

INFORMANT ASSESSMENT INTERVIEW

HISTORY AND AETIOLOGY SCHEDULE (HAS)

MULTICENTRE VERSION

Adapted for:

AGECAT
DSM IIIR
ICD 10R
MRC Clinical Information
Blessed Dementia Scale
Hachinski Ischaemia Score

Revised January 2001

<u>INTERVIEW & INFORMANT DETAILS</u>	
<p>Q1 Interview conducted:</p> <ol style="list-style-type: none"> 1..Face to Face 2. By telephone <p>IF BY TELEPHONE SKIP TO Q4</p>	
<p>Q2. Location of interview:</p> <ol style="list-style-type: none"> 1. Subject's home 2. Informant's Home 3. Hospital 4. Nursing Home/home for aged 5. Sheltered House 6. Other (specify) 	
<p>Q3. Was the informant interviewed in the presence of the subject?</p> <ol style="list-style-type: none"> 0. No 1. Yes 	<p>Q3. It is important to insist on interviewing the informant alone. (Say 'This is the way we always do it') Only interview the informant in the presence of the subject when all attempts to separate fail.</p>
<p>Q4. Sex of the informant:</p> <ol style="list-style-type: none"> 0. Female 1. Male 	
<p>Thank you for talking to me. We're undertaking a study of the health of elderly people so your help is much appreciated. I have met with your..... S/he has given me permission to speak to you about him/herself. It is important to have another point of view because we all find it difficult to describe ourselves.</p>	
<p>Firstly, I'd like to ask a few questions about you.</p> <p>Q5 How old are you?</p> <p>Nnn Age in years 888 999</p>	

<p>Q6 What is (was) your occupation?</p> <p>Textual answer</p>	<p>Q6 Give a detailed answer here. Minimum requirements are the name of the occupation and the type of the organisation for which they work. Code for the longest held occupation in their working life.</p>
<p>Q7 What is your relationship to S?</p> <ol style="list-style-type: none"> 1. Spouse 2. Sibling 3. Sister/Brother-in-law 4. Son/Daughter 5. Son/Daughter-in-law 6. Friend 7. Caretaker/Warden 8. Other (Specify) 	
<p>Q8 Roughly how often do you see S?</p> <ol style="list-style-type: none"> 1. Lives with 2. Daily 3. More than once a week 4. Weekly 5. Monthly 6. Yearly 	<p>Q8 & Q9 It is important to give this interview to an informant who lives with the subject or one who visits regularly and has been in touch with the subject for some years, or from the beginning of the illness.</p>
<p>Q9 How long have you known him/her</p> <ol style="list-style-type: none"> 1. Almost all subject's life 2. More than 25 years 3. 10-25 years 4. 5-9 years 5. 3-4 years 6. 0-2 years 	
<p><u>EDUCATION & OCCUPATION</u></p> <p>The rest of the interview concerns (name of subject). First about their background.</p>	
<p>Q10 How many years did s/he spend in full time education?</p> <p>Nn Number of years</p> <p>777</p> <p>888</p> <p>999</p>	<p>Q10 Count as full time education when the greater part of the day is spent attending school or college. Add up the total number of years ever spent even if there has been a break in study.</p>

<p>Q11 Did s/he do any further training like a college course or an apprenticeship?</p> <p>A None B School leaving certificate C Technical college exams D Secretarial college exams E Completed apprenticeship F Trade certificates (electrician, Plumber etc) G High professional qualifications Which were not university Degrees (specify) H University degree I Other (specify) X Y Z</p>	<p>Q11 Rate for the highest qualification ever achieved.</p>
<p>Q12 What was the best job s/he ever held? (Not necessarily the best paid but the one with the most responsibility.)</p> <p>Textual answer</p>	<p>Q12 Rate for the job with the highest intellectual status that was held for two years or more. For example having been a university lecturer in Pure Mathematics would take precedence over having later become a business executive earning £50,000 a year. Give both the name of the occupation and the type of organisation for which they worked.</p>
<p>Q13 Was (name of subject) ever married</p> <p>0. No 1. Yes 7. 8. 9.</p> <p>IF YES ASK Q14, IF NOT SKIP TO Q15</p>	
<p>Q14 What was the best job his/her husband/wife held?</p> <p>Textual answer</p>	<p>Q14 Rate as for Q12</p>

<p><u>MEMORY</u></p> <p>This next set of questions is about any problems s/he may have had with her/his memory</p>	
<p>Q15 Has s/he had any difficulty with her/his memory? Have you noticed any change over the last year or two?</p> <p>0. No 1. Difficulty but no change 2. Difficulty and worsening 7. 8. 9.</p>	<p>Q15 Beware of the informant dismissing symptoms or problems because they are seen as normal for someone of that age.</p>
<p>Q17 Can s/he remember short lists of items when shopping? (For example If s/he went to buy 3 things would s/he remember them or be able to tell someone else what s/he needs?)</p> <p>0. No difficulty 1. Difficulty but no change 2. Difficulty and worsening 7. 8. 9.</p>	<p>Q17 Rate here for a change in behaviour only. If the subject has never been able to shop without a list do not rate here.</p>
<p>Q18 Has S repeatedly forgotten where s/he has put things? (If YES: Have you noticed any change over the last year or two?)</p> <p>0. No difficulty 1. Difficulty but no change 2. Difficulty and worsening 7. 8. 9.</p>	<p>Q18 Rate 1 if there is a noticeable difficulty but no change has occurred in the last year or two. Rate 2 if there is noticeable difficulty that has got worse in the last year or two.</p>
<p>Q20 Has s/he had difficulty finding his/her direction or has lost the way when you have been out together or s/he has been out alone? (If YES: Have you noticed any change over the last year or two?)</p> <p>0. No difficulty 1. Difficulty but no change 2. Difficulty and worsening 7. 8. 9.</p>	

<p>Q21 Has s/he forgotten the names of family or friends (i.e. people s/he sees regularly?) (If YES: Have you noticed any change over the last year or two?)</p> <p>0. No difficulty</p> <ol style="list-style-type: none"> 1. Difficulty but no change 2. Difficulty and worsening 7. 8. 9. <p>Q22 Does s/he ever wrongly accuse you of things?</p> <p>0. No</p> <ol style="list-style-type: none"> 1. Sometimes 2. Always 7. 8. 9. 	<p>Q22 Some people who are losing their memory may accuse others of stealing their possessions when they cannot be found, or of trying to harm them in some way.</p>
<p>Q23 Does s/he tend to talk about what happened long ago rather than in the present?</p> <p>0. No</p> <ol style="list-style-type: none"> 1. Sometimes 2. Always 7. 8. 9. 	
<p>IF ANY OF THE ABOVE 9 QUESTIONS (Q15-Q23) HAVE BEEN ANSWERED EITHER 1 OR 2 CONTINUE THIS SECTION, OTHERWISE SKIP TO Q32</p>	
<p>Q24 Is there a tendency to be more suspicious or mistrusting?</p> <p>0. No</p> <ol style="list-style-type: none"> 1. Mild 2. Severe 7. 8. 9. 	
<p>Q25 Does s/he have difficulty remembering when s/he last saw you?</p> <p>0. No difficulty</p> <ol style="list-style-type: none"> 1. Some difficulty 2. Considerable difficulty 7. 8. 9. 	

<p>Q26 Does s/he have difficulty telling the difference between people such as visitors, relatives and doctors?</p> <p>0. No difficulty 1. Some difficulty 2. Considerable difficulty 7. 8. 9.</p>	
<p>Q26a Does s/he ever mistake you (or (other) family members or friends) for someone else? (If YES How bad is it?)</p> <p>0. No 1. Mild 2. Severe 7. 8. 9.</p>	
<p>Q27 Does s/he have difficulty finding the way about the home(or ward), or finding the toilet?</p> <p>0. No difficulty 1. Some difficulty 2. Considerable difficulty 7. 8. 9.</p>	<p>Q27 Rate only if this has become a characteristic of the subject's behaviour</p>
<p>Q28 Has s/he had difficulty finding the way around the neighbourhood, for example, to the shops or post office near home? (If YES: Has there been any change in the last year or two?)</p> <p>0. No difficulty 1. Some difficulty 2. Considerable difficulty 7. 8. 9.</p>	<p>Q28 Rate 1 if there is noticeable difficulty but this has not changed over the last year or two. Rate 2 if the noticeable difficulty has got worse over the last year or two.</p>
<p>Q29 Has getting lost or wandering been a problem for him/her?</p> <p>0. No 1. Somewhat of a problem 2. Considerable problem 7. 8. 9.</p>	

<p>Q30 Would you say there has been a deterioration of memory over a period of more than two years?</p> <p>0. No 1. Probably 2. Definitely 7. 8. 9.</p>	
<p>Q31 Did these problems with memory begin rapidly or gradually?</p> <p>1. Rapid onset 1-3 days probable 2. Rapid onset 1-3 days certain 3. Rapid onset 4-21 days probable 4. Rapid onset 4-12 days certain 5. Gradual onset probable 6. Gradual onset certain 7. 8. 9.</p>	
<p><u>ABSTRACT THINKING & JUDGEMENT</u></p>	
<p>Q32 Do you think his/her thinking is as clear or sharp as it ever was?</p> <p>0. No change 1. Minimal change 2. Marked change 7. 8. 9.</p>	
<p>Q33 Or does his/her thinking ever seem muddled (or mixed up)?</p> <p>0. No 1. Infrequently/mild 2. Frequently/Severe 7. 8. 9.</p>	<p>Q33 Muddled in this context is an inability on the part of the subject to sort out his/her thoughts.</p>

<p>Q34 Has s/he found difficulty making decisions recently (about everyday things)?</p> <p>0. No 1. More difficulty 2. Considerably more difficulty 7. 8. 9.</p>	<p>Q34 & Q35 Rate for change within the last few years, not life long problem. If the subject used to decide, for example on the choice of food and this responsibility has had to be taken over by someone else, rate here.</p>
<p>Q35 Is s/he able to make major decisions which affect her/his life?</p> <p>0. No change 1. No longer able to make decisions 2. Now incapable of making decisions 7. 8. 9.</p>	<p>Rate 1 if decisions offered but now not able. Rate 2 if judged inappropriate to offer now.</p>
<p>Q35a Does s/he have greater difficulty thinking ahead and planning for the future than s/he used to? (If YES How big a problem is that?)</p> <p>0. No 1. Mild 2. Severe 7. 8. 9.</p>	
<p>Q35b Is s/he more unrealistic about the future than s/he used to be?</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>IF ANY OF THE ABOVE 6 QUESTIONS (Q32-Q35B) HAVE BEEN ANSWERED EITHER 1 OR 2 CONTINUE THIS SECTION, OTHERWISE SKIP TO Q39</p>	

<p>Q36 Have these difficulties with thinking and making decisions developed in a gradual manner or have they come on suddenly?</p> <p>0. Gradual 1. Sudden 7. 8. 9.</p>	
<p>Q37 Have these difficulties developed in steps and stages?</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>Q38 How long have these changes been present?</p> <p>Nnn in months 777 888 999</p>	
<p><u>APHASIA/APRAXIA</u></p>	
<p>Now I'd like to ask how s/he manages her/his everyday life.</p>	
<p>Q39 Does s/he have difficulty finding the right word, or even getting words mixed up?</p> <p>0. No 1. Difficulty but no change 2. Difficulty and worsening 7. 8. 9.</p>	<p>Q39 People with disease of the brain sometimes talk normally but may find it difficult to identify the right word to use. In more advanced cases, words may be jumbled up or used inappropriately, giving the impression that the subject is confused.</p>
<p>IF RATED 1 OR 2 ASK Q40, IF NOT SKIP TO Q16</p>	

<p>Q40 Was this one of the first things you noticed (or did it come on later)?</p> <p>0. No 1. Yes, one of the first 7. 8. 9.</p>	<p>Q40 If the problem with words was one of the first aspects of recent change then it should be noted here.</p>
<p>Q16 Is there a tendency to repeat him/herself a lot?</p> <p>0. No 1. Continually repeats – mild 2. Continually repeats- severe 7. 8. 9.</p>	<p>Q16 Repetition may consist of asking the same question several times even though the answer has been recently provided; singing the same song over and over again; making the same statement or re-telling the same story only told a day or so ago.</p> <p>NB intentionally out of order!</p>
<p>IF Q16 RATED 1 OR 2 ASK Q16A, IF NOT SKIP TO Q16B</p>	
<p>Q16a Does s/he repeat the same word over and over again?</p> <p>0. No 1. Occasionally 2. Often 7. 8. 9.</p>	
<p>Q16b Does s/he find it difficult to stop repeating things or doing things once they've started?</p> <p>0. No 1. Occasionally 2. Often 7. 8. 9.</p>	
<p>Q16c Does s/he talk (more or) less than s/he used to?</p> <p>0. No change 1. Talks less but not mute 2. Nearly or completely mute 3. Talks more 7. 8. 9.</p>	

<p>Q16d Is s/he less able to take care of her/himself without help? (If YES how big a problem is that?)</p> <ul style="list-style-type: none"> 0. No 1. Mild, needs supervision 2. Moderate, needs help with most things 3. Severe, unable to do anything for her/himself 7. 8. 9. 	
<p>Q41 Does s/he have difficulty performing common household tasks, for example, can s/he make a cup of tea?</p> <ul style="list-style-type: none"> 0. No difficulty 1. Some difficulty 2. Considerable difficulty 7. 8. 9. 	<p>Q41 Rate 9 if due to physical disability.</p>
<p>Q42 Does s/he have difficulty managing small amounts of money?</p> <ul style="list-style-type: none"> 0. No difficulty 1. Some difficulty 2. Considerable difficulty 7. 8. 9. 	
<p>Q43 Does s/he have difficulty dressing? In what way? (Is help needed?)</p> <ul style="list-style-type: none"> 0. No difficulty 1. Needs help with buttons 2. Wrong sequence, forgets or duplicates items 3. Unable to dress self 7. 8. 9. 	<p>Q43 Rate 9 if due to physical difficulty.</p>

<p>Q43a Does s/he sometimes try to eat peculiar things, such as soap, cigarettes or dirt?</p> <p>0. No 1. Occasionally 2. Often 7. 8. 9.</p>	
<p>Q43b Does s/he sometimes try to eat far too much food or drink? (Does s/he eat a great deal more than s/he used to?)</p> <p>0. No 1. Occasionally 2. Often 7. 8. 9.</p>	
<p>IF ANY OF THE ABOVE 10 QUESTIONS (39, Q16, Q16B-D, Q41-Q43B) HAVE BEEN ANSWERED EITHER 1,2 OR 3 CONTINUE THIS SECTION, OTHERWISE SKIP TO Q48</p>	
<p>Q44 Does s/he have difficulty feeding her/himself?</p> <p>0. No difficulty 1. Feeds messily only with spoon 2. Manages simple solids only 3. Has to be fed 7. 8. 9.</p>	
<p>Q45 Does s/he ever wet or soil her/himself by mistake?</p> <p>0. No 1. Wets occasionally 2. Wets often 3. Doubly incontinent 7. 8. 9.</p>	
<p>Q46 How long have these difficulties with managing everyday activities been present?</p> <p>Nnn in months 777 888 999</p>	<p>Q46 If more than one problem is present rate from the earliest problem</p>

<p>Q47 Have these difficulties developed gradually or did they come on suddenly</p> <p>0. Gradual 1. Sudden 7. 8. 9.</p>	
<p><u>PERSONALITY & INTERESTS</u></p>	
<p>Q48 Have you noticed any changes in his/her personality, such as the way s/he behaves socially (with other people)?</p> <p>0. No 1. Yes (specify) 7. 8. 9.</p>	
<p>Q49 Has s/he become more (or less) changeable in mood?</p> <p>0. No 1. More 2. Less 7. 8. 9.</p>	
<p>Q49a Does s/he get more overexcited about things than s/he used to? Does s/he become a bit over the top at times? (If YES How big a problem is it now?)</p> <p>0. No 1. Mild 2. Severe 7. 8. 9.</p>	
<p>Q49b Does s/he act without thinking more than s/he used to, doing the first thing that comes to mind? (If YES: How big a problem is that?)</p> <p>0. No 1. Mild problem 2. Severe problem 7. 8. 9.</p>	

<p>Q49c Is s/he more restless than s/he used to be? For example, does s/he find it hard to sit still for any length of time? (If YES How big a problem is that?)</p> <p>0. No 1. Mild problem 2. Severe problem 7. 8. 9.</p>	
<p>Q49d Does s/he find it difficult to keep her/his mind on things more than s/he used to? Is s/he more easily distracted? (If YES How easily distracted?)</p> <p>0. No 1. Mild problem 2. Severe problem 7. 8. 9.</p>	
<p>Q50 Has there been a change in behaviour, perhaps doing embarrassing things, or tending to hurt or upset people?</p> <p>0. No 1. Mild problem 2. Severe problem 7. 8. 9.</p>	<p>Q50 Some people in the early stages of their illness may lose their social skills and social sensitivity. They therefore may do or say embarrassing or hurtful things which would once have been out of character.</p>
<p>Q50a Does s/he seem more unconcerned about how to behave in certain situations than s/he used to? Does s/he seem unaware of how others feel about her/his behaviour? (If YES How big a problem is it now?)</p> <p>0. No 1. Mild problem 2. Severe problem 7. 8. 9.</p>	
<p>IF Q50 OR Q50A ANSWERED 1 OR 2 ASK Q50B ELSE SKIP TO Q51</p>	

<p>Q50B Has there been a change in her/his sexual behaviour? (Can you describe the change?)</p> <p>0. No change 1. Reduced interest or activity 2. Increased interest or activity 3. Inappropriate sexual behaviour (specify) 4. Other (specify) 7. 8. 9.</p>	
<p>Q51 Has s/he been more (or less) irritable lately?</p> <p>0. No Change 1. More irritable 2. Much more irritable 3. Less irritable 7. 8. 9.</p>	
<p>Q52 How does s/he treat you (his/her relatives, friends) now. Is there a tendency to show a lack of interest, concern or affection?</p> <p>0. No 1. Mild 2. Severe 7. 8. 9.</p>	
<p>Q52a Does s/he have greater difficulty in showing emotion than s/he used to?</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>Q52b Does s/he seem more lethargic or unenthusiastic about thing than s/he used to?</p> <p>0. No 1. Yes 7. 8. 9.</p>	

<p>Q52c Is s/he (more or) less sociable than s/he used to be? For example, has s/he lost interest in meeting people and going out? (How big a problem is that?)</p> <ul style="list-style-type: none"> 0. No change 1. Mild, still has some social interaction 2. Severe, little or no social interaction 7. 8. 9. 	
<p>Q52d Has s/he lost interest in doing things s/he did in the past?(How big a problem is that?)</p> <ul style="list-style-type: none"> 0. No 1. Mild, still has some interests 2. Severe, has no real interest now 7. 8. 9. 	
<p>Q53 Is there a special skill or hobby which has had to be given up?</p> <ul style="list-style-type: none"> 0. No 1. Some 2. All 7. 8. 9. 	<p>Q53 Do not rate hobbies or skills which have been abandoned because of physical disability. This question is about cognitive disability e.g. can no longer concentrate.</p>
<p>IF ANY OF THE ABOVE 16 QUESTIONS (Q48-Q53) HAS BEEN ANSWERED 1,2 OR 3 CONTINUE THIS SECTION, IF NOT SKIP TO Q56</p>	
<p>Q54 Have these changes in personality and interests developed gradually or did they come on suddenly?</p> <ul style="list-style-type: none"> 0. Gradual 1. Sudden 7. 8. 9. 	<p>Q54 Rate for the earliest change.</p>
<p>Q55 How long have these changes been present?</p> <ul style="list-style-type: none"> Nn in months 777 888 999 	<p>Q55 Rate for the earliest change.</p>

<u>CLOUDING/DELIRIUM</u>	
<p>Q56 These next questions are about whether or not s/he has become confused. Would you say s/he has ever been confused? (For example, has there been a sudden deterioration towards mental confusion in recent weeks or months, which has continued to the present time?)</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>Q57 Are there periods lasting days or weeks when his/her thinking seems quite clear and then muddled?</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>IF EITHER OF THESE QUESTIONS (Q56-Q57) HAVE BEEN ANSWERED 1 CONTINUE THIS SECTION, IF NOT SKIP TO Q63</p>	
<p>Q58 Has s/he been troubled by voices or visions not experienced by others?</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>Q59 Are there long periods during the day when s/he is lucid and not confused (that is, knows where s/he is and knows what s/he is doing and saying)?</p> <p>0. No 1. Yes 7. 8. 9.</p>	<p>Q59 This question is rated when lucid intervals are present, that is to say it will be rated positively in most early cases, but negatively in the more severe cases of organic illness.</p>
<p>Q60 Does s/he get confused at night, wander about or talk nonsense?</p> <p>0. No 1. Yes 7. 8. 9.</p>	

<p>Q61 Or at any other time? What about during the day time?</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>Q62 How long has this difficulty been present?</p> <p>Nn in months 777 888 999</p>	<p>Q62 Rate from the earliest difficulty.</p>
<p><u>DEPRESSION</u></p>	
<p>Q63 Has there been any indication that s/he may be depressed, for example, Is there a loss of interest or enjoyment in things in general?</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>Q64 Does s/he have difficulty in getting to sleep?</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>Q65 Is s/he restless or wakeful during the night?</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>Q66 Does s/he wake early in the morning, before his/her normal time, and not get back to sleep again?</p> <p>0. No 1. Yes 7. 8. 9.</p>	

<p>Q67 Has s/he been inclined to blame her/himself or feel unreasonably guilty?</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>Q68 Do you think s/he is depressed?</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>IF ANY OF THE ABOVE 6 QUESTIONS (Q63-Q68) HAS BEEN RATED 1 THEN CONTINUE THE SECTION, IF NOT SKIP TO Q70</p>	
<p>Q69 How long has this (depression) been present?</p> <p>Nn in months 777 888 999</p>	<p>Q69 Rate from the appearance of the earliest symptoms.</p>

JUDGEMENTS	
<p>70. JUDGEMENT Best Job COULD have been held with subject's present intellectual deficits.</p> <ol style="list-style-type: none"> 1. Probably could 2. Definitely could 3. Probably couldn't 4. Definitely couldn't 7. 8. 9. 	<p>70 Here judgement is required by the interviewer as to whether the subject's present mental state is or is not compatible with the previous best job held. This is to clarify whether deterioration has occurred from the previous usual level or not, suggesting that the present organic state has lasted for a long period of time, and may even be congenital in origin.</p>
<p>71. JUDGEMENT Subject's present intellectual or organic state dates from birth or from the occurrence of pathology in earlier life. It is not due to mental illness in recent years.</p> <ol style="list-style-type: none"> 0. Intellectual problems are recent 1. Probably dates from birth or earlier life 2. Definitely dates from birth or earlier life 7. 8. 9. 	
<p>72. JUDGEMENT From the items above (or from the earlier subject interview) rate whether the subject currently has some form of psychiatric illness (e.g. dementia, depression, mania).</p> <ol style="list-style-type: none"> 0. No current illness 1. Yes, currently ill 	
IF YES ASK Q72a, IF NOT SKIP TO Q141	
<p>Q72a Do you think s/he has some difficulty with any of the things we've been talking about? (For example, with her/his memory or thinking?)</p> <ol style="list-style-type: none"> 0. No 1. Yes 7. 8. 9. 	
IF YES ASK Q72b, IF NOT SKIP TO Q141	

<p>Q72b Does s/he have difficulty realising the extent of her/his problems? (How big a problem is that?)</p> <p>0. No 1. Mild problem 2. Severe problem 7. 8. 9.</p>	
<p>JUDGEMENT Could a physical illness (not drugs or alcohol intoxication) be sufficient explanation for the subject's mental or psychiatric symptoms e.g. delirious due to acute infection?</p> <p>0. No 1. Probably not 2. Quite likely 3. Almost certainly 7. 8. 9.</p>	
<p>PRESENT EPISODE OF ILLNESS</p>	
<p>_____</p> <p>_____</p> <p>_____</p> <p>Q74 Can we just clarify what you have said? When did you first notice that something was wrong? (Roughly how long ago would that be?) Were things more or less normal before then? Has there been a period at any time since the present trouble began when there was complete recovery, that is when things went back to being more or less normal? (If YES How long did that last?)</p> <p>RATE TIME FROM FIRST SYMPTOMS OF PRESENT EPISODE TO INTERVIEW IF DEFINING MOST RECENT EPISODE BY 4 WEEKS OF INTERVENING NORMALITY.</p> <p>1. Less than one week 2. 1 week or more (specify to nearest month) 7. 8. 9.</p>	<p>Q74-75 It is important to establish whether or not an illness has been going on for weeks, months or years and whether there have been any periods of normality in between episodes. Usually the symptoms of an illness remain consistent throughout although they may become worse, or less evident at times.</p> <p>The usual course of Alzheimer type dementia is a steady progression of worsening, while that of multi-infarct dementia may fluctuate with worsening followed by improvements, each one usually recovering less completely than the last, so that there is worsening overall It would be unlikely for either condition to have intervening periods of normality, in which case the whole illness will count as the 'present episode of illness'.</p> <p>Depression, mania and other illnesses may have episodes of illness with long intervening periods of normality. The latest episode of illness that has been preceded by at least four weeks of normality is counted as the 'present episode of illness' in Q74. Q75 uses a different criterion of eight weeks of intervening normality Alzheimer type dementia.</p> <p>Norm</p>

<p>75 RATE TIME FROM FIRST SYMPTOMS OF PRESENT EPISODE TO INTERVIEW IF DEFINING MOST RECENT EPISODE BY 8 WEEKS OF INTERVENING NORMALITY RATHER THAN 4 WEEKS.</p> <p>1. Less than one week 2. 1 week or more (specify to nearest month) 7. 8. 9</p> <p>Q76 How old was s/he when you first noticed that something was wrong? yy Age of S at onset (in years) 777 888 999</p>	<p>Norm.</p> <p>Depression etc.</p> <p>Norm 4 weeks Present Episode or more of illness.</p>
<p>Q77 Has the trouble been more or less the same from the beginning or have there been times when s/he seemed to be quite different, for example, happy one moment and sad the next, or depressed and then confused?</p> <p>1. Symptoms of one type 2. Symptoms of different types 7. 8. 9.</p>	<p>Q77 Rate here as to type of psychiatric condition, either with one type of clinical picture throughout the course (e.g. all depression, all elation) or with changing clinical picture which nevertheless forms part of one overall condition (e.g. depression followed by elation).</p>
<p>Q78 Has there been a sudden worsening of the (SPECIFY: problems/symptoms/illness) recently? (If YES, When was that?)</p> <p>0. No 1. In the last 3 days 2. 4-7 days 3. 8-28 days 4. Longer than 28 days 7. 8. 9.</p>	<p>Q78 Rate only an exacerbation or worsening of an existing condition. This may occur where a further unpleasant life event has been superimposed on a depressive illness or a second or subsequent stroke has occurred. Do not rate if subsequent stroke has occurred. Do not rate if subsequent improvement in the condition has occurred.</p>
<p>_____</p> <p>_____</p> <p>_____</p> <p>Q79A I would like to ask you what it was like when you first noticed that something was wrong. You said the (problems/symptoms/illness) came on.....ago (this time). Did it happen suddenly, in a matter of hours or over days, or did it happen slowly over weeks or months?</p> <p>1. Happened within hours</p>	<p>Q79 Here you are trying to establish the speed of onset. In SDAT the onset is usually very gradual and progresses steadily. In vascular diseases of the brain, the onset may be sudden, as in a stroke, followed by gradual deterioration, or initial improvement. In certain vascular conditions the stroke may come on gradually over several days, where it is due to a thrombosis of an artery rather than a sudden burst of a blood vessel with acute brain damage.</p>

<p>2. More than 1 day but LT 3days 3. 3 days but LT 1 week 4. 1 week or more 7. 8. 9.</p>	
<p>79b SPECIFY WHEN CAME ON TO NEAREST MONTH nn in months 777 888 999</p>	
<p>Q80 How are things now compared with when (the present illness)(these....came on)(this time). Has it become worse got better, or remained about the same? 0. No,or very little,change 1. Overall deterioration 2. Overall improvement 7. 8. 9.</p>	<p>Q80 Depressions may fluctuate and improve, strokes may also improve or remain unchanged.</p>
<p>Q81 Has the (present illness)(these....) tended recently to vary a lot, day to day, week to week, becoming worse and then perhaps improving for a while – up and down? (If YES, How much did it vary? How long did these periods last?) 0. No fluctuations 1. Mild fluctuations 2. Moderate or marked fluctuation. 7. 8. 9. IF RATED 1 OR 2 ASK Q82 ELSE SKIP TO Q85</p>	<p>Q81 Rate here only if there is a fluctuating course with several days or weeks or IMPROVEMENT</p>
<p>Q82 During the periods of improvement have things become normal again or almost normal? 0, No 1. Yes 7. 8. 9.</p>	<p>Q82 Sometimes, for example, after a stroke, symptoms may entirely resolve. Rate here for this. Sometimes the symptoms do not entirely go away but are so slight as to be hardly worth considering. If that is the case, also rate here. Note that the four-week rule for identifying the present episode should be applied if appropriate.</p>
<p>IF RATED 1 ASK Q83 ELSE SKIP TO Q84</p>	

<p>Q83 How often has this happened?</p> <ol style="list-style-type: none"> 1. Once 2. Twice 3. Three times 4. Four times or more 7. 8. 9. 	
<p>Q84 Has the (present illness)(these.....) suddenly got worse at anytime, within a period of three days and stayed like that?</p> <ol style="list-style-type: none"> 0. No 1. Yes 7. 8. 9. 	<p>Q84 Sometimes, for example, in the case of a stroke, the illness may deteriorate within a period of three days and subsequently show no improvement, the disability remaining permanently. If that is the case rate here.</p>
<p>Q85 Does the illness often vary during the day? Are there times when it is very much worse or is it about the same all through? What about at night? (Is it usually worse at the same time each day?)</p> <ol style="list-style-type: none"> 0. Doesn't vary 1. Same time – at night 2. Same time - During the morning. 3. Same time - afternoon or evening 4. During day at different times. 7. 8. 9. 	<p>Q85 Subjects with organic conditions of the brain sometimes become more confused at night, when it is dark, and there is comparative sensory deprivation. Other conditions such as depression may vary during the daytime. Where there is variation the time of greatest severity or quantity of symptoms should be rated.</p>
<p>IF Q81 RATED 1 OR 2 SKIP TO Q87</p>	
<p>Q86 Has it been getting steadily worse without any improvement? Or just remained about the same?</p> <ol style="list-style-type: none"> 0. No, or very little change 1. Steady deterioration 7. 8. 9. 	<p>Q86 Ignore change that has been ascribed to (or you think is due to) normal ageing i.e. not an illness.</p>
<p>Q87a Has it been necessary for him/her to see a doctor or attend hospital because of the present trouble? (As an outpatient or inpatient?) (If ADMITTED Which hospital was that?)</p> <ol style="list-style-type: none"> 0. No 1. Saw a doctor 2. Hospital outpatient 3. Inpatient (specify hosp) 7. 8. 9. 	<p>Q87 Rate this item hierarchically. If subject fulfils all three categories, rate 3.</p>

<p>FORM OF THE PRESENT EPISODE OF ILLNESS COMPARED WITH ONSET</p> <p>This next set of questions is about what things were like at the beginning of the illness compared with now. It is a bit repetitive but it is important for us to get a full picture (of what is happening). If I mention a symptom that has been present can you tell me if it was mild, moderate or severe?</p>	<p>This section attempts to establish the early and late symptoms of the condition. In this way a record is obtained of how the illness has developed and the symptoms have changed. The informant should be given time to think before s/he has made a reply, and you should try to establish the severity of the symptom by asking how bad it was. Many of the symptoms will not have been present at any stage of the illness. At the start means the first symptoms of the present episode of illness. Record the characteristics (symptoms and their intensity) in the few weeks after the onset.</p>
<p>Q88 Were there difficulties remembering things at the start? (If YES: How bad was that?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	<p>Q88-Q89 Rate for poor memory for recent events.</p>
<p>Q89 Are there difficulties remembering things now? (If YES: How bad is it?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	
<p>Q90 At the start were there problems finding the right word? (If YES: How bad was that?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	<p>Q90-Q91 Rate for aphasia – that is the obvious and repeated muddling of names or words in clear consciousness.</p>

<p>Q91 And are there problems finding the right word, now? (If YES: How bad is it?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	
<p>Q92 Did s/he feel sad or cry at the beginning? (If YES: How bad was that?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	<p>Q92-Q93 Rate for depression, feeling sad or crying.</p>
<p>Q93 Does s/he feel sad and cry now? (If YES: How bad is it?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9</p>	
<p>Q94 Did s/he lose energy or show a lack of interest at the beginning? (If YES: How bad was that?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	<p>Q94-Q95 Rate for lack of interest or energy.</p>
<p>Q95 Or lose energy or show a lack of interest now? (If YES: How bad is it?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	

<p>Q96 At the start were there problems of being unusually elated? (If YES: How bad was that?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	<p>Q96-Q97 Rate for problems of unusual elation.</p>
<p>Q97 And now? (If YES: How bad is it?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	
<p>Q98 Did s/he become excited or overactive at the start?(If YES: How bad was that?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	<p>Q98-Q99 Rate for overactivity or excitement.</p>
<p>Q99 Is s/he excited or overactive now? (If YES: How bad is it?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	
<p>Q100 Or drowsy at the beginning? (If YES: How bad was that?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	<p>Q100-Q101 Rate for disturbance of consciousness – that is either being sleepy, or awake but unaware of their surroundings.</p>

<p>Q101 Or drowsy now? (If YES: How bad is it?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	
<p>Q102 Did s/he have difficulty sleeping at the start? (If YES: How bad was that?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	<p>Q102-Q103 Rate for sleep disturbance</p>
<p>Q103 Is that a problem now? (If YES: How bad is it?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	
<p>Q104 Was there a problem with losing or gaining weight? (If YES: How bad was that?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	<p>Q104-Q105 Rate weight loss or gain.</p>
<p>Q105 Is that a problem now? (If YES: How bad is it?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	

<p>Q106 Was there confusion about the time or knowing what day it was, or where s/he was? (If YES: How bad was that?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	<p>Q106-Q107 Rate for confusion or disorientation</p>
<p>Q107 Is that present now? (If YES: How bad is it?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	
<p>Q108 Was there a problem forgetting how to do familiar things like dressing? (If YES: How bad was that?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	<p>Q108-Q109 Rate for apraxia that is particular difficulty in dressing due to failure of memory or loss of knowledge. Not due to physical disorder.</p>
<p>Q109 What about now? (If YES: How bad is it?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	
<p>Q110 At the start were there problems with seeing things that other people did not see? (If YES: How bad is it?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	<p>Q110-Q111 Rate for visual hallucinations.</p>

<p>Q111 What about now? (If YES: How bad is it?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	
<p>Q112 What about hearing things that other people did not hear? (If YES: How bad was that?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	<p>Q112- Q113 Rate for auditory hallucinations</p>
<p>Q113 Does s/he hear things that other people do not hear now? (If YES: How bad is it?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	
<p>Q114 Was there the possibility that it might have started with some kind of stroke? (If YES: How bad was that?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	<p>Q114-Q115 Rate for paralysis of the face or limbs lasting for at least 24 hours. There must be a clear history.</p>
<p>Q115 Is there evidence of a stroke now? (If YES: How bad is it?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	

<p>Q116 Was there the possibility that it might have started with some kind of fit? (If YES: How bad was that?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	<p>Q116 Rate for epileptic fits diagnosed by a doctor.</p>
<p>Q117 Does s/he have epileptic fits now? (If YES: How bad is it?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	
<p>IF RATED 1, 2 OR 3 CONTINUE. IF NOT SKIP TO Q120</p>	
<p>Q118 How old was s/he when s/he had the first fit?</p> <p>1. Probable before age 15 2. Certain before age 15 3. Probable after age 15 4. Certain after age 15 7. 8. 9.</p>	
<p>Q119 When was the last fit?</p> <p>1. Probable in the last 5 years 2. Certain in the last 5 years 3. Probable before last 5 years 4. Certain before last 5 years. 7. 8. 9.</p>	
<p>Q120 Were there complaints of physical disease or illness, at the start? (If YES: How bad was that?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	

<p>Q121 Is s/he physically ill at present (If YES: How bad is it?)</p> <p>0. Not present 1. Mild 2. Moderate 3. Severe 7. 8. 9.</p>	
<p>Q122 Has s/he been in serious pain in the last month?</p> <p>0. No 1. Occasionally 2. Often 3. Most of the day 7. 8. 9.</p>	<p>Q122 Rate here only if the subject is actively physically ill, for example, has pneumonia or other relatively serious chest infection, serious heart disorder, recent stroke, or other current illness. Clearly such severe physical illness may account for some of the organic features of the subject's mental state. DO NOT rate here for chronic illness causing pain e.g. arthritis of long standing or the results of an old accident.</p>
<p>CO-MORBID STATES</p>	
<p>123 RATE Do you think there is a co-morbid psychiatric condition that is associated with the main psychiatric condition?</p> <p>0. No 1. Yes 7. 8. 9.</p>	<p>Q123 Rate 1 if important levels of another psychiatric condition are present and cause problems for the subject or the informant, or even influence the outcome of the main condition.</p>
<p>IF RATED 1 RATE 124, ELSE SKIP TO Q129</p>	
<p>124A RATE Co-morbid state is</p> <p>A. Anxiety B. Depressive neurosis C Depressive Psychosis D. Organic Syndrome E. Other neurosis F. Other psychosis G. Alcohol abuse/dependence H. Other mental condition (specify) X. Z.</p>	<p>Q124 Rate here only the principle co-morbid mental condition (illness) which has been detected during the interview and is associated with the main condition e.g. the main condition may be dementia but depression or anxiety may be present. Similarly, a main diagnosis of depression may be accompanied by co-morbid anxiety or organic symptoms.</p>

<p>Q125 You have told me about the main problem(...) when did the (name the co-morbid condition) start? Was that before, after or about the same time as the (Other symptoms.)?</p> <p>0. The same time 1. Before 2. After 7. 8. 9.</p>	
<p>IF RATED 1 ASK Q126 ELSE SKIP TO Q127</p>	
<p>Q126 How long before?</p> <p>1. Up to a year before 2. Over 1 year but under 3 years 3. Three years and over 7. 8. 9.</p>	
<p>Q127 Has this tended to get worse (better) along with the rest of the illness, or does the rest of the illness seem to have no effect on it?</p> <p>0. Conditions seem unrelated 1. Gets worse with main illness 2. Improves with main illness 3 Both 1 & 2 4. Worse as main illness improves 5. Improves as main illness Worsens. 7. 8. 9.</p>	<p>Q127 The aim of this question is to decide whether the co-morbid state is simply dependent upon the main condition, and therefore gets better or worse as the main condition gets better or worse, or whether it is independent of the main condition and reacts differently, for example getting worse as the main condition gets better.</p>
<p>Q128 Does (name of co-morbid state) cause any problems?</p> <p>RATE 1 If contributes substantially.</p> <p>0. No 1. Contributes to social disability 2. Main cause of social disability 7. 8. 9.</p>	<p>Q128 This is an attempt to assess the degree of social disability caused by the co-morbid state itself. For example, the symptoms of Alzheimer's disease may themselves be at a minor state, but the degree of associated depression may cause serious behavioural problems, which might resolve if the depression were treated.</p>
<p>PREVIOUS EPISODES</p>	

<p>Q129 Have there been previous episodes of (illness)(these....) like this one? What happened?</p> <p>0. No 1. Other illness different symptoms. 2. Other illness same symptoms 7. 8. 9.</p>	
<p>IF Q129 RATED 2 CONTINUE, IF NOT SKIP TO Q141.</p>	
<p>Q130 How long ago was the first (illness)(onset of problems) like this one? nn. in months 777 888 999</p>	<p>Q130 Probe for accurate information as this could be important in establishing the type of illness and whether or not it came on before the age of 65.</p>
<p>Q131 How many (illnesses) (episodes) like the present one have there been? In between did everything go back to being more or less normal? How long did that normal period last for? 0. None 1. One 2. Two 3. Three 4. Four or more 7. 8. 9.</p>	<p>Q131 For a previous illness to count as a separate episode there must be at least four weeks or normality between episodes.</p>
<p>132 RATE Number of illnesses but with periods of normality lasting for at least 8 weeks 0. None 1. One 2. Two 3. Three 4. Four or more 7. 8. 9.</p>	<p>132 This rating is made to satisfy the DSMIIIR criteria.</p>
<p>133 RATE The subject currently has depression. 0. No 1. Yes 7. 8. 9.</p>	<p>133 This information should be available from the information already provided by the informant.</p>
<p>IF RATED 1 CONTINUE, IF NOT SKIP TO Q135</p>	

<p>134 RATE There has been at least one previous episode of depression of the same type as this illness (severe or mild) but separated from it by at least</p> <p>0. No 1. Two months of normal mood 2. Six months of normal mood 7. 8. 9.</p>	
<p>Q135 Did the first (illness) (episode) like the present one, happen suddenly or come on slowly? Over hours, days or weeks?</p> <p>1. Within 24 hours 2. More than 1 day but<1 week 3. 1 Week or more but< 1 month 4. 1 Month or more. 7. 8. 9.</p>	
<p>Q136A Was it necessary to see a doctor or attend hospital at any of these (previous times) (episodes) as an outpatient or inpatient? (If ADMITTED TO HOSPITAL ASK: Which hospital was that?)</p> <p>0. No 1. Saw a doctor 2. Attended hospital as an outpatient. 3. Admitted to hospital once 7. 8. 9.</p> <p>Q136B Which hospital admitted to (Specify)</p>	
<p>Q137 Was any medication given for this/these episode(s), like tablets, injections? (If YES: Did they make S any better?)</p> <p>0. None given 1. Poor response 2. Fairly good response 3. Very good response 7. 8. 9.</p>	<p>Q137 The response to medication may be helpful in understanding the type of illness, and should be enquired for carefully.</p>

<p>Q138 Did S have electrical treatment (ECT)? (If YES: Did that produce improvement?)</p> <p>0. None given 1. Poor response 2. Fairly good response 3. Very good response 7. 8. 9.</p>	
<p>139 JUDGEMENT A mental illness LIKE the present episode of illness or with similar main diagnosis came on BEFORE age 65.</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>140 JUDGEMENT A mental illness with DIFFERENT symptoms or DIFFERENT diagnosis to the present episode of illness came on BEFORE age 65.</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>OTHER PAST PSYCHIATRIC CONDITION</p>	
<p>Q141 Has there been any other psychiatric illness or problem with nerves, earlier in her/his life that we haven't talked about?</p> <p>0. No 1. Uncertain but probably 2. Fairly certain 7. 8. 9.</p>	<p>This section is used to rate any type of mental illness other than that consistent with the present episode e.g. schizophrenia earlier in life, or neurotic problems, or depression.</p> <p>Q141 Rate here any past psychiatric illness apart from previous episodes of the present illness or co-morbid state.</p>
<p>IF Q141 RATED 1 OR 2 CONTINUE, IF NOT SKIP TO Q145</p>	
<p>Q142 What was it like?</p> <p>A. Probable depression B. Certain depression C. Probable mania D. Certain mania E. Probable schizophrenia F. Certain schizophrenia G. Probable neurotic probs H. Certain neurotic probs I. Other (specify) X. Y. Z.</p>	<p>Q142 Non-medical raters: rate diagnosis only when informant/subject appears to have been told the diagnosis by a doctor. For more than one type of illness code the main illness (most serious) and enter the other(s) under I.</p>

<p>Q143 Was this ever treated by a psychiatrist?</p> <p>0. No 1. Unsure but probable 2. Fairly certain 7. 8. 9.</p>	
<p>Q144 Was the diagnosis of any of these conditions confirmed by the hospital? How old was S at the time?</p> <p>0. No 1. Did not attend hospital <age 65 2. Did attend hospital < age 65 3. Did not attend hospital > age 65 4. Did attend hospital > age 65 7. 8. 9.</p>	
<p>FAMILY HISTORY OF PSYCHIATRIC DISORDER The following questions concern S's blood relatives, that is his/her grandparents on both sides of the family, mother, father, aunts, uncles, brothers, sisters and children.</p>	<p>Here we try to elicit a family history of mental illness and suicide. We are concerned with blood relatives and not relatives by marriage.</p>
<p>Q 145 Did S have a twin brother or sister? (If YES: Were they thought to be identical?)</p> <p>0. No twin 1. Identical twin 2. Non identical twin 7. 8. 9.</p>	
<p>Q146 How many brothers and sisters were there?</p> <p>nn. Number of siblings 777 888 999</p>	<p>Q146 Record total number of brothers and sisters including the subject that there ever were.</p>
<p>Q147 Have any died?</p> <p>nn. Number of siblings that are dead 777 888 999</p>	<p>Q147 Rate total number dead</p>

<p>Q148 Has anyone in the family had a problem with their nerves? (Had a mental illness?)</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>IF YES CONTINUE, OTHERWISE SKIP TO Q154</p>	
<p>Q149 Who was it? Specify by relationship to S, i.e. sister.</p>	<p>Q149 Permissible relatives are: maternal grandmother, maternal grandfather, paternal grandmother, paternal grandfather, mother, father, aunt, uncle, brother, sister, child.</p>
<p>Q150 Did they receive treatment from a doctor or from a hospital? Were they admitted to hospital?</p> <p>0. No treatment by a doctor 1. Treated by a doctor 2. Treated as a psychiatric inpatient. 3. Treated as a psychiatric outpatient. 7. 8. 9.</p>	
<p>Q151 Can you tell me what the illness was like?</p> <p>A. Probable depression B. Certain depression C. Probable mania D. Certain mania E. Probable schizophrenia F. Certain schizophrenia G. Prob mental handicap H. Certain mental handicap I. Other (specify) X. Y. Z.</p>	<p>Q151 Rate for main illness. If more than one specify the other illnesses under I</p>
<p>Q152 Are there any other blood relatives who have had a problem with their nerves?</p> <p>0. No 1. Yes 7. 8. 9.</p> <p>IF YES ANSWER Q149-Q152 FOR EACH RELATIVE UP TO A MAXIMUM OF SIX TIMES, OTHERWISE SKIP TO Q154</p>	

<p>153 RATE Are there any other blood relatives who have had a problem with their nerves.</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>Q154 Have there been any suicides in the family?</p> <p>0. No 1. Yes (specify) 7. 8. 9.</p>	<p>Q154 Enter for up to six relatives. Permissible relatives are: maternal grandmother, maternal grandfather, paternal grandmother, paternal grandfather, mother, father, aunt, uncle, brother, sister, child. If more than one aunt, uncle, brother, sister or child, label them 1 or 2 e.g. child 1, child2</p>
<p>Q155 Did any elderly relative become ill and lose their mind, or develop senility of the mind?</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>IF 1 CONTINUE OTHERWISE SKIP TO Q160</p>	
<p>Q156 Who was it? Specify which relative</p>	<p>Q156 Permissible relatives are: maternal grandmother, maternal grandfather, paternal grandmother, paternal grandfather, mother, father, aunt, uncle, brother, sister, child.</p>
<p>Q157 Did they receive treatment from a doctor or from a hospital? Were they admitted to hospital?</p> <p>0. No treatment by doctor 1. Treated by a doctor 2. Treated as a psychiatric inpatient 3. Treated as a psychiatric outpatient 7. 8. 9.</p>	
<p>Q158 Did any other elderly relative become ill and lose their mind, or develop senility of the mind?</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>IF YES ANSWER Q156-Q158 FOR UP TO SIX RELATIVE, OTHERWISE SKIP TO Q160</p>	

<p>Q159 RATE More than six blood relatives have suffered from senility or dementia.</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>DISTRESSING EVENTS</p> <p>This next section of questions concerns any distressing events that may have happened to (name of subject).</p> <p>Q160 Has someone close to him/her died recently? Who was that?</p> <p>0. No 1. Yes 7. 8. 9.</p>	<p>Q160 This question is followed by three subsidiary questions; A, B and C, asking who has died. A for spouse, B or parent, sibling or child and C for another close person. If more than one person in categories B and C have died rate for the most recent and enter other information in the vignette. Ask Q161-Q163 appropriately. If no one has died skip to Q164.</p>
<p>Q161 When did it happen?</p> <p>1. Spouse died in last 6 weeks 2. More than 6wks but < 6mths 3. More than 6mths but < 3years 4. More than 3 years. 7. 8. 9.</p>	
<p>Q162 When did it happen?</p> <p>RATE for death of parent, sibling or child</p> <p>1. Has died in the last 6 weeks 2. More than 6wks but < 6mths 3. More than 6 months. 7. 8. 9.</p>	
<p>Q163 When did it happen?</p> <p>RATE for death of 'another close person'</p> <p>1. Close person died in last 6 wks 2. More than 6wks but < 6months 3. More than 6 months 7. 8. 9.</p>	

<p>Q164 Has s/he lost a cherished pet recently? (If YES When was that?)</p> <p>0. No</p> <p>1. Lost or died in last 6 weeks</p> <p>2. More than 6 wks but < 6mths</p> <p>7.</p> <p>8.</p> <p>9.</p>	
<p>IF BEREAVEMENT OR LOSS ASK Q165 OTHERWISE SKIP TO Q168</p> <p>Q165 Has their distress stopped them from doing some of the things they would normally do (social activities etc.)?</p> <p>0. No</p> <p>1. Mildly</p> <p>2. Severely</p> <p>7.</p> <p>8.</p> <p>9.</p>	<p>Q165 Do not rate here minor change in social activities, but only if they have involved cancelling engagements, inability to go shopping etc. Rate when distress was the cause. Do not rate if an engagement was cancelled simply due to the funeral arrangements etc.</p>
<p>166 JUDGEMENT However long ago the event nearly all of the subject's present symptoms of depression can be ascribed as below.</p> <p>0. Not due to loss of close person</p> <p>1. Due to loss of close person</p> <p>2. Due to loss of a cherished pet</p> <p>3. Due to loss of person and pet</p> <p>4. Not depressed.</p> <p>7.</p> <p>8.</p> <p>9.</p>	<p>166 The symptoms of bereavement are very similar to those of certain types of depression. In bereavement the symptoms can generally be explained by the severity of the bereavement. Rate here if this is not a case of depressive illness but is a normal bereavement</p>
<p>IF RATED 1,2 OR 3 RATE 167. IF NOT ASK Q168</p> <p>167 JUDGMENT Bearing in mind the severity of the loss and the lapse of time, this cannot be considered a normal bereavement.</p> <p>0. Normal bereavement</p> <p>1. Probably abnormal</p> <p>2. Definitely abnormal</p> <p>7.</p> <p>8.</p> <p>9.</p>	<p>167 Some bereavements are very severe or seem to trigger a depressive mechanism in the subject, so that they are followed by typical features of depressive illness. They may persist in their acute form for longer than six weeks or become steadily and progressively worse over many months. If it would appear that the bereavement has now become abnormal and perhaps established as an illness, rate here.</p>

<p>Q168 Has anything else happened recently which was seriously upsetting?</p> <p>0. No 1. Yes 7. 8. 9</p>	<p>Q168-Q172 These questions are aimed at establishing other life events which are judged to have made an important contribution to the subject's mental state</p>
<p>IF YES ASK Q169,IF NOT SKIP TO Q173.</p> <p>Q169 What was that? When did it happen? RATE: HOW LONG AGO THE EVENT OCCURRED (TO NEAREST MONTH)</p> <p>nn months 777 888 999</p>	
<p>170 RATE WHETHER THE MAIN EVENT PRECEDES THE PRESENT EPISODE OF ILLNESS</p> <p>0. No 1. Yes 7. 8. 9.</p>	<p>170 Main event refers to the most upsetting experience.</p>
<p>Q171 Has the distress stopped S from doing some of the things they would normally do? (Social activities etc?)</p> <p>0. No 1. Mildly 2. Severely 7. 8. 9.</p>	
<p>172 JUDGMENT However long ago the event, nearly all S's present symptoms of depression can be ascribed to a serious life event, other than bereavement or loss of pet (rated above).</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>MEDICAL & SURGICAL HISTORY</p>	

<p>Q173 This next set of questions is about S's own medical and surgical history. Is s/he left or right handed?</p> <ol style="list-style-type: none"> 1. Left handed 2. Right handed 7. 8. 9. 	
<p>Q174 Is s/he deaf or hard of hearing? RATE: '2' if almost all conversation must be shouted or repeated several times but not as bad as '3'</p> <ol style="list-style-type: none"> 0. No 1. Hears with difficulty 2. More than difficulty 3. Almost totally deaf 4. Totally deaf 7. 8. 9. 	
<p>Q175 Has there ever been a history of chronic bronchitis? (If YES Was s/he affected in the past or is it a problem now?)</p> <ol style="list-style-type: none"> 0. No 1. Past only probable 2. Past only certain 3. Current probable 4. Current certain 7. 8. 9. 	
<p>Q177 Has there ever been problems with other respiratory diseases? (If YES: Was s/he affected in the past or is it a problem now?)</p> <ol style="list-style-type: none"> 0. No 1. Past only probable 2. Past only certain 3. Current probable 4. Current certain 7. 8. 9. 	

<p>Q179 Has s/he ever had asthma? (If YES: Was s/he affected in the past or is it a problem now?)</p> <p>0. No 1. Past only probable 2. Past only certain 3. Current probable 4. Current certain 7. 8. 9.</p>	
<p>Q181 Has s/he ever had arthritis? (If YES Was s/he affected in the past or is it a problem now?)</p> <p>0. No 1. Past only probable 2. Past only certain 3. Current probable 4. Current certain 7. 8. 9.</p>	
<p>Q183 Does s/he currently have pernicious anaemia?</p> <p>0. No 1. Probable 2. Certain 7. 8. 9.</p>	<p>Q183 Pernicious anaemia is always treated with injections, if the informant is in doubt ask if the subject has injections.</p>
<p>Q184 Has s/he ever had sugar diabetes? (mellitus) (If YES: How was it diagnosed? Who diagnosed it?)</p> <p>0. No 1. Unsure but probable 2. Fairly certain 7. 8. 9.</p>	
<p>IF RATED 1 OR 2 ASK Q185, ELSE SKIP TO Q186</p>	
<p>Q185 How is it treated?</p> <p>A. Diet alone-probable B. Diet alone-certain C. Oral medication-probable D. Oral medication-certain E. Insulin injection-prob F. Insulin injection-certain G. Other X. Y. Z.</p>	<p>Q185 It may be controlled in three ways: mild cases may be on diet alone; moderate cases and those occurring in later life by oral medication; but severe cases can only be controlled by injections of insulin.</p>

<p>Q186 Has s/he ever had thyroid problems? Was it under or over active?</p> <p>0. No 1. Underactive-probable 2. Underactive-certain 3. Overactive-probable 4. Overactive-certain 7. 8. 9.</p>	<p>Q186 Overactive thyroid is sometimes called thyrotoxicosis, or hyperthyroidism. Underactive thyroid is sometimes called myxoedema, or hypothyroidism.</p>
<p>Q187 Has s/he ever had pain or discomfort in the legs on walking that goes away with rest?</p> <p>0. No 1. Intermit claudication-prob 2. Intermit claudication-cert 7. 8. 9.</p>	<p>Q187 These are gripping or cramping pains that are located in the calves and come on after walking. They are relieved if the subject stands still, but will recur with further effort</p>
<p>Q188 Has s/he ever had kidney trouble? (If YES Was s/he affected in the past or is it a problem now?)</p> <p>0. No 1. Past only probable 2. Past only certain 3. Current probable 4. Current certain 7. 8. 9.</p>	<p>Q189 Kidney trouble now has been removed.</p>
<p>Q190 Has s/he ever suffered from heart trouble? (If YES Was s/he affected in the past or is it a problem now?)</p> <p>0. No 1. Past only probable 2. Past only certain 3. Current probable 4. Current certain 7. 8. 9.</p>	<p>Q191 Heart trouble now has been removed</p>
<p>IF RATED 1, 2, 3 OR 4 ASK Q192 IF NOT SKIP TO Q193</p>	

<p>Q192 Has a heart attack ever been diagnosed by a doctor when several weeks rest was advised?</p> <p>0. No 1. Probable 2. Certain 7. 8. 9.</p>	
<p>Q193 Has s/he ever had pain or discomfort in the chest that goes away with rest?</p> <p>0. No 1. Angina pectoris-prob 2. Angina pectoris-certain 7. 8. 9.</p>	<p>Q193 These are gripping or cramping pains. They are felt in the centre of the chest, behind the breastbone, but may radiate into the arms or up into the neck. They do NOT start over the left side of the chest. They are relieved by rest but are likely to recur with further effort.</p>
<p>Q194 Or high blood pressure? (If YES: How was it diagnosed? Who diagnosed it?)</p> <p>0. No 1. Hypertension-probable 2. Hypertension-certain 7. 8. 9.</p>	
<p>IF RATED 1 OR 2 ASK Q195 ELSE SKIP TO Q197</p>	
<p>Q195 How is it treated? Has s/he had special tablets to lower the pressure?</p> <p>0. No 1. Medication-probable 2. Medication-certain 7. 8. 9.</p>	
<p>Q196 Did the doctor say how severe it was?</p> <p>1. Told it was severe 2. Not severe or not told 7. 8. 9.</p>	
<p>Q197 Has s/he had sudden blindness in one eye?</p> <p>0. No 1. Probable 2. Certain 7. 8. 9</p>	<p>Q197 Sudden blindness may occur in one eye within a matter of minutes, indicating a bleed or thrombosis of a blood vessel. Do not rate blindness that comes on gradually over several months.</p>

<p>Q198 Or ever had weakness or difficulty with speech, memory or vision which got better after a day?</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>Q199 Has s/he had a weakness in one arm or one leg, or an arm and leg on the same side of the body? (How long did it last?)</p> <p>0. No 1. Probably lasted <24hrs 2. Certainly lasted <24 hrs 3. Probably 24 hrs or more 4. Certainly 24 hrs or more 7. 8. 9.</p>	<p>Q199 The weakness of an arm or leg on one side of the body generally indicates a condition of the opposite side of the brain. The most common cause would be rapid onset stroke. Occasionally minor strokes resolve within 24 hours. Very much more severe strokes show comparatively little improvement.</p>
<p>Q200 Was a brain haemorrhage diagnosed at any time?</p> <p>0. No 1. Unsure but probably 2. Fairly certain 7. 8. 9.</p>	<p>Q200 Sometimes a stroke is referred to as a brain haemorrhage so it is asked for here. Brain haemorrhage, however, accounts for other types of conditions where there is bleeding in the spaces around the brain (subarachnoid haemorrhage) which may occur at any age.</p>
<p>Q201 Has s/he ever had a stroke or a time when part of his/her body became paralysed? (If YES: When was that? Did it happen suddenly?)</p> <p>0. No history of stroke or paralysis 1. Probably after 40 yrs of age 2. Certainly after 40 yrs of age 7. 8. 9.</p>	<p>Q201 Rate for strokes occurring after 40 years of age.</p>
<p>Q202 More generally if something happens to make S laugh or feel sad or cry, is it sometimes difficult to control?</p> <p>0. No 1. Unsure but probably 2. Fairly certain 7. 8. 9.</p>	<p>Q202 Subjects who have had strokes, particularly those who have had strokes on both sides of the brain, may have great difficulty controlling laughter or tears. Characteristically they do not feel sad when asked, but nevertheless may burst suddenly into tears, which they cannot control and which they may often find very embarrassing.</p>

<p>Q202a Has s/he ever been diagnosed as having Parkinson's disease?</p> <p>0. No 1. Probable 2. Certain 7. 8. 9.</p>	
<p>IF RATED 2 SKIP TO Q203 IF NOT ASK Q202B</p>	
<p>Q202b Does s/he have any tremor or shakiness in her/his hands?</p> <p>0. No 1. Yes, action tremor 2. Yes, resting tremor 7. 8. 9.</p>	<p>Q202b If both rate 2.</p>
<p>Q202c Does s/he have difficulty in starting to move (e.g. starting to walk or getting out of a chair)?</p> <p>0. No 1. Yes- Due to Parkinson's disease. 2. Yes- Due to some other cause (specify) 7. 8. 9.</p>	<p>Q202c This is a problem in initiating muscular movements, not caused by arthritis or pain or generalised weakness.</p>
<p>Q202d Has her/his walking become slower recently?</p> <p>0. No 1. Yes- Due to Parkinson's disease. 2. Yes- Due to some other cause (specify) 7. 8. 9.</p>	<p>Q202d The typical gait is slow and shuffling often with a stoop.</p>
<p>Q202e Has her/his handwriting changed recently? (In what way?)</p> <p>0. No 1. Yes – become smaller 2. Yes – some other change (specify) 7. 8. 9.</p>	

<p>Q203 Does s/he have a tendency to fall?</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>Q203a Does s/he ever become unconscious (have a blackout) for no apparent reason? (If YES: How many times has this happened?)</p> <p>0. No 1. Occasionally (<2 in last 6mths) 2. Often (> 2 in last 6 months) 3. Blackouts due to other cause (specify) 7. 8. 9.</p>	<p>Q203a Rate blackouts which involve a period of unconsciousness which are not due to diagnosed epilepsy or cardiac problem.</p>
<p>Q204 Did he box or was he a boxer? (If YES: At what age?)</p> <p>0. No 1. Up to age 18 2. Over age 18 7. 8. 9.</p>	<p>Q204 Ask this question of men only.</p>
<p>Q205 Did s/he ever have a serious illness or accident affecting his/her head or brain?</p> <p>0. No 1. Probable accident/trauma 2. Definite accident/trauma 3. Probable illness 4. Definite illness 5. Both 7. 8. 9.</p>	
<p>Q206 Did his/her behaviour become changed in some way? (If YES Could you describe in what way s/he changed? Was it temporary or permanent?)</p> <p>0. No personality or intellectual change 1. Temporary change 2. Permanent change 7. 8. 9.</p>	<p>Q206 Rate here if a serious condition affecting the head resulted in a change in behaviour, for example the subject has become unable to tolerate frustration without becoming angry or abusive, whereas before this was tolerated without too much difficulty. Rate also if there has been a clear deterioration in intellectual function. Rate whether this change has been permanent or temporary, that is the subject has now returned to his or her normal behaviour</p>
<p>Q207 How old would s/he have been? nn in years 777 888 999</p>	

<p>Q208 Was s/he admitted to hospital for that?</p> <p>0. No</p> <p>1. Yes</p> <p>7.</p> <p>8.</p> <p>9.</p>	
<p>Q209 Was there a period of unconsciousness following the illness (accident)?</p> <p>0. No</p> <p>1. A few minutes to an hour</p> <p>2. Longer than an hour</p> <p>3. Time not known</p> <p>7.</p> <p>8.</p> <p>9.</p>	
<p>Q210 Has S had a history of meningitis or encephalitis (brain fever)?</p> <p>0. No</p> <p>1. Meningitis</p> <p>2. Encephalitis</p> <p>3. Brain fever, unknown diagnosis</p> <p>7.</p> <p>8.</p> <p>9.</p> <p>IF RATED 1,2 OR 3 ASK Q211 IF NOT SKIP TO Q211a</p>	<p>Q210 Meningitis and encephalitis are infectious conditions of the brain and the membranes, covering the brain. They may result in serious and prolonged periods of confusion or even unconsciousness. They may occur secondary to childhood infectious conditions or even in small epidemics. They may occur after immunisation such as for whooping cough. They would nearly always be regarded as serious illness and the subject or informant would probably know they had occurred. When the subject was a child they may have been referred to as brain fever.</p>
<p>Q211 Was it treated by a doctor? (in hospital?)</p> <p>0. No</p> <p>1. Treated by a doctor outside hospital</p> <p>2. Treated in hospital</p> <p>7.</p> <p>8.</p> <p>9.</p>	
<p>Q211a Has s/he had any unpleasant reactions to any tablets or medicines given to her/him by the doctor? (If YES: What was the medicine? What was the reaction like? What did the doctor say?)</p> <p>0. No</p> <p>1. Possible neuro sensitivity</p> <p>2. Probable or certain neuroleptic sensitivity (specify)</p> <p>7.</p> <p>8.</p> <p>9.</p>	<p>Q211a Neuroleptic sensitivity is marked drowsiness with rigidity and tremor occurring soon after a small dose of a neuroleptic tranquilliser such as Melleril (Thioridazine) or Largactil (Chlorpromazine). Specify the drug involved, the dose (if recalled) and the reaction.</p>

<p>Q212 Has s/he been out of the house in the last month?</p> <p>0. No 1. Yes 7. 8. 9.</p>	
<p>IF RATED 0 ASK Q213 IF NOT SKIP TO Q214</p>	
<p>Q213 Why is that?</p> <p>1. Can manage with help (& help available) but doesn't 2. Can manage alone but doesn't 3. Can't manage alone & no help 4. Can't manage even with help 7. 8. 9.</p>	
<p>214 JUDGEMENT Is the subject seriously physically incapacitated?</p> <p>0. No 1. Difficulty moving about indoors 2. Chairfast 3. Bedfast 7. 8. 9.</p>	
<p>ALCOHOL CONSUMPTION</p>	<p>Because of the importance of alcohol as either a cause or contributory factor in mental illness, this section goes into some detail about drinking history. The consumption of alcohol in excessive quantities in the past may predispose to present illness or be the direct cause of dementia. When rating this section you should avoid making assumptions based on experience with younger age groups as to what constitutes excessive alcohol intake.</p>
<p>Q215 This last section concerns S's alcohol consumption. During the last 12 months has s/he had anything alcoholic to drink, for example any beer, wine or spirits?</p> <p>0. No 1. Yes 7. 8. 9.</p>	<p>Q215 Rate if ANY alcoholic beverage has been taken in the last 12 months regardless of volume or frequency of consumption</p>

IF YES SKIP TO Q221	
<p>Q216 Did S ever drink? (If YES: Would you say s/he has given up drinking now?)</p> <p>0. Never drank 1. Has given up 2. Has not given up 7. 8. 9.</p>	
IF 0 SKIP TO Q245. IF 2 SKIP TO Q225	
Former drinking	
<p>Q217 At what age did s/he first start having any alcoholic drinks – as opposed to just tasting them to see what they were like?</p> <p>Nn Started drinking at age 777. 888. 999.</p>	<p>Q217 Record here that age at which drinking started, irrespective of frequency or subsequent changes in drinking habits. Drinking on special occasions only e.g. holidays, weddings or very infrequent drinking does not constitute abstention.</p>
<p>Q218 Could you tell me how often s/he usually HAD an alcoholic drink of any kind? Would you say it was – more or less every day? At least once a week? At least once a month? Less than once a month?</p> <p>0. Less than once a month 1. >Once a month but <1 a week 2. At least once a week 3. Three or more days a week 7. 8. 9.</p>	<p>Q218 This is an attempt to identify the usual frequency of alcohol consumption when the subject was drinking. In many cases, frequency will have varied considerably over the years, in which case the predominant pattern should be rated. If no predominant pattern emerges, rate the highest frequency maintained for a total period of five years or more.</p>
IF 0 OR 1 SKIP TO Q220	
<p>Q219 What was the most s/he would drink in an average week?</p> <p>nn Units per week 777. 888. 999.</p>	<p>Q219 For those whose usual frequency of drinking was at least once a week or more frequently, record the maximum consumption per week after converting into units. 1 unit = half pint of beer, Single measure of spirits, 1 glass of wine or sherry. 1 bottle spirits = 32 units. If a range is given record the upper limit.</p>
<p>Q220 At what age did s/he stop drinking?</p> <p>nn Age stopped drinking 777. 888. 999.</p>	<p>Q220 Record the age at which the subject last had an alcoholic drink.</p>

<p>IF STOPPED BEFORE AGE 65 SKIP TO Q235. IF STOPPED AFTER AGE 65 SKIP TO Q232.</p>	
<p>CURRENT DRINKING</p>	
<p>Q221 Has s/he had a drink today? (If YES: How much? When was that?) RATE: S HAS BEEN DRINKING ALCOHOL WITHIN AN HOUR BEFORE THE INTERVIEW RATE as '2' a lot if sufficient to interfere with performance. 0. No 1. Some 2. A Lot 7. 8. 9.</p>	<p>Q221 & 222 Are intended to ascertain whether symptoms or signs rated at the GMS interview might be secondary to the effects of alcohol intoxication. This question should only be asked if the subject interview is conducted on the same day as the informant interview</p>
<p>222 JUDGEMENT S's present symptoms could be explained by alcohol consumption. 0. No 1. Partly due 2. Entirely due 7. 8. 9.</p>	
<p>Q223 Could you tell me how often s/he usually HAS an alcoholic drink of any kind. Would you say it was – more or less every day? At least once a week? At least once a month? Less than once a month? 0. Less than once a month 1. >Once a month but <1 a week 2. At least once a week 3. Three or more days a week 7. 8. 9.</p>	
<p>IF 0 OR 1 SKIP TO Q225</p> <p>Q224 What is the most s/he drinks in an average week?</p> <p>Nn units per week 777 888 999</p>	<p>Q224 Record the maximum regular consumption per week after converting into units. 1 unit = half pint of beer, single measure of spirits, 1 glass of wine or sherry. 1 bottle spirits = 32 units. If a range is given record the upper limit.</p>

<p>Q225 At what age did s/he first start having any alcoholic drinks – as opposed to just tasting them to see what they were like?</p> <p>Nn Age in years 777 888 999</p>	
<p>Q226 Has the drinking caused any health problems, falls or accidents?</p> <p>0. No 1. Infrequent/Mild 2. Frequent/Severe 7. 8. 9.</p>	<p>Q226 & Q227 Indices of alcohol problems in elderly subjects may differ from those used with younger populations. Use these items to rate the occurrence of any difficulties listed where they are a result of current drinking habits. For this purpose ignore frequency of drinking or volume of alcohol consumed</p>
<p>Q227 Have meals been neglected, housework, personal hygiene or self-care because of drinking?</p> <p>0. No 1. Infrequently 2. Persistently 7. 8. 9.</p>	<p>Q227 You may need to probe in this question. It may be that meals have been neglected and the subject has been drinking but that the informant has not made the connection. Use your judgement</p>
<p>Q228 Is alcohol in any way a problem for him/her?</p> <p>0. No 1. Mild 2. Severe 7. 8. 9.</p>	<p>Q228 Rate here the informant's response.</p>
<p>IF Q226 & Q227 & Q228 ARE ALL RATED 0 SKIP TO Q230</p>	
<p>Q229 How old was S when drinking first caused difficulties?</p> <p>nn Age in years 777. 888. 999.</p>	<p>Q229 Record the earliest age at which physical, social or emotional difficulties occurred as a result of alcohol.</p>

<p>Q230 Has s/he been under the influence/intoxicated in the last 12 months.</p> <p>0. No 1. Occasionally 2. Regularly 7. 8. 9.</p>	<p>Q230 Rate here only episodes of disturbance of physiological, or behavioural functions due to ingestion of alcohol. Disregard the amount of alcohol required to produce intoxicating effects</p>
<p>Q231 Does s/he take alcohol to get to sleep?</p> <p>0. No 1. Occasionally 2. Regularly 7. 8. 9.</p>	<p>Q231 Use of alcohol as a hypnotic, regardless of volume consumed is rated here.</p>
<p>Comparison with pre-65 Q232 After s/he reached the age of 65 would you say s/he drank more, less or about the same as when s/he was younger?</p> <p>0. No change 1. Decreased after 65 2. Increased after 65 7. 8. 9.</p>	<p>Q232 This is an attempt to identify the occurrence and direction of any overall change since age 65 in the predominant drinking pattern that was present prior to age 65.</p>
<p>Q233 Could you tell me how often s/he usually HAD an alcoholic drink of any kind. Would you say it was – more or less every day? At least once a week? At least once a month? Less than once a month? RATE FREQUENCY BEFORE AGE 65</p> <p>0. Less than once a month 1. >Once a month but <1 a week 2. At least once a week 3. Three or more days a week 7. 8. 9.</p>	<p>Q233 & Q234 These two items refer to frequency of alcohol consumption prior to age 65. (See comment Q218)</p>
<p>IF 0 OR 1 SKIP TO Q235</p>	
<p>Q234 What was the most s/he would drink in an average week? RATE FOR BEFORE AGE 65.</p> <p>Nn Units a week 777. 888. 999.</p>	

Drinking problems	
<p>Q235 Would you say that s/he has ever been a heavy drinker for some years?</p> <p>0. No 1. Yes 7. 8. 9.</p>	<p>Q235 Rate here the informant's opinion</p>
<p>Q236 Has s/he ever had treatment or help for drinking from a doctor, the A.A. or some other agency?</p> <p>0. No 1. Yes 7. 8. 9.</p>	<p>Q236 Rate if the subject has received treatment or help for drinking from any source</p>
<p>237 JUDGEMENT Rater believes S has a drinking problem.</p> <p>0. No 1. Yes 7. 8. 9.</p>	<p>237 Judgement should be made on the presence of a current drinking problem, that is the subject finds serious difficulty in stopping drinking, or alcohol is damaging his or her social, physical or emotional well-being.</p>
<p>238 JUDGMENT S has been drinking heavily for more than five years of their life</p> <p>. 0. No 1. Yes 7. 8. 9.</p>	<p>238 Here a judgement is required as to whether the subject has been an excessive drinker for a TOTAL period exceeding five years of his/her life. A clear pattern of 'bout drinking' or periodic 'binges' during which consumption is excessive should be rated here.</p>
<p>IF 237 & 238 RATED 0 SKIP TO Q245</p>	
<p>Q239 Has s/he ever been admitted to hospital because of drinking</p> <p>0. No 1. Infrequently 2. Frequently 7. 8. 9.</p>	<p>Q239 Rate admissions where the primary purpose has been treatment of alcohol abuse or dependence.</p>

<p>Q240 Has s/he ever lost a job or been out of work because of drinking?</p> <p>0. No 1. Infrequently 2. Frequently 7. 8. 9.</p>	
<p>Q241 Has s/he ever had delirium tremens (DT'S), seen visions or had the shakes due to drinking?</p> <p>0. No 1. Infrequently 2. Frequently 7. 8. 9.</p>	<p>Q241 The rating here is of withdrawal symptoms or physical and psychological effects of drinking.</p>
<p>Q242 Has s/he ever lost his/her memory because of drinking?</p> <p>0. No 1. Occasionally or for short periods 2. Frequently or for long periods 7. 8. 9.</p>	<p>Q242 Rate the occurrence of blackouts or amnesia related to ingestion of alcohol.</p>
<p>243 JUDGEMENT S has suffered serious mental disturbance due to drinking.</p> <p>0. No 1. Mild 2. Severe 7. 8. 9.</p>	<p>243 Judgement is required on the basis of responses to the preceding items or on a clear history of psychiatric illness or serious mental disturbance following prolonged heavy ingestion of alcohol.</p>
<p>IF 0 SKIP TO Q245</p>	
<p>244 MENTAL DISTURBANCE HAS CONTINUED FOR AT LEAST 3 WEEKS AFTER CESSATION. RATE 9 IF STILL DRINKING.</p> <p>0. No 1. Mild 2. Severe 7. 8. 9.</p>	<p>244 This is an attempt to differentiate transient psychiatric symptoms and mental disturbance due to alcohol intoxication or withdrawal, from secondary psychiatric conditions</p>

<p>Q245 Thank you for answering all these questions. How did you feel about them? Would you like to make any other comments about this interview?</p> <ol style="list-style-type: none"> 1. Very anxious 2. Somewhat concerned 3. Unconcerned 4. Enjoyed it 8. 9. 	
<p>247 Rater's confidence in data</p> <ol style="list-style-type: none"> 0. Reasonable 1. A few doubts 2. Moderate doubts 3. Grave doubts 4. Worthless 	<p>247 Raters confidence in data</p> <p>Rate '0' if informant gave properly considered answers to more or less all of the questions. Rate '3' if informant was Unable or unwilling to give properly considered answers to most questions.</p> <p>Rate '4' if the answers were more or less random</p>
<p>IF NO DOUBTS SKIP TO ITEM 249</p>	
<p>248 Doubtful reliability because of</p> <ol style="list-style-type: none"> 1. Exaggeration 2. Minimization 3. Another person present 9. Other 	<p>248 Reason for doubtful reliability:</p> <p>Rate '1' if informant had a tendency to say 'yes' indiscriminately.</p> <p>Rate '2' if informant had a tendency to say 'no' indiscriminately</p>
<p>249 Information recorded</p> <ol style="list-style-type: none"> 1. During interview 2. After interview from schedule 	