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) (3)

2. Acrostic: 41 42 43 44 45 46

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

4. Sequence #: 47 48 (8)

5. Date of SHORTCARE evaluation: 51 52 (Month) 53 54 (Day) 49 50 (Year) (9)

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)

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.

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

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) — 59 (12) Yes ☐ 1 No ☐ 2

d. Depression evaluation (SH32) — 60 (13) Yes ☐ 1 No ☐ 2

e. Other referral for evaluation or treatment (describe in Comments, Item 7a) — 61 (14) Yes ☐ 1 No ☐ 2

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

_____

_____

b. Interviewer: _____ (16) 63 64

Signature Code

8.	I'd like you to remember my name. My name is (LAST NAME ONLY). REPEAT 3 TIMES IF NECESSARY. Can you repeat that please?	8a. Cannot repeat even rough approximation of rater's name	17 65 t f r n
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.	ADD STATED AGE TO STATED BIRTH YEAR. IF SUM DIFFERS BY 2 OR MORE YEARS FROM CURRENT YEAR, ASK: 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?	15a.	Does have a telephone	84 31	t	f	r	n
	IF YES: What is your telephone number?	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? PAUSE. IF WORRIES NOT MENTIONED SPONTANEOUSLY, ASK: Do you worry about your health? Money? Housing problems? Anything else?	16a.	Admits to worrying without further probing	87 34	t	f	r	n **
	IF MENTIONS WORRIES: Do you worry about almost everything?	16b.	Worries about almost everything	88 35	t	f	r	n **
17.	Have you been sad or depressed during the past month?	17a.	Sad or depressed mood during past month	89 36	t	f	r	n **
	IF ADMITS TO DEPRESSION: 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	90 37	t	f	r	n **
	What time of the day does your depression feel worst?	17c.	Depression worst at beginning of day	91 38	t	f	r	n **
	Have you felt that life wasn't worth living?	17d.	Has felt life wasn't worth living	92 39	t	f	r	n **
18.	Have you cried at all?	18a.	Has cried	93 40	t	f	r	n **
	IF NO CRYING: Have you felt like crying even though you did not?	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	☐ 42 95			r	n **
			Is pessimistic about the future or has empty expectations . 1					
			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	97	44 t	f	r	n **
22.	Do you feel happy about yourself as a person? IF NO: Do you have regrets about your life? Do you blame yourself for anything? What?	22a.	Does not mention regrets or self-blame	0	☐	r	n	**
			Mentions regrets about past which may or may not be justifiable .	1	98 45			
			Obvious and unjustifiable self-blame over past or present misdeeds .	2				
23.	Have you had trouble sleeping over the past month? IF NO, ASK: Have you been taking anything to help you sleep? IF ADMITS TO SLEEP DIFFICULTY OR TAKING NIGHT SEDATIVES, ASK: Is it because you feel tense or depressed?	23a.	Trouble falling or staying asleep	99	46 t	f	r	n
		23b.	Taking medication for sleep	100	49 t	f	r	n
		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

24.	Do you wake very early in the morning? (Is that normal for you?) Can you get back to sleep?	24a.	Awakes about 2 hours or more before normal time of awakening and cannot go back to sleep	102 49	t	f	r	n
	When you get up in the morning do you feel you have had enough sleep?	24b.	Wakes up feeling tired	50 103	t	f	r	n
25.	Have you had any difficulty with your memory?	25a.	Claims difficulty with memory	51 104	t	f	r	n
	IF YES: What kind of things do you forget? Do you forget things you have just read or heard?	25b.	Forgets what is attending to or has just attended to in TV, reading, radio, talking	105 52	t	f	r	n
26.	Do you remember my name? What is it? IF INCORRECT: Well, I'll ask you again very soon. Remember my name is (LAST NAME ONLY) REPEAT 3 TIMES IF NECESSARY.	26a.	Does not recall even rough approximation to rater's name	53 106	t	f	r	n *
27.	What is the name of the President of the U.S.?	27a.	Does not recall name of President	107 54	t	f	r	n *
	What was the name of the President before _____? (Say current President's name.)	26b.	Does not recall name of previous President	55 108	t	f	r	n *
28.	What is today's date? IF NOT MENTIONED SPONTANEOUSLY, ASK:							
	What month is it? (ALLOW ERROR OF 1 WEEK, e.g., MAY IN FIRST WEEK OF JUNE)	28a.	States does not know month or does not complete reply	109 56	t	f	r	n *
		28b.	Gives incorrect month	110 57	t	f	r	n *
	What year is it? (ALLOW ERROR OF 1 MONTH, e.g., 1980 IN JANUARY 1981)	28c.	States does not know year or does not complete reply	111 58	t	f	r	n *
		28d.	Gives incorrect year	112 59	t	f	r	n *
29.	Recently, have you felt as if you do not have enough energy?	29a.	Listlessness, subjective restriction of energy	113 60	t	f	r	n **
30.	Do you feel that you have become slowed down in your physical movements?	30a.	Has become subjectively slowed down in movements	61 114	t	f	r	n **

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	120 67	t	f	r	n **
35.	What have you enjoyed doing in the past month?	35a.	Almost nothing enjoyed	121 68	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	122 69	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	123 70	t	f	r	n
	IF YES: Why is that? Is it because you're too depressed or nervous?	37b.	Too depressed or nervous	124 71	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 / Fairly happy / Not very happy / Not happy at all	125 72	1 / 2 / 3 / 4	☐	r	n **

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: How often have you felt this way?	39b.	Often feels lonely	127 (74)	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	☐		r	n
			Most by self, others do rest 2	(75) 128			
			Some by self, others do rest 3				
	IF HELPED: What help do you get? What do they do?		Almost nothing by self but participates with assistance or supervision 4				
	IF DOES NOTHING BY SELF: Do you help 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	(76) 129	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	(77) 130	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	☐		r	n
	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?		Light shopping by self, other help with heavy packages only 2	(78) 131			
	IF DOES NO SHOPPING: Do you help with the ordering or make out the list?		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				

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 Many light chores by self, others do rest 2 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	☐ r n 79 132
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 Many heavy chores by self, others do the rest 2 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	☐ r n 80 133
46.	Do you have any problems or difficulty in getting dressed/ putting on outdoor clothes?	46a.	Has problem or difficulty in basic dressing	134 81 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."

	Rarely or none of the time	Some of the time	Much of the time	Most or all of the time	REF.	DK
47. During the past week, I was bothered by things that usually don't bother me. Did you feel that way . . .	☐ 1 (82) 135	☐ 2	☐ 3	☐ 4	☐ 7	☐ 8
48. During the past week, I did not feel like eating: my appetite was poor. Did you feel that way . . .	☐ 1 (83) 136	☐ 2	☐ 3	☐ 4	☐ 7	☐ 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 . . .	☐ 1 (84) 137	☐ 2	☐ 3	☐ 4	☐ 7	☐ 8
50. I felt that I was just as good as other people. Did you feel that way . . .	☐ 4 (85) 138	☐ 3	☐ 2	☐ 1	☐ 7	☐ 8
51. I had trouble keeping my mind on what I was doing. Did you feel that way . . .	☐ 1 (86) 139	☐ 2	☐ 3	☐ 4	☐ 7	☐ 8
52. During the past week, I felt depressed. Did you feel that way . . .	☐ 1 (87) 140	☐ 2	☐ 3	☐ 4	☐ 7	☐ 8
53. I felt that everything I did was an effort. Did you feel that way . . .	☐ 1 (88) 141	☐ 2	☐ 3	☐ 4	☐ 7	☐ 8
54. I felt hopeful about the future. Did you feel that way . . .	☐ 4 (89) 142	☐ 3	☐ 2	☐ 1	☐ 7	☐ 8

	Rarely or none of the time	Some of the time	Much of the time	Most or all of the time	REF.	DK
55. During the past week, I thought my life had been a failure. Did you feel that way . . .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 7	☐ 8
56. I felt fearful. Did you feel that way . . .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 7	☐ 8
57. My sleep was restless. Did you feel that way . . .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 7	☐ 8
58. During the past week, I was happy. Did you feel that way . . .	☐ 4	☐ 3	☐ 2	☐ 1	☐ 7	☐ 8
59. It seemed that I talked less than usual. Did you feel that way . . .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 7	☐ 8
60. I felt lonely. Did you feel that way . . .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 7	☐ 8
61. During the past week, people were unfriendly. Did you feel that way . . .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 7	☐ 8
62. I enjoyed life. Did you feel that way . . .	☐ 4	☐ 3	☐ 2	☐ 1	☐ 7	☐ 8
63. I had crying spells. Did you feel that way . . .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 7	☐ 8
64. During the past week, I felt sad. Did you feel that way . . .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 7	☐ 8
65. I felt that people disliked me. Did you feel that way . . .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 7	☐ 8
66. I could not get going. Did you feel that way . . .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 7	☐ 8
67. Total Score	_____ +	_____ +	_____ +	_____	=	

90 143 91 144 92 145 93 146 94 147 95 148 96 149 97 150 98 151 99 152 100 153 101 154 102 155-156 ☐☐

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?

157 (103)
- 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?

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

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

(105) 159
- Yes ☐ 1 — Go to 70b
- No ☐ 2 — Go to END

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

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21

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