

**REVISED COMBINED SCREEN & ASSESSMENT INTERVIEW QUESTIONNAIRE & MANUAL**  
**Revised February 2001**

Questions asked in the CSA can be grouped into the following sections:

Q1 Major event – text  
Q2 Moved  
Q2a – Moved from  
Q2b – Moved to  
Q2c – Higher dependency – text

**ORIENTATION**

Q3 Reiterate interviewer's name  
Q4 Spell own name  
Q5 Date of birth  
Q6 Age  
Q7 – Age discrepancy  
Q8 OBS: living in an institution  
Q9 Postal address  
Q10 City/town/village  
Q11 Name of place  
Q12 Seen before  
Q13 – Confabulation  
Q14 Day of week  
Q15 Date – day, month, year  
Q16 OBS talks aimlessly

IF ANY MISSING Q3-Q16, REASONS

**WORRY**

Q17 Worries  
Q18 Worries about own health  
Q19 Worries about other's health  
Q20 Worries about money  
Q21 Worries about family problems  
Q22 More tense/worried than usual  
Q23 – How much  
Q24 – Unable to stop  
Q25 Children  
Q26 – Worries about children

**GENERAL ANXIETY**

Q27 Get frightened  
Q28 Attacks of fear or panic, lose control  
Q29 Phobic  
Q30 Heart pounding  
Q31 Trembling  
Q32 OBS bodily features anxiety

**DEPRESSION**

Q33 Been sad/depressed/miserable  
Q34 Cried  
Q35 Felt like crying  
Q35A RATE: depressed/cried/felt like crying  
Q36 – There most days  
Q37 – How long does it last  
Q38 – How often  
Q39 – Different from usual sadness  
Q40 – Any reason for depression  
Q41 – Fluctuating mood  
Q42 – Diurnal variation  
Q43 – Relieved by

Q44 – For how long  
Q45 Life not worth living  
Q46 Regard future  
Q47 Things will work out  
Q48 Felt hopeless/despairing  
Q49 – Why  
Q50 Rather be dead  
Q51 – When was that  
Q52 – How much of the time  
Q53 – Attempt suicide  
Q54 Ever seen a Doctor  
Q55 – Diagnosis  
Q56 – Specialist  
Q57 – Hospital  
Q58 – Treatment  
Q59 OBS looks/sounds tense/worried  
Q60 – OBS looks/sounds tense/worried  
Q61 – OBS looks/sounds sad/depressed  
Q62 – OBS looks/sounds fearful  
Q63 – OBS tearful/crying

**MEMORY**

Q64 Difficulty with memory  
Q65 – Problem  
Q66 Forget things  
Q67 – Names  
Q68 – Placed things  
Q69 Forgotten way in neighbourhood  
Q70 More effort to remember  
Q71 – When did it begin  
Q72 – Sudden onset  
Q73 Change since last seen  
Q74 Remember interviewer's name  
Q75 Prime Minister  
Q76 Previous Prime Minister  
Q77 OBS S has difficulty with memory  
Q78A Errors in clear consciousness  
Q78B Errors in clouded consciousness  
Q78C Reaction to errors

IF ANY MISSING Q64-76, REASONS

**GENERAL MENTAL FUNCTIONING**

Q79 Talk more about the past  
Q80 Difficulty finding right word  
Q81 Slowed down  
Q82 Muddled  
Q83 Talk more slowly  
Q84 Diff making decisions  
Q85 – Duration  
Q86 Coping  
Q87 Confident  
Q88 OBS muddled  
Q89 OBS indecisive

**SLOWING & TENSION**

Q90 Slowed  
Q91 Too little energy  
Q92 – Frequency  
Q93 Activity  
Q94 – Duration  
Q95 – Diurnal variation  
Q96 – Frequency  
Q97 – Lifts  
Q98 – Lack of energy  
Q99 OBS slow in all movements  
Q100 Exhaustion  
Q101 Diff relaxing  
Q102 Headaches  
Q103 – Where/type

**CEREBROVASCULAR FUNCTION**

Q104 Dizzy  
Q105 Fall  
Q106 OBS S physically frail  
Q107 OBS Paralysis  
Q108 – Stroke

**SOMATIC DYSFUNCTION**

Q109 Appetite change  
Q110 – Why  
Q111 – Frequency  
Q112 Lost/gained weight  
Q113 Trouble sleeping  
Q114 – Medication  
Q115 – Type problem/duration  
Q116 – RATE sleeps all day  
Q117 – Diff falling asleep  
Q118 – Sleep interrupted  
Q119 - Early morning wakening  
Q120 - RATE frequency/duration  
Q121 - Reason

**LONELINESS**

Q122 Preferred to be alone  
Q123 Feel lonely  
Q124 – Bothered  
Q125 – Worried about being alone

**PERSECUTION**

Q126 Feel ill at ease  
Q127 Laughed at  
Q128 – True  
Q129 Difficulty with anyone  
Q130 Anyone trying to harm you  
Q131 – Their fault  
Q132 – Doing it on purpose  
Q133 – Unrealistic belief  
Q134 – Deserved  
Q135 – Strong feelings  
Q136 – Mistaken  
Q137 – Trying to cause real harm  
Q138 – RATE real harm/kill  
Q139 – Resort to tricks  
Q140 – Who  
Q141 – RATE true or absurd  
Q142 – OBS S unduly suspicious

**GUILT**

Q143 Feel guilty/self blame  
Q144 – Reasonable  
Q145 – Duration  
Q146 – Frequency

**IRRITABILITY**

Q147 Irritable  
Q148 – Duration/frequency  
Q149 Self anger

**INTEREST**

Q150 Interest  
Q151 Enjoyment from  
Q152 – Duration of loss  
Q153 – Frequency/severity  
Q154 – Depressed/nervous

**CONCENTRATION**

Q155 Concentration  
Q156 Concentrate on reading  
Q157 Diff concentrating  
Q158 – Duration/severity  
Q159 OBS diff concentrating on interview

**PERCEPTUAL DISTORTION**

Q160 Imagination play tricks  
Q161 Odd happenings  
Q162 – Strange sensations  
Q163 – Strange odours  
Q164 – Unusual taste  
Q165 – Auditory hallucinations  
Q166 – Visual hallucinations  
Q167 – Awake  
Q168 – Real  
Q169 – Special messages  
Q170 – Duration  
Q171 – Affective response  
Q172 – Deserved  
Q173 – RATE depressed  
Q174 – RATE mood congruence

**MEDICATION**

Q175 – Medication

**ALCOHOL INTAKE**

Q177 Drink every day  
Q178 Bout drinking  
Q179 Drinking problematic  
Q180 – Quantity  
Q181 – Frequency  
Q182 – Daily duration  
Q183 – Falls etc from excess/w.drawal  
Q184 – Need a morning drink  
Q185 OBS S has a problem

**ORIENTATION**

Q186 Season  
Q187 County  
Q188 Two streets  
Q189 Floor

**LANGUAGE**

Q190 Ceiling/floor  
Q191 Tapping  
Q192 Ear/hand  
Q193 – Nod  
Q194 Villages/towns  
Q195 Radio/television  
Q196 – Hotel  
Q197 Pencil  
Q198 Wristwatch  
Q199 Shoe  
Q200 Typewriter  
Q201 Scales  
Q202 Suitcase  
Q203 Barometer  
Q204 Table lamp  
Q205 S words  
Q206 Animals  
Q207 Bridge  
Q208 Opinion  
Q209 – Medicine  
Q210 – Hammer  
Q211 No ifs ands or buts

**MEMORY**

Q212 Recall 6 objects  
Q213 Recognise 6 objects  
Q214 First World War  
Q215 Second World War  
Q216 German leader  
Q217 Russian leader  
Q218 Mae West  
Q219 Lindbergh  
Q220 Monarch  
Q221 Successor  
Q222 News item  
Q223 Repetition 3 words  
Q224 N repeats

**ATTENTION/CONCENTRATION**

Q225 Count from 20  
Q226 Subtraction 7s

**MEMORY: RECALL**

Q227 Three words

**LANGUAGE: READING COMPREHENSION**

Q228 Close your eyes  
Q229 Hands behind head

**PRAXIS**

Q230 Draw pentagon  
Q231 Draw spiral  
Q232 Draw 3D house  
Q233 Clock  
Q234 Set hands  
Q235 Sentence  
Q235a RATE: handedness  
Q236 Paper folding  
Q237 Fill + seal envelope  
Q238 Write to dictation  
Q239 Initials  
Q240 Scissors

Q241 – Brush teeth

Q242 – Wave

**CALCULATION**

Q243a Identification of 2 coins  
Q243b Addition of 2 coins  
Q244 Subtraction from £1

**MEMORY: RECALL**

Q245 Name and address

**ABSTRACT THINKING**

Q246 Apple and banana  
Q247 Shirt and dress  
Q248 Table and chair  
Q249 Plant and animal

**VISUAL PERCEPTION**

Q250 Queen and Pope  
Q251 Objects unusual angles

**EXTRA ITEMS**

Q252 Story recall  
Q253 Ps & Ws  
Q254 Story second recall

**HEALTH RISK FACTORS**

(All apply to change since last interview)

Q255 Comparative health  
Q256 Change in health  
Q257 Angina  
Q258 – Undiagnosed angina  
Q259 Intermittent claudication  
Q260 – Undiagnosed IC  
Q261 Heart attack and diagnosed by  
Q262 – N (in the last year)  
Q263 High blood pressure  
Q264 – Treatment  
Q265 – Length treatment  
Q265a Low blood pressure/dizziness  
Q266 Stroke and diagnosed by  
Q267 – N (in the last year)  
Q268 TIA speech/memory/vision  
Q269 TIA arm/leg  
Q270 Sugar diabetes  
Q271 – Treatment  
Q272 Fit/epilepsy  
Q273 Falls  
Q274 Serious head injury  
Q275 – N times  
Q276 – How long ago (1<sup>st</sup>/2<sup>nd</sup>/last)  
Q277 Major operation  
Q278 N general anaesthetics  
Q279 Breathing, bronchitis, asthma  
Q280 Thyroid  
Q281 Parkinson's disease  
Q282 – Hand tremor  
Q283 – Initiating movement  
Q284 – Slower walking  
Q285 – Micrographia  
Q285a – Over what period of time  
Q286 Hearing got worse  
Q287 Hearing aid – rate if obvious

Q287a Whisper test  
 Q288 Eyesight got worse  
 Q289 Visual acuity test  
 Q290 Regular headaches  
 Q291 Arthritis  
 Q291a – Currently suffering  
 Q292 Peptic ulcers  
 Q293 Pernicious anaemia  
 Q294 Menin/enceph/brain fever  
 Q295 Shingles  
 Q295a Hormone Replacement Therapy  
 Q295b – Length of time  
 Q296 Extra medical problem  
 Q296a Parents alive
 

- Father’s age at death
- Mother’s age at death
- Number of siblings
- Number siblings still alive
- N alive aged 70+
- N dead reached 70

Q297 Blood relatives

- Senility/dementia/serious mem probs
- Alzheimer’s disease
- Parkinson’s disease
- Stroke
- Heart attack
- Sugar diabetes
- Psychiatric disorder

#### ADL

Q298 Cutting toenails  
 Q299 Washing all over  
 Q300 Getting on a bus  
 Q301 Stairs  
 Q301a Light housework  
 Q302 Heavy housework  
 Q303 Shopping etc  
 Q304 Meals  
 Q305 Reaching shelf  
 Q306 Tie a good knot  
 Q307 Shoes and socks  
 Q308 Diff making tea  
 Q309 Diff with change  
 Q310 OBS Diff in 308/9 physical  
 Q310a Getting to and using toilet  
 Q311 Diff controlling bladder  
 Q312 Change in ability  
 Q312a Does anyone help
 

- Who helps
- How often
- Anyone else – up to 3 others

Q313 Mobility

Q314 Satisfaction with life

Q315 How happy

Q315a FOR MEN – Armed Services

Q315b Health & LA Services Qs

Informant information (for incident cases)

Permission for blood/saliva

Q316 Response to questionnaire

#### INTERVIEWER OBSERVATIONS

Q318 Expressionless face

Q319 Monotonous voice

Q320 Lability of mood

Q321 Uncontrollable crying  
 Q322 Uncontrollable laughing  
 Q323 Infectious gaiety  
 Q324 Uncooperative  
 Q325 Hostile  
 Q327 Restless  
 Q328 – Choreiform  
 Q329 – Athetoid  
 Q330 – Parkinsonian  
 Q331 Walking abnormality  
 Q332 Paralysis/stroke  
 Q333 Physical abnormality  
 Q334 – Unsteady  
 Q335 – Staggers  
 Q336 – Shuffles  
 Q338 Speech irrelevant  
 Q339 Speech circumstantial  
 Q340 Speech rambling  
 Q341 Speech slow  
 Q342 Long pauses in speech  
 Q343 Rapid speech  
 Q344 Speech restricted  
 Q346 Perseveration  
 Q347 Dysphasia  
 Q348 Dysarthria (brain damage)  
 Q349 Dysarthria (speech organs)  
 Q350 Lack of teeth  
 Q351 Deaf  
 Q352 Blind  
 Q353 Stutters  
 Q354 Mutism  
 Q355 Weakness  
 Q356 Tremor  
 Q357 Low intelligence  
 Q358 Poor grasp of English  
 Q359 Slurring  
 Q360 Interview conditions unfavourable  
 Q361 S falls asleep  
 Q362 S sleepy  
 Q364 Lack of insight  
 Q365 Attention problems  
 Q366 Impaired judgement  
 Q367 Hallucinating  
 Q368 Incoherent in clear consciousness  
 Q369 Memory defect clear cut  
 Q370 Memory defect dubious  
 Q371 Memory vs thinking  
 Q372 Interview complete  
 Q373 – R sad/depressed  
 Q374 – R tearful  
 Q375 – R slow in movements  
 Q376 – R muddled  
 Q377 – R indecisive  
 Q378 – R unduly suspicious  
 Q379 – R unable to concentrate  
 Q380 Confidence in data  
 Q381 – Reason  
 Q382 Date admission nursing home  
 Q383 Diagnosis

<p>Remember the layout conventions that have been adopted throughout the questionnaire.  Instructions to the interviewer: these are given in <b>UPPER CASE TEXT</b> and should not be read out.  Introductions to the sections: these are given in emboldened lower case text and should be read out.  Questions: these are given in lower case letters and must be read exactly following the wording.</p> <p><b>DO NOT paraphrase.</b> Text in parentheses is optional.  In the following pages the questionnaire is documented in the left-hand column. Notes to help administer the questionnaire are given in the right hand column.</p>	<p>On the laptop, questions will appear in a box in the middle of the screen. Information to the interviewer is in a box below and to the left of the question box. The range of answers is in a box below and to the right. Question wording must be followed slavishly, and <b>MUST NOT</b> be changed.  <b>ALWAYS READ FROM THE SCREEN.</b></p>
<p><b>Thank you for agreeing to be seen again. The purpose of this interview is to find out how you've been since we last talked to you. Your help is extremely valuable to us and of course any information you provide will be treated in strictest confidence. This time, many of the questions are about your health and day-to-day activities, and if there have been any changes, particularly since we last saw you. Again there is a section on memory, concentration and things like that.</b></p> <p>Q1 How have you been since we last saw you? Has anything (major) happened (since we last saw you) that you would like to tell me about?</p> <p>Textual answer ...</p>	<p>Q1 Enter brief notes here.</p>
<p>Q1a Now I'd like you to remind me of some personal details.</p> <p>What is your current marital status? (Are you)</p> <ol style="list-style-type: none"> <li>1. Married</li> <li>2. Cohabiting</li> <li>3. Single</li> <li>4. Widowed</li> <li>5. Divorced/separated</li> <li>7. No answer</li> <li>6. Not asked</li> </ol> <p>If Q1A = 4 or 5 ask Q1B</p>	
<p>Q1B How long have you been (Widowed) (Separated) (divorced)?</p> <p>Answer in years nn</p>	
<p>Q2BB Rate current accommodation</p> <ol style="list-style-type: none"> <li>1. House/Flat/Granny Flat</li> <li>2. Warden Controlled Flat</li> <li>3. Council Residential Home</li> <li>4. Private Residential Home</li> <li>5. Private/Charity Nursing Home</li> <li>6. Long Stay Hospital</li> <li>7. Not established</li> </ol> <p>IF Q2BB = 5 (Nursing Home) ask Q2BBB, IF NOT ASK Q2</p>	

<p>Q2BBB Rate type of accommodation within the Nursing Home.</p> <ol style="list-style-type: none"> <li>1. Residential</li> <li>2. Nursing</li> <li>3. EMI</li> <li>4. Not established</li> </ol>	
<p>Q2 Have you moved since we last saw you?</p> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> <li>7. Don't know</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>	
<p>IF RATED 1 YES ASK Q2AA &amp; Q2A IF NO SKIP TO Q3</p>	
<p>Q2AA RATE: MOVED FROM...</p> <ol style="list-style-type: none"> <li>1. House/flat/granny flat</li> <li>2. Warden controlled flat</li> <li>3. Council residential home</li> <li>4. Private residential home</li> <li>5. Private/charity nursing home</li> <li>6. Long stay hospital.</li> <li>7. Not established (specify at 2A)</li> </ol>	
<p>Q2A Specify if move suggests more or less dependency (within same housing category), e.g. moving in with children</p> <p>ANY OTHER INFORMATION (Textual Answer)</p>	
<p><u>ORIENTATION SECTION</u> - THE AIM OF THIS SECTION IS TO ESTABLISH THE PRESENCE OF COGNITIVE IMPAIRMENT WHICH WILL LEAD TO ERRORS IN THE REPLY TO FACTUAL QUESTIONS. DO NOT EXPLORE INCONSISTENCIES (EXCEPT AGE AND BIRTH DATE) BUT SIMPLY RATE FROM THE SUBJECT'S REPLY.</p>	
<p>Q3 Now, I would like you to remember my name. My name is..... Can you repeat that?</p> <p>REITERATE NAME (UP TO 3 TIMES) UNTIL CORRECTLY REPEATED. AFTER 3 TIMES RATE.</p> <ol style="list-style-type: none"> <li>0. Unable to repeat</li> <li>1. Correctly repeated</li> </ol>	<p>Q3 Give only one name, either the first or the last, choosing the shortest and easiest to pronounce. Reiterate up to three times as necessary. Do not exceed three repetitions.</p>
<p><b>Now I'd like to check that my information is correct.</b></p> <p>PROMPT ONLY AS INSTRUCTED. EXCESSIVE REPETITION IS NOT RECOMMENDED.</p>	
<p>Q4 Can you spell your last name (for me) and your first name?</p> <ol style="list-style-type: none"> <li>0. Incorrect</li> <li>1. Correct</li> <li>7. Don't know</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>	<p>Q4 Rate as incorrect if the subject cannot spell both names correctly.</p>

<p>Q5 What is your date of birth?</p> <ol style="list-style-type: none"> <li>1. As listed</li> <li>2. Not as listed (record date given)</li> <li>7. Don't know</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>	<p>Q5 The information provided by the admin data base is most likely to be correct having been checked at both screen and assessment. If the answer provided by the subject is not consistent with your information, record the date of birth given by the subject.</p>
<p>Q6 How old are you?</p> <ol style="list-style-type: none"> <li>1. As listed</li> <li>2. Not as listed</li> <li>7. Don't know</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>	
<p>IF DATE OF BIRTH AND AGE ARE INCONSISTENT BY MORE THAN ONE YEAR ASK Q7, IF NOT SKIP TO I8.</p>	<p>I6a An inconsistency check between date of birth and age is programmed and will automatically skip if necessary.</p>
<p>Q7 That doesn't seem to come out right when I add it up. Can you help me?</p> <ol style="list-style-type: none"> <li>0. Discrepancy NOT corrected</li> <li>1. Discrepancy corrected</li> <li>2. Marked uncertainty about age</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>	<p>Q7 Answers 0 and 2 need not be mutually exclusive. If both are appropriate select answer 2.</p>
<p>I8 RATE: IS THE SUBJECT LIVING IN AN INSTITUTION?</p> <ol style="list-style-type: none"> <li>0. No/uncertain</li> <li>1. Yes</li> </ol> <p>IF NO SKIP TO Q10.</p>	<p>I8 Residential homes, nursing homes and long stay hospitals count as institutions; a day hospital or sheltered accommodation does not.</p>
<p>Q9 What is the name of this place? Where is it located? PROBE FOR FULL ADDRESS.</p> <ol style="list-style-type: none"> <li>1. Correct</li> <li>2. Error in name</li> <li>3. Error in address</li> <li>4. Error in name and address</li> <li>7. Don't know</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>	<p>Q9 Rate 1-Correct, if subject gives only a partial name. Rate 3-Error in address, if subject only gives locality.</p>
<p>Q10 What is the name of this city/town/village?</p> <ol style="list-style-type: none"> <li>0. Incorrect</li> <li>1. Correct</li> <li>7. Don't know</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>	<p>Q10 A localising answer is required here. If the subject lives in a remote area, the name of the nearest farm would be considered correct. The answer to this question will be scored either as part of Q9 or Q11.</p>
<p>ONLY ASK THIS NEXT QUESTION (Q11) IF THE SUBJECT IS LIVING IN THEIR OWN HOME. OTHERWISE SKIP TO Q12. PROBE FOR FULL ADDRESS.</p>	
<p>Q11 What is the full address of this place?</p> <ol style="list-style-type: none"> <li>0. Incorrect or incomplete</li> <li>1. Correct</li> <li>7. Don't know</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>	<p>Q11 The full address is required. Probe for full address including city, suburb or postal district but not post code. If in a day hospital ask 'What is the postal address of your home?'</p>

<p>Q12 Have you ever seen me before?</p> <ol style="list-style-type: none"> <li>1. Correct, No or Yes</li> <li>2. Incorrect, No</li> <li>3. Incorrect, Yes</li> <li>8. No answer</li> <li>9. Not asked</li> </ol> <p>IF YES OR UNCERTAIN PROMPT FOR DETAILS. IF ANSWER CODED 3 ASK Q13, IF NOT ASK Q14.</p>	<p>Q12 In this question you are looking for evidence of pathology. Rate 1-Correct, either if the subject has or has not seen you before, or if they claim they do not know. Ratings 2 and 3 are manifestations of pathology. If the subject claims they have not seen you before and you know they have, probe with 'Could you try to remember?' If they incorrectly believe they have seen you before continue to Q13.</p>
<p>Q13 When? Where? What was I doing? What did we do?</p> <p>RATE PRESENCE OF CONFABULATION.</p> <ol style="list-style-type: none"> <li>0. No confabulation</li> <li>1. Confabulation</li> </ol>	<p>Q13 In this question you are looking for evidence of confabulation. This means the subject can be led to give an elaborate description of events which clearly could not have occurred (not delusional i.e. a whole frame work or mind set, nor misidentification).</p>
<p>Q14 What day of the week is it today?</p> <ol style="list-style-type: none"> <li>0. Incorrect</li> <li>1. Correct</li> <li>9. Not asked</li> </ol>	
<p>Q15 What is the date today?</p> <p>Day</p> <ol style="list-style-type: none"> <li>1. Correct</li> <li>2. Incorrect by 1 day</li> <li>3. Incorrect by &gt;1 day</li> <li>7. Don't know</li> <li>8. No answer</li> <li>9. Not asked</li> </ol> <p>Month</p> <ol style="list-style-type: none"> <li>1. Correct</li> <li>2. Incorrect by 1 month</li> <li>3. Incorrect by &gt;1 month</li> <li>7. Don't know</li> <li>8. No answer</li> <li>9. Not asked</li> </ol> <p>Year</p> <ol style="list-style-type: none"> <li>1. Correct</li> <li>2. Incorrect by 1 year</li> <li>3. Incorrect by &gt;1 year</li> <li>7. Don't know</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>	<p>Rate as correct if the subject claims it is the previous month in the first week of the month (e.g. March in the first week of April).</p>
<p>16 OBSERVATION. TALKS IN AN AIMLESS FASHION. OBJECT IN VIEW AT THE BEGINNING IS NOT REACHED.</p> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> <li>9. Inapplicable</li> </ol>	<p>If the subject has given incorrect answers for more than 50% of the previous questions (Q3-Q9, Q11-Q15) the machine will automatically skip to Q64-Q78, and thence to Q186. If using a paper schedule, make the calculation and then skip to these sections if necessary.</p>
<p><b><u>WORRY</u></b></p> <p><b>Now I'd just like to ask you some questions about how you have been feeling lately.</b></p>	



Q17	What kinds of things do you worry about? 0. No worries 1. Some worries 8. No answer 9. Not asked	
Q18	Do you worry about your own health? 0. No 1. Yes 8. No answer 9. Not asked	
Q19	What about someone else's health? 0. No 1. Yes 8. No answer 9. Not asked	
Q20	Do you worry about money? 0. No 1. Yes 8. No answer 9. Not asked	
Q21	Or about family problems other than health? 0. No 1. Yes 8. No answer 9. Not asked	
Q22	Do you feel more tense and worry more than usual about little things? 0. No 1. Yes 8. No answer 9. Not asked  IF NO WORRIES MENTIONED SKIP TO Q25. IF ALL OF Q17 TO Q22 RATED 8 OR 9 SKIP TO Q25	
Q23	How much do you worry? 0. Not unduly 1. Worries a lot about 1 or 2 things. 2. Is a worrier 3. Both 1 & 2 8. No answer 9. Not asked	Q23 The question refers to undue worry as R defines it. Rate only if R regards worrying as a substantial part of his / her behaviour.
Q24	Does this worrying bother you a lot? Is it unpleasant? (Can you stop yourself worrying?) Do the thoughts keep coming back? 0. No 1. Yes 8. No answer 9. Not asked	Q24 Rate positive only for unpleasant worrying which returns repeatedly or which cannot be stopped. It is not imperative that the worrying be out of proportion to the event but in practice this will often be the case.
Q25	Do you have any children? 0. No 1. Yes 8. No answer 9. Not asked  IF YES ASK Q26, OTHERWISE SKIP TO Q27.	

<p>Q26 Is there anything about your relationship with your children that bothers or upsets you? (If YES: what?)</p> <p>0. No 1. Yes 8. No answer 9. Not asked</p>	<p>Q26 Rate 1 if R seems unusually bothered by the relationship.</p>
<p><u>GENERAL ANXIETY</u></p> <p>Q27 Do you get frightened? (very anxious) (If YES: has that happened lately?) (What made you feel that way?)</p> <p>0. No 1. Infrequently 2. Frequently/Persistently 8. No answer 9. Not asked</p>	<p>Q27-Q28 <u>All forms</u> of free floating subjective fear, apprehension and anxiety are rated here including the anxiety which may accompany delusions. <u>Do not confuse anxiety with worry</u>, which is not necessarily accompanied by anxiety nor with depressive mood, nor tension which is experienced physically, e.g. in the muscles.</p>
<p>Q28 Have you had attacks of fear or panic when you had to do something about it? (e.g. like running out of the room) or felt you would collapse or lose control of yourself?</p> <p>0. No 1. Infrequently 2. Frequently/Persistently 8. No answer 9. Not asked</p>	
<p>Q29 Are there any special situations which make you anxious e.g. leaving home alone, going into shops or crowds?</p> <p>0. No 1. Yes (specify) 8. No answer 9. Not asked</p>	
<p>Q30 Have you felt your heart pound, when it was not due to exercise, in the last month? (If YES: what was happening at the time?)</p> <p>0. No 1. Infrequently 2. Frequently/Persistently 8. No answer 9. Not asked</p>	<p>Q30-Q31 These questions seek to establish the presence of autonomic symptoms and to distinguish them from those due to exercise or heat or cold.</p>
<p>Q31 Have you felt yourself trembling, when it was not due to exercise in the last month? What was happening at the time?</p> <p>0. No 1. Infrequently 2. Frequently/Persistently 8. No answer 9. Not asked</p>	

<p>32 RATE OTHER BODILY FEATURES OF ANXIETY</p> <p>0. No 1. Mild 2. Severe 8. No answer 9. Not asked</p>	<p>32 Rate if the subject is obviously not at ease e.g. if they are agitated, shaking, rubbing their hands, shifting position, plucking at their clothes</p>
<p><u>DEPRESSION</u></p> <p>Q33 Have you been sad (depressed, miserable, in low spirits, blue) recently?</p> <p>0. No 1. Infrequently 2. Frequently/Persistently 8. No answer 9. Not asked</p>	<p>Q33 Rate feelings of sadness, being miserable and low-spirited. Elderly persons may not understand the term depression. They may, therefore, respond to one of the other terms. Do not rate if the term depression is used to describe a mood which is distinct from clinical depression e.g. boredom. You are not concerned here with minor changes. When depressive mood is very severe it pervades all the individual's mental activity. About one third of elderly persons deny depressive mood but clearly exhibit the other symptoms of depression. If R denies depressive mood it should be rated 0, but you should be vigilant for other signs of depression, especially evidence of depression on observation, and rate these later, if present. You must avoid assuming that because R is of an advanced age or is suffering from severe physical illness, that when depression is expressed it is a normal phenomenon. <u>Such depression should be rated on the value of the mood itself and not its association with age or illness.</u> Depression must not be confused with nervous tension nor anxiety which may, however, coexist.</p>
<p>Q34 Have you cried at all? (How often?)</p> <p>0. No 1. Infrequently 2. Frequently/Persistently 8. No answer 9. Not asked</p> <p>IF Q34 = 2 SKIP TO Q36</p>	<p>Q34-Q35 You should avoid rating crying due to some recognised stimulus (e.g. receiving distressing news where the reaction seems to be reasonable) but rate positively if such a reaction is a change from usual behaviour. Rate 1 if crying occurs several times a week, Rate 2 if it occurs nearly every day or more frequently.</p>

<p>Q35 Have you felt like crying (wanted to cry) without actually weeping? (How Often?)</p> <p>0. No  1. Infrequently  2. Frequently/Persistently  8. No Answer  9. Not Asked</p>	
<p>35a RATE: ADMITS TO DEPRESSION, CRYING OR FEELING LIKE CRYING.</p> <p>0. No  1. Yes</p> <p>IF NO SKIP TO Q45</p>	
<p>Q36 Is the depression/crying /feeling like crying there most of the time?</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p>	
<p>Q37 How long does it last? (Just a few hours at a time or longer than that?) RATE FOR MORE THAN THE OCCASIONAL FEW HOURS.</p> <p>0. Less than a few hours  1. Yes, more than a few hours  8. No answer  9. Not asked</p>	

<p>Q38 How often have you felt like this? (In the last month) RATE FOR AT LEAST 2 CONTINUOUS WEEKS IN THE LAST MONTH.</p> <p>0. Less than 2 continuous weeks  1. At least 2 continuous weeks  8. No answer  9. Not asked</p>	
<p>Q39 Is this different from your usual feelings of sadness?</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p>	
<p>Q40 Is there any reason why you have become depressed? (Why you are feeling like this?)</p> <p>0. No  1. Bereavement  2. Other (specify)  8. No answer  9. Not asked</p>	<p>Q40 Rate most important event.</p>
<p>Q41 Are there times when you feel more or less back to your normal self?</p> <p>0. No (always depressed)  1. Yes (fluctuating mood)  2. Yes (extreme pattern)  8. No answer  9. Not asked</p>	<p>Q41 Rate as present only if fluctuations are prominent from whatever cause with periods of near normality, perhaps during pleasant visits from friends or relatives.</p>

<p>Q42 What time of day do you feel the worst?</p> <ol style="list-style-type: none"> <li>1. Morning predominantly</li> <li>2. Afternoon predominantly</li> <li>3. Evening predominantly</li> <li>4. Severe all day</li> <li>5. None of these</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>	<p>Q42 <u>Make absolutely certain that depressive mood is being rated.</u> Some respondents with arthritis will reply positively to this item but they are actually referring to the pain and stiffness of their joints.</p>
<p>Q43 What relieves the depression? (these feelings)</p> <ol style="list-style-type: none"> <li>0. Can be relieved</li> <li>1. Nothing relieves</li> <li>8. No answer</li> <li>9. Not asked</li> </ol> <p>IF RATED 0 ASK Q44, IF NOT SKIP TO Q45</p>	<p>Q43-Q44 These identify depression which is pervasive.</p> <p>Q43 The depth of the depression here is such that no pleasant experience relieves the affect.</p>
<p>Q44 How long is it relieved for? RATE WHETHER RELIEVED FOR SEVERAL HOURS AT A TIME BY HAVING VISITORS, ENTERTAINMENT.</p> <ol style="list-style-type: none"> <li>0. Is relieved</li> <li>1. Relieved to some extent</li> <li>2. NOT relieved</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>	<p>Q44 Although some pleasant experiences may relieve the affect, neither having visitors nor entertainment produces any prolonged relief, although relief for an hour or two may occur</p>
<p>Q45 Have you felt that life was not worth living (in the last month)?</p> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Infrequently</li> <li>2. Frequently/Persistently</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>	<p>Q45 This item is sometimes given a positive answer by those who give no other appearance of being depressed. It should nevertheless be rated positively.</p>

<p>Q46 How do you see (feel about) your future? If EVASIVE Is there something about the future that you do not like to think about?</p> <ol style="list-style-type: none"> <li>1. Optimistic</li> <li>2. Empty expectations</li> <li>3. Pessimistic</li> <li>8. No answer</li> <li>9. Not asked</li> </ol> <p>IF 1 SKIP TO Q54</p>	<p>Q46 <u>Do not take age into consideration.</u> Contrary to belief elderly persons of advanced age are not normally pessimistic about their future, even though in realistic terms this is likely to extend for only a year or two before death. They may not have exciting plans like younger people, but they live contentedly from 'day-to-day' often looking forward to simple pleasures. Rate 2 if R is not particularly interested in the future, does not look forward to it, <u>but it is not viewed as bad or worrisome.</u></p>
<p>Q47 How do you feel things will work out for you in the future? (What are your hopes for the future?) RATE SEES NO FUTURE AT ALL OR FUTURE BLEAK OR UNBEARABLE.</p> <ol style="list-style-type: none"> <li>0. Alright/bearable</li> <li>1. Does seem bleak/unbearable</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>	<p>Q47 Rate unrealistic pessimism here for those who view their future as bleak, dark, unbearable etc. This is an important symptom of severe depression when there is usually no doubt about its presence.</p>
<p>Q48 Have you felt really hopeless (despairing)?</p> <ol style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> <li>8. No answer</li> <li>9. Not asked</li> </ol> <p>IF Q47 &amp; Q48 ARE RATED 1 ASK Q49, OTHERWISE SKIP TO Q54.</p>	
<p>Q49 Why is that?</p> <ol style="list-style-type: none"> <li>0. Pessimism warranted</li> <li>1. Pessimist NOT warranted</li> <li>8. No answer</li> <li>9. Not asked</li> </ol>	<p>Q49 Rate 0 for those whose pessimism <u>seems realistically based</u> e.g. they know they are suffering from a fatal disease. Do not automatically rate 0 for those with a physical illness unless it is gross or severe.</p>

<p>Q50 Have you ever felt that you'd rather be dead? (Because life has become a burden to you?) Have you ever felt you wanted to end it all? (Have you ever thought of doing anything about it yourself?) (Killing yourself?)</p> <p>0. No, never  1. Yes, ever  8. No answer  9. Not asked</p> <p>IF RATED 1 ASK Q51, OTHERWISE SKIP TO Q54.</p>	
<p>Q51 When was that? Have you felt like that recently? (In the last month?)</p> <p>0. No  1. Sometimes in the last month  2. Sometimes in the last year  3. Both in the last month &amp; year  8. No answer  9. Not asked</p> <p>IF RATED 1 ASK Q52, OTHERWISE ASK Q53.</p>	
<p>Q52 How much of the time? RATE FOR AT LEAST 2 WEEKS IN THE LAST MONTH.</p> <p>0. Less than 2 weeks  1. Yes, mildly  2. Yes, severely  8. No answer  9. Not asked</p> <p>IF RATED 1 OR 2 ASK Q53, OTHERWISE SKIP TO Q54.</p>	
<p>Q53 Did you actually try anything? If YES when was that? What did you do? (or plan to do?) Why do you think you felt that way?</p> <p>0. No  1. Rejected suicide but wanted to die  2. Planned or tried to kill self  8. No answer  9. Not asked</p>	



<p>Q54 Since we last saw you, have you consulted a doctor about (any/these) (emotional) problems, or problems with you nerves? (Perhaps if you were depressed or anxious, or found that you couldn't enjoy yourself.)</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. Yes, sounds like depression</li> <li>2. Yes, sounds like anxiety</li> <li>3. Yes, other</li> <li>8. No answer</li> <li>9. Not asked.</li> </ul>	
<p>Q55 What did the doctor say you had?</p> <ul style="list-style-type: none"> <li>1. Depression</li> <li>2. Manic depression</li> <li>3. Other/non-specific</li> <li>8. No answer</li> <li>9. Not asked</li> </ul>	
<p>Q56 Did your GP arrange for you to see a specialist?</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> <li>8. No answer</li> <li>9. Not asked</li> </ul>	
<p>Q57 Did you go into hospital?</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> <li>8. No answer</li> <li>9. Not asked</li> </ul>	

<p>Q58 What treatment did you have?</p> <p>0. No treatment</p> <p>1. Drugs</p> <p>2. ECT</p> <p>3. Both</p> <p>4. Other/Counselling</p> <p>8. No answer</p> <p>9. Not asked</p>	
<p>59 OBSERVATION LOOKS OR SOUNDS TENSE, WORRIED, DEPRESSED OR FEARFUL.</p> <p>0. Fleeting or minor</p> <p>1. Excessive, sometimes</p> <p>2. Excessive, much of the time</p> <p>IF 0 SKIP TO Q64</p>	
<p>60 OBSERVATION LOOKS OR SOUNDS TENSE OR WORRIED.</p> <p>0. Fleeting or minor</p> <p>1. Excessive, sometimes</p> <p>2. Excessive, much of the time</p>	
<p>61 OBSERVATION LOOKS OR SOUNDS SAD GLOOMY, MOURNFUL OR DEPRESSED.</p> <p>0. Fleeting or minor</p> <p>1. Excessive, sometimes</p> <p>2. Excessive, much of the time</p>	<p>61 Rate R's appearance or presentation of verbal material but <u>not its content</u>, although it would be unusual for the presentation not to be congruent with the content.</p>

<p>62 OBSERVATION LOOKS OR SOUNDS APPREHENSIVE OR FEARFUL.</p> <p>0. Fleeting or minor</p> <p>1. Excessive, sometimes</p> <p>2. Excessive, much of the time</p>	
<p>63 OBSERVATION EYES MOIST: TEARFUL OR CRYING</p> <p>0. Fleeting or minor</p> <p>1. Excessive, sometimes</p> <p>2. Excessive, much of the time</p>	
<p><b>This next section of questions is about your memory.</b></p> <p>*Q64 Have you ever had any difficulty with your memory?</p> <p>0. No</p> <p>1. Yes</p> <p>8. No answer</p> <p>9. Not asked</p> <p>IF YES ASK Q65 OTHERWISE SKIP TO Q66</p>	
<p>*Q65 Was/is that a problem for you?</p> <p>0. No</p> <p>1. Yes, moderate</p> <p>2. Yes, severe</p> <p>8. No answer</p> <p>9. Not asked</p>	<p>Q65 Rate as a problem if the subject says that it is a problem</p>
<p>*Q66 Have you tended to forget things recently?</p> <p>0. No</p> <p>1. Yes, several times a week</p> <p>2. Yes, at least daily</p> <p>8. No answer</p> <p>9. Not asked</p>	<p>Q66 For this and the next two questions, rate only problems. DO NOT rate transient mistakes, A rating of 1 implies it causes difficulty several times a week. Likewise a rating of 2 relates to the frequency of the difficulty</p>
<p>*Q67 What kinds of things? Names of family and close friends?</p> <p>0. No</p> <p>1. Yes, several times a week</p> <p>2. Yes, at least daily</p> <p>8. No answer</p> <p>9. Not asked</p>	<p>Q67 This concerns family and close friends, not persons only met occasionally</p>

<p>*Q68 What about where you have put things?</p> <p>0. No  1. Yes, several times a week  2. Yes, at least daily  8. No answer  9. Not asked</p>	<p>Q68 To rate here means that the subject suffers some degree of inconvenience</p>
<p>*Q69 Have you ever been in your own neighbourhood and forgotten your way?</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p>	<p>.</p>
<p>*Q70 Do you have to make more effort to remember things than you used to?</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p> <p>IF YES ASK Q71, OTHERWISE SKIP TO Q73</p>	<p>Q70 Rate as present only if this is a constant problem which the subject has to overcome by some strategy</p>
<p>*Q71 When did you first notice this beginning?</p> <p>1. Less than 1 year  2. In the last 1-2 years  3. In the last 3-4 years  4. In the last 5-10 years  5. Over 10 years ago  8. No answer  9. Not asked</p>	
<p>*Q72 Did it come on suddenly?</p> <p>0. Gradual onset  1. Sudden onset  8. No answer  9. Not asked</p>	
<p>*Q73 Would you say there has been any change in your memory since we last saw you?</p> <p>0. No change  1. Better  2. Worse  3. Much worse  8. No answer  9. Not asked</p>	
<p>*Q74 Do you remember my name? What is it?</p> <p>0. Incorrect  1. Correct  8. No answer  9. Not asked</p>	<p>Q74 Allow minor mispronunciations. If the subject indicates s/he does not know, ask once, 'could you try to remember?' If not known, rate as incorrect.</p>
<p><b>Now I would like to see if you can remember the names of two people who are often in the news.</b></p>	<p>Q75 For one month after an election, if the name of the former PM is given say, 'is s/he still Prime Minister?'</p>

<p>*Q75 What is the name of the Prime Minister?</p> <p>0. Incorrect 1. Correct 8. No answer 9. Not asked</p>	
<p>*Q76 Who was the last Prime Minister?</p> <p>0. Incorrect 1. Correct 8. No answer 9. Not asked</p>	
<p>*ITEM 77 INTERVIEWER RATING IN INTERVIEWER'S OPINION SUBJECT HAS DIFFICULTY WITH THEIR MEMORY.</p> <p>0. No 1. Yes, mild to moderate 2. Yes, severe 9. Inapplicable</p>	<p>177 Here you must judge whether there is a genuine difficulty experienced. Many subjects with depression complain about their memory but in practice it does not really present difficulties in daily living. Do not rate minor problems with remembering the names of acquaintances.</p>
<p>*ITEM 78 ERROR BEHAVIOUR RATE IF THERE ARE ANY ERRORS OR 8'S IN ORIENTATION OR MEMORY SECTIONS</p> <p>78A Errors made in clear consciousness.</p> <p>0. No 1. Due to agitation, depression, elation 2. Due to memory defect 3. Due to both 9. Inapplicable</p>	<p>78A Clear consciousness - not falling asleep, or under the influence of alcohol or drugs or delirium due to acute physical illness. The individual will be alert, responsive and focused. Agitation: will appear anxious. Depression: typified by slow speech and low mood. Most people with dementia will make an effort, whilst those who are depressed will emanate negative feelings and not try. Elation: typified by fast speech and high mood with an inability to concentrate and easily distracted.</p>
<p>78B Errors made in clouded consciousness.</p> <p>0. No 1. Yes 9. Inapplicable</p>	<p>78B Clouded consciousness - interviewee was falling asleep, under the influence of alcohol, drugs or delirium due to acute physical illness. The individual will be very distractible, unfocused and may drift in and out of consciousness. Often worse in the evening and late afternoon.</p>
<p>GENERAL MENTAL FUNCTIONING AND THINKING DIFFICULTIES</p> <p>Q79 Do you tend to think and talk about the past more than recent events?</p> <p>0. No 1. Yes 8. No answer 9. Not asked</p>	<p>Elderly people may complain that they are now able to think less well than they did when they were younger. These <u>presumed age effects are not rated here</u>. Rate here only changes that have occurred recently.</p>
<p>Q80 When speaking, do you have difficulty finding the word you want, or do you sometimes say the wrong word?</p> <p>0. No 1. Yes 8. No answer 9. Not asked</p>	

<p>Q81 Do you seem to be very slowed down in your thinking recently? Worse than usual?</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. Mild</li> <li>2. Severe</li> <li>8. No answer</li> <li>9. Not asked</li> </ul>	<p>Q81 Rate the subjective feeling that his or her thinking has become slow.</p>
<p>Q82 Do your thoughts get mixed up (muddled)? (So that you cannot get them sorted out?) (Can you think clearly (straight)?) (How long has that bothered you? How often?)</p> <ul style="list-style-type: none"> <li>0. Not muddled</li> <li>1. Feeling muddled - mild</li> <li>2. Feeling muddled - severe</li> <li>8. No answer</li> <li>9. Not asked</li> </ul>	<p>Q82 This feeling of being muddled is not to be confused with delusional ideas, thought withdrawal, thought broadcasting etc. Again, it should only be rated if deterioration or onset has occurred recently. It is not to be rated on whether you consider R sounds muddled or not which is rated in item 88.</p>
<p>Q83 Do you find you talk more slowly than is normal for you?</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. Yes</li> <li>8. No answer</li> <li>9. Not asked</li> </ul>	
<p>Q84 Do you find it difficult to make up your mind? (To make decisions?) Is that worse than usual?</p> <ul style="list-style-type: none"> <li>0. No</li> <li>1. Infrequently</li> <li>2. Frequently/persistently</li> <li>8. No answer</li> <li>9. Not asked</li> </ul> <p>IF RATED 1 OR 2 ASK Q85 OTHERWISE SKIP TO Q86</p>	<p>Q84 Here R finds difficulty in coming to decisions quite often about simple everyday matters.</p>
<p>Q85 How long has that bothered you? How often? RATE PRESENT MOST DAYS FOR AT LEAST TWO WEEKS.</p> <ul style="list-style-type: none"> <li>0. Not most days</li> <li>1. Mild</li> <li>2. Severe</li> <li>8. No answer</li> <li>9. Not asked</li> </ul>	<p>Q85 Rate as present when either muddled thinking or indecisiveness has been present for most days for at least two weeks in the previous month.</p>
<p>Q86 How are you coping with the things you have to do every day?</p> <ul style="list-style-type: none"> <li>0. Coping well</li> <li>1. Mild feeling of not coping</li> <li>2. Severe feeling of not coping</li> <li>8. No answer</li> <li>9. Not asked</li> </ul>	<p>Q86 Rate as present when R feels they are no longer able to undertake daily routines satisfactorily. A feeling that ordinary things are 'getting them down', a feeling that the housework is no longer being done satisfactorily or is getting on top of R, or work is becoming too difficult.</p>
<p>Q87 How confident would you say you felt (in yourself)?</p> <ul style="list-style-type: none"> <li>0. Confident/No change</li> <li>1. Mild loss of confidence</li> <li>2. Severe loss of confidence</li> <li>8. No answer</li> <li>9. Not asked</li> </ul>	<p>Q87 Rate as present a feeling of lack of confidence which is unusual for R. Depressed people may say they have been lacking in confidence all of their lives. Most normal people when asked this question will not indicate that they are particularly lacking in confidence.</p>

<p>88 OBSERVATION SOUNDS (SEEMS) MUDDLED</p> <p>0. No</p> <p>1. Mildly muddled</p> <p>2. Severely muddled</p> <p>9. Not applicable</p>	<p>88-89 These ratings are made on the basis of your observation of <u>R's performance</u> during the interview, not on R's own subjective impressions. Rate as muddled when R's answers to questions do not make sense.</p>
<p>89 OBSERVATION APPEARS INDECISIVE</p> <p>0. No</p> <p>1. Mildly indecisive</p> <p>2. Severely indecisive</p> <p>9. Not applicable</p>	
<p><u>SLOWING</u></p> <p>Q90 Do you seem (are you) slowed down in your (physical) movements at all?</p> <p>0. No</p> <p>1. Mildly slowed down</p> <p>2. Severely slowed down</p> <p>8. No answer</p> <p>9. Not asked</p>	<p>Elderly people often complain of slowing down over the years as they grow older. The ratings in this section are made without trying to distinguish between the effects of physical and psychiatric illness, with the exception of changes due to obvious physical incapacity such as recent stroke, bone fracture etc.</p> <p>Q90 Subjective slowing of movements of any kind complained of by R are rated here.</p>
<p>Q91 Have you had too little energy (to do the things you want to do)? If YES: how long have you had that for?</p> <p>0. No</p> <p>1. Mild listlessness</p> <p>2. Severe listlessness</p> <p>8. No answer</p> <p>9. Not asked</p> <p>IF RATED 1 OR 2 ASK Q92, OTHERWISE SKIP TO Q93.</p>	<p>Q91 The rating is that of subjective feeling of restriction of energy. It must be unpleasant, beyond R's control and out of proportion to the prevailing circumstances.</p>
<p>Q92 Are you like that most days? RATE PRESENT MOST DAYS FOR AT LEAST 2 WEEKS.</p> <p>0. Not most days</p> <p>1. Present - mild</p> <p>2. Present - severe</p> <p>8. No answer</p> <p>9. Not asked</p>	
<p>Q93 Have you been doing more, less or about the same as usual?</p> <p>0. No change or more</p> <p>1. Infrequently doing less</p> <p>2. Frequently/Persistently doing less</p> <p>8. No answer</p> <p>9. Not asked</p> <p>IF RATED 1 OR 2 FOR Q91 &amp; Q93 ASK Q94 OTHERWISE SKIP TO 99</p>	<p>Q93 Rate here restriction on activities due to R's own condition and not those imposed on him/her.</p>
<p>Q94 Did this slowing (loss of energy / reduced activity) start in the last three months or perhaps get worse in the last three months?</p> <p>0. No</p> <p>1. Yes</p> <p>8. No answer</p> <p>9. Not asked</p>	<p>Q94 Only subjective slowing, lack of energy or doing less than usual, which has started or become worse in the last three months, and has been present in the last month, is rated here.</p>

<p>Q95 Is there any time of the day when this is at its worst?</p> <p>0. No 1. In the morning 2. In the evening 3. Both equally 8. No answer 9. Not asked</p>	
<p>Q96 Is it present most days? RATE PRESENT MOST DAYS FOR AT LEAST TWO WEEKS.</p> <p>0. Not most days 1. Mild 2. Severe 8. No answer 9. Not asked</p>	
<p>Q97 What about when someone visits you or you have to go out? Does that make any difference?</p> <p>0. Does lift 1. Does NOT lift 8. No answer 9. Not asked</p>	<p>Q97 Some mild lack of energy etc. disappears when R is doing something pleasant, in more severe conditions this is not so. Rate only if R is certain it does not improve.</p>
<p>Q98 Have you actually been sitting around a lot (or spending more time in bed than usual) because of lack of energy?</p> <p>0. No 1. Infrequently 2. Frequently/Persistently 8. No answer 9. Not asked</p>	<p>Q98 Rate only if the lack of energy etc is associated with the marked lack of physical activity referred to i.e. sits or lies around because of lack of energy. Do not ask if the respondent is chair or bedfast just rate 9.</p>
<p>99 OBSERVATION VERY SLOW IN ALL MOVEMENTS.</p> <p>0. No 1. Mild 2. Severe 9. Not applicable</p>	<p>99 Rate only if all R's movements are slow. Do not rate if obviously due to physical illness, stroke etc. This sign of retardation is present in certain types of depression and in some other psychiatric conditions.</p>
<p><u>TENSION</u></p> <p>Q100 Do you get worn out (exhausted)? (IF NO:) What about towards the evening?</p> <p>0. No 1. Mild 2. Severe 8. No answer 9. Not asked</p>	<p>In this section rate for a sensation that is unpleasant, that cannot be overcome and is out of proportion to the prevailing circumstances. Q100 Rate only tiredness that is not readily explained by strenuous activities.</p>
<p>Q101 Do you have difficulty in relaxing (resting)?</p> <p>0. No 1. Infrequently 2. Frequently/Persistently 8. No answer 9. Not asked</p>	<p>Q101 This refers to relaxing physically. As in other symptoms, it must present a problem for the respondent in the last month.</p>



<p>Q102 Do you have headaches?</p> <p>0. No 1. Infrequently 2. Frequently/Persistently 8. No answer 9. Not asked</p> <p>IF RATED 1 OR 2 ASK Q103, OTHERWISE SKIP TO Q104.</p>	<p>Q102 Include here any headaches.</p>
<p>Q103 Where? What are they like? (How often)? RATE FOR TENSION HEADACHES.</p> <p>0. No 1. Mild 2. Severe 8. No answer 9. Not asked</p>	<p>Q103 Tension headaches are rated here. These are usually expressed as bands around the head, pressure, tension in the back of the neck or tightness, or pressure upon the top of the head. They are not localised to one side of the head as in migraine and they are not accompanied by visual disturbances or nausea. They are not usually made worse by leaning forward or by rapid movement of the head. In addition, tenderness is sometimes complained of in these areas, especially to the touch of a comb.</p>
<p><u>CEREBROVASCULAR FUNCTION</u></p> <p>Q104 Do you often feel dizzy?</p> <p>0. No or rarely 1. More than once per week 8. No answer 9. Not asked</p>	
<p>Q105 Do you have a tendency to fall?</p> <p>0. No or rarely 1. More than once per month 8. No answer 9. Not asked</p>	
<p>Q105A Have you ever suffered from... ...attacks of dizziness in which things seem to spin around you?</p> <p>0. No 1. Yes within the last year 2. Yes, more than 1 year ago</p>	
<p>Q105B Have you ever suffered from... unsteadiness, light headedness or feeling faint?</p> <p>0. No 1. Yes within the last year 2. Yes, more than 1 year ago</p>	
<p>Q105C Have you ever suffered from... attacks of dizziness in which you seem to move?</p> <p>0. No 1. Yes within the last year 2. Yes, more than 1 year ago</p> <p>IF Q105A = 0 AND Q105B = 0 AND Q105C = 0 SKIP TO Q106</p>	

<p>Q105D Nowadays how much does the dizziness or unsteadiness worry, annoy or upset you?</p> <p>0. Do not have problems with dizziness or unsteadiness</p> <p>1. Not at all annoying</p> <p>2. Slightly annoying</p> <p>3. Moderately annoying</p> <p>4. Severely annoying</p>	
<p>Q105E Has dizziness or unsteadiness ever stopped you working or carrying out your normal activities for more than one day?</p> <p>0. No</p> <p>1. Yes, for 1 day or more, but less than 1 week</p> <p>2. Yes, for 1 week or more, but less than 1 month</p> <p>3. Yes, for 1 month or more</p>	
<p>106 OBSERVATION INTERVIEWEE LOOKS EMACIATED, FRAIL, OR PHYSICALLY ILL</p> <p>0. No</p> <p>1. Mild</p> <p>2. Severe</p> <p>9. Not applicable</p>	<p>106 This is a global rating concerning the <u>conspicuous</u> presence of physical illness (examples would be extreme pallor, central cyanosis or breathlessness at rest) or handicap, including severe degrees of emaciation or frailty (for example, very weak).</p>
<p>107 OBSERVATION ONE OR MORE LIMBS APPEAR TO BE WHOLLY OR PARTIALLY PARALYSED, OR ONE SIDE OF THE FACE. (AS IN THE AFTERMATH OF A STROKE)</p> <p>0. No</p> <p>1. Yes, left sided paralysis</p> <p>2. Yes, right sided paralysis</p> <p>3. Other</p> <p>9. Not applicable</p> <p>IF RATED 1, 2 OR 3 ASK Q108 OTHERWISE SKIP TO Q109</p>	<p>107 A positive rating would normally indicate the aftermath of a stroke.</p>
<p>Q108 What did your doctor say was wrong with your ....? Was the possibility of a stroke mentioned?</p> <p>0. No stroke</p> <p>1. Probable stroke</p> <p>2. Certain stroke</p> <p>8. No answer</p> <p>9. Not asked</p>	<p>Q108 Accept here R's belief that they have had a stroke, unless it is clearly false,. If R is uncertain, ask about transient weakness in an arm or leg, and particularly an arm or leg on the same side of the body.</p>
<p><u>SOMATIC DYSFUNCTION</u></p> <p>Q109 What has your appetite been like? Do you enjoy your food? In the last month, have you been eating more or less than usual?</p> <p>0. No change in appetite</p> <p>1. Mild decrease in desire for food</p> <p>2. Severe decrease in desire for food</p> <p>3. Mild increase in desire for food</p> <p>4. Severe increase in desire for food</p> <p>8. No answer</p> <p>9. Not asked</p> <p>IF RATED 1 OR 2 ASK Q110, IF RATED 3 OR 4 ASK Q111. IF NEITHER SKIP TO Q112</p>	<p>Q109 Rate here either a diminution of the <u>desire for food</u> or a <u>marked increase</u>. Some individuals will continue to eat because they know that not taking a meal can weaken them physically, although they may have lost the desire for food. A marked increase may take the form of binge eating or a general increase in the consumption of carbohydrates. Usually R will find it difficult to control.</p>

<p>Q110 Why is that?</p> <p>0. NO medical condition or nausea</p> <p>1. Poor appetite due to illness or nausea</p> <p>8. No answer</p> <p>9. Not asked</p>	<p>Q110 Try here to <u>exclude</u> any medical condition or bodily ailment (including alcohol abuse and heavy smoking) as causes of appetite loss. If none of these explains poor appetite rate 0.</p>
<p>Q111 Has it been like that most days in the last month?</p> <p>0. No</p> <p>1. Poor appetite most days for at least 2 weeks</p> <p>2. Increased appetite most days for at least 2 weeks</p> <p>8. No answer</p> <p>9. Not asked</p>	
<p>Q112 Have you lost any weight during the past three months? (Have you gained weight?) About how much? How much in the last month?</p> <p>0. No weight change</p> <p>1. Lost 10lbs or more in last month</p> <p>2. Lost 10lbs or + in last 3 months</p> <p>3. Lost 10lbs or + in last 6 months</p> <p>4. Gained 10lbs or + in last month</p> <p>5. Gained 10lbs or + in last 6 months</p> <p>8. No answer</p> <p>9. Not asked</p>	
<p>Q113 Have you had any trouble sleeping recently?</p> <p>0. No trouble/no change in pattern</p> <p>1. Yes</p> <p>8. No answer</p> <p>9. Not asked</p> <p>IF YES ASK Q114, OTHERWISE SKIP TO Q122</p>	<p>Q113 This item refers to any type of sleep disturbance which R has noticed. If R has recently been admitted to an institution, sleep performance should be assessed on the one month prior to admission.</p>
<p>Q114 Have you taken anything to help you sleep? Does it help?</p> <p>0. Not taken anything</p> <p>1. Mild/Infrequent problems despite</p> <p>2. Severe/Persistent probs despite</p> <p>3. Taken &amp; no problems</p> <p>8. No answer</p> <p>9. Not asked</p>	<p>Q114 Rate here for the use of medication or alcohol to aid sleep. Medication refers to specific sleeping tablets or certain sedatives which are being used for the purpose of inducing or assisting the onset of sleep.</p>
<p>Q115 How long has it been going on for? What used to happen?</p> <p>0. No persistent problem</p> <p>1. Mild marked insomnia</p> <p>2. Severe marked insomnia</p> <p>3. Mild marked excessive sleep</p> <p>4. Severe marked excessive sleep</p> <p>8. No answer</p> <p>9. Not asked</p>	<p>Q115 Rate for excessive sleep if R feels the need for several hours more sleep a night than usual and probably awakens the next morning still feeling tired. Rate most nights for at least two weeks in the last month.</p>

<p>116 RATE HAS INSOMNIA MOST OF THE NIGHT AND SLEEPS <u>MAINLY</u> DURING THE DAY (If not established ASK When do you get any sleep?)</p> <p>0. No  1. Infrequent  2. Frequent/Persistent  8. No answer  9. Not asked</p>	<p>116 Rate here a reversal of sleep pattern whereby R lies awake most of the night or fails to go to bed and sleeps mainly during the day time.</p>
<p>Q117 Have you had difficulty falling asleep (getting off to sleep)? Do you lie awake for long periods of time (waiting for sleep)?</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p>	<p>Q117 Rate as present if R is aware of a difficulty in getting to sleep. If taking sleeping tablets, ask how successful s/he would be in getting to sleep if they were not taken. For a positive rating the symptoms should have been present for several consecutive days.</p>
<p>Q118 Is your sleep interrupted during the night?</p> <p>0. No  1. Infrequent  2. Frequent/Persistent  8. No answer  9. Not asked</p> <p>IF RATED 1 OR 2 ASK Q119, OTHERWISE SKIP TO Q122</p>	<p>Q118 Rate only if interrupted nights have lasted several consecutive days. <u>Ignore here the cause of interrupted sleep</u>. If R is taking sleeping tablets, rate how s/he considers they would sleep without them.</p>
<p>Q119 Have you recently been waking up early in the morning and found it impossible to get back to sleep? What time would that be? Is that your usual time? How often has it happened?</p> <p>0. No  1. Sometimes  2. Most of the time  8. No answer  9. Not asked</p>	<p>Q119-Q120 Rate as present only if there has been a <u>recent change in usual sleeping time</u>. Rate as present only if R awakens at least two hours before the normal time of awakening and cannot go back to sleep. It is particularly important to enquire about the normal time of awakening as many elderly people awaken earlier in the morning naturally, or continue to do so after they have retired from the job which necessitated it</p>
<p>120 RATE AWAKENS EARLY BY 2 HOURS OR MORE &amp; CANNOT GET BACK TO SLEEP, MOST NIGHTS FOR AT LEAST TWO WEEKS IN THE LAST MONTH.</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p>	
<p>Q121 What wakes you up? (What is the difficulty?) Is it a physical problem like having to pass (water) urine, or pain? Does noise bother you?</p> <p>0. Nothing  1. Mainly physical or noise etc  2. Mild depressed or anxious feelings  3. Severe depressed or anxious feelings  8. No answer  9. Not asked</p>	<p>Q121 Here you must attempt to distinguish between sleep which is interrupted by pain or physical problems - noise etc and interrupted sleep due to psychological factors.</p>

<p>Q123 Do you feel lonely?</p> <p>0. No 1. Infrequently 2. Frequently/Persistently 8. No answer 9. Not asked</p> <p>IF RATED 1 OR 2 ASK Q124, OTHERWISE SKIP TO Q126</p>	<p>Q123 Here R simply admits to feeling lonely. The reasons for feeling lonely are not explored and the feeling itself is simply rated. It should fulfil the criteria of being unpleasant and not under voluntary control, but it is not necessarily out of proportion to the circumstances as these in any case would be difficult to judge.</p>
<p>Q124 Does it bother you very much (make you feel depressed)? Can you get out of it?</p> <p>0. Not bothered 1. Lonely &amp; cannot get out of it 2. Bothered/depressed by loneliness 3. Both 1 &amp; 2 8. No answer 9. Not asked</p>	<p>Q124 Rate 1 if the feeling of loneliness keeps returning even when R tries to forget about it. Rate 2 if the present loneliness is distressing or R finds it bothersome most of the time.</p>
<p>Q125 Does the possibility (prospect) of being alone (by yourself) in the future worry you?</p> <p>0. No 1. Yes 8. No answer 9. Not asked</p>	<p>Q125 Rate if R worries about being alone in the future and these worries are particularly unpleasant. If R is already alone rate the worry about continuing to be alone.</p>
<p><u>PERSECUTION</u></p> <p>Q126 How do you get on with people generally? Do they make you feel ill at ease?</p> <p>0. No 1. Mildly 2. Severely 8. No answer 9. Not asked</p>	<p>Q126 Here you should rate the ability to feel comfortable in the course of social relationships. How talkative R is is not at issue, rather whether or not s/he feels ill at ease when with other people.</p>
<p>Q127 Do you sometimes get the feeling that people are laughing at you, or talking about you?</p> <p>0. No 1. Infrequently 2. Frequently/Persistently 8. No answer 9. Not asked</p>	<p>Q127 Simply rate R's feelings.</p>
<p>IF RATED 1 OR 2 ASK Q128, OTHERWISE ASK Q129.</p> <p>Q128 Do you think it really is true, or is it perhaps just the way you feel about it? (Are you sure?)</p> <p>0. Probably not true 1. Considers it is true 2. Convinced it is true 8. No answer 9. Not asked</p>	<p>Q128 In this item only morbid exaggeration of self-consciousness is rated. Rate 0 if R cannot help feeling that people are taking notice, criticising etc. but knows that it is probably not so. Rate 1 if R is willing to consider it is probably true but does not insist on its truth. Such a degree of conviction is not necessarily out of proportion to R's circumstances. Do not rate if R is eccentrically dressed or behaves strangely, that is if it is likely that people are giving him/her unusual attention. Rate 2 if R is in no doubt whatsoever that people are laughing and talking about him when as far as you can ascertain it is not true. Rate delusions (firmly held false beliefs) here.</p>

<p>Q129 We can't be expected to get on with everybody. Is there anyone that you have particular difficulty with (getting on with)?</p> <p>0. No 1. Yes 8. No answer 9. Not asked</p>	
<p>Q130 Is anyone trying deliberately to harm you or annoy you? RATE UNREALISTIC BELIEF.</p> <p>0. No 1. Yes 8. No answer 9. Not asked</p> <p>IF Q129 <u>AND</u> Q130 ANSWERED YES ASK Q131, OTHERWISE SKIP TO Q142</p>	<p>Q130 This item must fulfil the instructions for delusions. It concerns any unrealistic belief that other persons identified or not identified are deliberately trying to annoy or harm R.</p>
<p>Q131 Well I expect you are generally a reasonable person, [so it is probably their fault?] (DO NOT PROBE FURTHER, HERE).</p> <p>0. No 1. Yes, but expresses doubt 2. Yes, no doubts expressed 8. No answer 9. Not asked</p>	
<p>Q132 Of course, some people can be really unpleasant and that can be upsetting -- Do you suppose they are doing it on purpose to annoy you?</p> <p>0. No 1. Yes 2. Yes, definitely 8. No answer 9. Not asked</p>	
<p>Q133 What do they do? RATE UNREALISTIC BELIEF THAT PEOPLE ARE DELIBERATELY TRYING TO ANNOY OR HARM.</p> <p>0. Realistic belief 1. Mildly held unrealistic belief 2. Severely held unrealistic belief 8. No answer 9. Not asked</p>	
<p>Q134 Why do they do that do you suppose? Do you believe you've done anything to deserve it?</p> <p>0. No 1. Mild belief persecution deserved 2. Severe belief persecution deserved 8. No answer 9. Not asked</p>	<p>Q134 Rate as present if R believes persecution is just, perhaps as a punishment for wrongdoing, perhaps R's own fault or persecutor is blameless.</p>
<p>Q135 Do you really feel strongly about it?</p> <p>0. No 1. Mild 2. Severe 8. No answer 9. Not asked</p>	<p>Q135 Rate strength of feeling that the persecution is NOT deserved. Reserve a rating of 2 for considerable anger or distress.</p>

<p>Q136 Do you think you could be mistaken?</p> <p>0. Yes 1. Possibly 2. Definitely not 8. No answer 9. Not asked</p> <p>IF YES SKIP TO Q141</p>	<p>Q136 Rate 1 if there is any hesitation on R's part. Rate 2 when there is absolute conviction.</p>
<p>Q137 Could they be trying to do you any real harm? (In what way?) For 'upset' read upset/distress/use</p> <p>0. No 1. Mild belief trying to upset them 2. Severe belief trying to upset them 8. No answer 9. Not asked</p>	<p>Q137 R is convinced others are trying to cause him/her distress, illness, or to use him/her for their own ends.</p>
<p>138 RATE SUBJECT'S BELIEF SOMEONE TRYING TO KILL THEM OR COMMIT SERIOUS PHYSICAL HARM.</p> <p>0. No 1. Mild belief trying to kill them 2. Severe belief trying to kill them 8. No answer 9. Not asked</p>	
<p>Q139 Do they resort to any tricks?</p> <p>0. No 1. Yes 8. No answer 9. Not asked</p>	
<p>Q140 Do you feel able to tell me who it is?</p> <p>0. Will not disclose 1. Official body/person or organisation 2. Private person known or unknown 8. No answer 9. Not asked</p>	
<p>141 RATE GIVEN THE CONTEXT THE INTERVIEWEE'S BELIEFS ARE</p> <p>0. Likely to be true 1. Unlikely to be true but possible 2. Absurd or almost certainly not true</p>	<p>141 You may not have the facts of the case in order to make a clear judgement on whether R's beliefs are true or false. However, many beliefs are of such a kind or expressed in such a way as to make their being true very unlikely or even impossible</p>
<p>142 OBSERVATION S LOOKS OR SOUNDS UNDULY SUSPICIOUS.</p> <p>0. No 1. Mild 2. Severe 8. No answer 9. Inapplicable</p>	<p>142 Even if R has not expressed ideas of persecution they may look suspiciously at you or at the doors or windows. Rate only if this is a feature of R's behaviour at any time in the interview.</p>

<p><u>GUILT</u></p> <p>Q143 Do you tend to blame yourself or feel guilty about anything? What?</p> <p>0. No  1. Mild regrets - may/may not be justifiable  2. Severe regrets - may/may not be justifiable  8. No answer  9. Not asked</p> <p>IF RATED 1 OR 2 ASK Q144, OTHERWISE SKIP TO Q147</p>	<p>Q143 Rate Regrets which may or may not be justified</p>
<p>Q144 Is it reasonable? Do you mean you actually feel worthless? RATE OBVIOUS EXCESSIVE GUILT OR SELF BLAME OVER PAST &amp; PRESENT TRIFLES.</p> <p>0. No  1. Mild  2. Severe  8. No answer  9. Not asked</p>	<p>Q144 Rate here a persistent feeling of guilt or unworthiness which is out of proportion to the circumstances and which has been present for most days recently for at least two weeks.</p>
<p>Q145 How long have you felt like this? RATE FEELINGS WORTHLESS OR SEVERE GUILT MOST DAYS FOR AT LEAST 2 WEEKS</p> <p>0. Not most days  1. Mild  2. Severe  8. No answer  9. Not asked</p>	
<p>146 RATE WORTHLESSNESS OR GUILT OF EXCESSIVE OR DELUSIONAL INTENSITY MOST DAYS.</p> <p>0. Not most days  1. Mild  2. Severe  8. No answer  9. Not asked</p>	<p>146 Here the worthlessness and guilt have reached delusional proportions i.e. they are strongly held, or unshakeable and not consistent with R's educational or cultural background and have been present for most days for at least two weeks in the last month.</p>
<p><u>IRRITABILITY</u></p> <p>Q147 Have you been more irritable (angry) lately?</p> <p>0. No  1. Infrequently  2. Frequently/Persistently  8. No answer  9. Not asked</p> <p>IF RATED 1 OR 2 ASK Q148, OTHERWISE SKIP TO Q149.</p>	
<p>Q148 For how long in the last month? RATE MOST DAYS FOR AT LEAST 2 WEEKS.</p> <p>0. Not most days  1. Mild  2. Severe  8. No answer  9. Not asked</p>	



<p>Q149 Do you get angry with yourself?</p> <p>0. No 1. Infrequently 2. Frequently/Persistently 8. No answer 9. Not asked</p>	<p>Q149 Some elderly persons will describe becoming angry with themselves due to their disability.</p>
<p><u>INTEREST</u></p> <p>Q150 How is your interest in things? ( Do you keep up your interests?)</p> <p>0. No change 1. Less interest-infrequent 2. Less interest-persistent 8. No answer 9. Not asked</p>	<p>The interests that people have vary considerably from one person to another both in type and quantity. Some allowances for this must be taken into consideration when ratings are made.</p> <p>Q150 Rate as present here a definite <u>loss of interest</u> from previous usual behaviour.</p>
<p>Q151 What have you enjoyed doing recently? (Has there been any change?) Did you use to enjoy doing things?)</p> <p>0. Some enjoyment/no change 1. Almost nothing enjoyed-infrequent 2. Almost nothing enjoyed-persistent 8. No answer 9. Not asked</p> <p>IF Q150 &amp; Q151 RATED 1 OR 2 ASK Q152 OTHERWISE SKIP TO Q155</p>	<p>Q151 Rate as present a feeling of profound loss of any enjoyment in life of recent onset.</p>
<p>Q152 When did you notice this loss of interest/enjoyment? When did it start?</p> <p>0. Started in the last 3 months 1. Gradual over several years 8. No answer 9. Not asked</p>	<p>Q152 Rate <u>all types</u> of loss of interest and/or enjoyment here.</p>
<p>Q153 Has it been present recently? For how long? Is it there most days? RATE MOST DAYS IN THE LAST 2 WEEKS.</p> <p>0. Not most days 1. Mild 2. Severe 8. No answer 9. Not asked</p>	
<p>Q154 Is it that you're too depressed or nervous?</p> <p>0. No 1. Yes 8. No answer 9. Not asked</p>	
<p><u>CONCENTRATION</u></p> <p>Q155 How is your concentration? Can you concentrate on a television (radio, film) programme? (Can you watch it (listen to it) all the way through?).</p> <p>0. No difficulty concentrating 1. Mild difficulty concentrating 2. Severe difficulty concentrating 8. No answer 9. Not asked</p>	<p>Concentration may be lost for a number of reasons. However, if there is already evidence of delusions concerning thought (such as thought insertion, broadcasting, delusions of reference to television or radio or the content of reading matter) then a rating of 9 should be recorded for the relevant items.</p> <p>Q155 Do not rate changes in concentration which R attributes to old age. However, R might be wrong and if you believe the symptom has occurred only recently it should be rated.</p>

<p>Q156 Do you read? Can you concentrate on something you read? (Can you read it right through?).</p> <p>0. No difficulty concentrating  1. Mild difficulty concentrating  2. Severe difficulty concentrating  8. No answer  9. Not asked</p>	<p>Q156 Rate as for Q155. If R is unable to read because of blindness, other visual disturbances or illiteracy rate 9.</p>
<p>Q157 Do you have more difficulty in concentrating than is usual for you?</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p> <p>IF YES ASK Q158, OTHERWISE SKIP TO Q159</p>	
<p>Q158 How long has this difficulty bothered you? (How often?) RATE DIFFICULTY MOST DAYS FOR AT LEAST TWO WEEKS.</p> <p>0. Not most days  1. Mild  2. Severe  8. No answer  9. Not asked</p>	
<p>159 OBSERVATION OBVIOUS DIFFICULTY IN CONCENTRATING ON INTERVIEW.</p> <p>0. No  1. Mild  2. Severe  9. Inapplicable</p>	<p>159 This is an observational item based on behaviour shown during the interview. It is not to be based on the content of R's replies to questions.</p>
<p><u>PERCEPTUAL DISTORTION</u></p> <p>Q160 Does your imagination ever play tricks on you? RATE ABNORMAL PERCEPTUAL EXPERIENCE.</p> <p>0. No  1. Infrequently  2. Frequent/Persistent  8. No answer  9. Not asked</p>	<p>In this section only experiences which are clearly abnormal (i.e. not part of the normal experience of most people) are to be rated. They will nearly always indicate the presence of an illness.</p> <p>Q160 Include illusions where an actual object is perceived but misinterpreted. You should try to obtain a description of the experience before making a positive rating. Transient perceptual abnormalities commonly associated with recent bereavement, e.g. seeing or hearing the voice of loved ones, should be noted.</p>
<p>Q161 Is something odd (strange) going on which you cannot explain?</p> <p>0. No  1. Mildly puzzled  2. Severely puzzled  8. No answer  9. Not asked</p> <p>IF Q160 AND Q161 ARE BOTH RATED 0, 8, OR 9, SKIP TO Q175</p>	<p>Q161 Here R is puzzled because s/he has the strong impression that strange things are happening around them, usually hostile but not necessarily, which they are unable to pinpoint or explain. Rate 2 if R is convinced without adequate evidence.</p>

<p>Q162 Do you get strange sensations in your body?</p> <p>0. No  1. Mild  2. Severe  8. No answer  9. Not asked</p>	<p>Q162 Rate for true hallucinations. Vibrations felt throughout the body (sometimes given a sexual connotation) is a more frequent hallucination.</p>
<p>Q163 Do you smell strange odours (smells) that others do not notice?</p> <p>0. No  1. Infrequently  2. Frequent/Persistent  8. No answer  9. Not asked</p>	
<p>Q164 Do you notice an unusual taste in your food or drink? (What is it like?) (What is it due to?)</p> <p>0. No  1. Infrequent unpleasant taste  2. Persistent unpleasant taste  3. Mild gustatory hallucinations  4. Severe gustatory hallucinations  8. No answer  9. Not asked</p>	
<p>Q165 Occasionally people have strange experiences, for example, Do you hear things that other people cannot hear? IF YES: (What do you hear?) (What about voices?) (When there is no-one about?) (What do they say?)</p> <p>0. No voices  1. Infrequently hears voices  2. Persistently hears voices  8. No answer  9. Not asked</p>	<p>Q165 True auditory hallucinations tend to be heard by R through their ears and come from parts outside the body i.e. from the next room or from objects. They sound real to R and are often mistaken for normal voices. R may look round to see where they are coming from and may stuff up their ears to try to prevent hearing them. They usually have no control over them and the words are often heard clearly.</p>
<p>Q166 Do you have visions or see things that are invisible to other people?</p> <p>0. No visions  1. Infrequent visions  2. Persistent visions  8. No answer  9. Not asked</p> <p>IF RATED 1 OR 2 ASK Q167, OTHERWISE SKIP TO Q169</p>	<p>Q166 True visual hallucinations are also real to the subject. S/he has no control over them. They appear vivid and coloured and can often be described in detail. Visions which occur as the result of a powerful imagination are often described as being in 'the mind's eye'. They are often unclear, shadowy and ill-formed. These are not rated here.</p>
<p>Q167 Was it when you were wide awake?</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p>	<p>Q167 Rate as present visual hallucinations which were seen when the subject was wide awake i.e. not while in bed either waking up or going to sleep.</p>
<p>Q168 Did you think it was real?</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p>	<p>Q168 Rate 1 if R has no doubt.</p>

<p>Q169 Do you ever feel that special messages are being sent to you on the TV or radio or that your mind or body are being controlled in other ways?</p> <p>0. No 1. Yes 8. No answer 9. Not asked</p> <p>IF YES ASK Q170, OTHERWISE SKIP TO I170a</p>	
<p>Q170 How long has that been happening?</p> <p>mmm Duration in months 888 No answer 999 Not asked</p>	
<p>I170a RATE: HAS THE RESPONDENT REPORTED ANY DELUSIONS OR HALLUCINATIONS?</p> <p>0. No 1. Yes 9. Inapplicable</p>	<p>Automatically done by the computer</p>
<p><u>AFFECTIVE RESPONSE TO DELUSIONS OR HALLUCINATIONS</u></p> <p>Q171 What do you feel about these experiences? (Do you get angry, or sad, or frightened?) (How do you show it?) (Do you even enjoy it?)</p> <p>0. No affective response 1. Mild marked affective response 2. Severe marked affective response 8. No answer 9. Not asked</p>	<p>Q171 A marked affective response is one of depression, elation, irritability, anger or anxiety or any emotion in which R is moved by the experience. Rate 1 if R merely tells of the emotion. Rate 2 if s/he tells and exhibits emotional behaviours on observation.</p>
<p>Q172 Do you deserve it? Is it your fault?</p> <p>0. No 1. Mildly indignant, undeserved 2. Severely indignant, undeserved 3. Mild feeling, deserved punishment 4. Severe feeling, deserved punishment 8. No answer 9. Not asked</p>	<p>Q172 Rate 1 if R feels that on the whole the experiences are not deserved. Rate 2 if s/he is quite certain that they are not deserved. Rate 3 if R believes they are on the whole deserved, and rate 4 if quite certain they are deserved.</p>
<p>I172a RATE: IS THE RESPONDENT DEPRESSED?</p> <p>0. No 1. Yes 8. Not asked 9. Inapplicable</p> <p>IF YES RATE 174 OTHERWISE SKIP TO Q175</p>	<p>Automatically done by the computer</p>
<p>174 HAVE THERE BEEN DELUSIONS OR HALLUCINATIONS FOR AS LONG AS 2 WEEKS IN THE ABSENCE OF PROMINENT MOOD SYMPTOMS (i.e. EITHER BEFORE THE MOOD SYMPTOMS DEVELOPED OR AFTER THEY REMITTED).</p> <p>0. Hallucinations with mood symptoms 1. Hallucinations without mood symptoms 8. No answer 9. Inapplicable</p>	<p>174 If the delusions and hallucinations arise from the mood, then they are usually present with the mood. Rate 1 if the delusions or hallucinations have been present for two weeks WITHOUT THE MOOD ALSO BEING PRESENT. This would tend to indicate that the delusions or hallucinations were independent of the mood</p>

<p><u>MEDICATION</u></p> <p>Q175 Are you currently taking any medicines, tablets or injections of any kind, either that you buy yourself or that are prescribed by your doctor?</p> <p>0. No 1. Yes (specify) 8. No answer 9. Not asked</p>	<p>Q175 If yes enter drug dose frequency for up to 8 medications.</p>
<p><u>ALCOHOL INTAKE</u></p> <p>Q177 May I ask you about your drinking habits - for alcohol? Do you have a drink more or less every day?</p> <p>0. No 1. Yes 8. No answer 9. Not asked</p>	<p>Q177 Rate 1 if alcohol is drunk on at least five days a week.</p>
<p>Q178 Do you sometimes go without for a while and then drink for several days at a time?</p> <p>0. No 1. Yes 8. No answer 9. Not asked</p>	<p>Q178 Rate here for 'bout drinkers'.</p>
<p>Q179 Is alcohol in any way a problem for you?</p> <p>0. No problem 1. Mild problem 2. Severe problem 8. No answer 9. Not asked</p> <p>IF ANY OF ABOVE 3 QUESTIONS ARE RATED POSITIVE ASK Q180, OTHERWISE SKIP TO 185.</p>	
<p>Q180 How much do you drink when you are by yourself?</p> <p>0. Less than 3 successive drinks 1. 3+ successive drinks-infrequently 2. 3+ successive drinks-frequently 8. No answer 9. Not asked</p>	
<p>Q181 How many times a day do you usually have a drink?</p> <p>0. Less than 4 1. 4+ throughout day - infrequent 2. 4+ throughout day - frequently 8. No answer 9. Not asked</p>	

<p>Q182 How long do you spend drinking for any one time in a day?</p> <p>0. Not more than 3 hours  1. 3+ hrs sustained/day-infrequently  2. 3+ hrs sustained/day-frequently  8. No answer  9. Not asked</p> <p>IF EITHER OF THE ABOVE TWO QUESTIONS RATED 1 OR 2 ASK Q183, OTHERWISE SKIP TO 185.</p>	
<p>Q183 Have you in the last 3 months suffered falls or unsteadiness, forgotten what happened for part of the day, had shaking of the hands, vomiting or anything else which has occurred because of drinking too much or not being able to get a drink?</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p>	
<p>Q184 Do you need a drink in the morning before you start the day?</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p>	
<p>185 OBSERVATION INTERVIEWEE HAS A DRINKING PROBLEM.</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p>	
<p><b>The next part of the interview is concerned with memory and concentration and you might need your reading glasses for some of the questions.</b></p> <p><b>You'll find you will have been asked some of these questions before - this is because we are interested in change.</b></p> <p><b>Some of the questions I am going to ask will seem rather easy. Having said that, no-one is expected to be able to manage them all, so please don't worry if you have made a mistake</b></p>	<p>This section forms part of the cognitive examination. Some of the items (those marked with a star) are part of the Mini Mental State Examination. If you seem to be losing the subject's co-operation ask these items as a priority.</p> <p>It is important that you speak slowly and clearly. If the subject appears not to have heard or understood, repeat the question (unless the item specifically prohibits repetition). Any item that is not attempted or refused mark as incorrect.</p> <p><b>DO NOT CORRECT IF A WRONG ANSWER IS GIVEN.</b></p>
<p><b>First:</b>  *Q186 What is the season?</p> <p>0. Incorrect  1. Correct  9. Not asked</p>	<p>Q186 Allow flexibility when season changes, e.g.  March = winter/spring  June = spring/summer  September = summer/autumn  Late Nov/Dec = autumn/winter</p>

<p>Can you tell me where we are now? For instance: *Q187 What county are we in?</p> <p>0. No 1. Yes 9. Not asked</p>	
<p>*Q188 Name two main streets nearby (or near to your home).</p> <p>0. Incorrect 1. Correct 9. Not asked</p>	<p>Q188 Not including their own street.</p>
<p>*Q189 What floor of this building are we on?</p> <p>0. Incorrect 1. Correct 9. Not asked</p>	
<p><u>LANGUAGE</u></p> <p><b>Now I'm going to ask you to do some things so please listen carefully.</b></p> <p>DO NOT PROMPT. REPEAT THE ENTIRE INSTRUCTION IF NECESSARY.</p> <p>Q190 Before looking at the ceiling please look at the floor.</p> <p>0. Incorrect 1. Correct 9. Not asked</p>	<p>Q190-Q193 Should the respondent not complete the full sequence then the whole instruction may be repeated, without change in tone or tempo, to ensure that it has been heard and understood. Prompting and coaching stage by stage are not allowed. If respondent is physically incapable code 9 and note why in the vignette.</p>
<p>Q191 Tap each shoulder twice with two fingers keeping your eyes shut.</p> <p>0. Incorrect 1. Correct 9. Not asked</p>	
<p>Q192 Touch your right ear with your left hand.</p> <p>0. Incorrect 1. Correct 9. Not asked</p> <p>IF Q190 AND Q191 AND Q192 CORRECT SKIP TO Q194 OTHERWISE ASK Q193.</p>	
<p>Q193 Please nod your head.</p> <p>0. Incorrect 1. Correct 9. Not asked</p>	

<p><b>I am going to ask you some questions and would like you to answer yes or no.</b></p> <p>Q194 Are villages larger than towns?</p> <p>0. Incorrect 1. Correct (no) 9. Not asked</p>	
<p>Q195 Was there wireless/radio in this country before television was invented?</p> <p>0. Incorrect 1. Correct (yes) 9. Not asked</p> <p>IF BOTH Q194 AND Q195 CORRECT SKIP TO Q197, OTHERWISE ASK Q196.</p>	
<p>Q196 Is this place a hotel?</p> <p>0. Incorrect 1. Correct (no) 9. Not asked</p>	
<p>SHOW PENCIL *Q197 What is this called?</p> <p>0. Incorrect 1. Correct 9. Not asked</p>	<p>Q197-Q204 For these questions accurate naming is required. Descriptions of function or approximate answers are not acceptable. For example: used for telling the time, for wristwatch, would be incorrect. Present the objects to the subject and allow them to be held. Put the objects out of sight before proceeding. In the case of approximate answers, you should say 'Can you think of another word for it?'</p>
<p>SHOW WRISTWATCH *Q198 What is this called?</p> <p>0. Incorrect 1. Correct 9. Not asked</p>	
<p><b>I am going to show you some pictures of objects. Please tell me the name of each one.</b></p> <p>Q199 SHOW PICTURE OF SHOE</p> <p>0. Incorrect 1. Shoe, sandal 9. Not asked</p> <p>Q200 SHOW PICTURE OF TYPEWRITER</p> <p>0. Incorrect 1. Typewriter 9. Not asked</p>	



<p>Q201 SHOW PICTURE OF SCALES</p> <p>0. Incorrect 1. Scales 9. Not asked</p> <p>Q202 SHOW PICTURE OF SUITCASE</p> <p>0. Incorrect 1. Suitcase, portmanteau, case 9. Not asked</p> <p>Q203 SHOW PICTURE OF BAROMETER</p> <p>0. Incorrect 1. Barometer 9. Not asked</p> <p>Q204 SHOW PICTURE OF TABLE LAMP</p> <p>0. Incorrect 1. Table lamp, lamp 9. Not asked</p>	
<p>Q205 Now I'd like you to tell me as many different words beginning with the letter S as you can think of in one minute</p> <p>Nn Record number 99. not asked.</p>	<p>Q205 Record words on a separate sheet. Do not count repetitions and do not allow proper nouns. If respondent gets stuck, encourage him / her with 'Can you think of any more?'</p>
<p>Q206 Name as many different animals as you can think of. You will have one minute to do this.</p> <p>nn Record number 99 Not asked</p>	<p>Q206 Record names of animals on a separate sheet. Only if respondent asks for clarification, explain that animals include birds, insects, humans etc. If respondent gets stuck, encourage him/her with 'Can you think of any more?'</p>
<p>Q207 What is a bridge?</p> <p>0. Incorrect 1. Cross the bridge 2. Goes across a river etc 9. Not asked</p>	<p>Q207-Q210 In these questions a concrete definition scores 1 and an abstract definition scores 2. Examples are given beside each score.</p>
<p>Q208 What is an opinion?</p> <p>0. Incorrect 1. A good opinion of someone 2. A person's idea about something 9. Not asked</p> <p>IF BOTH Q207 AND Q208 SCORE 2 SKIP TO Q211.</p>	
<p>Q209 Where do people usually go to buy medicine?</p> <p>0. Incorrect, shop 1. Chemist, pharmacy, surgery 9. Not asked</p>	

<p>Q210 What do you do with a hammer?</p> <p>0. Incorrect 1. Any correct use 9. Not asked</p>	<p>Q210 Answer does not have to be specific. If you can't code the answer seek clarification; say 'Can you tell me more about that?'</p>
<p><b>I am now going to say something and I would like you to repeat it after me.</b></p> <p>Q211 No ifs, ands or buts</p> <p>0. Incorrect 1. Correct 9. Not asked</p>	<p>Only one presentation is allowed so it is essential that you read the phrase clearly and slowly, enunciating all the S's.</p>
<p><u>MEMORY</u></p> <p>Q212 Can you tell me what were the objects in the coloured pictures I showed you a little while ago?</p> <p>A. Shoe, sandal 0. Incorrect 1. Correct 9. Not asked</p> <p>B. Typewriter 0. Incorrect 1. Correct 9. Not asked</p>	<p>Q212 This is a test of memory so either a description or accurate names are acceptable. If the respondent incorrectly named an object in the earlier questions (Q199-Q204) and uses the same name again, count as correct.</p>
<p>C. Scales 0. Incorrect 1. Correct 9. Not asked</p> <p>D. Suitcase, portmanteau, case 0. Incorrect 1. Correct 9. Not asked</p> <p>E. Barometer 0. Incorrect 1. Correct 9. Not asked</p> <p>F. Table lamp, lamp 0. Incorrect 1. Correct 9. Not asked</p>	

<p>Q213 SHOW PICTURES FOR RECOGNITION IN HANDBOOK. Which of these did I show you before?</p> <p>A. Shoe, sandal 0. Incorrect 1. Correct 9. Not asked</p> <p>B. Typewriter 0. Incorrect 1. Correct 9. Not asked</p> <p>C. Scales 0. Incorrect 1. Correct 9. Not asked</p> <p>D. Suitcase, portmanteau, case 0. Incorrect 1. Correct 9. Not asked</p> <p>E. Barometer 0. Incorrect 1. Correct 9. Not asked</p> <p>F. Table lamp, lamp 0. Incorrect 1. Correct 9. Not asked</p>	
<p><b>Now I'm going to ask you some questions about the past.</b></p> <p>Q214 Can you tell me when the First World War began?</p> <p>0. Incorrect 1. 1914 within 1 year 9. Not asked</p>	
<p>Q215 Can you tell me when the Second World War began?</p> <p>0. Incorrect 1. 1939 within 1 year 9. Not asked</p>	
<p>Q216 Who was the leader of the Germans in the Second World War?</p> <p>0. Incorrect 1. Hitler 9. Not asked</p>	

<p>Q217 Who was the leader of the Russians in the Second World War?</p> <p>0. Incorrect 1. Stalin 9. Not asked</p>	
<p>Q218 What was Mae West famous for?</p> <p>0. Incorrect 1. Entertainer, film star 9. Not asked</p>	<p>Q218 Any appropriate verbal or non-verbal answer which indicates memory is correct.</p>
<p>Q219 Who was the famous flyer whose son was kidnapped?</p> <p>0. Incorrect 1. Lindbergh 9. Not asked</p>	<p>Q219 Close approximations to the name are acceptable.</p>
<p>Q220 What is the name of the present King or Queen?</p> <p>0. Incorrect 1. Correct 9. Not asked</p>	
<p>Q221 Who will follow her (him)?</p> <p>0. Incorrect 1. Correct 9. Not asked</p>	
<p>Q222 What has been in the news in the past week or two?</p> <p>0. Incorrect 1. Correct 9. Not asked</p>	<p>Q222 If a general answer is given, e.g. 'war', ask for details.</p>
<p><b>I am going to say three words. After I have finished saying all three, I want you to repeat them. Remember what they are because I am going to ask you to say them again in a few minutes.</b></p> <p>*Q223 NAME THE FOLLOWING 3 OBJECTS TAKING 1 SECOND TO SAY EACH: Tree, clock, boat.</p> <p>A. Tree 0. Not named on first try 1. Names on first try 9. Not asked</p> <p>B. Clock 0. Not named on first try 1. Named on first try 9. Not asked</p>	<p>Q223 If any errors or omissions are made on the first attempt, repeat all the names until the respondent learns all three (maximum of five repeats). Record number of repeats (record 0 if all correct on first attempt).</p>

<p>C. Boat  0. Not named on first try  1. Named on first try  9. Not asked</p>	
<p>*224 RATE NUMBER OF REPEATS REQUIRED TO GET ALL THREE CORRECT (MAXIMUM OF 5).</p> <p>0. All correct first try  1. 1 repeat  2. 2 repeats  3. 3 repeats  4. 4 repeats  5. 5 repeats  6. Did not get all 3 correct  9. Not asked</p>	
<p><u>ATTENTION / CONCENTRATION</u></p> <p>Q225 Now I would like you to count backwards from 20.</p> <p>0. Two or more errors  1. One error  2. Correct  9. Not asked</p> <p>*Q226 Now I would like you to take 7 away from 100. Now take 7 away from the number you got. Now keep subtracting 7 until I tell you to stop.</p> <p>nn, nn, nn, nn, nn  888 No answer  999 Not asked</p>	<p>Q225 If respondent makes a mistake and spontaneously corrects it, count as correct.</p> <p>Q226 Give encouragement. With penultimate subtraction say 'just one more'. If S comes to a halt in the series and gives no answer then code 888 followed by 999. I carrying out interview on laptop you may find it helps to write the answers on the interview front sheet, and to enter them afterwards.</p>
<p><u>MEMORY:RECALL</u></p> <p>*Q227 What were the three words I asked you to repeat a little while ago?</p> <p>A. Tree  0. Not recalled  1. Recalled  9. Not asked</p> <p>B. Clock  0. Not recalled  1. Recalled  9. Not asked</p> <p>C. Boat  0. Not recalled  1. Recalled  9. Not asked</p>	<p>Q227 This is a memory item. If an incorrect word was consistently repeated, e.g. dock instead of clock, and is recalled here, count as correct.</p>

<p><u>LANGUAGE:READING COMPREHENSION</u></p> <p>*Q228 Read this page and then do what it says. SHOW READING COMPREHENSION IN BOOKLET - CLOSE YOUR EYES.</p> <p>0. Incorrect 1. Correct 9. Not asked</p>	<p>Q228-Q229 It is not necessary for the respondent to read aloud. If respondent reads instruction but fails to carry out action, say 'Now do what it says'. Code 1 only if action is carried out correctly.</p>
<p>Q229 Now this page. SHOW READING COMPREHENSION - IF YOU ARE OLDER THAN 50 PUT YOUR HANDS BEHIND YOUR HEAD</p> <p>0. Incorrect 1. Correct 9. Not asked</p>	
<p><u>PRAXIS</u></p> <p>*Q230 Please would you copy this design. OFFER DRAWING SHEET - PENTAGON.</p> <p>0. Incorrect 1. Correct 9. Not asked</p> <p>Q231 And now this design - SPIRAL.</p> <p>0. Incorrect 1. Correct 9. Not asked</p> <p>Q232 And now this - 3D HOUSE.</p> <p>0. Incorrect 1. Correct 9. Not asked</p>	<p>Q230-Q234 If asked give the benefit of the doubt to the respondent and allow a second chance at drawing.</p> <p>Q230 Each pentagon should have 5 clear sides and 5 clear corners and the overlap should form a diamond.</p> <p>Q231 Three connected loops are required in the correct orientation.</p> <p>Q232 Requires windows, door and chimney in correct position and in 3D representation with all angles. Smoke may be omitted.</p>
<p>Q233 Draw a large clock face and put all the numbers in.</p> <p>A. Clock face 0. Incorrect 1. Correct (circle or square) 9. Not asked</p> <p>B. All numbers 0. Incorrect 1. Correct 9. Not asked</p>	<p>Q233 'Large' is important; to enable all the numbers fit in. Square or round is acceptable. If the only numbers marked are for each quarter of an hour, prompt for all numbers.</p> <p>Numbers may be in Roman (I, II, III...) or Arabic (1, 2, 3....) style</p>

<p>Q234 Now set the hands to ten past eleven.</p> <p>0. Incorrect 1. Correct 9. Not asked</p>	<p>234 If the numbers are correctly placed, then rate for hands in correct position. If the numbers are incorrectly placed then rate for hands pointing to the 2 and the 11.</p>
<p>*Q235 Write a complete sentence on this sheet of paper.</p> <p>0. Incorrect 1. Correct 9. Not asked</p> <p>*I235a RATE: IS THE SUBJECT RIGHT OR LEFT-HANDED?</p> <p>1. Right-handed 2. Left-handed 7. Unable to judge</p>	<p>Q235 Indicate bottom of drawing sheet. Ask the respondent what s/he has written and transcribe it underneath if it is illegible. Spelling and grammar are not important. The sentence must have a subject (real or implied) and a verb. 'Help' or 'Go away' are acceptable. Do not take dictation.</p>
<p>*Q236 READ THE FULL STATEMENT, STRESSING THE WORDS IN CAPITALS AND THEN HAND OVER THE PIECE OF PAPER.</p> <p>*Q236 I am going to give you a piece of paper. When I do, take the paper in your <b>RIGHT</b> hand. Fold the paper in half with <b>BOTH</b> hands, and put the paper down on your <b>LAP</b>.</p> <p>A. Right hand 0. Incorrect 1. Correct 9. Not asked</p> <p>B. Folds 0. Incorrect 1. Correct 9. Not asked</p> <p>C. On lap 0. Incorrect 1. Correct 9. Not asked</p> <p>DON'T TAKE THE PAPER BACK. HAND AN ENVELOPE TO THE RESPONDENT.</p> <p>Q237 Now put the paper in the envelope and seal the envelope.</p> <p>0. Incorrect 1. Correct 9. Not asked</p>	<p>Q236 Read the statement and then hand to the respondent a sheet of paper. Make a point of handing to the respondent's midline. Do not repeat instructions or coach. Score a move as correct only if it takes place in the correct sequence. Stress the words in emboldened type</p>

<p>Q238 Write this name and address on the envelope: James Todd, 58 Bridge Street, Southport. SAY Please try to remember this name and address as I shall be asking you about them later on.</p> <p>RATE Legible address</p> <p>0. Incorrect 1. Poor but acceptable 2. Correct 9. Not asked</p>	<p>Q238 This question concerns writing to dictation and not memory so you can present the name and address word by word if necessary. Spelling and neatness are not important. Criterion is whether letter is likely to reach exact destination: e.g. Jaimes Tod is acceptable, 85 is incorrect. If respondent is unable to write or visually impaired say the address slowly, twice, and ask him/her to remember it..</p>
<p>ITEM 239 HERE THE SUBJECT MAY MISTAKENLY REMEMBER AN EARLIER REQUEST IN THE SCREENING INTERVIEW TO WRITE THEIR INITIALS ON THE BACK OF THE ENVELOPE.</p> <p>0. No action 1. Writes initials on flap 2. Writes name on flap 3. Asks whether to write something on flap</p> <p>NOW TAKE THE ENVELOPE BACK</p>	<p>ITEM 239 Here the subject may mistakenly remember an instruction from the earlier screening interview to write their initials on the back of the envelope. Any attempt to do this or other similar action is a mistake and should be coded. If no attempt is made to do anything with the back of the envelope code 0.</p>
<p><b>Now I would like you to carry out a simple action.</b></p> <p>Q240 Show me how you would cut with scissors.</p> <p>0. Incorrect 1. Response is concrete 2. Correct mime 9. Not asked</p> <p>IF SCORES 2 SKIP TO Q243a</p>	<p>Q240-Q241 Here a correct mime is needed. If the respondent uses fingers to represent scissors or brush, say e.g. 'Pretend you are holding scissors (or brush)' Rate for best effort.</p>
<p>Q241 Show me how you would brush your teeth with a toothbrush.</p> <p>0. Incorrect 1. Response is concrete 2. Correct mime 9. Not asked</p> <p>IF SCORES 2 SKIP TO Q244</p>	<p>Q241 Rate for best effort. Score 1 if respondent makes a brushing movement but not as though holding a toothbrush.</p>
<p>Q242 Can you show me how you would wave goodbye?</p> <p>0. Incorrect 1. Correct 9. Not asked</p>	



<p><u>CALCULATION</u></p> <p>Q243a I am now going to place a coin into your hand and I want you to tell me what it is without looking at it. PALM DOWN; PLACE IN RESPONDENT'S HAND, ONE AT A TIME.</p> <p>A. 1p  0. Incorrect  1. Correct  9. Not asked</p> <p>B. 10p  0. Incorrect.  1. Correct  9. Not asked</p> <p>TAKE THE COINS BACK</p>	
<p>Q243c HAND TWO COINS AS IF THEY ARE DIFFERENT ONES</p> <p>How much money does this make?</p> <p>0. Incorrect  1. Correct (11p)  9. Not asked</p>	<p>Respondent may look at coins to see if s/he was correct.</p> <p>Mental calculation is rated here - no pen &amp; paper</p>
<p>Q244 If someone gave you this amount (11p) as change from £1, how much did you spend?</p> <p>0. Incorrect  1. Correct (89p)  9. Not asked</p>	<p>Q244 Mental calculation is required. Paper and pencil are not allowed.</p>
<p><u>MEMORY:RECALL</u></p> <p>Q245 What was the name and address you wrote on the envelope a short time ago?</p> <p>A. James  0. Not recalled  1. Recalled  9. Not asked</p> <p>B. Todd  0. Not recalled  1. Recalled  9. Not asked</p>	

<p>C. 58  0. Not recalled  1. Recalled  9. Not asked</p> <p>D. Bridge Street  0. Not recalled  1. Recalled  9. Not asked</p> <p>E. Southport  0. Not recalled  1. Recalled  9. Not asked</p>	
<p><u>ABSTRACT THINKING</u></p> <p><b>I am going to name two things and I'd like you to tell me in what way they are alike. For example, a dog and a monkey are alike because they are both animals.</b></p> <p>Q246 In what way are an apple and a banana alike?</p> <p>0. Round, have calories  1. Food, grow, have peel  2. Fruit  9. Not asked</p>	
<p>IF SCORE IS LESS THAN 2 SAY They are also alike because they are both fruit.</p>	
<p>Q247 In what way are a shirt and a dress alike?</p> <p>0. Have buttons  1. To wear, made of cloth, keep you warm  2. Clothing, garments  9. Not asked</p>	
<p>Q248 In what way are a table and a chair alike?</p> <p>0. Wooden, have 4 legs  1. Household objects, used for meals  2. Furniture  9. Not asked</p>	
<p>Q249 In what way are a plant and an animal alike?</p> <p>0. Useful to man, carry germs  1. Grow, need food, natural  2. Living things  9. Not asked</p>	

<p><u>PERCEPTION VISUAL</u></p> <p>Q250 SHOW RECOGNITION OF FAMOUS PEOPLE IN BOOKLET Who is this?</p> <p>A. Queen 0. Incorrect 1. Correct 9. Not asked</p> <p>B. Pope 0. Incorrect 1. Pope, Archbishop, Bishop 9. Not asked</p>	<p>Q250 Score as correct if picture is recognised. Correct name is not required.</p>
<p>Q251 SHOW RECOGNITION OF OBJECTS IN BOOKLET These are pictures of objects taken from unusual angles. Can you tell me what they are?</p> <p>A. Spectacles 0. Incorrect 1. Correct 9. Not asked</p> <p>B. Shoe 0. Incorrect 1. Correct 9. Not asked</p> <p>C. Purse, suitcase, briefcase 0. Incorrect 1. Correct 9. Not asked</p> <p>D. Cup and saucer 0. Incorrect 1. Correct 9. Not asked</p> <p>E. Telephone 0. Incorrect 1. Correct 9. Not asked</p> <p>F. Pipe 0. Incorrect 1. Correct 9. Not asked</p>	<p>Q251 Criterion is whether the object is recognised, not that it is named correctly, therefore descriptions of function are acceptable.</p>

<p><b>In this part of the interview, I would like you to do some activities which resemble the kinds of memory and concentration tasks which people do in their everyday lives.</b></p>	
<p>Q252 First I am going to read you a short news story of just a few lines. Please listen carefully and try to remember it just the way I say it, as close to the same words as you can. When I have finished I would like you to tell me everything you can remember even if you are not sure. Are you ready?</p>	
<p>READ FROM THE SCREEN AVOIDING EYE CONTACT IN A CLEAR MATTER OF FACT WAY AT A MEDIUM PACE.</p>	
<p>Anna Thompson of South London, employed as a cook in a school canteen, reported at the Police Station that she had been held up on the High Street the night before, and robbed of twenty-six pounds. She had four small children, the rent was due and they had not eaten for two days. The officers, touched by the woman's story, took up a collection for her.</p> <p>PAUSE FOR A FEW SECONDS</p> <p>Now tell me as much about the story as you can remember.</p> <p>0. Nothing recalled  1. Something recalled  2. No attempt made  9. Not asked</p>	
<p>Q253 The next task is a measure of how rapidly you can do something. I want to see how quickly you can work through this list crossing out all the Ps and Ws.</p> <p>Start at the top left hand corner where the arrow is and work along the line. Then go to the beginning of the next line and work across the line again as if you were reading a page.</p> <p>Carry on this way crossing out all the Ps and Ws with one mark of the pencil like this.</p> <p>Please work as quickly and as accurately as you can. I will</p>	<p>Demonstrate by pointing whilst giving instructions.</p> <p>Demonstrate by making a mark in the blank section at the top of the page</p>

<p>tell you when to stop. HAND RESPONDENT A PENCIL AND SAY You may begin now.</p> <p>WHEN 1 MINUTE HAS ELAPSED MARK THE PAGE WHERE THE RESPONDENT FINISHED</p> <p>.</p>	
<p>0. Task completed</p> <p>1. Task not completed (specify)</p> <p>2. Not attempted</p> <p>9. Not asked</p>	
<p>Q254 Do you remember the short news story I read to you a few minutes ago? Now I would like you to tell me the story again. Tell me everything you can remember even if you are not sure. IF NOTHING REMEMBERED PROMPT WITH: The story was about a woman who was robbed.</p> <p>0. Nothing recalled</p> <p>1. Something recalled</p> <p>2. Not attempted</p> <p>9. Not asked</p>	<p>Q254 Do not give any further help after the first prompt other than general encouragement.</p>
<p><u>HEALTH/RISK FACTORS</u></p> <p><b>This last part of the interview is about your health and your day to day activities.</b></p> <p>Q255 Would you say that for someone of your age, your own health in general is:</p> <p>0. Excellent</p> <p>1. Good</p> <p>2. Fair</p> <p>3. Poor</p> <p>7. Don't know</p> <p>9. Not asked</p>	
<p>Q256 Has your health changed since we last visited you?</p> <p>0. Same</p> <p>1. Better (specify)</p> <p>2. Worse (specify)</p> <p>7. Don't know</p> <p>9. Not asked</p>	

<p><b>I'm now going to ask about some specific problems you may have had diagnosed since we last saw you</b></p> <p>Q257 Since we last saw you have you been diagnosed as suffering from angina?</p> <p>0. No 1. Yes 8. No answer 9. Not asked</p>	
<p>IF YES SKIP TO Q259</p>	
<p>Q258 Have you had any pain or discomfort in the centre of your chest when walking uphill or hurrying, that is relieved quite quickly when you rest (Since we last saw you)?</p> <p>0. No 1. Yes 2. Chair / bedfast 3. Never walks uphill/hurries 8. No answer 9. Not asked</p>	
<p>Q259 Since we last saw you have you been diagnosed as suffering from intermittent claudication?</p> <p>0. No 1. Yes 8. No answer 9. Not asked</p> <p>IF YES SKIP TO Q261</p>	
<p>Q260 Have you had pain in either calf on walking uphill or hurrying that only goes away with rest?</p> <p>0. No 1. Yes 2. Chair/Bedfast 3. Never walks uphill/hurries 8. No answer 9. Not asked</p>	
<p>Q261 Have you had a heart attack (Since we last saw you)? (IF YES: Who diagnosed this/these heart attack(s)?)</p> <p>0. No 1. No doctor 2. GP 3. Specialist 8. No answer 9. Not asked</p>	<p>Q261 Heart failure can be accompanied by shortness of breath and swelling of the ankles.</p>
<p>IF RATED 1, 2 OR 3 ASK Q262, ELSE SKIP TO Q263.</p>	

<p>Q262 How many heart attacks have you had (Since we last saw you)?</p> <p>Number of attacks  88 No answer  99 Not asked</p>	
<p>Q263 Have you been told that you have high blood pressure (Since we last saw you)?</p> <p>0. No  1. Yes, by GP  2. Yes, by specialist  8. No answer  9. Not asked</p> <p>IF RATED 1 OR 2 ASK Q264, ELSE SKIP TO Q265a.</p>	<p>Q263 If diagnosed by more than one person rate for the most specialised, e.g. if diagnosed by both a GP and a specialist, code as specialist. If seen at a hospital rate specialist.</p>
<p>Q264 Were you given medicine for high blood pressure?</p> <p>0. No  1. Yes, by GP  2. Yes, by specialist  8. No answer  9. Not asked</p> <p>IF YES ASK Q265, ELSE Q265a.</p>	
<p>Q265 How long did you take/have you been taking this medicine?</p> <p>Length of time mm  77 Don't know  88 No answer  99 Not asked</p>	
<p>Q265a Have you ever been told by a doctor that you have LOW blood pressure? (IF NO: Do you sometimes feel dizzy when you stand up?)</p> <p>0. No to both  1. Yes, told by a doctor/nurse  2. Yes, feels dizzy  8. No answer  9. Not asked</p>	

<p>Q266 Have you had a stroke that required medical attention (Since we last saw you)? (IF YES: Who diagnosed the/se stroke/s?)</p> <p>0. No  1. No doctor  2. GP  3. Specialist  8. No answer  9. Not asked</p> <p>IF YES ASK Q267, ELSE Q268.</p>	<p>Q266 Record only episodes that lasted for 24 hours or longer with partial paralysis in left or right arm and/or leg, blindness in eye/s, or speech disturbance. Ensure that respondent doesn't mean a heart attack. Rate no if the respondent does not know or cannot remember. If diagnoses by more than one person rate for the most specialised e.g. if diagnosed by both a GP and a specialist code for specialist. Rate specialist if ever attended hospital.</p>
<p>Q267 How many have you had (Since we last saw you)?</p> <p>Number of strokes nn  77 Don't know  88 No answer  99 Not asked</p>	
<p>Q268 Have you experienced sudden problems with your speech, memory or vision WHICH GOT BETTER AFTER A DAY (Since we last saw you)?</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p>	<p>Q268 Include unclear speech, not being able to pronounce words that are definitely known and not forming the correct sound. Include double vision, no vision, black in front of one/both eyes or something in vision (such as a beam, line or spot). Episodes to last less than 24 hours.</p>
<p>Q269 Have you experienced a sudden weakness in an arm or leg WHICH GOT BETTER AFTER A DAY (Since we last saw you)?</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p>	<p>Q269 Include decreasing power, clumsiness, tiredness or heaviness in limbs, limpness or losing grip on objects. Episodes to last less than 24 hours.</p>
<p>Q270 Since we last saw you have you been diagnosed as having sugar diabetes?</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p> <p>IF YES ASK Q271, ELSE Q272.</p>	



<p>Q271 Are you currently being treated for your diabetes with tablets injections or both?</p> <p>0. No  1. Yes, dietary control only  2. Yes, injections  3. Yes, tablets  4. Yes, both  8. No answer  9. Not asked</p>	
<p>Q272 Have you had fits or epilepsy for the first time Since we last saw you? (IF YES: How many have you had?)</p> <p>0. No  1. Only 1 fit  2. More than 1 fit  8. No answer  9. Not asked</p>	
<p>Q273 Have you had any falls Since we last saw you? (IF YES: How many?)</p> <p>0. No  1. Only 1 fall  2. More than 1 fall  8. No answer  9. Not asked</p>	
<p>Q274 Have you had a serious head injury and been unconscious after it? (Since we last saw you) (Have you been knocked out?)</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p> <p>IF YES ASK Q275, ELSE Q277.</p>	
<p>Q275 How many times?</p> <p>Number of times  77 Don't know  88 No answer  99 Not asked</p>	
<p>Q276 How long ago was the first time? (Since we last saw you)</p> <p>Incident 1 mm</p>	

<p>Q277 Have you had a major operation Since we last saw you? (IF YES: What was it for?)</p> <p>0. No  1. Yes (specify)  8. No answer  9. Not asked</p>	
<p>Q278 How many general anaesthetics have you had since we last saw you?</p> <p>Number nn  77 Don't know  88 No answer  99 Not asked</p>	
<p>Q279 Since we last saw you have you experienced difficulties with breathing that you haven't had before, such as chronic bronchitis, or asthma?</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p>	
<p>Q280 Since we last saw you have you been diagnosed with thyroid problems?</p> <p>0. No  1. Underactive current  2. Overactive current  3. Other/non-specific current  8. No answer  9. Not asked</p>	
<p>Q281 Since we last saw you have you been diagnosed as having Parkinson's disease?</p> <p>0. No  1. Yes  2. Previously diagnosed  8. No answer  9. Not asked</p>	<p>Q281 Ask if it was previously diagnosed if you suspect the respondent may have Parkinson's disease.</p>
<p>IF RATED 1 OR 2 SKIP TO Q286</p> <p>Q282 Since we last saw you have you noticed tremor or shakiness in your hands? (IF YES: When do you notice it?)</p> <p>0. No  1. Yes, action tremor  2. Yes, resting tremor  8. No answer  9. Not asked</p>	<p>Q282 If both rate for resting tremor.</p>

<p>Q283 Since we last saw you have you had any difficulty in starting to move (e.g. starting to walk or getting out of a chair)?</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p>	<p>Q283 The respondent will understand what you mean if they have experienced this problem. It does not refer to difficulty caused by arthritis but to a problem with initiating movement.</p>
<p>Q284 Has your walking become slower since we last saw you?</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p>	<p>Q284 Rate for slowing not due to joint difficulties.</p>
<p>Q285 Has your handwriting changed (IF YES: In what way?)</p> <p>0. No  1. Yes, smaller  2. Yes, other  8. No answer  9. Not asked</p>	<p>Q285 A change to small handwriting is one of the early signs of Parkinson's disease.</p>
<p>IF ANY OF Q282 TO Q285 ANSWERED 'YES'  ASK Q285a ELSE SKIP TO Q286</p>	
<p>Q285a Over what period of time have you noticed these changes?</p> <p>yy.mm Period of time  77.77 Don't know  88.88 No answer  99.99 Not asked</p>	<p>Q285a Answer in years and months.</p>
<p>Q286 How is your hearing compared with when we last saw you? (IF WORSE Does it interfere with day-to-day living?)</p> <p>0. No change  1. Worse does not interfere  2. Worse now interferes  3. Worse always did interfere  4. Improved  8. No answer  9. Not asked</p>	<p>Q286 If hearing is not problematic because the subject uses an aid, then rate 0.</p> <p>Rate 4 if hearing aid has improved hearing</p>
<p>Q286a Do you find it very difficult to follow a conversation if there is background noise (such as TV, radio, children playing)?</p> <p>0. No  1. Yes</p>	

<p>Q287 Do you wear a hearing aid? (Rate if obvious).</p> <p>0. No  1. Yes  8. No answer  9. Not asked</p>	
<p><b>I am now going to do some checks on your hearing by whispering some letters and numbers. Please keep looking forward.</b></p> <p>Q287a STAND BEHIND SUBJECT AT A DISTANCE OF 6 INCHES. TAKE A DEEP BREATH, BREATHE RIGHT OUT AND THEN WHISPER AT ONE WORD PER SECOND</p> <p>3, A, 2</p> <p>SAY: <b>Please repeat that.</b></p> <p>IF NO RESPONSE OR INCORRECT, WHISPER (BREATHING AS BEFORE)</p> <p>1, F, 3</p> <p>1. Passed first time  2. Passed second time  3. Failed both tests  9. Not asked</p>	<p>Q287a The test is passed if the whole sequence is heard and repeated correctly. Only one performance of each sequence is allowed.</p>
<p>Q288 How is your eyesight compared with when we last saw you? (If WORSE Does it interfere with day-to-day living?)</p> <p>0. No change  1. Worse does not interfere  2. Worse now interferes  3. Worse always did interfere  4. Improved  8. No answer  9. Not asked</p>	<p>Q288 To count as poor eyesight must interfere even when wearing glasses. If subject wears glasses all the time or in certain conditions but otherwise reports no problems, rate 0.</p>
<p>Q289 May I just test your eyesight? Would you read from this card?</p> <p>0. Unable to read any  1. N48  2. N36  3. N24  4. N18  5. N14  6. N12  7. N10  8. Refused/No answer  9. Not asked</p>	<p>Q289 Test allowing the respondent to wear their reading glasses. N48 is the largest print and N10 the smallest. Rate for the smallest print the respondent can read. The cognitive tests that are dependent on good eyesight may not be asked (Qnn, Qnn) if the respondent fails this test.</p>

<p>Q290 Since we last saw you have you suffered from regular headaches?</p> <p>0. No  1. Yes, non specific  2. Yes, migraine  8. No answer  9. Not asked</p>	
<p>Q291 Since we last saw you have you developed arthritis?</p> <p>0. No/Previously diagnosed  1. Yes  8. No answer  9. Not asked</p>	<p>Q291 Rate for arthritis in any part of the body. Include persistent joint pain. Don't ask if it was previously diagnosed but if the information is volunteered code 0.</p>
<p>Q291a Are you currently suffering from arthritis? (IF YES: Does it limit your day-to-day activities)?</p> <p>0. Not currently suffering from arthritis  1. Currently suffering - not limiting  2. Currently suffering - limiting  8. No answer  9. Not asked</p>	
<p>Q292 Since we last saw you have you developed peptic ulcers?</p> <p>0. No/Previously diagnosed  1. Yes  8. No answer  9. Not asked</p>	<p>Q292 Rate for both gastric and duodenal ulcers. Don't ask if it was previously diagnosed but if the information is volunteered code 0.</p>
<p>Q293 Since we last saw you have you developed pernicious anaemia?</p> <p>0. No/Previously diagnosed  1. Yes  8. No answer  9. Not asked</p>	<p>Q293 Don't ask if it was previously diagnosed but if the information is volunteered code 0.</p>
<p>Q294 Since we last saw you have you been diagnosed as having meningitis or encephalitis (brain fever)?</p> <p>0. No  1. Yes, meningitis  2. Yes, encephalitis  3. Yes, non-specific  8. No answer  9. Not asked</p>	

<p>Q295 Since we last saw you have you been diagnosed as having shingles? (IF YES: Where?) (If HEAD NOT MENTIONED: Anywhere else?)</p> <p>0. No  1. Yes, in the body  2. Yes, in the head  8. No answer  9. Not asked</p>	<p>Q295 The location of shingles is important here. Shingles in the trunk is less significant than shingles in the head. Rate in the head for shingles on the face, in the eyes, in the ears or on the scalp.</p>
<p>ASK OF WOMEN ONLY</p> <p>Q295a Have you ever taken any hormone replacement therapy (HRT)?  IF YES: Are you currently taking this treatment?</p> <p>0. No  1. Yes, in the past  2. Yes, currently  8. No answer  9. Not asked</p> <p>IF YES ASK Q295b, ELSE SKIP TO Q296</p>	
<p>Q295b For how long did you have (have you had) hormone replacement therapy?</p> <p>yy.mm Length of time  77.77 Don't know  88.88 No answer  99.99 Not asked</p>	
<p>Q296 Have you had any other medical problem Since we last saw you that we haven't covered?</p> <p>0. No  1. Yes (specify)  8. No answer  9. Not asked</p>	
<p><b>And now some questions about your parents and your brothers and sisters.</b></p> <p>Q296aa Are either of your parents still alive?</p> <p>IF FATHER NOT ALIVE: How old was your father when he died?</p> <p>000. Still alive  nnn Age at death  777 Don't know  999 Not asked</p>	

<p>Q296bb IF MOTHER NOT ALIVE: How old was your mother when she died?</p> <p>000. Still alive  nnn Age at death  777 Don't know  999 Not asked</p>	
<p>Q296cc Do you have any brothers or sisters?  IF YES: How many? (INCLUDE THOSE WHO HAVE DIED BUT EXCLUDE SUBJECT)</p> <p>nn Number of siblings, excluding subject  77 Don't know  88 No answer  99 Not asked</p> <p>IF NO SIBS SKIP TO Q297</p>	<p>Q296cc Include all siblings, excluding subject.</p>
<p>Q296dd How many of them are still alive?</p> <p>nn Number of siblings still alive  77 Don't know  88 No answer  99 Not asked</p> <p>IF NONE ALIVE, SKIP TO Q296f</p>	<p>Q296dd Number alive, excluding subject.</p>
<p>Q296ee And how many of them have reached the age of 70 years?</p> <p>nn Number aged 70+  77 Don't know  88 No answer  99 Not asked</p> <p>IF NONE HAVE DIED SKIP TO Q297</p>	<p>Q296ee Number still alive who are 70 or above</p>
<p>Q296ff And of those who have died, did any reach the age of 70 years?</p> <p>nn Number aged 70+  77 Don't know  88 No answer  99 Not asked</p>	
<p><b>This next set of questions is about your first degree blood relatives, that is, your parents, brothers and sisters, and your children.</b></p>	<p>Q297 Enter the number of first degree relatives that have been diagnosed since we last saw them.. First degree relatives: parents, brothers, sisters, children, half-brothers and sisters. Note: not second degree relatives: aunts, uncles, cousins. Rate 77 for Don't know, 88 for No answer,</p>

<p>Q297 How many of them have been diagnosed as suffering from the following disorders <b>Since we last saw you?</b></p> <p>Senility/dementia/serious memory problems: nn  Alzheimer's disease: nn  Parkinson's disease: nn  Stroke: nn  Heart attack: nn  Sugar diabetes: nn  Psychiatric disorder: nn</p>	<p>99 for Not asked. If the subject has been adopted and has no information about their blood relative's rate 77. In each case, if only one relative has been named, ask 'Anyone else?'</p>
<p><b>I would now like to ask you some questions about day to day activities, which some people find difficult.</b></p> <p>Q298 I would like to know if you are able, or if you have any difficulty with the following activities. Are you able to cut your own toenails? (IF YES: Do you have difficulty cutting your own toenails?)</p> <p>0. (No), needs help  1. (Yes), some difficulty  2. (Yes), no difficulty  7. Don't know  8. No answer  9. Not asked</p>	<p>The following questions (Q298-Q307) take the same form and these notes should be applied consistently throughout. It will be necessary to probe in order to confirm the use of aids in carrying out activities of daily living. Using scissors as an aid to cut toenails does not count, as we would all normally use these. However, specially adapted furniture or the use of adapted cooking utensils would count as special aids.</p> <p>Probing will also be necessary to establish whether the subject would be able to undertake the activity in the absence of another person. This particularly applies to men when asking about household activities as they may never undertake such activities but it could equally apply to women where someone else is available.</p>
<p>Q299 Are you able to wash all over or bath? (IF YES: Do you have difficulty washing all over or bathing?)</p> <p>0. (No), needs help  1. (Yes), some difficulty  2. (Yes), no difficulty  7. Don't know  8. No answer  9. Not asked</p>	<p>People with mental frailties who cannot undertake activities because of their mental frailty should be coded as needing help.</p> <p>Rate 0 - Needs help if the subject requires assistance from another person to undertake the activity. Do not use this code if they <b>could</b> undertake the activity for themselves but someone usually does it for them.</p>
<p>Q300 Are you able to get on a bus? (IF YES: Do you have difficulty?)</p> <p>0. (No), needs help  1. (Yes), some difficulty  2. (Yes), no difficulty  7. Don't know  8. No answer  9. Not asked</p>	<p>Rate 1 - Some difficulty if the subject reports difficulty undertaking activity or if they report no difficulty but use an aid.</p> <p>Rate 2 - No difficulty if the subject is able to undertake this activity by themselves without difficulty and without the use of aids or help from others</p>
<p>Q301 Are you able to go up <b>and</b> down stairs? (IF YES: Do you have difficulty?)</p> <p>0. (No), needs help  1. (Yes), some difficulty  2. (Yes), no difficulty  7. Don't know  8. No answer  9. Not asked</p>	



<p>Q301a Are you able to do the light housework? (IF YES: Do you have difficulty?)</p> <p>0. (No), needs help  1. (Yes), some difficulty  2. (Yes), no difficulty  7. Don't know  8. No answer  9. Not asked</p>	
<p>Q302 Are you able to do the heavy housework? (IF YES: Do you have difficulty?)</p> <p>0. (No), needs help  1. (Yes), some difficulty  2. (Yes), no difficulty  7. Don't know  8. No answer  9. Not asked</p>	<p>Q302 Heavy housework - for example, washing floors.</p>
<p>Q303 Are you able to shop and carry heavy bags? (IF YES: Do you have difficulty?)</p> <p>0. (No), needs help  1. (Yes), some difficulty  2. (Yes), no difficulty  7. Don't know  8. No answer  9. Not asked</p>	
<p>Q304 Are you able to prepare and cook a hot meal? (IF YES: Do you have difficulty?)</p> <p>0. (No), needs help  1. (Yes), some difficulty  2. (Yes), no difficulty  7. Don't know  8. No answer  9. Not asked</p>	<p>Q304 If the subject claims they never have to cook a hot meal because this is always done for them, ask them to make the judgement as to whether they could if they had to.</p>
<p>Q305 Are you able to reach an overhead shelf? (IF YES: Do you have difficulty?)</p> <p>0. (No), needs help  1. (Yes), some difficulty  2. (Yes), no difficulty  7. Don't know  8. No answer  9. Not asked</p>	

<p>Q306 Are you able to tie a good knot in a piece of string? (IF YES: Do you have difficulty?)</p> <p>0. (No), needs help 1. (Yes), some difficulty 2. (Yes), no difficulty 7. Don't know 8. No answer 9. Not asked</p>	
<p>Q307 Are you able to put on your shoes and socks or stockings? (IF YES: Do you have difficulty?)</p> <p>0. (No), needs help 1. (Yes), some difficulty 2. (Yes), no difficulty 7. Don't know 8. No answer 9. Not asked</p>	
<p>Q308 Do you have difficulty with household tasks such as making yourself a cup of tea?</p> <p>0. No 1. Yes 2. Impossible 8. No answer 9. Not asked</p>	
<p>Q309 Have you needed any help recently to check your change after spending small amounts of money?</p> <p>0. No 1. Yes 8. No answer 9. Not asked</p> <p>IF EITHER Q308 OR Q309 RATED 1 RATE 310, ELSE SKIP TO Q311.</p>	
<p>I310 OBSERVATION FAILURE IN Q308 &amp; Q309 IS DUE TO PHYSICAL IMPEDIMENT (E.G. STROKE, SEVERE RHEUMATOID ARTHRITIS) AS DISTINCT FROM COGNITIVE IMPAIRMENT.</p> <p>0. Not physical 1. Partly physical 2. Entirely physical 8. No answer 9. Not asked</p>	

<p>Q310a Are you able to get to and use the toilet? (IF YES: Do you have difficulty?)</p> <p>0. (No), needs help  1. (Yes), some difficulty  2. (Yes), no difficulty  7. Don't know  8. No answer  9. Not asked</p>	
<p>Q311 Do you have difficulty controlling your bladder?</p> <p>0. No  1. Occasionally wets  2. Frequently wets  8. No answer  9. Not asked</p>	
<p>Q312 Would you say there has been any change in your ability to do practical things since we last saw you?</p> <p>0. No change  1. Better  2. Worse  3. Much worse  8. No answer  9. Not asked</p>	
<p>Q312a Does anyone help you with any of the day-to-day tasks I've just asked about?</p> <p>0. No  1. Yes  8. No answer  9. Not asked  IF NO SKIP TO Q313</p>	
<p>Q312b Who usually helps? CODE MAIN HELPER.</p> <p>A No-one                    J Friend or neighbour  B Spouse                    K Home help  C Daughter                L Care worker  D Daughter-in-law      M Meals on wheels  E Son                        N Community worker  F Son-in-law              O Community nurse  G Brother                  P Warden  H Sister                    Q Paid help  I Other relative         R Other  S Not applicable</p> <p>IF A OR S SKIP TO Q313</p>	

<p>Q312c Do they help every day, most days or less often?</p> <p>0. Every day 1. Most days 2. Less often 8. No answer 9. Not asked</p>	
<p>Q312d Does anyone else help? CODE UP TO 3 OTHER HELPERS.</p> <p>A No-one                    J Friend or neighbour B Spouse                    K Home help C Daughter                L Care worker D Daughter-in-law      M Meals on wheels E Son                        N Community worker F Son-in-law               O Community nurse G Brother                  P Warden H Sister                    Q Paid help I Other relative         R Other S Not applicable</p>	
<p>ITEM 313 Establish degree of mobility of subject.</p> <p>1. Usually ambulant non house bound 2. Usually ambulant house bound 3. Chairfast permanently 4. Bedfast permanently 7. Unable to establish mobility</p>	<p>I313 Where subject's degree of mobility is obvious you may code from observation or from information already obtained. However check that the observed state is permanent and not temporary i.e. the subject is not expected to improve markedly in the short term. If in doubt overestimate degree of disability and notify.</p> <p>Rate 1 for people who are usually able to get out without assistance.</p> <p>Rate 2 for people who can get about on the level inside but who never go out of the house or garden without assistance.</p> <p>Rate 3 for people who spend all their time confined to a chair or who need help to transfer from the chair to the toilet or bed. Use this rating for a wheelchair user even if they can get out of the house.</p> <p>Rate 4 for people who spend all their time confined to bed.</p>
<p>Q314 Taking everything into consideration (name) how would you describe your satisfaction with life in general at the present time: good, fair or poor?</p> <p>0. Good 1. Fair 2. Poor 8. No answer 9. Not asked</p>	

<p>Q315 In general, how happy would you say you are very happy, fairly happy, not very happy or not happy at all?</p> <p>0. Very happy  1. Fairly happy  2. Not very happy  3. Not happy at all  8. No answer  9. Not asked</p>	
<p>Q315b Lastly I'd like to ask you whether you have received various Health or Local Authority Services or any private help in recent weeks.</p> <p>So in the last 4 weeks, have you seen or had a visit from, or to any of the following Services? <b>IN THE LAST FOUR WEEKS</b></p> <p>1. (a) Local authority home help or home care assistant</p> <p>0. No  1. Yes  8. No answer  9 Not asked.</p>	<p>(g) Speech Therapist</p> <p>0. No  1. Yes  8. No answer  9 Not asked</p>
<p>(b) Any nursing Services</p> <p>0. No  1. Yes  8. No answer  9 Not asked.</p>	<p>(h) Social Worker</p> <p>0. No  1. Yes  8. No answer  9 Not asked</p>
<p>(c) Chiroprapist</p> <p>0. No  1. Yes  8. No answer  9 Not asked.</p>	<p>(i) Day Centre</p> <p>0. No  1. Yes  8. No answer  9 Not asked</p>
<p>(d) Meals on wheels</p> <p>0. No  1. Yes  8. No answer  9 Not asked</p>	<p>(j) Day Hospital</p> <p>0. No  1. Yes  8. No answer  9 Not asked</p>
<p>(e) Physiotherapist</p> <p>0. No  1. Yes  8. No answer  9 Not asked</p>	<p>(k) GP (the doctor)</p> <p>0. No  1. Yes  8. No answer  9 Not asked</p>

<p>(f) Occupational therapist</p> <p>0. No 1. Yes 8. No answer 9 Not asked</p>	
<p>2. During the last 3 complete calendar months, did you attend the Casualty or outpatient department of a hospital (as a patient)?</p> <p>0. No 1. Yes 8. No answer 9 Not asked</p>	
<p>IF YES PROMPT</p> <p>(a)Which month was this? (b) How many times did you attend the casualty or outpatient department during that month?</p> <p>Rate Days for Month One Rate Days for Month Two Rate Days for Month Three.</p>	
<p>3a. During the last year, have you been in hospital for treatment as a day patient (i.e. admitted to a hospital bed or day ward, but not required to stay overnight)?</p> <p>0. No 1. Yes 8. No answer 9 Not asked</p>	
<p>3b How many separate days in hospital have you had as a day patient (in the last year)?</p> <p>Nn</p>	
<p>4a During the last year, have you been in hospital as an inpatient, overnight or longer?</p> <p>0. No 1. Yes 8. No answer 9 Not asked</p>	
<p>4b How many separate stays in hospital have you had as an inpatient (in the last year)?</p> <p>Nn</p>	

<p>4c How many nights altogether were you in hospital on each occasion?</p> <p>Rate nights stayed for up to 8 stays.</p>	
<p>5 Have you had your sight tested by an optician in the last year?</p> <p>0. No 1. Yes 8. No answer 9 Not asked</p>	<p>Exclude tests done by GP's ,Hospital Doctors and any done abroad</p>
<p>6 Have you had a hearing test in the last year?</p> <p>0. No 1. Yes 8. No answer 9 Not asked</p>	
<p>7 Have you seen the dentist in the last year?</p> <p>0. No 1. Yes 8. No answer 9 Not asked</p>	
<p>8 Have you received respite care in the last year? <b>Only ask as appropriate</b></p> <p>0. No 1. Yes 8. No answer 9 Not asked</p>	
<p><b>Thank you very much for taking part in this phase of the study. You have been very patient and the information you have given us will help us to understand the ageing process and how it affects people in a wide range of circumstances.</b></p> <p>Q316 How did you feel about answering all the questions?</p> <p>1. Extreme negative reaction 2. Negative reaction 3. Neutral 4. Positive reaction</p> <p>ENTER ANY BRIEF COMMENTS MADE</p>	
<p>AT THIS POINT THE INTERVIEW MAY BE SUSPENDED AND THE RATINGS ENTERED LATER.</p>	

<p>Q316b</p> <p>Part of our research involves us asking people that we interview if we can talk to someone else about their health. This is because often people aren't aware of changes in their own health, whereas someone close to them may have noticed changes.</p> <p>Is there someone we could ask about your health?</p> <p>0. Consent not given  1. Consent given (specify details)  2. No suitable person  9. Not asked</p>	
<p><b>Thank you very much indeed for helping us. Before I can switch off the machine I have to tidy up a few details. It should only take a few minutes so I hope you won't mind.</b></p> <p>INTERVIEWER OBSERVATIONS</p> <p><u>AFFECT</u></p>	<p>The items in this section are of two main types:</p> <p>1. Most of them refer to behaviour that is only abnormal when present continually or to a marked degree; the mere presence of such behaviour at times during the interview is not necessarily abnormal.</p>
<p>318 Expressionless face. No play of expression in conversation.</p> <p>0. Absent  1. Mild  2. Severe  8. No answer</p>	<p>2. Some of the items refer to behaviour which would not normally be expected to occur at all, e.g. shouting or anger. These items should be marked positive if there is any occurrence at all in the interview.</p> <p>If you are in any doubt at all be guided by the principle that the intention is to record only behaviour that is clearly abnormal.</p>
<p>319 Monotonous voice. No play of expression in conversation.</p> <p>0. Absent  1. Mild  2. Severe  8. No answer</p>	
<p>320 Lability of mood: rapidly changes from sad to happy, friendly to irritable.</p> <p>0. Absent  1. Mild  2. Severe  8. No answer</p>	<p><u>MOVEMENT</u></p> <p>327 Restless: e.g. fidgeting, pacing, unnecessary movements</p> <p>0. No  1. Yes  8. No answer</p> <p>IF NO SKIP TO 331</p>



<p>321 Uncontrollable short bouts of crying</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>	<p>328 Choreiform movements (continuous, purposeless, jerky, involuntary movements of the head, body or limbs while at rest).</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>
<p>322 Uncontrollable short bouts of laughing</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>	<p>329 Athetoid movements (continuous, purposeless, slow writhing movements of tongue, jaw or limbs).</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>
<p>323 Infectious gaiety</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>	<p>330 Parkinsonian movements (characteristic repeated regular tremor of the hands at rest. Described as 'pill rolling').</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>
<p>324 Unco-operative, tries to start an argument</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>	<p>331 Obvious abnormality of Walking</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>
<p>325 Hostile or irritable e.g. angry response</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>	<p>332 Obvious evidence of paralysis or stroke</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>
<p>333 Obvious evidence of physical abnormality of the legs/arms/hands like arthritis, amputation, gross swelling.</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>	<p>339 Circumstantial: much unnecessary detail but the object in view at the beginning is ultimately reached.</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>
<p>IF 332 &amp; 333 RATED 1 OR 2 SKIP TO 338</p>	
<p>334 Gait normal, just unsteady</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>	<p>340 Rambling: talks in an aimless fashion. Object in view at the beginning is not reached.</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>

<p>335 Stagger as if drunk</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>	<p>341 Speech very slow. Distinct pauses between words.</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>
<p>336 Takes slow shuffling steps</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>	<p>342 Long pauses before replying a characteristic feature.</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>
<p>SOCIAL SPEECH</p>	
<p>338 Irrelevance: whole content of answer may have little to do with the question. (Do not include wandering or rambling from the topic or incoherence).</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>	<p>343 Speech very rapid and difficult to follow</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>
<p>344 Speech restricted in quality: e.g. answers to questions only, no spontaneous expressions.</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>	<p>351 Did the subject have hearing problems that interfered with the questioning?</p> <p>0. No 1. To some extent 2. To a marked extent 3. Deaf 8. No answer</p>
<p>COMMUNICATION DIFFICULTIES</p>	
<p>346 Perseveration. Repeats answers inappropriately e.g. Q. Weekday? A. Tuesday Q. Month? A. Tuesday?</p> <p>0. Absent 1. Mild 2. Severe 8. No answer</p>	<p>352 Did the subject have poor/no eyesight that interfered with reading, writing or drawing?</p> <p>0. No 1. To some extent 2. To a marked extent 3. Blind 8. No answer</p>
<p>347 Dysphasia (due to brain damage) words are muddled up or used incorrectly.</p> <p>0. No. 1. Yes 8. No answer</p>	<p>353 Stuttering</p> <p>0. No. 1. Yes 8. No answer</p>

<p>348 Dysarthria (due to brain damage) difficulty articulating words but knows what s/he wants to say.</p> <p>0. No. 1. Yes 8. No answer</p>	<p>354 Mutism specified as due to physical defect</p> <p>0. No. 1. Yes 8. No answer</p>
<p>349 Dysarthria (due to speech organs) coarse tremor of the tongue or paralysis of vocal chords.</p> <p>0. No. 1. Yes 8. No answer</p>	<p>354 Mutism specified as due to physical defect</p> <p>0. No. 1. Yes 8. No answer</p>
<p>350 Lack of teeth</p> <p>0. No. 1. Yes 8. No answer</p>	<p>355 Weakness – severe</p> <p>0. No. 1. Yes 8. No answer</p>
<p>356 Did the subject have a weakness, tremor etc of hand that interfered with writing, drawing or folding paper?</p> <p>0. No 1. To some extent 2. To marked extent 3. Use of one hand/arm only 4. No answer</p>	<p>362 Interviewee appears generally sleepy, but does not actually fall asleep.</p> <p>0. No 1. Yes 8. No answer</p>
<p>357 Low intelligence</p> <p>0. No. 1. Yes 8. No answer</p>	<p>OTHER DIFFICULTIES</p> <p>364 Lack of insight into present disability</p> <p>0. No 1. Yes 8. No answer</p>
<p>358 Poor grasp of English that interfered with questioning or illiterate.</p> <p>0 No 1. Yes, English not mother tongue 2. Yes, unable to read 3. Yes, unable to write 4. Neither read nor write 8. No answer</p>	<p>365 Impaired ability to focus, sustain and shift attention.</p> <p>0. No 1. Yes 8. No answer</p>
<p>359 Slurring not specified as due to physical defect or drugs.</p> <p>0. No 1. Yes 8. No answer</p>	<p>366 Impaired judgement of situations and or persons.</p> <p>0. No 1. Yes 8. No answer</p>

<p>360 Interview conditions unfavourable e.g. noisy distracting environment.</p> <p>0. No 1. Yes 8. No answer</p>	<p>367 Hallucinating: behaves as though hears voices or sees visions, or admits to doing so.</p> <p>0. No 1. Yes 8. No answer</p>
<p>361 Interviewee repeatedly falls asleep and has to be awakened.</p> <p>0. No 1. Yes 8. No answer</p>	<p>368 Incoherent in clear consciousness (e.g. not sleepy) irrelevant or bizarre or random answers, disjointed ideas, gibberish, neologisms, perseveration, flight of ideas.</p> <p>0. No 1. Yes 8. No answer</p>
<p>369 Memory defect (clear-cut) e.g. disorientated, gross memory loss, clear-cut blackout etc.</p> <p>0. No 1. Yes 8. No answer</p>	<p>373 Respondent (R) looks or sounds sad, mournful or depressed.</p> <p>0. No 1. Mild 2. Severe 8. No answer 9. Inapplicable</p>
<p>370 Memory defect (dubious) e.g. hazy recall, unconvincingly claims not to remember, makes little attempt to recall.</p> <p>0. No 1. Yes 8. No answer</p>	<p>374 Respondent's eyes moist: tearful or crying</p> <p>0. No 1. Mild 2. Severe 8. No answer 9. Inapplicable</p>
<p>371 JUDGEMENT Problems with memory are more prominent than problems with thinking i.e. more difficulty with remembering things than working things out.</p> <p>0. No 1. Mild 2. Severe 8. No answer</p>	<p>375 R very slow in all movements</p> <p>0. No 1. Mild 2. Severe 8. No answer 9. Inapplicable</p>
<p>372 Was the interview complete? (In case not the seven observation items in the body of the interview are repeated here for completion) Rate 0 No if in priority mode.</p> <p>0. No 1. Yes 8. No answer</p> <p>IF YES SKIP TO 380 OTHERWISE CONTINUE</p> <p>see I372 below..</p>	<p>IF YES SKIP TO 380</p> <p>377 R appears indecisive</p> <p>0. No 1. Mild 2. Severe 8. No answer 9. Inapplicable</p>

<p>1372 A complete interview is not in priority mode – all sections are completed. If the interview has skipped any section automatically or the interviewer has elected not to ask certain sections rate 'O' No</p>	<p>378 R looks or sounds unduly suspicious</p> <p>0. No 1. Mild 2. Severe 8. No answer 9. Inapplicable</p>
<p>378 R looks or sounds unduly suspicious</p> <p>0. No 1. Mild 2. Severe 8. No answer 9. Inapplicable</p>	
<p>379 R has obvious difficulty in concentrating on interview.</p> <p>0. No 1. Mild 2. Severe 8. No answer 9. Inapplicable</p>	
<p><u>OUTCOME</u></p> <p>Rate: Has the respondent (spontaneously) adamantly refused to be reinterviewed.</p> <p>1. No spontaneous Adamant Refusal 2. Adamantly Refused to be seen again.</p>	
<p><u>CONFIDENCE IN DATA</u></p>	
<p>380 Rater's confidence in data</p> <p>0. Reasonable 1. A few doubts 2. Moderate doubts 3. Grave doubts 4. Worthless</p>	
<p>IF NO DOUBTS SKIP TO 382</p>	
<p>381 Doubtful reliability because of</p> <p>1. Exaggeration 2. Minimisation 3. Another person present 4. Other (specify)</p>	
<p>382 Date of admission to nursing home</p> <p>mm. yy If not in a nursing home enter 99.99</p>	

<p>383 What would be your clinical diagnosis?</p> <p>0 Well</p> <p>1. Demented (specify)</p> <p>2. Depressed</p> <p>3. Demented and depressed (specify)</p> <p>4. Other (specify)</p> <p>7. Don't know</p> <p>8. No answer</p>	<p>383 Enter any apparent diagnosis. Rate only if you are reasonably certain. If there is conflicting symptomatology and your doubt lies in the subject then rate 7. If you feel unable to make a diagnosis and the doubt lies in yourself (e.g. because you are a non clinician) then rate 8.</p>
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