



# Memento Cohort Case Report Form

Screening and 0 to 5 year visits

Version of January 2018



université  
de **BORDEAUX**



**FONDATION PLAN  
ALZHEIMER**  
FONDATION DE COOPÉRATION SCIENTIFIQUE  
POUR LA RECHERCHE SUR LA MALADIE D'ALZHEIMER  
& LES MALADIES APPARENTÉES

**CIC-EC7**  
Centre d'investigation clinique  
Epidémiologie clinique Bordeaux



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# FOLLOW-UP SCHEDULE

## Follow-up schedule

QUESTIONNAIRES	Screening	M0	M06	M12	M18	M24	M30	M36	M42	M48	M54	M60
	Eligibility Criteria	✓										
Socio-demographic characteristics		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medical history and medication		✓										
Health economic component		✓		✓		✓		✓		✓		✓
Physical and neurological examinations		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Summary of the medical examination			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mini-Mental State Examination	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Neuropsychological tests battery	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Clinical Dementia Rating scale	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Subjective complaint assessment	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lifestyle		✓		✓		✓		✓		✓		✓
Leisure and daily activities												
Social network		✓		✓		✓		✓		✓		✓
Accompanying person self-assessment		✓		✓		✓		✓		✓		✓
Neuropsychiatric Inventory		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Subjective difficulties		✓		✓		✓		✓		✓		✓
IADL-ADL		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mini Nutritional Assessment		✓		✓		✓		✓		✓		✓
EuroQol-5D		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Short Physical Performance Battery		✓		✓		✓		✓		✓		✓
International Physical Activity questionnaire		✓		✓		✓		✓		✓		✓
Stress Rating Response Scale			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
LEIPAD				✓		✓		✓		✓		✓
Lewy Body disease signs assessment		✓		✓		✓		✓		✓		✓
DNA, RNA collection		✓				✓				✓		
Local blood sample		✓		✓		✓		✓		✓		✓
Brain MRI		✓				✓				✓		
Positron emission tomography – Scan (FDG)*		✓				✓				✓		
Lumbar puncture*		✓				✓				✓		
Follow-up by telephone Demographic data, medical events, treatments, EQ-5D, AD-8, NPI-R			✓		✓		✓		✓		✓	
Day to day data collection Medical events Medication Death												

\* Proposed at M0, M24 and M48. Possible at other visits whether the procedure was not possible/feasible or whether participants refused and reconsidered at subsequent visits



# SCREENING VISIT

### SCREENING

USUBJID (\$7.)     
 SITEID (A02001\_)     
 SUBJID (\$4.)     
 SUBJLET (\$4.)  
 Center      Participant      letter code  
 |\_|\_|\_|      |\_|\_|\_|\_|      |\_|\_|\_|\_|

INCDAT (\$10.)   
 INCDAT\_D (ddmmyy10.)  
**Date of visit :** |\_|\_| |\_|\_| |\_|\_|\_|\_|\_|\_|

INCL

INCCONSDAT (\$10.)   
 INCCONSDAT\_D (ddmmyy10.)  
 • Date of consent : |\_|\_| |\_|\_| |\_|\_|\_|\_|\_|\_|

DM

• Gender :  male       female      SEX (A04001\_)

• Date of birth : |\_|\_| |\_|\_| |\_|\_|\_|\_|\_|\_|    BIRTHDAT (\$10.)    BIRTHDAT\_D (ddmmyy10.)

• Country of birth : BRTHCOUN (\$100.) .....

✓ If born in France,

- department : |\_|\_|\_|    BRTHDPT (A04024\_)

- town/city : BRHTOWN (\$250.) .....

• Native language :

french       other    BRTHLANG (A04002\_)

↳ if other, specify : BRTHLANOTH (\$100.) .....



## Eligibility criteria

IE

**For inclusion criteria, participant is not eligible if at least 1 criteria is NO.**

IEORRES (A01001\_)

IETESTCD IETEST IECAT  
(2.) (\$250.) (\$100.)

YES NO

- Aged 18 years and above 1  0
  
- Having at least a light cognitive deficit defined as performing worse than one standard deviation to the mean (compared to age and educational norms) in one or more cognitive domains (assessed from a neuropsychological tests battery exploring memory, language, praxis, vision, executive functions); this deviation being identified for the first time by tests performed less than 6 months preceding date of inclusion (i.e. signature of informed consent) 1  0

or

Having isolated cognitive complaint regardless of its duration while being 60 years and older (i.e. without cognitive deficit as defined above) (maximum stratum size of 300 participants)

- Clinical Dementia Rating scale either  $\leq 0.5$  and not demented (DSM-IV criteria) 1  0
- Visual and auditory acuity adequate for neuropsychological testing 1  0
- Having signed an informed consent 1  0
- Being affiliated to health insurance 1  0

**For non inclusion criteria, if at least 1 criteria is YES, the participant is not eligible.**

YES NO

- Being under guardianship 1  0
- Residence in skilled nursing facility 1  0
- Pregnant or breastfeeding women NA  1  0
- Alzheimer's disease caused by gene mutations 1  0
- Meeting brain MRI exclusion criteria or refusing MRI 1  0
- Having a neurological disease 1  0
- Stroke that has occurred in the last three months 1  0
- Schizophrenia history (DSM-IV criteria) 1  0
- Illiteracy, is unable to count or to read 1  0

✓ The participant is included in the cohort : 0  no    1  yes    IEINCL (A01001\_)

INCL

↳ if no, reason(s) for non inclusion :

.....IEINCLR.(\$254.).....  
 .....

Clincian name

date of filling

signature

\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_|

## **ADDITIONAL STANDARDIZED QUESTIONNAIRES SCREENING**

- + Mini Mental State Evaluation (MMSE)**
- + Neuropsychological tests battery**
- + Clinical Dementia Rating scale (CDR)**
- + Subjective complaint assessment**

# MO VISIT

## LEVEL OF EDUCATION AND PROFESSIONAL DATA

VISIT M Date: 

- Socio-educational level of the participant: **DMSOCED (A04003\_)** DM
  - ①  no schooling
  - ②  primary school education (primary school certificate)
  - ③  secondary level first cycle (college - CAP - BEPC)
  - ④  upper secondary school (BEP - high school - bachelor's degree)
  - ⑤  third-level / higher level studies
- At what age did the participant leave school or stop his studies:  years **DMECOLAGE (3.)**
- Highest qualification obtained by the participant: **DMDIP (A04004\_)**
  - ①  no formal qualifications
  - ②  CEP (primary school certificate) or foreign qualification of the same level
  - ③  First Cycle Certificate, BEPC, elementary certificate or foreign qualification of the same level
  - ④  CAP, BEP or foreign qualification of the same level
  - ⑤  technological or professional baccalaureate or foreign qualification of the same level
  - ⑥  general baccalaureate, higher certificate, legal studies qualification or foreign qualification of the same level
  - ⑦  degree/diploma (Bac+2) or foreign degree/diploma of the same level
  - ⑧  higher level diploma (Bac+2) or foreign diploma of the same level
- Current professional status of the participant: **DMSITPRO (A04023\_)**
  - ①  retired
  - ②  unemployed or looking for work
  - ③  disabled or on long-term sick leave
  - ④  employed or self-employed
  - ⑤  housewife or house-husband
  - ⑥  other (annuitant, volunteer)

↪ **If ① or ② or ③, specify:**

  - Last profession practiced (INSEE classification):  **DMLSTJOB (A04019\_)**
  - Age of the participant when the activity ceased:  years **DMJENAGE (3.)**
  - Profession practiced for the longest time (INSEE classification):  **DMLONGJOB (A04019\_)**
  - Duration of the activity practiced for the longest time:  years **DMDURJOB (3.)**

↪ **If ④, specify:**

  - Current profession (INSEE classification):  **DMACTJOB (A04019\_)**
  - Profession practiced for the longest time (INSEE classification):  **DMLONGJOB (A04019\_)**
  - Duration of the activity practiced for the longest time:  years **DMDURJOB (3.)**

DM

↪ If ⑤ or ⑥, specify:

- Has the participant previously practised a professional activity:  no  yes DMJOB (A01001\_)

↪ if yes: - last profession practised (INSEE classification):  DMLSTJOB (A04019\_)

- Age of the participant when the activity ceased:  years DMJENAGE (3.)

- Profession practiced for the longest time (INSEE classification):  DMLONGJOB (A04019\_)

- Duration of the activity practiced for the longest time:  years DMDURJOB (3.)

## INSTRUCTIONS FOR COMPLETION

**Classifications of professions and socio-professional categories (PCS 2003 INSEE)****Level 2 - Currently published list of socio-professional categories**

<b>Code</b>	<b>Wording</b>
10	Farm operators
21	Skilled craftsmen
22	Traders and related occupations
23	Heads of companies with 10 or more employees
31	Self-employed and related professions
32	Public service management, intellectual and artistic professions
36	Company executives
41	Intermediate professions in education, health, civil service and similar professions
46	Intermediate company administrative and commercial occupations
47	Technicians
48	Foremen, supervisors
51	Public service employees
54	Corporate administrative employees
55	Commercial business employees
56	Direct customer services staff
61	Skilled workers
66	Unskilled workers
69	Agricultural workers
71	Ex farm operators
72	Former skilled craftsmen, traders, company executives
73	Former managers and intermediate professions
76	Former employees and workers
81	Unemployed persons who have never worked
82	Various inactive persons (other than retired)

**SOCIAL INFORMATION**

DM

SOCIO

- Current marital status of the participant: **DMCIVIL (A04009\_)**
  - ❑ 1 single
  - ❑ 2 divorced/separated, year of divorce/separation: \_\_\_\_\_ **DMSEPYR (4.)**
  - ❑ 3 widow(er)/death of spouse, year of spouse's death: \_\_\_\_\_ **CONDTHYR (4.)**
  - ❑ 4 married/cohabiting partner, year of marriage/year of cohabitation: \_\_\_\_\_ **CONWEDYR (4.)**

↙ **If married/cohabiting,**

- Current professional status of the SPOUSE/COHABITING PARTNER: **CONSITPRO (A04023\_)**
  - ❑ 1 retired
  - ❑ 2 unemployed or looking for work
  - ❑ 3 disabled or on long-term sick leave
  - ❑ 4 employed or self-employed
  - ❑ 5 housewife or house-husband
  - ❑ 6 other (annuitant, volunteer)

DM

↙ **If ❶ or ❷ or ❸, specify:**

- Last profession practiced (INSEE classification): \_\_\_\_\_ **CONLSTJOB (A04019\_)**
- Age of the SPOUSE/COHABITING PARTNER when the activity ceased: \_\_\_\_\_ years **CONJENAGE (3.)**
- Profession practiced for the longest time (INSEE classification): \_\_\_\_\_ **CONLONGJOB (A04019\_)**
- Duration of the activity practiced for the longest time: \_\_\_\_\_ years **CONDURJOB (3.)**

↙ **If ❹, specify:**

- Current profession (INSEE classification): \_\_\_\_\_ **CONACTJOB (A04019\_)**
- Profession practiced for the longest time (INSEE classification): \_\_\_\_\_ **CONLONGJOB (A04019\_)**
- Duration of the activity practiced for the longest time: \_\_\_\_\_ years **CONDURJOB (3.)**

↙ **If ❺ or ❻, specify:**

- Has the SPOUSE/COHABITING PARTNER previously practised a professional activity:
  - ❑ 0 no    ❑ 1 yes **CONJOB (A01001\_)**

↙ **if yes:**

- Last profession practised (INSEE classification): \_\_\_\_\_ **CONLSTJOB (A04019\_)**
- Age of the SPOUSE/COHABITING PARTNER when the activity ceased: \_\_\_\_\_ years **CONJENAGE (3.)**
- Profession practiced for the longest time (INSEE classification): \_\_\_\_\_ **CONLONGJOB (A04019\_)**
- Duration of the activity practiced for the longest time: \_\_\_\_\_ years **CONDURJOB (3.)**

**SOCIO**

- Did the participant come with someone else:  no  yes ACCYN (A01001\_)

↳ if yes, did he come with:

- Spouse/cohabiting partner  no  yes ACCONJ (A01001\_)
- child  no  yes ACCENF (A01001\_)
- brother/sister  no  yes ACCFRA (A01001\_)
- other  no  yes ACCAUT (A01001\_)

↳ if other, specify: .....ACCAUTLIE (\$100.).....

**If the participant was accompanied by someone else:**

- Has one of the accompanying persons agreed to answer the self-questionnaire:

no  yes ACCACCREP (A01001\_)

- Is at least one accompanying person present during the consultation:

no  yes ACCPRES (A01001\_)

**If the participant was not accompanied by someone else:**

- Was a contact person identified:  no  yes PCYN (A01001\_)

↳ if yes, is it:  spouse/cohabiting partner PCCONT (A04025\_)

child

brother/sister

other

↳ if other, specify: .....PCAUTPRES (\$100.).....

- Has telephone contact been made with this person:  no  yes PCCONTEL (A01001\_)

↳ if yes, is this person happy to answer the self-questionnaire:  no  yes PCACCREP (A01001\_)



**SOCIO-ECONOMIC DATA****SOCIO**

- On average, what is the total monthly incomes of the participant's household, counting all sources of income:

DMSAL (A04007\_)

- ❶  from €400 but less than €800 (from 2,600 Frs but less than 5,200 Frs)
- ❷  from €800 but less than €1,200 (from 5,200 Frs but less than 7,900 Frs)
- ❸  from €1,200 but less than €1,800 (from 7,900 Frs but less than 11,800 Frs)
- ❹  from €1,800 but less than €2,500 (from 11,800 Frs but less than 16,400 Frs)
- ❺  from €2,500 but less than €4,000 (from 16,400 Frs but less than 26,200 Frs)
- ❻  from €4,000 but less than €6,000 (from 26,200 Frs but less than 39,400 Frs)
- ❼  €6,000 or more (39,400 Frs or more)
- ❽  prefers not to answer

- Does the participant have additional health insurance:  no  yes SOCCOMPS (A01001\_)

- In what type of accommodation is the participant currently living? SOCHAB (A04010\_)

**DM**

- ❶  apartment
- ❷  single family dwelling
- ❸  residential accommodation
- ❹  sheltered housing
- ❺  religious community
- ❻  care home
- ❼  other

↳ if other, specify: .....SOCHABOTH (\$100.).....

- Does the participant live alone:  no  yes SOCVITSEUL (A01001\_)

↳ if no, with whom does he share his accommodation:

- ✓ Spouse/cohabiting partner:  no  yes SOCVITCONJ (A01001\_)
- ✓ child:  no  yes SOCVITENF (A01001\_)
- ✓ brother/sister:  no  yes SOCVITFRA (A01001\_)
- ✓ father/mother:  no  yes SOCVITPAR (A01001\_)
- ✓ non-family cohabitation:  no  yes SOCVITNFAM (A01001\_)
- (friends, community)
- ✓ other:  no  yes SOCVITAUT (A01001\_)

↳ if other, specify: .....SOCVITAUTPRES. (\$250.).....

- AIDCAT (\$100.)** • Does the participant receive help at home:  no  yes
- AIDTYPACD (1.)** ↪ **if yes**, what kind of help: **AIDTORRES (A01001\_)** **AIDFREQU (\$100.)** **AIDFREQ (Best8.)**
- ✓ cleaning lady:  no  yes, if yes, number of hours per week: \_\_\_
- ✓ carer:  no  yes, if yes, number of hours per week: \_\_\_
- ✓ home care nursing services:  no  yes, if yes, date care started: **AIDPECDAT (\$7.)**  
MM / YYYY
- ✓ home care service:  no  yes, if yes:  day  night  both **AIDMOMT (A01003\_)**
- ✓ delivery of meals (meals on wheels):  no  yes, if yes, number of times per week: \_\_\_
- Does the participant have other types of assistance:  no  yes **SOCAIDAUT (A01001\_)** **AIDCORRES (A01001\_)**
- ↪ **if yes**, what kind of assistance:
- ✓ day-care centre:  no  yes, if yes, number of days per month: \_\_\_
- ✓ transport:
- paid for out of public funds  no  yes, if yes, number of times per month: \_\_\_
- paid for by the participant  no  yes, if yes, number of times per month: \_\_\_

- Does the participant receive the APA (Allocation Personnalisée d'Autonomie - Personal Autonomy Allowance):  no  yes **SOCAPA (A01001\_)**
- ↪ **if no**, is there currently an application in progress:  no  yes **SOCDEMAPA (A01001\_)**
- Does the participant benefit from the ALD (Affection de longue durée - long-term condition exemption):
- no  yes **SOCALD (A01001\_)**
- ↪ **if yes**, reason for the ALD: **SOCALDMOT (\$250.: MEDDRA)** **SOCALDMOT2 (\$250.: MEDDRA)**
- ↪ **if no**, is there currently an application in progress:  no  yes **SOCDEMALD (A01001\_)**
- ↪ **if yes**, reason for the ALD: **SOCALDMOT (\$250.: MEDDRA)** **SOCALDMOT2 (\$250.: MEDDRA)**

- Care for the participant:
- ✓ Does the participant have a registered general practitioner:  no  yes **PECMG (A01001\_)**
- ✓ Does the participant consult a neurologist:  no  yes **PECNEURO (A01001\_)**
- ✓ Is the participant being monitored by a psychologist:  no  yes **PECPSY (A01001\_)**
- ↪ if yes, number of sessions per week: \_\_\_ **PECPSYFQ (Best8.)**
- ✓ Is the participant receiving care from a physiotherapist:  no  yes **PECKINE (A01001\_)**
- ↪ if yes, number of sessions per week: \_\_\_ **PECKINEFQ (Best8.)**
- ✓ Is the participant being treated by a speech therapist:  no  yes **PECORTHO (A01001\_)**
- ↪ if yes, number of sessions per week: \_\_\_ **PECORTHOFQ (Best8.)**
- ✓ Is the participant being cared for by an occupational therapist:  no  yes **PECERGO (A01001\_)**
- ↪ if yes, number of sessions per week: \_\_\_ **PECERGOFQ (Best8.)**
- ✓ Is the participant being cared for by a psychomotor therapist:  no  yes **PECPSYCM (A01001\_)**
- ↪ if yes, number of sessions per week: \_\_\_ **PECPSYCMFQ (Best8.)**

ATCDP1

## PMHCD (2.)

## PERSONAL MEDICAL HISTORY

## PMHATCD (\$100.)

- Cardiovascular history:
 

	<b>PMHORRES (A01001_)</b>	<b>PMHAGDIAG (3.)</b>	
✓ high blood pressure	<input type="radio"/> no	<input checked="" type="radio"/> yes	if yes, age at diagnosis: _____ years
✓ atrial fibrillation	<input type="radio"/> no	<input checked="" type="radio"/> yes	if yes, age at diagnosis: _____ years
✓ coronary heart disease	<input type="radio"/> no	<input checked="" type="radio"/> yes	if yes, age at diagnosis: _____ years
✓ heart failure	<input type="radio"/> no	<input checked="" type="radio"/> yes	if yes, age at diagnosis: _____ years
✓ peripheral arterial disease	<input type="radio"/> no	<input checked="" type="radio"/> yes	if yes, age at diagnosis: _____ years
✓ angina	<input type="radio"/> no	<input checked="" type="radio"/> yes	if yes, age at diagnosis: _____ years
✓ myocardial infarction	<input type="radio"/> no	<input checked="" type="radio"/> yes	↳ if yes, <b>PMHNB (2.)</b>
			- how many heart attacks has the participant had: _____
			- age at the first one: _____
✓ Stroke	<input type="radio"/> no	<input checked="" type="radio"/> yes	↳ if yes,
			- how many strokes has the participant had: _____
			- age at the first one: _____
✓ Transient Ischaemic Attack (TIA)	<input type="radio"/> no	<input checked="" type="radio"/> yes	↳ if yes,
			- how many TIAs has the participant had: _____
			- age at the first one: _____
- Other case histories:
 

	<input type="radio"/> no	<input checked="" type="radio"/> yes	
✓ type I diabetes:	<input type="radio"/> no	<input checked="" type="radio"/> yes	if yes, age at diagnosis: _____ years
✓ type II diabetes:	<input type="radio"/> no	<input checked="" type="radio"/> yes	if yes, age at diagnosis: _____ years
✓ hypercholesterolaemia / dyslipidaemia	<input type="radio"/> no	<input checked="" type="radio"/> yes	if yes, age at diagnosis: _____ years
✓ head trauma with loss of consciousness:	<input type="radio"/> no	<input checked="" type="radio"/> yes	if yes, age at diagnosis: _____ years
✓ epilepsy:	<input type="radio"/> no	<input checked="" type="radio"/> yes	if yes, age at diagnosis: _____ years
✓ depression (treated or monitored):	<input type="radio"/> no	<input checked="" type="radio"/> yes	if yes, age at diagnosis: _____ years
✓ migraines:	<input type="radio"/> no	<input checked="" type="radio"/> yes	↳ if yes,
			- age at the 1 <sup>st</sup> episode: _____ years
			- has the participant had any migraine attacks over the past 12 months: <input type="radio"/> no <input checked="" type="radio"/> yes

## PMHEV12M (A01001\_)

## ATCDP2

- Does the participant have any other medical history:  no  yes **PMHAUTMED (A01001\_)**  
↳ if yes, note in form "OTHER MEDICAL AND SURGICAL CASE HISTORIES"
- Does the participant have any other surgical history:  no  yes **PMHAUTCHIR (A01001\_)**  
↳ if yes, note in form "OTHER MEDICAL AND SURGICAL CASE HISTORIES"

ATCDP2

- For women: PMHMENOP (A01001\_)
- Is the participant menopausal:  no  yes
  - ↳ if yes,
    - age at menopause:     years PMHMENAGE (3.)
    - is the menopause: PMHMENTYP (A05004\_)
      - natural
      - following an ovariectomy
      - the result of other medical or surgical treatment
    - ↳ Specify: PMHMENOTH (\$100.) .....
- Undergoing hormone replacement therapy at the moment: PMHTHSONGO (A01001\_)  no  yes
  - ↳ **if yes**, since what age:     years PMHTHSAGE (3.) PMHTHSHIST (A01001\_)
  - ↳ **if no**, has the participant ever received hormone replacement therapy?  no  yes
    - ↳ if yes, for how many years:     years PMHTHSDUR (3.)

↳ If hormone replacement therapy is ongoing, please record this on the "TREATMENTS" form

### MEDICAL HISTORY - EYES

ATCDP2

- Does the participant currently wear glasses or contact lenses on a regular basis?
  - no     yes    [PMHLUNET \(A01001\\_\)](#)
  
- Has the participant ever suffered from, or is currently suffering from, eye diseases (excluding correction of visual acuity: myopia, presbyopia, etc.)?     no     yes    [PMHOCMAL \(A01001\\_\)](#)
  - ↳ if yes, was it (also specify if one eye was affected or both eyes):    [PMHDMLA \(A09052\\_\)](#)
    - ✓ age-related macular degeneration (AMD)     no     yes     yes both eyes
    - ✓ glaucoma     no     yes     yes both eyes    [PMHGLAUC \(A09052\\_\)](#)
    - ✓ a cataract operation?    [PMHOPCAT\(A01001\\_\)](#)     no     yes
      - ↳ if yes,     for one eye     for both eyes    [PMHOPCATO \(A09053\\_\)](#)
    - ✓ other eye disease(s)     no     yes    [PMHMOAUT \(A01001\\_\)](#)
      - ↳ if yes, specify ..... [PMHMOAUTP1 \(\\$250. ; MEDDRA\)](#)
        - one eye     both eyes    [PMHMOAUTO1 \(A09053\\_\)](#)
      - ↳ if yes, specify ..... [PMHMOAUTP2 \(\\$250. ; MEDDRA\)](#)
        - one eye     both eyes    [PMHMOAUTO2 \(A09053\\_\)](#)
      - ↳ if yes, specify ..... [PMHMOAUTP3 \(\\$250. ; MEDDRA\)](#)
        - one eye     both eyes    [PMHMOAUTO3 \(A09053\\_\)](#)

↳ If one of the above items is yes, please report the previous case history on the “OTHER MEDICAL AND SURGICAL CASE HISTORIES” form

- Has the participant been treated or is he currently being treated with an injection into the eye using any of the following products: Visudyne®, Lucentis®, Macugen®, Avastin®?
  - no     yes    [PMHDMLAT \(A01001\\_\)](#)

↳ If yes, specify the treatment(s) used in the “TREATMENTS” form

**FAMILY MEDICAL HISTORY**

FMH

Have any of the participant’s relatives presented or are currently presenting any of the disorders below

If yes, specify the relationship connection with the participant

FMHTESTCD (2.)

FMHTEST (\$100.)

FMHORRES (A01001\_) FMHGDP (A01001\_) FMHFAT (A01001\_) FMHMOT (A01001\_) FMHENF (A01001\_) FMHFRA (A01001\_) FMHUNC (A01001\_) FMHCOUS (A01001\_)

DISORDERS		Grandparent	Father	Mother	Child	Brother / sister	Uncle / aunt	First cousin
- Alzheimer's disease	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no
	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes
- Epilepsy	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no
	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes
- Stroke	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no
	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes
- Speech disorders	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no
	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes
- Paraplegia	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no
	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes
- Myopathy	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no
	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes
- Parkinson's disease	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no
	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes
- Vascular dementia	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no
	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes
- Dementia with Lewy bodies	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no
	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes
- Other dementia	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no	<input type="radio"/> no
	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes	<input type="radio"/> yes

**OTHER MEDICAL AND SURGICAL CASE HISTORIES**

MH

Page   MHNUMP (2.)

MHSPID (2.) No.	Diagnostic MHTERM (\$254. ; MEDDRA)	Start date		End date	
		MHSTDAT (\$10.)	MHSTDAT_D (ddmmyy10.)	MHENDAT (\$10.)	MHENDAT_D (ddmmyy10.)
1	..... ..... ..... .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> ongoing at inclusion MHONGO (A01001_)	
2	..... ..... ..... .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> ongoing at inclusion	
3	..... ..... ..... .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> ongoing at inclusion	
4	..... ..... ..... .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> ongoing at inclusion	
5	..... ..... ..... .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> ongoing at inclusion	
6	..... ..... ..... .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> ongoing at inclusion	
7	..... ..... ..... .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> ongoing at inclusion	
8	..... ..... ..... .....	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="checkbox"/> ongoing at inclusion	

Please check if the participant has presented any of the following case histories:

- Coronary angioplasty (dilation)
- Coronary surgery (bypass)
- Carotid artery operation
- Abdominal aortic aneurysm operation
- Cancer (specify the location)
- Cardiac rhythm disorders (tachycardia, missed beats, etc.)

If so, please note it on this form

### HISTORY OF THE DISEASE

HMDAT (\$10.) HMDAT\_D (ddmmyy10.) HISM  
 Date of visit :

- The participant was referred for his first consultation to the CMRR by: HMADDRESS (A05001\_)
  - general practitioner
  - neurologist
  - geriatrician
  - psychiatrist
  - other specialist
  - direct (came of his own accord)
  - hospital department
  - medical emergency department
  - other (specify):..... HMADROTH (\$100.)

- What is the reason for the participant’s consultation at this time:
  - ✓ A memory disorder/impairment:  no  yes HMMEM (A01001\_)
  - ✓ A speech disorder:  no  yes HMLANG (A01001\_)
  - ✓ A behavioural disorder:  no  yes HMCOMP (A01001\_)
  - ✓ Another type of disorder/impairment:  no  yes HMAUTR (A01001\_)
  - ↳ if yes, which one:..... HMAUTPRES (\$254.)

HMSYMPDAT (\$7.)

- When did the first symptoms appear for the condition under consideration:        
 (month) (year)

- Was the participant exposed to any stressful event(s) at the time of onset of the symptoms:
  - no  yes HMEVSTR (A01001\_)
  - ↳ if yes, what event(s): ..... HMEVSTRPR (\$254.)

- Has the participant had a previous consultation for these symptoms other than in this CMRR :
    - no  yes HMCONSHCMRR (A01001\_)
    - ↳ if yes,
      - when did he have a consultation for the 1st time:       (month/year)
      - in the course of this consultation, did the participant undergo any tests to assess his memory or his speech, for example:  no  yes HMCONSTEST (A01001\_)
      - ↳ if no, when did he have a consultation for the 1st time in this CMRR:       (month/year)
- HMCS1CMRRDAT (\$7.)



- Is the participant taking or has he ever taken any of the following treatments:

(A07011\_)

✓ Aricept®:	<input type="radio"/> no	<input type="radio"/> yes, but stopped	<input type="radio"/> yes still ongoing	HMARICEPT
✓ Ebixa®:	<input type="radio"/> no	<input type="radio"/> yes, but stopped	<input type="radio"/> yes still ongoing	HMEBIXA
✓ Reminyl®:	<input type="radio"/> no	<input type="radio"/> yes, but stopped	<input type="radio"/> yes still ongoing	HMREMINYL
✓ Exelon®:	<input type="radio"/> no	<input type="radio"/> yes, but stopped	<input type="radio"/> yes still ongoing	HMEXELON
✓ Temesta®:	<input type="radio"/> no	<input type="radio"/> yes, but stopped	<input type="radio"/> yes still ongoing	HMTEMESTA
✓ Lexomil®:	<input type="radio"/> no	<input type="radio"/> yes, but stopped	<input type="radio"/> yes still ongoing	HMLEXOMIL
✓ Xanax®:	<input type="radio"/> no	<input type="radio"/> yes, but stopped	<input type="radio"/> yes still ongoing	HMXANAX
✓ Lysanxia®:	<input type="radio"/> no	<input type="radio"/> yes, but stopped	<input type="radio"/> yes still ongoing	HMLYSANXIA
✓ Seresta®:	<input type="radio"/> no	<input type="radio"/> yes, but stopped	<input type="radio"/> yes still ongoing	HMSERESTA

↳ if still ongoing, please record this on the “TREATMENTS” form

## EXAMINATIONS

EXAM

### Right/left handed preference

**EXWRITE (A04012\_)**

- The participant usually writes with:  his right hand
- his left hand
- no preference for either hand

- The participant usually holds his toothbrush with:  his right hand **EXBRUSH (A04012\_)**
- his left hand
- no preference for either hand

### Hearing acuity

- Does the participant usually wear a hearing aid:  no  yes **EXORAUD (A01001\_)**

### Clinical examination

**ECTESTCD (2.) ECTEST (\$100.) ECORRES (3.) ECORRESU (\$100.)**

EXAMC

- Weight:  kg                      Knee height:  cm                      Circumference of calf:  cm
- Height:  cm                      Circumference of head:  cm                      Brachial circumference:  cm
- Hip circumference (*at widest point*):  cm
- Blood pressure: measure no.1:  /  mm Hg                      heart rate no.1:  b/min
- measure no.2:  /  mm Hg                      heart rate no.2:  b/min
- measure no.3:  /  mm Hg                      heart rate no.3:  b/min

- Clinical examination:  abnormal  normal **EXEXCL (A05002\_)**

EXAM

↪ if abnormal, specify: .....**EXEXAMP (\$100.)**.....

### Neurological examination

**EXNEURO (A05002\_)**

- Neurological examination:  abnormal  normal

↪ if abnormal, **(A01001\_)**

- EXPARK** Parkinson's syndrome:  no  yes                      ↪ if yes, specify: **EXPARKPRES (\$100.)**
- EXLOCSG** signs of localisation:  no  yes                      ↪ if yes, specify: **EXLOCSGPRES (\$100.)**
- EXOTHER** other:  no  yes                      ↪ if yes, specify: **EXOTHERP (\$100.)**
- Postural tremor:  no  yes                      ↪ if yes, which side: **EXTRBATTIC (\$100.)**
- Resting tremor:  no  yes                      ↪ if yes, which side: **EXTRBREPC (\$100.)**

### Additional data

- Sampling for the biobank:  not done  done **EXPBIOB (A01004\_)**
- Standard biological sampling:  not done  done **EXPBIOBSTD (A01004\_)**

## **ADDITIONAL STANDARDIZED QUESTIONNAIRES**

### **MO**

- + Lifestyle**
- + Leisure and daily activities**
- + Social Network Questionnaire**
- + Accompanying person self-assessment**
- + Neuropsychiatric Inventory (NPI)**
- + Subjective difficulties**
- + Instrumental Activities of Daily Living (IADL)**
- + Activities of Daily Living (ADL)**
- + Mini Nutritional Assessment (MNA)**
- + EuroQoL-5D (EQ-5D)**
- + Short Physical Performance Battery (SPPB)**
- + International Physical Activity Questionnaire (IPAQ)**
- + Local blood sample**
- + brain MRI**

# M06 VISIT

SOCIO

**SOCIO-ECONOMIC DATA**

VISIT M

SOCDAT (\$10.) SOCDAT\_D (ddmmy10.)  
Date:

- Current marital status of the participant: **DMCIVIL (A04009\_)**
  - 1  single
  - 2  divorced/separated, year of divorce/separation:     **DMSEPYR (4.)**
  - 3  widow(er)/death of spouse, year of spouse's death:     **CONDTHYR (4.)**
  - 4  married/cohabiting partner, year of marriage/year of cohabitation:     **CONDWEDYR (4.)**
  
- Did the participant come with someone else: 0  no 1  yes **ACCYN (A01001\_)**
  - ↳ if yes, did he come with:
 

- Spouse/cohabiting partner	0 <input type="checkbox"/> no	1 <input type="checkbox"/> yes	<b>ACCONJ (A01001_)</b>
- child	0 <input type="checkbox"/> no	1 <input type="checkbox"/> yes	<b>ACCENF (A01001_)</b>
- brother/sister	0 <input type="checkbox"/> no	1 <input type="checkbox"/> yes	<b>ACCFRA (A01001_)</b>
- other	0 <input type="checkbox"/> no	1 <input type="checkbox"/> yes	<b>ACCAUT (A01001_)</b>
  - ↳ if other, specify: .....**ACCAUTLIE..(\$100.)**.....
  - ↳ If the participant is accompanied, is it the same person than the last visit?
 

0 <input type="checkbox"/> no	1 <input type="checkbox"/> yes	<b>ACCMMVISP (A01001_)</b>
-------------------------------	--------------------------------	----------------------------

**If the participant was not accompanied by someone else:**

- Was a contact person identified: 0  no 1  yes **PCYN (A01001\_)**
  - ↳ if yes, is it:
 

1 <input type="checkbox"/> spouse/cohabiting partner	<b>PCCONT (A04025_)</b>
2 <input type="checkbox"/> child	
3 <input type="checkbox"/> brother/sister	
4 <input type="checkbox"/> other	
  - ↳ if other, specify: .....**PCAUTPRES (\$100.)**.....
  
- Has telephone contact been made with this person: 0  no 1  yes **PCCONTEL (A01001\_)**
  - ↳ if yes, is this person the same than the last visit: 0  no 1  yes **PCTELMMVISP (A01001\_)**

- Is at least one accompanying person present during the consultation: **ACCPRES (A01001\_)**

0 <input type="checkbox"/> no	1 <input type="checkbox"/> yes
-------------------------------	--------------------------------
  
- In what type of accommodation is the participant currently living? **SOCHAB (A04010\_)**
  - 1  apartment
  - 2  single family dwelling
  - 3  residential accommodation
  - 4  sheltered housing
  - 5  religious community
  - 6  care home
  - 7  other
- ↳ if other, specify: .....**SOCHABOTH (\$100.)**.....

- Does the participant live alone:  no  yes **SOCVITSEUL (A01001\_)**

↳ if no, with whom does he share his accommodation:

- ✓ Spouse/cohabiting partner:  no  yes **SOCVITCONJ (A01001\_)**
- ✓ child:  no  yes **SOCVITENF (A01001\_)**
- ✓ brother/sister:  no  yes **SOCVITFRA (A01001\_)**
- ✓ father/mother:  no  yes **SOCVITPAR (A01001\_)**
- ✓ non-family cohabitation:  no  yes **SOCVITNFAM (A01001\_)**  
(friends, community)
- ✓ other:  no  yes **SOCVITAUT (A01001\_)**
- ↳ if other, specify: **SOCVITAUTPRES (\$250.)**

AIDE

- AIDCAT (\$100.)** • Does the participant receive help at home:  no  yes **SOCAIDHO (A01001\_)** **AIDCORRES (A01001\_)**

- ↳ if yes, what kind of help: **AIDTORRES (A01001 )** **AIDFREQU (\$100.)** **AIDFREQ (Best8.)**
- ✓ cleaning lady:  no  yes, if yes, number of hours per week:

- ✓ carer:  no  yes, if yes, number of hours per week:
- ✓ home care nursing services:  no  yes, if yes, date care started:  **AIDPECDAT (\$7.)**

- ✓ home care service:  no  yes, if yes:  day  night  both **AIDMOMT (A01003\_)** MM / YYYY
- ✓ delivery of meals (meals on wheels):  no  yes, if yes, number of times per week:

- Does the participant have other types of assistance:  no  yes **AIDCORRES (A01001\_)** **SOCAIDAUT (A01001\_)**

- ↳ if yes, what kind of assistance:
- ✓ day-care centre:  no  yes, if yes, number of days per month:
- ✓ transport
  - paid for out of public funds  no  yes, if yes, number of times per month:
  - paid for by the participant  no  yes, if yes, number of times per month:

## EXAMINATIONS

EXAMC

### Clinical examination

- Weight:     kg       measured       self reported      ECTYPMES (A01008\_)      ECORRESU (\$100.)
- Blood pressure: measure no.1:   /   mm Hg      heart rate no.1:   b/min      ECORRES (Best8.)
- ECTESTCD (2.)      measure no.2:   /   mm Hg      heart rate no.2:   b/min
- ECTEST (\$100.)      measure no.3:   /   mm Hg      heart rate no.3:   b/min
- Clinical examination:       abnormal       normal      EXEXCL (A05002\_)
- ↳ if abnormal, specify: ...EXEXAMP (\$100.).....

EXAM

### Neurological examination

- Neurological examination:       abnormal       normal      EXNEURO (A05002\_)
- ↳ if abnormal, (A01001\_)
  - EXPARK Parkinson's syndrome:       no       yes      ↳ if yes, specify: EXPARKPRES (\$100.)
  - EXLOCSG signs of localisation:       no       yes      ↳ if yes, specify: EXLOCSGPRES (\$100.)
  - EXOTHER other:       no       yes      ↳ if yes, specify: EXOTHERP (\$100.)
  - Postural tremor:       no       yes      ↳ if yes, which side: EXTRBATT (\$100.)
  - Resting tremor:       no       yes      ↳ if yes, which side: EXTRBREPC (\$100.)

## **ADDITIONAL STANDARDIZED QUESTIONNAIRES**

### **M06**

#### **At center**

- + Summary of the medical examination
- + Stress Rating Response Scale (SRRS)
- + Mini Mental State Evaluation (MMSE)
- + Subjective complaint assessment
- + Instrumental Activities of Daily Living (IADL)
- + Activities of Daily Living (ADL)
- + Neuropsychiatric Inventory (NPI)
- + EuroQol-5D (EQ-5D)
- + Clinical Dementia Rating scale (CDR)
- + Neuropsychological tests battery (if CDR $\geq$ 1)

#### **If participant did not come to center**

- + Follow-up by telephone



**M12 M24**

**M36 M48**

**M60**

**VISITS**

**PROFESSIONAL AND SOCIO-ECONOMIC DATA**

**SOCIO**

VISIT M

Date:

SOCDAT (\$10.) SOCDAT\_D (ddmmyyy10.)

- Current professional status of the participant: **DMSITPRO (A04023\_)**

- 1 retired
- 2 unemployed or looking for work
- 3 disabled or on long-term sick leave
- 4 employed or self-employed
- 5 housewife or house-husband
- 6 other (annuitant, volunteer)

- Current marital status of the participant: **DMCIVIL (A04009\_)**

- 1 single
- 2 divorced/separated
- 3 widow(er)/death of spouse
- 4 married/cohabiting partner

**SOCIO**

- Did the participant come with someone else:  no  yes **ACCYN (A01001\_)**

**If the participant was accompanied by someone else:**

- the participant came with:

- spouse/cohabiting partner  no  yes **ACCONJ (A01001\_)**
- child  no  yes **ACCENF (A01001\_)**
- brother/sister  no  yes **ACCAUT (A01001\_)**
- other  no  yes **ACCFRA (A01001\_)**

↳ if other, specify: .....**ACCAUTLIE (\$100.)**.....

- One of the accompanying person was present at a previous visit:  no  yes **ACCPAUTVIS (A01001\_)**

↳ if yes, specify the most recent visit: M     **ACCVISM (3.)**

- Has one of the accompanying persons agreed to answer the self-questionnaire:

- no  yes **ACCACCREP (A01001\_)**

- Is at least one accompanying person present during the consultation:

- no  yes **ACCPRES (A01001\_)**

**If the participant was not accompanied by someone else:**

- Was a contact person identified:  no  yes **PCYN (A01001\_)**
  - ↳ if yes, is it:  spouse/cohabiting partner **PCCONT (A04025\_)**
    - child
    - brother/sister
    - other
  - ↳ if other, specify: .....**PCAUTPRES (\$100.)**.....
- Has telephone contact been made with this person:  no  yes **PCCONTEL (A01001\_)**
  - ↳ if yes, is this person the same than the last visit:  no  yes **PCAUTVIS (A01001\_)**
    - ↳ if yes, specify the most recent visit: M     **PCVISM (3.)**
  - ↳ the person agreed to answer the self-questionnaire:  no  yes **PCACCREP (A01001 )**

- On average, what is the total monthly incomes of the participant's household, counting all sources of income: **DMSAL (A04007\_)**

SOCIO

- from €400 but less than €800 (from 2,600 Frs but less than 5,200 Frs)
- from €800 but less than €1,200 (from 5,200 Frs but less than 7,900 Frs)
- from €1,200 but less than €1,800 (from 7,900 Frs but less than 11,800 Frs)
- from €1,800 but less than €2,500 (from 11,800 Frs but less than 16,400 Frs)
- from €2,500 but less than €4,000 (from 16,400 Frs but less than 26,200 Frs)
- from €4,000 but less than €6,000 (from 26,200 Frs but less than 39,400 Frs)
- €6,000 or more (39,400 Frs or more)
- prefers not to answer

- Does the participant have additional health insurance:  no  yes **SOCOMPS (A01001\_)**

- In what type of accommodation is the participant currently living? **SOCHAB (A04010\_)**

- apartment
- single family dwelling
- residential accommodation
- sheltered housing
- religious community
- care home
- other

↳ if other, specify: .....**SOCHABOTH (\$100.)**.....

- Does the participant live alone:  no  yes **SOCVITSEUL (A01001\_)**

**SOCIO**

if no, with whom does he share his accommodation:

- ✓ Spouse/cohabiting partner:  no  yes **SOCVITCONJ (A01001\_)**
- ✓ child:  no  yes **SOCVITENF (A01001\_)**
- ✓ brother/sister:  no  yes **SOCVITFRA (A01001\_)**
- ✓ father/mother:  no  yes **SOCVITPAR (A01001\_)**
- ✓ non-family cohabitation:  no  yes **SOCVITNFAM (A01001\_)**  
(friends, community)
- ✓ other:  no  yes **SOCVITAUT (A01001\_)**
- if other, specify: **SOCVITAUTPRES (\$250.)**

**SOCAIDHO (A01001\_) AIDCORRES (A01001\_)**

**AIDE**

- Does the participant receive help at home:  no  yes

if yes, what kind of help:

**AIDTORRES (A01001\_) AIDFREQU (\$100.) AIDFREQ (Best8.)**

- ✓ cleaning lady:  no  yes, if yes, number of hours per week:

- ✓ carer:  no  yes, if yes, number of hours per week:

- ✓ home care nursing services:  no  yes, if yes, date care started:

MM / YYYY

**AIDMOMT (A01003\_)**

- ✓ home care service:  no  yes, if yes:  day  night  both

- ✓ delivery of meals (meals on wheels):  no  yes, if yes, number of times per week:

- Does the participant have other types of assistance:  no  yes **SOCAIDAUT (A01001\_) AIDCORRES (A01001\_)**

if yes, what kind of assistance:

- ✓ day-care centre:  no  yes, if yes, number of days per month:

✓ transport

- paid for out of public funds  no  yes, if yes, number of times per month:

- paid for by the participant  no  yes, if yes, number of times per month:

**SOCIO**

- Does the participant receive the APA (Allocation Personnalisée d'Autonomie - Personal Autonomy Allowance):  no  yes **SOCAPA (A01001\_)**

if no, is there currently an application in progress:  no  yes **SOCDEMAPA (A01001\_)**

- Does the participant benefit from the ALD (Affection de longue durée - long-term condition exemption):

no  yes **SOCALD (A01001\_) SOCALDMOT (\$250.: MEDDRA)**

**SOCALDMOT2 (\$250.; MEDDRA)**

if yes, reason for the ALD: .....

if no, is there currently an application in progress:  no  yes **SOCDEMALD (A01001\_)**

if yes, reason for the ALD: .....

**SOCALDMOT (\$250.: MEDDRA)**

**SOCALDMOT2 (\$250.: MEDDRA)**

- Care for the participant:

- ✓ Is the participant being monitored by a psychologist:  no  yes (Best8.)  
 PECPSY (A01001\_)      ↘ if yes, number of sessions per week:   PECPSYFQ
- ✓ Is the participant receiving care from a physiotherapist:  no  yes  
 PECKINE (A01001\_)      ↘ if yes, number of sessions per week:   PECKINEFQ
- ✓ Is the participant being treated by a speech therapist:  no  yes  
 PECORTHO (A01001\_)      ↘ if yes, number of sessions per week:   PECORTHOFQ
- ✓ Is the participant being cared for by an occupational therapist:  no  yes  
 PECERGO (A01001\_)      ↘ if yes, number of sessions per week:   PECERGOFQ
- ✓ Is the participant being cared for by a psychomotor therapist:  no  yes  
 PECPSYCM (A01001\_)      ↘ if yes, number of sessions per week:   PECPSYCMFQ

### EXAMINATIONS

EXAMC

**ECTESTCD (2.)** **ECTEST** **ECORRES** **ECORRESU**  
**Clinical examination** (\$100.) (3.) (\$100.)

- Weight:  kg  measured  self reported **ECTYPMES (A01008.)**
- Height:  cm  measured  self reported
- Brachial circumference:  cm
- Hip circumference (at widest point):  cm
- Waist circumference (at narrowest point):  cm
- Blood pressure: measure no.1:  /  mm Hg heart rate no.1:  b/min  
 measure no.2:  /  mm Hg heart rate no.2:  b/min  
 measure no.3:  /  mm Hg heart rate no.3:  b/min
- Clinical examination:  abnormal  normal **EXEXCL(A05002\_)**  
 ↪ if abnormal, specify: ..... **EXEXAMP (\$100.)**

EXAM

#### Hearing acuity

**EXBAUD (A01001\_)**

- In the last months, does a decrease in hearing abilities was diagnosed:  no  yes
- If yes, does a hearing aid was: **EXAPPAUD (A05012\_)**  
 not prescribed  prescribed and fitted  prescribed and not fitted

#### Neurological examination

• Neurological examination:  abnormal  normal **EXNEURO (A05002\_)**

↪ if abnormal,

(A01001\_)

- EXPARK** Parkinson's syndrome:  no  yes ↪ if yes, specify: ..... **EXPARKPRES (\$100.)**
- EXLOCSG** signs of localisation:  no  yes ↪ if yes, specify: ..... **EXLOCSGPRES (\$100.)**
- EXOTHER** other:  no  yes ↪ if yes, specify: ..... **EXOTHERP (\$100.)**
- Postural tremor: **EXTRBATT**  no  yes ↪ if yes, which side..... **EXTRBATT (\$100.)**
- Resting tremor: **EXTRBREP**  no  yes ↪ if yes, which side..... **EXTRBREPC (\$100.)**

#### Additional data

- Sampling for the biobank (M24 and M48):  not done  done **EXPBIOB (A01004\_)**
- Standard biological sampling:  not done  done **EXPBIOSTD (A01004\_)**

EXAM

For women:

- In the last months, did the participant become menopausal:  
 no     yes     NA (already menauposal at last visit)    EXMENOP (A01001\_)
  - If yes, is the menopause:    EXMENTYP (A05004\_)
    - natural
    - following an ovariectomy
    - the result of other medical or surgical treatment
    - ↳ Specify: .....EXMENOTH (\$100.).....
- Undergoing hormone replacement therapy at the moment:     no     yes  
EXTHSONGO (A01001\_)

## EYE MONITORING

OCU

- Does the participant currently wear glasses or contact lenses on a regular basis?  
 no     yes    **OCULUNET (A01001\_)**
  
- In the past few months, has the participant had any eye diseases:     no     yes  
  - ↳ if **yes**, was it (also specify if one eye was affected or both eyes):    **OCUOCMAL (A01001\_)**
  - ✓ age-related macular degeneration (AMD)     no     yes     yes both eyes
  - ✓ glaucoma    **OCUGLAUC (A09052\_)**     no     yes     yes both eyes
  - ✓ a cataract operation?    **OCUOPCAT (A09052\_)**     no     yes  
 NA (participant already operated on at the last follow-up)
  - ↳ if yes,     for one eye     for both eyes    **OCUOPCATO (A09053\_)**
  - ✓ other eye disease(s)     no     yes    **OCUMOCAUT (A01001\_)**    **(A09053\_)**
  - ↳ if **yes**, specify .....    **OCUMOCAUTP1 (\$250. ; MEDDRA)**     one eye     both eyes    **OCUMOCAUT01**
  - ↳ if **yes**, specify .....    **OCUMOCAUTP2 (\$250. ; MEDDRA)**     one eye     both eyes    **OCUMOCAUT02**
  - ↳ if **yes**, specify .....    **OCUMOCAUTP3 (\$250. ; MEDDRA)**     one eye     both eyes    **OCUMOCAUT03**
  
- ↳ If one of the above items is yes, please report the previous case history on the “ADVERSE EVENT” form
  
- In the recent months, has the participant been treated with an injection into the eye using any of the following products: Visudyne®, Lucentis®, Macugen®, Avastin®?  
 no     yes    **OCUDMLAT (A01001\_)**  
 ↳ If yes, specify the treatment(s) used in the “TREATMENTS” form



## **ADDITIONAL STANDARDIZED QUESTIONNAIRES**

### **M12, M24, M36, M48, M60**

- + Lifestyle**
- + Leisure and daily activities**
- + Social Network Questionnaire**
- + Accompanying person self-assessment**
- + Summary of the medical examination**
- + Mini Mental State Evaluation (MMSE)**
- + Subjective complaint assessment**
- + Instrumental Activities of Daily Living (IADL)**
- + Activities of Daily Living (ADL)**
- + Neuropsychiatric Inventory (NPI)**
- + Subjective difficulties**
- + Mini Nutritional Assessment (MNA)**
- + EuroQol-5D (EQ-5D)**
- + Short Physical Performance Battery (SPPB)**
- + International Physical Activity Questionnaire (IPAQ)**
- + Stress Rating Response Scale (SRRS)**
- + Clinical Dementia Rating scale (CDR)**
- + Neuropsychological tests battery**
- + Local blood sample**
- + LEIPAD**
- + Lewy Body Disease Questionnaire**
- + brain MRI (M24 and M48 visits)**

# M18, M30 M42, M54 VISITS

**SOCIO-ECONOMIC DATA**

SOCIO

- Current marital status of the participant: **DMCIVIL (A04009 )**
  - ❶  single
  - ❷  divorced/separated
  - ❸  widow(er)/death of spouse
  - ❹  married/cohabiting partner
  
- Did the participant come with someone else:  no     yes    **ACCYN (A01001 )**

**If the participant was accompanied by someone else:**

- the participant came with:
  - spouse/cohabiting partner     no    **ACCONU (A01001\_)**     yes
  - child     no    **ACCENF (A01001\_)**     yes
  - brother/sister     no    **ACCAU (A01001\_)**     yes
  - other     no    **ACCFIA (A01001\_)**     yes

↳ if other, specify: **ACCAUTLIE (\$100.)** .....
  
- One of the accompanying person was present at a previous visit:     no     yes    **ACCPAUTVIS (A01001\_)**

↳ if yes, specify the most recent visit: M     **ACCVISM (3.)**
  
- Is at least one accompanying person present during the consultation:  no     yes    **ACCPRES (A01001 )**

**If the participant was not accompanied by someone else:**

- Was a contact person identified:     no     yes    **PCYN (A01001\_)**

↳ if yes, is it:     spouse/cohabiting partner    **PCCONT (A04025\_)**

  - ❶  child
  - ❷  brother/sister
  - ❸  other

↳ if other, specify: **PCAUTPRES (\$100.)** .....
  
- Has telephone contact been made with this person:     no     yes    **PCCONTEL (A01001\_)**

↳ if yes, is this person the same than the last visit:     no     yes    **PCAUTVIS (A01001\_)**

↳ if yes, specify the most recent visit: M     **PCVISM (3.)**

SOCIO

- In what type of accommodation is the participant currently living? SOCHAB (A04010 )
    - 1  apartment
    - 2  single family dwelling
    - 3  residential accommodation
    - 4  sheltered housing
    - 5  religious community
    - 6  care home
    - 7  other SOCHABOTH (\$100.)
- ↳ if other, specify: .....

- Does the participant live alone:  no  yes SOCVITSEUL (A01001 )
  - ↳ if no, with whom does he share his accommodation:
    - ✓ Spouse/cohabiting partner:  no  yes SOCVITCONJ (A01001 )
    - ✓ child:  no  yes SOCVITENF (A01001\_)
    - ✓ brother/sister:  no  yes SOCVITFRA (A01001 )
    - ✓ father/mother:  no  yes SOCVITPAR (A01001 )
    - ✓ non-family cohabitation:  no  yes SOCVITNFAM (A01001 )  
(friends, community)
    - ✓ other:  no  yes SOCVITAUT (A01001 )
  - ↳ if other, specify: SOCVITAUTPRES (\$250.) .....

AIDCAT (\$100.)

SOCAIDHO (A01001 )

AIDCORRES (A01001 )

AIDE

- Does the participant receive help at home:  no  yes
  - ↳ if yes, what kind of help: AIDTORRES (A01001\_) AIDFREQU (\$100.) AIDFREQ (Best8.)
    - ✓ cleaning lady:  no  yes, if yes, number of hours per week:
    - ✓ carer:  no  yes, if yes, number of hours per week:
    - ✓ home care nursing services:  no  yes, if yes, date care started:               
MM / YYYY AIDPECDAT (\$7.)
    - ✓ home care service:  no  yes, if yes:  day  night  both AIDMOMT (A01003 )
    - ✓ delivery of meals (meals on wheels):  no  yes, if yes, number of times per week:   SOCAIDAUT (A01001 ) AIDCORRES (A01001 )

- Does the participant have other types of assistance:  no  yes
  - ↳ if yes, what kind of assistance: AIDFREQU (\$100.) AIDFREQ (Best8.)
    - ✓ day-care centre:  no  yes, if yes, number of days per month:   AIDTORRES (A01001 )
    - ✓ transport
      - paid for out of public funds  no  yes, if yes, number of times per month:
      - paid for by the participant  no  yes, if yes, number of times per month:

AIDTYPACD (1.)

AIDTYPA (\$100.)

AIDCAT (\$100.)

AIDTYPACD (1.)

AIDTYPA (\$100.)

### EXAMINATIONS

EXAMC

**ECTESTCD (2.)**      **ECTEST (\$100.)**      **ECORRES (3.)**      **ECORRESU (\$100.)**

**Clinical examination**

- Weight:     kg       measured       self reported      **ECTYPMES (A01008.)**
- Blood pressure: measure no.1:    /   mm Hg      heart rate no.1:    b/min
- measure no.2:    /   mm Hg      heart rate no.2:    b/min
- measure no.3:    /   mm Hg      heart rate no.3:    b/min
- Clinical examination:       abnormal       normal      **EXEXCL (A05002\_)**  
     ↪ if abnormal, specify: **EXEXAMP (\$100.)** .....

**Neurological examination**

- Neurological examination:       abnormal       normal      **EXNEURO (A05002\_)**  
     ↪ if abnormal, **(A01001\_)**
- EXPARK** Parkinson's syndrome:       no       yes      ↪ if yes, specify: **EXPARKPRES (\$100.)**
- EXLOCSG** signs of localisation:       no       yes      ↪ if yes, specify: **EXLOCSGPRES (\$100.)**
- EXOTHER** other:       no       yes      ↪ if yes, specify: **EXOTHERP (\$100.)**
- EXTRBATT** Postural tremor:       no       yes      ↪ if yes, which side... **EXTRBATTTC (\$100.)**
- EXTRBREP** Resting tremor:       no       yes      ↪ if yes, which side... **EXTRBREPC (\$100.)**

## **ADDITIONAL STANDARDIZED QUESTIONNAIRES M18, M30, M42, M54**

### **At center**

- + Summary of the medical examination
- + Mini Mental State Evaluation (MMSE)
- + Subjective complaint assessment
- + Instrumental Activities of Daily Living (IADL)
- + Activities of Daily Living (ADL)
- + Neuropsychiatric Inventory (NPI)
- + EuroQol-5D (EQ-5D)
- + Stress Rating Response Scale (SRRS)
- + Clinical Dementia Rating scale (CDR)
- + Neuropsychological tests battery (if CDR $\geq$ 1)

### **If participant did not come to center**

- + Follow-up by telephone

# DAY TO DAY DATA COLLECTION

TREATMENTS

CM

Page     CMNUMP (2.)  
 CMSPID (2.)

No.	Medication		Start date	End date	Indication	Source CMSOURCE (A05005_)		
	Trade name	Formulation					Daily dosage	
							Dose	Unit (g, mg, etc.)
1	CMTRT (\$254.;WHODRUG)	<input type="checkbox"/> capsule <input type="checkbox"/> tablet <input type="checkbox"/> sachet <input type="checkbox"/> syrup <input type="checkbox"/> drops <input type="checkbox"/> injectable <input type="checkbox"/> others	CMDOSTXT CMDOSU (\$50.) _____, _____ (best8.)	CMSTDAT (\$10.) _____ _____ _____ CMSTDAT_D (ddmmyy10.) <input type="checkbox"/> ongoing CMONGO (A01001_)	CMENDAT (\$10.) CMENDAT_D (ddmmyy10.) _____ _____ _____ CMINDIC (\$254.;MEDDRA)	<input type="checkbox"/> participant's prescription <input type="checkbox"/> treating doctor letter <input type="checkbox"/> participant's handwritten list <input type="checkbox"/> reported by the participant <input type="checkbox"/> reported by the informing party <input type="checkbox"/> other		
2		<input type="checkbox"/> capsule <input type="checkbox"/> tablet <input type="checkbox"/> sachet <input type="checkbox"/> syrup <input type="checkbox"/> drops <input type="checkbox"/> injectable <input type="checkbox"/> others	_____, _____ <input type="checkbox"/> upon request	_____ _____ <input type="checkbox"/> ongoing	_____ _____ <input type="checkbox"/> ongoing	<input type="checkbox"/> participant's prescription <input type="checkbox"/> treating doctor letter <input type="checkbox"/> participant's handwritten list <input type="checkbox"/> reported by the participant <input type="checkbox"/> reported by the informing party <input type="checkbox"/> other		
3		<input type="checkbox"/> capsule <input type="checkbox"/> tablet <input type="checkbox"/> sachet <input type="checkbox"/> syrup <input type="checkbox"/> drops <input type="checkbox"/> injectable <input type="checkbox"/> others	_____, _____ <input type="checkbox"/> upon request	_____ _____ <input type="checkbox"/> ongoing	_____ _____ <input type="checkbox"/> ongoing	<input type="checkbox"/> participant's prescription <input type="checkbox"/> treating doctor letter <input type="checkbox"/> participant's handwritten list <input type="checkbox"/> reported by the participant <input type="checkbox"/> reported by the informing party <input type="checkbox"/> other		

CMDOSFRM (A07010\_)



**ADVERSE EVENT**

AEPAGE (2.)

AE

Adverse Event No. [ ][ ] AESPID (2.)

**Text for the adverse event** (a diagnosis (if identified), a syndrome, a single symptom or several inter-related symptoms or type of surgery):

AETERM (\$254.; MEDDRA)

**Start of the adverse event:** AESTDAT (\$10.) AESTDAT\_D (ddmmyy10.)  
[ ][ ] [ ][ ] [ ][ ] [ ][ ]

**Intensity:** ①  light    ②  moderate    ③  severe    ④  life-threatening  
AESEV (A07001\_)

**Is the event serious?** (Cf. protocol definition)    ①  no    ②  yes    AESER (A01001\_)  
If yes, fill in the SAE form

**Is the event likely to be connected with research:** ①  no    ②  yes    AELRECH (A01001\_)

**Has a treatment been prescribed**    ①  no    ②  yes    AEPRTRT (A01001\_)  
If yes, fill in the "TREATMENTS" form

**Date the adverse event ended:** AEENDAT (\$10.) AEENDAT\_D (ddmmyy10.)  
[ ][ ] [ ][ ] [ ][ ] [ ][ ]

**DEATH**

DC

DCDAT (\$10.) DCDAT\_D (ddmmvv10.)

Date of death:

Immediate cause(s) of death: ..... DCCAUSIM (\$254. ; MEDDRA)

.....  
.....  
.....

Pathologies contributing to the death: ..... DCPATHO1 (\$254. ; MEDDRA)

..... DCPATHO2 (\$254. ; MEDDRA)

..... DCPATHO3 (\$254. ; MEDDRA)

..... DCPATHO4 (\$254. ; MEDDRA)

Underlying cause of death (the disease or trauma which initiated the train of morbid events leading directly to the death, or the circumstances of the accident resulting in the death):

..... DCCAUSIN (\$254. ; MEDDRA)

.....  
.....  
.....

In conclusion, the death seems to you to be related to (treatment, clinical event):

..... DCLCONCL (\$254. )

.....  
.....

# STANDARDIZED QUESTIONNAIRES

# SUMMARY OF THE MEDICAL EXAMINATION

Visits :

M06, M12, M18, M24, M30, M36, M42, M48, M54, M60

**Summary of the medical examination**

SYNTH

VISIT M

SYVISDAT (\$10.) SYVISDAT D (ddmmyy10.)  
Date :

Cognitive diagnosis of the doctor (DSM-IV-TR criteria):  no dementia  dementia  
SYSDIAGCOG (A09057\_)

**If participant exhibits dementia this visit or etiology of the dementia modified, complete the following form**

↳ If dementia, specify the type:

- ✓ Alzheimer's disease (NINCDS-ADRDA criteria)  no (A01001\_)  yes SYALZ
  - ✓ Vascular dementia  no  yes SYDEMVASC
  - ✓ Mixed dementia  no  yes SYDEMMIXT
  - ✓ Fronto-temporal type dementia  no  yes SYDEMFRNT
  - ✓ Dementia due to Parkinson's disease  no  yes SYDEMPARK
  - ✓ Dementia with Lewy bodies  no  yes SYDEMLEWY
  - ✓ Other type of dementia  no  yes SYDEMOTH
- ↳ if yes, specify: SYDEMOTHPREC (\$100.; MEDDRA) .....
- ✓ Dementia that cannot be categorised (unspecified dementia)  no  yes SYDEMNCL



**Fill in the modified Hachinski score, the Lebert and Pasquier's fronto-temporal behavioural scale and the McKeith criteria.**

## Hachinski Ischaemic score

SCHAC

VISIT M 

	(A01005_)		
✓ Abrupt onset	<input checked="" type="radio"/> <input type="checkbox"/> absent	<input checked="" type="radio"/> <input type="checkbox"/> present	SCHDEBBR
✓ Stepwise deterioration	<input checked="" type="radio"/> <input type="checkbox"/> absent	<input checked="" type="radio"/> <input type="checkbox"/> present	SCHDETPAL
✓ Fluctuating course	<input checked="" type="radio"/> <input type="checkbox"/> absent	<input checked="" type="radio"/> <input type="checkbox"/> present	SCHDEVFLU
✓ Nocturnal confusion	<input checked="" type="radio"/> <input type="checkbox"/> absent	<input checked="" type="radio"/> <input type="checkbox"/> present	SCHCONFN
✓ Preservation of personality	<input checked="" type="radio"/> <input type="checkbox"/> absent	<input checked="" type="radio"/> <input type="checkbox"/> present	SCHPRPERS
✓ Depression	<input checked="" type="radio"/> <input type="checkbox"/> absent	<input checked="" type="radio"/> <input type="checkbox"/> present	SCHDEPRES
✓ Preservation of personality	<input checked="" type="radio"/> <input type="checkbox"/> absent	<input checked="" type="radio"/> <input type="checkbox"/> present	SCHPLSOMAT
✓ Emotional incontinence	<input checked="" type="radio"/> <input type="checkbox"/> absent	<input checked="" type="radio"/> <input type="checkbox"/> present	SCHLABEMO
✓ History of hypertension	<input checked="" type="radio"/> <input type="checkbox"/> absent	<input checked="" type="radio"/> <input type="checkbox"/> present	SCHHYPART
✓ History of stroke	<input checked="" type="radio"/> <input type="checkbox"/> absent	<input checked="" type="radio"/> <input type="checkbox"/> present	SCHATCDAVC
✓ Focal neurological symptoms	<input checked="" type="radio"/> <input type="checkbox"/> absent	<input checked="" type="radio"/> <input type="checkbox"/> present	SCHSYMPNF
✓ Focal neurological signs	<input checked="" type="radio"/> <input type="checkbox"/> absent	<input checked="" type="radio"/> <input type="checkbox"/> present	SCHSIGNNF
✓ Associated atherosclerosis	<input checked="" type="radio"/> <input type="checkbox"/> absent	<input checked="" type="radio"/> <input type="checkbox"/> present	SCHSIGNARTSC

## Frontotemporal behavioral scale from Lebert and Pasquier

VISIT M     

ELP

### Self-monitoring dyscontrol

 no  yes

ELPTRSC (A01001\_)

- Changes of food taste
- Hyperorality
- Alcohol abuse
- Verbal disinhibition
- Behavioral disinhibition
- Irritability
- Inappropriate emotional reacting
- Restlessness

### Self-neglect

 no  yes

ELPNEGLPH (A01001\_)

- Not washing, dirtiness, neglect of personal hygiene
- Neglect of clothing, lack of harmonization of clothing
- Not doing one's hair

### Affective disorders

 no  yes

ELPTRHUM (A01001\_)

- Elation
- Apparent sadness
- Flat affect
- emotionalism

### Self-centered behavioral

 no  yes

ELPBASINT (A01001\_)

- Apathetic
- Perseverative, stereotyped behavioral
- Hypochondriasis
- Social neglect

**McKeith criteria**

MCK

VISIT M

(A01001\_)

- ✓ progressive cognitive decline of sufficient magnitude to interfere with normal social or occupational function
- ✓ Fluctuating cognition with pronounced variations in attention and alertness
- ✓ Recurrent visual hallucinations that are typically well formed and detailed
- ✓ Spontaneous motor features of parkinsonism
- ✓ Repeated falls
- ✓ Syncope
- ✓ Transient loss of consciousness
- ✓ Neuroleptic sensitivity
- ✓ Systematized delusions
- ✓ Hallucinations in other modalities
- ✓ Stroke disease, evident as focal neurologic signs or on brain imaging
- ✓ Evidence on physical examination and investigation of any physical illness or other brain disorder sufficient to account for the clinical picture

- no       yes
- MKDECLCOG
- no       yes
- MKATTCOGF
- no       yes
- MKHALVISR
- no       yes
- MKSIMOTP
- no       yes
- MKCHUTR
- no       yes
- MKSYNCOF
- no       yes
- MKPERTCOT
- no       yes
- MKSENSNRL
- no       yes
- MKILLSYST
- no       yes
- MKHALLAUT
- no       yes
- MKMALCBV
- no       yes
- MKPREEXAM



# MINI MENTAL STATE EXAMINATION

Visits :

Screening, M06, M12, M18, M24, M30, M36, M42,  
M48, M54, M60

**MINI MENTAL STATE EXAMINATION**

**MMSE**

VISIT M

MMSDAT (\$10.) MMSDAT\_D (ddmmvv10.)  
Date :

**Orientation**

MMSORTMP (1.) Score :  /5

- What is today's date ?  
If wrong or incomplete :
1. Year?
  2. Season?
  3. Month?
  4. Day of month?
  5. Day of week?

6. Can you tell me the name of this hospital/clinic?
7. What city are we in?
8. What county are we in?
9. What state are we in?
10. What floor are we on?

MMSORSPL (1.) Score :  /5

**Immediate Recall**

11. Lemon
12. Key
13. Ball

MMSAPPRT (1.) Score :  /3

**Attention and calcul**

Ask the subject to begin with 100 and count backwards by 7.

14. 93
15. 86
16. 79
17. 72
18. 65

MMSATTC (1.) Score :  /5

Ask the subject to spell the word "WORLD" backwards.

**Recall**

11. Lemon
12. Key
13. Ball

MMSRAPP (1.) Score :  /3

**Language**

22. Show the subject a pencil and ask him/her what it is.
23. Show the subject a wrist watch and ask him/her what it is.
24. Ask the subject to repeat "No, ifs, ands, or buts."

MMSLANG (1.) Score :  /8

Give the subject a sheet of blank paper and say, "Take the paper in your right/left hand, fold it in half and put it on the floor."

25. Takes paper in hand,
26. Folds paper in half
27. Puts paper on floor

Hold up the card that reads, "Close your eyes." So the subject can see it clearly. Ask him/her to read it and do what it says.

28. Closes eyes

Give the subject a sheet of blank paper and ask him/her to write a sentence.

29. Writes sentence

30. Show the subject the drawing of the intersecting pentagons. Ask him/her to draw the pentagons (about one inch each side) on the paper provided.

**Praxis**

MMSPRAXC (1.) Score :  /1

Score total  /30

MMSSCTOT (2.)

# NEURO-PSYCHOLOGICAL TESTS BATTERY

Visits :

Screening, M12, M24, M36, M48, M60

+ if CDR  $\geq$  1

M06, M18, M30, M42, M54

For demented patients, tests were performed at the investigator's discretion and as deemed clinically relevant

**TNP**

# NEUROPSYCHOLOGICAL TESTS BATTERY

Duration:  h  min **TNPTMPS (\$5.)** **TNPTMPS\_T (\$time5.)**

↵ **DMS-48** **DMS**

Date:  **DMSDAT (\$10.)** **DMSDAT\_D (ddmmyy10.)**

Duration for acquisition:  seconds **FLUACDUR (3.)**

- Immediate recall  
Time :  seconds **DMSIMTPS (3.)**  
Number of correct answers :  / 48 **DMSIMSC (2.)**
- Delayed recall (1h)  
Time :  seconds **DMSDIFTPS (3.)**  
Number of correct answers :  / 48 **DMSDIFSC (2.)**

↵ **LITERAL VERBAL FLUENCY: Letter P, 2 min** **FLU**

Date:  **FLUDAT (\$10.)** **FLUDAT\_D (ddmmyy10.)**

Total number of words:  **FLUMOTS (2.)**

Number of repetitions:  **FLUNBREP (2.)**

Number of intrusions:  **FLUNBINTR (2.)**

Final score:  **FLUSCF (2.)**

**FLUTYP (\$100.)**

↵ **FREE AND CUED SELECTIVE REMINDING TEST**

Date:  **RIMDDAT (\$10.)** **RIMDDAT\_D (ddmmyy10.)**

Word List:  Initial  Alternative **RIMDLIST (A09054\_)**

**RLRI\_IMD**

- Immediate

	Recall 1		Recall 2		Recall 3	
	Free Recall 1	Cued Recall 1	Free Recall 2	Cued Recall 2	Free Recall 3	Cued Recall 3
<b>RIMDRAPCAT (\$100.)</b> Correct	<b>RIMDREPOK (2.)</b> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total (FR+CR)	<b>RISCTOTM1 (2.)</b> <input type="text"/>		<b>RISCTOTM2 (2.)</b> <input type="text"/>		<b>RISCTOTM3 (2.)</b> <input type="text"/>	
False	<b>RIMDFAUX (2.)</b> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Duplicates	<b>RIMDDBL (2.)</b> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**RLRI\_SC**

Total of free recalls (FR1+FR2+FR3):  / 48 **RISCTOTRL (2.)**

Total of recalls (FR1+CR1+ FR2+CR2+ FR3+CR3):  / 48 **RISCTOTIM (2.)**

**RLRI\_SC**

- Recognition  
Correct:  / 16 **RISCRECCORR (2.)**  
Semantic distractors:  / 16 (for Screening only) **RIDISSEM (2.)**  
Neutral distractors:  / 16 **RIDISNEU (2.)**

**RIMDTEST (\$100.)** **RLRI\_IMD**

- Delayed recall (20 min)

		Delayed Recall	
		Free Recall	Free Recall
<b>RIMDRAPCAT (\$100.)</b> Correct	<b>RIMDREPOK (2.)</b> <input type="text"/>	<input type="text"/>	<input type="text"/>
Total (FR+CR)	<input type="text"/> <b>RISCTOTD (2.)</b>		
False	<b>RIMDFAUX (2.)</b> <input type="text"/>	<input type="text"/>	<input type="text"/>
Duplicates	<b>RIMDDBL (2.)</b> <input type="text"/>	<input type="text"/>	<input type="text"/>

**RLRi\_SC**

↵ **PRAXIS** PRAX  
 Date:  /  /  **PRAXDAT (\$10.)** **PRAXDAT\_D (ddmmyy10.)**  
 Symbolic gestures:  / 5 **PRAXSYMB (1.)**  
 Pantomimes:  / 10 **PRAXMIMA (2.)**  
 Meaningless gestures:  / 8 **PRAXABS (1.)**

↵ **TRAIL MAKING TEST** TMT  
 Date:  /  /  **TMTDAT (\$10.)** **TMTDAT\_D (ddmmyy10.)**

• PART A  
**TMTTEST (\$100.)**  
 Time:  seconds **TMTTTPS (3.)**  
 Correct moves :  **TMTBDEP (2.)**  
 Self-corrected errors :  **TMTERAUTC (2.)**  
 Uncorrected errors :  **TMTERNONC (2.)**

• PART B  
 Time:  seconds **TMTTTPS (3.)**  
 Correct moves :  **TMTBDEP (2.)**  
 Self-corrected errors :  **TMTERAUTC (2.)**  
 Non corrected errors :  **TMTERNONC (2.)**  
 Perseverative errors:  **TMTERPERS (2.)**

↵ **DIGIT SPAN** EMP  
**EMCAT (\$100.)**  
 Date:  /  /  **EMDAT (\$10.)** **EMDAT\_D (ddmmyy10.)**  
 Forward: number of correct answers:  / 16 **EMSCTOT (2.)**  
 Backwards: number of correct answers:  / 14 **EMSCTOT (2.)**  
 Total forward + backwards:  / 30 **EMSOMSCDI (2.)**  
 Standardized score:  / 20 **EMNSTD (2.)**

↵ **VISUO SPATIAL SPAN (optional)** EMP  
**EMCAT (\$100.)**  
 Date:  /  /  **EMDAT (\$10.)** **EMDAT\_D (ddmmyy10.)**  
 Forward: number of correct answers:  / 16 **EMSCTOT (2.)**  
 Backward: number of correct answers:  / 16 **EMSCTOT (2.)**  
 Total forward + backward:  / 32 **EMSOMSCDI (2.)**  
 Standardized score:  / 20 **EMNSTD (2.)**

↵ **REY COMPLEX FIGURE** REY  
 Date:  /  /  **REYDAT (\$10.)** **REYDAT\_D (ddmmyy10.)**  
 • Copy:  
 Time:  seconds **REYCOPTMS (3.)**  
 Score :  / 36 **REYCOPSC (best8.)**  
 • 3 mins  
 Time:  seconds **REYMEM3TPS (3.)**  
 Score :  / 36 **REYMEM3SC (Best 8.)**  
 • 30 mins (optional)  
 Time:  seconds **REYMEM30TPS (3.)**  
 Score :  / 36 **REYMEM30SC (Best 8.)**

↵ **FRONTAL ASSESSMENT BATTERY** BREF  
 Date:  /  /  **BRDAT (\$10.)** **BRDAT\_D (ddmmyy10.)**  
 Similarities:  / 3 **BRSIMIL (A09035\_)**  
 Lexical fluency:  / 3 **BRFLITT (A09035\_)**  
 Motor series:  / 3 **BRSMOTR (A09035\_)**  
 Conflicting instructions:  / 3 **BRCCONTR (A09035\_)**  
 Go–No Go:  / 3 **BRGONGO (A09035\_)**  
 Prehension behavior:  / 3 **BRCPREH (A09035\_)**  
 Total score:  / 18 **BRSTOT (2.)**

↵ **SEMANTIC VERBAL FLUENCY: animals, 2 min**

FLU

FLUTYP (\$100.) Date:           FLUDAT (\$10.) FLUDAT\_D (ddmmyy10.)  
Total number of words:   FLUMOTS (2.)  
Number of repetitions:   FLUNBREP (2.)  
Number of intrusions:   FLUNBINTR (2.)  
Final score:   FLUSCF (2.)

↵ **ORAL IMAGE NAMING TEST 80**

DO

Date:           DODAT (\$10.) DODAT\_D (ddmmyy10.)  
Time:   seconds DOTMPS (3.)  
Total score:  / 80 DOSCORT (2.)

# CLINICAL DEMENTIA RATING SCALE

Visits :

Screening, M06, M12, M18, M24, M30, M36, M42,  
M48, M54, M60

### Clinical Dementia Rating Scale

CDR

VISIT M

Date :

CDRDAT (\$10.) CDRDAT\_D (ddmmyy10.)

CDR (A09026 )	0	0,5	1	2	3
Memory CDRMEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Orientation CDRORIENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgement and Problem Solving CDRRPROB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Affairs CDRACTSO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home and Hobbies CDRDOMLOI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Care CDRCHAR	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total  ,  CDRSCR (best8.)

Calculation available at <http://www.biostat.wustl.edu/~adrc/cdrpgm/index.html>.

CDRACC (A09051 )

- The CDR was adressed:
  - without informant
  - with an informant
  - with an informant contacted by phone



# SUBJECTIVE COMPLAINT ASSESSMENT

Visits :

Screening, M06, M12, M18, M24, M30, M36, M42,  
M48, M54, M60

## SUBJECTIVE COMPLAINT ASSESSMENT

EAV

VISIT M

Date :

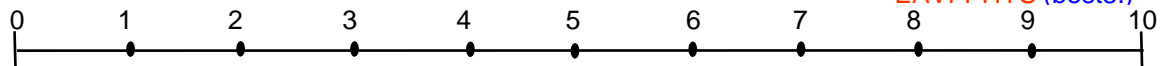
EAVDAT (\$10.)    EAVDAT\_D (ddmmyy10.)

*It is a question of evaluating on a range from 0 to 10 the discomfort/the difficulties that you may experience at that moment in a certain number of areas by putting a cross on the line from 0 to 10 for the rating that you think is appropriate.*

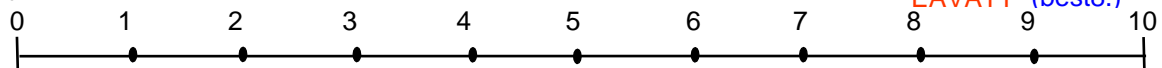
*0 corresponds to the feeling of not experiencing any difficulty.*

*10 corresponds to the feeling of experiencing the maximum level of difficulty.*

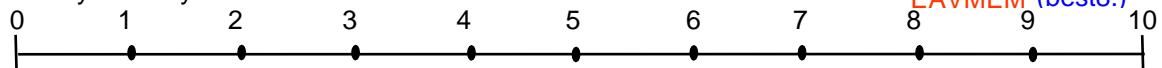
1. **With regard to your physical condition:** walking, balance etc., you feel that you have any difficulty with....



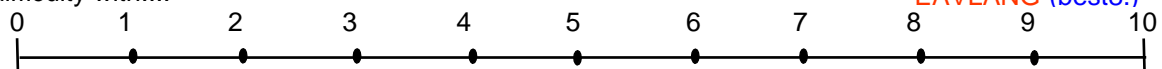
2. **With regard to your attention:** the ability to concentrate for a long time, to do two things at once, to remember what you wanted to do/say if someone interrupts you etc. do you feel that you have difficulty with....



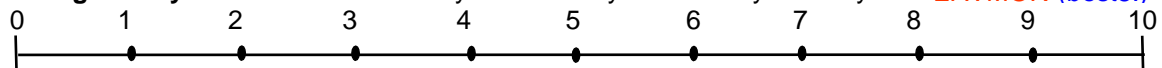
3. **With regard to your memory:** learning new things, recalling recent events etc., do you feel that you have any difficulty with....



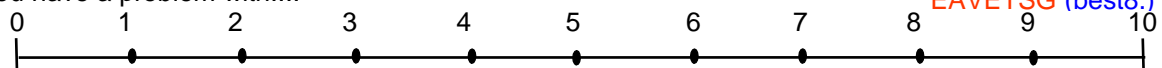
4. **With regard to your speech:** finding the words, writing, reading etc., do you feel that you have any difficulty with....



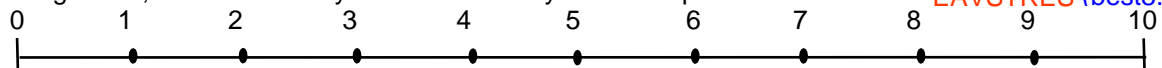
5. **With regard to your mood/morale:** do you feel that you have any difficulty with....



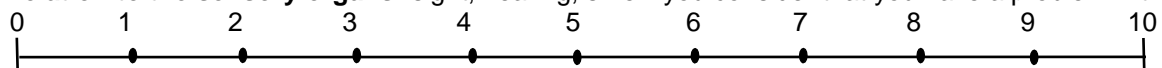
6. **With regard to your general state of health:** tiredness, pain, various symptoms etc., do you feel that you have a problem with....



7. **Concerning possible life stresses:** illness or worry about a loved one, mourning, problems at work, moving home, retirement etc. you consider that you have a problem with...



8. **In relation to the sensory organs:** sight, hearing, smell: you consider that you have a problem with...



EAVORGEN (best8.)

# LIFESTYLE

Visits :

M0, M12, M24, M36, M48, M60

## LIFESTYLE

HV

## Consumption of tobacco

- Is the participant:       current smoker     former smoker     non-smoker    HVTAB (A04013\_)
  - ↵ if current or former smoker, number of pack-years:     HVTABC (3.)
 

*(pack-years = no. of cigarettes smoked/day X no. of year smoking / 20)*
  - ↵ if current smoker, average number of cigarettes consumed/day in the last 12 months:     HVTAB12M (3.)
  - ↵ if former smoker, date of stopping (month, year):       HVTABENDAT (\$7.)

## Consumption of alcohol

- Number of alcoholic drinks currently consumed per week:     HVALC (Best8.)

*(During the questions remember to mention to the participant the number of drinks to include wine, beer or cider, aperitifs or after-dinner drinks).*

*(1 drink = 1 glass of wine 12% (10 cl) = 1 glass of whiskey 40% (3 cl) = 1 half beer 5% (25 cl) = 1 glass of pastis 45% (3 cl) = 1 flute of champagne 12% (10 cl)*

- Has the participant changed his consumption of alcohol over the past 12 months: HVALCMOD (A01001\_)
  - no     yes
  - ↵ if yes, date modified (month, year):       HVALCMODAT (\$7.)
 

consumption before the change (no. drinks/week):     HVALCMODC (Best8.)

# LESIURE AND DAILY ACTIVITIES

Visits :

M0, M12, M24, M36, M48, M60

### LEISURE AND DAILY ACTIVITIES

LOI

LOIDAT (\$10.) LOIDAT\_D (ddmmyy10.)

Date of the visit:

During the past 12 months, has the participant taken part in any of the following recreational and leisure activities

LOIFREQ (A08019\_)

LOITESTCD (2.)  
LOITEST (\$100.)

Activities	① Never	② Once a year	③ Several times a year	④ Every months	⑤ At least once a week	⑥ Almost every day
- Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Listening to music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Going to the cinema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Going to a show (theatre, concert, etc.), visiting an exhibition, a museum, a historical monument	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Using a computer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Sports, physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Walking, hiking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Travelling, tourism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Playing music, painting or another artistic activity (dance, theatre, writing, photography, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Collecting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Volunteer activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Mechanical, DIY, home decorating work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Gardening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Knitting, embroidery, sewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Cookery "for pleasure"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Going fishing or hunting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Going out on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

• In other regards, over the past 12 months has the participant reduced:

HV

- ✓ his social activities:                    ①  no                    ②  yes                    LOIREDSOC (A01001\_)
- ✓ his usual leisure activities:            ①  no                    ②  yes                    LOIREDHOB (A01001\_)
- ✓ his travel trips:                            ①  no                    ②  yes                    LOIREDEP (A01001\_)

# SOCIAL NETWORK QUESTIONNAIRE

Visits :

M0, M12, M24, M36, M48, M60

RSO

**SOCIAL NETWORK QUESTIONNAIRE**Date of the visit:      

RSODAT (\$10.) RSODAT\_D (ddmmy10.)

- Is the participant generally satisfied with his current life:

- not at all satisfied RSOVIESA (A06004\_)
- not very satisfied
- moderately satisfied
- quite satisfied
- completely satisfied

- Does the participant have enough freedom to live his life as he wishes: RSOLIB (A06005\_)

- not enough freedom
- enough freedom
- too much freedom

**The participant's circle of acquaintances:** people who are important for him at present Only refers to adults, i.e. people who are at least 18 years old

- How many people does the participant have in his circle of acquaintances? RSONBENT (A06006\_)

- 0
- 1 to 3
- 4 to 7
- 8 or more

**If at least one person in the participant's circle of acquaintances:**

- Are the people in the participant's circle of acquaintances: RSOENTOUR (A06007\_)

- all family members
- mostly family members and a few friends
- as many friends as family members
- more friends than family members
- all friends

- Is the participant satisfied with his relationships with his circle of acquaintances:

- not at all satisfied RSORELSA (A06004\_)
- not very satisfied
- moderately satisfied
- quite satisfied
- completely satisfied

- How many people does the participant feel close to:  RSONBPRO (2.)



↪ **If the participant feels close to at least one person:**

- Is there someone to whom the participant feels particularly close, with whom he can share his problems and by whom he is comforted:  no  yes **RSOTPROC (A01001\_)**

↪ if so, what is this person's relationship to the participant:

- spouse/cohabiting partner **RSOPRIEN (A04026\_)**
- child
- infant
- father/mother
- another member of the family
- friend
- other

↪ if other, specify..... **RSOPRIENA (\$100.)**

- ✓ How often is the participant in contact with this person to whom he feels particularly close, with whom he can share his problems and by whom he is comforted:

- almost never/never **RSOFRQPRO (A08016\_)**
- once a year
- several times a year
- every month
- at least once a week
- every day or almost every day

- How often is the participant in contact with at least one person in his family that he does not live with:

- almost never/never **RSOFRQFAM (A08016\_)**
- once a year
- several times a year
- every month
- at least once a week
- every day or almost every day

Is the participant happy to be contacted at a later date to answer a broader and more in-depth set of questions about his lifestyle and social environment:  no  yes

**RSOACCQDET (A01001\_)**

# ACCOMPANYING PERSON SELF-ASSESSMENT QUESTIONNAIRE

Visits :

M0, M12, M24, M36, M48, M60

**INFORMATION NOTE FOR THE ACCOMPANYING PERSON**

Version 2.0 dated 06/02/2013

Dear Sir, Madam

The person that you are accompanying today has agreed to take part in a national research programme, the MEMENTO study, which will eventually consist of a cohort of 2,300 participants.

The purpose of the study is to gain a better understanding of the origin and consequences of memory, language, or attention disorders. The person you are accompanying will, as in a regular consultation, undergo a series of examinations and tests to assess his general and psychological health. Data on his lifestyle and his socio-economic characteristics will also be collected. Today or in a few days, the person you are accompanying will have a Magnetic Resonance Imaging (MRI) scan and a blood test, in line with standard care. This person will be invited to come back to the consultation about twice a year over a period of 5 years and during each visit, new examinations and tests will be conducted.

An important objective of the MEMENTO cohort is to better understand the interactions between the participants and the people around them. This is why we propose to fill in the attached questionnaire which will enable us to characterise your relationship to the person you are accompanying, participant in MEMENTO. Depending on your answers, we will propose collecting additional information on your health using validated scales.

In future consultations, if you are here again, we will ask you to update this information, and will ask you some new questions if you agree.

The data relating to you, as well as the data relating to the person you are accompanying, will be computerised and anonymised in accordance with the (French) Data Protection Act (Law No. 2004-801 of 6 August 2004 amending Law No. 78-17 of 6 January 1978 pertaining to information technology, computer files and civil liberties).

The recipients of the data are the promoter of the research (CHU de Bordeaux) or persons or companies acting on its behalf, in France or abroad. In accordance with the (French) Data Protection Act of 6 January 1978 as amended in 2004, you have the right of access and rectification of the information relating to you, which you can exercise by contacting the CHU de Bordeaux 12, rue Dubernat – 33404 Talence Cedex. You may also, for lawful reasons, oppose the processing of data relating to you.

When you have read this information note, do not hesitate to put any questions you wish to the doctor who is caring for the person you are accompanying.

The coordination team for the MEMENTO cohort thanks you for your participation.

**ACCOMPANYING PERSON SELF-ASSESSMENT QUESTIONNAIRE**

ACC

Date of the visit:      

ACCDAT (\$10.) ACCDAT\_D (ddmmyy10.)

- ✓ Has the accompanying person responded to this questionnaire with the help of a member of staff of the CMRR (Memory Resource and Research Centre)  
 no  yes ACCREPAID (A01001\_)
- ✓ Has the accompanying person responded to this questionnaire by telephone:  
 no  yes ACCRETREL (A01001\_)

**1. Characteristics of the accompanying person**

- You are:  a man  a woman ACCSEX (A04014\_)
- What is your year of birth:     ACCBIRYR (4.)
- What is your marital status: ACCSTMA (A04009\_)
  - single
  - divorced or separated
  - widow(er)
  - married or cohabiting
- What level of study have you attained: ACCSTD (A04003\_)
  - no schooling
  - primary school education (school certificate)
  - secondary level first cycle (college - CAP - certificate)
  - upper secondary school (BEP - high school - bachelor's degree)
  - third-level/higher level studies
- Do you have a professional activity:  no  yes ACCACPRO (A01001\_)

**2. Relationship of the accompanying person with the consultant**

- What is your relationship to the person you are accompanying to the consultation:
  - you are his spouse ACCLIEN (A04020\_)
  - you are his son (his daughter)
  - you are another member of the family  
 ↳ Specify the relationship connection: ACCLPAR (\$250.)
  - you are a friend
  - you are a neighbour
  - you are a professional caregiver (nurse, healthcare worker, etc.)  
 ↳ Please specify: ACCAIDPRO (\$250.)
  - you are not in any of the above categories  
 ↳ Please specify: ACCAUT (\$250.)

- With regard to the person that you are accompanying to the consultation at the CMRR do you live in:
  - ①  the same accommodation **ACCHAB (A06008\_)**
  - ②  the same city/town
  - ③  the same department (département)
  - ④  other
  
- If you are not a member of the family of the person you are accompanying to the consultation, how long have you known him: **ACCTPSCO (A08012\_)**
  - ①  less than a year
  - ②  between one year and 5 years
  - ③  between 5 and 10 years
  - ④  over 10 years

### 3. Reason for accompanying

- Do you know if the person you are accompanying is having consultations for:
 

✓ A memory disorder/impairment:	① <input type="checkbox"/> no	① <input type="checkbox"/> yes	<b>ACCMEM (A01001_)</b>
✓ A speech disorder:	① <input type="checkbox"/> no	① <input type="checkbox"/> yes	<b>ACCLANG (A01001_)</b>
✓ A behavioural disorder:	① <input type="checkbox"/> no	① <input type="checkbox"/> yes	<b>ACCTCOMP (A01001_)</b>
✓ Another type of disorder/impairment:	① <input type="checkbox"/> no	① <input type="checkbox"/> yes	<b>ACCAUTR (A01001_)</b>

↘ if yes, which one:.....**ACCAUTPRES (\$250.)**.....
  
- Do you know who initiated this consultation (*only one answer possible*): **ACCINITI (A06002\_)**
  - ①  the person you are accompanying
  - ②  you
  - ③  the doctor (or other person in the medical profession) of the person you are accompanying
  - ④  a member of the family of the person with you
  
- At whose request are you present today (*only one answer possible*): **ACCDEM (A06003\_)**
  - ①  on your own initiative
  - ②  at the request of the person you are accompanying
  - ③  at the request of a doctor (or other person in the medical profession)
  - ④  at the request of a member of the family of the person you are accompanying

**Perceived Stress Scale (Cohen and Al.)**

**COHEN**

In the last month :

COHORRES (A08014\_)

COHTESTCD(2.) COHTEST (\$250.)	① Never	② Almost never	③ Sometimes	④ Fairly often	⑤ Very often
1. how often have you been upset because of something that happened unexpectedly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. how often have you felt that you were unable to control the important things in your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. how often have you felt nervous and “stressed”?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. How often have you dealt successfully with irritating life hassles ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. How often have you felt that you were effectively coping with important changes that were occurring in your life ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. how often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. how often have you felt that things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. How often have you found that you could not cope with all the things that you had to do ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. How often have you been able to control irritations in your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How often have you felt that you were on top of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How often have you been angered because of things that happened that were outside of your control ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. How often have you found yourself thinking about things that you have to accomplish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. How often have you been able to control the way you spend your time ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. How often have you felt difficulties were piling up so high that you could not overcome them ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CES-D**

**CESD**

CESORRES (A08015\_)

<p>CESTESTCD (2.) CESTEST (\$250.)</p>	<p>Rarely or none of the time</p>	<p>Some or a little of the time</p>	<p>Occasionally or a moderate amount of time (</p>	<p>Most or all of the time</p>
1. I was bothered by things that usually don't bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I did not feel like eating; my appetite was poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I felt that I could not shake off the blues even with help from my family or friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt I was just as good as other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I thought my life had been a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I talked less than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. People were unfriendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I had crying spells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I felt that people disliked me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I could not get "going."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. Help received by the person accompanied**

ACC

- Is the person you are accompanying completely independent in his day-to-day life **ACCINDEP** (A01001\_)

no



**If no, please proceed directly to the next page**

yes



**If yes, thank you for your participation and please return this questionnaire to the person who gave it to you**



ACC

- Are you the person who **most often** helps the person you are accompanying:

no

ACCAIDPACC (A01001\_)

yes



**If no, please answer the following question and return this questionnaire to the person who gave it to you:**

Who is the person who **most often** helps the person that you are accompanying on a day-to-day basis: **ACCAIDP (A04020\_)**

- 1 His spouse
- 2 His son/his daughter
- 3 Another member of the family
- ↳ Specify the relationship connection:..... **ACCAIDPPAR (\$100.)**
- 4 A friend
- 5 A neighbour
- 6 A professional caregiver (nurse, healthcare worker, etc.)
- ↳ Please specify:..... **ACCAIDPPRO (\$100.)**
- 7 None of the above categories

Please specify:..... **ACCAIDPAUT (\$100.)**

**If yes, please proceed directly to the next page**

ACC

**Please answer all of the following questions if:*****the person that you are accompanying receives assistance with his day-to-day life and if you are the person who helps him most often.*****5. Help received by the person accompanied**

For each of the following situations, can you indicate whether you provide assistance to the person accompanied:

(A01001\_)

1. Arranging medical appointments	ACCRDV	<input type="radio"/> no	<input type="radio"/> yes
2. Buying his medication	ACCMED	<input type="radio"/> no	<input type="radio"/> yes
3. Accompanying him to medical consultations (other than the current one)	ACCONSM	<input type="radio"/> no	<input type="radio"/> yes
4. Helping him to take certain treatments	ACCTRT	<input type="radio"/> no	<input type="radio"/> yes
5. Participating in some paramedical services (physiotherapy, massages)	ACCPARAM	<input type="radio"/> no	<input type="radio"/> yes
6. Helping with toilet	ACCTOIL	<input type="radio"/> no	<input type="radio"/> yes
7. Helping him to get dressed or undressed	ACCHABILL	<input type="radio"/> no	<input type="radio"/> yes
8. Helping him to eat his meals	ACCREPA	<input type="radio"/> no	<input type="radio"/> yes
9. Helping him to move around in his accommodation	ACCDEPLA	<input type="radio"/> no	<input type="radio"/> yes
10. Helping him to sit down, get up or go to bed or sit in a chair	ACCLEVER	<input type="radio"/> no	<input type="radio"/> yes
11. Accompanying him with his leisure activities (walks, cinema, sport, etc.)	ACCLOIS	<input type="radio"/> no	<input type="radio"/> yes
12. Helping him to take decisions	ACCDECIS	<input type="radio"/> no	<input type="radio"/> yes
13. Providing with him daytime supervision	ACCSURVJ	<input type="radio"/> no	<input type="radio"/> yes

- How many hours a week do you spend helping the person you are accompanying today (this is assistance provided in addition to the usual household tasks, unless you are employed in his service):

Number of hours:  hours/week

ACCNBHSEM (2.)

- If you happen to be unavailable, can you rely on other people to replace you, whether professionals or other family members or acquaintances:

no       yes      ACCRMP (A01001\_)

↙ if yes, can you specify the relationship of the person who **most often** stands in for you with the person you are accompanying to the consultation at the CMRR (Memory Resource and Research Centre):      ACCRMPLIEN (A04020\_)

his spouse

his son/his daughter

another member of the family

↙ Specify the relationship connection:..... ACCRMPAR (\$100.)

a friend

a neighbour

a professional caregiver (nurse, healthcare worker, etc.)

↙ Please specify:..... ACCRMPRO (\$100.)

other

↙ Please specify:..... ACCRMAUT (\$100.)

**Burden inventory from Zarit**

ZARIT

ZARORRES (A08013\_)

ZARTESTCD (2.) ZARTEST (\$250.)	0 Never	1 Rarely	2 Sometimes	3 Quite frequently	4 Nearly always
1. Do you feel that your relative asks for more help than he/she needs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you feel that because of the time you spend with your relative that you don't have enough time for yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you feel embarrassed over your relative's behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you feel angry when you are around your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you feel that your relative currently affects our relationships with other family members or friends in a negative way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you afraid what the future holds for your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you feel your relative is dependent on you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you feel strained when you are around your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you feel your health has suffered because of your involvement with your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you feel that you don't have as much privacy as you would like because of your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you feel that your social life has suffered because you are caring for your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you feel uncomfortable about having friends over because of your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you feel that your relative seems to expect you to take care of him/her as if you were the only one he/she could depend on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you feel that you don't have enough money to take care of your relative in addition to the rest of your expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you feel that you will be unable to take care of your relative much longer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you feel you have lost control of your life since your relative's illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you wish you could leave the care of your relative to someone else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you feel uncertain about what to do about your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you feel you should be doing more for your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you feel you could do a better job in caring for your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Overall, how burdened do you feel in caring for your relative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# NEUROPSYCHIATRIC INVENTORY

Visits :

M0, M06, M12, M18, M24, M30, M36, M42, M48, M54,  
M60

NPICA

### Neuropsychiatric Inventory Clinician (NPI-C)

**A. DELUSIONS** NPDOM (A09047\_)

Visit M

NPDAT (\$10.) NPDAT\_D (ddmmyy10.)

Date :

Does (S) have beliefs that you know are not true? For example, insisting that other people are trying to harm him/her or steal from him/her? Has he/she said that family members or staff are not who they say they are or that the house is not their home? I'm not asking about mere suspicions. I'm interested in whether (S) is convinced that these things are happening to him/her. (✓)  No  Yes NPQDOMON (A01001\_)

✓ if Yes	Description	Informant*	
		Frequency 0-4	Severity 0-3
	1. Does (S) believe that he/she is in danger, that others are planning to hurt him/her or have been hurting him/her?		
	2. Does (S) believe that others are stealing from him or her?		
	3. Does (S) believe that his/her		
	4. Does (S) believe that unwelcome guests are living in his/her house?		
	5. Does (S) believe that his/her family, staff members or others are not who they claim to be or that they are imposters?		
	6. Does (S) believe that his/her house is not his/her home?		
	7. Does (S) believe that family members plan to abandon him/her?		
	8. Does (S) believe that television or magazine figures are actually present in the room? Does he/she try to talk or interact with them?		
	<b>SCORE NPI</b>	<input type="text"/>	<input type="text"/>

NPACFREQ (A08021\_) NPACGRAV (A09039\_)

\*Do not leave blank. Enter "0" if it does not occur.

NPICA

**B. HALLUCINATIONS** [NPDOM \(A09047\\_\)](#)

Does (S) have hallucinations such as false visions or voices? Does (S) seem to see, hear or experience things that are not present? By this question we do not mean just mistaken beliefs such as stating that someone who has died is still alive; rather we are asking if (S) actually has abnormal experiences of sounds or visions? (✓)  No  Yes [NPQDOMON \(A01001\\_\)](#)

✓ if Yes	Description	Informant*	
		Frequency 0-4	Severity 0-3
	1. Does (S) describe hearing voices or acts if he/she hears voices?		
	2. Does (S) talk to people who are not there?		
	3. Does (S) describe seeing things that are not present or acts like he/she sees things that are not present (people, animals, lights, etc.)?		
	4. Does (S) report smelling odors not smelled by others?		
	5. Does (S) describe feeling things on his/her skin or otherwise appear to be feeling things crawling on or touching him/her?		
	6. Does (S) say or act like he/she tastes things that are not present?		
	7. Does (S) describe any other unusual sensory experiences?		
	<b>SCORE NPI</b>	┌	┌

[NPACFREQ \(A08021\\_\)](#) [NPACGRAV \(A09039\\_\)](#)

\*Do not leave blank. Enter "0" if it does not occur.

NPICA

**C. AGITATION** NPDOM (A09047\_)

Is (S) hard to handle or uncooperative or resistive to care? (✓)  No  Yes NPQDOMON (A01001\_)

✓ if Yes	Description	Informant*	
		Frequency 0-4	Severity 0-3
	1. Does (S) get upset when people are trying to care for him/her or resist activities such as changing clothes?		
	2. Is (S) stubborn, having to have things his/her way?		
	3. Is (S) uncooperative or resistive to help from others?		
	4. Does (S) shout or curse angrily?		
	5. Does (S) slam doors, kick furniture, and throw things?		
	6. Does (S) attempt to hurt or hit others?		
	<b>SCORE NPI</b>		

NPACFREQ (A08021\_) NPACGRAV (A09039\_)

\*Do not leave blank. Enter "0" if it does not occur.



NPICA

**D. DYSPHORIA** NPDOM (A09047\_)

Does (S) seem sad or depressed? Does (S) say that he/she feels sad or depressed?

(✓)  No

Yes NPQDOMON (A01001\_)

✓ if Yes	Description	Informant*		Clinician *
		Frequency 0-4	Severity 0-3	Severity 0-3 NPCLGRAV (A09039_)
NPQ (\$10.)	1. Does (S) have periods of tearfulness or sobbing that seem to indicate sadness?			<input type="checkbox"/>
	2. Does (S) say he/she is sad or in low spirits or acts as if he/she is sad or in low spirits?			<input type="checkbox"/>
	3. Does (S) put him/herself down or say that he/she feels like a failure?			<input type="checkbox"/>
	4. Does (S) seem very discouraged or say he/she has no future?			<input type="checkbox"/>
	5. Does (S) say he/she is a burden to the family and that the family would be better off without him/her?			<input type="checkbox"/>
	6. Does (S) express a wish for death or talk about killing him/herself?			<input type="checkbox"/>
	7. Does (S) say that he/she is a bad person and deserves to be punished?			<input type="checkbox"/>
	<b>SCORE NPI</b>	<input type="checkbox"/>	<input type="checkbox"/>	
	8. Does (S) have a worried or pained expression?	NPACFREQ (A08021_)	NPACGRAV (A09039_)	<input type="checkbox"/>
	9. Is (S) pessimistic or overly negative, expecting the worst?			<input type="checkbox"/>
	10. Is (S) suddenly irritable or easily annoyed?			<input type="checkbox"/>
	11. Has (S) changed in his/her eating habits, such as eating more/less or more/less often than usual?			<input type="checkbox"/>
	12. Does (S) talk about feeling guilty for things that for which he/she had no control over?			<input type="checkbox"/>
	13. Does (S) seem to no longer enjoy previously enjoyable activities?			<input type="checkbox"/>

NPICQ

\*Do not leave blank. Enter "0" if it does not occur

**E. ANXIETY** NPDOM (A09047\_)

NPICA

Is (S) very nervous, worried, or frightened for no apparent reason? Does (S) seem very tense or fidgety? Is (S) afraid to be apart from you or from others that he/she trusts? (✓)  No  Yes NPQDOMON (A01001\_)

✓ if Yes <span style="color: red;">NPQ (\$10.)</span>	Description	Informant*		Clinician *
		Frequency 0-4	Severity 0-3	Severity 0-3 <span style="color: red;">NPCLGRAV(A09039_)</span>
	1. Does (S) say that he/she is worried about planned events such as appointments or family visits?			<input type="checkbox"/>
	2. Does (S) have periods of feeling shaky, unable to relax, or feeling very tense?			<input type="checkbox"/>
	3. Does (S) have periods of [or complain of] shortness of breath, gasping or sighing for no reason other than being nervous?			<input type="checkbox"/>
	4. Does (S) complain of butterflies in his/her stomach, or of racing or pounding of the heart because of being nervous [Symptoms not explained by ill health]?			<input type="checkbox"/>
	5. Does (S) avoid certain places or situations that make him/her more nervous such as meeting with friends or participating in ward activities?			<input type="checkbox"/>
	6. Does (S) become upset when separated from you? Does he/she cling to you to keep from being separated?			<input type="checkbox"/>
	<b>SCORE NPI</b>	<input type="checkbox"/>	<input type="checkbox"/>	
	7. Does (S) talk about feeling threatened or act as if he/she is frightened?	<span style="color: red;">NPACFREQ (A08021_)</span>	<span style="color: red;">NPACGRAV (A09039_)</span>	<input type="checkbox"/>
	8. Does (S) have a worried expression?			<input type="checkbox"/>
	9. Does (S) make repeated statements or comments about something bad that is going to happen?			<input type="checkbox"/>
	10. Does (S) express worry or concern over his/her health or body functions, worries that are not justified?			<input type="checkbox"/>
	11. Does (S) become tearful from worry?			<input type="checkbox"/>
	12. Does (S) have unrealistic fears about being alone or being abandoned?			<input type="checkbox"/>
	13. Does (S) ask repeated questions about what he/she should be doing or where he/she should be going?			<input type="checkbox"/>
	14. Does (S) seem overly focused or concerned with tasks or activities and is not easily distracted or deterred?			<input type="checkbox"/>

NPICQ

**\*Do not leave blank. Enter "0" if it does not occur.**

**F. ELATION / EUPHORIA** [NPDOM \(A09047\\_\)](#)

Does (S) seem too cheerful or too happy for no reason? I don't mean the normal happiness that comes from seeing friends, receiving presents, or spending time with family members. I am asking if (S) has a persistent and abnormally good mood or finds humor where others do not. (✓)  No  Yes

[NPQDOMON \(A01001\\_\)](#)

✓ if Yes	Description	Informant*	
		Frequency 0-4	Frequency 0-4
	1. Does (S) appear to feel too good or act excessively happy?		
	2. Does (S) find humor and laugh at things that others do not find funny?		
	3. Does (S) seem to have a childish sense of humor with a tendency to giggle or laugh inappropriately (such as when something unfortunate happens to others)?		
	4. Does (S) tell jokes or say things that are not funny to others but seem funny to him/her?		
	5. Does (S) play childish games such as pinching or playing "keep away" for the fun of it?		
	6. Does (S) "talk big" or claim to have more abilities or wealth than is true?		
	<b>SCORE NPI</b>	┌	┌

[NPACFREQ \(A08021\\_\)](#) [NPACGRAV \(A09039\\_\)](#)

\*Do not leave blank. Enter "0" if it does not occur.

**G. APATHY / INDIFFERENCE**    **NPDOM (A09047\_)**

**NPICA**

Has (S) lost interest in the world around him/her? Has (S) lost interest in doing things or lack motivation for starting new activities? Is (S) more difficult to engage in conversation or in doing chores? Is (S) apathetic or indifferent?    (✓)      No      Yes    **NPQDOMON (A01001\_)**

**NPQ (\$10.)**

**NPICQ**

✓ if Yes	Description	Informant*		Clinician *
		Frequency 0-4	Severity 0-3	Frequency 0-4
	1. Does (S) seem less spontaneous and active than usual?			<input type="checkbox"/>
	2. Is (S) less likely to initiate a conversation?			<input type="checkbox"/>
	3. Is (S) less affectionate or lacking in emotions when compared to his/her usual self?			<input type="checkbox"/>
	4. Does (S) contribute less to household chores?			<input type="checkbox"/>
	5. Does (S) seem less interested in the activities and plans of others?			<input type="checkbox"/>
	6. Has (S) lost interest in friends and family members?			<input type="checkbox"/>
	7. Is (S) less enthusiastic about his/her usual interests?			<input type="checkbox"/>
	8. Does (S) sit quietly without paying attention to things going on around him/her?			<input type="checkbox"/>
	<b>SCORE NPI</b>	<input type="checkbox"/>	<input type="checkbox"/>	
	9. Has (S) reduced participation in social activities even when stimulated?	<b>NPACFREQ (A08021_)</b>	<b>NPACGRAV (A09039_)</b>	<input type="checkbox"/>
	10. Is (S) less interested in or curious about routine or new events in his/her environment?			<input type="checkbox"/>
	11. Does (S) express less emotion in response to positive or negative or events?			<input type="checkbox"/>

**NPCLGRAV (A09039\_)**

**NPACFREQ (A08021\_)**    **NPACGRAV (A09039\_)**

**\*Do not leave blank. Enter "0" if it does not occur.**

NPICA

**H. DISINHIBITION** [NPDOM \(A09047\\_\)](#)

Does (S) seem to act impulsively without thinking? Does (S) do or say things that are not usually done or said in public? Does he/she do things that are embarrassing to you or others?     Yes     No     Yes     No    [NPQDOMON \(A01001\\_\)](#)

✓ if Yes	Description	Informant*	
		Frequency 0-4	Severity 0-3
	1. Does (S) act impulsively without thinking of the consequences?		
	2. Does (S) talk to total strangers as if he/she knew them?		
	3. Does (S) say things to people that are insensitive or hurt their feelings?		
	4. Does (S) say crude things or make inappropriate sexual remarks that they would not usually have said?		
	5. Does (S) talk openly about very personal or private matters not usually discussed in public?		
	6. Does (S) fondle, touch or hug others in a way that is improper and not appropriate and out of character for him/her?		
	<b>SCORE NPI</b>	_	_

[NPACFREQ \(A08021\\_\)](#)    [NPACGRAV \(A09039\\_\)](#)

\*Do not leave blank. Enter "0" if it does not occur.

**I. IRRITABILITY / LABILITY** NPDOM (A09047\_)

Does (S) get irritated and easily disturbed? Are his/her moods very changeable? Is he/she abnormally impatient? We do not mean frustration over memory loss or inability to perform usual tasks. We are interested in knowing if (S) has abnormal irritability, impatience or rapid emotional changes different from his/her usual self.      (✓)       No       Yes      NPQDOMON (A01001\_)

✓ if Yes	Description	Informant*	
		Frequency 0-4	Severity 0-3
	1. Does (S) have a bad temper, flying “off the handle” easily over little things?		
	2. Does (S) rapidly change moods from one to another, being fine one minute and angry the next?		
	3. Does (S) have sudden flashes of anger?		
	4. Is (S) impatient, having trouble coping with delays for waiting for planned activities?		
	5. Is (S) cranky or irritable?		
	6. Is (S) argumentative and difficult to get along with?		
	<b>SCORE NPI</b>	┌	┌

NPACFREQ (A08021\_)    NPACGRAV (A09039\_)

\*Do not leave blank. Enter “0” if it does not occur.

**J. ABERRANT MOTOR DISTURBANCE** NPDOM (A09047\_)

NPICA

Does (S) pace, do things over and over such as opening closets or drawers, or repeatedly pick at things or wind string or things?

(✓)  non  oui NPQDOMON (A01001\_)

✓ if Yes	Description	Informant *	
		Frequency <i>0-4</i>	Severity <i>0-3</i>
	1. Does (S) pace or move in a wheelchair without apparent purpose?		
	2. Does (S) rummage around opening and unpacking drawers and closets?		
	3. Does (S) repeatedly put on and take off clothing?		
	4. Does (S) have repetitive activities or "habits" that he/she performs over and over (e.g., wiping off the table, opening and closing doors)?		
	5. Does (S) engage in repetitive activities such as handling buttons, picking, wrapping string, etc.?		
	6. Does (S) fidget excessively, seem unable to sit still, or bounce his/her feet or tap his/her feet a lot?		
	<b>SCORE NPI</b>	┌	┌

**\*\*Do not leave blank. Enter "0" if it does not occur.**

NPACFREQ NPACGRAV  
(A08021\_) (A09039\_)

NPICA

**K. SLEEP DISORDERS** NPDOM (A09047\_)

Does (S) have difficulty sleeping (do not count present if (S) simply gets up once or twice per night to go to the bathroom and falls back asleep immediately).  
 Is (S) up at night? Does (S) wander at night, get dressed, go into others' rooms? (✓)  No  Yes

NPQDOMON (A01001\_)

✓ if Yes	Description	Informant *	
		Frequency 0-4	Severity 0-3
	1. Does (S) have difficulty falling asleep?		
	2. Does (S) get up during the night? [do not count if (S) gets up once or twice per night only to go to the bathroom and falls back asleep immediately]		
	3. Does (S) wander, pace or get involved in inappropriate activities at night?		
	4. Does (S) awaken you during the night or disturb others?		
	5. Does (S) awaken at night, dress, and plan to go out, thinking that it is morning and time to start the day?		
	6. Does (S) sleep excessively during the day?		
	7. Does (S) awaken too early in the morning (before other (S)s)?		
	<b>SCORE NPI</b>	┌	┌

\*Do not leave blank. Enter "0" if it does not occur

NPACFREQ (A08021\_) NPACGRAV (A09039\_)



NPICA

**L. APPETITE AND EATING DISORDERS** NPDOM (A09047\_)

Has (S) had any change in appetite, weight, or eating habits? (Count as NA if (S) is incapacitated and has to be fed.) Has there been any change in type of food he/she prefers?    (✓)     No     Yes

NPQDOMON (A01001\_)

✓ if Yes	Description	Informant *	
		Frequency 0-4	Severity 0-3
	1. Has (S) had a loss of appetite?		
	2. Has (S) had an increase of appetite?		
	3. Has (S) had a loss of weight?		
	4. Has (S) had a gain of weight?		
	5. Has (S) had a change in eating behavior such as putting too much food in his/her mouth at once?		
	6. Has (S) had a change in the kind of food he/she likes, such as eating too many sweets or other specific types of food?		
	7. Has (S) developed eating behaviors such as eating exactly the same types of food each day or eating the food in exactly the same order?		
	<b>SCORE NPI</b>	┌	┌

\*Do not leave blank. Enter "0" if it does not occur.

NPACFREQ NPACGRAV  
(A08021\_) (A09039\_)

NPIC

• **Quality of the clinician who administered the NPI questionnaire :** **NPPROFC (A09058\_)**

①  physician

②  psychologist

③  other

↳ if other, specify : ..... **NPPROFCAUT (\$100.)** .....

• **Clinician’s experience in neuropsychiatric symptoms evaluation :** **NPEXPCL (A08022\_)**

①  less than 2 years

②  2 to 5 years

③  more than 5 years

• **Evaluation performed after an informant interview** **NPEVALCL (A01001\_)**

①  no

②  yes

• **Interviewer's Assessment of Respondent's Reliability as a Historian** **NPFIABACC (A09049\_)**

①  poor

②  fair

③  good

④  excellent

Clinician comments : ..... **NPCOMM (\$254.)** .....

.....  
.....  
.....

# SUBJECTIVES DIFFICULTIES

Visits :

M0, M12, M24, M36, M48, M60

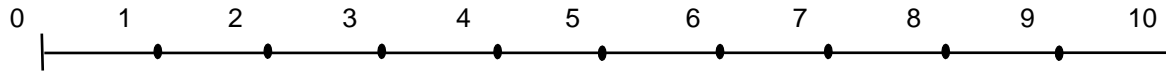
### SUBJECTIVE DIFFICULTIES

SU

Perception and understanding of current symptoms by the participant:

**On a scale of 0 to 10:** SUECHCD (2.) SUECH (\$250.)

- In what way/how does the participant perceive/evaluate the difficulties that he is currently experiencing (in relation to his "usual state"):

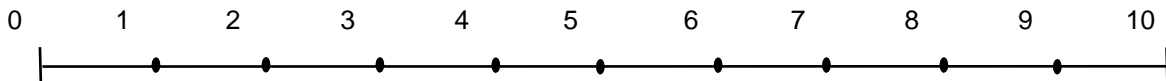


No difficulty

A lot of difficulty

Record the score:   SUECHSC (Best8.)  
 If the answer is 0, no difficulty, do not ask the following questions

- Does the participant consider that the difficulties he is currently experiencing have consequences for his everyday life?

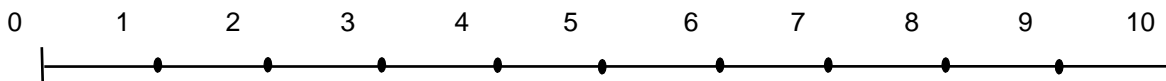


No consequences

Very severe consequences

Record the score:

- How long does the participant think that the difficulties he is currently experiencing will last?

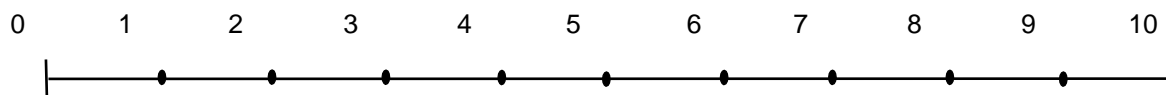


Very little time

Always

Record the score:

- Does the participant feel that he can control the difficulties he is currently experiencing?



No control

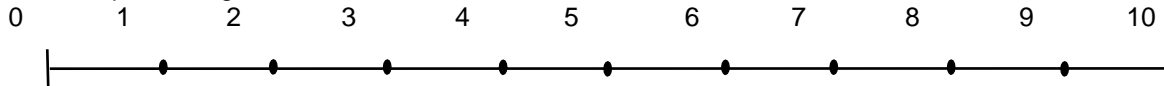
A lot of control

Record the score:

SUECHCD (2.) SUECH (\$250.)

SU

- Does the participant have problems that are caused by the difficulties he is currently experiencing?



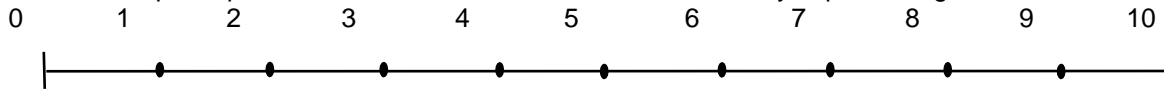
No problems

Many serious problems

Record the score:

SUECHSC (Best8.)

- Is the participant worried about the difficulties he is currently experiencing?

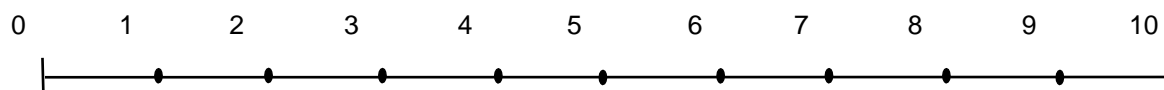


Not at all worried

Extremely worried

Record the score:

- Does the participant feel that he has a good understanding of what is happening to him?

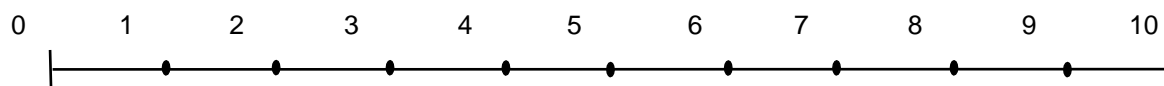


Does not understand

Has a very clear understanding

Record the score:

- Is the participant affected on an emotional level by the difficulties he is currently experiencing? Does it make him angry, frightened, depressed?



Not affected at all

Extremely emotionally affected

Record the score:

- Can the participant quote the three most important reasons that he believes are at the root of the difficulties he is currently experiencing?

- Reason 1:..... SURAIS1 (\$250.)
- Reason 2:..... SURAIS2 (\$250.)
- Reason 3:..... SURAIS3 (\$250.)

# IADL (LAWTON)

# ADL (Katz)

Visits :

M0, M06, M12, M18, M24, M30, M36, M42, M48,  
M54, M60

## EVALUATION OF THE INSTRUMENTAL ACTIVITIES OF DAILY LIVING (Lawton's scale)

IADL

FOLLOW-UP    Date of the visit:        

IADLDAT (\$10.)    IADLDAT\_D (ddmmyy10.)

**1. Using the telephone**

- Uses the phone on his own initiative. Looks up numbers and enters them, etc. 1
- Only enters a few well-known phone numbers. 2
- Can answer the phone, but cannot make calls. IADLTEL  
(A09050\_) 3
- Does not use the phone at all. 4
- \* Cannot be scored, does not have the opportunity to use the phone. N/A

**2. Shopping**

- Can do all the necessary shopping independently. 1
- Is only independent for some kinds of shopping. 2
- Has to be accompanied to do his shopping. IADLCOURS  
(A09050\_) 3
- Is totally incapable of going shopping. 4
- \* Cannot be scored, does not apply. N/A

**3. Preparing meals**

- Can organise, prepare and serve meals independently. IADLREPAS  
(A09050\_) 1
- Can prepare appropriate meals if the ingredients are provided for him. 2
- Can reheat and serve pre-cooked meals or prepare meals, but cannot adhere to the diet that suits him. 3
- Needs someone else to prepare and serve his meals. 4
- \* Cannot be scored, does not apply. N/A

**4. Housework**

- Does the housework alone or with occasional assistance (for example, for the large household tasks). 1
- Performs light daily tasks, such as washing dishes, making his bed. IADLMEN  
(A09050\_) 2
- Needs help with all household tasks. 3
- Does not take part in any household chores. 4
- \* Cannot be scored, does not apply. N/A

**5. Doing the laundry**

- Does his own laundry. 1
- Can manage small laundry items, but needs help with larger laundry items such as sheets or towels. 2
- Cleans and rinses small laundry items, socks, etc. 3
- The laundry has to be done by others. IADLLESS  
(A09050\_) 4
- \* Cannot be scored, does not apply. N/A

**6. Using transport**

- Travels independently using public transport, taxis, or by driving his own car. IADLTRSP  
(A09050\_) 1
- Uses public transport as long as he is accompanied. 2
- His journeys are limited to taxis or the car, with the assistance of a third party. 3
- Does not go outside at all. 4
- \* Cannot be scored, does not apply, does not have the opportunity to go out. N/A

**7. Taking medication**

- Takes medication independently, at the correct time and at the prescribed dose. IADLMED  
(A09050\_) 1
- Is capable of taking medication on his own, but has occasional lapses. 2
- Is capable of taking medications on his own if they are prepared in advance. 3
- Is incapable of taking his medication. 4
- \* Cannot be scored, does not apply, no prescribed or authorised medication, has no responsibility in relation to his treatment. N/A

**8. Managing his finances**

- Manages his finances independently (manages his budget, writes cheques, pays his rent and his bills, goes to the bank). Manages and controls his income. IADLFIN  
(A09050\_) 1
- Manages his finances independently, but sometimes forgets to pay his rent or a bill, or lets his bank account go overdrawn. 2
- Is able to make daily purchases, but needs help to look after his bank account or for large purchases. Cannot write cheques or monitor the state of his expenditure in any detail. 3
- Is incapable of dealing with money. 4
- \* Cannot be scored, does not apply, does not have the opportunity to manage money. N/A

**9. DIY and maintaining the house**

- Can do most of the work and DIY himself (repairing pipes, repairing a leaking tap, maintaining the boiler and the radiators, repairing the gutters, etc.). IADLBRIC  
(A09050\_) 1
- Needs help or guidance to do some household repairs. 2
- Can only do basic DIY jobs, or tasks such as hanging up a picture frame or mowing the lawn. 3
- Is unable to perform DIY tasks or maintain his home. 4
- \* Cannot be scored, does not apply, does not have the opportunity for DIY. N/A



## EVALUATION OF THE ACTIVITIES OF DAILY LIVING (Katz Index)

ADL

**FOLLOW-UP**

Completed by the participant with the help of an associate:

ADLREMP (A01001\_)

Is the participant able to:

### 1. Wash himself

- is able to wash himself fully without any help;

ADLLAV  
(A09050\_)

1
- needs partial help to wash above or below the belt;

ADLLAV  
(A09050\_)

2
- needs partial help to wash himself above or below the waist;

ADLLAV  
(A09050\_)

3
- needs to be helped fully to wash himself above and below the waist.

ADLLAV  
(A09050\_)

4

### 2. Getting dressed

- is able to get dressed fully or undressed fully without any help;

ADLHAB  
(A09050\_)

1
- needs partial help to dress himself above or below the waist (disregarding laces);

ADLHAB  
(A09050\_)

2
- needs partial help to dress himself above and below the waist;

ADLHAB  
(A09050\_)

3
- needs to be helped fully to dress himself above and below the waist.

ADLHAB  
(A09050\_)

4

### 3. Transfers and getting around

ADLDEPLA (A09050\_)

- is autonomous for movements and is able to get around with complete independence; without mechanical aid(s) or assistance from others;

ADLDEPLA (A09050\_)

1
- is autonomous for movements and is able to get around with the help of mechanical aid(s) (crutch(es)), wheelchair, etc.);

ADLDEPLA (A09050\_)

2
- absolutely needs the help of a third party for at least one of his transfers and/or movements from one place to another;

ADLDEPLA (A09050\_)

3
- is bedridden or in a wheelchair and depends entirely on others to get around.

ADLDEPLA (A09050\_)

4

### 4. Using the toilet

ADLTOIL (A09050\_)

- is able to go to the bathroom alone, get dressed and dry himself;

ADLTOIL (A09050\_)

1
- needs partial help from others to get to the bathroom and/or get dressed and/or get dried;

ADLTOIL (A09050\_)

2
- needs to be fully helped to get to the bathroom and/or get dressed and/or get dried;

ADLTOIL (A09050\_)

3
- needs to be fully helped to get to the bathroom/wheeled commode chair and get dressed and get dried;

ADLTOIL (A09050\_)

4

### 5. Continence

ADLCONT (A09050\_)

- is continent for urine and stools;

ADLCONT (A09050\_)

1
- is accidentally incontinent for urine or stools (including urinary catheter or stoma);

ADLCONT (A09050\_)

2
- is incontinent for urine (and including urination exercises) and stools;

ADLCONT (A09050\_)

3
- is continent for urine and stools.

ADLCONT (A09050\_)

4

### 6. Eating

- is able to eat and drink independently;

ADLMANG  
(A09050\_)

1
- needs prior assistance with eating or drinking;

ADLMANG  
(A09050\_)

2
- needs partial assistance while eating or drinking;

ADLMANG  
(A09050\_)

3
- the participant is totally dependent for eating and drinking.

ADLMANG  
(A09050\_)

4

# MINI NUTRITIONNAL ASSESSMENT

Visits :

M0, M12, M24, M36, M48, M60

**MNA**

**Mini Nutritional assessment**

VISIT M

Date :            
 MNADAT (\$10.) MNADAT\_D (ddmmyy10.)

**SCREENING**

- A. Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?  
 - severe decrease in food intake  0 point  
 - moderate decrease in food intake  1 point  
 - no decrease in food intake  2 points
- B. Weight loss during the last 3 months  
 - weight loss greater than 3 kg (6.6 lbs)  0 point  
 - does not know  1 point  
 - weight loss between 1 and 3 kg (2.2 and 6.6 lbs)  2 points  
 - no weight loss  3 points
- C. Mobility  
 - bed or chair bound  0 point  
 - able to get out of bed / chair but does not go out  1 point  
 - goes out  2 points
- D. Has suffered psychological stress or acute disease in the past 3 months?  
 - yes  0 point  
 - no  2 points

- E. Neuropsychological problems **MNADE (A09041\_)**  
 - severe dementia or depression  0 point  
 - mild dementia  1 point  
 - no psychological problems  2 points
- F. Body Mass Index (weight in kg / (height in m)<sup>2</sup>)  
 - BMI < 19  0 point  
 - 19 ≤ BMI < 21 **MNADF (A09035\_)**  1 point  
 - 21 ≤ BMI < 23  2 points  
 - BMI ≥ 23  3 points

**Screening score** (max. 14 points)   **MNADSC (2.)**

**≥ 12 points: Normal,  
End of evaluation**

**≤ 11 points : Possible malnutrition,  
complete assessment part.**

**ASSESSMENT**

(for screening score ≤ 11 points)

- G. Lives independently at home ?  
 - no  0 point  
 - yes **MNAEGG (A09043\_)**  1 point
- H. Takes more than 3 prescriptions drugs per day ?  
 - yes **MNAEGH (A09043\_)**  0 point  
 - no  1 point
- I. Pressure scores or skin ulcers?  
 - yes **MNAEGI (A09043\_)**  0 point  
 - no  1 point
- J. How many full meals does the participant eat daily ?  
 - 1 meal **MNAEGJ (A09041\_)**  0 point  
 - 2 rmeals  1 point  
 - 3 meals  2 points
- K. Selected consumption markers for protein intake :  
 ✓ At least one serving of dairy products (milk, cheese, yoghurt) per day ? **MNAEGK1(A01001\_)**  yes  no  
 ✓ Two or more servings of legumes or eggs per week ? **MNAEGK2(A01001\_)**  yes  no  
**MNAEGK3 (A01001\_)** Meat, fish or poultry every day ?  
 - if 0 or 1 yes  0 point  
 - if 2 yes **MNAEGK (A09044\_)**  0,5 point  
 - if 3 yes  1 point
- L. Consumes two or more servings of fruit or vegetables per day ? **MNAEGL (A09043\_)**  
 - no  0 point  
 - yes  1 point
- M. How much fluid (water, juice, coffee, tea, milk) is consumed per day ? **MNAEGM (A09044\_)**  
 - Less than 3 cups  0 point  
 - 3 to 5 cups  0,5 point  
 - More than 5 cups  1 point

- N. Mode of feeding **MNAEGN (A09041\_)**  
 - unable to eat without assistance  0 point  
 - self-fed with some difficulties  1 point  
 - self-fed without any problem  2 points
- O. Self view of nutritional status **MNAEGO (A09041\_)**  
 - views self as being malnourished  0 point  
 - is uncertain of nutritional state  1 point  
 - views self as having no nutritional problem  2 points
- P. In comparison with other people of the same age, how does the participant consider his/her health status ?  
 - not as good **MNAEGP (A09045\_)**  0 point  
 - does not know  0,5 point  
 - as good  1 point  
 - better  2 points
- Q. Mid-arm circumference (MAC) in cm **MNAEGQ (A09044\_)**  
 - MAC < 21  0 point  
 - 21 ≤ MAC ≤ 22  0,5 point  
 - MAC > 22  1 point
- R. Calf circumference (CC) in cm **MNAEGR (A09043\_)**  
 - CC < 31  0 point  
 - CC ≥ 31  1 point

**Assessment** (max. 16 points)    **MNAEVS (Best8.)**

**Screening score** (max. 11 points)

**Total assessment** (max. 30 points)    **MNAEGSCT (Best8.)**

**Malnutrition Indicator Score**

Normal nutritional status  24 to 30 points  
 At risk of malnutrition  17 to 23.5 points  
 Malnourished  less than 17 points

**MNAEGNUT (A09046\_)**

# EQ - 5D

Visits :

M0, M6, M12, M18, M24, M30,  
M36, M42, M48, M54, M60

## EQ-5D

EQ5D

VISIT M Date : 

EQDAT (\$10.) EQDAT\_D (ddmmyy10.)

Please indicate which statements best describe your own health state today.

**Mobility**

- I have no problems in walking about  EQMOB (A09019\_)
- I have some problems in walking about
- I am confined to bed

**Self-Care**

- I have no problems with self-care  EQAUTO (A09020\_)
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

**Usual Activities** (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities  EQACT (A09021\_)
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

**Pain/Discomfort**

- I have no pain or discomfort  EQPAIN (A09022\_)
- I have moderate pain or discomfort
- I have extreme pain or discomfort

**Anxiety/depression**

- I am not anxious or depressed  EQANX (A09023\_)
- I am moderately anxious or depressed
- I am extremely anxious or depressed

EQ5D

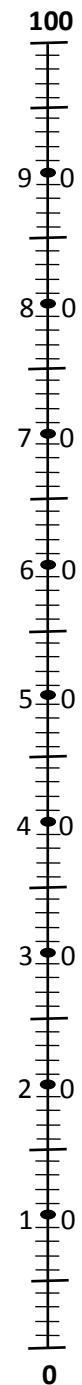
To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked **100** and the worst state you can imagine is marked **0**.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

**Your own  
health state  
today**

EQSCHE  
(Best8.)

Best imaginable  
health state



Worst imaginable  
health state

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# SHORT PHYSICAL PERFORMANCE BATTERY

Visits :

M0, M12, M24, M36, M48, M60

### Short Physical Performance Battery

SPPB

VISIT M

Date :

SPDAT (\$10.) SPDAT\_D (ddmmyy10.)

		Score	
<b>Gait Speed Test (4 meters)</b>	Time (secondes)  <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <b>SPWALKTM</b> (Best8.)	Unable	<input type="checkbox"/> 0 <b>SPWALKSC</b> (A09032_)
		>8,70 sec	<input type="checkbox"/> 1
		6,21 – 8,70 sec	<input type="checkbox"/> 2
		4,82 – 6,20 sec	<input type="checkbox"/> 3
		< 4,82 sec	<input type="checkbox"/> 4
<b>Chair Stand Test</b>	Time (secondes)  <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <b>SPSTDTM</b> (Best8.)	Unable	<input type="checkbox"/> 0 <b>SPSTDSC</b> (A09033_)
		> 16,70 sec	<input type="checkbox"/> 1
		13,70 – 16,69 sec	<input type="checkbox"/> 2
		11,20 – 13,69 sec	<input type="checkbox"/> 3
		≤ 11,19 sec	<input type="checkbox"/> 4
<b>Balance Tests</b>	Side-by-side stand not held for 10 sec		<input type="checkbox"/> 0 <b>SPEQUICS</b> (A09034_)
	Side-by-side stand held for 10 sec, but semi-stand not held dor 10 sec		<input type="checkbox"/> 1
	Semi-tandem stand held for 10 sec, but unable to held tandem stand more than 2 sec		<input type="checkbox"/> 2
	Tandem stand held for 3 to 9 sec		<input type="checkbox"/> 3
	Tandem stand held for 10 sec		<input type="checkbox"/> 4
<b>Total score</b>		<input type="text"/> / 12	

SPTOTSC (Best8.)



# INTERNATIONAL PHYSICAL ASSESSMENT QUESTIONNAIRE

Visits :

M0, M12, M24, M36, M48, M60

## International Physical Activity Questionnaire

VISIT M Date : 

IPDAT (\$10.) IPDAT\_D (ddmmyy10.)

1. During the **last 7 days**, on how many days did you do **vigorous** physical activities like heavy lifting, digging, aerobics, or fast bicycling?

 days per week

IPINTDY (1.)

 No vigorous physical activities

IPINT (A01001\_)

→ Skip to question 3

2. How much time did you usually spend doing vigorous physical activities on one of those days?

IPINTHR (2.)

 hours per day

IPINTMIN (3.)

 minutes per day

IPINTNK (A01001\_)

 Don't know / Not sure

Think about all the **moderate** activities that you did in the **last 7 days**. **Moderate** activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

3. During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

 days per week

IPMODDY (1.)

 No moderate physical activities

IPMOD (A01001\_)

→ Skip to question 5

4. How much time did you usually spend doing moderate physical activities on one of those days?

IPMODHR (2.)

 hours per day

IPMODMIN (3.)

 minutes per day Don't know / Not sure

IPMODNK (A01001\_)

Think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

5. During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

 days per week

IPWALDY (1.)

 No walking

IPWALK (A01001\_)

→ Skip to question 7

6. How much time did you usually spend walking on one of those days?

IPWALHR (2.)

 hours per day

IPWALMIN (3.)

 minutes per day Don't know / Not sure

IPWALNK (A01001\_)

The last question is about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

7. During the last 7 days, how much time did you spend sitting on a week day?

 hours per day

IPSITHR (2.)

 minutes per day

IPSITMIN (3.)

 Don't know / Not sure

IPSITNK (A01001\_)

# STRESS RESPONSE RATING SCALE

Visits :

M06, M12, M18, M24, M30, M36, M42, M48, M54,  
M60

If at least one event has occurred  
during the last 6 months

### Stress Rating Response Scale

EV

VISIT M       
 EVCATCD (\$1.) EVCAT (\$100.)

Date :          
 EVDAT (\$10.) EVDAT\_D (ddmmyy10.)

**A) In the course of the last 6 months have you experienced an event in your MARITAL RELATIONSHIP:**

No  Yes **If yes, specify** EVORRES (A01001\_) EVRETEEN (A01001\_) EVNIVRET (A09030\_)

- 1) Death of the spouse  No  Yes, specify the impact 0 1 2 3 4 5
- 2) Separation, divorce  No  Yes, specify the impact 0 1 2 3 4 5
- 3) Break-up of married life  No  Yes, specify the impact 0 1 2 3 4 5  
*(for example, hospitalisation of the spouse, etc.)*
- 4) Relationship problems, disagreements, disputes with the spouse  No  Yes, specify the impact 0 1 2 3 4 5
- 5) Other marital conflicts  No  Yes, specify the impact 0 1 2 3 4 5  
*(please specify: EVVIEAUT (\$100.)*

**B) Are you currently experiencing, or in the course of the last 6 months have you experienced an event in your FAMILY LIFE:**

No  Yes **If yes, specify**

- 1) Death of a family member  No  Yes, specify the impact 0 1 2 3 4 5
- 2) Accident or serious illness in the family  No  Yes, specify the impact 0 1 2 3 4 5
- 3) Separation from the family, losing touch  No  Yes, specify the impact 0 1 2 3 4 5
- 4) Problems or disputes with the children  No  Yes, specify the impact 0 1 2 3 4 5
- 5) Problems or disputes with grandchildren  No  Yes, specify the impact 0 1 2 3 4 5
- 6) Marriage of a family member  No  Yes, specify the impact 0 1 2 3 4 5
- 7) Birth in the family  No  Yes, specify the impact 0 1 2 3 4 5
- 8) Other family events  No  Yes, specify the impact 0 1 2 3 4 5  
*(please specify:.....)*

**C) Are you currently experiencing, or in the course of the last 6 months have you experienced an event in your SOCIAL LIFE:**

No  Yes **If yes, specify**

- 1) Retirement  No  Yes, specify the impact 0 1 2 3 4 5
- 2) Significant change in social status  No  Yes, specify the impact 0 1 2 3 4 5
- 3) Death of a close friend  No  Yes, specify the impact 0 1 2 3 4 5
- 4) Isolation *(for example, not seeing enough people)*  No  Yes, specify the impact 0 1 2 3 4 5
- 5) To be the subject of claims, disputes *(for example, proceedings,*  No  Yes, specify the impact 0 1 2 3 4 5
- 6) Lack of assistance in case of need  No  Yes, specify the impact 0 1 2 3 4 5
- 7) Other difficulties in social life  No  Yes, specify the impact 0 1 2 3 4 5  
*(please specify:.....)*

EV

EVCATCD (\$1.) EVCAT (\$100.)

**D)** Are you currently experiencing, or in the course of the last 6 months have you experienced an event affecting your **HEALTH, WELL-BEING:**

No  Yes **If yes, specify**

EVORRES (A01001\_)

EVVIECD (2.)  
EVVIE (\$100.) EVRETEN (A01001\_)

EVNIVRET (A09030\_)

**1) Illness or serious injury (femoral neck fracture, etc.) requiring or not requiring treatment in the hospital**

No  Yes, specify the impact

0 1 2 3 4 5

**2) Accident (fall, road accident)**

No  Yes, specify the impact

0 1 2 3 4 5

**3) Aggression**

No  Yes, specify the impact

0 1 2 3 4 5

**4) Diminished physical abilities and health problems generally** (for example, difficulty sleeping and resting, decreased appetite, side effects of medications, etc.)

No  Yes, specify the impact

0 1 2 3 4 5

**5) Significant visual or auditory impairment**

No  Yes, specify the impact

0 1 2 3 4 5

**6) Difficulty in expressing oneself**

No  Yes, specify the impact

0 1 2 3 4 5

**7) Other health problems**

(please specify:.....EVVIEAUT. (\$100.).....)

No  Yes, specify the impact

0 1 2 3 4 5

**E)** Are you currently experiencing, or in the course of the last 6 months have you experienced an event affecting your **LIFE ENVIRONMENT:**

No  Yes **If yes, specify**

**1) Moving**

No  Yes, specify the impact

0 1 2 3 4 5

**2) Change of neighbours**

No  Yes, specify the impact

0 1 2 3 4 5

**3) Not having enough or having too much living space**

No  Yes, specify the impact

0 1 2 3 4 5

**4) Being placed in an institution**

No  Yes, specify the impact

0 1 2 3 4 5

**5) Neighbourhood lack of security**

No  Yes, specify the impact

0 1 2 3 4 5

**6) Noise**

No  Yes, specify the impact

0 1 2 3 4 5

**7) Traffic**

No  Yes, specify the impact

0 1 2 3 4 5

**8) Other difficulties related to the life environment**

(please specify:.....)

No  Yes, specify the impact

0 1 2 3 4 5

**F)** Are you currently experiencing, or in the course of the last 6 months have you experienced an event affecting your **ACTIVITIES AND LEISURE:**

No  Yes **If yes, specify**

**1) Having too much time at one's disposal**

No  Yes, specify the impact

0 1 2 3 4 5

**2) Too much work**

No  Yes, specify the impact

0 1 2 3 4 5

**3) Not having enough leisure time**

No  Yes, specify the impact

0 1 2 3 4 5

**4) Taking care of a pet**

No  Yes, specify the impact

0 1 2 3 4 5

**5) Other difficulties related to activities and leisure**

(please specify:.....)

No  Yes, specify the impact

0 1 2 3 4 5

**G) Are you currently experiencing, or in the course of the last 6 months have you experienced an event affecting your FINANCES:**

**EVORRES (A01001\_)**

**EVVIECD (2.)**  
**EVVIE (\$100.)**

**EVRETEN (A01001\_)**

**EVNIVRET (A09030\_)**

**1) Significant decrease or increase in income**       No       Yes **If yes, specify**      0   1   2   3   4   5

**2) Worrying about a refund or getting a loan**       No       Yes, specify the impact      0   1   2   3   4   5

**3) Problems with Social Security, Taxes, etc.**       No       Yes, specify the impact      0   1   2   3   4   5

**4) Not having enough money**  
*(accommodation, food, healthcare, clothing, transport, entertainment, personal needs, etc.)*       No       Yes, specify the impact      0   1   2   3   4   5

**5) Other financial difficulties**  
*(please specify:.....EVVIEAUT (\$100.).....)*       No       Yes, specify the impact      0   1   2   3   4   5

# LEIPAD

Visits :

M12, M24, M36, M48, M60

LEIP

## LEIPAD

LEIDAT(\$10.) LEIDAT\_D(ddmmyy10.)

VISIT M [ ][ ][ ][ ]

Date : [ ][ ][ ][ ][ ][ ][ ][ ][ ]

LEITEST (\$75.) LEIQUEST (\$52.)

LEIORRES (8.)  
LEIDECOD (\$200.)

1. How would you rate your overall physical health?
  - ①  Excellent
  - ②  Good
  - ③  Not very good
  - ④  Poor
2. Are you able to get up and down the stairs without help?
  - ①  With no difficulty
  - ②  With difficulty
  - ③  Only with someone else's help
  - ④  Not able at all
3. Are you able to dress all by yourself?
  - ①  With no difficulty
  - ②  With difficulty
  - ③  Only with someone else's help
  - ④  Not able at all
4. Are you able to eat by yourself?
  - ①  With no difficulty
  - ②  With difficulty
  - ③  Only with someone else's help
  - ④  Not able at all
5. Are you able to bathe or take a shower by yourself?
  - ①  With no difficulty
  - ②  With difficulty
  - ③  Only with someone else's help
  - ④  Not able at all
6. Do you have sleep problems?
  - ①  No, not at all
  - ②  Yes, minor problems
  - ③  Yes, moderate problems
  - ④  Yes, very severe
7. Do you feel tired, lacking in energy?
  - ①  Never
  - ②  Sometimes
  - ③  Quite often
  - ④  Very often
8. Do you have difficulties in concentrating?
  - ①  Never
  - ②  Sometimes
  - ③  Quite often
  - ④  Very often



9. Are you able to accomplish your usual tasks either at home, at work, or elsewhere?
- ①  Yes, fully
  - ②  Mostly
  - ③  Only a few of them
  - ④  No, none
10. Can you shop all by yourself?
- ①  With no difficulty
  - ②  With difficulty
  - ③  Only with someone else's help
  - ④  Not able at all
11. Can you travel by public transport?
- ①  With no difficulty
  - ②  With difficulty
  - ③  Only with someone else's help
  - ④  Not able at all
12. How much do your physical health problems (if any) stand in the way of doing the things you want to do?
- ①  Not at all
  - ②  A little
  - ③  Somewhat
  - ④  To a large extent
13. How often does it happen that you are not able to think clearly or that you are confused?
- ①  Very rarely
  - ②  Rarely
  - ③  Often
  - ④  Very often
14. How much do your problems with thinking (if any) stand in the way of doing the things you want to do?
- ①  Not at all
  - ②  A little
  - ③  Somewhat
  - ④  To a large extent
15. How good is your memory?
- ①  Excellent
  - ②  Good
  - ③  Not very good
  - ④  Poor
16. How much do your memory problems (if any) stand in the way of doing the things you want to do?
- ①  Not at all
  - ②  A little
  - ③  Somewhat
  - ④  To a large extent
17. Taking everything in consideration, how anxious do you feel?
- ①  Not at all anxious
  - ②  A little anxious
  - ③  Anxious
  - ④  Very anxious

18. How much do your feelings of anxiety (if any) stand in the way of doing the things you want to do? LEIP
- ①  Not at all  
②  A little  
③  Somewhat  
④  To a large extent
19. Taking everything into consideration, how depressed (blue) do you feel?
- ①  Not at all depressed  
②  A little depressed  
③  Depressed  
④  Very depressed
20. How much do your depressed feelings (if any) stand in the way of doing the things you want to do?
- ①  Not at all  
②  A little  
③  Somewhat  
④  To a large extent
21. How satisfied are you with your social ties or relationships?
- ①  Very satisfied  
②  Satisfied  
③  Dissatisfied  
④  Very dissatisfied
22. Do you feel emotionally satisfied in your relationships with other people?
- ①  Very  
②  Reasonably  
③  A little  
④  Not at all
23. Is there someone to talk with about personal affairs when you want to?
- ①  Almost always  
②  Quite often  
③  Sometimes  
④  Not at all
24. Are you interested in sex?
- ①  Very  
②  Reasonably  
③  A little  
④  Not at all
25. How often do you have sexual contact?
- ①  Often  
②  Quite often  
③  Sometimes  
④  Not at all
26. How satisfied are you with your ability to manage your hobbies or recreational activities?
- ①  Very satisfied  
②  Satisfied  
③  Dissatisfied  
④  Very dissatisfied

27. How satisfied are you with your financial situation?

LEIP

- 1  Very satisfied
- 2  Satisfied
- 3  Dissatisfied
- 4  Very dissatisfied

28. Do you feel that you cannot afford the standard of living you would need?

- 1  Not at all
- 2  A little
- 3  To a large extent
- 4  To a very large extent

29. How satisfied are you with your life at present when compared with the past?

- 1  Very satisfied
- 2  Satisfied
- 3  Dissatisfied
- 4  Very dissatisfied

30. Taking everything into consideration, how do you expect things to go in the future?

- 1  A lot better
- 2  Better
- 3  Worse
- 4  A lot worse

31. How much do your expectations of the future stand in the way of doing or initiating the things you want to do?

- 1  Not at all
- 2  A little
- 3  To some extent
- 4  To a large extent

How did you fill the questionnaire: 1  Alone 2  with someone's help

Comments

LEICOM (\$400.)

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# LEWY BODY DISEASE QUESTIONNAIRE

Visits :

M12, M24, M36, M48, M60

## LEWY BODY DISEASE QUESTIONNAIRE

MCL

VISIT M

Date :

MCLDAT (\$10.) MCLDAT\_D (ddmmyy10.)

• Visual Object and Space Perception (VOSP) Battery

Discrimination:  / 20 MCLDISTOT (8.)

Number location :  / 10 MCLCHITOT (8.)

Incomplete letters :  / 20 MCLFRATOT (8.)

• Accompanying person:  no  yes MCLACC (8.)

• REM sleep behavioural disorders

MCLQDOM (\$14.)

MCLQTEST (\$173.)

MCLQORRESP (A01001\_)

MCLQORRESA (A01001\_)

MCLQ

	Participant	Accompanying person
	✓	N/A*
Do you move when you are asleep?	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> don't know
Do you frequently have nightmares or restless nights?	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> don't know
If yes, for how long? (years):	<input type="text"/> , <input type="text"/>	<input type="text"/> , <input type="text"/>
Have you previously done a sleep recording?	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> don't know
If yes, did this recording reveal any disorders?	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes <input type="radio"/> don't know

\*if no accompanying person

MCL

• Symptoms of Parkinson's Disease:

✓ Facial expression: MCLSYPKEXFA (A14001\_)

- Normal
- Light hypomimia, seems to have a normally impassive face
- Slight but definitely abnormal decrease in facial expression
- Moderate hypomimia: lips often parted
- Mask-like face or fixed facies with significant or total loss of facial expression: lips parted (0.6 cm or more)

✓ Rigidity: MCLSYPKRIGI (A14002\_)

- Absent
- Minimal or appearing during sensory stimulation procedures
- Light or moderate
- Marked, but most movements can be done easily
- Severe, the movements are carried out with difficulty

- ✓ Body Bradykinesia and Hypokinesia: **MCLSYPKBRADY (A14003\_)** MCL
- ①  None
  - ②  Minimal slowness, resulting in somewhat deliberate movements, could be normal for some people. Possibility of affecting the amplitude.
  - ③  Slight degree of slowness and paucity of movement that is clearly abnormal. In addition there is some reduction in amplitude.
  - ④  Moderate slowness, paucity and small movement amplitude
  - ⑤  Marked slowness, paucity and small movement amplitude

- ✓ Fall unrelated to “freezing”/treading on the spot: **MCLSYPKCHUTE (A01001\_)**
- ①  no      ②  yes
- ↳ if yes, frequency: **MCLSYPKCHUTEF (A08023\_)**
- ①  Once a month
  - ②  More than once a month but less than once a week
  - ③  At least once a week but less than once a day
  - ④  At least once a day

• Hallucinations:  
**MCLQDOM (\$14.)**    **MCLQTEST (\$173.)**

MCLQ

**MCLQORRESP (A01001\_)**

**MCLQORRESA (A01001\_)**

	Participant	Accompanying person
✓ <b>Hallucination and visual illusion</b> Have you ever seen people, animals, objects, shadows or lights, etc., that other people did not see, that were not really there?	① <input type="checkbox"/> no ② <input type="checkbox"/> yes	① <input type="checkbox"/> no ② <input type="checkbox"/> yes
✓ <b>Auditory hallucination</b> Have you ever heard sounds, music or voices that other people did not hear?	① <input type="checkbox"/> no ② <input type="checkbox"/> yes	① <input type="checkbox"/> no ② <input type="checkbox"/> yes
✓ <b>Olfactory / gustative hallucination</b> Have you ever experienced (smell or taste) things that others did not experience?	① <input type="checkbox"/> no ② <input type="checkbox"/> yes	① <input type="checkbox"/> no ② <input type="checkbox"/> yes
✓ <b>Minor psychotic phenomena</b> - Have you ever had the sensation of a strong presence, that someone was there when in reality there was no-one?	① <input type="checkbox"/> no ② <input type="checkbox"/> yes	① <input type="checkbox"/> no ② <input type="checkbox"/> yes
- Have you ever seen something else in place of a real object, for example seeing a person or an animal instead of a bush or a tree, or perhaps an insect instead of a mark on the ground?	① <input type="checkbox"/> no ② <input type="checkbox"/> yes	① <input type="checkbox"/> no ② <input type="checkbox"/> yes
- Have you ever had the sensation of seeing an animal or a person momentarily passing by when there was nothing there?	① <input type="checkbox"/> no ② <input type="checkbox"/> yes	① <input type="checkbox"/> no ② <input type="checkbox"/> yes
✓ <b>Delusion</b> Have you sometimes had strange ideas, for example the feeling that someone was trying to harm you, to rob you, or that the people around you were deceiving you?	① <input type="checkbox"/> no ② <input type="checkbox"/> yes	① <input type="checkbox"/> no ② <input type="checkbox"/> yes

\*if no accompanying person

- Fluctuations:

MCLQORRESP  
(A01001\_)

MCLQORRESA  
(A01001\_)

MCLQDOM (\$14.) MCLQTEST (\$173.)

MCLQ

	Participant	Accompanying person <input type="checkbox"/> N/A*
Are you sleepy or lethargic during the day?	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes
Do you sleep more than 2 hours during the day?	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes
Do you ever stare for long periods of time?	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes
Do you have episodes during the day when your speech is disorganised?	<input type="radio"/> no <input type="radio"/> yes	<input type="radio"/> no <input type="radio"/> yes

\*if no accompanying person

- Clinician assessment of fluctuation scale

MCL

Items must be scored after accompanying person interview and based on the month before the visit.

1. Does the patient ever have spontaneous impaired alertness and concentration, i.e. appear drowsy but awake, look dazed, not be aware of what is going on around? (Clear examples demonstrating impaired consciousness with variation in performance/cognition are required to receive a positive rating.) Have these episodes occurred within the last month? MCLCAFVIGI (A01011\_)

- no
- yes
- not known

2. Has the level of confusion experienced by the patient tended to vary a lot recently from day to day or week to week? Has it become worse then improved for a while, i.e. been up and down? (significant fluctuation is regarded as present if distinct examples of differences in performance/cognition can be given on at least two occasions over the past month.) MCLCAFCONFU (A01011\_)

- no
- yes
- not known

3. If a positive rating of fluctuating confusion is present, a severity rating should be made.

✓ Frequency of fluctuating confusion MCLCAFFLUFR (A08023\_)

- 1 per month
- monthly-weekly
- weekly-daily
- ≥ daily

✓ Duration of fluctuating confusion MCLCAFFLUDU (A08024\_)

- Seconds
- ≤ 5 minutes
- 5 minutes – 1 hour
- ≥ 1 hour
- ≥ 1 day

- Neuro-vegetative phenomena:

MCL

- ✓ Measurement of blood pressure lying down and standing up

Blood pressure lying down after 5 minutes of rest:  /  mm HgHeart rate:  bpmBlood pressure standing up after 1 minute:  /  mm HgHeart rate:  bpmBlood pressure standing up after 3 minutes:  /  mm HgHeart rate:  bpm

MCLPAS1 (8.) MCLPAD1 (8.)

MCLFC1 (8.)

MCLPAS2 (8.) MCLPAD2 (8.)

MCLFC2 (8.)

MCLPAS3 (8.) MCLPAD3 (8.)

MCLFC3 (8.)

(A01001\_)

- ✓ Presence of dryness:

- MCLSECBU Oral:  Yes  No
- MCLSECOC Ocular:  Yes  No
- MCLSECNA Nasal:  Yes  No

- ✓ Hypersalivation: MCLHYSAL (A14004\_)

- ①  normal salivation
- ①  occasional hypersalivation
- ②  continuous hypersalivation

- ✓ Lacrimation: MCLLACRI (A14005\_)

- ①  normal lacrimation
- ①  occasional lacrimation
- ②  continuous lacrimation

- ✓ Rhinorrhea: *for this item seasonal rhinorrhea will not be taken into account* MCLRHIN (A14006\_)

- ①  absence of rhinorrhea
- ①  occasional rhinorrhea
- ②  continuous rhinorrhea

- ✓ Sensitivity to light MCLPHOTO (A14007\_)

- ①  normal sensitivity to light
- ①  occasional sensitivity with only certain types of light
- ②  continuous photophobia with all types of light

- ✓ Constipation: MCLCONSTI (A14008\_)

- ①  no change in usual bowel movements
- ①  occasional constipation but not requiring treatment
- ②  frequent constipation requiring the use of laxatives

- ✓ Sexual disorders: MCLTRSEX (A14009\_)

- ①  no problems
- ①  slightly changed when compared to the previous state
- ②  significantly altered from the previous state
- Fall in libido MCLLIBBAI (A01001\_)
  - Increased libido MCLLIBAUG (A01001\_)
  - Erectile dysfunction MCLTREREC (A01001\_)



MCL

- MINI questionnaire

- ✓ A 1 **MCLMINIQ1A** (A01001\_)

Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks?  no  yes

- ✓ A 2 **MCLMINIQ2B** (A01001\_)

In the past two weeks, have you been much less interested in most things or much less able to enjoy the things you used to enjoy most of the time?  no  yes

↳ If NO at A1 and A2 : no depression

↳ If A1 or A2 coded yes :

(A01001\_)

- |   |                          |                                      |
|---|--------------------------|--------------------------------------|
| - Was your appetite decreased or increased nearly every day? Did your weight decrease or increase without trying intentionally (i.e., by $\pm 5\%$ of body weight)? <b>MCLMINIAPP</b> | <input type="radio"/> no | <input checked="" type="radio"/> yes |
| - Did you have trouble sleeping nearly every night (difficulty falling asleep, waking up in the middle of the night, early morning waking or sleeping excessively)? <b>MCLMINISOM</b> | <input type="radio"/> no | <input checked="" type="radio"/> yes |
| - Did you talk or move more slowly than normal or were you fidgety, restless or having trouble sitting still almost every day? <b>MCLMINIEXI</b>                                      | <input type="radio"/> no | <input checked="" type="radio"/> yes |
| - Did you feel tired or without energy almost every day? <b>MCLMINILAS</b>  | <input type="radio"/> no | <input checked="" type="radio"/> yes |
| - Did you feel worthless or guilty almost every day? <b>MCLMINICOU</b>  | <input type="radio"/> no | <input checked="" type="radio"/> yes |
| - Did you have difficulty concentrating or making decisions almost every day? <b>MCLMINICON</b>   | <input type="radio"/> no | <input checked="" type="radio"/> yes |
| - Did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead? <b>MCLMINIDEP</b>  | <input type="radio"/> no | <input checked="" type="radio"/> yes |

# LOCAL BLOOD SAMPLE

Visits :

M0, M24, M48

**Local Blood Sample**

LBDAT (\$10.)

LBDAT\_D (ddmmyy10.)

SEDAT (\$10.)

SEDAT D (ddmmyy10.)

VISIT M

LAB

Date of sample :

BIOCHEMISTRY	LBCAT (\$100.)	Value	Unit	Other date of sampling
LBTESTCD (2.) Calcium	LBTEST (\$100.)	LBORRES (Best12.)	LBORRESU (A05011_)	LBDAT2 LBDAT2_D (\$10.) (ddmmyy10.)
Creatinine				
Sodium				
Potassium				
Chloride				
ALT				
AST				
Total bilirubin				
Alkaline phosphatase				
Total cholesterol		<input type="checkbox"/> Fasting <input type="checkbox"/> Non fasting	LBAJEUN (A05013_)	
LDL cholesterol		<input type="checkbox"/> Fasting <input type="checkbox"/> Non fasting		
HDL Cholesterol		<input type="checkbox"/> Fasting <input type="checkbox"/> Non fasting		
Glycemia		<input type="checkbox"/> Fasting <input type="checkbox"/> Non fasting		
Triglycerides		<input type="checkbox"/> Fasting <input type="checkbox"/> Non fasting		
Vitamin B12		<input type="checkbox"/> = <input type="checkbox"/> < <input type="checkbox"/> >	LBSIGN (A01006_)	
Folate		<input type="checkbox"/> = <input type="checkbox"/> < <input type="checkbox"/> >		
TSH				

LAB

HEMATOLOGY	LBCAT (\$100.)	Value	Unit	Other date of sampling
Hemoglobin LBTESTCD (2.)	LBTEST (\$100.)	LBORRES (Best12.)	LBORRESU (A05011_)	LBDAT2 (\$10.) LBDAT2_D (ddmmyy10.)
Leukocytes				
Neutrophils				
Platelets				
Prothrombin rate				
Activated partial thromboplastin time				
Sedimentation velocity				
C-reactive protein	① <input type="checkbox"/> = ② <input type="checkbox"/> < ③ <input type="checkbox"/> >	LBSIGN (A01006_)		

SETESTCD (2.) SETEST (\$100.)

SERO

Serology in evocating clinical context	Value SEORRES (A01007_)	Other date of sampling
Hepatitis B serology		
- HBs antigen	① <input type="checkbox"/> negative ② <input type="checkbox"/> positive	SEDAT2 (\$10.) SEDAT2 D (ddmmyy10.)
- Anti-HBc	① <input type="checkbox"/> negative ② <input type="checkbox"/> positive	
Hepatitis C serology		
- HCV anticobody	① <input type="checkbox"/> negative ② <input type="checkbox"/> positive	
HIV serology	① <input type="checkbox"/> negative ② <input type="checkbox"/> positive	
Sérologie syphilis		
- TPHA	① <input type="checkbox"/> negative ② <input type="checkbox"/> positive	
- VDRL	① <input type="checkbox"/> negative ② <input type="checkbox"/> positive	

# BRAIN MRI

Visits :

M0, M24, M48

**MRI standardized visual scales**



VISIT M

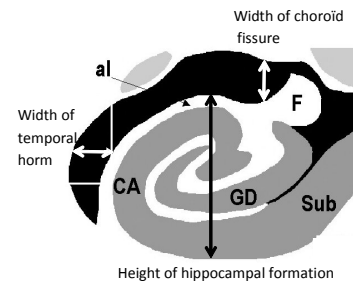
MRI date :

IRMDAT (\$10.) IRMDAT\_D (ddmmyy10.)

Completed by CATI

**HIPPOCAMPAL ATROPHY**

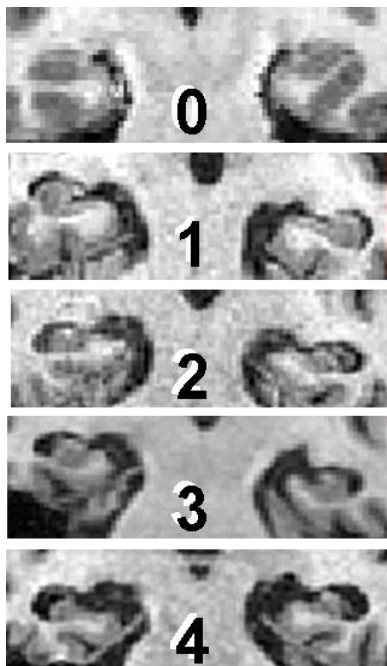
Score	Width of choroid fissure	Width of temporal horn	Height of hippocampal formation
0	N	N	N
1	↑	N	N
2	↑↑	↑	↓
3	↑↑↑	↑↑	↓↓
4	↑↑↑	↑↑↑	↓↓↓



Scale from Scheltens et al, *Journal of Neurology, Neurosurgery and Psychiatry*, 55. 1992

IRMATROHD (A10003\_)

IRMATROHG (A10003\_)



Right

- 0  no atrophy
- 1  possible atrophy
- 2  discrete atrophy
- 3  mild atrophy
- 4  severe atrophy

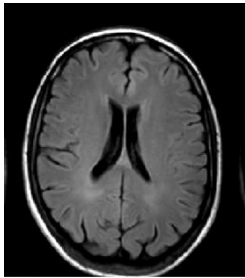
Left

- 0  no atrophy
- 1  possible atrophy
- 2  discrete atrophy
- 3  mild atrophy
- 4  severe atrophy

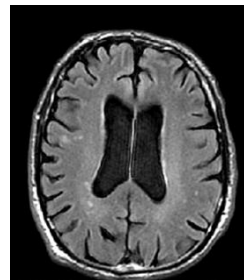
**WHITE MATTER LESIONS**

IRM

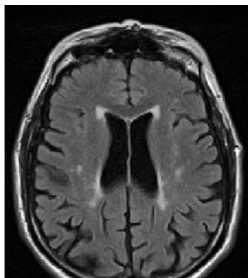
Periventricular white matter: IRMPARAV (A10013\_)



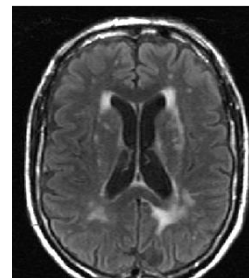
①  absent



①  « caps » or pencil-thin lining

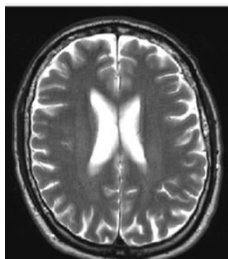


②  smooth « halo »



③  irregular periventricular signal extending into the deep white matter

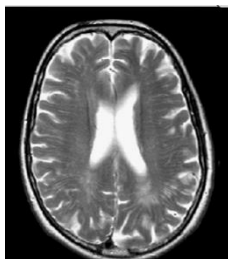
• Deep white matter IRMSBP (A10010\_)



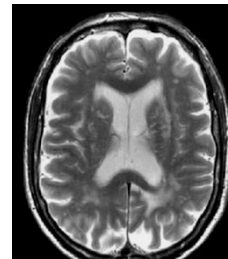
①  absent



①  punctate foci



②  beginning confluence



③  larges confluent areas

# FOLLOW-UP BY TELEPHONE

Visits :

M06, M18, M30, M42, M54



### FOLLOW-UP BY TELEPHONE

QTEL

VISIT M

Date of the call :

QTDAT(\$10.)    QTDAT\_D (ddmmyy10.)

- Why is the follow-up done by telephone:
  - Unavailability of the participant     no     yes    QTINDISPP (A01001\_)
  - Clinician's choice     no     yes    QTCHOIXCL (A01001\_)
  - Medical reasons     no     yes    QTRAISMED (A01001\_)

↳ if yes, specify: .....  
QTRMPREC (\$250.)

- What is the current marital status of the participant:    QTCIVIL (A04009\_)

- single
- divorced/separated
- widow(er)/death of spouse
- married / cohabiting

- Does the participant consider his health:    QTSANTE (A09065\_)

- very good     good     average     poor     very poor

- Has the participant experienced one or more health events since the last visit (hospitalisation for more than 24 hours, head trauma, diagnosed hypertension, depression, etc.):

- no     yes    QTEVT (A01001\_)

↳ if yes, complete forms AE and/or SAE forms

- Has the participant started, changed or stopped one or more medications:

- no     yes    QTMODIFTRT (A01001\_)

↳ if yes, complete form "TREATMENTS"

**EQ-5D**

EQ5D

Please indicate which statements best describe your own health state today.

**Mobility**

- I have no problems in walking about **1**  EQMOB (A09019 )
- I have some problems in walking about **2**
- I am confined to bed **3**

**Self-Care**

- I have no problems with self-care **1**  EQAUTO (A09020 )
- I have some problems washing or dressing myself **2**
- I am unable to wash or dress myself **3**

**Usual Activities** (e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities **1**
- I have some problems with performing my usual activities **2**
- I am unable to perform my usual activities **3**  EQACT (A09021 )

**Pain/Discomfort**

- I have no pain or discomfort **1**
- I have moderate pain or discomfort **2**
- I have extreme pain or discomfort **3**  EQPAIN (A09022 )

**Anxiety/depression**

- I am not anxious or depressed **1**
- I am moderately anxious or depressed **2**
- I am extremely anxious or depressed **3**  EQANX (A09023 )

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**Would an interview with an informing party be possible during the call:**

QTEL

no       yes      QTENTINF (A01001\_)

↪ if no, the interview is finished

↪ if yes, it relates to:       spouse/cohabiting partner      QTINFORM (A04025\_)

child

brother/sister

other

↪ if other, specify:.....QTINFAUTD (\$100.)

↪ if yes, put the following questions to the informing party (pages below)

**AD-8 questionnaire (informant interview)**

AD8

Remember, “Yes, a change” indicates that there has been a change in the last several months caused by cognitive (thinking and memory) problems.

1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)
  - ❶ Yes, a change **ADJUG (A09066\_)**
  - ❷ No, no change
  
2. Less interest in hobbies/activities **ADPINT (A09066\_)**
  - ❶ Yes, a change
  - ❷ No, no change
  
3. Repeats the same things over and over (questions, stories, or statements) **ADREPQ (A09066\_)**
  - ❶ Yes, a change
  - ❷ No, no change
  
4. Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)
  - ❶ Yes, a change **ADNVAPP (A09066\_)**
  - ❷ No, no change
  
5. Forgets correct month or year **ADERRDAT (A09066\_)**
  - ❶ Yes, a change
  - ❷ No, no change
  
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)
  - ❶ Yes, a change **ADFINANC (A09066\_)**
  - ❷ No, no change
  
7. Trouble remembering appointments **ADRDVIMP (A09066\_)**
  - ❶ Yes, a change
  - ❷ No, no change
  
8. Daily problems with thinking and/or memory **ADMEMRAIS (A09066\_)**
  - ❶ Yes, a change
  - ❷ No, no change

**Neuropsychiatric Inventory Questionnaire (Informant interview)**

NPIR

Please answer the following questions based on changes that have occurred since the patient first began to experience memory, attention or language problems.

All responses pertain to behaviors that have occurred within the last month.

**A. Delusions** **NPDOM (A09047\_)**

Does the patient have false beliefs, such as thinking that others are stealing from him/her or planning to harm him/her in some way?

no       yes       NA **NPDOMON (A01001\_)**

↳ If yes, - Severity:       mild       moderate       severe      **NPASEV (A09067\_)**

- Distress :       not distressing at all       minimal       moderate  
 severe       extreme      **NPARET (A09068\_)**

**B. Hallucinations**

Does the patient have hallucinations such as false visions or voices? Does he or she seem to hear or see things that are not present?

no       yes       NA

↳ If yes, - Severity:       mild       moderate       severe

- Distress :       not distressing at all       minimal       moderate  
 severe       extreme

**C. Agitation/Aggression**

Is the patient resistive to help from others at times, or hard to handle?

no       yes       NA

↳ If yes, - Severity:       mild       moderate       severe

- Distress :       not distressing at all       minimal       moderate  
 severe       extreme

**D. Depression/Dysphoria**

Does the patient seem sad or say that he /she is depressed?

no       yes       NA

↳ If yes, - Severity:       mild       moderate       severe

- Distress :       not distressing at all       minimal       moderate  
 severe       extreme

**E. Anxiety**

Is the patient very nervous, worried, or frightened for no apparent reason? Does (S) seem very tense or fidgety? Is (S) afraid to be apart from you or from others that he/she trusts?

no       yes       NA

↳ If yes, - Severity:       mild       moderate       severe

- Distress :       not distressing at all       minimal       moderate  
 severe       extreme

**F. Elation/Euphoria** **NPDOM (A09047\_)**

NPIR

Does the patient appear to feel too good or act excessively happy?

no       yes       NA **NPDOMON (A01001\_)**

↳ If yes,      - Severity:       mild       moderate       severe **NPASEV (A09067\_)**

- Distress :       not distressing at all       minimal  moderate

severe       extreme **NPARET (A09068\_)**

**G. Apathy/Indifference**

Does the patient seem less interested in his/her usual activities or in the activities and plans of others?

no       yes       NA

↳ If yes,      - Severity:       mild       moderate       severe

- Distress :       not distressing at all       minimal  moderate

severe       extreme

**H. Disinhibition**

Does the patient seem to act impulsively, for example, talking to strangers as if he/she knows them, or saying things that may hurt people's feelings?

no       yes       NA

↳ If yes,      - Severity:       mild       moderate       severe

- Distress :       not distressing at all       minimal

moderate       severe       extreme

**I. Irritability/Lability**

Does the patient get irritated and easily disturbed? Are his/her moods very changeable? Is he/she abnormally impatient?

no       yes       NA

↳ If yes,      - Severity:       mild       moderate       severe

- Distress :       not distressing at all       minimal

moderate       severe       extreme

**J. Motor Disturbance**

Does the patient engage in repetitive activities such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?

no       yes       NA

↳ If yes,      - Severity:       mild       moderate       severe

- Distress :       not distressing at all       minimal

moderate       severe       extreme

**K. Nighttime Behaviors**

Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?

NPIR

- no       yes       NA    **NPDOMON (A01001\_)**
- ↳ If yes,      - Severity:       mild     moderate       severe    **NPASEV (A09067\_)**
- Distress :       not distressing at all       minimal
- moderate       severe     extreme    **NPARET (A09068\_)**

#### L. Appetite/Eating

Has the patient lost or gained weight, or had a change in the type of food he/she likes?

- no       yes       NA
- ↳ If yes,      - Severity:       mild     moderate       severe
- Distress :       not distressing at all       minimal
- moderate       severe     extreme

# INFORMING PARTY CONTACT SHEET

For participants who were loss to follow-up



### INFORMING PARTY CONTACT SHEET

COINF

Date of the contact:        
 COINFDAT (\$10.) COINFDAT\_D (ddmmyy10.)

- Conditions of the contact:  at the CMRR  by telephone COINFCOND (A09070\_)
- Relationship of the informing party with the participant COINFLIEN (A04028\_)
  - spouse
  - ascendant / descendant
  - another member of the family
  - Professional caregiver (nurse, healthcare worker, etc.)
  - Other
- Life status of the participant:  alive  deceased COINFSTAT (A07017\_)
  - ↳ Indicate date of death:        
 COINFDCDAT (\$10.) COINFDCDAT\_D (ddmmyy10.)
- Does the participant live in or has he lived in a medical institution:  no  yes COINFIMED (A01001\_)
  - ↳ If yes, indicate the date of entering the institution        
 COINFIMEDDAT (\$10.) COINFIMEDDAT\_D (ddmmyy10.)

AD-8 questionnaire (informant interview)  
 Remember, "Yes, a change" indicates that there has been a change in the last several months caused by cognitive (thinking and memory) problems. (A09066\_)

	<input type="radio"/> Yes, a change	<input type="radio"/> No, no change
Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)	COINFJUG	
Less interest in hobbies/activities	COINFPINT	
Repeats the same things over and over (questions, stories, or statements)	COINFREPQ	
Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)	COINFNVAPP	
Forgets correct month or year	COINFERRDAT	
Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)	COINFFINANC	
Trouble remembering appointments	COINFRDVIMP	
Daily problems with thinking and/or memory	COINFMEMRAIS	

# DOCTOR CONTACT SHEET

For participants who were loss to follow-up

### DOCTOR CONTACT SHEET

COMED

Date of the contact:

COMEDDAT (\$10.) COMEDDAT\_D (ddmmyy10.)

• Modalities of the contact:  by telephone  by mail COMEDCONT (A09073\_)

• Doctor contacted COMEDTYPCONT (A09071\_)

referring general practitioner

EHPAD doctor

Specialist doctor

↳ if yes, specify

neurologist

geriatrician

other

COMEDTYPspe (A09072\_)

• Life status of the participant:  alive  deceased COMEDSTAT (A07017\_)

↳ Indicate date of death:

COMEDDCDAT (\$10.) COMEDDCDAT\_D (ddmmyy10.)

• Does the participant live in or has he lived in a medical institution:  no  yes COMEDIMED (A01001\_)

↳ If yes, indicate the date of entering the institution

COMEDIMEDDAT (\$10.) COMEDIMEDDAT\_D (ddmmyy10.)

• Cognitive diagnosis of the doctor (DSM-IV-TR criteria):  no dementia  dementia COMEDDIAGCOG (A09057\_)

↳ If dementia, specify the type:

(A01001\_)

COMEDALZ ✓ Alzheimer's disease (NINCDS-ADRDA criteria)  no  yes

COMEDDVASC ✓ Vascular dementia  no  yes

COMEDDMIXT ✓ Mixed dementia  no  yes

COMEDDFRT ✓ Fronto-temporal type dementia  no  yes

COMEDDPARK ✓ Dementia due to Parkinson's disease  no  yes

COMEDDLEWY ✓ Dementia with Lewy bodies  no  yes

COMEDDOTH ✓ Other type of dementia  no  yes

↳ if yes, specify: COMEDDOTHPREC (\$254.)

COMEDDNCL ✓ Dementia that cannot be categorised (unspecified dementia)  no  yes