

**Informant:**

Interviewer Number: \_\_\_\_\_

Name: \_\_\_\_\_ Informant Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

**What is your job?**

- Aide
- Undernurse
- Nurse
- Other \_\_\_\_\_

**What shift do you usually work?**

- Day/Night (schedule)
- Days only
- Nights only
- Other \_\_\_\_\_

**How familiar are you with XX?**

- Contact person for proband
- Very familiar, sees daily
- Somewhat familiar, sees often but not daily
- Not very familiar, *dispenses meds only* or has minimal interaction with XX

**How long have you worked with XX?** \_\_\_\_\_ months/ \_\_\_\_\_ years

**Observations of Informant:**

*Level of Motivation:*

- High, interested
- Moderate, required some probing
- Low, seemed reluctant, gave little thought

*Accuracy of Information Provided:*

- No reason to doubt accuracy of information
- Informant appeared to minimize/deny deficits
- Informant appeared to exaggerate deficits
- Other-describe: \_\_\_\_\_

**Reason not asked:**

1. Did not ask according to instructions
2. Not applicable (e.g., due to twin's physical condition)
3. Refused
4. Time pressure due to informant limiting time for interview
5. Other reason – write why

**Other observations:**

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**Delusions**

3 Not applicable \_\_\_\_\_

Does XX have beliefs that you know are not true? For example, saying that people are trying to harm him/her or steal from him/her. Has s/he said that family members or staff are not who they say they are or that his/her spouse is having an affair? Has s/he had any other unusual beliefs?

- 1 NO (go to next page)
- 2 DON'T KNOW
- 3 YES (proceed with subquestions)

		Don't Know
	Yes	No
		Not asked

- |   |   |   |   |
|---|---|---|---|
| 1. Does XX believe that s/he is in danger, that others are planning to hurt him/her or have been hurting him/her?                       | 1 | 2 | 3 |
| 2. Does XX believe that others are stealing from him/her?   | 1 | 2 | 3 |
| 3. Does XX believe that his/her spouse is having an affair?   | 1 | 2 | 3 |
| 4. Does XX believe that his/her family, staff members or others are not who they claim to be?   | 1 | 2 | 3 |
| 5. Does XX believe that television or magazine figures are actually present in the room? [Does s/he try to talk or interact with them?] | 1 | 2 | 3 |
| 6. Does s/he believe any other unusual things that I haven't asked about?   | 1 | 2 | 3 |

Comments: \_\_\_\_\_

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- Frequency:**
- 1 Occasionally – less than once per week
  - 2 Often – about once per week
  - 3 Frequently – several times per week but less than every day
  - 4 Very frequently – once or more per day
  - 5 Not Asked

- Severity:**
- 1 Mild – delusions present but seem harmless and do not upset XX that much
  - 2 Moderate – delusions are stressful and upsetting to XX and cause unusual or strange behavior
  - 3 Marked – delusions are very stressful and upsetting to XX and cause a major amount of unusual or strange behavior
  - 4 Not asked

**Hallucinations**

3 Not applicable \_\_\_\_\_

Does XX have hallucinations – meaning does s/he see, hear or experience things that are not present? [If yes, ask for an example to determine if in fact it is a hallucination.] Does XX talk to people who are not there?

- 1 NO (go to next page)
- 2 DON'T KNOW
- 3 YES (proceed with subquestions)

Don't Know  
Yes No Not asked

- |   |   |   |   |
|---|---|---|---|
| 1. Does XX act as if s/he hears voices or describe hearing voices?  | 1 | 2 | 3 |
| 2. Does XX talk to people who are not there?  | 1 | 2 | 3 |
| 3. Does XX see things that are not present or act like s/he sees things that are not present (people, animals, lights, etc.)? | 1 | 2 | 3 |
| 4. Does XX smell things that others cannot smell?   | 1 | 2 | 3 |
| 5. Does XX describe feeling things on his/her skin or act like s/he is feeling things crawling or touching him/her?           | 1 | 2 | 3 |
| 6. Does XX say or act like s/he tastes things that are not present?   | 1 | 2 | 3 |
| 7. Does XX describe any other unusual sensory experiences?  | 1 | 2 | 3 |

Comments: \_\_\_\_\_  
\_\_\_\_\_

- Frequency:**
- 1 Occasionally- less than once per week
  - 2 Often- about once per week
  - 3 Frequently- several times per week but less than every day
  - 4 Very Frequently- once or more per day
  - 5 Not asked

- Severity:**
- 1 Mild – hallucinations are present but harmless and do not upset XX that much
  - 2 Moderate – hallucinations are stressful and upsetting to XX and cause unusual or strange behavior
  - 3 Marked – hallucinations are very stressful and upsetting to XX and cause a major amount of unusual or strange behavior [PRN medications may be required to control them]
  - 4 Not asked

**Agitation/Aggression**

3 Not applicable \_\_\_\_\_

Does XX have periods when s/he refuses to let people help him/her? Is s/he hard to handle? Is s/he noisy or uncooperative? Does s/he attempt to hurt or hit others?

- 1 NO (go to next page)
- 2 DON'T KNOW
- 3 YES (proceed with subquestions)

	Yes	No	Don't Know/ Not asked
1. Does XX get upset when people are trying to care for him/her or resist activities such as bathing or changing clothes?	1	2	3
2. Does XX always want things his/her own way?	1	2	3
3. Is XX uncooperative, resistive to help from others?	1	2	3
4. Does XX have any other behaviors that make him/her hard to handle?	1	2	3
5. Does XX shout, make loud noises, or swear angrily?	1	2	3
6. Does XX slam doors, kick furniture, throw things?	1	2	3
7. Does XX attempt to hurt or hit others?	1	2	3
8. Does XX have any other aggressive or agitated behaviors?	1	2	3

Comments: \_\_\_\_\_  
 \_\_\_\_\_

- Frequency:**
- 1 Occasionally- less than once per week
  - 2 Often- about once per week
  - 3 Frequently- several times per week but less than every day
  - 4 Very Frequently- once or more per day
  - 5 Not asked

- Severity:**
- 1 Mild – behavior is stressful for XX but can be controlled by the caregiver
  - 2 Moderate – behaviors are stressful for XX and are difficult to control
  - 3 Marked – agitation is very stressful or upsetting to XX and is very difficult or impossible to control; there is a possibility s/he may injure him/herself and medications are often required
  - 4 Not asked

**Depression/Dysphoria**

3 Not applicable \_\_\_\_\_

Does XX seem sad or depressed? Does s/he say that s/he feels sad or depressed? Does s/he cry at times?

- 1 NO (got to next page)
- 2 DON'T KNOW
- 3 YES (proceed with subquestions)

	Yes	No	Don't Know/ Not asked
1. Does XX cry at times?	1	2	3
2. Does XX say or act like s/he is depressed?	1	2	3
3. Does XX put him/herself down or say that s/he feels like a failure?	1	2	3
4. Does XX say that s/he is a bad person or deserves to be punished?	1	2	3
5. Does XX seem very discouraged or say that s/he has no future?	1	2	3
6. Does XX say s/he is a burden to the family or that the family would be better off without him/her?	1	2	3
7. Does XX talk about wanting to die or about killing him/herself?	1	2	3
8. Does XX show any other signs of depression or sadness?	1	2	3

Comments: \_\_\_\_\_

- Frequency:**
- 1 Occasionally- less than once per week
  - 2 Often- about once per week
  - 3 Frequently- several times per week but less than every day
  - 4 Very Frequently- essentially continuously present
  - 5 Not asked

- Severity:**
- 1 Mild - depression is stressful for XX but will usually change with the help of a caregiver
  - 2 Moderate – depression is stressful for XX and is difficult to change by the caregiver
  - 3 Marked – depression is very upsetting and stressful for XX and is very difficult or impossible to change
  - 4 Not asked

**Anxiety**

3 Not applicable \_\_\_\_\_

Is XX very nervous, worried, or frightened for no reason? Does s/he seem very tense or unable to relax? Is s/he afraid to be apart from you or from others that s/he trusts?

- 1 NO (go to next page)
- 2 DON'T KNOW
- 3 YES (proceed with subquestions)

Don't Know/  
Yes No Not asked

- |   |   |   |   |
|---|---|---|---|
| 1. Does XX say that s/he is worried about planned events such as appointments or family visits?   | 1 | 2 | 3 |
| 2. Does XX have periods of feeling shaky, unable to relax, or feeling very tense?   | 1 | 2 | 3 |
| 3. Does XX have periods of [or complain of] shortness of breath, gasping, or sighing for no reason other than being nervous?                                  | 1 | 2 | 3 |
| 4. Does XX complain of butterflies in his/her stomach, or of racing or pounding of the heart because of being nervous [Symptoms not explained by ill health]? | 1 | 2 | 3 |
| 5. Does XX avoid certain places or situations that make him/her more nervous such as meeting with friends or participating in ward activities?                | 1 | 2 | 3 |
| 6. Does XX become nervous and upset when separated from you or from others that s/he trusts? [Does s/he cling to you to keep from being separated?]           | 1 | 2 | 3 |
| 7. Does XX show any other signs of anxiety?   | 1 | 2 | 3 |

Comments: \_\_\_\_\_  
\_\_\_\_\_

- Frequency:**
- 1 Occasionally- less than once per week
  - 2 Often- about once per week
  - 3 Frequently- several times per week but less than every day
  - 4 Very Frequently- once or more per day
  - 5 Not asked

- Severity:**
- 1 Mild – anxiety is stressful for XX but will usually change with the help of the caregiver
  - 2 Moderate – anxiety is stressful for XX and is difficult to change by the caregiver
  - 3 Marked – anxiety is very upsetting and stressful for XX and is very difficult or impossible to change
  - 4 Not asked

**Elation/Euphoria**

3 Not applicable \_\_\_\_\_

Does XX seem too cheerful or too happy for no reason? I don't mean the normal happiness, but, for example, laughing at things that others do not find funny.

- 1 NO (go to next page)
- 2 DON'T KNOW
- 3 YES (proceed with subquestions)

Don't Know/  
Yes No Not asked

- |  |   |   |   |
|--|---|---|---|
| 1. Does XX appear to feel too good or to be too happy?   | 1 | 2 | 3 |
| 2. Does XX find humor and laugh at things that others do not find funny?   | 1 | 2 | 3 |
| 3. Does XX seem to have a childish sense of humor with a tendency to giggle or laugh inappropriately (such as when something unfortunate happens to others)? | 1 | 2 | 3 |
| 4. Does XX tell jokes or say things that are not funny to others but seem funny to him/her?  | 1 | 2 | 3 |
| 5. Does XX play childish games such as pinching or playing "keep away" for the fun of it?  | 1 | 2 | 3 |
| 6. Does XX show any other signs of feeling too good or being too happy?  | 1 | 2 | 3 |

Comments: \_\_\_\_\_

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- Frequency:**
- 1 Occasionally- less than once per week
  - 2 Often- about once per week
  - 3 Frequently- several times per week but less than every day
  - 4 Very Frequently- essentially continuously present
  - 5 Not asked

- Severity:**
- 1 Mild – XX is too happy at times
  - 2 Moderate – XX is too happy at times and this sometimes causes strange behavior
  - 3 Marked – XX is almost always too happy and finds nearly everything to be funny
  - 4 Not asked



**Apathy/Indifference**

3 Not applicable \_\_\_\_\_

Does XX sit quietly without paying attention to things going on around him/her? Has s/he lost interest in doing things or lack motivation for participating in activities? Is it difficult to involve him/her in conversation or in group activities?

- 1 NO (go to next page)
- 2 DON'T KNOW
- 3 YES (proceed with subquestions)

Don't Know/  
Yes No Not asked

- |   |   |   |   |
|---|---|---|---|
| 1. Has XX lost interest in the world around him/her?  | 1 | 2 | 3 |
| 2. Does XX fail to start conversations? [score only if conversation is possible]  | 1 | 2 | 3 |
| 3. Does XX fail to show emotional reactions that would be expected (happiness over the visit of a friend or family member, interest in the news or sports, etc.)? | 1 | 2 | 3 |
| 4. Has XX lost interest in friends and family members?  | 1 | 2 | 3 |
| 5. Is XX less enthusiastic about his/her usual interests?   | 1 | 2 | 3 |
| 6. Does XX sit quietly without paying attention to things going on around him/her?  | 1 | 2 | 3 |
| 7. Does XX show any other signs that s/he doesn't care about doing new things?  | 1 | 2 | 3 |

Comments: \_\_\_\_\_

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- Frequency:**
- 1 Occasionally- less than once per week
  - 2 Often- about once per week
  - 3 Frequently- several times per week but less than every day
  - 4 Very Frequently- nearly always present
  - 5 Not asked

- Severity:**
- 1 Mild – XX has a loss of interest in things at times, but this causes little change in his/her behavior or participation in activities
  - 2 Moderate – XX has a major loss of interest in things which can only be changed by powerful events such as visits from close relatives or family members
  - 3 Marked – XX has completely lost interest and motivation
  - 4 Not asked

**Disinhibition**

3 Not applicable \_\_\_\_\_

Does XX do or say things that are not usually done or said in public? Does s/he seem to act impulsively without thinking? Does s/he say things that are insensitive or hurt people's feelings?

- 1 NO (go to next page)
- 2 DON'T KNOW
- 3 YES (proceed with subquestions)

	Yes	No	Don't Know/ Not asked
1. Does XX act impulsively without thinking of the consequences?	1	2	3
2. Does XX talk to total strangers as if s/he knew them?	1	2	3
3. Does XX say things to people that are insensitive or hurt their feelings?	1	2	3
4. Does XX say crude things or make inappropriate sexual remarks?	1	2	3
5. Does XX talk openly about very personal or private matters not usually discussed in public?	1	2	3
6. Does XX fondle, touch or hug others in a way that is not appropriate?	1	2	3
7. Does XX show any other signs of loss of control of his/her impulses?	1	2	3

Comments: \_\_\_\_\_  
 \_\_\_\_\_

- Frequency:**
- 1 Occasionally- less than once per week
  - 2 Often- about once per week
  - 3 Frequently- several times per week but less than every day
  - 4 Very Frequently- essentially continuously present
  - 5 Not asked

- Severity:**
- 1 Mild – XX acts impulsively at times, but behavior is not difficult to change by the caregivers
  - 2 Moderate – XX is very impulsive and this behavior is difficult to change by the caregiver
  - 3 Marked – XX is almost always impulsive and this behavior is nearly impossible to change
  - 4 Not asked

**Irritability/Lability**

3 Not applicable \_\_\_\_\_

Does XX get easily irritated or disturbed? Are his/her moods very changeable? Is s/he extremely impatient?

- 1 NO (go to next page)
- 2 DON'T KNOW
- 3 YES (proceed with subquestions)

	Yes	No	Don't Know/ Not asked
1. Does XX have a bad temper, flying "off the handle" easily over little things?	1	2	3
2. Does XX rapidly change moods from one to another, being fine one minute and angry the next?	1	2	3
3. Does XX have sudden flashes of anger?	1	2	3
4. Is XX impatient, having trouble coping with delays or waiting for planned activities or other things?	1	2	3
5. Is XX easily irritated?	1	2	3
6. Does XX argue or is s/he difficult to get along with?	1	2	3
7. Does XX show any other signs of irritability?	1	2	3

Comments: \_\_\_\_\_

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- Frequency:**
- 1 Occasionally- less than once per week
  - 2 Often- about once per week
  - 3 Frequently- several times per week but less than every day
  - 4 Very Frequently- essentially continuously present
  - 5 Not asked

- Severity:**
- 1 Mild – XX is irritable at times but behavior is not difficult to change by the caregiver
  - 2 Moderate – XX is very irritable and this behavior is difficult for the caregiver to change
  - 3 Marked – XX is almost always irritable and this behavior is nearly impossible to change
  - 4 Not asked

**Aberrant Motor Behavior**

3 Not applicable \_\_\_\_\_

Does XX have repetitive activities or “habits” that s/he performs over and over such as pacing, wheeling back and forth, picking at things, or winding string? [Do not include simple tremors or tongue movements.]

- 1 NO (go to next page)
- 2 DON'T KNOW
- 3 YES (proceed with subquestions)

	Don't Know/		
	Yes	No	Not asked
1. Does XX pace or wheel around the facility with no reason?	1	2	3
2. Does XX open or unpack drawers or closets over and over?	1	2	3
3. Does XX repeatedly put on and take off clothing?	1	2	3
4. Does XX engage in repetitive activities such as handling buttons, picking wrapping string, moving bed sheets, etc.?	1	2	3
5. Does XX have repetitive activities or “habits” that s/he performs over and over?	1	2	3

Comments: \_\_\_\_\_

- Frequency:**
- 1 Occasionally- less than once per week
  - 2 Often- about once per week
  - 3 Frequently- several times per week but less than every day
  - 4 Very Frequently- essentially continuously present
  - 5 Not asked

- Severity:**
- 1 Mild – XX has repetitive behaviors at times, but does not change daily activities
  - 2 Moderate – repetitive behaviors of XX are very noticeable but can be controlled with help from the caregiver
  - 3 Marked – repetitive behaviors are very noticeable and upsetting to XX and are difficult or impossible to control by the caregiver
  - 4 Not asked

**Sleep**

3 Not applicable \_\_\_\_\_

This group of questions should be directed only to caregivers who work the night shift and observe the residents directly or have acceptable knowledge (e.g., receive regular morning report) of XX’s night-time activities. If the informant is not knowledgeable about XX’s night-time behavior, mark Not Applicable.

Does XX have difficulty sleeping (do not count as present if s/he simply gets up once or twice per night only to go to the bathroom and falls back asleep immediately)? Is s/he awake at night? Does s/he wander at night, get dressed, or go into others’ rooms?

- 1 NO (go to next page)
- 2 DON’T KNOW
- 3 YES (proceed with subquestions)

Don’t Know/  
Yes No Not asked

- |   |   |   |   |
|---|---|---|---|
| 1. Does XX have difficulty falling asleep?  | 1 | 2 | 3 |
| 2. Does XX get up during the night (do not count if s/he gets up once or twice per night only to go to the bathroom and falls back asleep immediately)? | 1 | 2 | 3 |
| 3. Does XX wander, pace, or get involved in inappropriate activities at night?  | 1 | 2 | 3 |
| 4. Does XX wake up at night, dress, and plan to go out thinking that it is morning and time to start the day?   | 1 | 2 | 3 |
| 5. Does XX wake up too early in the morning (before other residents)?   | 1 | 2 | 3 |
| 6. Does XX have any other night-time behavior that we haven’t talked about?   | 1 | 2 | 3 |

Comments: \_\_\_\_\_

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- Frequency:**
- 1 Occasionally- less than once per week
  - 2 Often- about once per week
  - 3 Frequently- several times per week but less than every day
  - 4 Very Frequently- once or more per day (every night)
  - 5 Not asked

- Severity:**
- 1 Mild – night-time behaviors are present but they are not too stressful for XX
  - 2 Moderate – night-time behaviors are present and disturb others in the nursing home; more than one type of night-time behavior may be present
  - 3 Marked – night-time behaviors are present and XX is very disturbed during the night
  - 4 Not asked

**Appetite and Eating Disorders**

3 Not applicable \_\_\_\_\_

Does XX have an extremely good or poor appetite, changes in weight, or unusual eating habits (mark as Not Applicable if XX is incapacitated and has to be fed)? Has there been any change in type of food s/he prefers?

- 1 NO (go to next page)
- 2 DON'T KNOW
- 3 YES (proceed with subquestions)

Don't Know/

	Yes	No	Not asked
1. Does XX have a poor appetite?	1	2	3
2. Does XX have an unusually good appetite?	1	2	3
3. Has XX lost weight?	1	2	3
4. Has XX gained weight?	1	2	3
5. Does XX have unusual eating behavior such as putting too much food in his/her mouth at once?	1	2	3
6. Has XX had a change in the kind of food s/he likes such as eating too many sweets or other specific types of food?	1	2	3
7. Has XX developed eating behaviors such as eating exactly the same types of food each day or eating the food in exactly the same order?	1	2	3
8. Have there been any other changes in appetite or eating that I haven't asked about?	1	2	3

Comments: \_\_\_\_\_  
 \_\_\_\_\_

- Frequency:**
- 1 Occasionally- less than once per week
  - 2 Often-about once per week
  - 3 Frequently- several times per week but less than every day
  - 4 Very Frequently- once or more per day or continuously
  - 5 Not asked

- Severity:**
- 1 Mild – changes in appetite or eating are present but have not led to changes in weight and are not disturbing
  - 2 Moderate – changes in appetite or eating are present and cause minor changes in weight
  - 3 Marked – obvious changes in appetite or eating are present and cause changes in weight, are abnormal or upset XX
  - 4 Not asked

Other comments:

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2 No comments