add it up. Can you help me?	11a. Discrepancy between stated birthdate and stated age which is not corrected by subject t f r n * 11b. Shows marked uncertainty about age and birthdate t f r n * 11c. Either stated birthdate or stated age or both are obviously wrong t f r n *
12. How long have you been living in this neighborhood?	12a. States does not know or does not complete reply t f r n *
13. What is your home address? (<u>IF NOT STATED COMPLETELY, ASK:</u>) What is the house number? What town or city is it in?	13a. States does not know house number and/or town or does not complete reply t f r n * 13b. Gives incorrect or incomplete house number and/or town (not counting zip code) t f r n *
14. How long have you lived at this address?	14a. States does not know or does not complete reply t f r n *

Data Entry: t=1 f=2 r=7 n=8

15. Do you have a telephone? <u>IF YES:</u> What is your telephone number?	15a. Does have a telephone 15b. States doesn't know, or does not complete reply, or refers to record 15c. Gives incorrect or incomplete phone number	t f r n t f r n t f r n
16. What kind of things do you worry about? <u>PAUSE. IF WORRIES NOT MENTIONED SPONTANEOUSLY, ASK:</u> Do you worry about your health? Money? Housing problems? Anything else? <u>IF MENTIONS WORRIES:</u> Do you worry about almost everything?	16a. Admits to worrying without further probing 16b. Worries about almost everything	t f r n ** t f r n **
17. Have you been sad or depressed during the past month? <u>IF ADMITS TO DEPRESSION:</u> How long does the depression last? Just a few hours at a time or longer than that? What time of the day does your depression feel worst? Have you felt that life wasn't worth living?	17a. Sad or depressed mood during past month 17b. Depression lasts longer than just the occasional few hours 17c. Depression worst at beginning of day 17d. Has felt life wasn't worth living	t f r n ** t f r n ** t f r n ** t f r n **
18. Have you cried at all? <u>IF NO CRYING:</u> Have you felt like crying even though you did not?	18a. Has cried 18b. Has felt like crying but did not	t f r n ** t f r n **
19. How do you feel about your future? What are your hopes for the future?	19a. Is not pessimistic about future . . . 0 Is pessimistic about the future or has empty expectations . . . 1 Mentions that the future looks bleak or unbearable . . . 2	<input type="checkbox"/> r n **

Data Entry: t=1 f=2 r=7 n=8

<p>20. In the past month have you at any time felt that you'd rather be dead or felt that you wanted to end it all?</p> <p><u>IF YES:</u> Did you think of doing anything about it yourself? How often do you think about it?</p> <p>What did you plan to do? Did you actually try anything? What did you do?</p>	<p>20a. Has not wished to be dead . . . 0 <input type="checkbox"/> r n **</p> <p>Has wished to be dead but rejects suicide . 1</p> <p>Has considered suicide, but suicidal thoughts are fleeting . . . 2</p> <p>Has seriously considered a method of suicide but has not attempted it. 3</p> <p>Has attempted suicide 4</p>
---	---

<p>21. When did you last feel happy?</p>	<p>21a. Does not mention feeling happy in the last month t f r n **</p>
--	---

<p>22. Do you feel happy about yourself as a person?</p> <p><u>IF NO:</u></p> <p>Do you have regrets about your life?</p> <p>Do you blame yourself for anything?</p> <p>What?</p>	<p>22a. Does not mention regrets or self-blame 0 <input type="checkbox"/> r n **</p> <p>Mentions regrets about past which may or may not be justifiable . 1</p> <p>Obvious and unjustifiable self-blame over past or present misdeeds . 2</p>
---	---

<p>23. Have you had trouble sleeping over the past month?</p> <p><u>IF NO, ASK:</u></p> <p>Have you been taking anything to help you sleep?</p> <p><u>IF ADMITS TO SLEEP DIFFICULTY OR TAKING NIGHT SEDATIVES, ASK:</u></p> <p>Is it because you feel tense or depressed?</p>	<p>23a. Trouble falling or staying asleep t f r n</p> <p>23b. Taking medication for sleep t f r n</p> <p>23c. Difficulty is due to altered moods or thoughts, or tension t f r n **</p>
---	---

Data Entry: t=1 f=2 r=7 n=8

<p>24. Do you wake very early in the morning? (Is that normal for you?) Can you get back to sleep?</p> <p>When you get up in the morning do you feel you have had enough sleep?</p>	<p>24a. Awakes about 2 hours or more before normal time of awakening and cannot go back to sleep</p>	<p>t f r n</p>
	<p>24b. Wakes up feeling tired</p>	<p>t f r n</p>
<p>25. Have you had any difficulty with your memory?</p> <p><u>IF YES:</u> What kind of things do you forget? Do you forget things you have just read or heard?</p>	<p>25a. Claims difficulty with memory</p>	<p>t f r n</p>
	<p>25b. Forgets what is attending to or has just attended to in TV, reading, radio, talking</p>	<p>t f r n</p>
<p>26. Do you remember my name? What is it? <u>IF INCORRECT:</u> Well, I'll ask you again very soon. Remember my name is <u>(LAST NAME ONLY) REPEAT 3 TIMES IF NECESSARY.</u></p>	<p>26a. Does not recall even rough approximation to rater's name</p>	<p>t f r n *</p>
<p>27. What is the name of the President of the U.S.?</p> <p>What was the name of the President before _____? (Say current President's name.)</p>	<p>27a. Does not recall name of President</p>	<p>t f r n *</p>
	<p>27b. Does not recall name of previous President</p>	<p>t f r n *</p>
<p>28. What is today's date?</p> <p><u>IF NOT MENTIONED SPONTANEOUSLY, ASK:</u></p> <p>What month is it? (ALLOW ERROR OF 1 WEEK, e.g., MAY IN FIRST WEEK OF JUNE)</p> <p>What year is it? (ALLOW ERROR OF 1 MONTH, e.g., 1980 IN JANUARY 1981)</p>	<p>28a. States does not know month or does not complete reply</p>	<p>t f r n *</p>
	<p>28b. Gives incorrect month</p>	<p>t f r n *</p>
	<p>28c. States does not know year or does not complete reply</p>	<p>t f r n *</p>
	<p>28d. Gives incorrect year</p>	<p>t f r n *</p>
<p>29. Recently, have you felt as if you do not have enough energy?</p>	<p>29a. Listlessness, subjective restriction of energy</p>	<p>t f r n **</p>
<p>30. Do you feel that you have become slowed down in your physical movements?</p>	<p>30a. Has become subjectively slowed down in movements</p>	<p>t f r n **</p>

Data Entry: t=1 f=2 r=7 n=8

Revised August 1988 - M00

31.	Have you been doing more, less, or about the same as usual? Is there any time of the day when you feel slower and less energetic? Have you actually been sitting around a lot because of lack of energy?	31a. Doing less than usual	t	f	r	n	**
		31b. Slowness or anergia worst in mornings	t	f	r	n	**
		31c. Sits or lies around because of lack of energy	t	f	r	n	**

32.	Do you get restless?	32a. Admits to being restless	t	f	r	n	
-----	----------------------	-------------------------------	---	---	---	---	--

IF PREVIOUSLY DID NOT RECALL RATER'S NAME:

33.	Do you remember my name?	33a. Did not previously and does not recall even rough approximation of rater's name	t	f	r	n	
-----	--------------------------	--	---	---	---	---	--

34.	Do you have headaches?	34a. Describes any headache	t	f	r	n	**
-----	------------------------	-----------------------------	---	---	---	---	----

35.	What have you enjoyed doing in the past month?	35a. Almost nothing enjoyed	t	f	r	n	**
-----	--	-----------------------------	---	---	---	---	----

36.	Do you spend as much time doing things you enjoy as you used to (say a few years ago)?	36a. Less time spent in usual interests or activities	t	f	r	n	**
-----	--	---	---	---	---	---	----

37.	When you do things for enjoyment, do you have the same interest in them as you used to have?	37a. Less interest or enjoyment in activities	t	f	r	n	
-----	--	---	---	---	---	---	--

IF NO:

Why is that?

Is it because you're too depressed or nervous?

37b. Too depressed or nervous	t	f	r	n	**
-------------------------------	---	---	---	---	----

38.	In general, how happy are you?--very happy, fairly happy, not very happy, or not happy at all?	38a. Very happy	1	<input type="checkbox"/>	r	n	**
		Fairly happy	2				
		Not very happy	3				
		Not happy at all	4				

Data Entry: t=1 f=2 r=7 n=8

39. Have you felt lonely in the past month?	39a. Feels lonely	t f r n
<u>IF FEELS LONELY:</u> How often have you felt this way?	39b. Often feels lonely	t f r n

40. How much of the cooking and preparation of meals do you do yourself? Is that without any help from anyone else?	40a. All or almost all by self	1	<input type="checkbox"/>	r n
	Most by self, others do rest	2		
	Some by self, others do rest	3		
<u>IF HELPED:</u> What help do you get? What do they do?	Almost nothing by self but participates with assistance or supervision	4		
<u>IF DOES NOTHING BY SELF:</u> Do you <u>help</u> with anything?	Almost nothing by self, other do all of it	5		

41. Please place your hands on your knees. Please touch: your Right ear with your Right hand; your Right ear with your Left hand; your Left ear with your Right hand.	41a. One or more incorrectly performed maneuvers	t f r n
---	--	---------

42. Do you have any problems (difficulty) handling your financial matters and personal business by your self?	42a. Has problems handling personal business by self	t f r n
---	--	---------

43. Do you do all of your own shopping without any help from anyone else?	43a. All or almost all shopping by self	1	<input type="checkbox"/>	r n
	Light shopping by self, other help with heavy packages only	2		
<u>IF HELPED:</u> What help do you get? What do they do? Can you manage small packages yourself? Do you go to the store with them?	Only some light shopping by self, others do rest or does all shopping by telephone	3		
<u>IF DOES NO SHOPPING:</u> Do you help with the ordering or make out the list?	Almost no shopping by self, but does participate with ordering or going to store	4		
	No shopping or ordering by self, others do it	5		

Data Entry: t=1 f=2 r=7 n=8

<p>44. How many light chores do you do by yourself? Is that without any help from anyone else?</p> <p><u>IF HELPED:</u> What help do you get? What do they do</p> <p><u>IF DOES NO CHORES BY SELF:</u> Do you <u>help</u> with any of these chores?</p>	<p>44a. All or almost all light chores by self 1 <input type="checkbox"/> r n</p> <p>Many light chores by self, others do rest 2</p> <p>Few light chores by self, others do the rest 3</p> <p>Almost no light chores by self, but participates with assistance or supervision 4</p> <p>Almost no light chores or participation by self, others do them 5</p>
---	--

<p>45. What heavy chores do you do yourself? Is that without any help from anyone else?</p> <p><u>IF HELPED:</u> What help do you get? What do they do?</p> <p><u>IF NO CHORES BY SELF:</u> Do you <u>help</u> with any of these chores?</p>	<p>45a. All or almost all heavy chores by self 1 <input type="checkbox"/> r n</p> <p>Many heavy chores by self, others do the rest 2</p> <p>Few heavy chores by self, others do the rest 3</p> <p>Almost no heavy chores by self, but participates with assistance or supervision 4</p> <p>Almost no heavy chores or participation by self, others do them 5</p>
--	--

<p>46. Do you have any problems or difficulty in getting dressed/ putting on outdoor clothes?</p>	<p>46a. Has problem or difficulty in basic dressing t f r n</p>
---	---

Data Entry: t=1 f=2 r=7 n=8

Interviewer: Give participant response sheet.

"Now I have some questions about your feelings during the past week. For each of the following statements, please tell if you felt that way: Rarely or none of the time; some of the time; much of the time; most or all of the time."

	<u>Rarely or none of the time</u>	<u>Some of the time</u>	<u>Much of the time</u>	<u>Most or all of the time</u>	<u>R E F.</u>	<u>DK</u>
47. During the past week, I was bothered by things that usually don't bother me. Did you feel that way . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
48. During the past week, I did not feel like eating: my appetite was poor. Did you feel that way . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
49. During the past week, I felt that I could not shake off the blues even with help from my family and friends. Did you feel that way . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
50. I felt that I was just as good as other people. Did you feel that way . . .	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
51. I had trouble keeping my mind on what I was doing. Did you feel that way . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
52. During the past week, I felt depressed. Did you feel that way . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
53. I felt that everything I did was an effort. Did you feel that way . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
54. I felt hopeful about the future. Did you feel that way . . .	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8

	<u>Rarely or none of the time</u>	<u>Some of the time</u>	<u>Much of the time</u>	<u>Most or all of the time</u>	<u>R E F.</u>	<u>DK</u>
55. During the past week, I thought my life had been a failure. Did you feel that way . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
56. I felt fearful. Did you feel that way . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
57. My sleep was restless. Did you feel that way . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
58. During the past week, I was happy. Did you feel that way . . .	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
59. It seemed that I talked less than usual. Did you feel that way . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
60. I felt lonely. Did you feel that way . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
61. During the past week, people were unfriendly. Did you feel that way . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
62. I enjoyed life. Did you feel that way . . .	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
63. I had crying spells. Did you feel that way . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
64. During the past week, I felt sad. Did you feel that way . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
65. I felt that people disliked me. Did you feel that way . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
66. I could not get going. Did you feel that way . . .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
67. Total Score	_____	+ _____	+ _____	+ _____	=	<input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>

Sum the scores in each of the first four columns. Add the four subtotals together to obtain the total score.

Questions 68-70 for interviewer only.

68. Were all items in this questionnaire read, or was the questionnaire not completed? All questions read 1
Not completed, at participant's request 2
Not completed, at interviewer's initiative 3
69. How would you rate the overall validity of the responses that were obtained? Very good 1
Good 2
Fair 3
Poor 4
Very poor 5
- 70a. Did anything in particular contribute to non-completion or adversely affect the overall quality of the interview? Go to 70b ← Yes 1
Go to **END** ← No 2
- b. Hearing problem? Yes 1 No 2
- c. Language difficulty? Yes 1 No 2
- d. Mental confusion? Yes 1 No 2
- e. Hostile attitude? Yes 1 No 2
- f. Lack of interest? Yes 1 No 2
- g. Fatigue? Yes 1 No 2
- h. Participant's proxy? Yes 1 No 2
- i. Noise, interruptions? Yes 1 No 2
- j. Time pressure? Yes 1 No 2
- k. Other? (Specify: _____) Yes 1 No 2

END

Finish conversations that may have been side-tracked earlier in the interview. Thank the participant for his or her cooperation.

Return to page 1 and complete Items 6 and 7.

SHORT-CARE SCORING SHEET

SHEP ID: _____

Acrostic: _____

Date: _____

Score #1 (*)

- | | | | |
|----|--|---------------------------------------|-------|
| 1. | If 9b or 9c is <u>t</u> , score <u>1</u> point. | Doesn't know age. | _____ |
| 2. | If 10b or 10c is <u>t</u> , score <u>1</u> point. | Doesn't know year of birth. | _____ |
| 3. | If 11a, 11b or 11c is <u>t</u> , score <u>1</u> point. | Discrepancy, age and birth date. | _____ |
| 4. | If 13a or 13b is <u>t</u> , score <u>1</u> point. | Doesn't know address. | _____ |
| 5. | If 12a or 14a is <u>t</u> , score <u>1</u> point. | Doesn't know how long at address. | _____ |
| 6. | If 26a is <u>t</u> , score <u>1</u> point. | Doesn't know rater's name--first try. | _____ |
| 7. | If 27a or 27b is <u>t</u> , score <u>1</u> point. | Doesn't know President. | _____ |
| 8. | If 28a or 28b is <u>t</u> , score <u>1</u> point. | Doesn't know month. | _____ |
| 9. | If 28c or 28d is <u>t</u> , score <u>1</u> point. | Doesn't know year. | _____ |

Total score #1 (transfer to SH30, Item 6a) _____

PLEASE TURN PAGE OVER FOR SCORE #2.

Score #2 (**)

- | | | |
|---|---|-------|
| 1. If 16a is <u>t</u> , score <u>1</u> point. | Admits to worrying without probing. | _____ |
| 2. If 16b is <u>t</u> , score <u>1</u> point. | Worries about almost everything. | _____ |
| 3. If 17a is <u>t</u> , score <u>1</u> point. | Sad or depressed in last month. | _____ |
| 4. If 17b is <u>t</u> , score <u>1</u> point. | Lasting depression. | _____ |
| 5. If 17c is <u>t</u> , score <u>1</u> point. | Depression worst in morning. | _____ |
| 6. If 17d is <u>t</u> , score <u>1</u> point. | Has felt life isn't worth living. | _____ |
| 7. If 18a or 18b is <u>t</u> , score <u>1</u> point. | Has cried, or felt like crying. | _____ |
| 8. Enter number in space
after question 19 (blank is scored <u>0</u>). | | _____ |
| 9. Enter number in space
after question 20 (blank is scored <u>0</u>). | | _____ |
| 10. If 21a is <u>t</u> , score <u>1</u> point. | Not happy in past month. | _____ |
| 11. Enter number in space
after question 22 (blank is scored <u>0</u>). | | _____ |
| 12. If 23c is <u>t</u> , score <u>1</u> point. | Sleep disorder due to moods, tension. | _____ |
| 13. If 29a is <u>t</u> , score <u>1</u> point. | Restriction of energy. | _____ |
| 14. If 30a is <u>t</u> , score <u>1</u> point. | Slowed down in movements. | _____ |
| 15. If 31a or 31c is <u>t</u> , score <u>1</u> point. | Doing less than usual. | _____ |
| 16. If 31b is <u>t</u> , score <u>1</u> point. | Slowness worst in mornings. | _____ |
| 17. If 34a is <u>t</u> , score <u>1</u> point. | Describes headaches. | _____ |
| 18. If 35a is <u>t</u> , score <u>1</u> point. | Almost nothing enjoyed in past month. | _____ |
| 19. If 36a is <u>t</u> , score <u>1</u> point. | Less time spent in usual activities. | _____ |
| 20. If 37b is <u>t</u> , score <u>1</u> point. | Less interest or enjoyment due
to depression or nervousness. | _____ |
| 21. If number in space after 38a
is <u>3</u> or <u>4</u> , score <u>1</u> point. | | _____ |

 Total score #2 (transfer to SH30, Item 6b) _____

Rarely or none of the time

Some of the time

Much of the time

Most or all of the time

CHAPTER 3
DIAGNOSTIC CRITERIA FOR DEMENTIA AND DEPRESSION

3.1 Dementia and Depression Referrals

The dementia and depression scales are used as a screening tool to identify those participants who require diagnostic evaluation.

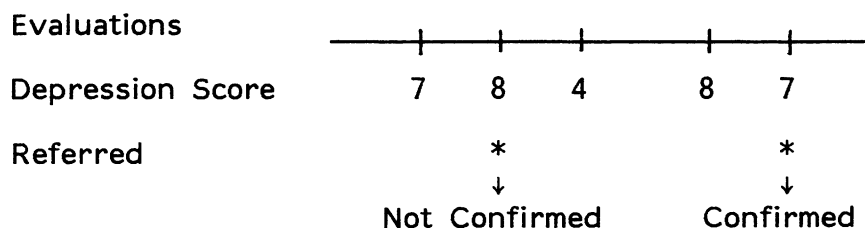
If a SHEP participant reaches a score of 4 or more points on the SHORTCARE dementia scale (Total Score #1) on two consecutive post-randomization evaluations, he or she should be referred to a specially trained SHEP MD, a psychiatrist or neurologist for further evaluation. Participants referred and confirmed as having dementia do not need to be referred again if subsequent SHORTCARE dementia scores are 4 or more. "Confirmed" means that the DSM III criteria listed on the SH31, page 8, Items 65-69, are all answered "Yes." Otherwise, participants should continue to be referred for further dementia evaluation each time that the criterion score of 4 or more is met on two new consecutive evaluations:

Evaluations	————— ————— ————— ————— —————				
Dementia Score	2	5	4	5	4
Referred			*		*
			↓		↓
			Not		Confirmed
			Confirmed		

Participants who are confirmed as having dementia must still be followed for the depression endpoint via the SHORTCARE and, if the criteria listed below are met, referred for depression evaluation. If subsequent dementia criterion scores are met at semiannual evaluations, the extra quarterly SHORTCARE administration is not required for the purposes of dementia evaluation.

If a participant qualifies for dementia referral, but refuses the evaluation, then two new dementia criterion scores will be needed for additional dementia referrals.

If a participant reaches a score of 7 or more on the SHORTCARE depression scale (Total Score #2) on two consecutive evaluations, he or she should be referred to a psychologist or psychiatrist for further evaluation. "Two consecutive" includes the "Baseline Visit 2 and three-month visit" sequence. Participants referred and confirmed as being depressed do not need to be referred again if subsequent SHORTCARE depression referral criteria are met. "Confirmed" means that the local psychologist/psychiatrist agrees that the participant is depressed (SH32 #10 is "Yes"). Otherwise, participants should continue to be referred for further evaluation each time that the criterion score of 7 or more is met on two new consecutive evaluations:



Participants who are confirmed as depressed must still be followed for the dementia endpoint via the SHORTCARE and, if the dementia criterion score is met on two consecutive evaluations, referred for dementia evaluation. If subsequent depression criterion scores are met at semiannual evaluations, the extra quarterly SHORTCARE administration is not required for the purposes of depression evaluation.

If a participant qualifies for depression referral, but refuses the evaluation, then two new depression criterion scores will be needed for additional depression referrals.

If the participant does not meet qualifications for referral, but is exhibiting behavior that, in the SHEP clinician's judgment, is consistent with depression or dementia, the participant should be referred to their private physician for the problem. Only when a participant qualifies for referral as described above (two consecutive criterion scores) should they be referred for SHEP endpoint evaluation.

Form SH31 (Diagnostic Criteria for Dementia) or SH32 (Diagnostic Criteria for Depression) should be forwarded to the mental health professional relevant to the corresponding diagnosis on the SHORTCARE scales.

3.1.1 Approaching Participants about Referrals

When approaching participants about dementia or depression referrals, it may be helpful to approximate the following "script":

"A number of patients in the SHEP clinical trial are selected to see another physician (i.e., psychologist, psychiatrist, neurologist, depending on who the consultant is)."

"This referral is part of our protocol for the SHEP study and allows us to collect additional information on certain participants."

This is all that should be said to the participant unless the participant asks for further reasons why they are being referred. If they ask, it is recommended that they be told something like the following:

"Some answers on the forms that I filled out need to be checked by our consultants. Some of our consultants are specialists in (psychology, psychiatry, neurology)."

3.2 Forwarding of Completed Referrals to the Coordinating Center

A completed referral for depression includes only the completed Depression Referral Form SH32. The original white copy should be sent to the Coordinating Center.

A completed referral for dementia includes the following:

- Completed Dementia Referral Form SH31. The original white copy should be sent to the Coordinating Center. Be sure to include the last page of the SH31, which includes the copied diagram and a sentence by the participant.

- If required, a CT scan film with a CT Coding Form for Dementia, SH16 (Items 1 through 5 on the SH16 should be completed, similar to the CT Coding Form for Stroke, SH14)
- Copies of other pertinent records may be included but are not required

The completed referrals should be packaged upon completion and sent to Ms. Terri Henry at the Coordinating Center. Please use the usual batch sheet for sending hardcopy forms separate from your usual shipment of data-entered hardcopy forms to the Coordinating Center.

3.3 Diagnostic Evaluation for Dementia--the SH31

2b. The person carrying out the examination should be the SHEP physician who attended the Dementia Evaluation Orientation Session in Chicago in December 1986. Those physicians are listed in Table 3-1 on the following page; anyone on this list is considered for the purpose of the SH31 #2b as a "trained SHEP MD," including neurologists and psychiatrists who were at the orientation session. If it is not possible for the trained MD to do the evaluation, it may be done by another SHEP neurologist or SHEP psychiatrist who did not attend the session in Chicago. In rare cases when this, too, is not possible, the evaluation may be done by another SHEP MD, provided that the completed forms are reviewed by a SHEP neurologist or psychiatrist.

TABLE 3-1

SHEP Doctors Attending
Dementia Evaluation Orientation Session
Chicago, December 1986

<u>SHEP Clinic</u>	<u>Trained SHEP MD</u>
Einstein	Howard Crystal, MD (neurologist)
Emory	Dallas Hall, MD
Kaiser	George Barton, MD (neurologist)
Miami	Zoraida Stager, MD
Chicago-St. Joseph	George Keufner, MD
Chicago-Northwestern	Flora Gosch, MD
MRI-San Francisco	Philip Frost, MD
UMDNJ-Rutgers	
Birmingham	E.E. Eddleman, Jr., MD
Davis	Philip Weiler, MD
Honolulu	Anthony Holzgang, MD
Lexington	John C. Wright, MD
Minneapolis	Richard Grimm, MD, Ph.D.
Pittsburgh	Mary Ganguli, MD (psychiatrist)
Memphis	Stephen Miller, MD
St. Louis	John Morris, MD (neurologist)
	Greta Camel, MD
Yale	Samuel Bridges, MD (neurologist)

DEMENTIA EVALUATION HISTORY I

3. Check all persons interviewed. Interviews with people other than the patient are recommended to judge deterioration, baseline intellectual ability, course of dementia, alcohol use and other aspects of the medical history.

4. Educational History--list the last grade attended in school as well as whether they graduated. "Grade school" should be interpreted as "through 8th grade." If unknown, fill in Item 4a as "99" and check "Unknown" in Item 4b.

5. This question requires some judgment of the patient's former level of functioning based on employment history, education history and life activities. Of course, someone may well have had a normal intelligence or better and have dropped out of grade school and does menial labor. Usually some clue is available in their other activities or what they were able to learn outside of school. For example, the interviewer may want to probe using questions such as the level of supervision in a particular job, or the technical aspects of outside interests, or the level of achievement in any competitive activity.

7. It is best to ask for the general category and then focus on specific symptoms. Be sure and record if the patient was never able to read or write under the Narrative Section (Item 12, page 3).

10. MINI-MENTAL STATE EXAMINATION

If any task in the Mini-Mental State examination is not attempted due to physical impairment (e.g., vision, hearing, severe arthritis, etc.), that task should be scored "9." If any task is not attempted because the examiner feels that the participant would be unable to complete the task, that task should be scored "0."

Orientation

(a) Ask for the date. Then ask specifically for parts omitted, e.g., "can you also tell me what season it is?" One point for each correct.

(b) Ask in turn "Can you tell me the name of the hospital?" (town, county, etc.). One point for each correct. Use 5 locations that are specific for where the test is given. Additional information about location can be asked for building (hospital) floor, street.

Registration

(c) Ask the patient if you may test his memory. Then say the names of 3 unrelated objects, use ball, house and flower, clearly and slowly, about one second for each. After you have said all 3, ask him to repeat them. This first repetition determines his score (0-3) but keep saying them until he can repeat all 3 up to 6 trials. If he does not eventually learn all 3, recall cannot be meaningfully tested.

(d) Trials: Write the number of trials given to learn the 3 objects. If the participant requires 6 trials, the correct response here is "6," regardless of if the 3 objects are or are not learned on the 6th trial.

(e) Attention and calculation:

Ask the patient to begin with 100 and count backwards by 7. Stop after 5 subtractions (93, 86, 79, 72, 65). Score the total number of correct answers.

If the patient cannot or will not perform this task, ask him to spell the word "world" backwards. The score is the number of letters in correct order. e.g., dlrow = 5, dlrow = 3.

(f) Recall:

Ask the patient if he can recall the 3 words you previously asked him to remember. Score 0-3.

Language

(g) Naming: Show the patient a wrist watch and ask him what it is. Repeat for pencil. Score 0-2.

(h) Repetition: Ask the patient to repeat the sentence after you. Allow only one trial. Score 0 or 1.

(i) 3-stage command: Give the patient a piece of plain blank paper and repeat the command. Score 1 point for each part correctly executed.

For the next three tasks, tear out the worksheet included in the form as page 11.

(j) Reading: Ask the patient to read the first command on the worksheet and do what it says. Score 1 point only if the patient actually closes his/her eyes.

(k) Writing: Ask the patient to read the second command on the worksheet and do what it says. Score 1 point if the patient writes a complete sentence (including a subject and verb).

(l) Copying: Ask the patient to copy the design at the bottom of the worksheet, exactly as it is. To score 1 point, all ten angles must be present, and two must intersect to score 1 point. Tremor and rotation are ignored.

(m) Add the scores. Do not count 10D (trials), and do not count any items scored as "9."

If no tasks were scored as "9," skip to Item 11. If one or more tasks were scored "9," a "corrected score" must be calculated in Items 10n-o as follows:

- (n) Add the maximum scores for the tasks that have scores (not 9s).
- (o) Calculate the "corrected score":

$$10m \div 10n \times 30$$

Please refer to scoring examples A and B for clarification.

11. This is the important question that you have collected the preceding information to answer. The two crucial items determining the continuation of the dementia evaluation after the MMS are:

1. Is there a significant deficit in intellectual functioning (primarily obtained by history)?
2. Is there a decline in functioning over time? This needs some corroborating evidence, such as information from relatives or the Clinic staff.

If Item 11 is "No" or "Unknown," the examiner should comment, if appropriate, in Item 12, sign the form and enter his or her ID code in Item 13, and the assessment is completed. If Item 11 is "Yes," there is evidence of cognitive impairment; proceed with the remainder of the evaluation and obtain a CT scan.

DEMENTIA EVALUATION--HISTORY II

15. Onset of dementia is gradual if no one event seemed to participate it, or if no given day or week represents clearly when it started.

16a. Stepwise progression means one or more episodes of worsening (after the onset) that were precipitous. Usually a time can be given when this occurred. Fluctuation means over a period of time or weeks there was clear evidence of improvement followed by further worsening. Improvement and worsening within one day are not included here.

16b. Plateaus are defined as long periods of time (several months) of relatively stable intellectual performance. If the source of the history only sees the patient at times several months apart and the patient has declined in intellectual performance at each visit, this can not be taken as evidence of plateaus without other evidence.

17. The duration to the best of your knowledge using all sources of information.

18. If there is a history of stroke or not, has there been evidence of impairment of vision, language, strength or sensation.

20. Here we are look for precipitants of dementia or evidence of other significant disease. Insignificant disease such as a cold, sprain, etc., need not be recorded.

22. Is there reasonable evidence of dementia due to depression by the criteria of pseudodementia in this patient.

25. Other medications that may impair cognition are digitalis derivatives, anticholinergics, methyldopa anticonvulsants, antiarrhythmics, levodopa. If the possibility of a medication causing the symptoms is unclear, each drug the patient takes should be checked for potential to cause cognitive decline.

26. The listed causes, although some may be individually rare, have each been associated with treatable dementia.

DEMENTIA EVALUATION--NEUROLOGICAL EXAMINATION

29a. and 29b. Have the patient stand with both feet together and eyes open with arms outstretched. If the patient cannot do this test, skip the test with eyes closed. Participant confidence is often better if the clinician stands near by during the test and the patient is reassured you will not let them fall. Sometimes a second or third trial will be successful as confidence is gained.

29c. and 29d. If the participant cannot maintain balance with eyes open or with eyes closed, have the participant sit down before assessing for drift. Otherwise, drift should be assessed during the tasks in Items 29a. and/or 29b. A drift is a downward movement of one arm such that there is a several inch difference between the elevation of the hands. If a drift is noticed, the examiner should ask to be sure it is not due to pain, and it should be repeatable.

30a. Gait testing: Ask the participant to walk in bare or stocking feet or in flat shoes for 15 feet or so. A left hemiparetic gait is marked by decreased left arm swing with the arm bent at the elbow with a stiffness to the left leg so that the leg is moved forward often without much knee bend or foot bending upward and the foot tends to swing out and in a semicircle as it comes forward. A right hemiparetic gait would have similar findings, but on the right side. Unknown means that the participant is unable to walk or refuses.

30b. and 30c. Walking on heels: Ask the participant to walk on the heels. (Participants often feel more secure if you hold their hand for this.) If four or more steps can be taken with each foot on the heels without touching the ball of the foot on the floor, that is normal. The foot droops when there is an easily discernible difference in the height of the toes (not due to pain) or the foot comes to the floor but the other foot does not. Unknown means that the participant is unable to walk or refuses.

30d. Tandem walking means placing each foot in succession with heel touching the toe. Maintaining balance 10 steps without an extra balance step or holding on is normal. Patients with mild difficulty will often improve with "practice" trials and then can do the test normally.

32. Visual fields: Assessment of visual fields compares the participant's visual fields with the examiner's. With the participant facing the examiner, about 3 feet apart, the participant is asked to keep looking at the examiner's nose. The examiner looks at the participant's eyes and holds his or her own hands out laterally so that from the corner of his own eye he can see his fingers if they move. The examiner wiggles the fingers on one or both hands and asks the participant to identify whether the fingers are wiggled on one side or both sides. First, the hands are held above the meridian or in the upper part of the participant's gaze and then lower, in the lower part of the participant's gaze.

A simple sequence might be to wriggle fingers of both hands in the upper fields and if the response is "both sides," move the hands down and check with only the left or right fingers moving and if correctly identified, try both sides moving. If correctly identified, the test is over and normal. If the responses are inconsistent, or the participant can identify one side if moving, or either side but not both sides when fingers are moving on both sides, "yes" is checked. Participants who cannot identify movement on the left or on the right side have an abnormality of the visual field.

Unknown refers to other visual problems that would affect the assessment of visual fields.

33a. Pupils are usually round. If they are not (as sometimes seen in neurosyphillis), this should be recorded.

34. Extraocular movements are tested by having the patient follow the examiner's finger, or a light or the patient's own finger moved by the examiner to the patient's side to the point when the eyes have moved as far as they can. Mild impairment of upward gaze is fairly common but restriction to no gaze or only slight upward movement should be recorded as abnormal (no).

35. Occulocephalic reflex: Have the patient fixate on a point and then the examiner turns his head in each lateral direction and up and down. The patient is instructed to keep his eyes on the same point "keep looking at the X" and to let you turn their head. If the patient cannot fixate due to poor vision or poor cooperation, the results are "Unknown" and the reasons should be recorded. Ability to fixate but inability to continue fixation while turning means he fails the test and "cannot do" the test.

36. Ask the patient to close the eyes tightly. To help them, ask the patient not to let you open the eyes--you can try to pull the eyelids up. If they can hold the eyes closed against moderate attempts to open the eyes, the response is "normal."

37. Blow out cheeks: Here the reasons not to be able to do this are lateral facial weakness. The air may escape on that side. Apraxia--inability to carry out a motor act when the request is understood and the patient is cooperative and tries. A response here might be to close the mouth but fail to blow out the cheeks because air is not expelled or is expelled through the nose.

38. Tongue in cheek: If the patient can push out one cheek with his tongue, it shows reasonable strength in the tongue muscles moving the tongue to that side. A failure to be able to do this to one side is important.

39. In getting the patient to show their teeth we are looking for weakness on one side which would be shown by failure to show as many teeth on one side as the other. For those with no teeth, "show me your gums" is a substitute test.

40. Strength testing for roughly symmetrical strength: Untestable would include patients missing an arm or with an arm in a cast or uncooperative--record the reason in the narrative section, Item 49.

41. Tone is tested by asking the patient to relax and let you move the arm or leg. After repeated attempts and when you believe the patient understands the request and is cooperative, if they are unable to relax but show ease of movement on their own, tone should be checked as "gegenhalten" (unable to relax). Tone is spastic when there is ease of movement in part of the range of motion and a spastic catch or sudden increase in tone that can be overcome with continual pressure. Rigidity is the term used for tone that is continuously increased throughout the range of motion. It is termed "lead pipe" if there are no catches and "cogwheel" if there are small, little catches repeatedly throughout the range of motion.

43a. Reflexes--Achilles tendon: With the participant sitting on a table and the legs dangling down, the Achilles tendon is struck with a reflex hammer just above the ankle. The participant should be relaxed. The examiner should exert slight upward pressure on the bottom of the foot so that it is not pointing downward. The reflex is the contraction of the muscle and the downward movement of the foot. The speed and size of the movement on one side is compared with the other side. The reflexes can be repeated as necessary.

43b. Reflexes--Patellar tendon: With the participant sitting on a table and the legs dangling down, the patellar tendon is struck with a reflex hammer just below the knee cap. The participant should be relaxed. The reflex is the contraction of the anterior thigh muscle and forward movement of the lower leg. The speed and size of movement on one side is compared with the other side. The reflexes can be repeated as necessary.

44. Test position sense in the toes by grasping the toe and asking the patient to close his eyes and tell you which direction you move the toe up and down.

45. a) Snout is tested by touching the patient with a tongue blade above the upper lip and eliciting an upward movement of the lip. Suck is elicited by touching the patient on the lips and eliciting a lip movement that would be preparatory to sucking.

b) Grasp reflex is elicited by putting your fingers (3 of them) in the palm of the patient's hand. If the fingers are grabbed automatically and the patient won't let go when asked to, that is a grasp reflex.

c) Glabellar reflex is elicited by tapping the patient lightly above the nose on the forehead. The normal patient usually closes their eyes reflexedly for the first few taps but soon stops closing the eyes on every tap. The abnormal response is to continue to close or partially close the eyes with each tap.

46c. and 46d. Coordination: Each hand is patted individually on the participant's knee "as fast as you can." Usually there is nearly equal speed with both hands, sometimes a little less speed with the non-dominant hand (the left hand in right-handed people). If there is a noticeable difference or slowness, or if the non-dominant hand is faster, an abnormality of coordination is present.

47. a) A tremor at rest is usually elicited with the hands relaxed in the lap. It is usually "pill-rolling" meaning the thumb and forefinger move in opposite directions as in rolling a pill.

b) A tremor seen on holding the arms out but not on patting or at rest is a tremor on posture holding.

c) Tremor on action will be noted mostly on finger to nose movements.

d) Chorea is random sudden movements of the face or extremity often brought out by tests such as patting where the movements may disrupt a rhythmic movement.

e) Other involuntary movements include any other than those mentioned. Please describe them.

f) Bradykinesia means slowness of movement. Especially prominent may be the slowness to initiate movement.

- g) Motor persistence can be noted during the examination when after completing a task such as holding the arms out, you say "okay" (meaning the test is over) and the patient persists in position holding or action--presumably because they do not understand the test is over.
- h) Motor impersistence: Occurs when the patient is unable to persist in an action or posture holding such as an inability to keep the eyes closed for the 30 seconds required while holding posture (the patient might also be afraid). Another example would be hand patting only a few times so that you have to ask them repeatedly to pat their hand again.
- i) Apraxia is the inability to perform an act that the patient understands you want them to do and for which they have the purely motor ability. The failure to perform is not because of weakness (see blowing out cheeks).
- j) Agnosia is failure to recognize or perceive something when there is understanding of the task and the sensory mode is intact (for example, unable to recognize people visually with normal visual fields and acuity).
- k) Aphasia motor refers to difficulty with language in expression. Usually this occurs in speech with hesitancy--word finding problems, difficulty naming, slowed speech and often broken speech pattern with only parts of sentences or phrases communicated.
- l) Comprehension deficit includes receptive aphasia and other problems understanding verbal or written words.
- m) Dysarthria is slurred speech with intact language.

DEFINITIONS FOR ROSEN MODIFIED HACHINSKI SCALE

70. An abrupt onset. Score if the informant describes symptoms of the present condition which began within minutes to hours or if symptoms were clearly not present one day and have been since.

71. Stepwise deterioration. Score if there is an abrupt onset with stabilization or recovery of symptoms followed by a second episode with abrupt onset with stabilization, recovery or deterioration of symptoms. Do not include episodes related to clear physical illnesses or drugs.

72. Somatic complaints. Score if the patient complains of other symptoms such as pain, weakness, fatigue, dizzy spells, headaches that are not explained by known illnesses.

73. Emotional incontinence. Score if the patient has frequent unexplained inappropriate changes in mood, such as, laughing and crying, that persist despite efforts to control them and which seem to be out of proportion to the situation.

74. History of hypertension. All SHEP participants have hypertension--this item is automatically scored.

75. History of stroke. Score if patient was ever diagnosed as having a stroke including a previous diagnosis of TIA or RIND even if there was complete recovery.

76. Focal neurological symptoms. Score if the informant describes the patient as ever having an attack of paralysis of an arm and a leg, loss of sensation on one half of the body, aphasia, loss of vision on one side or the other.

77. Focal neurological signs. Score if there is currently on the examination asymmetry of motor or sensory function, deep tendon reflexes or unilateral pathologic reflexes or a field cut.

FINAL ASSESSMENT/DIAGNOSIS OF DEMENTIA

79. DSM III Criteria: It is extremely important that this item be completed as follows:

Yes = all of Items #65-#69 are "Yes"

No = at least one of Items #65-#69 is "No"

Unknown = at least one of Items #65-#69 is "Unknown" (and none are "No")

GENERAL COMMENTS ON COMPLETING THE SH31

All of the SH31s are reviewed by the SHEP dementia endpoint coders. These coders would appreciate a statement from the examiner regarding what is happening to the participant. Comments in the spaces provided on the form are very helpful.

SCORING EXAMPLE A

In this case, the participant completed all but the last two tasks. The participant was not able to write a complete sentence, and so scored zero on that task. The examiner felt that since the participant had so much trouble with the other tasks, that the participant would "just not be able to do" the last task, or that the last task would be so difficult as to cause too much stress for the participant. Therefore, the last task was also scored as "0". In this case, the total score is the sum of all of the scores, and no "corrected score" is needed.

	Maximum Score	Score
<u>Orientation</u>		
a. What is the (year) (season) (date) (day) (month)? (1 point for each.)	5	4
b. Where are we: (state) (county) (town) (hospital/clinic) (floor)? (1 point for each.) Use five locations that are specific for where the test is given.	5	3
<u>Registration</u>		
c. Say "ball, house, flower." 1 second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer.	3	2
d. Repeat the three items until the patient learns all three (maximum 6 trials). Record the number of trials (maximum: 6).	4	4
<u>Attention and Calculation</u>		
e. Serial 7s. 1 point for each correct. Stop after 5 answers. (5 points for correct; subtract 1 for any error.) Alternatively spell "world" backwards (1 point for each letter in correct position.)	5	2
<u>Recall</u>		
f. Ask for the 3 objects repeated above. (1 point for each correct answer.)	3	1
<u>Language</u>		
g. Name a pencil and a watch (1 point for each correct answer).	2	2
h. Repeat the following "No ifs, ands or buts." (1 point)	1	1
i. Follow a 3-stage command: "Take a paper in your right hand, fold it in half, and put it on the floor." (1 point for each correct action.)	3	3
Read and obey the following (see worksheet last page of form):		
j. Close your eyes (1 point).	1	1
k. Write a sentence (1 point).	1	0
l. Copy design (1 point).	1	0
<u>Total Score</u>		
m. Sum of scores in 10a to 10l; do not count 10d and do not count items scored as "9" (maximum: 30).		19

If any items were scored as "9," complete Items 10n and 10o. Otherwise, skip to Item 11.

- n. Sum of maximum scores for scored tasks:
- o. Corrected score = $10m \div 10n \times 30$.

SCORING EXAMPLE B

In this case, the participant could not attempt several tasks due to physical impairment. Those items are scored as "0" (Items e, i, k and l). The participant was unable to do Items c, f and h, so those are scored as "0". The total score (Item m), is the sum of all non-9 scores (that is, the sum of the scores not including e, i, k and l). Since there are items scored as "0", a "corrected score" must be calculated in Items n and o. For Item n, add the maximum scores for all items not scored as "9" (the appropriate maximum scores are circled). That total is 20. The "corrected score" (Item o), is then: $9/20 \times 30 = 13.5$.

	Maximum Score	Score
<u>Orientation</u>		
a. What is the (year) (season) (date) (day) (month)? (1 point for each.)	5	4
b. Where are we: (state) (county) (town) (hospital/clinic) (floor)? (1 point for each.) Use five locations that are specific for where the test is given.	5	3
<u>Registration</u>		
c. Say "ball, house, flower." 1 second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer.	3	0
d. Repeat the three items until the patient learns all three (maximum 6 trials). Record the number of trials (maximum: 6).	6	
<u>Attention and Calculation</u>		
e. Serial 7s. 1 point for each correct. Stop after 5 answers. (5 points for correct; subtract 1 for any error.) Alternatively spell "world" backwards (1 point for each letter in correct position.)	5	9
<u>Recall</u>		
f. Ask for the 3 objects repeated above. (1 point for each correct answer.)	3	0
<u>Language</u>		
g. Name a pencil and a watch (1 point for each correct answer).	2	1
h. Repeat the following "No ifs, ands or buts." (1 point)	1	0
i. Follow a 3-stage command: "Take a paper in your right hand, fold it in half, and put it on the floor." (1 point for each correct action.)	3	9
Read and obey the following (see worksheet last page of form):		
j. Close your eyes (1 point).	1	1
k. Write a sentence (1 point).	1	9
l. Copy design (1 point).	1	9
<u>Total Score</u>		
m. Sum of scores in 10a to 10l; do not count 10d and do not count items scored as "9" (maximum: 30).		0.9

If any items were scored as "9," complete Items 10n and 10o. Otherwise, skip to Item 11.

- n. Sum of maximum scores for scored tasks: 20
- o. Corrected score = $10m \div 10n \times 30$ 13.5

DIAGNOSTIC EVALUATION FOR DEMENTIA

1. a. SHEP ID: [] - [] - [] b. Acrostic: []

2. a. Date of examination: [] [] [] b. Examiner is: Trained SHEP MD [] 1, Other SHEP neurologist [] 2, Other SHEP psychiatrist [] 3, Other SHEP MD [] 4

b. Signature of examiner: _____ [] Code

If examiner is "Other SHEP MD," completed SH31 must be reviewed by SHEP neurologist or psychiatrist. If not, SHEP neurologist or psychiatrist does not need to review completed form (Item 2c may be left blank).

c. Signature of SHEP neurologist or psychiatrist: _____ [] Code

DEMENTIA EVALUATION--HISTORY I

3. Interviews with (check all applicable): a. Patient [] 1, b. Friend [] 1, c. Family member [] 1 (Specify _____), d. Medical record [] 1, e. Other [] 1 (Specify _____)

4. a. Last grade attended in school (unknown = 99): []

b. Maximum education attainment: Less than grade school [] 1, Grade school graduate [] 2, High school graduate [] 3, College graduate [] 4, Unknown [] 5

5. Estimate of premorbid intellectual ability based on employment history and life activities: Less than average [] 1, Average [] 2, Greater than average [] 3, Unknown [] 4

6. Present mental status: Alert [] 1, Lethargic [] 2, Decreased consciousness [] 3

7. Is there a history of deterioration in intellectual performance Yes No Unknown a. On the job [] 1 [] 2 [] 3, b. Socially [] 1 [] 2 [] 3, c. In household tasks (e.g., cooking, hobbies) [] 1 [] 2 [] 3, d. In coping with small sums of money [] 1 [] 2 [] 3, e. Remembering short lists of items (shopping) [] 1 [] 2 [] 3, f. Finding the way about on familiar streets [] 1 [] 2 [] 3, g. Finding the way about indoors [] 1 [] 2 [] 3, h. Recalling events [] 1 [] 2 [] 3, i. Interpreting surroundings [] 1 [] 2 [] 3, j. Other (e.g., poor driving); specify _____ [] 1 [] 2 [] 3

8. Does the patient have these symptoms? a. Difficulty dressing [] 1 [] 2 [] 3, b. Constructional--problems putting things together [] 1 [] 2 [] 3, c. Impaired judgment [] 1 [] 2 [] 3, d. Seizures [] 1 [] 2 [] 3, e. Confusion at night or in unfamiliar places [] 1 [] 2 [] 3, f. Repeats self [] 1 [] 2 [] 3

DEMENTIA EVALUATION--HISTORY I (Continued)

- | | | | | |
|----|---|------------|-----------|----------------|
| 9. | Other symptoms within previous six months.
(Circle all that are applicable.) Difficulty with: | <u>Yes</u> | <u>No</u> | <u>Unknown</u> |
| | a. Personality change: decreased initiative, apathy, purposeless activity, diminished emotional responsiveness or control, impaired regard for the feelings of others, suspiciousness | □ 1 | □ 2 | □ 3 |
| | b. Patient sees or hears things that are not present (delusions, hallucinations) | □ 1 | □ 2 | □ 3 |
| | c. Language--speech problems, reading, writing, naming, understanding, speaking | □ 1 | □ 2 | □ 3 |
| | d. Motor symptoms--falls, tremors, gait | □ 1 | □ 2 | □ 3 |
| | e. Incontinence--urinary, bowel | □ 1 | □ 2 | □ 3 |

10. Mini-Mental State examination--If any task is not attempted due to a physical impairment (e.g., vision, hearing, severe arthritis, etc.), that task should be scored "9." If any task is not attempted because the examiner feels that the participant would be unable to complete the task, that task should be scored "0."

<u>Orientation</u>	<u>Maximum Score</u>	<u>Score</u>
a. What is the (year) (season) (date) (day) (month)? (1 point for each.)	5	<input type="checkbox"/>
b. Where are we: (state) (county) (town) (hospital/clinic) (floor)? (1 point for each.) Use five locations that are specific for where the test is given.	5	<input type="checkbox"/>
<u>Registration</u>		
c. Say "ball, house, flower." 1 second to say each. Then ask the patient all 3 after you have said them. Give 1 point for each correct answer.	3	<input type="checkbox"/>
d. Repeat the three items until the patient learns all three (maximum 6 trials). Record the number of trials (maximum: 6).	<input type="checkbox"/>	<input type="checkbox"/>
<u>Attention and Calculation</u>		
e. Serial 7s. 1 point for each correct. Stop after 5 answers. (5 points for correct; subtract 1 for any error.) Alternatively spell "world" backwards (1 point for each letter in correct position.)	5	<input type="checkbox"/>
<u>Recall</u>		
f. Ask for the 3 objects repeated above. (1 point for each correct answer.)	3	<input type="checkbox"/>
<u>Language</u>		
g. Name a pencil and a watch (1 point for each correct answer).	2	<input type="checkbox"/>
h. Repeat the following " <u>No ifs, ands or buts.</u> " (1 point)	1	<input type="checkbox"/>
i. Follow a 3-stage command: "Take a paper in your right hand, fold it in half, and put it on the floor." (1 point for each correct action.)	3	<input type="checkbox"/>
Read and obey the following (see worksheet last page of form):		
j. Close your eyes (1 point).	1	<input type="checkbox"/>
k. Write a sentence (1 point).	1	<input type="checkbox"/>
l. Copy design (1 point).	1	<input type="checkbox"/>
<u>Total Score</u>		
m. Sum of scores in 10a to 10l; do not count 10d and do not count items scored as "9" (maximum: 30).		<input type="text"/>

If any items were scored as "9," complete Items 10n and 10o. Otherwise, skip to Item 11.

n. Sum of maximum scores for scored tasks:

o. Corrected score = 10m ÷ 10n x 30

 .

DEMENTIA EVALUATION--HISTORY I (Continued)

11. Based on preceding history, and Mini-Mental State total score Item 10m (or, if appropriate, Item 10o) less than 23, is there evidence of intellectual deterioration or of current performance below that expected from employment activities and schooling attainment? Yes 1
No 2
Unknown 3
12. Narrative: Specify items and clarify any items or history not clear from the previous questions.

13. Signature of person completing this section: _____ Code

If Item 11 is "No" or "Unknown," stop assessment. If Item 11 is "Yes," there is evidence of cognitive impairment; proceed with Dementia Evaluation--History II; obtain CT scan.

DEMENTIA EVALUATION--HISTORY II

14. Interviews with (check all applicable):
- a. Patient 1
 - b. Friend 1
 - c. Family member 1
(Specify _____)
 - d. Medical record 1
 - e. Other 1
(Specify _____)
15. Onset of dementia: Abrupt 1
Gradual 2
Unknown 3
16. a. Course of dementia: Gradual progression 1
Stepwise progression 2
Fluctuating 3
Unknown 4
- b. Plateaus: Yes 1
No 2
Unknown 3
17. Duration of dementia: Less than 6 months 1
6 months to 1 year 2
1-3 years 3
3-5 years 4
More than 5 years 5
Unknown 6
18. a. Is there a history of stroke? Yes No Unknown
 1 2 3
- Was there sudden impairment lasting longer than 24 hours of:
- b. Vision 1 2 3
 - c. Speech, language 1 2 3
 - d. Strength 1 2 3
 - e. Sensation 1 2 3
19. a. Is there a history of head trauma with unconsciousness? 1 2 3
b. Is there a history of head trauma without definite unconsciousness? 1 2 3

For Items 20, 21a and 21b, circle all entities found by history.

20. History of other medical illness preceding or with onset of dementia? (malignancy, dialysis, CO exposure, polycythemia, hypoglycemia, atrial fibrillation) 1 2 3
21. a. History of psychiatric illness preceding or with onset of dementia? (depression, paranoia, schizophrenia, other) 1 2 3

If Item 21a is "No" or "Unknown," skip to Item 22.		<u>Yes</u>	<u>No</u>	<u>Unknown</u>
b.	Treatment employed? (hospitalization, out-patient, drugs, other)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
22.	Evidence of dementia due to depression? (See pseudodementia list, page 10.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
23.	Evidence of depression? (See list of selected questions, page 10.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
24.	a. Current alcohol use:			
	If response to Item 24a is "Never or very rarely," skip to Item 24c.			
	Never or very rarely			<input type="checkbox"/> 1
	Less than 1 drink per week			<input type="checkbox"/> 2
	Greater than weekly; less than daily			<input type="checkbox"/> 3
	Daily, up to 3 shots			<input type="checkbox"/> 4
	Daily, more than 3 shots			<input type="checkbox"/> 5
	Unknown			<input type="checkbox"/> 6
		<u>Yes</u>	<u>No</u>	<u>Unknown</u>
b.	Is Cage Review positive for alcoholism (see page 10)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c.	Is alcohol intake a potential cause for dementia?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
25.	Medication, home remedy, drug review. Does the patient use:			
a.	Anti-anxiety medications	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b.	Phenothiazines	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c.	Barbiturates	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d.	Antidepressants	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e.	Sleeping pill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f.	Other medications that may impair cognition (Specify _____)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
26.	Medical history review for possible treatable causes of dementia (review with patient, family, etc.):			
a.	Hyperparathyroidism	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b.	Hypothyroidism	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c.	B12 deficiency	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d.	Syphilis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e.	Brain abscess	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f.	Brain tumor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g.	Subarachnoid hemorrhage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h.	Subdural hematoma	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i.	Bacterial or fungal meningitis, or viral encephalitis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j.	Liver disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
k.	Kidney disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
l.	Severe obstructive pulmonary disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
m.	Collagen/vascular disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
n.	Other (Specify _____)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
27.	Is there a family history of dementia? (Describe in Item 28.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
28.	Additional narrative:			

DEMENTIA EVALUATION--NEUROLOGICAL EXAMINATION

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
29. Ability to stand and maintain station on a narrow base with arms outstretched for 30 seconds:			
a. Eyes open	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
If "Eyes open" is not successful, skip to 29c.			
b. Eyes closed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Downward drift of left arm	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Downward drift of right arm	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
30. Walking:			
a. Able to perform ordinary gait without difficulty	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Walking on heels--left foot droops	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Walking on heels--right foot droops	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Tandem (heel to toe) without difficulty	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
31. Fundoscopic examination--papilledema present	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
32. Visual field examination:			
a. Field cut (specify type _____)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Monocular loss	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
33. Pupils:			
a. Roundness present	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. React to light and accommodation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
34. Extraocular movements:			
a. Full left lateral gaze	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Full right lateral gaze	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Full upward gaze	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Full downward gaze	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
35. Oculocephalic reflex--have patient fixate on a point, rotate head:			
a. Horizontally		Can do	<input type="checkbox"/> 1
		Cannot do	<input type="checkbox"/> 2
		Unknown	<input type="checkbox"/> 3
b. Vertically		Can do	<input type="checkbox"/> 1
		Cannot do	<input type="checkbox"/> 2
		Unknown	<input type="checkbox"/> 3
	<u>Normal</u>	<u>Abnormal</u>	<u>Untestable</u>
36. Forced eye closure (normal if patient can bury lids)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
37. Blow out cheeks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
38. Tongue in cheek:			
a. Left	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Right	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
39. Show teeth:			
a. Left face	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Right face	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
40. Strength:			
a. Left arm, hand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Right arm, hand	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Left leg	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Right leg	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

DEMENTIA EVALUATION--NEUROLOGICAL EXAMINATION (Continued)

41. a. Tone--arm and leg All normal 1
Any abnormal 2
Other 3

If "All normal" or "Other," skip to Item 42.
If "Other," describe in Item 49.
If "Any abnormal," indicate codes in Items 41b-41e.

Code for type of abnormality:

1=Normal	5=Not able to relax--gegenhalten	b. Left arm <input type="checkbox"/>
2=Spasticity	6=Flaccid	c. Left leg <input type="checkbox"/>
3=Rigidity lead pipe	7=Untestable	d. Right arm <input type="checkbox"/>
4=Cogwheel rigidity		e. Right leg <input type="checkbox"/>

42. a. Reflexes--arm and leg (abnormal if reflex is abnormally increased or Babinski present) All normal 1
Any abnormal 2
Other 3

If "All normal" or "Other," skip to Item 43.
If "Other," describe in Item 49.
If "Any abnormal," check in Items 42b-42k.

	<u>Left</u> <u>Abnormal</u>	<u>Right</u> <u>Abnormal</u>
Biceps	b. <input type="checkbox"/> 1	c. <input type="checkbox"/> 1
Triceps	d. <input type="checkbox"/> 1	e. <input type="checkbox"/> 1
Knee	f. <input type="checkbox"/> 1	g. <input type="checkbox"/> 1
Ankle	h. <input type="checkbox"/> 1	i. <input type="checkbox"/> 1
Plantar response	j. <input type="checkbox"/> 1	k. <input type="checkbox"/> 1

43. Reflexes--abnormal if depressed
- | | <u>Normal</u> | <u>Abnormal</u> | <u>Untestable</u> |
|-------------|----------------------------|----------------------------|----------------------------|
| a. At ankle | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. At knee | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

44. Sensation:
- | | | | |
|------------------------|----------------------------|----------------------------|----------------------------|
| a. Pin | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. Position sense toes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
- (Specify any abnormality _____)

45. Additional reflexes:
- | | <u>Not Present</u> | <u>Present</u> | <u>Untestable</u> |
|-------------------------|----------------------------|----------------------------|----------------------------|
| a. snout--suck--rooting | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. grasp--reflex--hand | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. glabellar | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

46. Coordination:
- | | <u>Normal</u> | <u>Abnormal</u> | <u>Untestable</u> |
|--------------------------|----------------------------|----------------------------|----------------------------|
| a. finger to nose, left | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. finger to nose, right | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. patting--hand, left | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d. patting--hand, right | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

47. On the basis of the examination and observation, have you seen:
- | | <u>Yes</u> | <u>No</u> | <u>Untestable</u> |
|--|----------------------------|----------------------------|----------------------------|
| a. Tremor at rest | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. Tremor on posture holding | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| c. Tremor on action | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| d. Chorea | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| e. Other involuntary movements
(Describe _____) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| f. Bradykinesia | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| g. Motor persistence | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| h. Motor impersistence | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| i. Apraxia | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| j. Agnosia | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| k. Speech, language--motor aphasia | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| l. Comprehension--deficit | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| m. Articulation--dysarthria | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

DEMENTIA EVALUATION--NEUROLOGICAL EXAMINATION (Continued)

- | | <u>Yes</u> | <u>No</u> | <u>Untestable</u> |
|--|----------------------------|----------------------------|----------------------------|
| 48. a. Are focal neurologic abnormalities present? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| b. If yes, are abnormalities consistent with stroke? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 49. Description of any abnormalities in Items 29-48: | | | |

LABORATORY EXAMINATION OF DEMENTIA

- | | <u>Abnormal</u> | <u>Normal</u> | <u>Unknown/
Not Done</u> |
|---|----------------------------|----------------------------|------------------------------|
| 50. CBC | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 51. Electrolytes | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 52. Glucose | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 53. Liver function tests | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 54. Renal (BUN, Creat) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 55. Thyroid panel | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 56. VDRL--FTA | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 57. Sed Rate | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 58. B12 level | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 59. Drug screen (if indicated) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 60. EEG | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 61. Lumbar puncture | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 62. DSA/Angiogram | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 63. Psychological testing
(Specify test and results in Item 64.) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

64. Specify abnormalities in tests listed above, plus any additional tests pertinent to dementia:

DIAGNOSTIC CRITERIA FOR DEMENTIA (DSM III)

- | Is there: | <u>Yes</u> | <u>No</u> | <u>Unknown</u> |
|--|----------------------------|----------------------------|----------------------------|
| 65. Loss of intellectual abilities of sufficient severity to interfere with social or occupational functioning? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 66. Memory impairment? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 67. At least one of the following (circle all that apply)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <ul style="list-style-type: none"> • Impairment of abstract thinking • Impaired judgment • Other disturbances of higher cortical function, e.g., aphasia, apraxia, agnosia, constructional difficulty | | | |
| 68. An unclouded state of consciousness? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 69. Evidence from the history, physical examination and laboratory tests that no specific reversible cause of the dementia is present? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

All of Items 65-69 must be "Yes" for a diagnosis of dementia to be made.

ROSEN MODIFIED HACHINSKI SCALE

- | | <u>Score</u> |
|---|---|
| 70. Abrupt onset (score 2) | <input type="checkbox"/> |
| 71. Stepwise deterioration (score 1) | <input type="checkbox"/> |
| 72. Somatic complaints (score 1) | <input type="checkbox"/> |
| 73. Emotional incontinence (score 1) | <input type="checkbox"/> |
| 74. History of hypertension (score 1) | <input type="checkbox"/> 1 |
| 75. History of stroke (score 1) | <input type="checkbox"/> |
| 76. Focal neurological symptoms (score 2) | <input type="checkbox"/> |
| 77. Focal neurological signs (score 2) | <input type="checkbox"/> |
| 78. TOTAL SCORE (Sum of Items 70-77) | <input style="width: 40px;" type="text"/> |

<u>Total Score</u>	<u>Type of Dementia</u>
0-2	Not multi-infarct
3	Equivocal
4+	Multi-infarct or mixed

FINAL ASSESSMENT/DIAGNOSIS OF DEMENTIA

- | | <u>Yes</u> | <u>No</u> | <u>Unknown</u> |
|--|----------------------------|----------------------------|----------------------------|
| 79. Does patient meet all DSM III criteria for dementia listed in Items 65-69? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 80. Are pseudodementia and/or depression appearing to make a significant contribution to mental disturbance? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 81. Is there a potential treatable cause for dementia?
Specify _____ | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 82. Is the dementia associated with other neurological diseases? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 83. Is there any other non-neurological cause for dementia? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 84. Is the dementia probably due to (check one): | | | |
| | Multi-infarct | | <input type="checkbox"/> 1 |
| | Alzheimer's | | <input type="checkbox"/> 2 |
| | Mixed MID and Alzheimer's | | <input type="checkbox"/> 3 |
| | Other (specify) _____ | | <input type="checkbox"/> 4 |
| | Unknown | | <input type="checkbox"/> 5 |
| | Dementia not present | | <input type="checkbox"/> 6 |

STOP

85. Dementia present?

	Yes	<input type="checkbox"/>	1
	No	<input type="checkbox"/>	2
<div style="border: 1px solid black; padding: 2px;">Skip to 87.</div> ←	Unknown	<input type="checkbox"/>	3

86. Type of dementia:

Multi-infarct	<input type="checkbox"/>	1
Alzheimer's	<input type="checkbox"/>	2
Mixed MID and Alzheimer's	<input type="checkbox"/>	3
Other (specify) _____	<input type="checkbox"/>	4
Unknown	<input type="checkbox"/>	5

87. Date coding final:

<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="border: 1px solid black; width: 40px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
Month	Day	Year

88. Signature of person completing this section: _____

LIST OF SELECTED QUESTIONS FOR POSSIBLE PSEUDODEMENTIA,
DEPRESSION, AND CAGE REVIEW FOR ALCOHOLISM

PSEUDODEMENTIA

1. Onset can be dated with some precision
2. Any life stressor at or around time of onset of memory disorder (which might induce or contribute to a depression)
3. Symptoms of short duration and rapid progression
4. Family aware of dysfunction and severity
5. Patient complains of cognitive loss
6. Patient emphasizes disability
7. Patient highlights failures
8. Patient communicates strong sense of distress
9. Loss of social skills early and prominent
10. "Don't know" answers typical
11. History of prior psychiatric problems

Four or more "yes" answers are supportive of the presence of pseudodementia.

DEPRESSION

1. Dysphoric mood--loss of interest or pleasure in usual activities. Characterized by symptoms such as depressed, sad, blue, hopeless, low, down in the dumps, irritable. Mood disturbance is prominent and relatively persistent.
2. At least four of the following symptoms have each been present nearly every day for two weeks:
 - * Poor appetite with weight loss or increased appetite with weight gain
 - * Insomnia or hypersomnia
 - * Psychomotor agitation or retardation
 - * Loss of interest or pleasure in sexual activities or decrease in sexual drive
 - * Loss of energy or fatigue
 - * Feelings of worthlessness, self-reproach or excessive or inappropriate guilt
 - * Complaints or evidence of diminished ability to think or concentrate
 - * Recurrent thoughts of death, suicidal indication, wished to be dead or suicide attempt

Both of the above criteria must be met for a diagnosis of depression.

CAGE REVIEW FOR ALCOHOLISM

1. Has the patient ever felt he ought to cut down on his drinking?
2. Has the patient ever been criticized regarding his drinking?
3. Has the patient ever felt bad or guilty about his drinking?
4. Has the patient ever had a drink first thing in the morning to steady his nerves or get rid of a hangover?

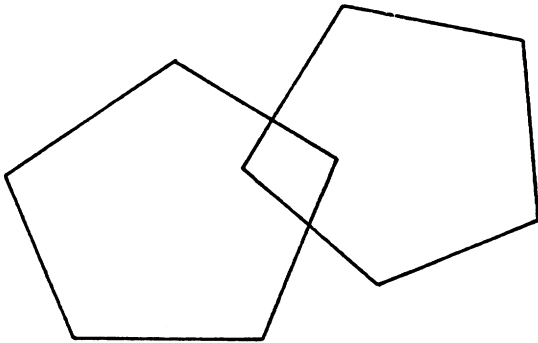
Three "yes" answers indicate the history or presence of alcoholism.

Read and Obey the Following:

CLOSE YOUR EYES

Write a sentence:

Copy the design:



SHEP CT SCAN CODING FORM FOR DEMENTIA

1. SHEP ID: - - 2. Acrostic:

3. Date this form initiated:
 Month Day Year

4. a. Date of CT scan:
 Month Day Year

b. Source of CT scan: Available with participant's medical record 1
 SHEP 2

5. a. Date of Dementia Evaluation Form (SH31)
 to which this CT scan applies:
 Month Day Year

Clinic: Keep goldenrod copy of this page only.

6. Date Coordinating Center sends to CT Scan Reading Center:
 Month Day Year

7. Date of coding at CT Scan Reading Center:
 Month Day Year

8. a. This is a: CT Scan 1
 MRI 2
 Other (specify _____) 3

b. Technical adequacy of this study: Adequate 1
 Inadequate 2
 Unknown 3

9. Is CT scan normal? Normal 1 → Skip to Item 27.
 Abnormal 2

10. Number of focal lesions related to this event:

DESCRIPTION OF LESIONS: Put the most important lesion in Column 1, next in Column 2, etc.

	1	2	3	4	5	6
11. <u>Side:</u>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Codes:	1 Mid 2 Left 3 Right 4 Both					

DESCRIPTION OF LESIONS: (Continued)	1	2	3	4	5	6
--	---	---	---	---	---	---

12. Pathology (circle all applicable):

No longer seen	01	01	01	01	01	01
Superficial infarct	02	02	02	02	02	02
Deep, small infarct (<2 cm)	03	03	03	03	03	03
Deep, large infarct	04	04	04	04	04	04
Super and deep infarct	05	05	05	05	05	05
Intracerebral hemorrhage (ICH)	06	06	06	06	06	06
Subarachnoid hemorrhage (SAH)	07	07	07	07	07	07
AVM	08	08	08	08	08	08
Aneurysm	09	09	09	09	09	09
Other (specify _____)	10	10	10	10	10	10

13. Anatomy (circle all applicable):

Frontal lobe	01	01	01	01	01	01
Parietal lobe	02	02	02	02	02	02
Temporal lobe	03	03	03	03	03	03
Occipital lobe	04	04	04	04	04	04
Operculum	05	05	05	05	05	05
Insula	06	06	06	06	06	06
Caudate	07	07	07	07	07	07
Putamen	08	08	08	08	08	08
Thalamus	09	09	09	09	09	09
Anterior capsule	10	10	10	10	10	10
Genu	11	11	11	11	11	11
Posterior capsule	12	12	12	12	12	12
Corona radiata	13	13	13	13	13	13
Centrum semiovale	14	14	14	14	14	14
Corpus callosum	15	15	15	15	15	15
Midbrain	16	16	16	16	16	16
Pons	17	17	17	17	17	17
Medulla	18	18	18	18	18	18
Cerebellum	19	19	19	19	19	19
Ventricular space	20	20	20	20	20	20
Subarachnoid space	21	21	21	21	21	21
Subdural space	22	22	22	22	22	22
Epidural space	23	23	23	23	23	23

14. Section thickness (mm):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. Number of sections lesion is visible in:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
16. Largest diameter (mm):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
17. Diameter (mm) at right angles to diameter in Item 16:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Explanation of Codes for Items 18-25:

- | | | |
|----------------|------------------------------------|-------------------------|
| Density (18): | Size change from previous CT (20): | Enhancement, type (24): |
| 1 Low | 0 None | 1 Gyral/deep |
| 2 High | 1 Initial | 2 Ring |
| 3 Both (mixed) | 2 Smaller | 3 Other |
| 4 Isodense | 3 Larger | 4 None |
| | 4 Not applicable/no previous CT | |

- | | | |
|------------------|---------------------------------|---|
| Size scale (19): | Edema/Mass/Enhancement (21-23): | Clin Relevance (25): |
| 0 Absent | 0 Absent | 0 Lesions consistent with time from onset to CT |
| 1 <1 cm | 1 Mild | 1 Not consistent |
| 2 <½ lobe | 2 Moderate | 2 Unkown |
| 3 <1 lobe | 3 Marked | |
| 4 >1 lobe | 4 Not applicable | |

	1	2	3	4	5	6
18. Density	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Size, scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Size, change from previous CT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Edema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Mass effect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Enhancement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Enhancement, type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Clin relevance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SKIP ITEM 26 IF PATHOLOGY (ITEM 12) DOES NOT INCLUDE HEMORRHAGE.

Explanation of codes for Item 26:

- | | |
|---------------------------------------|------------------------------|
| For SAH: | For ICH: |
| 0 None | 0 None |
| 1 Diffuse and less than 1 mm | 1 Intraventricular extension |
| 2 Localized clot or greater than 1 mm | 2 Cisternal |
| 3 Clots | 3 Both |

	1	2	3	4	5	6
26. Hemorrhage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CT SCAN ABNORMALITIES

27. Cortical atrophy? None 1
Minimal 2
Moderate 3
Marked 4
Unknown 5

28. Hydrocephalus? None 1
Minimal 2
Moderate 3
Marked 4
Unknown 5

29. Periventricular hypodensity (by CT): Not present 1
Visible 2
Not applicable 3

30. Bright plaques (T 2 image MRI): Not present 1
Visible 2
Not applicable 3

31. Sulcus/fissure enlargement (if not visible = 0)

Average sulcus width (check at least 3 on each side from highest slice):

a. Left side (mm)

b. Right side (mm)

Anterior end of sylvian fissure:

c. Left side (mm)

d. Right side (mm)

Interhemisphere space anteriorly at the level of the body of the lateral ventricles (mm):

e.

32. Ventricular measurements and ratios (if not visible = 0)

a. 3rd ventricle (mm)

b. Width of temporal horns, left (mm)

c. Width of temporal horns, right (mm)

d. Lateral frontal horn distance, maximum (mm)

e. Skull diameter at same location as 32d (mm)

f. Compute ratio 32d ÷ 32e .

CT SCAN ABNORMALITIES (Continued)

Cella media ratio

g. Transverse diameter of the body of the lateral ventricles (mm)

h. Skull diameter at same location (mm)

i. Compute ratio $32g \div 32h$

 .

Third ventricle--Sylvian fissure/skull ratio

j. Distance from left sylvian fissure to 3rd ventricle (mm)

k. Distance from right sylvian fissure to 3rd ventricle (mm)

l. Diameter of skull at the same location (mm)

m. Compute $(32j + 32k) \div 32l$

 .

33. Comments or additional descriptions of other abnormalities:

34. CT Coder Signature: _____

STOP

Coordinating Center Use Only

35. Coding result:

Agrees with other coder 1
Needs adjudication 2

Adjudicator's Use Only

36. Result of adjudication:

Use this coder's form 1
Use alternate coder's form 2

37. Comments:

38. Signature of adjudicator: _____

DIAGNOSTIC CRITERIA FOR DEPRESSION

1. a. Participant's Name: _____
- b. SHEP ID: - -
- c. Acrostic:
2. Date of Clinic Visit: 3. Sequence #:
- Month Day Year
4. Date of SHORTCARE Evaluation:
- Month Day Year

For each of the following criteria for depression taken from DSM III, please indicate if the criterion is present or not. If present, please indicate on what basis the judgment is made.

Criterion (DSM III)	Present?	Basis of Judgment
<p>5. Dysphoric mood or loss of interest or pleasure in all or almost all usual activities and past times</p> <p style="margin-left: 20px;">a. Mood is characterized by symptoms such as depression, sad, blue, hopeless, low, down in the dumps, irritable</p> <p style="margin-left: 20px;">b. Mood disturbance is prominent and relatively persistent</p>	<p style="text-align: center;">Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p style="margin-left: 20px;">Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p style="margin-left: 20px;">Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p>	
<p>6. At least four of the following symptoms have <u>each</u> been present nearly every day for a period of at least two weeks</p> <p style="margin-left: 20px;">a. Poor appetite with weight loss or increased appetite with weight gain</p> <p style="margin-left: 20px;">b. Insomnia or hypersomnia</p> <p style="margin-left: 20px;">c. Psychomotor agitation or retardation</p> <p style="margin-left: 20px;">d. Loss of interest or pleasure in sexual activities or decrease in sexual drive</p> <p style="margin-left: 20px;">e. Loss of energy or fatigue</p> <p style="margin-left: 20px;">f. Feelings of worthlessness, self-reproach or excessive or inappropriate guilt</p>	<p style="text-align: center;">Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p style="text-align: center;">Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p style="text-align: center;">Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p style="text-align: center;">Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p style="text-align: center;">Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p> <p style="text-align: center;">Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p>	

Criterion (DSM III)	Present?	Basis of Judgment
g. Complaints or evidence of diminished ability to think or concentrate	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
h. Recurrent thoughts of death, suicidal indication, wishes to be dead or suicide attempt	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
7. Neither of the following dominate the clinical picture when an affective syndrome is not present		
a. Preoccupation with a mood, delusion or hallucination	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
b. Bizarre behavior	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
8. Not superimposed upon either schizophrenia, schizophreniform, or paranoid disorder	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
9. Not due to any organic mental disorder or uncomplicated bereavement	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	
10. In your opinion, does this participant have depression?	Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2	

11. Signature: _____
Code

CHAPTER 4
ACTIVITIES OF DAILY LIFE

Form: SH33 Administered: Baseline Visit 2, Annually
--

Questions 5-11

Each of these questions has three parts: section (a) asks if help is needed, section (b) asks what kind of help is used, and section (c) asks about the level of difficulty that the participant experiences in doing the activity. The following introduction to ADL alleviates feelings of anxiety or impatience in participants who find section c's redundant and bothersome (i.e., "I just told you . . . I don't need help!):

"First, I'll ask you whether or not you require help to carry out certain activities. Second, even though you may not need help, I'll follow-up each question by asking you how difficult on the average it is for you to carry out that activity."

Ask section (a) of each item to all respondents, including proxies. Repeat the introduction "At the present time, do you need help . . . " before each item. If the response to section (a) is Yes, check "Help" and then ask section (b) of that question.

If the respondent does not need help, that is, the response to section (a) is "No Help," skip section (b) and go to section (c).

If the respondent is totally unable to do something even with help, the response to section (a) is "Unable to do." Then skip sections (b) and (c) and go to the next item.

Also skip section (b) if the respondent refused to answer section (a) or doesn't know the answer.

Section (b) records the form of the assistance used to do each task. Check "Person only" if assistance is received only from people. (The person may be a spouse, household member, neighbor, friend, home health aide, etc.)

Check "Equipment only" if the help is only from equipment such as a cane or walker, commode, prosthesis, bedpan, special clothing (e.g., zipperless pants, special shoes, etc.), or other special equipment.

Check "Both" if the respondent currently needs the assistance of both a person and special equipment either at the same time or at various times (e.g., "the aide helps me get onto the bedpan" or "my wife usually helps me out of bed, but if she's not here, I use my walker").

Always use the response card provided in this chapter for Questions 5-11.

Questions 12-14

Ask each of the three items to all respondents, including proxy respondents.

If the respondent says "I don't do that," ask whether the respondent could do it, if he/she needed to.

Questions 15-19

Ask each of the five items to all respondents including proxy respondents. Repeat the answer categories with each question. Always use the response card provided in this chapter.

Revised August 1988

Questions 20-24

These questions are for the interviewer only, and ask about the interviewer's perception of the quality of the interview.

ACTIVITIES OF DAILY LIFE

This form is to be administered at Baseline Visit 2 and all annual visits. If necessary, information may be obtained from a person who is knowledgeable about the participant's daily life.

1. SHEP ID: - -
2. Acrostic:
3. Date:
Month Day Year
4. a. Visit: 1 Baseline Visit 2
 2 Annual → b. Which?

"The next set of questions is about everyday activities." (Give response card #1 to participant.)

(Interviewer: Record any help as help. Repeat lead and response categories as necessary.)

"At the present time, do you need help from another person or from special equipment for . . . "

- 5a. Walking across a small room?
- | | | |
|------------|--------------|----------------------------|
| Go to 5c ← | No help | <input type="checkbox"/> 1 |
| Go to 5b ← | Help | <input type="checkbox"/> 2 |
| Go to 6 ← | Unable to do | <input type="checkbox"/> 3 |
| Go to 5c ← | Refused | <input type="checkbox"/> 7 |
| | DK | <input type="checkbox"/> 8 |
- b. Is this help from a person, from special equipment or both?
- | | |
|----------------|----------------------------|
| Person only | <input type="checkbox"/> 1 |
| Equipment only | <input type="checkbox"/> 2 |
| Both | <input type="checkbox"/> 3 |
| Refused | <input type="checkbox"/> 7 |
| DK | <input type="checkbox"/> 8 |
- c. How much difficulty, on the average, do you have doing this? Would you say that you have . . . (say the responses)
- | | |
|----------------------|----------------------------|
| No difficulty at all | <input type="checkbox"/> 1 |
| A little difficulty | <input type="checkbox"/> 2 |
| Some difficulty | <input type="checkbox"/> 3 |
| A lot of difficulty | <input type="checkbox"/> 4 |
| Refused | <input type="checkbox"/> 7 |
| DK | <input type="checkbox"/> 8 |
- 6a. Do you need help from another person or from special equipment for bathing-- either a sponge bath, tub bath, or shower?
- | | | |
|------------|--------------|----------------------------|
| Go to 6c ← | No help | <input type="checkbox"/> 1 |
| Go to 6b ← | Help | <input type="checkbox"/> 2 |
| Go to 7 ← | Unable to do | <input type="checkbox"/> 3 |
| Go to 6c ← | Refused | <input type="checkbox"/> 7 |
| | DK | <input type="checkbox"/> 8 |
- b. Is this help from a person, from special equipment, or both?
- | | |
|----------------|----------------------------|
| Person only | <input type="checkbox"/> 1 |
| Equipment only | <input type="checkbox"/> 2 |
| Both | <input type="checkbox"/> 3 |
| Refused | <input type="checkbox"/> 7 |
| DK | <input type="checkbox"/> 8 |
- c. How much difficulty, on the average, do you have doing this? Would you say that you have . . . (say the responses)
- | | |
|----------------------|----------------------------|
| No difficulty at all | <input type="checkbox"/> 1 |
| A little difficulty | <input type="checkbox"/> 2 |
| Some difficulty | <input type="checkbox"/> 3 |
| A lot of difficulty | <input type="checkbox"/> 4 |
| Refused | <input type="checkbox"/> 7 |
| DK | <input type="checkbox"/> 8 |

- 7a. Do you need help for personal grooming, like brushing hair, brushing teeth, or washing face?
- Go to 7c ← No help 1
 Go to 7b ← Help 2
 Go to 8 ← Unable to do 3
 Go to 7c ← Refused 7
 DK 8
- b. Is this help from a person, from special equipment, or both?
- Person only 1
 Equipment only 2
 Both 3
 Refused 7
 DK 8
- c. How much difficulty, on the average, do you have doing this? Would you say that you have . . . (say the responses)
- No difficulty at all 1
 A little difficulty 2
 Some difficulty 3
 A lot of difficulty 4
 Refused 7
 DK 8
- 8a. Do you need help for dressing, like putting on a shirt, buttoning and zipping, or putting on shoes?
- Go to 8c ← No help 1
 Go to 8b ← Help 2
 Go to 9 ← Unable to do 3
 Go to 8c ← Refused 7
 DK 8
- b. Is this help from a person, from special equipment or both?
- Person only 1
 Equipment only 2
 Both 3
 Refused 7
 DK 8
- c. How much difficulty, on the average do you have doing this? Would you say that you have . . . (say the responses)
- No difficulty at all 1
 A little difficulty 2
 Some difficulty 3
 A lot of difficulty 4
 Refused 7
 DK 8
- 9a. Do you need help for eating, like holding a fork, cutting food, or drinking from a glass?
- Go to 9c ← No help 1
 Go to 9b ← Help 2
 Go to 10 ← Unable to do 3
 Go to 9c ← Refused 7
 DK 8
- b. Is this help from a person, from special equipment or both?
- Person only 1
 Equipment only 2
 Both 3
 Refused 7
 DK 8
- c. How much difficulty, on the average, do you have doing this? Would you say that you have . . . (say the responses)
- No difficulty at all 1
 A little difficulty 2
 Some difficulty 3
 A lot of difficulty 4
 Refused 7
 DK 8

- 10a. Do you need help getting from a bed to a chair?
- Go to 10c ← No help 1
 Go to 10b ← Help 2
 Go to 11 ← Unable to do 3
 Go to 10c ← Refused 7
 DK 8
- b. Is this help from a person, from special equipment or both?
- Person only 1
 Equipment only 2
 Both 3
 Refused 7
 DK 8
- c. How much difficulty, on the average, do you have doing this? Would you say that you have . . . (say the responses)
- No difficulty at all 1
 A little difficulty 2
 Some difficulty 3
 A lot of difficulty 4
 Refused 7
 DK 8
- 11a. Do you need help using the toilet?
- Go to 11c ← No help 1
 Go to 11b ← Help 2
 Go to 12 ← Unable to do 3
 Go to 11c ← Refused 7
 DK 8
- b. Is this help from a person, from special equipment or both?
- Person only 1
 Equipment only 2
 Both 3
 Refused 7
 DK 8
- c. How much difficulty, on the average, do you have doing this? Would you say that you have . . . (say the responses)
- No difficulty at all 1
 A little difficulty 2
 Some difficulty 3
 A lot of difficulty 4
 Refused 7
 DK 8
12. Are you able to do heavy work around the house, like washing windows, walls or floors without help?
 (PROBE: Could you do it if you needed to?)
- Yes 1
 No 2
 Refused 7
 DK, Unsure 8
13. Are you able to walk up and down stairs to the second floor without help?
 (PROBE: Could you do it if you needed to?)
- Yes 1
 No 2
 Refused 7
 DK, Unsure 8
14. Are you able to walk half a mile without help?
 That's about eight ordinary blocks.
 (PROBE: Could you do it if you needed to?)
- Yes 1
 No 2
 Refused 7
 DK, Unsure 8

(Interviewer: Give response card #2 to participant.)

"Now I'm going to ask you about how difficult it is, on the average, for you to do certain kinds of activities."

- | | | |
|--|--|--|
| 15. To begin, how much difficulty, if any, do you have pulling or pushing large objects like a living room chair? Would you say you have . . . | No difficulty at all
A little difficulty
Some difficulty
A lot of difficulty
Just unable to do it
Refused
DK | <input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> 5
<input type="checkbox"/> 7
<input type="checkbox"/> 8 |
| 16. What about stooping, crouching, or kneeling? Do you have . . . | No difficulty at all
A little difficulty
Some difficulty
A lot of difficulty
Just unable to do it
Refused
DK | <input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> 5
<input type="checkbox"/> 7
<input type="checkbox"/> 8 |
| 17. Lifting or carrying weights under 10 pounds, like a bag of potatoes? Do you have . . . | No difficulty at all
A little difficulty
Some difficulty
A lot of difficulty
Just unable to do it
Refused
DK | <input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> 5
<input type="checkbox"/> 7
<input type="checkbox"/> 8 |
| 18. Reaching or extending arms above shoulder level? Do you have . . . | No difficulty at all
A little difficulty
Some difficulty
A lot of difficulty
Just unable to do it
Refused
DK | <input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> 5
<input type="checkbox"/> 7
<input type="checkbox"/> 8 |
| 19. Either writing or handling small objects? Do you have . . . | No difficulty at all
A little difficulty
Some difficulty
A lot of difficulty
Just unable to do it
Refused
DK | <input type="checkbox"/> 1
<input type="checkbox"/> 2
<input type="checkbox"/> 3
<input type="checkbox"/> 4
<input type="checkbox"/> 5
<input type="checkbox"/> 7
<input type="checkbox"/> 8 |

Questions 20-23 for interviewer only.

20. Were all items in the Activities of Daily Life Questionnaire read, or was the questionnaire not completed? All questions read 1
Not completed, at participant's request 2
Not completed, at interviewer's initiative 3
21. From whom were responses obtained? Participant entirely 1
Participant mostly 2
Participant and proxy about equally 3
Proxy mostly 4
Proxy entirely 5
22. How would you rate the overall validity of the responses that were obtained? Very good 1
Good 2
Fair 3
Poor 4
Very poor 5
- 23a. Did anything in particular contribute to non-completion or adversely affect the overall quality of the interview? Go to 23b ← Yes 1
Go to END ← No 2
- b. Hearing problem? Yes 1 No 2
- c. Language difficulty? Yes 1 No 2
- d. Mental confusion? Yes 1 No 2
- e. Hostile attitude? Yes 1 No 2
- f. Lack of interest? Yes 1 No 2
- g. Fatigue? Yes 1 No 2
- h. Participant's proxy? Yes 1 No 2
- i. Noise, interruptions? Yes 1 No 2
- j. Time pressure? Yes 1 No 2
- k. Other? (Specify: _____) Yes 1 No 2

END

Finish conversations that may have been side-tracked earlier in the interview. Thank the participant for his or her cooperation.

24. Interviewer: _____
Signature Code
SH33/5

No help

Help

Unable to do

Person

Special equipment

Both

No difficulty at all

A little difficulty

Some difficulty

A lot of difficulty

No difficulty at all

A little difficulty

Some difficulty

A lot of difficulty

Just unable to do it

CHAPTER 5
SOCIAL NETWORK QUESTIONNAIRE

Form: SH34 Administered: One-month visit, Annually

This information may be obtained from the participant or, unless otherwise noted, from a proxy. Information should not be obtained from a proxy for Items 7(e), 7(f), 12(a-c), 13(a-c), 14(a-c), and 15(a-c). If Items 12-15 cannot be answered by the participant, "Not asked" should be checked for section (a) and the rest of the item should be skipped.

Item 5--"Married" is defined broadly to include persons living together as husband and wife. If the participant requests clarification, ask: "Do you think of yourselves as husband and wife?" If the former spouse of a divorced respondent dies, the respondent is still considered to be divorced.

Item 6--Skip this item unless the participant is currently married and living with spouse. Otherwise, read the lead-in, the activity, and the response categories for each of the four family duties. For example, "Who in your family has responsibility for handling family finances--the husband entirely, the husband more, both the husband and the wife equally, the wife more, the wife entirely, neither the husband nor the wife, or is each responsible for handling his or her own finances?" Repeat the lead-in for each succeeding activity--"Who in your family

has responsibility for . . . ?" Begin to read the response categories, but allow the respondent to interrupt with the answer if he or she wishes. Always use the response card provided in this chapter.

Item 7(a)--The term "children" includes anyone considered by the participant as his or her child regardless of biological or legal relationships. This includes grandchildren if they are raised by the participant without the biological parent present. If no living children or no response, skip to Item 10.

Item 7(b) is intended to determine the number of living children who live close enough to the participant so that distance by itself is not a serious obstacle to visiting. The time, "an hour," refers to the time required by whatever mode of transportation the participant and/or children commonly use.

Item 7(c) should include children with whom the participant lives, if the participant sees them at least once a week.

Item 7(d) also can include children with whom the participant lives if the participant communicates with them by telephone or written message at least once a week. (Note, for instance, the difference between the following two responses: "It's unnecessary because my daughter lives with me," and "My daughter lives with me, and she calls me every day from work.") "Correspondence" includes written communications such as notes--e.g., "I won't be home until late tonight"--as well as letters. Combine written communications and telephone calls to estimate total weekly contacts.

Item 8--Does the participant help any of his children in any of these ways? Include help given to children-in-law but not grandchildren, unless the grandchild is included in Item 7(a).

Item 9--Similarly, does any child help the participant? Include help from children-in-law but not grandchildren, unless the grandchild is included in Item 7(a).

Item 10--"Relatives" includes persons related by blood or by marriage other than those counted above as children. It also includes former in-laws if the participant still considers them to be relatives.

Item 11--"Friends" includes everyone else not counted above as children or relatives.

Item 11(e) may present problems of coding when the response does not fit exactly one of the categories given. Try repeating the question with extra emphasis on "most": "Well, how long have you known most of your close friends?" Then repeat the response categories.

Items 13 through 15--Section (b) should still be asked if the participant responds that he or she cannot count on anyone for help; there still may be someone who was in fact helpful. If no help was needed, we still need to know if there is someone that the participant can rely on. Do not read the response categories in section (b); simply record what the respondent says. Do not probe to elicit further responses, e.g., by asking "Anyone else?". The expectation is that only one person will be mentioned, but two or more can be coded if spontaneously mentioned as being the most helpful.

Ask section (c) whether or not the participant is receiving some help; the participant may still feel a need for more help.

Item 16--"Neighbors" includes persons considered as neighbors by the participant. Depending on the situation, this might include persons who live in adjacent apartments, in rooms on the same floor, in houses on the same block or adjacent blocks, in the farmhouse 3 miles away, etc.

Item 17--"Group" includes any social organization or group of people that exists on a fairly stable basis and regularly gets together. A bridge club--an organization of persons who get together regularly to play bridge--would constitute a group in this sense; persons who play cards together occasionally would not. The degree of involvement depends on the frequency and regularity with which the persons participate in the group's activities.

Items 18-22

These are for the interviewer only, and ask about the interviewer's perception of the quality of the responses obtained.

- 7a. How many living children do you have? ("Children" includes anyone considered by the participant to be his or her child.) If none, or no response, ← Children Refused DK 97 98
- b. How many of your children live within an hour of you? Children Refused DK 97 98
- c. How many of your children do you see at least once a week? Children Refused DK 97 98
- d. How many of your children do you talk to on the phone or correspond with at least once a week? Children Refused DK 97 98
- e. ASK PARTICIPANT ONLY: How many of your children do you feel very close to? Children Refused DK Not asked 97 98 99
- f. ASK PARTICIPANT ONLY: Would you like to see your children more often, about the same, or less often than you do now? More often 1
About the same 2
Less often 3
Some more, some less 4
Refused 7
DK 8
Not asked 9
8. As you know, parents and children sometimes help each other in different ways. Do you help your child/children in any of the following ways? Do you (Read activities. Do not include help to grandchildren. If asked about time frame, say: "Within the last year." For part e, if there are no grandchildren, mark "NA," not applicable.)

Parent Helps Child:

- | | <u>Yes</u> | <u>No</u> | <u>Ref.</u> | <u>DK</u> | <u>NA</u> |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Give gifts? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | |
| b. Help out with money? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | |
| c. Help out when someone is ill? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | |
| d. Help keep house or fix things around the house? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | |
| e. Take care of grandchildren or babysit for a while when parents are out? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |

9. Now, I would like to know if your child helps/children help you in any of the following ways? Do they/Does he or she . . . (Read activities. Do not include help from grandchildren.)

Child Helps Parent:

Yes No Ref. DK

- a. Help you when you are ill (or when your husband/wife is ill)? 1 2 7 8
- b. Give you gifts? 1 2 7 8
- c. Shop or run errands for you? 1 2 7 8
- d. Help keep house or fix things around the house for you? 1 2 7 8
- e. Help out with money? 1 2 7 8
- f. Prepare meals for you? 1 2 7 8
- g. Drive you places, such as the doctor's, shopping, church? 1 2 7 8

10a. In general, (apart from your children), how many relatives do you have that you feel close to? Relatives that you feel at ease with, can talk to about private matters, and can call on for help.

If none, or no response, go to 11.

Relatives	<input type="checkbox"/>	<input type="checkbox"/>
Refused	<input type="checkbox"/>	97
DK	<input type="checkbox"/>	98

b. Of these close relatives, how many live within an hour of you?

Relatives	<input type="checkbox"/>	<input type="checkbox"/>
Refused	<input type="checkbox"/>	97
DK	<input type="checkbox"/>	98

c. How many of these close relatives do you see at least once a month?

Relatives	<input type="checkbox"/>	<input type="checkbox"/>
Refused	<input type="checkbox"/>	97
DK	<input type="checkbox"/>	98

d. How many of these close relatives do you correspond with, either by letter or telephone, a few times a year?

Relatives	<input type="checkbox"/>	<input type="checkbox"/>
Refused	<input type="checkbox"/>	97
DK	<input type="checkbox"/>	98

11a. In general, how many close friends do you have? Friends that you feel at ease with, can talk to about private matters, and can call on for help.

If none, or no response, go to 12.

Friends	<input type="checkbox"/>	<input type="checkbox"/>
Refused	<input type="checkbox"/>	97
DK	<input type="checkbox"/>	98

b. Of these close friends, how many live within an hour of you?

Friends	<input type="checkbox"/>	<input type="checkbox"/>
Refused	<input type="checkbox"/>	97
DK	<input type="checkbox"/>	98

c. How many of these close friend do you see at least once a month?

Friends	<input type="checkbox"/>	<input type="checkbox"/>
Refused	<input type="checkbox"/>	97
DK	<input type="checkbox"/>	98

d. How many of these close friends do you exchange letters or telephone calls with a few times a year?

Friends	<input type="checkbox"/>	<input type="checkbox"/>
Refused	<input type="checkbox"/>	97
DK	<input type="checkbox"/>	98

e. How long have you known most of your close friends? Would you say less than a year, 1 to 4 years, 5 to 9 years, 10 to 14 years, 15-19 years, or 20 years or more?

Less than a year	<input type="checkbox"/>	1
1 - 4 years	<input type="checkbox"/>	2
5 - 9 years	<input type="checkbox"/>	3
10 - 14 years	<input type="checkbox"/>	4
15 - 19 years	<input type="checkbox"/>	5
20 years or more	<input type="checkbox"/>	6
Refused	<input type="checkbox"/>	7
DK	<input type="checkbox"/>	8

12a. ASK PARTICIPANT ONLY:

Is there any one special person you know that you feel very close and intimate with - someone you share confidences and feelings with, someone you feel you can depend on? (This can be spouse, child, relative, friends, or anyone else.)

Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2
Refused	<input type="checkbox"/>	7
DK	<input type="checkbox"/>	8
Not asked	<input type="checkbox"/>	9

b. How often do you get together with this person?

Daily	<input type="checkbox"/>	1
Weekly	<input type="checkbox"/>	2
Monthly	<input type="checkbox"/>	3
Several times a year	<input type="checkbox"/>	4
Once a year or less	<input type="checkbox"/>	5
Refused	<input type="checkbox"/>	7
DK	<input type="checkbox"/>	8

c. How often do you talk on the telephone with him/her?

Daily	<input type="checkbox"/>	1
Weekly	<input type="checkbox"/>	2
Monthly	<input type="checkbox"/>	3
Several times a year	<input type="checkbox"/>	4
Once a year or less	<input type="checkbox"/>	5
Refused	<input type="checkbox"/>	7
DK	<input type="checkbox"/>	8

13a. ASK PARTICIPANT ONLY:

When you need some extra help, can you count on anyone to help with daily tasks like grocery shopping, cooking, telephoning, or giving you a ride?

- | | | | |
|------------|-------------------|--------------------------|---|
| | Yes | <input type="checkbox"/> | 1 |
| | No | <input type="checkbox"/> | 2 |
| | I don't need help | <input type="checkbox"/> | 3 |
| Go to 14 ← | Refused | <input type="checkbox"/> | 7 |
| | DK | <input type="checkbox"/> | 8 |
| | Not asked | <input type="checkbox"/> | 9 |

b. In the last year who has been most helpful with these daily tasks? (Do not read all response categories out loud; simply record respondent's answer.)

	<u>Mentioned</u>	<u>Not Mentioned</u>	<u>Ref.</u>	<u>DK</u>
(1) Spouse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(2) Daughter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(3) Son	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(4) Sibling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(5) Other relative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(6) Your neighbors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(7) Co-workers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(8) Church members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(9) Club members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(10) Professionals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(11) Any friends not included in these categories	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(12) No one	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

c. Could you have used more help with daily tasks than you received? Would you say that you could have used a lot more help, some more help, a little more help, or that you received sufficient help?

- | | | |
|--------------------------|--------------------------|---|
| A lot | <input type="checkbox"/> | 1 |
| Some | <input type="checkbox"/> | 2 |
| A little | <input type="checkbox"/> | 3 |
| Received sufficient help | <input type="checkbox"/> | 4 |
| Refused | <input type="checkbox"/> | 7 |
| DK | <input type="checkbox"/> | 8 |

14a. ASK PARTICIPANT ONLY:

Can you count on anyone to provide you with emotional support? (Talking over problems or helping you make difficult decisions.)

- | | | | |
|------------|--------------------|--------------------------|---|
| | Yes | <input type="checkbox"/> | 1 |
| | No | <input type="checkbox"/> | 2 |
| | I didn't need help | <input type="checkbox"/> | 3 |
| Go to 15 ← | Refused | <input type="checkbox"/> | 7 |
| | DK | <input type="checkbox"/> | 8 |
| | Not asked | <input type="checkbox"/> | 9 |

b. In the last year who has been most helpful in providing you with emotional support?
 (Do not read all response categories out loud; simply record respondent's answer.)

	<u>Mentioned</u>	<u>Not Mentioned</u>	<u>Ref.</u>	<u>DK</u>
(1) Spouse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(2) Daughter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(3) Son	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(4) Sibling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(5) Other relative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(6) Your neighbors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(7) Co-workers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(8) Church members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(9) Club members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(10) Professionals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(11) Any friends not included in these categories	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(12) No one	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

c. Could you have used more emotional support than you received? Would you say that you could have used a lot more emotional support, some more support, a little more support, or that you received sufficient emotional support?

A lot	<input type="checkbox"/> 1
Some	<input type="checkbox"/> 2
A little	<input type="checkbox"/> 3
Received sufficient support	<input type="checkbox"/> 4
Refused	<input type="checkbox"/> 7
DK	<input type="checkbox"/> 8

15a. ASK PARTICIPANT ONLY:

When you need some extra help financially, can you count on anyone to help you--that is, by paying bills, housing costs, hospital visits, providing you with food or clothes?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2
Offered help but I wouldn't accept	<input type="checkbox"/> 3
I don't need help	<input type="checkbox"/> 4
Refused	<input type="checkbox"/> 7
DK	<input type="checkbox"/> 8
Not asked	<input type="checkbox"/> 9

Go to 16 ←

b. In the last year, who has been most helpful in offering financial assistance? (Do not read response categories; simply record respondent's answer.)

	<u>Mentioned</u>	<u>Not Mentioned</u>	<u>Ref.</u>	<u>DK</u>
(1) Spouse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(2) Daughter	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(3) Son	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(4) Sibling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(5) Other relative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(6) Your neighbors	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(7) Co-workers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(8) Church members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(9) Club members	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(10) Professionals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(11) Any friends not included in these categories	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8
(12) No one	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7	<input type="checkbox"/> 8

- c. Could you have used more financial assistance than you received? Would you say that you could have used a lot more, some more, a little more, or that you received sufficient financial assistance?
- | | |
|--------------------------------|----------------------------|
| A lot | <input type="checkbox"/> 1 |
| Some | <input type="checkbox"/> 2 |
| A little | <input type="checkbox"/> 3 |
| Received sufficient assistance | <input type="checkbox"/> 4 |
| Refused | <input type="checkbox"/> 7 |
| DK | <input type="checkbox"/> 8 |

16. Now let's talk about your neighbors.

- a. Do you consider your neighbors to be friendly?
- | | |
|---------------------|----------------------------|
| Not at all friendly | <input type="checkbox"/> 1 |
| A little friendly | <input type="checkbox"/> 2 |
| Moderately friendly | <input type="checkbox"/> 3 |
| Very friendly | <input type="checkbox"/> 4 |
| Refused | <input type="checkbox"/> 7 |
| DK | <input type="checkbox"/> 8 |
- Go to 17 ←

- b. How many neighbors do you know well enough that you visit in each others' homes or apartments or go out together?
- | | | |
|-----------|--------------------------|----------------------|
| Neighbors | <input type="text"/> | <input type="text"/> |
| Refused | <input type="checkbox"/> | 97 |
| DK | <input type="checkbox"/> | 98 |

- c. How often do you help out any of your neighbors with small things like borrowing a cup of sugar, checking their mail, or doing some shopping for them?
- | | |
|---------------------------|----------------------------|
| Often | <input type="checkbox"/> 1 |
| Sometimes | <input type="checkbox"/> 2 |
| Rarely or in an emergency | <input type="checkbox"/> 3 |
| Never | <input type="checkbox"/> 4 |
| Refused | <input type="checkbox"/> 7 |
| DK | <input type="checkbox"/> 8 |

- | | | | |
|---|---------------------------|--------------------------|---|
| d. How often do any of your neighbors help you out with small things like borrowing a cup of sugar, checking your mail, or doing some shopping for you? | Often | <input type="checkbox"/> | 1 |
| | Sometimes | <input type="checkbox"/> | 2 |
| | Rarely or in an emergency | <input type="checkbox"/> | 3 |
| | Never | <input type="checkbox"/> | 4 |
| | Refused | <input type="checkbox"/> | 7 |
| | DK | <input type="checkbox"/> | 8 |

17a. Now I would like to ask you a question about groups in which you are involved. Do you participate in any groups such as a senior center, social or work group, church connected group, self-help group, or charity, public service or community group?

- | | | | |
|-----------------|--------------------------|--------------------------|---|
| Go to 17b ← Yes | <input type="checkbox"/> | 1 | |
| Go to 18 ← | No | <input type="checkbox"/> | 2 |
| | Refused | <input type="checkbox"/> | 7 |
| | DK | <input type="checkbox"/> | 8 |

- | | | | |
|---|---------------------|--------------------------|---|
| b. Would you say that you are very involved, moderately involved, or only a little involved with this group/these groups? (If response differs according to group, code the one with the greatest involvement.) | Very involved | <input type="checkbox"/> | 1 |
| | Moderately involved | <input type="checkbox"/> | 2 |
| | A little involved | <input type="checkbox"/> | 3 |
| | Refused | <input type="checkbox"/> | 7 |
| | DK | <input type="checkbox"/> | 8 |

Questions 18-21 for interviewer only.

- | | | | |
|--|--|--------------------------|---|
| 18. Were all items in the Social Network Questionnaire read, or was the questionnaire not completed? | All questions read | <input type="checkbox"/> | 1 |
| | Not completed, at participant's request | <input type="checkbox"/> | 2 |
| | Not completed, at interviewer's initiative | <input type="checkbox"/> | 3 |
| 19. From whom were responses obtained? | Participant entirely | <input type="checkbox"/> | 1 |
| | Participant mostly | <input type="checkbox"/> | 2 |
| | Participant and proxy about equally | <input type="checkbox"/> | 3 |
| | Proxy mostly | <input type="checkbox"/> | 4 |
| | Proxy entirely | <input type="checkbox"/> | 5 |
| 20. How would you rate the overall validity of the responses that were obtained? | Very good | <input type="checkbox"/> | 1 |
| | Good | <input type="checkbox"/> | 2 |
| | Fair | <input type="checkbox"/> | 3 |
| | Poor | <input type="checkbox"/> | 4 |
| | Very poor | <input type="checkbox"/> | 5 |

21a. Did anything in particular contribute to non-completion or adversely affect the overall quality of the interview?

Go to 21b ← Yes 1

Go to **END** ← No 2

- b. Hearing problem? Yes 1 No 2
- c. Language difficulty? Yes 1 No 2
- d. Mental confusion? Yes 1 No 2
- e. Hostile attitude? Yes 1 No 2
- f. Lack of interest? Yes 1 No 2
- g. Fatigue? Yes 1 No 2
- h. Participant's proxy? Yes 1 No 2
- i. Noise, interruptions? Yes 1 No 2
- j. Time pressure? Yes 1 No 2
- k. Other? (Specify: _____) Yes 1 No 2

END

Finish conversations that may have been side-tracked earlier in the interview. Thank the participant for his or her cooperation.

22. Interviewer: _____

Signature

--	--

Code

Husband entirely

Husband more

Both equally

Wife more

Wife entirely

Neither

Each responsible for his or her own activity

CHAPTER 6
BEHAVIORAL EVALUATION--PART II

Form:	SH35 and auxiliary task forms
Administered:	Baseline Visit 2, Annually

Note: General recommendations regarding the administration of the Part II tasks may be found in Section 6.9, page 6-71.

6.1 Anger--Item 4

The four items on anger are from the original SHORTCARE evaluation. They have been slightly reworded for clarification. These items tend to be associated with depression, hypertension, and medication status.

In Item 4c, "frequently" should be interpreted by the interviewer as "more than three times per month."

APPEARANCE ON SH35

4. Anger	Refused <input type="checkbox"/> 1	Not Done <input type="checkbox"/> 2
----------	------------------------------------	-------------------------------------

a. Have you felt angry with other people in the past month? Felt angry with others	true <input type="checkbox"/> 1	false <input type="checkbox"/> 2
b. Have you been irritable in the past month? Admits to having been irritable lately	true <input type="checkbox"/> 1	false <input type="checkbox"/> 2
c. How often have you been getting into heated arguments? Indicates he/she frequently gets into heated arguments	true <input type="checkbox"/> 1	false <input type="checkbox"/> 2
d. Do you get angry with yourself? Gets angry with self	true <input type="checkbox"/> 1	false <input type="checkbox"/> 2

6.2 Trail Making Task--Item 5

The Trail Making Task (TMT) was originally one of the performance sub-tests of the Army Individual Test Battery. It has since been incorporated into the Halstead-Reitan neuropsychological test battery. It consists of two parts, A and B. Part A requires that the participant draw lines to connect consecutively numbered circles. Part B requires that the participant alternate between connecting consecutive numbers and letters. It has been widely used as an easily-administered task of set shifting and visuomotor tracking. As with other tasks that require sustained attention, performance on Trail Making is vulnerable to the effects of brain dysfunction.

Poor performance on either Part A or B of Trail Making may be due to motor slowing, incoordination, visual scanning difficulties, poor motivation, set shifting difficulties or conceptual confusion. If the problems are due primarily to motor slowing, incoordination, or visual scanning problems, both parts of the TMT will be affected. However, when the number of seconds taken to complete Part A is relatively less than that taken to complete Part B, the participant has difficulties in complex mental tracking.

The rules for administering the TMT have altered over the years and vary from administrator to administrator. The instructions here are based on Reitan's Manual for Administration and Scoring of the TMT. The major modification of Reitan's instructions are that upper time limits are given for the tasks--180 seconds for Part A and 240 seconds for Part B. The tasks will be discontinued after these time limits, even if they are incomplete.

Revised January 1988

Trailmaking Task--Instructions

Sample A

Place the sheet labeled "Sample A" in front of the participant. Then say; "As you can see, there are some numbers on this page. What I would like you to do is to draw a line from one number to another in order. That is, begin at number 1, draw a line from 1 to 2, then from 2 to 3, and so on, to the end. Try not to lift your pencil. Try it." If the participant completes the task correctly, say: "Good. Now, let's try this," and proceed to administer Part A. Even though the participant has been told to try and keep their pencil on the paper, it is not an error if they do lift their pencil.

If the participant has difficulty with the task (e.g., starts at the wrong place, doesn't connect the circles in order, skips a circle, or doesn't continue to the end) the interviewer should say: "That's not quite right. Let me show you how it should be done," and then demonstrate the task without actually drawing on the paper. If the participant still is unable to accurately perform Sample A, then Part A should not be administered, and Item 5a should be marked "No." Otherwise, Item 5a should be marked "Yes" and Part A should be administered.

Part A

Place Part A in front of the participant and say "Here is another sheet with more numbers on it. I want you to do the very same thing--connect the numbers in order from 1 to 25. Try not to lift your pencil. Begin here (point at number 1), and end here (point at number 25). Try to work as quickly and accurately as possible." Start timing when the participant begins. Record the time in seconds that it takes the participant to complete the task.

If the participant is having difficulty say: "Just do the best you can. Remember you are supposed to connect the numbers in order--the 1 to the 2, the 2 to the 3, and so on." Discontinue the task after 180 seconds, even if it is incomplete, saying, "That's fine. Let's go on to something else." If the task is discontinued because the time limit is reached, record that time in seconds (i.e., 180) in Item 5b.

Sample B

Place Sample B in front of the participant and say: "Now as you can see, there are both numbers and letters on the page. What I want you to do is to draw a line from the numbers to the letters, in order. That means you will first draw a line from the 1 to the A, then from the A to the 2, then from the 2 to the B, and so on, to the end. Try not to lift your pencil. Try it." If the participant completes the task correctly say: "Good. Now let's try this," and proceed to administer Part B.

If the participant has difficulty, say, "That's not quite right. Let me show you how it should be done," and then demonstrate without actually drawing on the page. If the participant is still unable to accurately perform Sample B, Item 5e should be marked "No" and Part B should not be administered. Otherwise, Item 5e should be marked "Yes" and Part B should be administered.

Part B

Place Part B in front of the participant and say: "Here is another sheet with more numbers and letters on it. I want you to do the very same thing - connect the numbers and letters in order from 1 to A, then from A to 2, then from 2 to B, and so on. Try not to lift your pencil. Begin here (point at number 1), and end here (point at number 13). Try to work as quickly and accurately as possible." Start timing when the participant begins. Record the time in seconds that it takes the participant to complete the task (Item 5f).

If the subject is having difficulty say: "Just do the best you can. Remember you are supposed to connect the numbers and letters in order - the 1 to the A, the A to the 2, the 2 to the B and so on. Discontinue the task after 240 seconds, even if it is incomplete, saying, "That's fine. Let's go on to something else." If the task is discontinued because the time limit is reached, record that time in seconds (i.e., 240) in Item 5f.

SCORING

Number of segments correctly completed:

A "segment" is defined as a line between two sequential points on Trailmaking Part A or Part B (e.g., 1 to 2 in Part A, 3 to C in Part B). A "correct segment" simply means that a line exists between two sequential points, regardless of the direction in which it was drawn. A completely correct Trailmaking Task (both parts) has 24 segments.

Items 5c (Part A) and 5g (Part B) should contain the total number of correct segments in Parts A and B, respectively.

Prior to January 1989, missing segments were also counted. These items should be left blank on forms completed during or after January 1989 (these are not mandatory data entry items).

Guidelines for determining correct segments:

A segment is considered to be correct if a direct line has been drawn between two consecutively numbered circles (or consecutive number and letters in Trails B), without going through another number which is not in sequence. It does not matter in what direction the line was drawn, or if only the perimeter of the circle is touched. If there is a question as to the presence of a segment, use your best judgment to ascertain the participant's intent, and give the participant the benefit of the doubt when possible. For example:

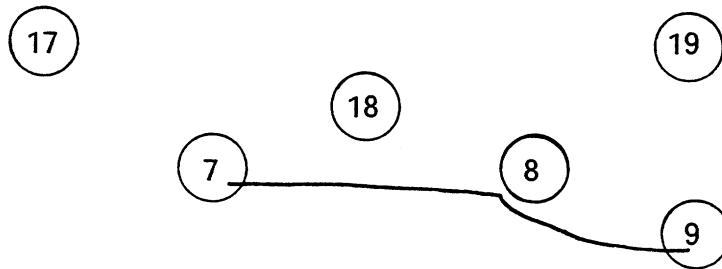
a. If the line narrowly misses the perimeter of the correct number, but it is clear that the participant meant to hit the circle, count it as correct (see Figure 1). If you observe this, remind the participant to try and touch the circle with the pen.

b. If the line narrowly touches an incorrect number on the way to a correct number, count it as correct. (See Figure 2.) Again, if you observe this, remind the participant to avoid touching extraneous numbers.

c. A number should only be used once. If a circle has been gone through twice, if one of the lines is correct, use it in the correct context, and ignore the other times it has been gone through. (See Figure 4.)

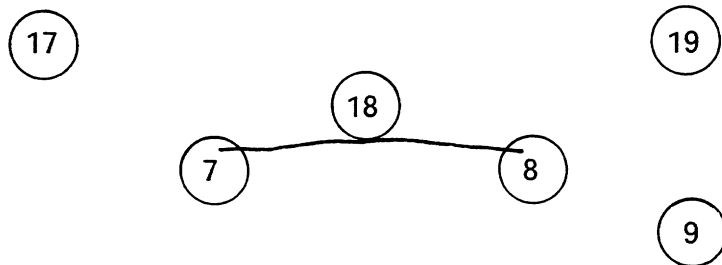
Question: Does the segment exist between 7 and 8?

Figure 1



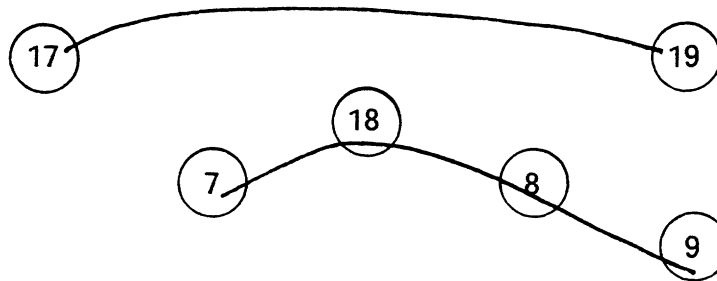
Answer: Yes

Figure 2



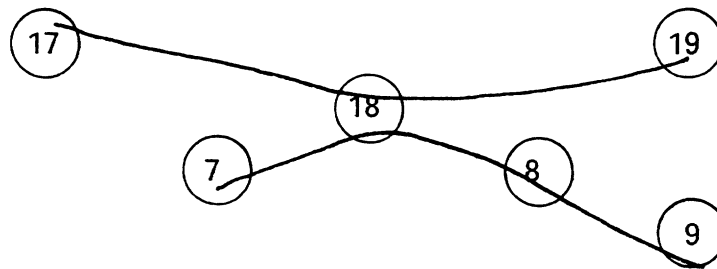
Answer: Yes

Figure 3



Answer: No

Figure 4



Answer: Yes

APPEARANCE ON BEHAVIORAL EVALUATION--PART II (SH35)

5. Trailmaking Task

Refused 1 Not Done 2

Sample A

a. Accurately performed?

Yes 1 No 2

↓
Skip to Sample B

Part A--Time: 3 minutes

b. Number of seconds (maximum 180)

--	--	--

c. Number of segments completed correctly

--	--

d. Number of missing segments, up to highest number connected

--	--

Sample B

e. Accurately performed?

Yes 1 No 2

↓
Skip to 6

Part B--Time: 4 minutes

f. Number of seconds (maximum 240)

--	--	--

g. Number of segments completed correctly

--	--

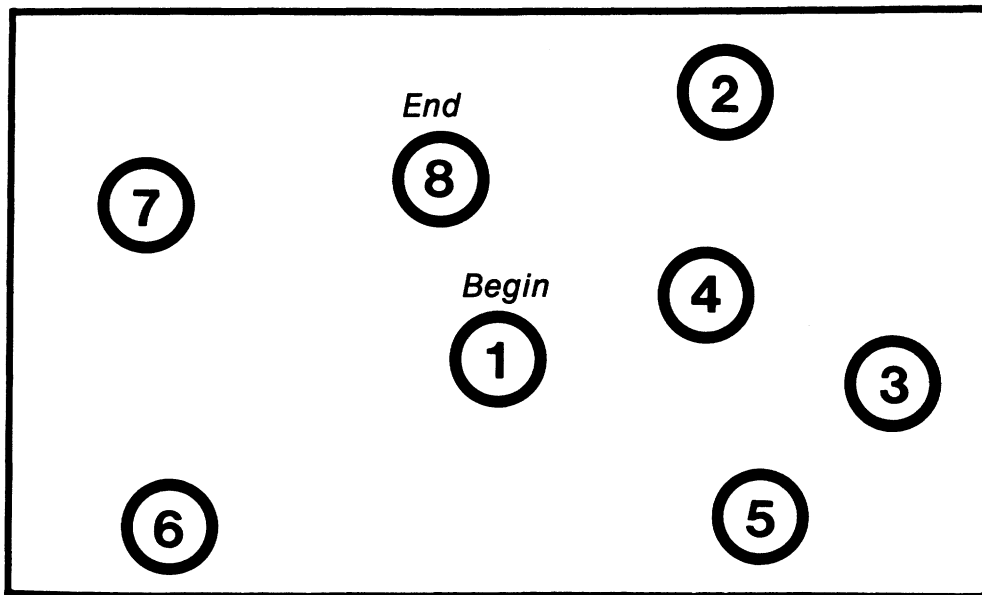
h. Number of missing segments, up to highest number or letter connected

--	--

TRAIL MAKING

Part A

SAMPLE



End

25

15

17

18

8

19

4

7

5

Begin

1

13

9

16

6

23

14

2

20

3

11

24

10

22

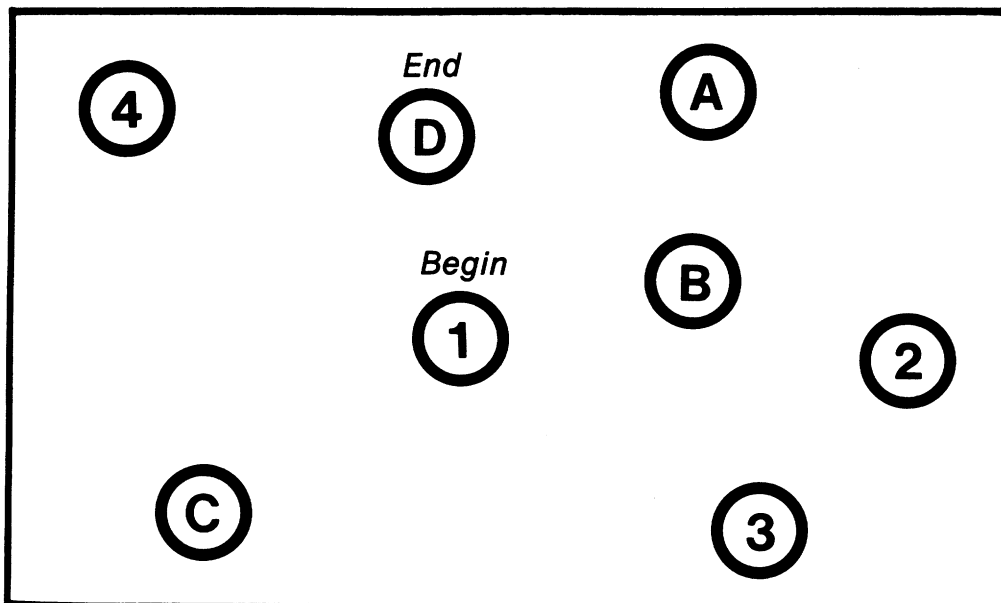
12

21

TRAIL MAKING

Part B

SAMPLE



End

13

8

9

B

4

I

D

10

3

Begin

1

7

H

5

12

C

G

A

J

2

6

L

E

F

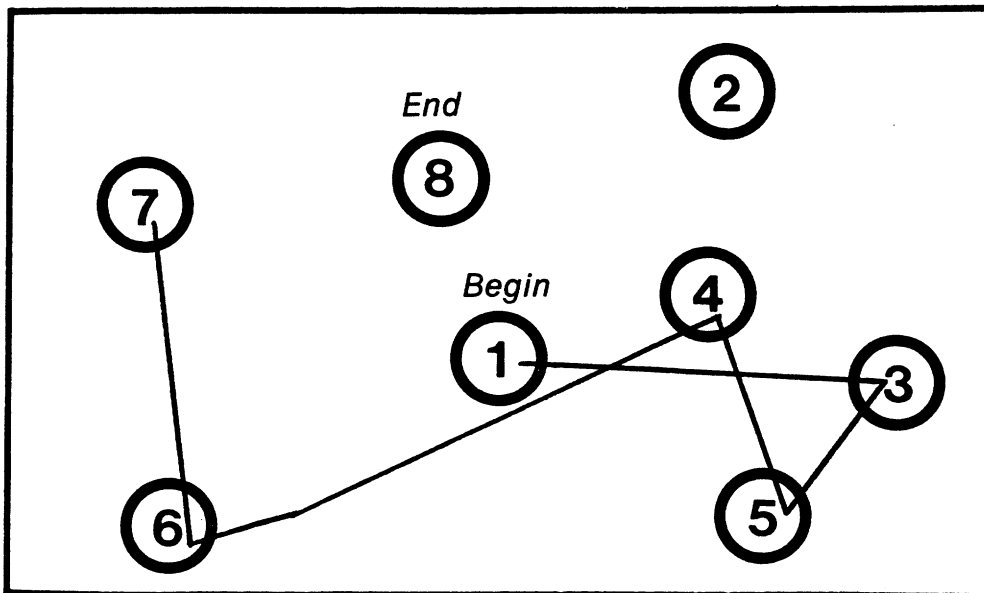
11

K

TRAIL MAKING

Part A

SAMPLE



Scoring example for Part A:

Number of segments completed correctly: 2

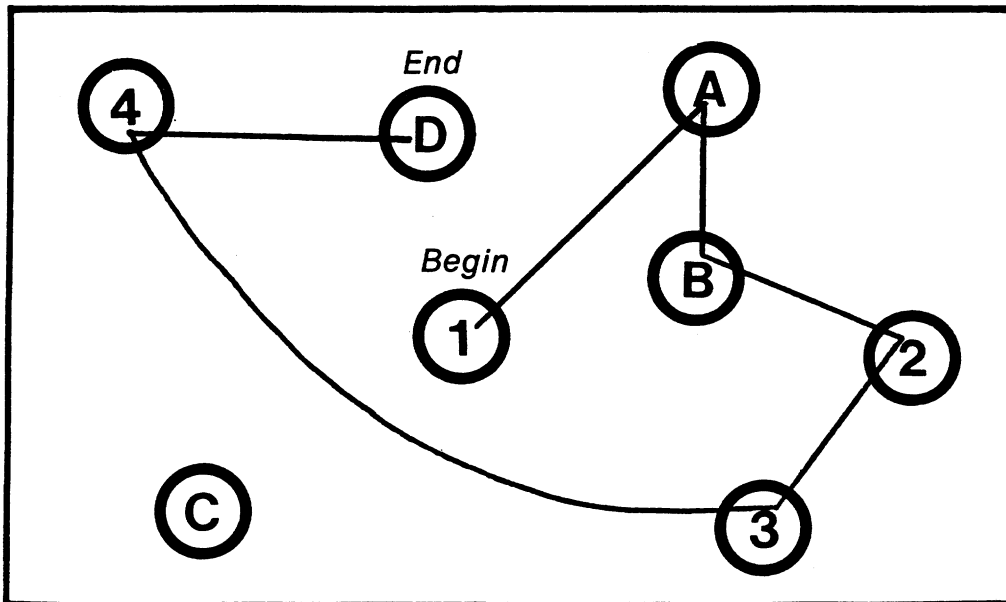
Highest number connected: 7

Number of missing segments: 4

TRAIL MAKING

Part B

SAMPLE



Scoring example for Part B:

Number of segments completed correctly: 3

Highest number or letter connected: D

Number of missing segments: 4

6.3 Digit-Symbol Substitution Task--Item 6

Place the task sheet before the participant and, pointing to the task, say, "Look at these boxes across the top of the page. On the top part of each box are numbers from one through nine. On the bottom part of each box there is a symbol. Each symbol is paired with a number."

"Down here (point to the four rows of boxes) are boxes with numbers on the top, but the bottom part is blank. What I want you to do is to put the correct symbol in each box like this." (Fill in the first three sample boxes.)

"Now I want you to fill in all boxes up this line." (Point to the line separating the samples from the test proper.)

If the participant has difficulty in completing the ten sample items or does not grasp the task, you may help him complete the sample items. If the participant still has difficulty or does not grasp the sample task, the task should not be continued, and zeros should be scored in Items 6a and 6b. (Participants with visual limitations should be given the opportunity to complete the sample. In this case, if the participant cannot complete the sample due to visual impairment, "Not Done" should be checked rather than scoring zeros.)

After the demonstration and practice is complete point to the first box following the sample items and say, "When I tell you to begin, start here and fill in the boxes in these four rows. Do them in order and don't skip any. Please try to work as quickly as possible. Let's begin." Stop the participant after 90 seconds. Say, "That's good. Now let's do something different."

Revised January 1988

SCORING

The score on the Digit-Symbol Substitution Task is the number of symbols correctly coded in 90 seconds. Single blank spaces between two completed items do not count as symbols coded incorrectly. If two or more blanks occur consecutively, the task is considered to be finished, and no coding after that point is counted. Enter the number of symbols correctly coded in Item 6a. Also, enter the number of symbols incorrectly coded in Item 6b.

If the participant attempts the sample or any part of the task, a score must be assigned in Items 6a and 6b. If at least part of the sample is attempted, and then the participant balks at the actual task, the score for that task (Item 6a and 6b) should be zero. See page 6-76 for additional detail and explanation.

If the interviewer knows that a participant is dyslexic, and will therefore draw some types of symbols backward, then these symbols that are drawn exactly backward can still be counted as correct. In the usual clinical situation, they would not be counted as correct, but since we are interested in change over time, they should be counted as correct.

In general:

1. A symbol should be counted as correct if it is recognizable as that symbol and no other one.
2. The person should be consistent in drawing the symbol each time it occurs.

APPEARANCE ON SH35

6. Digit-Symbol Substitution--Time: 90 Seconds Refused 1 Not Done 2

a. Number of symbols correctly coded

b. Number of symbols incorrectly coded

6.4 Addition Task--Item 7

"This is to see how quickly and accurately you can add. As you can see on the sheet (hand sheet to participant), each problem has a box below it for you to write the answer. Here are some practice problems (points to first row of problems). The first one is correctly done so you can see what to do."

(Allow participant a few minutes to complete practice problems. The participant does not need to complete all of the practice problems, but should complete at least half of them. If the participant is unable to successfully perform the practice problems, the task should not be continued, and a zero should be scored in Item 7a.)

"Now try these (point to rest of problems). Work as rapidly as you can, but try to be accurate. You may skip problems if you need to. I want to see how many you can do in 2 minutes. I don't expect you to finish them all. Just do as many as you can." (Stop the participant after 2 minutes.)

Correct Answers:

18,	61,	107,	125,	214,	105,	116,	167,	159,	104,
54,	153,	111,	187,	105,	111,	211,	188,	130,	206,
133,	131,	110,	173,	102,	120,	73,	112,	131,	264,
89,	82,	170,	217,	108,	83,	158,	92,	149,	166,
93,	253,	157,	140,	199,	114,	152,	137,	103,	124,
141,	191,	122,	149,	196,	187,	177,	120,	129,	88

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Revised January 1988

SCORING

The score for the addition test is the total number of problems added correctly.

Once the participant attempts the sample or any part of the task, a score must be assigned for that task. If at least part of the sample is attempted, and then the participant balks at the actual task, the score in Item 7a should be zero. See page 6-76 of additional detail and explanation.

APPEARANCE ON SH35

7.	Addition Task--Time: 2 minutes	Refused <input type="checkbox"/> 1	Not Done <input type="checkbox"/> 2
a.	Total number correct (maximum 60)	<input type="text"/>	

ADDITION TEST

Practice Problems

4	7	12	84	7	34	17	45	31	80
9	6	5	54	38	81	50	41	52	78
1	15	67	72	80	51	74	89	19	15

14											STOP
----	--	--	--	--	--	--	--	--	--	--	------

Test

8	2	12	43	67	23	83	63	19	48
3	51	42	71	95	74	14	99	57	17
7	8	53	11	52	8	19	5	83	39

19	69	6	30	50	75	39	52	17	81	
8	40	67	98	42	17	90	45	55	83	
27	44	38	59	13	19	82	91	58	42	

4	75	36	18	40	5	16	49	44	99	
98	34	20	63	3	26	18	27	7	88	
31	22	54	92	59	89	39	36	80	77	

25	11	76	85	33	42	13	31	62	54	
47	23	41	47	59	23	87	8	38	34	
17	48	53	85	16	18	58	53	49	78	

14	74	65	38	58	63	47	84	62	22	
41	86	58	25	86	29	74	34	15	83	
38	93	34	77	55	22	31	19	26	19	

6	91	17	33	73	66	78	19	63	47	
37	13	38	51	78	89	34	56	23	2	
98	87	67	65	45	32	65	45	43	39	

											STOP
--	--	--	--	--	--	--	--	--	--	--	------

6.5 Finding A's Task--Item 8

The finding A's task falls into the category of cancellation tasks. Cancellation tasks require that the participant scan a series of letters, numbers, or words and cross out only one element every time it occurs. In order to do this quickly, the participant must sustain a high level of attention and visual selectivity. The task also requires fast activation and exhibition of rapid motor responses. Poor performance on a cancellation task can reflect a general response slowing, inattentiveness, defects in response shifting, and unilateral neglect of space.

Finding A's Task - Instructions

Put the practice sheet in front of the participant, saying, "On this sheet are lots of words. Some have the letter "a" in them. I want you to put a line through any word with the letter "a" in it. As you can see, there are five columns of words. Each column has five words containing the letter "a." The first column has already been marked correctly. Now try crossing out the words with an "a" in the other four columns, like this. (Help the participant complete the second column. Allow participant enough time to complete the remaining three practice columns. Participants with visual limitations should be given the opportunity to complete the practice columns. If the participant is unable to complete the practice columns due to visual limitations, the task should not be administered, and "Not done" should be checked in Item 8.)

"Now, try doing these. (Put all four task sheets in front of the participant.) Remember, in each column there are five words containing the letter "a."

"Work as quickly as you can, but try to be accurate. I don't expect that you will finish all the words. Just do as many as you can in two minutes."

Do not tell the participant that it is all right if they do not get to the last page.

It should be emphasized to the participant that they are to go on automatically to the next page when a page is finished.

Correct Answers

Page 1

ladder	dismal	durable	quarrel	instead
spread	distant	leave	steam	readily
reward	grace	bread	hear	grease
message	shawl	fatigue	boast	general
chalk	guard	regular	giant	happy

Page 2

ocean	uproar	orange	board	saw
drawn	rural	great	meadow	hearing
machine	grab	signal	several	teacher
increase	forward	botany	oasis	coating
wash	ideal	breadth	instant	board

Page 3

faint	coral	wearing	cease	eagerly
custard	preface	tyrant	plural	sylvan
squeak	labor	leaves	woman	wander
earnest	hoarse	quarter	idea	vinegar
instead	caught	apple	ravine	fatten

Page 4

pleasing	lack	road	peace	blade
usual	eastern	reader	furnace	reveal
cordial	cottage	earnest	came	jaunty
dollar	loyal	leaf	reliance	senate
decrease	beacon	dollar	logical	leather

SCORING

The score for the Finding A's Task is the total number of words marked correctly.

Once the participant attempts the sample or any part of the task, a score must be assigned for that task. If at least part of the sample is attempted, and then the participant balks at the actual task, the score for that task (Item 8a) should be zero. See page 6-76 for additional detail and explanation.

APPEARANCE ON SH35

8. Finding A's Task--Time: 2 minutes Refused 1 Not Done 2

a. Total number of words marked correctly (maximum 100)

--

FINDING A'S TASK - PRACTICE

1	2	3	4	5
cider	east	stripe	insert	defend
bough	blind	coarse	court	settle
fudge	chord	govern	pearl	lodge
greet	solar	perfect	bridle	oaken
fault	spoon	special	recess	crown
leap	piece	consist	soapy	quest
count	rinse	mostly	able	glimpse
shore	drawn	shrink	pledge	every
easel	fleet	pencil	refuse	break
define	sense	hinder	better	where
entire	uncle	solace	patrol	shorn
ghost	white	keeper	judge	pause
knife	coach	night	defect	hence
hedge	south	clock	trust	short
petal	period	picnic	other	person
scope	millar	smart	straw	warm
ripen	slogan	finger	noisy	juice
under	height	useful	defer	enter
heart	event	slowly	field	ordeal
quite	bond	meant	mend	nurse
jump	west	quick	skill	cool

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FINDINGS A'S TEST - PAGE 1 OF 4

1	2	3	4	5
mention	running	morning	neighbor	dropping
ladder	numerous	setting	strong	sixteen
bench	promise	puzzle	door	instead
theory	funny	witty	moon	moment
further	skip	dryly	soothe	worker
shutter	bloom	switch	quarrel	swift
publish	perfume	fellow	spelling	joyful
spread	monkey	blotter	wheel	comfort
deliver	eleven	melted	steam	fertile
remind	dismal	expense	sober	divide
improve	sponge	ringing	night	throng
forbid	history	durable	couch	velvet
pudding	biscuit	mixture	swell	readily
sunrise	nobody	touch	correct	descent
reward	temple	picnic	hear	chunk
progress	consist	whistle	window	sense
intense	indeed	lemon	bitter	eight
bridle	distant	within	lively	grease
prize	scenery	shriek	engine	moist
goose	jesting	riddle	compel	rocks
indoor	howl	politics	twinkle	click
winding	jump	leave	serene	empty
temper	figure	wintry	modern	freedom
message	depend	relish	revive	bottle
virtue	race	yonder	fifth	report
endure	sprout	bread	study	demure
sixth	honey	sweep	boast	bushel
chalk	clock	prince	juicy	unfold
motor	duke	confide	scorn	found
route	cliff	socket	mood	locket
syrup	four	fatigue	seize	merit
gold	shawl	monster	ivory	general
spicy	lunch	explode	renew	impulse
lion	crowd	million	colony	notch
wool	extent	empire	loudly	pump
pine	guard	regular	horse	cruise
sour	jolly	church	giant	drift
cork	upper	bulge	visit	tiger
pint	noon	timid	ounce	hilly
sheep	dough	plum	stone	happy
dusty	expect	moss	being	occur

GO ON TO THE NEXT PAGE.

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6	7	8	9	10
ostrich	collect	except	splinter	woods
period	truth	welcome	ribbon	sorting
event	precise	struggle	string	bunch
middle	design	word	linen	saw
right	cotton	blue	express	floor
frozen	resent	orange	picture	settle
dodge	stride	employ	fiery	lowly
white	fierce	sports	envy	trench
tough	uproar	court	board	clutch
ocean	notion	humor	time	plunge
crush	light	great	problem	frigid
grind	rural	index	trumpet	hearing
cloud	color	skilled	powder	ground
drawn	settle	discover	meadow	hunting
bulky	fuel	enormous	opening	whine
supply	proper	secret	crush	polish
double	outburst	clothing	forbid	grieve
equip	puzzle	routine	intense	sensible
bottom	furnish	shock	extent	division
green	grab	numb	trinket	teacher
murmur	sprout	signal	several	degree
thrive	connect	counter	sleepy	order
become	grumble	quick	group	strong
collect	position	error	oasis	length
feeling	forward	evening	creep	portion
suspend	horrible	differ	howl	coating
machine	dense	ruler	enough	expect
yielding	ideal	dislike	yellow	smooth
slight	foggy	worship	blunt	rubbish
increase	gloss	cluster	develop	power
continue	mutter	severe	combine	slender
desire	crutch	touch	blush	common
youth	fiction	smoky	provide	refuse
fresh	house	birth	olive	bubble
wash	energy	botany	seize	board
dress	sooner	orderly	insert	trifle
storm	restless	content	noble	level
excel	sincere	breadth	worth	broken
delight	exclude	record	instant	uniform
figure	impress	choice	flower	flyer
twist	contest	splendid	speech	observe

GO ON TO THE NEXT PAGE.

11	12	13	14	15
stunned	ditch	recognize	notion	chubby
vicinity	blown	christen	sewing	outpour
luckily	unfit	mercury	drowsy	scoured
shudder	ought	disguise	bugle	offend
nowhere	sirup	wearing	loiter	explore
subsist	knelt	counsel	spool	recline
countess	ridge	bouquet	belle	sledge
sponsor	coral	inscribe	scent	eagerly
profile	tomb	throttle	cease	heroine
faint	doze	zoning	blithe	isthmus
bonfire	stroll	pewter	onset	though
refund	gushing	tyrant	lofty	cistern
offense	preface	debris	epoch	sylvan
custard	sputter	modest	whose	mostly
recover	nicely	refine	knoll	prosper
pitiful	reptile	fleecy	plural	tedious
homely	labor	enroll	siphon	explode
ruddy	boldly	leaves	mount	relieve
citron	single	deluge	bungle	sirloin
ignite	deport	hurled	wrung	wander
squeak	surrey	obscure	superb	hyphen
goblet	college	debtor	mildly	condense
propose	hoarse	quarter	double	veiled
observe	browse	enforce	buried	certify
seldom	inherit	pompous	steeple	vinegar
intrust	repose	burrow	ebbed	industry
resume	behold	humbug	import	heiress
earnest	crouch	apple	woman	fatten
croquet	deride	explicit	furrow	founder
empress	recoil	urgent	sturdy	whoever
corrupt	caught	tumult	embers	surgeon
emotion	slight	jewels	tempt	glisten
neither	invest	unfurl	impose	scepter
endless	gross	grunt	idea	return
instead	inner	beech	secede	shout
exempt	punch	sight	owner	bulky
species	dizzy	horde	ravine	outer
corps	heed	throb	horror	droll
peril	chess	petty	crust	enter
some	oven	numb	buzz	snuff
crew	spurt	whom	seek	item

GO ON TO THE NEXT PAGE.

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16	17	18	19	20
finish	shipping	bliss	pour	sudden
ginger	through	keen	drugs	tissue
slightly	chestnut	road	film	blade
routine	lack	chew	mesh	lonely
wither	mission	glue	cheese	wrist
strife	without	lilies	peace	nursery
eyelet	guessed	poster	thing	urging
jungle	eastern	fumble	police	turnip
willow	deepest	recent	onion	reveal
prison	stuffed	untrue	strict	decided
outline	twenty	disgust	twelve	chimney
pleasing	cottage	reader	furnace	entirely
midnight	opinion	glorious	multiply	jaunty
robbery	sisters	forlorn	chuckle	rejoice
bestow	mitten	nobody	pepper	session
widely	obedient	evident	blend	elbow
curb	blurred	seventh	kettle	result
root	election	earnest	dislike	widow
usual	destiny	pronoun	came	string
lower	outing	rebuke	trench	hooked
lofty	tunnel	comedy	noted	dentist
cycle	pitch	tribute	consent	pieces
globe	cloves	unjust	morose	legion
negro	knife	leaf	pupil	crisp
slice	plenty	queen	cripple	much
wrong	loyal	method	brook	fully
cordial	fifty	dollar	pickle	scold
better	chorus	bodily	hostile	bounce
dotted	excess	might	chosen	resent
roving	giggle	glove	flutter	smudge
dollar	injury	tenor	sword	senate
wireless	fourth	thorn	eighty	freckle
decrease	beacon	crisis	reliance	stout
outside	frown	pinch	downtown	digest
undue	oblige	vexed	inclose	hobby
roller	unlike	twine	pillow	brush
voter	option	brick	logical	fissure
block	celery	focus	melon	leather
creep	blithe	census	rustic	victory
bite	thirty	buyer	bonus	dozen
cent	none	shrub	invite	prong

STOP

6.6 Boston Naming Task¹--Item 9

A common feature in many types of cognitive impairment is some kind of language dysfunction. This can be present in difficulties in expression, comprehension, repetition, reading, or writing. A special kind of expressive language disorder is anomia, a problem where the person can't produce the right name for objects. Sometimes the person can recognize the object, describe it, know what it is used for, but cannot come up with the proper name. This kind of language disorder is very often overlooked in everyday conversation because the speaker can, intentionally or unintentionally, talk around the actual names, or even be able to use the word in spontaneous speech if not specifically asked to produce it. Sometimes the person says the word wrong; this is a more obvious disability and is often caused by strokes.

The Boston Naming Task consists of a series of black and white drawings of objects that the participant must name. The objects range from familiar, common things like a toothbrush to more difficult items such as a stethoscope. The objects to be named are drawn in solid black lines. Objects drawn in broken lines are present to establish context.

Credit is given only for correctly named items. However, all responses should be recorded in the space provided. Some acceptable alternatives are listed on the next page. If questions arise as to acceptable alternatives that are not listed, the Coordinating Center may be called for a decision on those items. Foreign-language answers are acceptable, also, provided that they name the item, rather than describe its function. There are no practice items for this task.

¹Kaplan, E., Goodglass, H., and Weintraub, S.: Boston Naming Test. Lea & Febiger, Philadelphia, 1983.

Boston Naming Task - Instructions

Say, "Now I am going to show you some pictures and I want you to tell me the name of the object in each picture." Show the participant the pictures on the following 16 pages, in that order. Record all responses verbatim if not exactly as written. If participant is incorrect, make some reassuring remark and go on to the next item.

If the participant cannot name the item, but can explain the function of the item, that response is not acceptable. If the participant can explain the function of the item, or it is apparent from the response that there is only an orientation problem, the interviewer may prompt the participant with a statement like, "Can you give me the specific name?" or "Can you give me another name?" Some examples of acceptable and not acceptable responses for several items are given below. Responses not listed should be checked with the Coordinating Center. Foreign language responses are acceptable if the rater, or a reliable source, is able to verify that it is an acceptable response.

<u>As Written</u>	<u>Acceptable</u>	<u>Not Acceptable</u>
Toothbrush		brush
Knocker	doorbell	
Accordion	concertina, squeezebox	
Harp	lyre	
Noose		hanging rope
Cactus	succulent, saguaro	
Scissors	shears	
Latch	bolt, lock, hasp	
Tongs		ice prongs, prongs
Camel	dromedary	

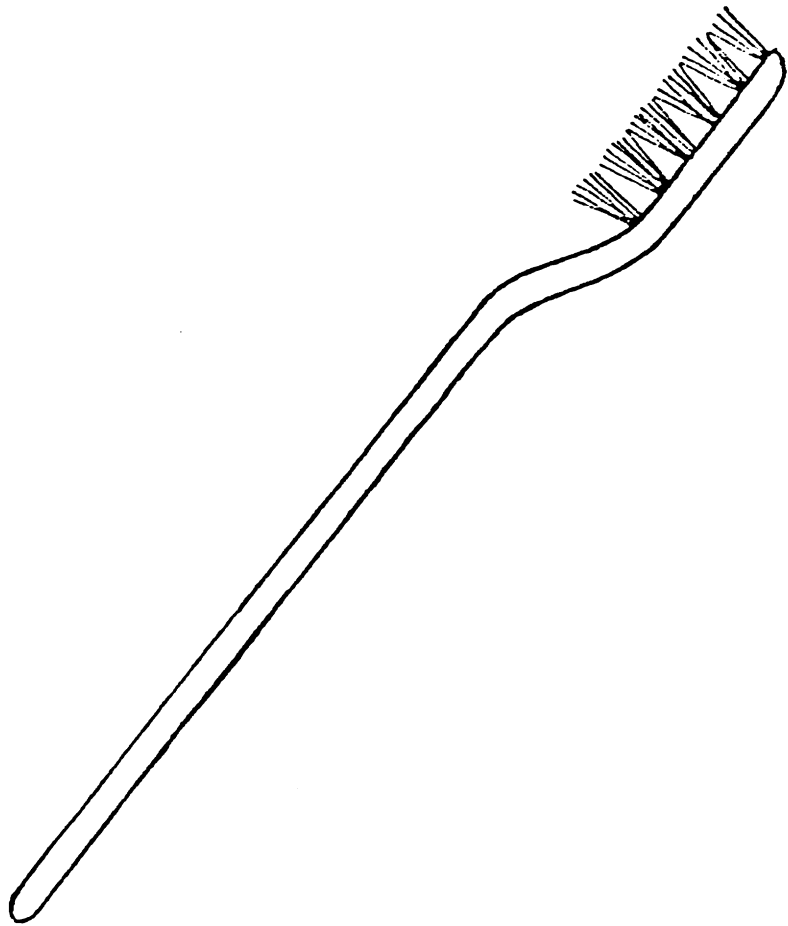
The pictures may be kept separately in a notebook to ensure that they are all kept in the correct order. The pictures should be presented in the proper orientation; if the participant turns it around, it should be corrected.

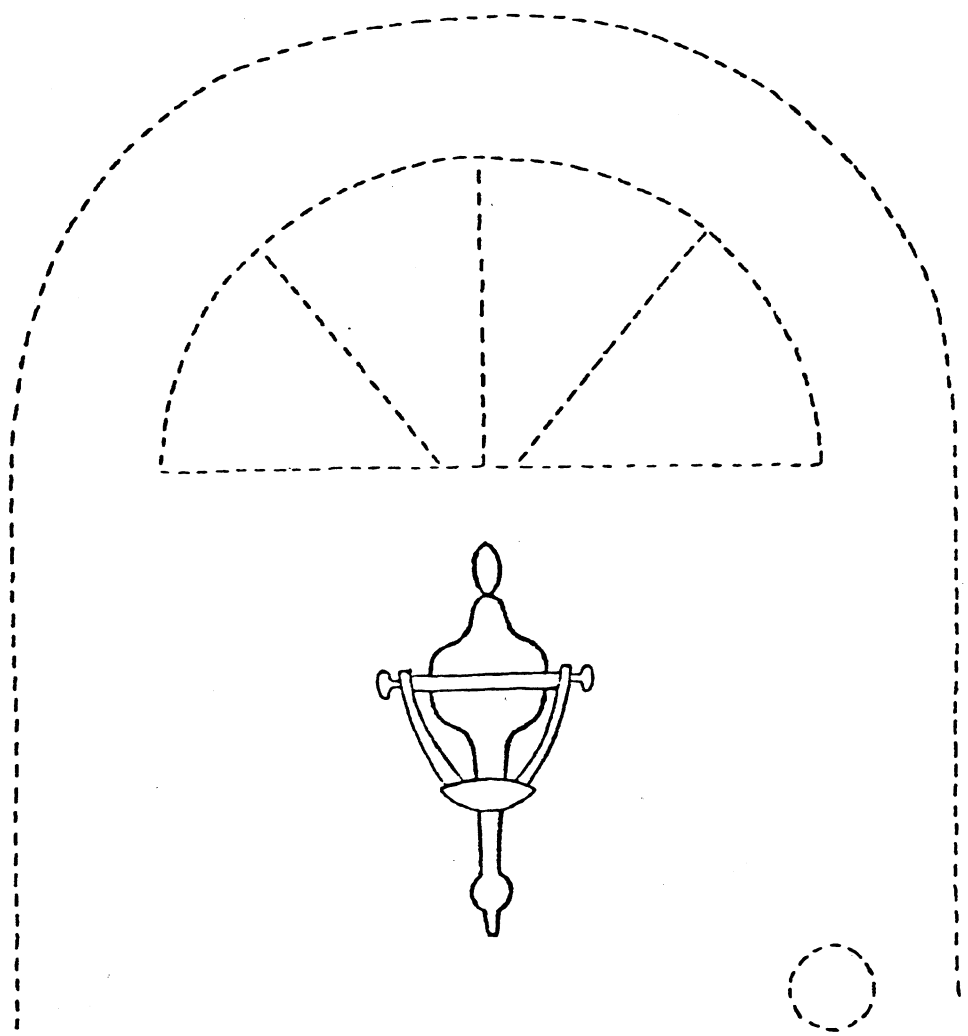
APPEARANCE ON SH35

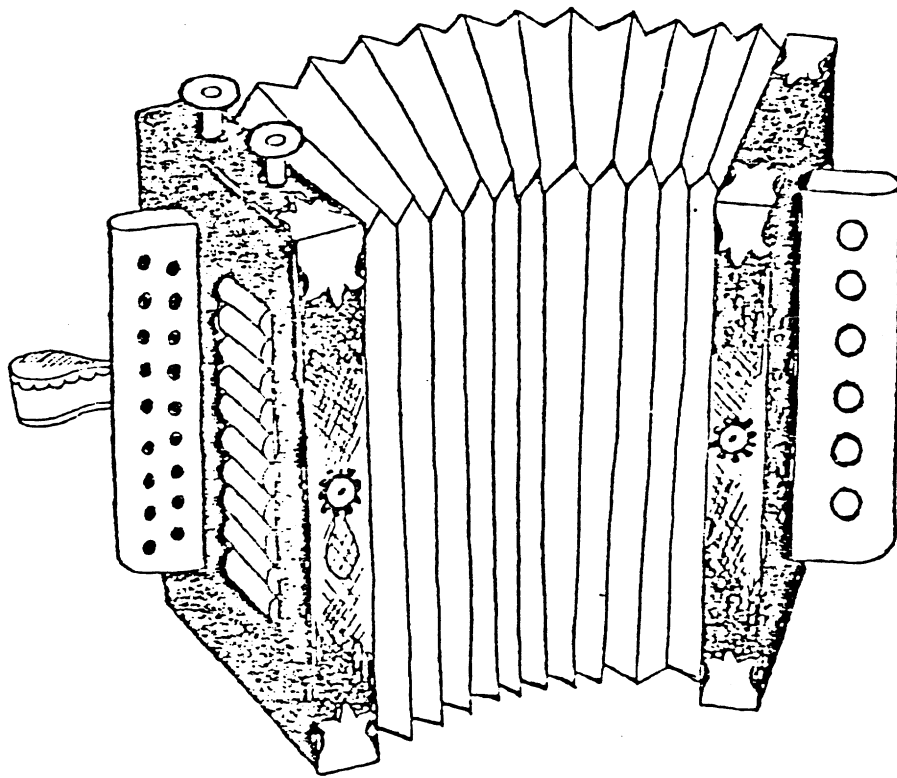
9. Boston Naming Task

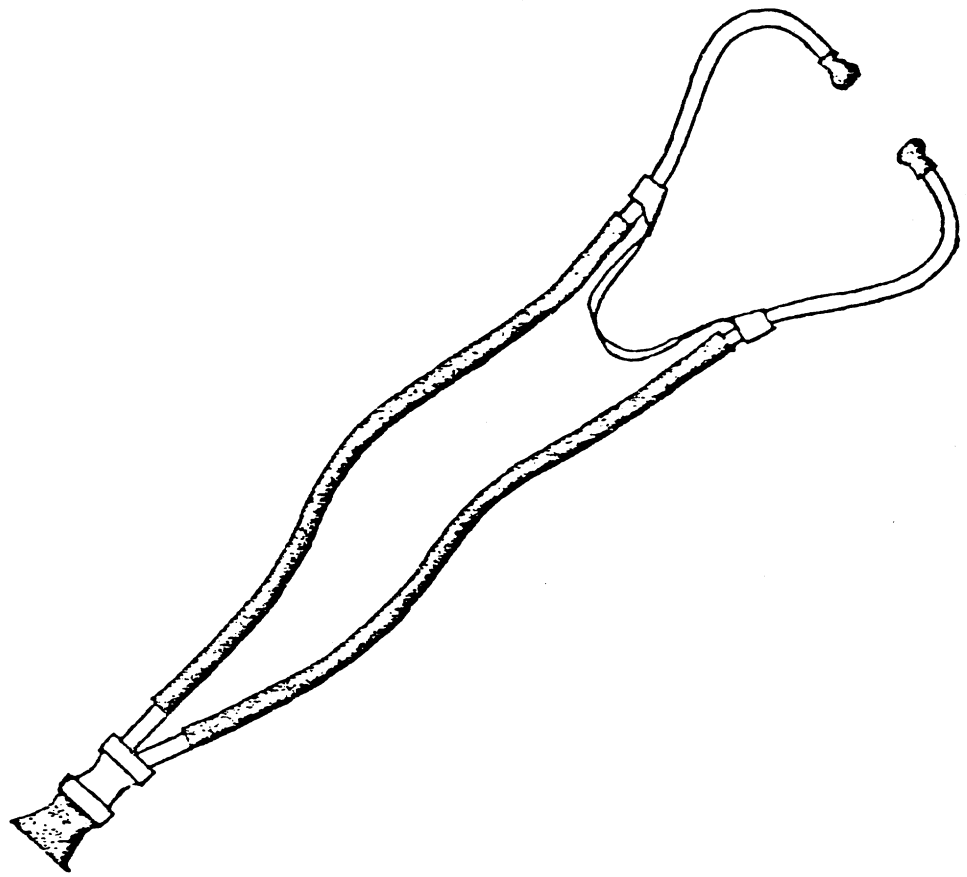
Refused 1 Not Done 2

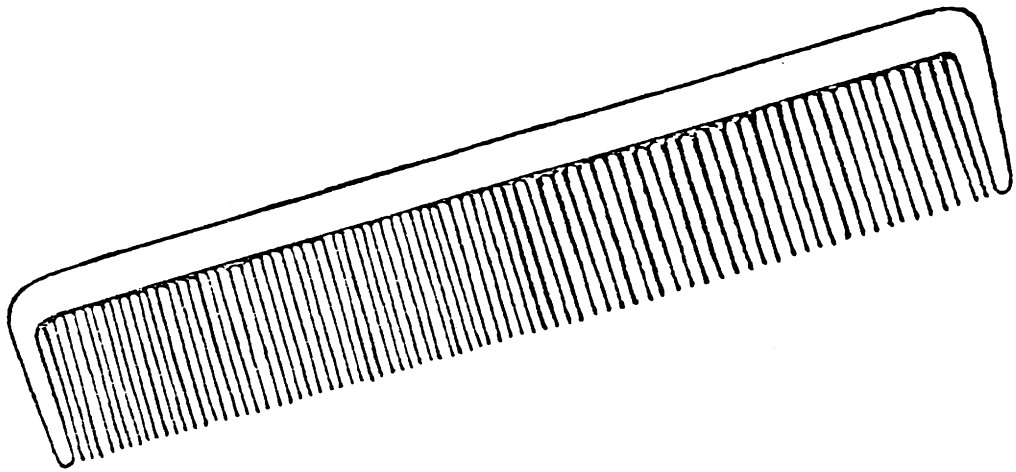
<u>PICTURE</u>	<u>CHECK IF CORRECT</u>	<u>SPECIFY IF NOT EXACTLY AS WRITTEN</u>
a. Toothbrush	_____	_____
b. Knocker	_____	_____
c. Accordion	_____	_____
d. Stethoscope	_____	_____
e. Comb	_____	_____
f. Hammock	_____	_____
g. Harp	_____	_____
h. Noose	_____	_____
i. Cactus	_____	_____
j. Scissors	_____	_____
k. Latch	_____	_____
l. Pencil	_____	_____
m. Tongs	_____	_____
n. Wheelchair	_____	_____
o. Camel	_____	_____
p. Wreath	_____	_____
q. Total Correct		<input type="text"/>

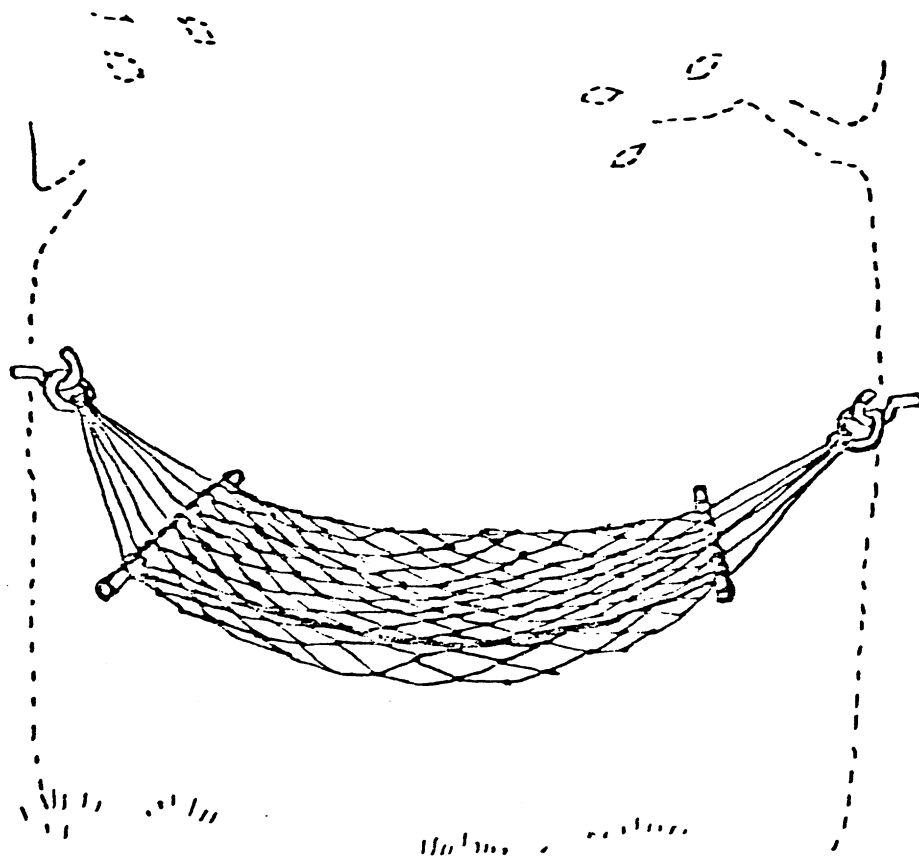


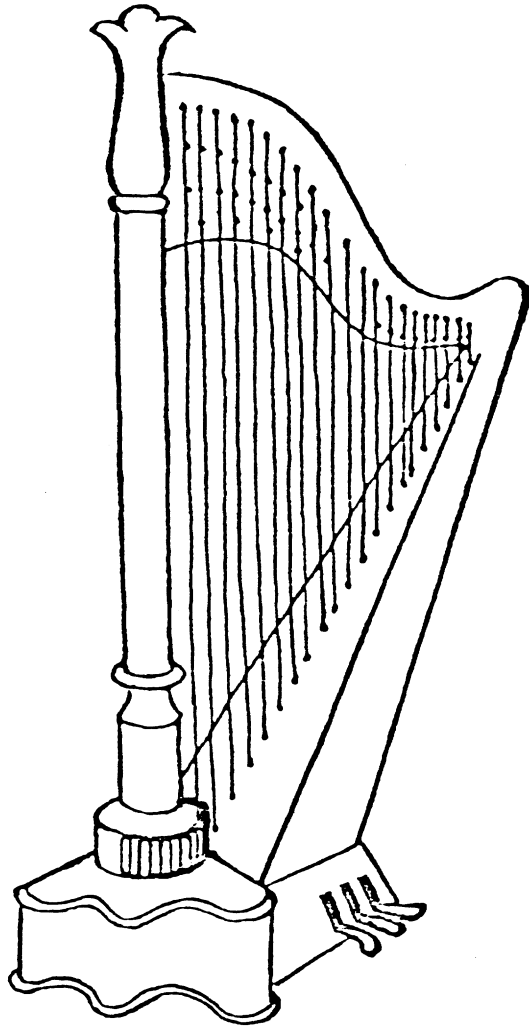


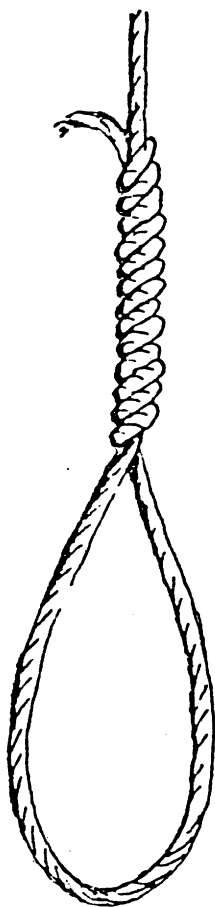


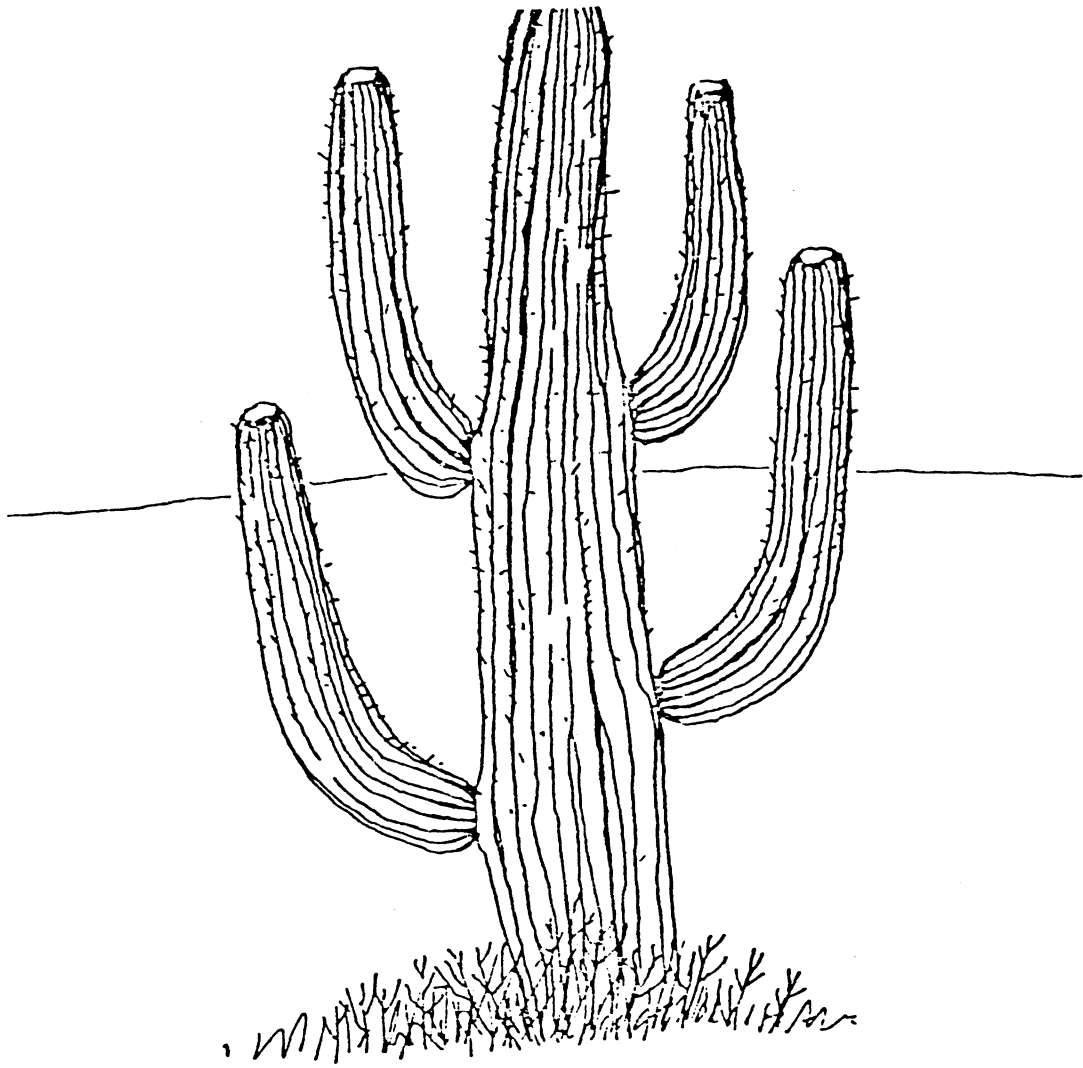


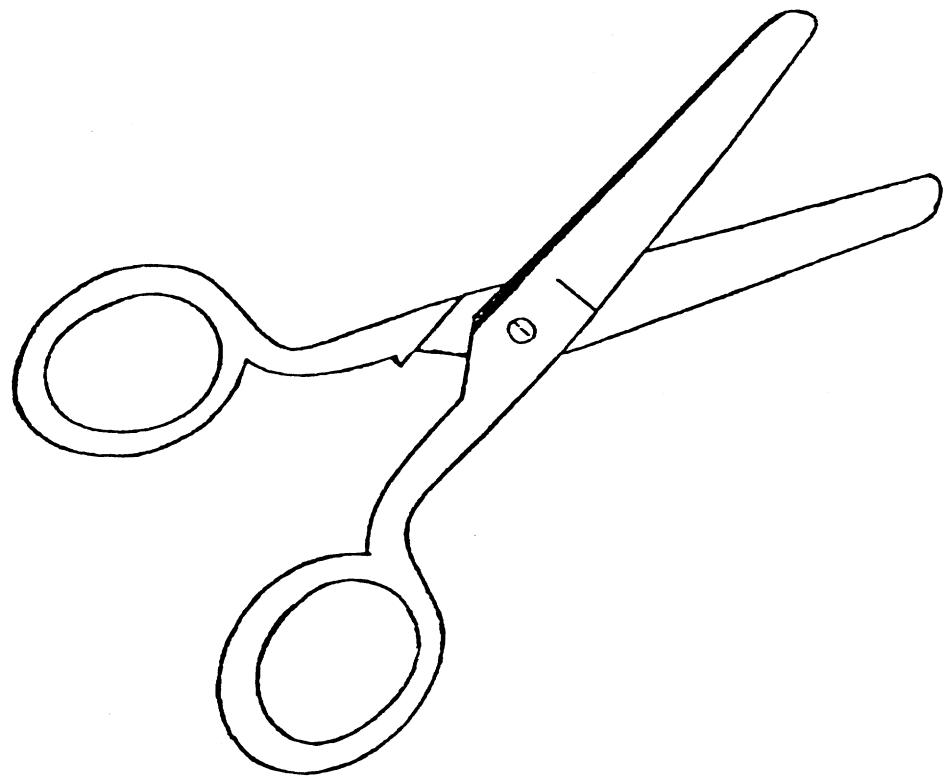


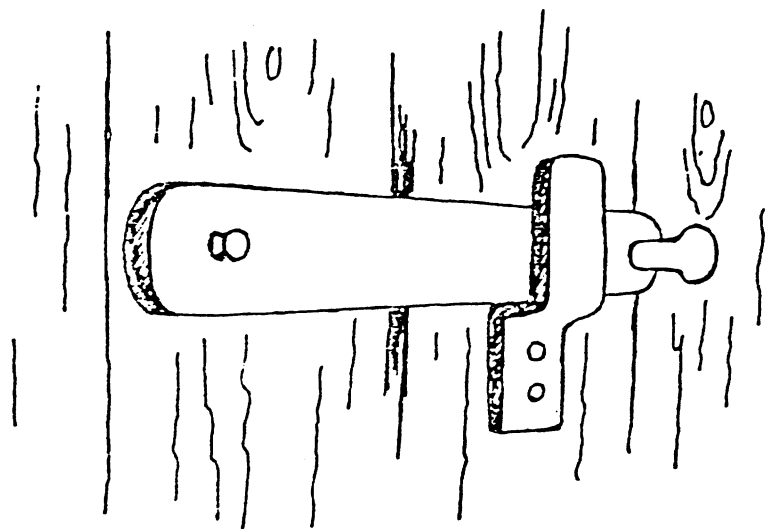


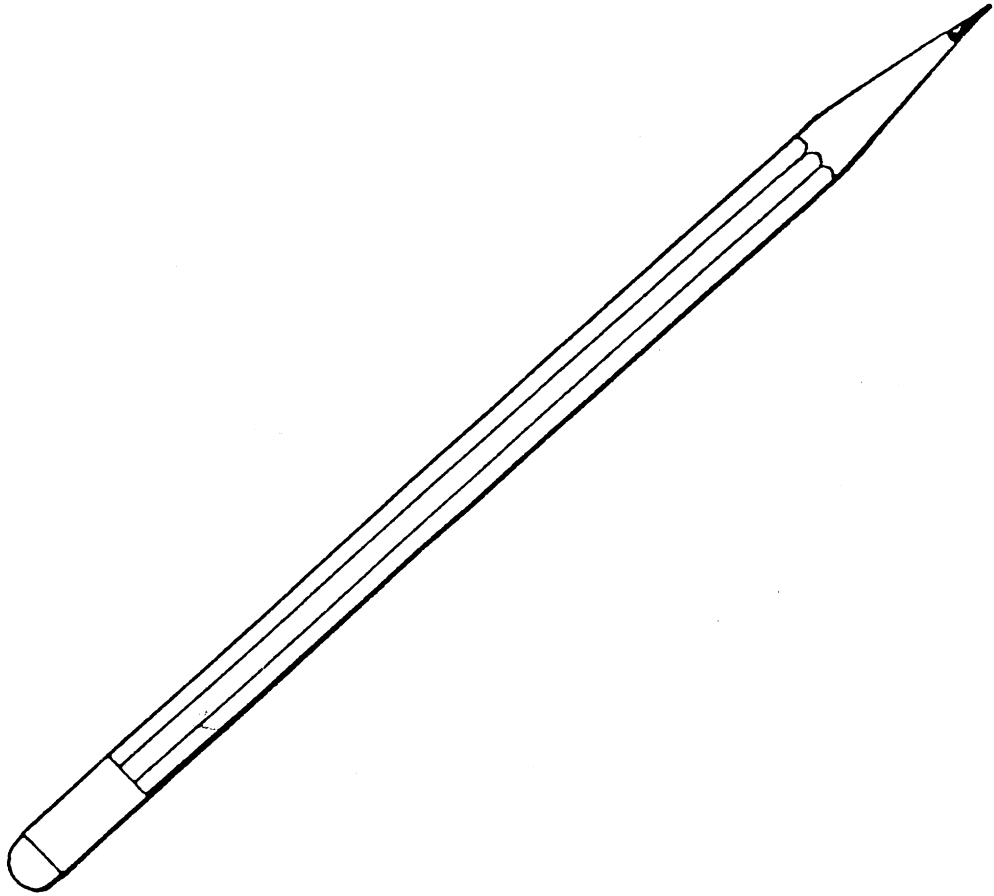


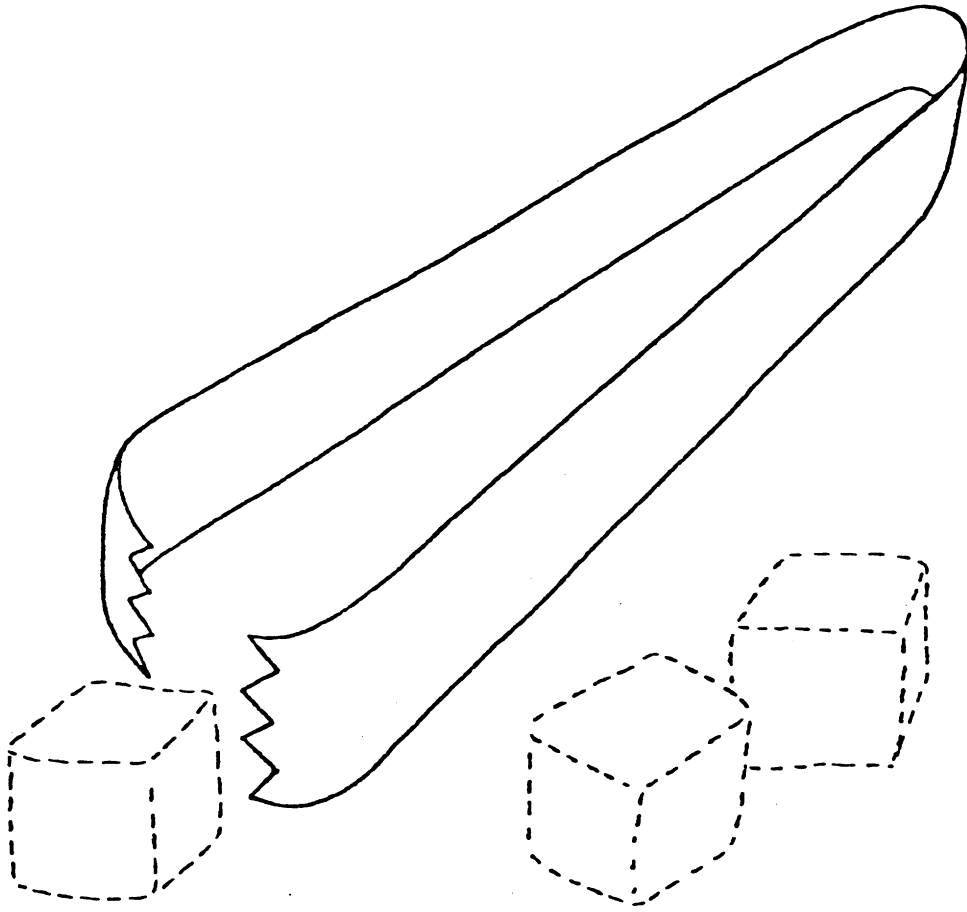


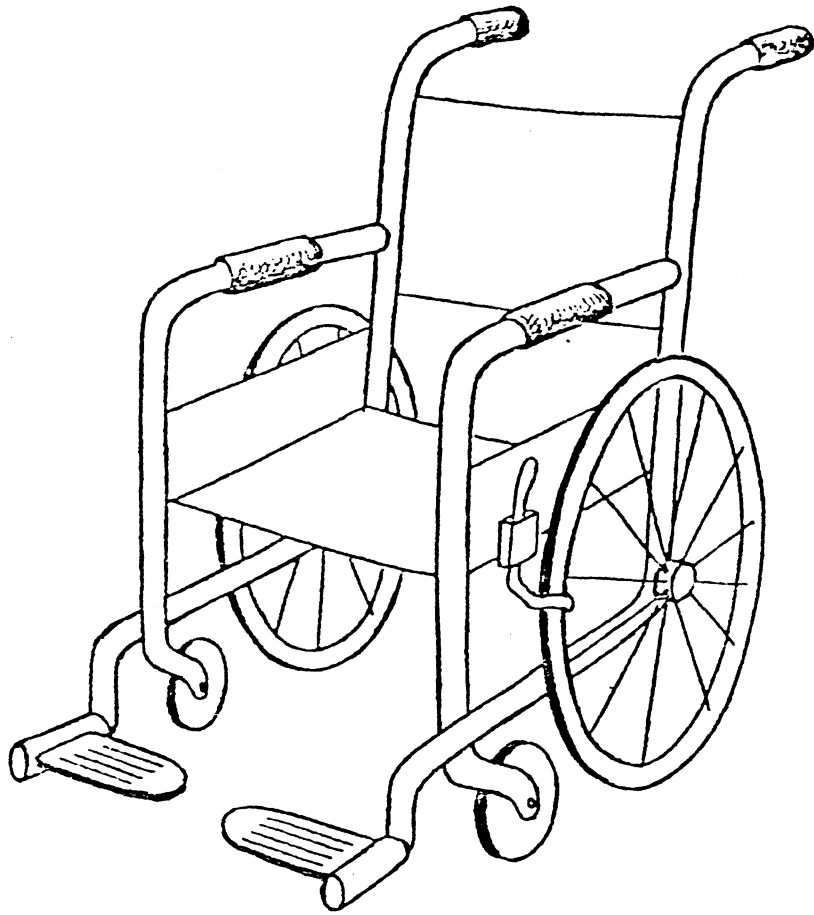


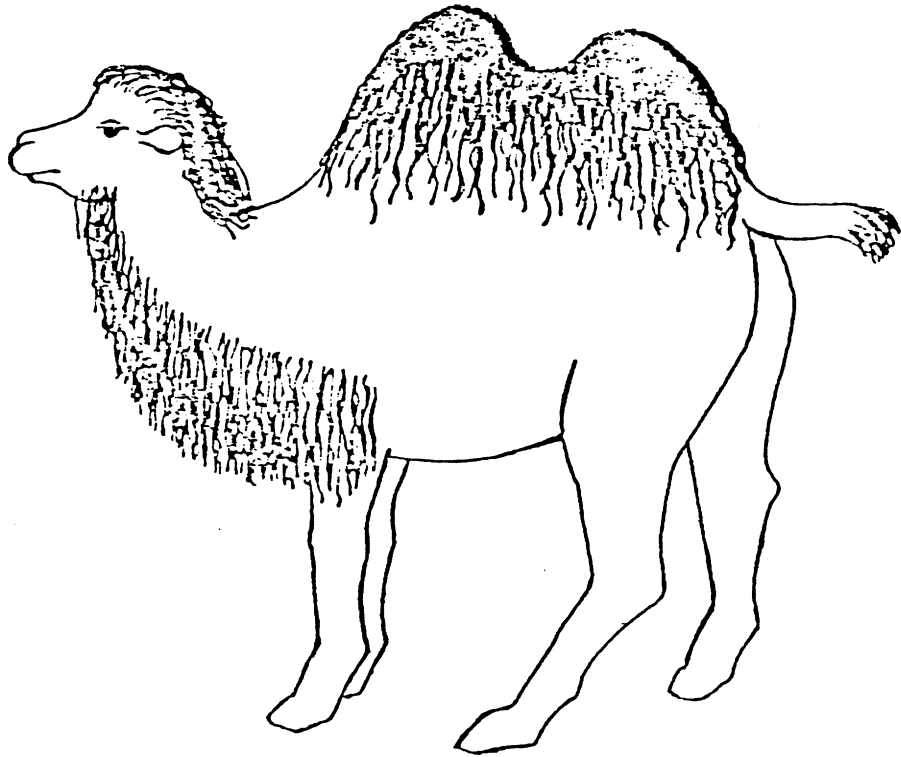














6.7 Delayed Recognition Span Task--Item 10

The Delayed Recognition Span Task (DRST) evaluates how well a person can learn new information and retrieve it after a given period of time. The DRST is being administered in three parts:

1. Recognition. The participant is shown a word. During a 10-second delay, an additional word is added, and the participant must identify which word is new. Words are added one at a time until fourteen are on the board. This task taps the person's ability to recognize new material.

2. Fifteen-second recall. After the participant has seen the entire list of words via the recognition task, he or she is distracted by having to answer a short series of questions about their satisfaction with life. At this point, the participant is asked to recall as many of the words as they can from the recognition task. This kind of test is harder because it requires recall where there are no clues as to what the words were.

3. Two-minute recall. After the 15-second recall, the participant is asked a longer series of questions--here relating to activities--and then has to again produce as many of the original words as he or she can. This is the hardest task because the longest period of time has elapsed since the initial learning and there has been a lot of interference.

It is a good idea to take a short break prior to administering the DRST, as no break is allowed until the end of the second recall.

Delayed Recognition Span Task - Instructions

"What we're going to do next is something like a guessing game. This is how we play it. Here I have some discs (interviewer holds up disc and shows it to participant). First, I would like you to read a few of the words out loud so I can make sure you can see them." (Interviewer lines up the three sample discs.) If reading errors occur, then all of the discs should be read out loud. If the participant is illiterate, this task should be "Not done." Otherwise, continue with the tasks.

"What I'm going to do is put 2 of these down on this board." (Interviewer demonstrates).

"Next, I'll give you some time to look at the discs. I will want you to take a good look because then I'll cover the board up like this, move the discs around, and add another disc (interviewer demonstrates). When I uncover the board again (interviewer demonstrates), I'll want you to point to the new disc. As you can see, to do that you will have to remember which words were there in the beginning and that's why I want you to look carefully before I put each disc down. Do you have any questions?"

"Well then, let's try it once for practice so you can see what it will be like. As I said before, I'm going to put two discs down." (Interviewer puts two sample discs on the board in the positions and the order specified below in the Sample Verbal Series.)

"Now take a good look at the words (allow participant 10 seconds). Next I'll cover the board up and add a disc." (Interviewer covers board, moves previous discs, adds new disc, then uncovers the board after 10 seconds.)

"Now two of the discs are the same as before and one has just been added. Can you show me the new disc?"

Sample Verbal Series

Participant					
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

Interviewer

Swirl (21) Crown (16) Flake (8)

If the participant responds incorrectly, or does not grasp the task, the Verbal Series should not be presented, and "Not done" should be checked in Item 10.

If the participant answers correctly say, "Good. Let's begin the game. This time, we're going to start with one disc and keep adding one disc at a time, so we'll end up with a series of discs that's fairly long."

Before adding each new disc, encourage the participant to try to remember the discs on the board by saying, "Now study the board--I'm going to add a new disc." Then cover the board and add the next disc. Then uncover the board and say, "Point to the new disc."

Present verbal series in the order shown on the next page. The initial placement of the discs and the order in which they are presented is indicated on the next page. As each new disc is added, the other discs should be moved to another randomly-chosen position (see example disc placements). (Do not always put the new word down first--some participants can tell by sound where the new one might be.) Indicate on the scoring sheet (SH35) the words that are correctly recognized. Then say something like, "That was pretty good. Let's go on," and continue. If the participant does not recognize a new word, the interviewer should give only nonspecific feedback, and continue the task.

SCORING

Since the task begins with one disc on the board, the participant never has to identify that disc ("touch") as a new disc. In determining the total number of new words identified correctly, take the following into account:

1. If the participant correctly identifies the first new disc ("drift"), give the participant credit for recognizing the first disc also ("touch" is identified correctly).
2. If the participant does not correctly identify the first new disc ("drift"), do not give the participant credit for "touch" (neither "touch" nor "drift" were identified correctly).

Once the participant attempts the sample or any part of the task, a score must be assigned for that task. If at least part of the sample is attempted, then the participant balks at the actual task, the total correct in Items 10a and 10b should be zero. See page 6-76 for additional detail and explanation.

Recall - Instructions

If the Verbal Series was not presented, the recalls should not be done, either.

For the fifteen-second and two-minute recalls, if any words in the Sample Verbal Series or the Verbal Series are recalled by the participant, they should be counted as correct responses. For both of the recalls, the participant should be given about 60 seconds to respond. Allow a little extra time if they are still trying to remember words.

The Quality of Life and Activities section should be administered as quickly as possible. They should be administered in their entirety before recall is requested, unless they exceed the 15-second and 2-minute delay interval by a great deal (e.g., more than 1 minute or 3 minutes, respectively).

BOARD MATRIX

Participant					
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
Interviewer					

VERBAL SERIES--Read from left to right.

Touch (14)	Drift (20)	Large (4)	Snare (17)	Right (13)
Climb (15)	Month (24)	Noise (25)	Start (6)	Grand (22)
Close (29)	Trend (11)	Place (7)	Bound (26)	

APPEARANCE ON SH35

10. Delayed Recognition Span Task

Refused 1 Not Done 2

(Circle correct words)

Sample Verbal Series

Swirl (21) Crown (16) Flake (8)

Participant					
1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30
Interviewer					

Verbal Series--Read from left to right

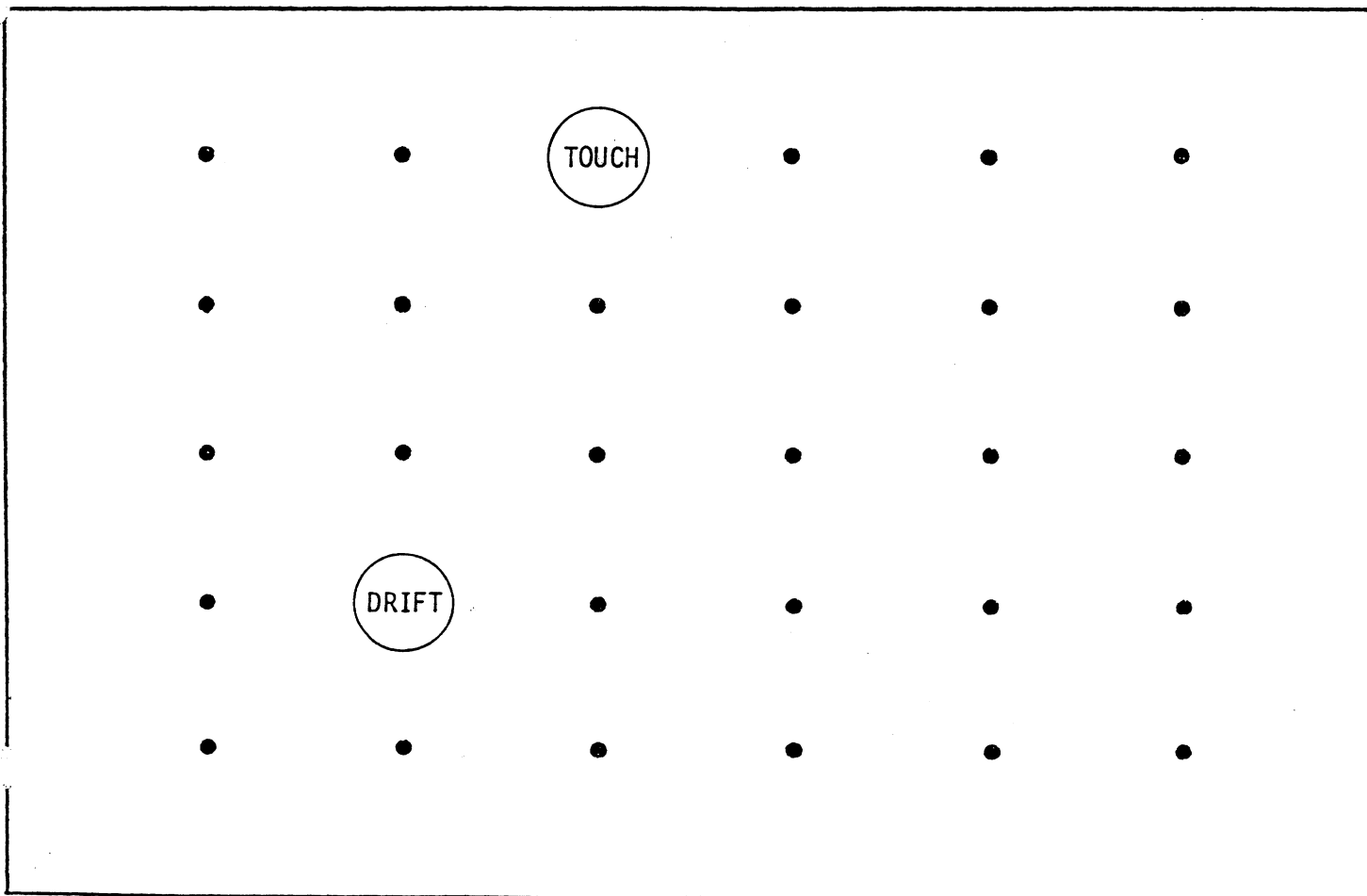
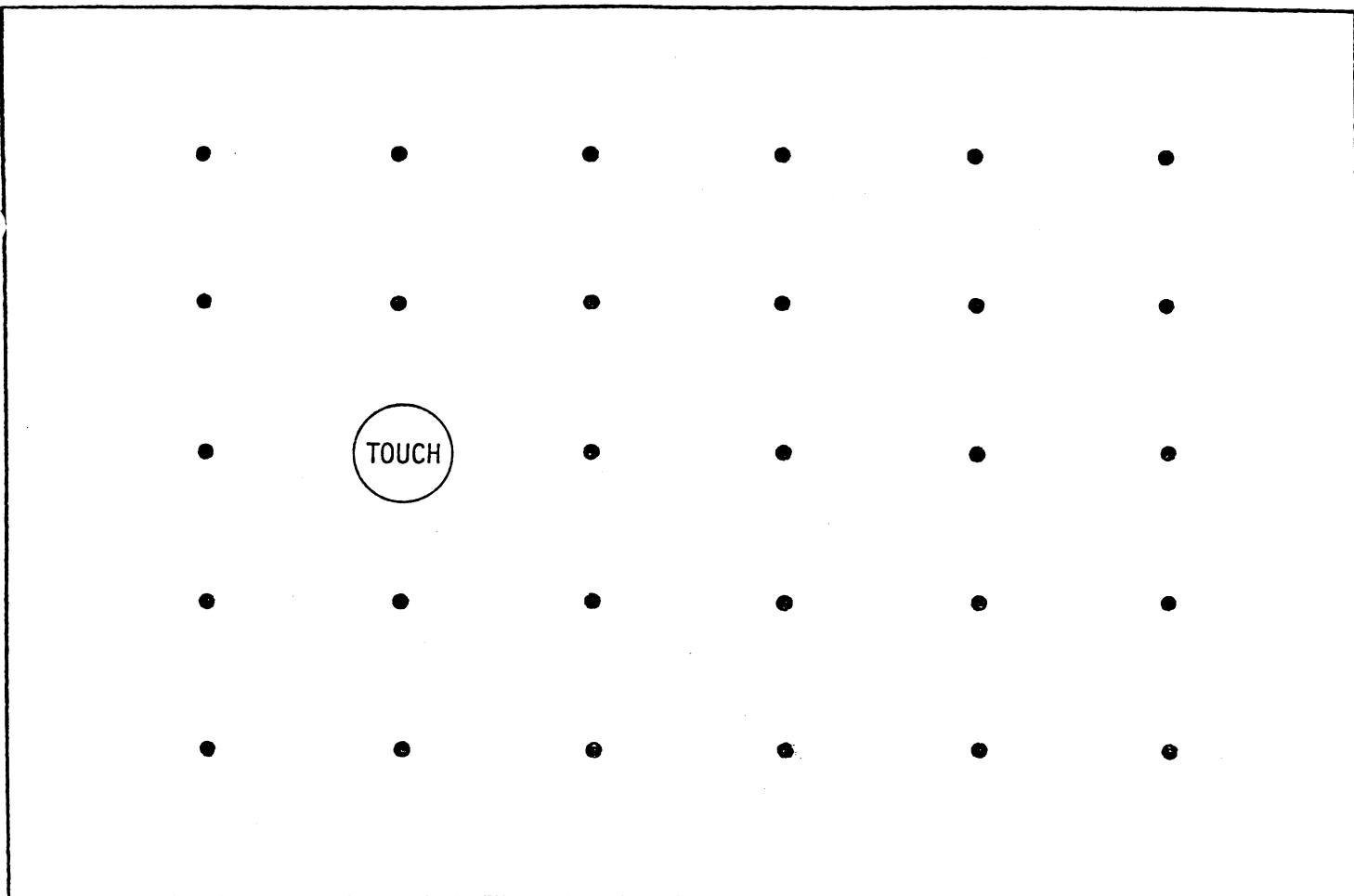
Touch (14)	Drift (20)	Large (4)	Snare (17)	Right (13)
Climb (15)	Month (24)	Noise (25)	Start (6)	Grand (22)
Close (29)	Trend (11)	Place (7)	Bound (26)	

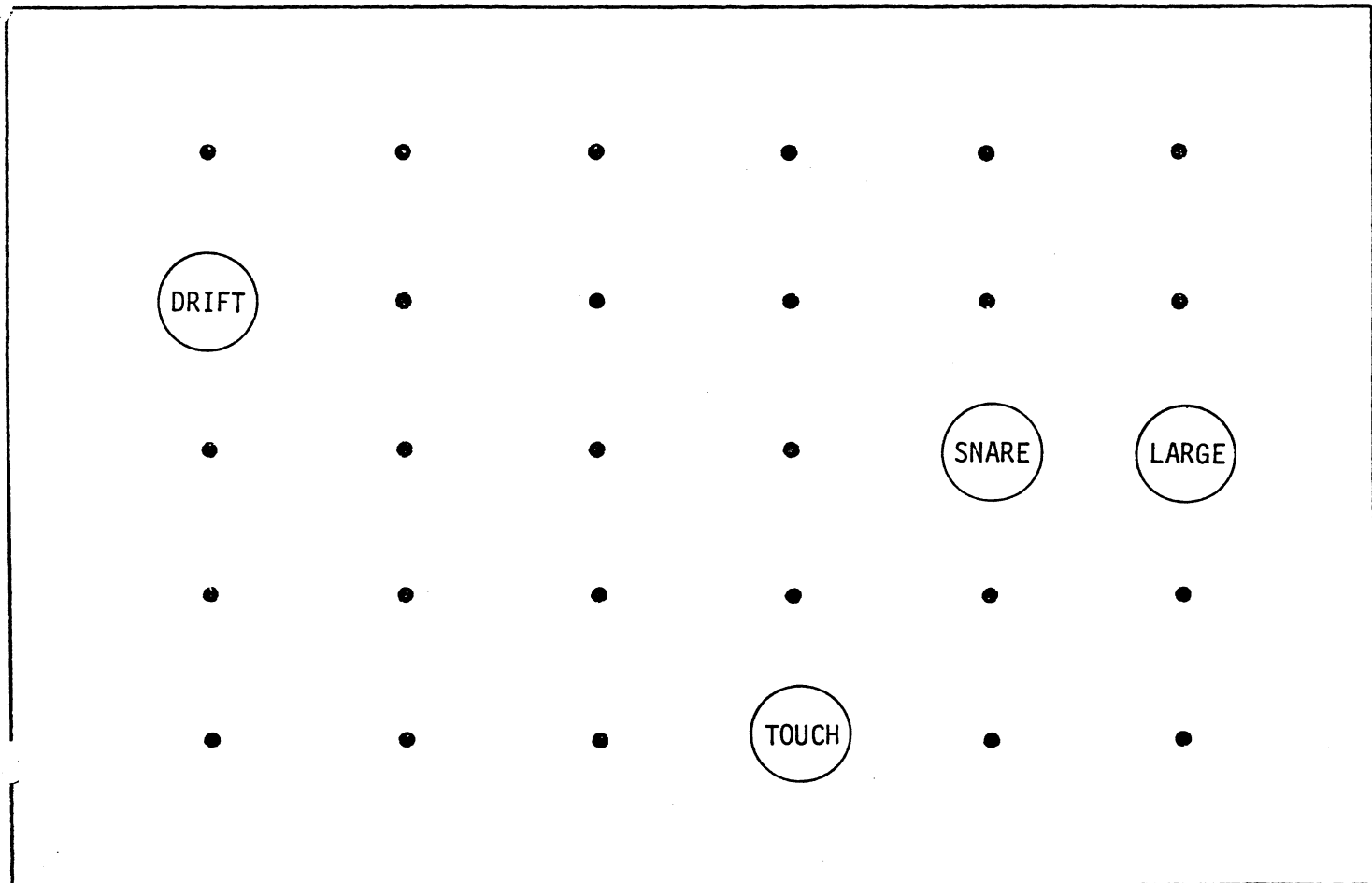
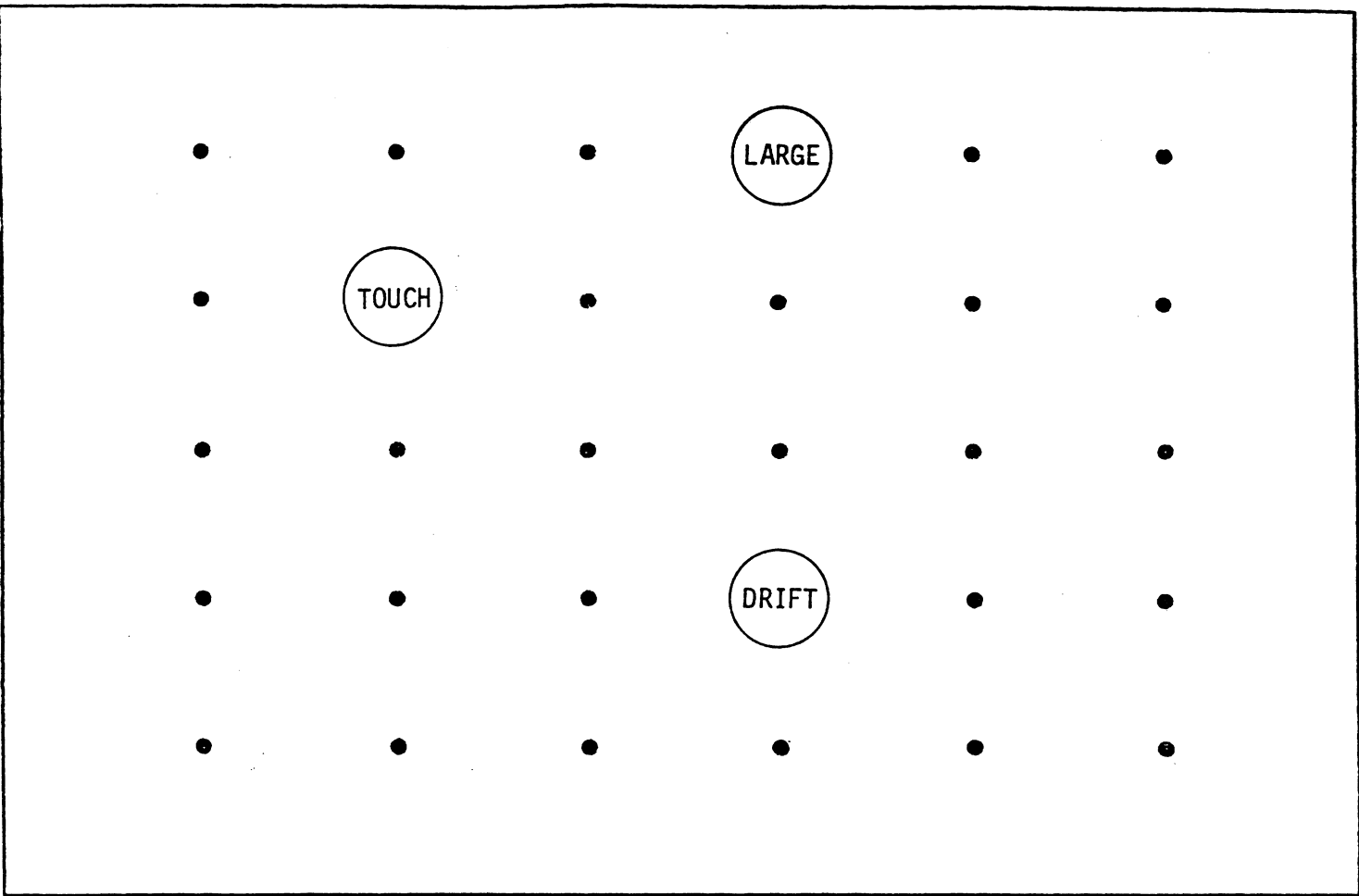
a. Total correct before first error

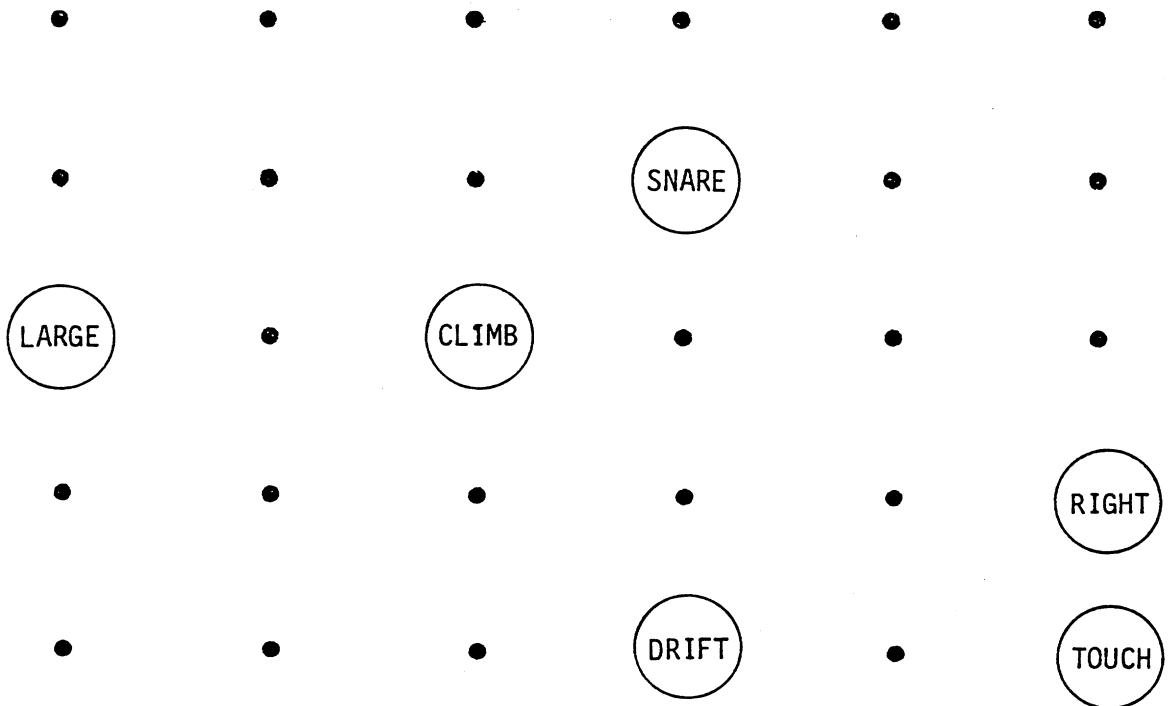
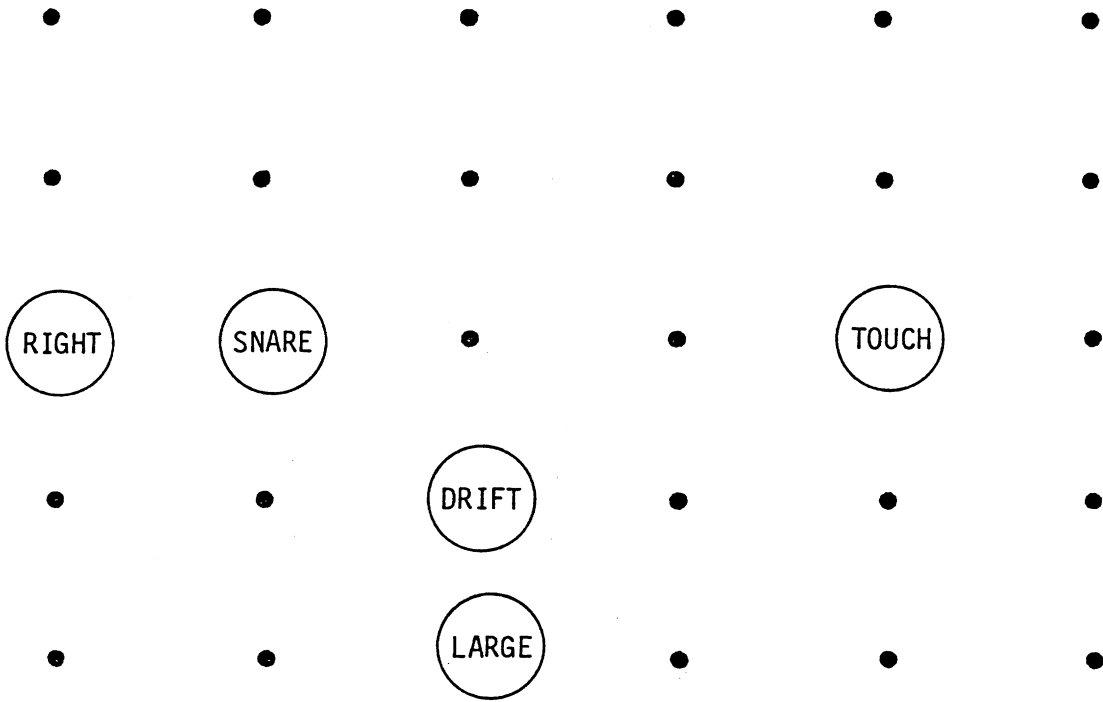
b. Total correct overall

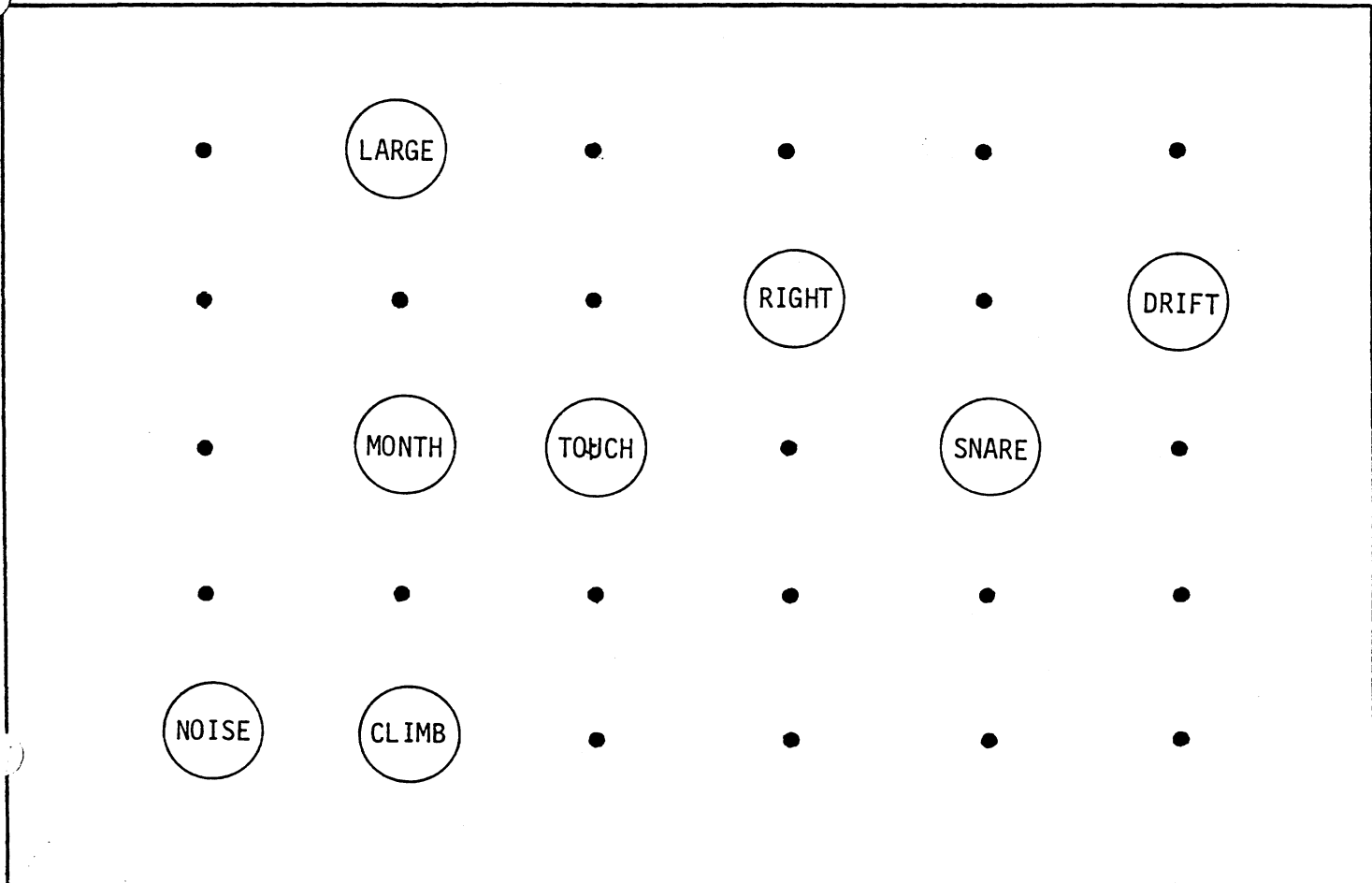
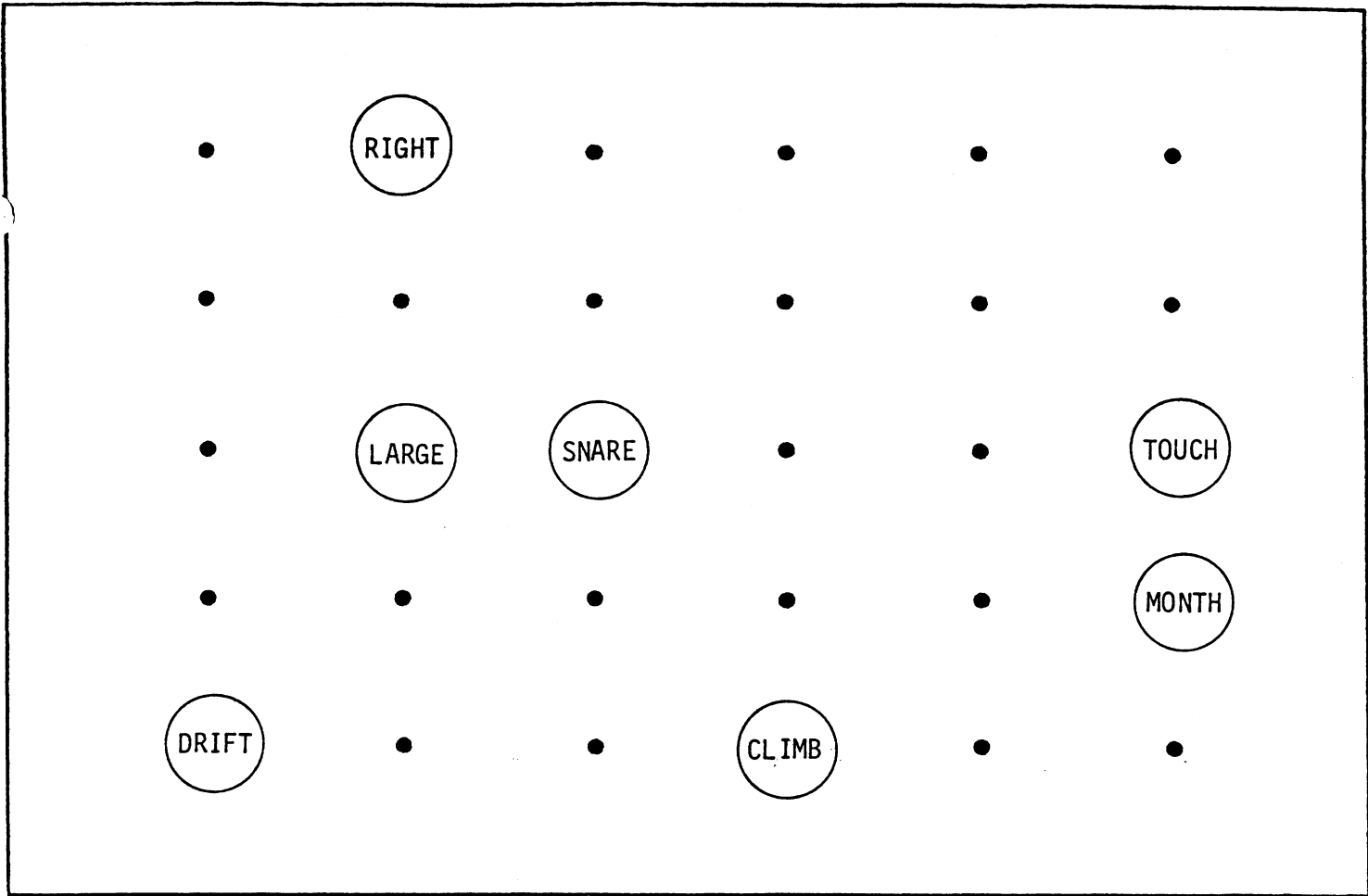
DELAYED RECOGNITION SPAN TEST

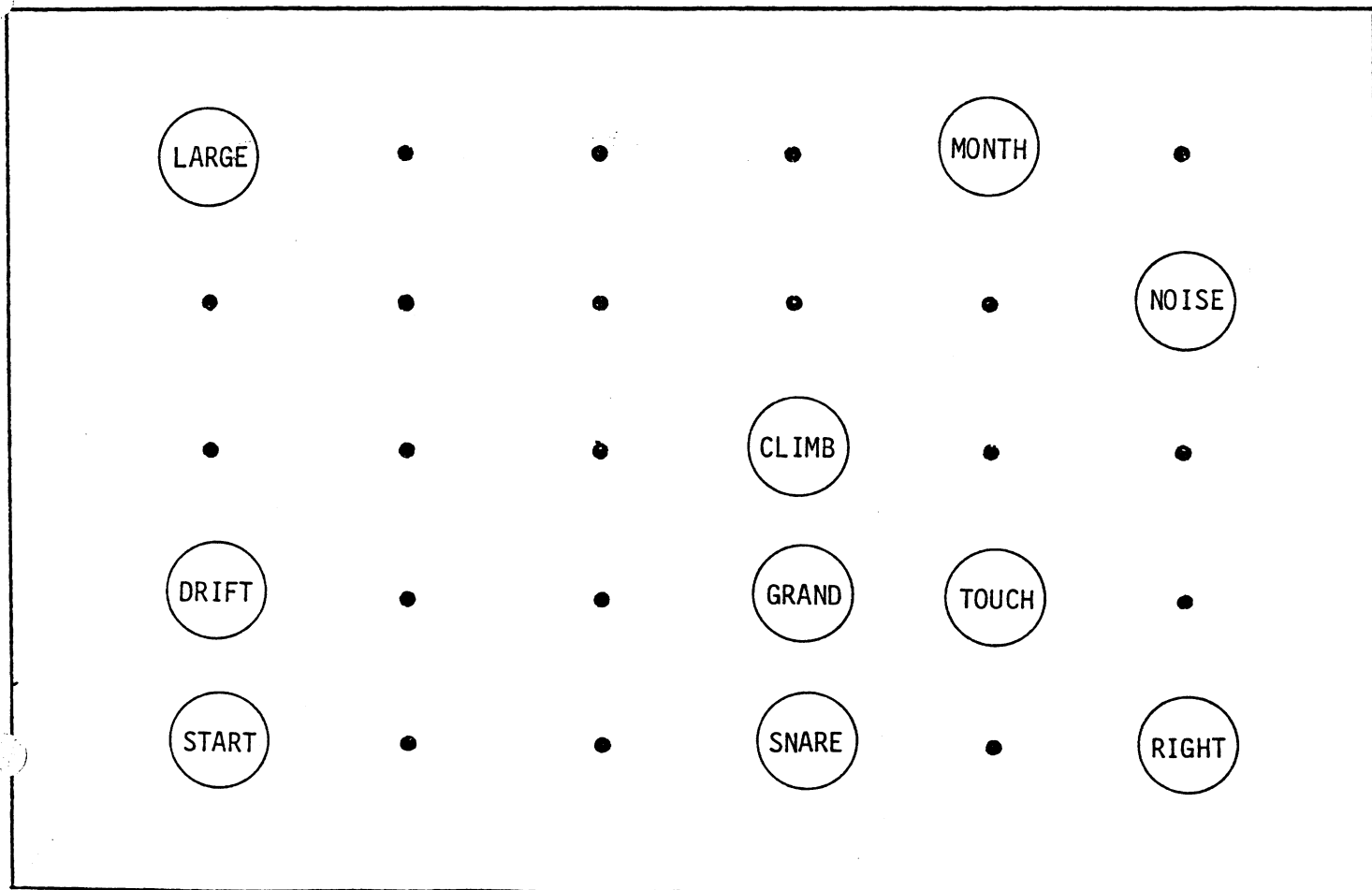
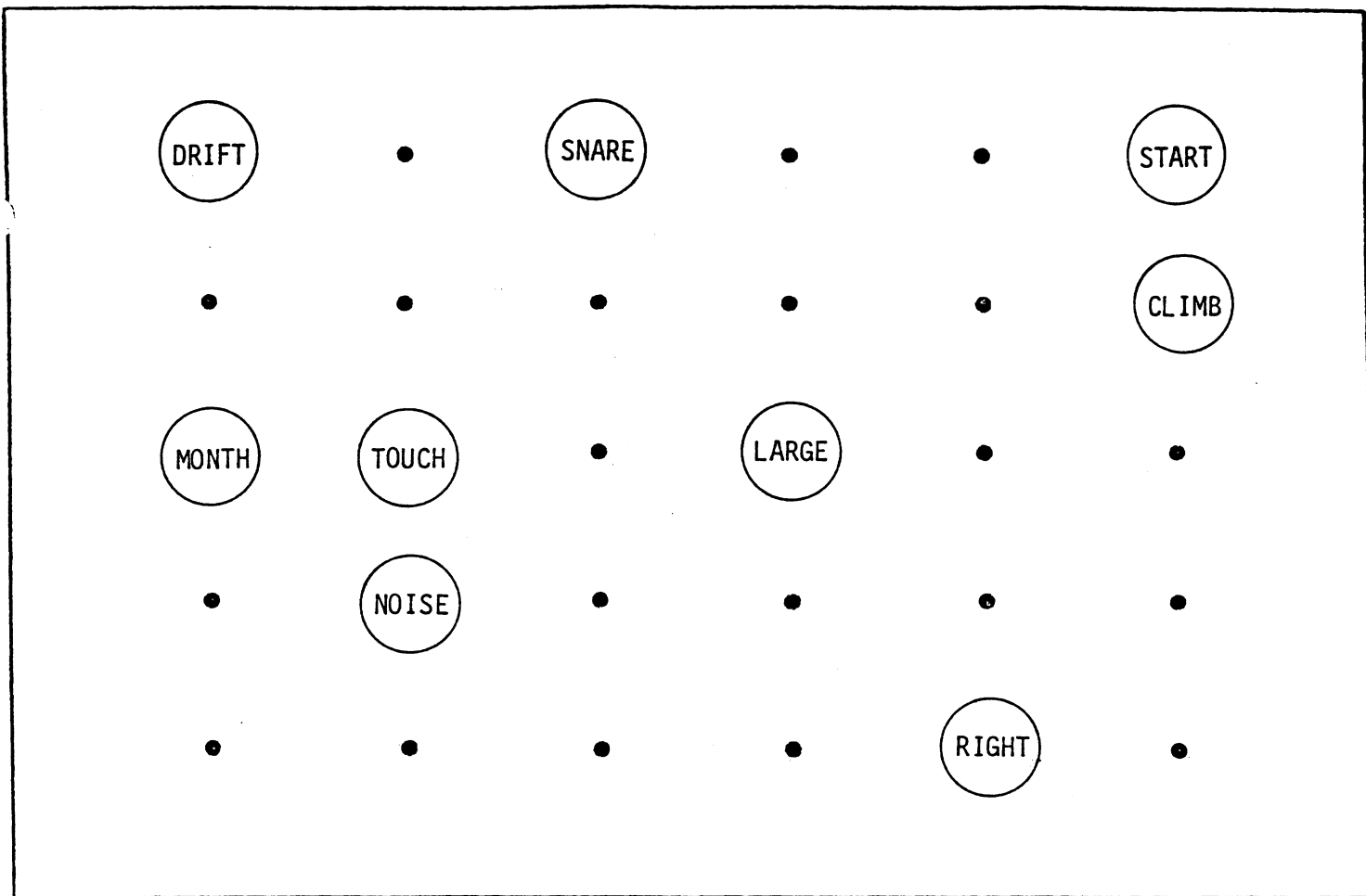
EXAMPLES OF DISC PLACEMENT DURING TASK

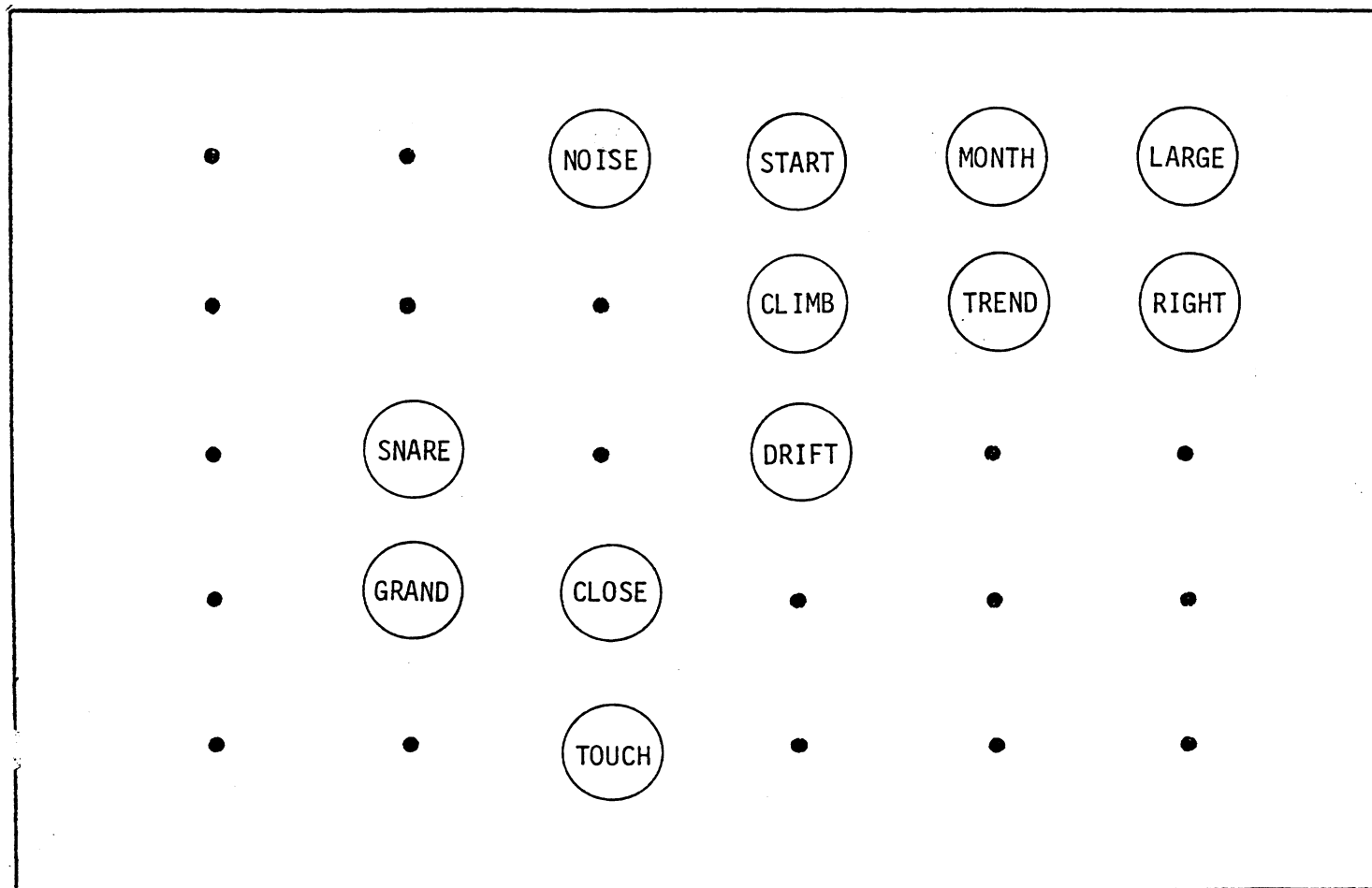
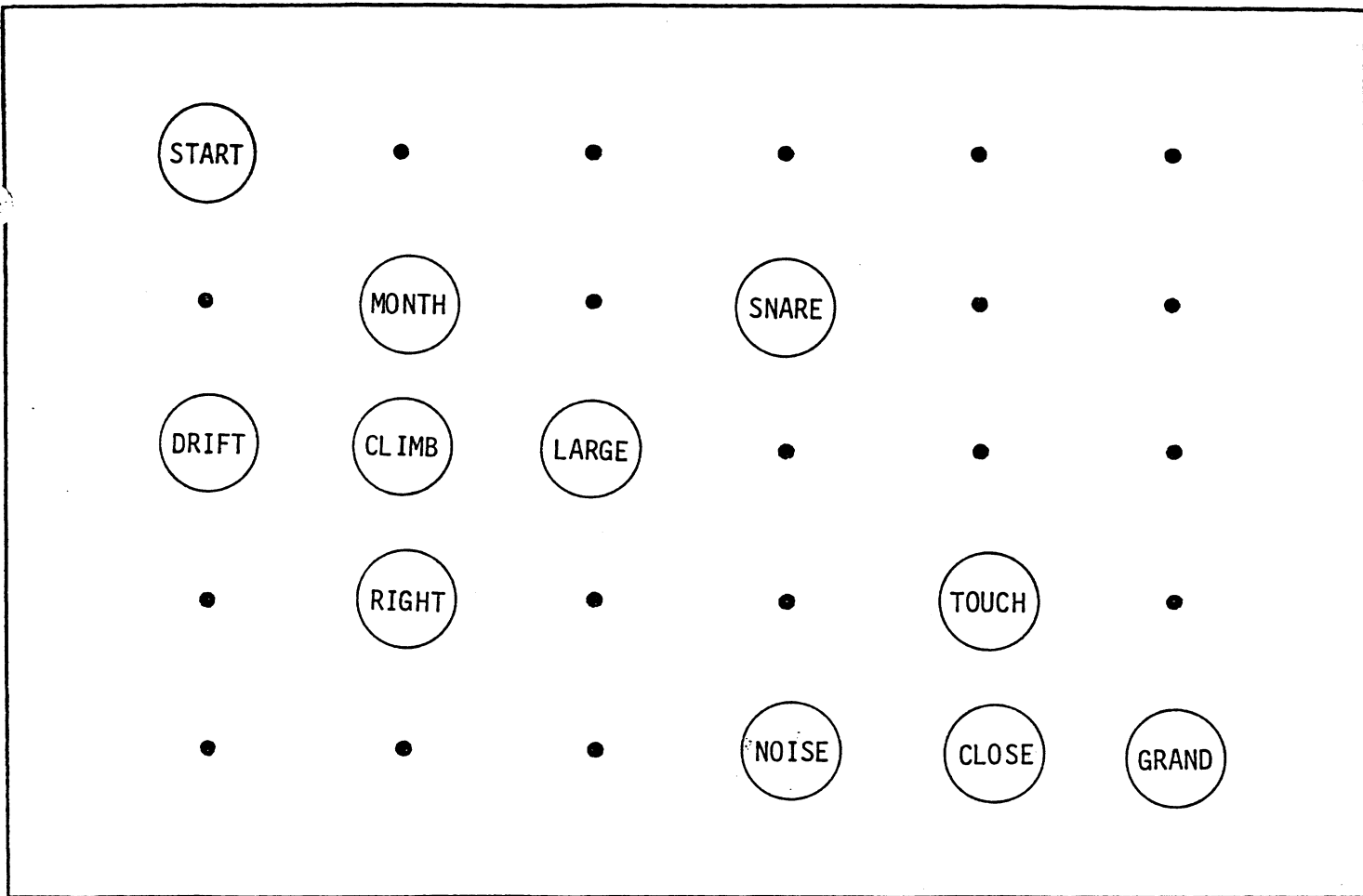


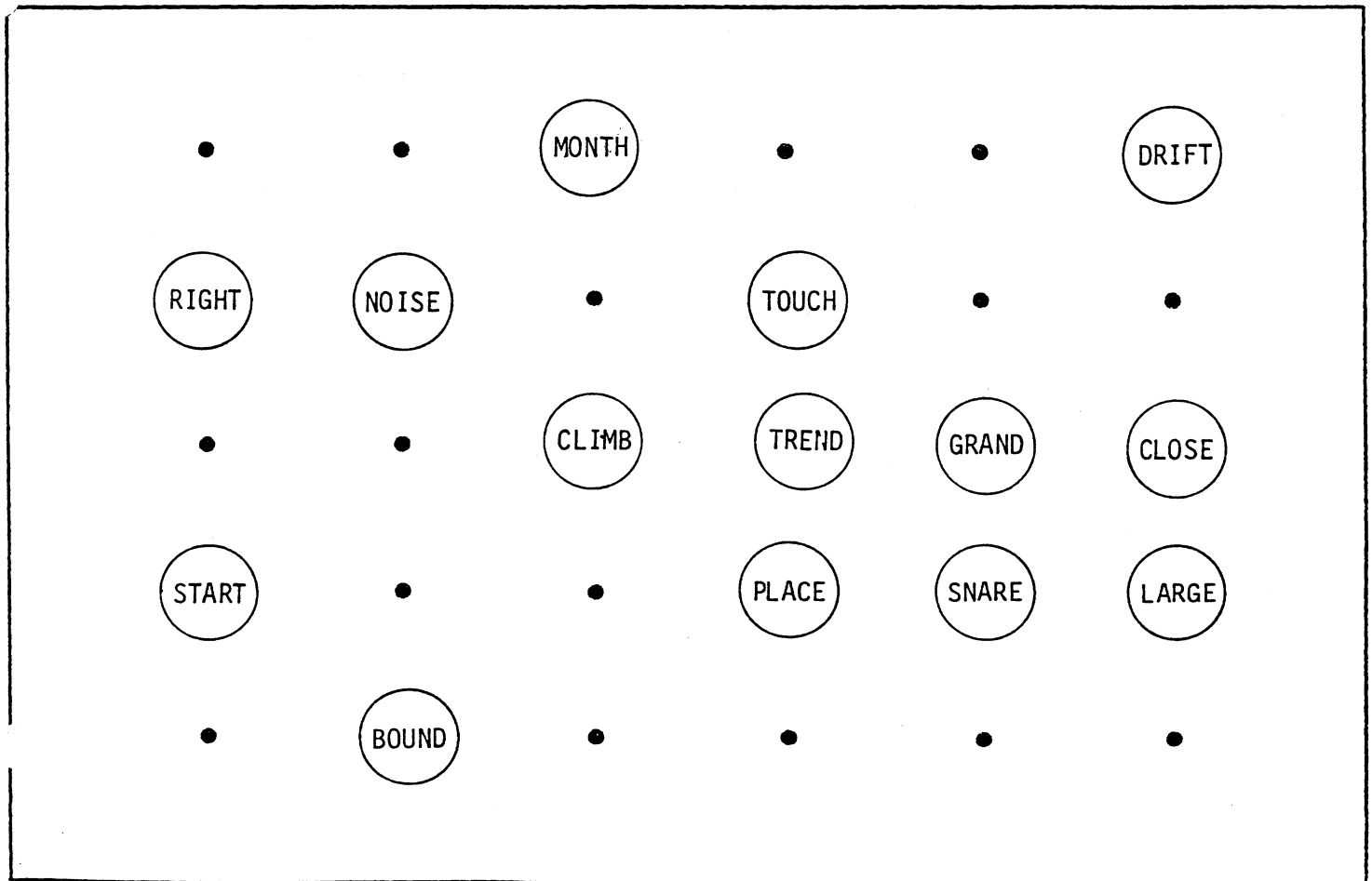
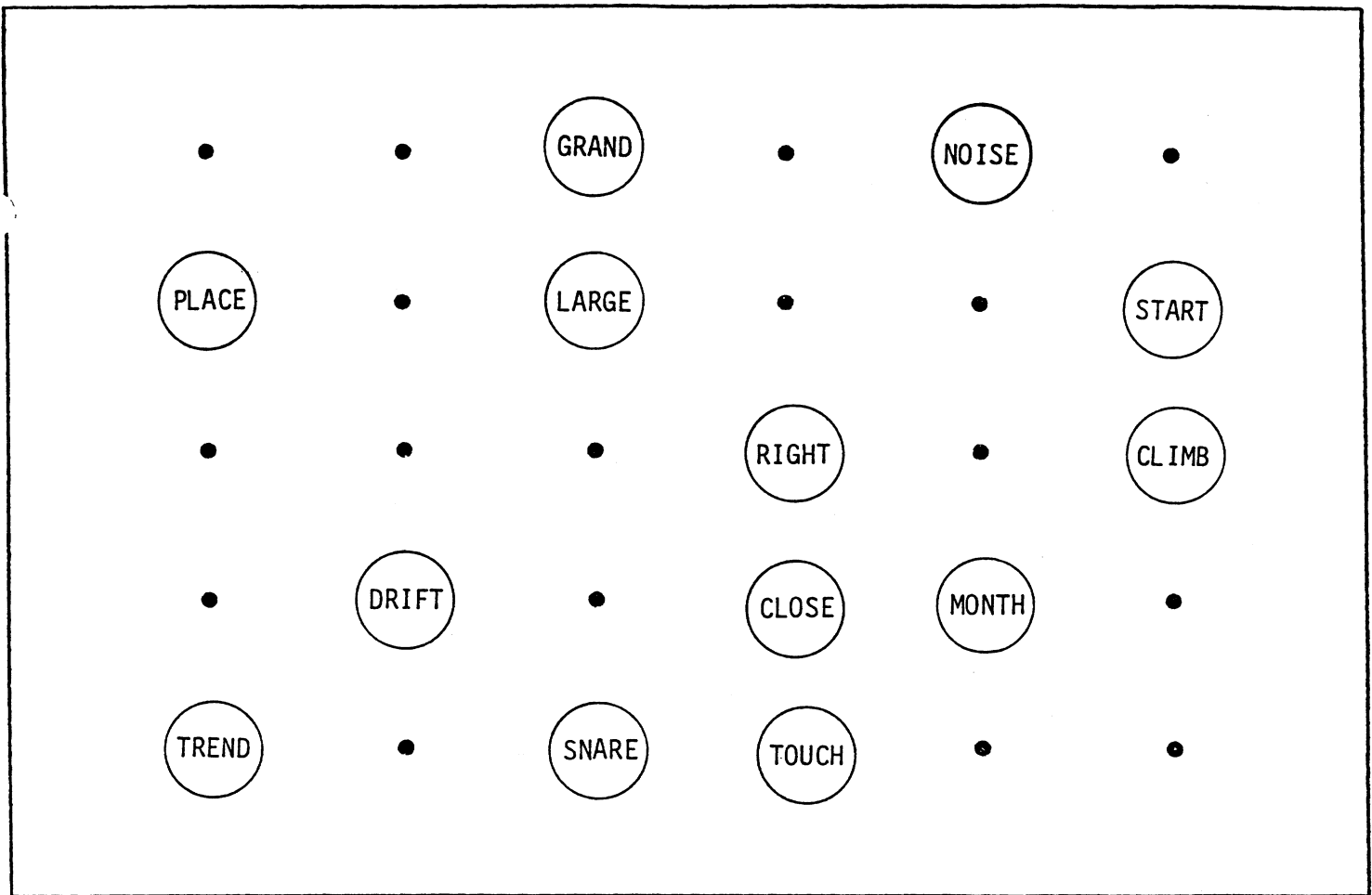












11. Quality of Life

Refused 1 Not Done 2

- a. How do you feel about life as a whole? Would you say that you feel delighted, pleased, mostly satisfied, mixed, mostly dissatisfied, unhappy, or terrible?
- | | |
|---------------------|----------------------------|
| Delighted | <input type="checkbox"/> 1 |
| Pleased | <input type="checkbox"/> 2 |
| Mostly satisfied | <input type="checkbox"/> 3 |
| Mixed | <input type="checkbox"/> 4 |
| Mostly dissatisfied | <input type="checkbox"/> 5 |
| Unhappy | <input type="checkbox"/> 6 |
| Terrible | <input type="checkbox"/> 7 |
- b. Taking all things together, how would you say things are these days? Would you say that you are very happy, pretty happy, or not too happy these days?
- | | |
|---------------|----------------------------|
| Very happy | <input type="checkbox"/> 1 |
| Pretty happy | <input type="checkbox"/> 2 |
| Not too happy | <input type="checkbox"/> 3 |
- c. For your age, would you say, in general, that your health is excellent, good, fair, poor, or bad?
- | | |
|-----------|----------------------------|
| Excellent | <input type="checkbox"/> 1 |
| Good | <input type="checkbox"/> 2 |
| Fair | <input type="checkbox"/> 3 |
| Poor | <input type="checkbox"/> 4 |
| Bad | <input type="checkbox"/> 5 |
-

12. First Recall

Refused 1 Not Done 2

"Remember those words you just saw--can you tell me which ones you remember?"

Record words below:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

a. Total words correctly recalled:

--	--

13. Activities

Refused 1 Not Done 2

"I am going to read a list of things people do in their free time. In the last month, how often have you done each of these things--often, sometimes, or never?"

	<u>Often</u>	<u>Sometimes</u>	<u>Never</u>	<u>REF.</u>	<u>DK</u>
a. Active sports or swimming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
b. Take walks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
c. Work in the garden/yard	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
d. Do physical exercises	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
e. Prepare your meals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
f. Work at a hobby	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
g. Go out and do some shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
h. Go out to a movie, restaurant, or sporting event	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
i. Read books, magazines, newspapers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
j. Watch television	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
k. Day trips, overnight trips	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
l. Unpaid community/volunteer work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
m. Paid community work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
n. Regularly play cards/games/bingo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
o. Any other activities (specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

14. Second Recall

Refused 1 Not Done 2

"Now I would like you to tell me as many of the words you remember that you saw before."

Record words below:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

a. Total words recalled correctly:
Version 2 - 7/85

Often

Sometimes

Never

6.8 Letter Sets Task--Item 15

This task requires two basic functions--hypothesis formation and hypothesis testing. Five sets of letters are presented, each with four letters in it. Four of the sets are alike in some way, and the fifth is different. A hypothesis has to be formed about what might be common to the sets and, once the hypothesis is formed, it must be tested against each set to see which one doesn't fit.

This abstract level of thinking represents a very subtle test of cognitive function.

Letter Sets Task - Instructions

Before introducing this task, the interviewer should cover the actual task with a blank sheet of paper. The interviewer should introduce this task with, "Each problem on this sheet has five sets of letters with four letters in each set. Four of the sets of letters are alike in some way. I want you to try to find the rule or pattern that makes these four sets alike. The fifth letter set is different from them and will not fit this rule or pattern. Draw a line through the set of letters that is different."

"The rules or patterns will not be based on the sounds of sets of letters, the shapes of letters, or whether letter combinations form words or parts of words."

The interviewer should have the participant explain the first example. Four of the sets have letters in alphabetical order--DEFL does not, so a line is drawn through that set. If the participant cannot explain the first example, explain it to them. Then have the participant try to complete the second example. In Example B, four of the sets contain the letter L--THIK does not, so the participant should draw a line through THIK. If the participant cannot explain the first example and cannot complete the second example, then the task should not be administered, with the following result:

Total correct:	0
Total incorrect:	0
Total score:	00.00

Before starting the actual task, remind the participant to "Only fill in the ones you are pretty sure of. I don't expect you to be able to do them all." Remove the blank sheet of paper from the task, and begin the task.

Discontinue the task after 5 minutes, even if it is incomplete.

Once the participant attempts the sample or any part of the task, a score must be assigned for that task. If at least part of the sample is attempted, and the participant balks at the actual task, the scores for the task in Items 15a-15c should be zeros as described above. See page 6-76 for additional detail and explanation.

Correct Answers

1. QPPQ
2. PRST
3. PWXQ
4. STWX
5. GFFG
6. QQBB
7. EGFH
8. BODQ
9. FUZG
10. CLXC
11. XDBK
12. CGVZ
13. VEBT
14. GKHM
15. KIFB

Scoring

On the SH35, three items are asked for:

15a. Number marked correctly

"Correct" means that, for each item (there are 15 items), there is only one possible answer indicated and, of course, that answer is correct. If only the correct answer is crossed out or if all of the sets are crossed out except for the correct answer, the problem should be scored as correct.

15b. Number marked incorrectly:

"Incorrect" means one of two things:

- One set of letters is crossed out and it is not the correct set, or
- Any two or more sets of letters are crossed out.

Items left blank do not count as errors.

15c. Total Score = $a - (\frac{1}{4})b$; this item does not need to be completed on the SH35.

Examples:

a	b	Score	On Form (15c)			
11	0	11	<table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px 5px;">1, 1</td> <td style="padding: 0 5px;">·</td> <td style="border: 1px solid black; padding: 2px 5px;">0, 0</td> </tr> </table>	1, 1	·	0, 0
1, 1	·	0, 0				
0	11	$-\frac{11}{4} = -2.75$	<table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px 5px;">-, 2</td> <td style="padding: 0 5px;">·</td> <td style="border: 1px solid black; padding: 2px 5px;">7, 5</td> </tr> </table> (Note the minus sign)	-, 2	·	7, 5
-, 2	·	7, 5				
5	7	$3\frac{3}{4} = 3.25$	<table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px 5px;">0, 3</td> <td style="padding: 0 5px;">·</td> <td style="border: 1px solid black; padding: 2px 5px;">2, 5</td> </tr> </table>	0, 3	·	2, 5
0, 3	·	2, 5				
0	0	0 = 00.00	<table style="display: inline-table; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px 5px;">0, 0</td> <td style="padding: 0 5px;">·</td> <td style="border: 1px solid black; padding: 2px 5px;">0, 0</td> </tr> </table>	0, 0	·	0, 0
0, 0	·	0, 0				

An example of the entire scoring procedure is included on the last page of this section.

LETTER SETS TASK

Examples

A.	NOPQ	DEFL	ABCD	HIJK	UVWX
B.	NLIK	PLIK	QLIK	THIK	VLIK

Task

1.	QPPQ	HGHH	TTTU	DDDE	MLMM
2.	BCDE	FGHI	JKLM	PRST	VWXY
3.	BVZC	FVZG	JVZK	PWXQ	SVZT
4.	BCEF	FGIJ	STWX	CDFG	PQST
5.	BCCB	GFFG	LMML	QRRQ	WXXW
6.	AAPP	CCRR	QQBB	EETT	DDSS
7.	ABDC	EGFH	IJLK	OPRQ	UVXW
8.	CERT	KMTV	FHXZ	BODQ	HJPR
9.	PABQ	SEFT	VIJW	COPD	FUZG
10.	CFCR	JCVC	CGCS	CLXC	KCWC
11.	XDBK	TNLL	VEGV	PFCC	ZAGZ
12.	CAEZ	CEIZ	CIOZ	CGVZ	CAUZ
13.	VEBT	XGDV	ZIFX	KXVH	MZXJ
14.	AFBG	EJFK	GKHM	PSQT	RWSX
15.	KGDB	DFIM	KIFB	HJMQ	LHEC

STOP

CORRECT ANSWERS FOR LETTER SETS TEST

<u>Correct Answer</u>	<u>Reason</u>
1. QPPQ	Four sets contain three letters that are the same and one that is different. "QPPQ" does not.
2. PRST	Four sets are in alphabetical order. "PRST" is not in alphabetical order.
3. PWXQ	Four sets have "VZ" as the middle two letters. "PWXQ" does not.
4. STWX	Four sets have the first two letters in order, skip one letter, then have the next two letters of the alphabet (e.g., <u>B</u> <u>C</u> <u>D</u> <u>E</u> <u>F</u>). "STWX" skips two letters of the alphabet (<u>S</u> <u>T</u> <u>U</u> <u>V</u> <u>W</u> <u>X</u>).
5. GFFG	Four sets fit the pattern of having two adjacent letters of the alphabet, forward, then <u>backward</u> . "GFFG," while using two adjacent letters, gives them <u>backward</u> , then <u>forward</u> .
6. QQBB	Four sets have a double letter, then a <u>subsequent</u> letter, also double (e.g., "A" come <u>before</u> "P" in the alphabet). "QQBB" is reversed ("Q" comes <u>after</u> "B" in the alphabet).
7. EGFH	Four sets have four letters that are adjacent in the alphabet, with the first two in order, and the second two reversed. "EGFH" has the middle two reversed.
8. BODQ	Four sets have two pairs of letters. The members of each pair are separated from each other in the alphabet by a single letter, e.g. " <u>C</u> <u>D</u> <u>E</u> <u>R</u> <u>S</u> <u>T</u> ." "BODQ" does not follow this pattern.
9. FUZG	Four sets are composed of an adjacent pair (e.g., "AB") within another adjacent pair (e.g., "PQ"). "FUZG" does not follow this pattern.
10. CLXC	Four sets contain two C's, separated by <u>one</u> different letter (e.g., "F"). "CLXC" does not follow this pattern.
11. XDBK	Four sets contain only three different letters (one is repeated). "XDBK" has four different letters.

12. CGVZ Four sets have two vowels separating the C and the Z. "CGVZ" has two consonants.
13. VEBT Four sets contain the letter "X." "VEBT" does not.
14. GKHM Four sets contain two pairs of letters that are adjacent to one another in the alphabet. For example, "AFBG" contains "AB" and "FG." In "GKHM," K and M are not adjacent to one another.
15. KIFB If each set is arranged in alphabetical order forward, four of the sets would be of the following pattern (example uses "KGDB"):

"B"-C-"D"-E-F-"G"-H-I-J-"K"
 1 1 2 1 2 3

"KIFB" follows the opposite pattern:

"B"-C-D-E-"F"-G-H-"I"-J-"K"
 1 2 3 1 2 1

LETTER SETS TEST - Scoring Example

Examples

A. NOPQ ~~DEFL~~ ABCD HIJK UVWX
 B. NLIK PLIK QLIK ~~THIK~~ VLIK

Test

1. ~~QPPQ~~ HGHH TTTU DDDE MLMM (Correct)
 2. BCDE FGHI ~~JKLM~~ ~~PRST~~ VWXY (Incorrect)
 3. ~~BVZC~~ FVZG JVZK PWXQ ~~SVZT~~ (Incorrect)
 4. BCEF ~~EGH~~ STWX CDFG PQST (Incorrect)
 5. BCCB ~~GFFG~~ LMML QRRQ WXXW (Correct)
 6. AAPP CCRR QQBB EETT DDSS
 7. ABDC EGFH IJLK OPRQ UVXW
 8. CERT KMTV FHXZ BODQ HJPR
 9. PABQ SEFT VIJW COPD FUZG
 10. CFCR JCVC CGCS CLXC KCWC
 11. XDBK TNLL VEGV PFCC ZAGG
 12. CAEZ CEIZ CIOZ CGVZ CAET
 13. VEBT XGDV ZIFX KXVH MZDZ
 14. AFBG EJFK GKHM PSQT RWQP
 15. KGDB DFIM KIFB HJMQ KHEE

Not answered

STOP

ON THE SH35:

15a. Number marked correctly

02

15b. Number marked incorrectly

03

15c. Total score = a - $\frac{1}{4}$ (b)

= 2 - $\frac{1}{4}$ (3)

= 2 - $\frac{3}{4}$

= $1\frac{1}{4}$

= 1.25

01.25

6.9 General Comments on the Administration of Part II

Be sure that the participant is situated in a comfortable position so that they are not twisting to write at an awkward angle. This could contribute to slower times and increased fatigue and mistakes.

Stopwatches should be used to accurately time the tests that are timed. It is not accurate enough to use wristwatches or overhead clocks.

Time limitation on all tasks should be stressed, such as on the Digit Symbol Task. The participants should be told that they have, for example, 90 seconds to complete the task, and that they should work as quickly as possible.

It is important for the participant to know that we are not comparing them to anyone else, but we only want to see how they are doing over time.

Specific feedback concerning correct answers on problems or scores on tests should be discouraged. General positive encouragement is generally helpful.

Several of the tasks require the use of an auxiliary task sheet; all of these come stapled together in a packet. When ready to administer a particular task, it should be separated from the packet. For example, when presenting Sample A of the Trailmaking Section, separate that sheet from the rest of the packet and just present that page, not the whole packet.

The order of presentation of the tasks should be strictly followed, especially doing the Letter Sets Task last as opposed to putting it after the Finding A's. Several of the tasks in Part II do not have auxiliary sheets. You should be following the order of tasks as given on the SH35, not the order of the auxiliary sheets.

In deciding whether or not to administer a task, let the samples be your guide. A task is "Not done" when the interviewer decides not even to administer the sample task, or an impairment prohibits the participant from attempting the task (e.g., visual impairment, illiteracy, etc.). A task is "Refused" when the participant refuses to even attempt the sample. Once the participant attempts the sample or any part of the task, a score must be assigned for that task. If at least part of the sample is attempted, and then the participant balks at the actual task, the score for that task should be "zero."

For participants who are perceptually impaired, "Not done" should be used rather than scoring zeros.

6.9.1 Delay of a Required Part II Evaluation

In order to have comparable data for the SHORTCARE, Activities of Daily Life (ADL) and Part II, those instruments should be administered as closely together in time as possible. If you decide to delay administration of Part II until another visit, then the SHORTCARE and ADL should be delayed also. If you have already given the SHORTCARE and ADL, and then decide to delay Part II, try to schedule the Part II to be completed within one month. If it is impossible to complete within one month, then the SHORTCARE and ADL should be repeated with the administration of Part II (the original SHORTCARE and ADL should be discarded).

SHEP BEHAVIORAL EVALUATION - PART II

These evaluations should be administered at Baseline Visit 2 and at all annual visits, after all other procedures are completed.

1. SHEP ID: - -
2. Acrostic:
3. a. Date of Clinic Visit:
Month Day Year
- b. Type of visit: Baseline Visit 2 1
Annual 2 → Which?
- c. Date of this evaluation:
Month Day Year

4. Anger Refused 1 Not Done 2

- a. Have you felt angry with other people in the past month?
Felt angry with others true 1 false 2
- b. Have you been irritable in the part month?
Admits to having been irritable lately true 1 false 2
- c. How often have you been getting into heated arguments?
Indicates he/she frequently gets into heated arguments true 1 false 2
- d. Do you get angry with yourself?
Gets angry with self true 1 false 2

5. Trailmaking Task

Refused 1 Not Done 2

Sample A

a. Accurately performed?

Yes 1 No 2

↓
Skip to Sample B

Part A--Time: 3 minutes

b. Number of seconds (maximum 180)

c. Number of segments completed correctly

d. Number of missing segments, up to highest number connected

Sample B

e. Accurately performed?

Yes 1 No 2

↓
Skip to 6

Part B--Time: 4 minutes

f. Number of seconds (maximum 240)

g. Number of segments completed correctly

h. Number of missing segments, up to highest number or letter connected

6. Digit-Symbol Substitution--Time: 90 Seconds

Refused 1 Not Done 2

a. Number of symbols correctly coded

b. Number of symbols incorrectly coded

7. Addition Task--Time: 2 minutes

Refused 1 Not Done 2

a. Total number correct (maximum 60)

8. Finding A's Task--Time: 2 minutes

Refused 1 Not Done 2

a. Total number of words marked correctly (maximum 100)

9. Boston Naming Task

Refused 1 Not Done 2

	<u>PICTURE</u>	<u>CHECK IF CORRECT</u>	<u>SPECIFY IF NOT EXACTLY AS WRITTEN</u>
a.	Toothbrush	_____	_____
b.	Knocker	_____	_____
c.	Accordion	_____	_____
d.	Stethoscope	_____	_____
e.	Comb	_____	_____
f.	Hammock	_____	_____
g.	Harp	_____	_____
h.	Noose	_____	_____
i.	Cactus	_____	_____
j.	Scissors	_____	_____
k.	Latch	_____	_____
l.	Pencil	_____	_____
m.	Tongs	_____	_____
n.	Wheelchair	_____	_____
o.	Camel	_____	_____
p.	Wreath	_____	_____
q.	Total Correct		<input type="text"/> <input type="text"/>

10. Delayed Recognition Span Task

Refused 1 Not Done 2

(Circle correct words)

Sample Verbal Series

Swirl (21) Crown (16) Flake (8)

Verbal Series--Read from left to right

Touch (14)	Drift (20)	Large (4)	Snare (17)	Right (13)
Climb (15)	Month (24)	Noise (25)	Start (6)	Grand (22)
Close (29)	Trend (11)	Place (7)	Bound (26)	

Participant

1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

Interviewer

a. Total correct before first error

b. Total correct overall

11. Quality of Life		Refused <input type="checkbox"/> 1	Not Done <input type="checkbox"/> 2
a. How do you feel about life as a whole? Would you say that you feel delighted, pleased, mostly satisfied, mixed, mostly dissatisfied, unhappy, or terrible?	Delighted	<input type="checkbox"/> 1	
	Pleased	<input type="checkbox"/> 2	
	Mostly satisfied	<input type="checkbox"/> 3	
	Mixed	<input type="checkbox"/> 4	
	Mostly dissatisfied	<input type="checkbox"/> 5	
	Unhappy	<input type="checkbox"/> 6	
	Terrible	<input type="checkbox"/> 7	
b. Taking all things together, how would you say things are these days? Would you say that you are very happy, pretty happy, or not too happy these days?	Very happy	<input type="checkbox"/> 1	
	Pretty happy	<input type="checkbox"/> 2	
	Not too happy	<input type="checkbox"/> 3	
c. For your age, would you say, in general, that your health is excellent, good, fair, poor, or bad?	Excellent	<input type="checkbox"/> 1	
	Good	<input type="checkbox"/> 2	
	Fair	<input type="checkbox"/> 3	
	Poor	<input type="checkbox"/> 4	
	Bad	<input type="checkbox"/> 5	

12. First Recall		Refused <input type="checkbox"/> 1	Not Done <input type="checkbox"/> 2
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"Remember those words you just saw--can you tell me which ones you remember?"

Record words below:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

a. Total words correctly recalled:

13. Activities

Refused 1 Not Done 2

"I am going to read a list of things people do in their free time. In the last month, how often have you done each of these things--often, sometimes, or never?"

	<u>Often</u>	<u>Sometimes</u>	<u>Never</u>	<u>REF.</u>	<u>DK</u>
a. Active sports or swimming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
b. Take walks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
c. Work in the garden/yard	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
d. Do physical exercises	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
e. Prepare your meals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
f. Work at a hobby	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
g. Go out and do some shopping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
h. Go out to a movie, restaurant, or sporting event	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
i. Read books, magazines, newspapers	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
j. Watch television	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
k. Day trips, overnight trips	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
l. Unpaid community/volunteer work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
m. Paid community work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
n. Regularly play cards/games/bingo	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8
o. Any other activities (specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 8

14. Second Recall

Refused 1 Not Done 2

"Now I would like you to tell me as many of the words you remember that you saw before."

Record words below:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

a. Total words recalled correctly:
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- a. Number marked correctly
- b. Number marked incorrectly
- c. Total score = $a - (\frac{1}{4})b$.

16. Review--Interviewer only

- a. How well do you think the participant understood the questions in the tasks?
 - Quite well 1
 - Fairly well 2
 - Somewhat 3
 - Very little 4
 - Not at all 5
- b. How great an effort do you think the participant put into the tasks?
 - A great deal 1
 - A considerable amount 2
 - A moderate amount 3
 - A little bit 4
 - Hardly any 5
- c. How nervous do you think the participant was about the tasks?
 - Very much 1
 - A moderate amount 2
 - A little 3
 - Not at all 4
- d. How often was the participant's behavior toward the interviewer and the interviewing situation appropriate?
 - Always 1
 - Often 2
 - Sometimes 3
 - Rarely 4
 - Never 5
- e. Was the participant's vision impaired to the degree that performance was affected?
 - Yes 1
 - No 2
- f. Was the participant's hearing impaired to the degree that performance was affected?
 - Yes 1
 - No 2

g. Comments: _____

h. Interviewer: _____
 Signature Code

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