

# TELE

ID # \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

(FILL IN INFORMATION BEFORE PLACING CALL:)

Name \_\_\_\_\_

Address \_\_\_\_\_

County \_\_\_\_\_

Date of birth \_\_\_\_\_

(IF PERSON IS HESITANT, ASK IF IT IS PREFERRED TO HAVE A RELATIVE HELP ANSWER SOME QUESTIONS. IF YES, USE TELE-INFORMANT.)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_



Dementia in Swedish Twins  
NIH Grant No. R01 AG08724

(IF AN ITEM IS NOT ASKED, PUT THE REASON:)

- A=refuses to do it
- B=couldn't hear well enough
- C=other reason

Could you tell me

1. How old are you? \_\_\_\_\_  
\_\_\_ right  
\_\_\_ wrong  
\_\_\_ not asked

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

2. When were you born? \_\_\_\_\_  
  
day and month  
\_\_\_ right  
\_\_\_ wrong  
\_\_\_ not asked

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

year  
\_\_\_ right  
\_\_\_ wrong  
\_\_\_ not asked

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

3. Where are you living now? What is your address?

Street Address \_\_\_\_\_  
\_\_\_ right  
\_\_\_ wrong  
\_\_\_ not asked

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

4. What county is that in? \_\_\_\_\_  
\_\_\_ right  
\_\_\_ wrong  
\_\_\_ not asked

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

5. In what sort of dwelling do you live?  
house ( )  
apartment ( )  
assisted living ( )  
nursing home ( )  
other ( ) \_\_\_\_\_

(IF NOT LIVING IN OWN HOUSE OR APARTMENT)

a. When did you move and what was the reason for moving?

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

CHECK IF MOVE WAS DUE TO PROBLEMS WITH MEMORY/CONFUSION



Dementia in Swedish Twins  
NIH Grant No. R01 AG08724

6. Did you retire early due to a problem with your health?  
\_\_\_\_ yes  
\_\_\_\_ no  
\_\_\_\_ not asked

7. How has your health been lately?  
\_\_\_\_ excellent  
\_\_\_\_ good  
\_\_\_\_ fair  
\_\_\_\_ poor  
\_\_\_\_ not asked

(WRITE DOWN ANY MAJOR RECENT HEALTH INCIDENTS)

---

CHECK IF HEALTH PROBLEMS INCLUDE DEMENTIA, ALZHEIMER'S DISEASE, OR PROBLEMS WITH MEMORY/CONFUSION

8. Have you seen a doctor or been in the hospital for any condition recently?  
\_\_\_\_ YES, seen doctor  
\_\_\_\_ YES, been in hospital  
\_\_\_\_ NO  
\_\_\_\_ not asked

(IF YES:)  
For what condition?

---

9. Do you think that your hearing has changed?  
\_\_\_\_ worse  
\_\_\_\_ same  
\_\_\_\_ better  
\_\_\_\_ not asked

10. Do you have a hearing aid?  
\_\_\_\_ yes  
\_\_\_\_ no  
\_\_\_\_ not asked

11. Do you receive help from anyone with practical things in daily life, for example:

	yes	no	not asked
cooking and shopping	( )	( )	( )
housework	( )	( )	( )
personal care (e.g.,bathing, getting dressed)	( )	( )	( )
paying bills	( )	( )	( )
reminders about taking medicine	( )	( )	( )
other	( )	( )	( )



Dementia in Swedish Twins  
NIH Grant No. R01 AG08724

(IF HELP IS NEEDED WITH ANY OF THE ABOVE:)

For what reason is help necessary?

(DO NOT READ THE ALTERNATIVES. INTERVIEWER CHECK ALL THAT APPLY BASED ON REASONS GIVEN)

	mobility	memory/ judgment	other	n/a
cooking and shopping	( )	( )	( )	( )
housework	( )	( )	( )	( )
personal care	( )	( )	( )	( )
paying bills	( )	( )	( )	( )
reminders about taking medicine	( )	( )	( )	( )
other	( )	( )	( )	( )

12. Have you noticed any changes in your memory during the last three years?

\_\_\_\_\_ yes  
\_\_\_\_\_ no  
\_\_\_\_\_ not asked

13. Have you noticed any of these changes?

(ASK EVEN IF PRIOR QUESTION IS ANSWERED "NO")

	yes	no	not asked
forgetting a task or errand (e.g., things on your shopping list)	( )	( )	( )
forgetting people's names	( )	( )	( )
forgetting a social engagement (i.e., forgetting to pay a visit or that somebody would visit you)	( )	( )	( )
finding your way to someplace you should be able to find	( )	( )	( )
not knowing what to call things, or not being able to find a word	( )	( )	( )

Other \_\_\_\_\_

14. Did you ever ask a doctor about your memory?

\_\_\_\_\_ yes  
\_\_\_\_\_ no  
\_\_\_\_\_ not asked

(IF YES:)

a. What did the doctor say was the cause? \_\_\_\_\_



Dementia in Swedish Twins  
NIH Grant No. R01 AG08724

I'd like to ask some questions now that require use of memory.

15. What is today's date? \_\_\_\_\_

	right	wrong
year	( )	( )
month	( )	( )
day	( )	( )
not asked		( )

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

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

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

16. Please listen to these 3 words and tell them to me after I say them to you. The 3 words are "key, toothbrush, lamp". Could you tell the words to me now: (WRITE ANSWER FROM FIRST TRY)

\_\_\_\_\_  
(IF DOESN'T GET ALL 3, REPEAT. IF DOESN'T GET ALL THREE WORDS AFTER 3 TRIES, CHECK HERE:\_\_\_\_\_.)

17. Could you count backwards from 20 by 3's? (WRITE RESPONSES)

\_\_\_\_\_

(IF UNABLE, CUE)

a. What is 20 take away 3? And then if you take away 3 more...

\_\_\_\_\_

\_\_\_\_\_ Number correct without cuing (a)

\_\_\_\_\_ Number correct with cuing (b)

\_\_\_\_\_ Not asked

(SCORE: number correct (a or b) x 0.5 points)

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



18. Who is the Prime Minister/President now? (WRITE RESPONSE)

\_\_\_\_\_ right  
\_\_\_\_\_ wrong  
\_\_\_\_\_ not asked

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

19. Who was the Prime Minister/President before {him/her}?  
(WRITE RESPONSE)

\_\_\_\_\_ right  
\_\_\_\_\_ wrong  
\_\_\_\_\_ not asked

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

(IF FAILED TO REGISTER 3 WORDS, SKIP 20 AND GO ON TO 21)

20. A few minutes ago I asked you to remember 3 words.  
Could you tell me now what they were: (WRITE ANSWER)

\_\_\_\_\_ number correct:

\_\_\_\_\_ 0  
\_\_\_\_\_ 1  
\_\_\_\_\_ 2  
\_\_\_\_\_ 3 (IF ALL 3 CORRECT, GO TO QUESTION 21)  
\_\_\_\_\_ not asked

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

a. (IF DOESN'T SAY "KEY") I'm going to read you a list of  
words. Tell me which words were the ones from before.

(CIRCLE ANY WORDS INDICATED)

Key Ring Chair

b. (IF DOESN'T SAY "TOOTHBRUSH") I'm going to read you a  
list of words. Tell me which words were the ones from  
before.

(CIRCLE ANY WORDS INDICATED)

Picture Toothbrush Door

c. (IF DOESN'T SAY "LAMP") I'm going to read you a list of  
words. Tell me which words were the ones from before.

(CIRCLE ANY WORDS INDICATED)

Pen Table Lamp



Dementia in Swedish Twins  
NIH Grant No. R01 AG08724

21. Now, I am going to say two things that are similar to each other in one or more ways. I would like you to tell me the greatest similarity between them.

- a. For example, in what way are a dog and a lion similar to each other?

(WRITE ANSWER) \_\_\_\_\_ [1]  
\_\_\_ right (both are animals; *score:1 point*)  
\_\_\_ wrong (both have fur, 4 legs; *score:0 point*)  
\_\_\_ not asked

(IF ANSWERS WRONG, THEN SAY THE FOLLOWING BEFORE GOING ON TO THE NEXT QUESTION)

- \*\*\*If person says something partially correct, such as they both have fur or four legs, say "You could say that too, but isn't the greatest similarity between them that they are both animals?"  
\*\*\*If person can't give any similarity, say "The way a dog and a lion are similar to each other is that they are both animals. They both have fur and four legs, but the greatest similarity between them is that they are both animals."

- b. Here is another, in what way are an orange and a banana similar to each other?

(WRITE ANSWER) \_\_\_\_\_ [1]  
\_\_\_ right (both are fruit; *score:1 point*)  
\_\_\_ partially right (both are food, have peels, same color; *score:0.5 points*)  
\_\_\_ wrong (both contain calories, or gives a difference such as "one is round"; *score:0 points*)  
\_\_\_ not asked

(IF ANSWERS IN BOTH a AND b WRONG, SKIP c)

- c. A table ... and a chair?

(WRITE ANSWER) \_\_\_\_\_ [1]  
\_\_\_ right (both are furniture; *score:1 point*)  
\_\_\_ partially right (both found in kitchen, used when you eat a meal; *score:0.5 points*)  
\_\_\_ wrong (both have 4 legs, are made of wood, or gives a difference such as "you sit on one"; *score:0 points*)  
\_\_\_ not asked

TOTAL TELE

[19]



Dementia in Swedish Twins  
NIH Grant No. R01 AG08724

COMMENTS/IMPRESSIONS (e.g., hard of hearing, irritable, death or  
Illness in the family)

---

---

---

---

---

