

30-32 (1) FORM NUMBER

40 (518) SEQUENCE

33 (2) VERSION

SHEP SHORT-CARE FORM

Name: _____

(4)

(6)

1. SHEP ID: [22][23] - [24][25][26][27] - [28][29] (5)

2. Acrostic: [41][42][43][44][45][46]

3. Date of clinic visit: (3) [36][37] [38][39] [34][35] (7)
Month Day Year

4. Sequence #: [47][48] (8)

5. Date of SHORTCARE evaluation: [51][52] [53][54] [49][50] (9)
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 = [55][56] (10)

b. Total Score #2 = [57][58] (11)

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. At all evaluations, participants reaching a Total Score #1 of 4 or more 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.

Participant referred for (check all that apply):

- c. Dementia evaluation (SH31)
- d. Depression evaluation (SH32)
- e. Other referral for evaluation or treatment (describe in Comments, Item 7a)

59 (12) Yes 1 No 2
 60 (13) Yes 1 No 2
 61 (14) Yes 1 No 2

7. a. Comments on this evaluation: 62 (15) P 0/1

b. Interviewer: _____ (16) [63][64]
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 (17) t f r n 65
9. How old are you?	9a. Stated age (18) 66 67 68 9b. States does not know or does not complete reply (19) ⁶⁹ t f r n * 9c. Stated age different by more than one year from most accurate estimate (20) ⁷⁰ t f r n *
10. So what year were you born?	10a. Stated year of birth (21) 71 72 73 74 10b. States does not know or does not complete reply (22) ⁷⁵ t f r n * 10c. Stated birth year different from most accurate estimate (23) ⁷⁶ 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 (24) ⁷⁷ t f r n * 11b. Shows marked uncertainty about age and birthdate (25) ⁷⁸ t f r n * 11c. Either stated birthdate or stated age or both are obviously wrong (26) ⁷⁹ t f r n *
12. How long have you been living in this neighborhood?	12a. States does not know or does not complete reply (27) ⁸⁰ t f r n *
13. What is your home address? (IF NOT STATED COMPLETELY, ASK:) 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 (28) ⁸¹ t f r n * 13b. Gives incorrect or incomplete house number and/or town (not counting zip code) (29) ⁸² t f r n *
14. How long have you lived at this address?	14a. States does not know or does not complete reply (30) ⁸³ 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	84	(31)	t	f	r	n	
	15b. States doesn't know, or does not complete reply, or refers to record	85	(32)	t	f	r	n	
	15c. Gives incorrect or incomplete phone number	86	(33)	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	87	(34)	t	f	r	n	**
	16b. Worries about almost everything	88	(35)	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	89	(36)	t	f	r	n	**
	17b. Depression lasts longer than just the occasional few hours	90	(37)	t	f	r	n	**
	17c. Depression worst at beginning of day	91	(38)	t	f	r	n	**
	17d. Has felt life wasn't worth living	92	(39)	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	93	(40)	t	f	r	n	**
	18b. Has felt like crying but did not	94	(41)	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		<input type="checkbox"/>		r	n	**	
	Is pessimistic about the future or has empty expectations . . . 1		(42)	95				
	Mentions that the future looks bleak or unbearable . . . 2							

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

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?

IF YES: Did you think of doing anything about it yourself? How often do you think about it?

What did you plan to do? Did you actually try anything? What did you do?

20a. Has not wished to be dead 0 r n **

Has wished to be dead but rejects suicide 1

Has considered suicide, but suicidal thoughts are fleeting 2 (43)⁹⁶

Has seriously considered a method of suicide but has not attempted it. . . . 3

Has attempted suicide 4

21. When did you last feel happy? 21a. Does not mention feeling happy in the last month (44)⁹⁷ t f r n **

22. Do you feel happy about yourself as a person? 22a. Does not mention regrets or self-blame 0 r n **

IF NO:

Do you have regrets about your life? Mentions regrets about past which may or may not be justifiable 1 (45)⁹⁸

Do you blame yourself for anything? Obvious and unjustifiable self-blame over past or present misdeeds 2

What?

23. Have you had trouble sleeping over the past month? 23a. Trouble falling or staying asleep 99 (46) t f r n

IF NO, ASK:

Have you been taking anything to help you sleep? 23b. Taking medication for sleep (47) t f r n

IF ADMITS TO SLEEP DIFFICULTY OR TAKING NIGHT SEDATIVES, ASK:

Is it because you feel tense or depressed? 23c. Difficulty is due to altered moods or thoughts, or tension 101 (48) t f r n **

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 102 (49) t f r n</p> <p>24b. Wakes up feeling tired (50) t f r n 103</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 (51) t f r n 104</p> <p>25b. Forgets what is attending to or has just attended to in TV, reading, radio, talking 105 (52) 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 (LAST NAME ONLY) <u>REPEAT 3 TIMES IF NECESSARY.</u></p>	<p>26a. Does not recall even rough approximation to rater's name (53) t f r n * 106</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 (54) t f r n * 107</p> <p>26b. Does not recall name of previous President (55) t f r n * 108</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 (56) t f r n * 109</p> <p>28b. Gives incorrect month 110 (57) t f r n *</p> <p>28c. States does not know year or does not complete reply (58) t f r n * 111</p> <p>28d. Gives incorrect year 112 (59) 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 (60) t f r n ** 113</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 (61) t f r n ** 114</p>

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

31. Have you been doing more, less, or about the same as usual? 31a. Doing less than usual 115 (62) t f r n **
 Is there any time of the day when you feel slower and less energetic? 31b. Slowness or anergia worst in mornings 116 (63) t f r n **
 Have you actually been sitting around a lot because of lack of energy? 31c. Sits or lies around because of lack of energy 117 (64) t f r n **

32. Do you get restless? 32a. Admits to being restless 118 (65) 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 119 (66) t f r n

34. Do you have headaches? 34a. Describes any headache (67) ¹²⁰ t f r n **

35. What have you enjoyed doing in the past month? 35a. Almost nothing enjoyed (68) t f r n **
 121

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 (69) ¹²² 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 (70) t f r n
 123

IF YES:

Why is that?

Is it because you're too depressed or nervous?

37b. Too depressed or nervous (71) ¹²⁴ 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 125 { 1 r n **
 Fairly happy { 2
 Not very happy { 3 (72)
 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 126 (73) t f r n
 IF FEELS LONELY: 39b. Often feels lonely 127 (74) t f r n
 How often have you felt this way?

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 r n
 Most by self, others do rest 2 (75) 128
 Some by self, others do rest 3
 Almost nothing by self but participates with assistance or supervision 4
 Almost nothing by self, other do all of it 5
 IF HELPED: What help do you get? What do they do?
 IF DOES NOTHING BY SELF: Do you help with anything?

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 (76) t f r n
 129

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 (77) t f r n
 130

43. Do you do all of your own shopping without any help from anyone else? 43a. All or almost all shopping by self 1 r n
 Light shopping by self, other help with heavy packages only 2 (78) 131
 Only some light shopping by self, others do rest or does all shopping by telephone 3
 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
 IF HELPED: What help do you get? What do they do? Can you manage small packages yourself? Do you go to the store with them?
 IF DOES NO SHOPPING: Do you help with the ordering or make out the list?

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

44. How many light chores do you do by yourself? Is that without any help from anyone else?

IF HELPED: What help do you get? What do they do

IF DOES NO CHORES BY SELF: Do you help with any of these chores?

44a. All or almost all light chores by self 1 r n

Many light chores by self, others do rest 2 (79) 132

Few light chores by self, others do the rest 3

Almost no light chores by self, but participates with assistance or supervision 4

Almost no light chores or participation by self, others do them 5

45. What heavy chores do you do yourself? Is that without any help from anyone else?

IF HELPED: What help do you get? What do they do?

IF NO CHORES BY SELF: Do you help with any of these chores?

45a. All or almost all heavy chores by self 1 r n

Many heavy chores by self, others do the rest 2 (80) 133

Few heavy chores by self, others do the rest 3

Almost no heavy chores by self, but participates with assistance or supervision 4

Almost no heavy chores or participation by self, others do them 5

46. Do you have any problems or difficulty in getting dressed/ putting on outdoor clothes?

46a. Has problem or difficulty in basic dressing (81) 134 t f r n

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	(82)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
		135					
48. During the past week, I did not feel like eating: my appetite was poor. Did you feel that way . . .	<input type="checkbox"/> 1	(83)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
		136					
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	(84)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
		137					
50. I felt that I was just as good as other people. Did you feel that way . . .	<input type="checkbox"/> 4	(85)	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
		138					
51. I had trouble keeping my mind on what I was doing. Did you feel that way . . .	<input type="checkbox"/> 1	(86)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
		139					
52. During the past week, I felt depressed. Did you feel that way . . .	<input type="checkbox"/> 1	(87)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
		140					
53. I felt that everything I did was an effort. Did you feel that way . . .	<input type="checkbox"/> 1	(88)	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
		141					
54. I felt hopeful about the future. Did you feel that way . . .	<input type="checkbox"/> 4	(89)	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 7	<input type="checkbox"/> 8
		142					

		<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 checked="" type="checkbox"/> 2 143	<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 checked="" type="checkbox"/> 2 144	<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 checked="" type="checkbox"/> 2 145	<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 checked="" type="checkbox"/> 3 146	<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 checked="" type="checkbox"/> 2 147	<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 checked="" type="checkbox"/> 2 148	<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 checked="" type="checkbox"/> 2 149	<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 checked="" type="checkbox"/> 3 150	<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 checked="" type="checkbox"/> 2 151	<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 checked="" type="checkbox"/> 2 152	<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 checked="" type="checkbox"/> 2 153	<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 checked="" type="checkbox"/> 2 154	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 8
67.	Total Score	_____	+ _____	+ _____	+ _____	= <input checked="" type="checkbox"/> 102	<input type="checkbox"/> 155-156

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 157 1
 Not completed, at participant's request (103) 2
 Not completed, at interviewer's initiative 158 3

69. How would you rate the overall validity of the responses that were obtained?

Very good 1
 Good 2
 Fair (104) 3
 Poor 4
 Very poor 158 5

70a. Did anything in particular contribute to non-completion or adversely effect the overall quality of the interview?

Go to 70b ← (105) Yes 1
 Go to END ← 159 No 2

b. Hearing problem?

160 106 Yes 1 No 2

c. Language difficulty?

161 107 Yes 1 No 2

d. Mental confusion?

162 108 Yes 1 No 2

e. Hostile attitude?

163 109 Yes 1 No 2

f. Lack of interest?

164 110 Yes 1 No 2

g. Fatigue?

165 111 Yes 1 No 2

h. Participant's proxy?

166 112 Yes 1 No 2

i. Noise, interruptions?

167 113 Yes 1 No 2

j. Time pressure?

168 114 Yes 1 No 2

k. Other? (Specify: _____)

169 115 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.

RECORD TYPE 116 170 3-8 514 BATCH DATE
 DATE RECEIVED 117 171-176 11-16 515 DATE MODIFIED
 UPDATE NUMBER 118 177-179 17-20 516 TIME MODIFIED
 DATE LAST PROCESSED 119 180-185 517 EDIT STATUS
 PAPER COPY 120 186 21