



**(Affix Label Here)**

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Date Form Filled Out:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	d	M	M	M	y	y	y	y

(e.g., 10JUN2005)

Interviewer Code:

Circle Field Center Location:

BU     
  CU     
  DK     
  UP

### Informant-Based Date of Onset Interview

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.

Participant ID: \_\_\_\_\_

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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:** \_\_\_\_\_

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

- 5 ..... Very Good
- 4 ..... Good
- 3 ..... Unsure
- 2 ..... Poor
- 1 ..... Very Poor

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### **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 lability (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.*