

## **Chapter 5**

### **Interviewing Guidelines For Proxy Administration**

#### **INTRODUCTION**

This chapter contains guidelines for determining whether the LLFS Protocol should be administered to a participant via a Designated Family Representative or "Proxy". The primary reason that proxy interviews will be obtained is that there is concern regarding the participant's cognitive functioning, and therefore the accuracy of his or her self-report. Proxy interviews will be obtained only for extended family members participating in the study, and is not appropriate for the core family members who must all demonstrate intact cognition.

#### **CONSENT TRACKING AND INTERVIEW FEASIBILITY**

**Assessing Capacity to Provide Informed Consent for Core Family Members:** The cognitive status of the core family members will be assessed by first reviewing the consent form with each core family member. Then, the Assessment for Capacity to Provide Consent instrument will be used to determine whether s/he has the cognitive capacity to provide informed consent. This instrument involves four, open-ended questions which attempt to measure the potential participant's understanding of the study (i.e. describe study purpose, risks and benefits, study activities and alternatives to participation). Based on the responses to these questions, the interviewer will be able to determine whether the potential participant has sufficient understanding to provide informed consent. If it is determined that any of the core family members are incapable of providing consent using the 'Assessment for Capacity to Provide Consent' Instrument, that family will not be eligible to participate because the three required core family members (proband, sibling and offspring) must be cognitively intact in order for the family to participate.

If it is determined that all three core family members are capable of providing consent, the Mini-Mental Status Exam (MMSE), as a more specific assessment of the participant's cognitive capacity, will then be administered on each of the three required core family members. Each of these core family members must score above a 24 on the MMSE in order for the family to participate in the study. If the core family member scores 24 or below due to a sensory impairment, the examiner will use his/her judgment to determine whether or not that impairment will compromise the quality of the data. If the examiner has concerns, the family will be ineligible. If the examiner feels that the impairment will not compromise the quality of the data, that family member will be eligible to participate.

Once it is determined that the three required core family members have the capacity to provide informed consent and all score above a 24 on the MMSE, the family will be deemed eligible and the family will be enrolled.

Overall procedures for interviewing proxies are similar to those outlined in Chapter 4.

#### **Assessing Capacity to Provide Informed Consent for Extended Family Members**

Procedures for ascertaining capacity to provide informed consent for extended family members are the same as the procedures for ascertaining capacity to consent for the core family members. The difference is that extended family members can still be enrolled into the study (via proxy interviews) regardless of cognitive status whereas the core family members must be cognitively intact in order to qualify for study participation.

In order to determine that individuals have the capacity to provide informed consent, the interviewer will ask several open-ended questions regarding the person's understanding of the study after reviewing the consent form. (Panel 1a- Assessment of Capacity to Provide Consent). If there is significant concern that the person does not comprehend basic aspects of the study, interviewers will acquire informed consent from a proxy, if possible, so long as the person demonstrates assent to participate in the study. If proxy consent is obtained, it is necessary to administer proxy-based interviews described below. If a proxy is unavailable, the individual must be excluded from the study.

Individuals demonstrating capacity to provide informed consent can be enrolled in the study. However, it is important to note that demonstrating capacity to provide informed consent does not eliminate the need for evaluation of overall cognition. Many individuals with cognitive impairment including those with dementia demonstrate the capacity to provide informed consent. As such, it is necessary to evaluate the global cognitive functioning of all potential participants early in the battery to determine if proxy-based interviews are necessary regardless of whether the participant seems to comprehend the basic components of the study via the open-ended survey (Panel 1a).

**Criteria for Proxy-Based Interviews.** Criteria for obtaining proxy interviews include the following. Proxy interviews should be obtained in the event that: 1) the participant scores 24 or below on the MMSE and this is not due primarily to sensory impairment; OR 2) there is significant concern regarding the participant's ability to provide accurate self-report, regardless of MMSE score. If the participant scores above 24 on the Mini-Mental State Examination and there is no significant concern by the interviewer regarding the participant's ability to provide accurate self-report, proxy interviews are not necessary and the participant can be enrolled in the study and undergo the regular battery. (Please refer to Flow Chart contained in Appendix 1 to this chapter.)

### **Procedures for Obtaining Consent from a Proxy/Surrogate**

The study's participant consent form includes a surrogate consent section to be completed if it has been determined that a proxy is needed as described above. The proxy will be appointed by the participant who has been deemed too impaired to undergo the regular battery. The participant's name will be printed on the consent form in this section (under 'name of participant') and the chosen proxy will sign his/her own name on that line instead of the participant. The proxy will then sign his/her name again in the 'consent by proxy' section along with printing his/her name and dating the document. Assent will be documented by jotting down a statement on the consent form to indicate that the participant demonstrated his/her willingness to participate (i.e. participant extended her arm, smiled and nodded, etc.) before any study procedures begin. The minimum data set will be collected via the proxy who will sign the informant consent form (Please see Appendix C at the end of this MOP).

The 'informed consent' process with the informant is completed the same way it will be completed with a participant. Please review the general consent form guidelines in Chapter 8 which will apply here. Be sure to use the informant consent (labeled as "Informant") on the top of the consent form and not the participant consent form which will only be used with study participants. As stated in Chapter 8, you must first obtain the legally effective informed consent of the person (in this case, the informant) before any assessments or interviews are conducted.

The informant will carefully review all study-related material as outlined in the informant consent form and then, if the participant agrees to participate, s/he will sign his/her name on the document to indicate s/he has read and understands the details outlined in the consent form.

You will notice that the informant consent form outlines the planned procedures that the informant will undergo (interviews, NEO, CES-D) as well as the procedures that are planned for the participant to undergo. All details must be reviewed with the informant so s/he understands that s/he will be providing information about the participant for purposes of this study.

After the proxy signs the informant consent form and the surrogate section of the participant consent form, the Informant Based Date of Onset Interview (please refer to [Appendix 2](#) to this chapter) will be administered on the proxy for those extended family members who do not have capacity to undergo the interviews. This interview collects information from the proxy regarding the onset of cognitive and/or behavioral changes in the participant. The proxy will then undergo the modified interview after signing the Informant Consent Form while the participant will undergo the performance and cognitive measures.

It is important to note that all performance and cognitive measures will be administered directly to the participant without the aid of the proxy regardless of the participant's cognitive status. These measures will be eliminated if participants are unable to comprehend instructions. It is not appropriate for the proxy to assist the participant in performance or cognitive measures. In contrast, proxy-based information will be obtained for the CES-D, NEO, and all questionnaires and interviews. In addition to measures included in the standard battery, proxy interviews will include a Date of Onset Interview (please see [Appendix 2](#) to this chapter) in which the examiner probes the proxy for information regarding the onset of cognitive and/or behavioral changes in the participant. Outlined in the following section is the preferred order of administration.

## **EXAMINATION ORDER:**

### Physical/Cognitive Measures

- BP/HR
- Phlebotomy (or on a separate visit)
- Performance Measures
- Cognitive Tests (with exception of long-term recall)
- WT/HT & Waist Circumference (please do as many of these measures as possible during the 40 minute wait for long term recall)
- Long-term recall
- Finish any WT/HT and Waist Circumference Measures not completed during 40 minute break
- Spirometry
- CES-D and NEO

### Questionnaires/Other Instruments

- Socio-demographics
- Medical History
- Medications
- Family Structure Review
- Physical Function and Activity
- Personal History

## **DATA COLLECTION FORMS/ASSESSMENTS**

**Sociodemographic Interview:** If this panel is being completed by a Proxy/Designated Family Reporter, then check the appropriate box at the top of the form. For this panel, all questions should be asked via a Proxy

Interview **WITH THE EXCEPTION OF** Questions 5, 11a-11b, 12b-12c, 14a-15d and 16b-17. Note that all the questions should be rephrased so as to ask about the participant. Generally speaking, you should substitute the word "you" with the name of the LLFS participant. For example, Question 1 should be rephrased as follows: "Was (name of LLFS Participant) born in the US? If the Proxy does not know the answer to any questions or if s/he refuses to answer a question mark, "Don't know" or "Refuse" wherever applicable. Therefore, the same instructions apply here to following conventions as description in the General Instructions of the Introductions to Visits Chapter.

**Physical Function And Activity Evaluation:** If this panel is being completed by a Proxy/Designated Family Reporter, then check the appropriate box at the top of the form. For this panel, all questions should be asked via a Proxy Interview WTH THE EXCEPTION OF Questions 5, 11a-11b, 12b-12c, 14a-15d and 16b-17. Note that all the questions should be rephrased so as to ask about the participant. Generally speaking, you should substitute the word "you" with the name of the LLFS participant. For example, Question 1 should be rephrased as follows: "Was (name of LLFS Participant) born in the US? If the Proxy does not know the answer to any questions or if s/he refuses to answer a question mark, "Don't know" or "Refuse" wherever applicable. Therefore, the same instructions apply here to following conventions as description in the General Instructions of the Introductions to Visits Chapter.

**Personal History Questionnaire:** If this panel is being completed by a Proxy/Designated Family Reporter, then check the appropriate box at the top of the form. For this panel, only Questions 1a-1d and 2a-2e should be asked via a Proxy Interview. Note that all the questions should be rephrased so as to ask about the participant. Generally speaking, you should substitute the word "you" with the name of the LLFS participant. For example, Question 1a should be rephrased as follows: "Has (name of LLFS Participant) smoked more than 100 cigarettes in his/her lifetime?" Similarly, Question 1b, should be rephrased as "In what year or how old was (name of LLFS Participant) when he/she started smoking cigarettes on a regular basis". If the Proxy does not know the answer to Questions 1a, 1c, 2a and 2c mark "Don't know" or if they refuse, mark "refused" and move on to the next question until you complete the panel. If the Proxy does not know the answer to Questions 1b, 1d, 1e and 2b, 2d and 2e (how old and how many), then use the standard LLFS convention of D.

**Medical History Questionnaire:** If this panel is being completed by a Proxy/Designated Family Reporter, then check the appropriate box at the top of the form. For this panel, Questions 2, 4a-4b, 8a-8d, 9, 10a-10c, 11, 12a-12e and 13a-13c can be administered to a Proxy/DFR. Note that all the questions should be rephrased so as to ask about the participant. Generally speaking, you should substitute the word "you" with the name of the LLFS participant.

**Medication Inventory:** This panel can be attempted with a Proxy/Designated Family Report. If so, then check the appropriate box at the top of the form. If the Proxy/DFR does not know about the prescription or over-the-counter medications the LLFS participant has taken in the past two weeks, check the box "don't know", or if they refuse to provide this information, check "refused" on the study form.

**Cognitive Assessment:** All cognitive measures should be administered directly to the participant without the aid of the proxy. These measures should be eliminated if participants are unable to comprehend instructions. It is not appropriate for the proxy to assist the participant in performance or cognitive measures.

**Informant-Based Date of Onset Interview:** This interview should be administered in full to all Proxies enrolled in the study. It covers important information regarding the onset of the participant's cognitive and/or behavioral problems. This interview also records the nature of the relationship between the proxy and participant, and the approximate amount of time that the proxy has spent with the participant over the past five years.

**Performance Measures:** This panel is a physical measure and requires that the participant follow the interviewers' instructions for completing maneuvers. These are physical measures and cannot be completed by Proxy. All measures in this panel should be attempted. If the participant is unable to complete any of the procedures because they were unable to sufficiently follow instructions to complete the measurement, there are check boxes on the form to document this for each measure that cannot be completed.

**Blood Pressure, Heart Rate, Height, Weight And Waist Circumference:** This panel is a physical measure and requires that the participant follow the interviewers' instructions for positioning purposes. These are physical measures and cannot be completed by Proxy. All measures in this panel should be attempted. If the participant is unable to complete any of the procedures because they were unable to sufficiently follow instructions to complete the measurement, there are check boxes on the form to document this for each measure that cannot be completed.

**Spirometry:** If this panel is being completed by a Proxy/Designated Family Reporter, then check the appropriate box at the top of the form. Questions 1-4 can be administered to a proxy in all cases. If Spirometry is to be attempted on the participant (i.e. if the participant agrees and seems able to follow the instructions), questions 5-12 should also be administered to the proxy and then attempt to proceed with the Spirometry procedure on the participant. The plan is to attempt Spirometry for all participants. Participants who are disoriented and have no recall but who can follow 2-3 step instructions will likely do well; participants who cannot follow instructions will, more or less, be unlikely to complete this procedure.

#### **Mood And Personality Assessment:**

CES-D. All questions on this panel may be asked of a proxy. If a proxy is completing this form, please check the appropriate box at the top of the form. For all questions, be sure to replace 'you', 'I' or 'my' with the participant's name for each statement to ensure that the questions are being asked about the participant and not of the proxy. . It may take some probing to obtain an answer about the mood of the participant from the proxy for some of the questions. Ask the proxy to base his/her responses on what s/he has observed in the participant's behavior. You may tell the proxy to take his/her best guess whenever necessary.

NEO 5-Factor Inventory. The same instructions mentioned above for the CES-D apply for the NEO. All questions on this panel may be asked of a proxy. Be sure to replace 'you', 'I' or 'my' with the participant's name for each statement to ensure that the questions are being asked about the participant and not of the proxy. It may take some probing to obtain an answer about the participant's personality traits from the proxy as an observer for some of the questions. Ask the proxy to base his/her responses on what s/he has observed in the participant. You may tell the proxy to take his/her best guess whenever necessary.

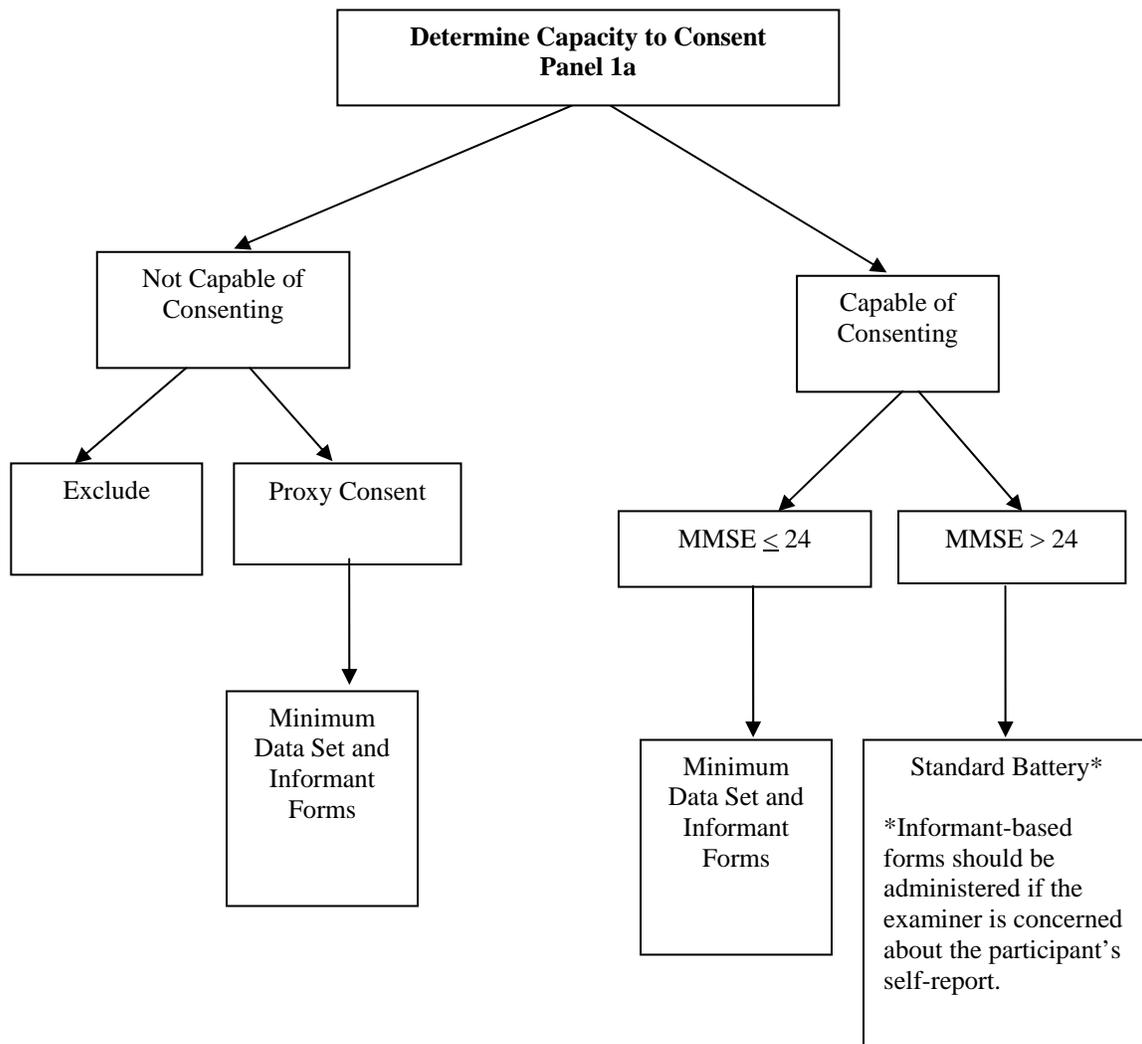
**Venipuncture & Blood Collection:** If this form is administered on the proxy, check the appropriate box on the top of the form. Once you have followed your IRB's guidelines for obtaining consent to draw blood from a cognitively impaired individual and she has not provided consent, you can conduct the Phlebotomy Screening survey (p2 Qa-e) on the proxy by replacing "you" with the study participant's name. Next, Questions 1- 3 can be asked of the proxy, again by replacing "you" with the participant's name. This completes the questions for the proxy on this form. Please continue to complete the rest of the fields involving blood processing and shipping information for this sample.

## Chapter 5 – Appendix 1

### Process for Determination of Inclusion of Cognitively Impaired Participants (Extended Family Members)

Inclusion of cognitively impaired participants involves several steps. The outline below details our approach to including these participants.

1. Evaluation of Capacity to provide informed consent (See following page for sample form).
2. MMSE evaluation
3. Administration of Proxy-based forms for cognitively impaired participants.



## Chapter 5 – Appendix 1 (cont)

### 'Sample' of Assessment for Capacity To Provide Informed Consent

After reviewing the consent form, please read the following:

***Interviewer Script:*** "I'm going to ask you a couple of short questions. Please feel free to refer to the consent form we just reviewed."

1. In your own words, please explain the general purpose of this study. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. In your own words, please explain the potential risks and benefits of participating in this study. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. In your own words, please describe the activities you will participate in during this study. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. In your own words, please explain your options if you do not want to participate in the study, or in certain parts of the study. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***Interviewer Note:*** Based on the participant's responses to the above questions, the interviewer determines whether or not the person has sufficient understanding to provide informed consent. It is important to note that this is not a memory test, and participants can use the consent form to help them answer these questions and/or request clarification from the examiner.

Based on the responses to the questions above, is it your opinion that this participant is adequately able to provide informed consent to participate in this study?

<sup>1</sup>.....Yes  
<sup>0</sup>.....No

## Chapter 5 – Appendix 1 (cont)

### 'Sample' of Criteria for Proxy-Based Interviews (Panel 1b)

**Interviewer Note:** The following table outlines four scenarios based on the initial cognitive screen (MMSE) and the examiner's impression of the participant's self-report. Indicate the scenario that applies by checking the appropriate box in the left column. Proceed as indicated in the right column. Note that these categories are mutually exclusive, so only one scenario should be marked as "Yes" and all others should be marked as "No".

	<b>Results of Cognitive Screen</b>	<b>Administration Procedure</b>
<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>0</sup> No	Participant scored above 24 on the Mini-Mental State Examination and there <u>is no</u> significant concern regarding the participant's ability to provide accurate self-report.	Proceed with interview. Proxy-based interview not necessary.
<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>0</sup> No	Participant scored above 24 on the Mini-Mental State Examination but <u>there is significant concern</u> regarding the participant's ability to provide accurate self-report.	Administer proxy-based interviews.
<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>0</sup> No	Participant scored 24 or below on the Mini-Mental State Examination and this impaired score is <u>not due</u> to a sensory impairment.	Administer proxy-based interviews.
<input type="checkbox"/> <sup>1</sup> Yes <input type="checkbox"/> <sup>0</sup> No	Participant scored 24 or below on the Mini-Mental State Examination; however, this impaired score is <u>due primarily</u> to a sensory impairment; cognitive abilities appear intact.	Proceed with interview. Proxy-based interview not necessary.

## Chapter 5 – Appendix 2

### 'Sample' of Informant-Based Date of Onset Interview (Panel 7c)

1. What is your relationship with \_\_\_\_\_ [insert name of participant]?

- <sup>1</sup> .....Spouse  
<sup>2</sup> .....Child  
<sup>3</sup> .....Friend/Companion  
<sup>4</sup> .....Other \_\_\_\_\_ (please specify)

2. Do you live with \_\_\_\_\_ [insert name of participant]?

- <sup>1</sup> .....Yes  
<sup>0</sup> .....No

3. In the past year, how often have you seen [insert name of participant]? (***Interviewer Note: Any interval can be used to establish this date. The following may be helpful to establish the date. "About how many times per week?" OR "How many times per month?"***)

Frequency of contact with the patient during the last year? Days \_\_\_\_\_ / 365

4. In the last 5 years, how often have you seen [insert name of participant]? (***Interviewer Note: The interval may be described year by year and summed.***)

Frequency of contact with the patient over 5 years? Days \_\_\_\_\_ / 1200

5. ***Interviewer Script:*** I am going to ask you several questions about the very first symptoms or problems you noticed in [insert name of participant]. You may be aware of many problems but this interview will focus on the first or earliest ones.

Have you noticed [Problem]? When did you first notice that? When was this not present?  
***(Interviewer Note: Repeat for items A-H in the table below.)***

Use the following page to record detailed descriptions of specific events that illustrate the earliest problems. A date must be set when the problem was definitely present and definitely absent. If necessary, use additional questions to clarify the timeline (page 2).

In some cases, the informant will describe an episode that does not appear to meet criteria for the category that is being queried (see page 3 for category descriptions). Record this response in the correct category regardless of the label given by the informant.

Have you noticed that [Insert Participant’s Name] has had:			When did you first notice that ?		When was this not present?	
	Month	Year	Month	Year	Month	Year
5a. Memory Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
5b. Performance Changes	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
5c. Language Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
5d. Trouble with orientation (knowing time or place)	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
5e. Depression	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
5f. Personality Changes	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
5g. Behavior Changes	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
5h. Hallucinations, delusions, or paranoid ideas	<input type="checkbox"/> Yes	<input type="checkbox"/> No				

**Note to Interviewer:** The questions provided below are suggestions to help you better establish answers to Q5a-Q5h above.

**The following questions may be useful to help establish when the problem was definitely there:**

"Do you remember this occurring during any events such as birthdays, anniversaries, or holidays?"

"Do you recall what year it was, or what season of the year it was?"

"Do you remember where you were or where the patient was when you first noticed the problem?"

**The following additional questions may be useful to establish when the problem was definitely absent:**

"When was the last time you think [insert participant's name] was not having this kind of problem?"

"When was his/her [Specific Area] about the same as yours?"

"When was his/her [Specific Area] as good as other people his/her the same age?"

**Record detailed description of problems:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Interviewer, describe your impression of the quality of onset information:

<input type="checkbox"/>	5	.....	Very Good
<input type="checkbox"/>	4	.....	Good
<input type="checkbox"/>	3	.....	Unsure
<input type="checkbox"/>	2	.....	Poor
<input type="checkbox"/>	1	.....	Very Poor

### **Memory**

Difficulty with recalling things (e.g., names, all or important parts of conversations, or lists of things); forgetting details, appointments, or messages; losing or misplacing items.

### **Performance**

Problems with carrying on occupational and recreational activities; trouble remembering “how to do” a previously well known skill.

### **Language**

Word-finding problems and misnaming of things; difficulty with understanding conversations.

### **Disorientation**

Confusion about the time (including date) and place.

### **Personality**

Intensification of a pre-existing personality trait; notable new trait or a marked change, e.g., paranoia (pervasive and unwarranted suspiciousness and mistrust of people, does not include other delusions), apathy (socially withdrawn, loss of interest in usual activities), egocentricity (selfishness or unawareness of significant others), dependency (passively allowing others to assume responsibility for major areas of life because of inability to function independently).

### **Depressed Mood**

Persistent and severe depressed mood; vegetative signs are not required.

### **Behavior**

Physical aggression or verbal abuse; lack of adequate personal grooming; sexual indiscretion, including verbal behavior; rigidity or stubbornness; emotional ability (e.g., laughing or crying inappropriately).

### **Psychosis**

Delusion (persistent false beliefs that cannot be removed by contradictory evidence); hallucination (a visual, auditory, or olfactory perception of something that does not exist).

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*Adapted from Sano et al. (1995). A standardized technique for establishing onset and duration of symptoms of Alzheimer's disease. Archives of Neurology, 52, 961-966.*