

# 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)? \_\_\_\_\_  
NUMBER OF YEARS

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?

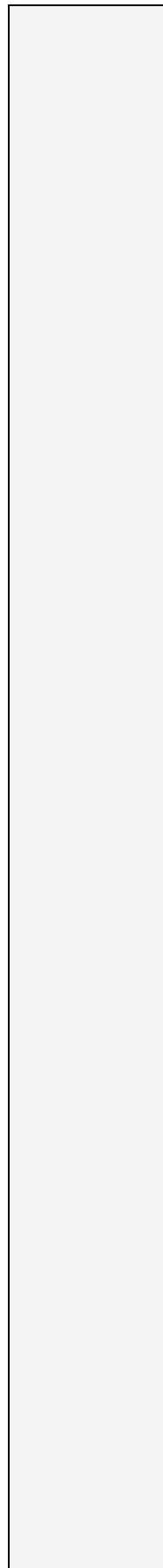
Year \_\_\_\_\_ Reason \_\_\_\_\_  
Don't know ( )  
Refuse ( )

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?

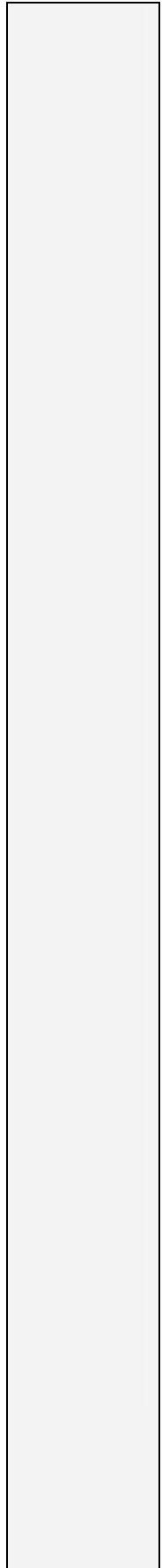
- Better ( )
- The same ( )
- Worse ( )
- Don't know ( )
- Refuse ( )

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?

\_\_\_\_\_ [1]

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)?

\_\_\_\_\_ [1]

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 ( )

\_\_\_\_\_ [1]

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 ( )

\_\_\_\_\_ [1]

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

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

\_\_\_\_\_ [1]

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 ( )

\_\_\_\_\_ [1]

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

- Yes ( )
- No ( )
- Sometimes ( )
- Don't know ( )
- Refuse ( )

\_\_\_\_\_ [1]



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.

[1]

- 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.

[1]

- 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 ( )

\_\_\_\_\_ [3]

\_\_\_\_\_ [3]

\_\_\_\_\_ [3]



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 ( )

TOTAL  
BDS  
[17]

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:

Blessed, G., Tomlinson, B.E., & Roth M. (1968). The association between quantitative measures of dementia and of senile change in the cerebral grey matter of elderly subjects. British Journal of Psychiatry, 114, 797-811.

