

WHIMS STUDY

Form C

Phase 2:

Friend/Family Member Interview



Instructions to Friend/Family Member

“...Ms. (participant) is participating in a national study of women’s health. She has identified you as someone who knows her well enough to be able to answer a few questions about her memory and her behavior. Your comments will remain confidential and will not be shared with her. This interview will take about 10 minutes. Is this a good time to talk or should I call you back?”

- Now OK (Go to interview)
- Other time
When would it be convenient for me to call you?
Date: _____ Time: _____

1. What is your relationship to Ms. (participant)?
 - Husband
 - Child
 - Sibling
 - Other relative Specify: _____
 - Friend or neighbor
 - Other Specify: _____

2. Does Ms. (participant) live with you?
 - Yes
 - No

3. How often do you see Ms. (participant)?
 - Daily
 - Several times per week
 - Once a week
 - A couple of times a month
 - Less than once a month. How often? _____
 - Doesn’t see participant. Explain: _____

4. How long have you known Ms. (participant)?
 - Less than six months
 - 6 months - 1 year
 - 1 year - 3 years
 - 3 years - 10 years
 - Longer than 10 years How many years? _____

History of Acquired Cognitive and Behavior Changes

In this section you will ask the Family Member/Friend about changes in the participant's memory, mood and behavior. Record responses in the appropriate box. Try to elicit a "YES" or "NO" response. If the participant answers "Yes" to any of the questions in this section, ask "About how long ago did you notice this change?" and record response in number of months up to one year.

"I'm going to ask you a few questions about difficulties Ms. (Participant's name) might be having in her normal daily routine. Okay?"

Friend/Family
Member

	<u>No</u>	<u>Yes</u>	<u>Don't Know</u>	<u>How long ago (months)?</u>
1. Memory				
<i>"Has she..."</i>				
a. Had difficulty remembering things that happened recently, in the past few hours or days?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
b. Forgotten conversations that occurred a few hours or days earlier?.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
c. Asked the same questions repeatedly?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
d. Forgotten to turn off the stove?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
e. Repeated herself more?.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
2. Language				
<i>"Has she..."</i>				
a. Had trouble finding words in a normal conversation?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
b. Noticed that others have difficulty understanding what she is talking about?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
c. Incorrectly named familiar things?.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
3. Personality or Behavior				
<i>"Has she..."</i>				
a. Suddenly become angry or hostile for no apparent reason?.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
b. Heard or seen things that are not there?.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
c. Been more irritable or angry?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
d. Been overly suspicious of others or has she thought others were trying to get her or hurt her when they weren't?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
e. Withdrawn from social activity or conversations more than usual?.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
4. Orientation for time or place				
<i>"Has she..."</i>				
a. Had trouble remembering the day or month?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
b. Forgotten or gotten confused about important dates, for example, like holidays, doctor's appointments or days to attend church?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
c. Had trouble finding her way around familiar places like finding the bathroom in her home or at a restaurant she's gone to before?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
d. Gotten lost in familiar surroundings, such as her neighborhood or in shopping areas?.....	<input type="checkbox"/> ₉	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	_____

Friend/Family
Member

	<u>No</u>	<u>Yes</u>	<u>Don't Know</u>	<u>How long ago (months)?</u>
5. Activities of Daily Living (ADL)				
<i>"Has she..."</i>				
a. Had difficulty (or needed help) handling small sums of money, writing checks, or keeping track of bills?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
b. Had difficulty (or needed help) shopping (e.g., groceries) etc.?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
c. Had difficulty (or needed help) operating simple household appliances (e.g. TV, vacuum cleaner, telephone)?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
d. Had difficulty (or needed help) performing simple household tasks (e.g. making a cup of coffee, setting the table)?.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
e. Had difficulty (or needed help) preparing her own meals?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
f. Had difficulty (or needed help) dressing herself?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
g. Had difficulty (or needed help) feeding herself?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
h. Had difficulty (or needed help) grooming herself?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
I. Had difficulty (or needed help) bathing herself?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____

6. Social, Community, and Intellectual Activities				
<i>"Has she..."</i>				
a. Participated in social or community functions (e.g., going to church, visiting friends) less well or less often than she used to, for reasons other than physical?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
b. Lost special skills, interests, or hobbies (e.g., sewing, gardening, reading, card games) that she used to do?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
c. Said or done things that are potentially embarrassing to herself or others?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____

7. Judgement and Problem-Solving				
<i>"Has she..."</i>				
a. Had lapses in judgement, such as responding inappropriately to a salesperson or waitress?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
b. Had difficulties understanding TV shows or newspaper articles?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
c. Had more problems than before in organizing a trip or planning a project?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
d. Had more problems than before with simple math like adding or subtracting numbers in her head or like balancing her checkbook?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____
e. Had trouble knowing what to do when ordinary things go wrong like when a light bulb burns out or when a drain gets plugged?.....	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉	_____

8. "Have there been any changes in either (participant's) **Notes:** memory or behavior that I have not asked you about?"

- a. no other changes
- b. other changes (please describe): _____

Interviewer: Please answer the following questions based on your observation of the interview with the friend/family member.

9. Do you think the friend/family member has had enough contact with the participant to answer these questions?

Yes

No

Not sure Explain: _____

10. How reliable do you think his/her answers are?

Very reliable, probably accurate

Questionably reliable, possibly inaccurate (Go to 10a)

Unreliable, probably inaccurate (Go to 10a)

10a. What makes this friend/family member less than reliable?

Cognitive impairment

Uncooperative

Unaware of participant's functions and status

Other, Explain: _____

Data Summary Form: Friend/Family Member Interview

<u>Item</u>	<u>Possible Range</u>	<u>Raw Score</u>
# items from 1a through 7e scored "YES"	0-34 _____	