TELE - INFORMANT

ID #____________________________________

Date:____________ Time:______________

Name of proband ___________________________________________________

Name of informant ___________________________________________________

Phone number_______________________________________________________

Relationship of informant to proband _________________________________
1. How long have you known (Proband)? _________________
   Don’t know ( )
   Refuse ( )

2. How often do you have contact with {him/her}?

   (YOU MAY READ THE ALTERNATIVES.)

   Live together ( )
   Daily or several times a week ( )
   Once or twice a week ( )
   Every month, but not every week ( )
   Once or several times a year ( )
   Almost never ( )
   Don’t know ( )
   Refuse ( )

3. In what sort of dwelling does {he/she} live?

   (READ THE ALTERNATIVES.)

   House ( )
   Apartment ( )
   Service apartment ( )
   Townhouse ( )
   Old people’s home ( )
   Nursing home ( )
   Hospital ( )
   Group living ( )
   Other _________________
   Don’t know ( )
   Refuse ( )

4. When did {he/she} move there and why?

   Year__________  Reason _______________________
   Don’t know ( )
   Refuse ( )

CHECK IF MOVE WAS DUE TO PROBLEMS WITH MEMORY/CONFUSION

5. When is {he/she} expected to come home?

   (YOU MAY READ THE ALTERNATIVES.)

   Within two weeks ( )
   Within a year ( )
   In more than a year ( )
   Don’t know ( )
   Refuse ( )
6. Does {he/she} live with someone, in that case, with whom?

   Living alone/No ( )
   Spouse/cohabitant ( )
   Twin partner ( )
   Sibling, How many? _______
   Adult child, How many? _______
   Underage children (<18), How many? _______
   Grandchild, How many? _______
   Other relative ( )
   Friend ( )
   Paid help ( )
   Don’t know ( )
   Refuse ( )

7. Did {he/she} retire prematurely because of health problems?

   Yes, which problems _______________
   Still working ( )
   No ( )
   Don’t know ( )
   Refuse ( )

CHECK IF RETIREMENT WAS DUE TO PROBLEMS WITH MEMORY/CONFUSION □

8. Has {his/her} health improved, is it the same, or worse now as compared to earlier?

   Better ( )
   The same ( )
   Worse ( )
   Don’t know ( )
   Refuse ( )

9. How is {his/her} hearing?

   Good ( )
   Reduced ( )
   Highly reduced ( )
   One ear ( )
   Don’t know ( )
   Refuse ( )

10. Does {he/she} use a hearing aid?

    Yes ( )
    No ( )
    Don’t know ( )
    Refuse ( )
11. Has {he/she} contacted a doctor, or visited a hospital recently?

Yes, contacted a doctor ( )
Yes, visited a hospital ( )
No ( )
Don’t know ( )
Refuse ( )

12. For what reason?

Problems with the memory/confusion ( )
Open answer __________________________
Don’t know ( )
Refuse ( )

13. Do you think {his/her} memory has deteriorated during the last year?

Yes ( )
No ( )
Don’t know ( )
Refuse ( )

14. Does {he/she} have problems with {his/her} memory?

Yes ( )
No ( )
Don’t know ( )
Refuse ( )

Now I will ask some questions regarding the memory.

15. Can {he/she} recall recent events?

Rarely ( ) [Score: 1 points]
Sometimes ( ) [Score: .5 points]
Usually ( ) [Score: 0 points]
Don’t know ( )
Refuse ( )

16. Can {he/she} remember a short list of items (shopping)?

Rarely ( ) [Score: 1 points]
Sometimes ( ) [Score: .5 points]
Usually ( ) [Score: 0 points]
Don’t know ( )
Refuse ( )
17. Can {he/she} find {his/her} way about familiar streets?

Rarely ( ) [Score: 1 points]
Sometimes ( ) [Score: .5 points]
Usually ( ) [Score: 0 points]
Don’t know ( )
Refuse ( )

18. How often can {he/she} find {his/her} way about indoors?

Rarely ( ) [Score: 1 points]
Sometimes ( ) [Score: .5 points]
Usually ( ) [Score: 0 points]
Don’t know ( )
Refuse ( )

19. Can {he/she} understand situations or explanations?

Rarely ( ) [Score: 1 points]
Sometimes ( ) [Score: .5 points]
Usually ( ) [Score: 0 points]
Don’t know ( )
Refuse ( )

20. How often does {he/she} dwell in the past?

Rarely ( ) [Score: 0 points]
Sometimes ( ) [Score: .5 points]
Usually ( ) [Score: 1 points]
Don’t know ( )
Refuse ( )

21. Have you noticed that {he/she} forgets to visit people or forgets that someone is invited?

Yes ( )
No ( )
Sometimes ( )
Don’t know ( )
Refuse ( )
22. Have you noticed that {he/she} forgets something else?

Yes ( )
No ( )
Sometimes ( )
Don’t know ( )
Refuse ( )

b. If yes or sometimes, what have you noticed that {he/she} forgets?

Don’t know ( )
Refuse ( )

23. Ability to perform household tasks.

No loss ( ) [Score: 0 points]
Some loss ( ) [Score: .5 points]
Severe loss ( ) [Score: 1 points]
Don’t know ( )
Refuse ( )

24. Why has {his/her} ability deteriorated?

(DO NOT READ THE ALTERNATIVES ALOUD!)

Has a problem moving around ( )
Has problems with memory and judgment ( )
Other __________________________
Don’t know ( )
Refuse ( )

25. Rate {his/her} ability to cope with small sums of money.

No loss ( ) [Score: 0 points]
Some loss ( ) [Score: .5 points]
Severe loss( ) [Score: 1 points]
Don’t know ( )
Refuse ( )
26. Why has {his/her} ability deteriorated?

(DO NOT READ THE ALTERNATIVES ALOUD!)

Has a problem moving around ( )
Has problems with memory and judgment ( )
Other __________________________
Don’t know ( )
Refuse ( )

27. What is your estimate of {his/her} mental ability in the following areas:

a. Dressing

Manages without help ( ) [Score: 0 points]
Needs a little help ( ) [Score: 1 points]
Needs a lot of help ( ) [Score: 2 points]
Cannot do it at all ( ) [Score: 3 points]
Don’t know ( )
Refuse ( )

b. Eating habits

Manages without help ( ) [Score: 0 points]
Needs a little help ( ) [Score: 1 points]
Needs a lot of help ( ) [Score: 2 points]
Cannot do it at all ( ) [Score: 3 points]
Don’t know ( )
Refuse ( )

c. Sphincter control

Normal complete control ( ) [Score: 0 points]
Occasionally wets bed ( ) [Score: 1 points]
Frequently wets bed ( ) [Score: 2 points]
Doubly incontinent ( ) [Score: 3 points]
Don’t know ( )
Refuse ( )

28. Why does {he/she} need help?

(Do NOT READ THE ALTERNATIVES ALOUD!)

Has a problem moving around ( )
Has problems with memory and judgment ( )
Other __________________________
Don’t know ( )
Refuse ( )
29. At what age (or in what year) did {his/her} memory problem begin?

Age ________ Year ________

Don’t know ( )
Refuse ( )

30. Has anyone suggested a reason for the memory problems?

__________________________________________________

No ( )
Don’t know ( )
Refuse ( )

That was all. Thank you for your participation.

COMMENTS/IMPRESSIONS

(WRITE DOWN EVERYTHING YOU NOTICED THAT COULD HAVE IMPORTANCE IN UNDERSTANDING THE PROBAND, FOR EXAMPLE, PERSONAL PROBLEMS, A RECENT DEATH IN THE FAMILY OR A SICK FAMILY MEMBER. GIVE YOUR COMMENTS ON HOW THE INTERVIEWED PERSON ACTED AS A SOURCE CONSIDERING THE PROBAND.)

Source: