APPENDIX A

Biographical Details

Evaluation Detail(time of contact)_____   Evaluation Date:_____

*Centre/Area code:_____   Patient No:_____.

Title of Protocol: **Neuropsychological symptoms and premorbid temperament traits in Alzheimer's**

dementia

Alzheimer's Subjects Name: _____

Age:_____

Gender: _____

Language/Race:_____

Years of education:_____

Occupation:_____

Medication Details: Type _____

                                   Duration:_____

Has any member of your spouse's/parent/ward's family members been previously

diagnosed with Alzheimer's disease?   If Yes: relation to spouse's/parent/ward's.

_____

Informants Name: _____

Relationship to Alzheimer's subject: _____

Data Checklist

INSTRUMENT	Rotation (1st or 2nd administration)	COMPLETION	USERBILITY
BDRS			
BRS			
TI-primary informant			
TI-secondary informant			

*e.g. area, group ID

APPENDIX B

ID (caregiver): _____

ID (patient):_____

Screening Schedule

1. Do you live with the family member/ward who has Alzheimer's disease? | **Y** | **N** |

     If **NO**, how many contact days per week do you have with the person?

     _____

2. How old is the family member? _____.

3. Has the person had any major medical/neurological/psychiatric conditions *before* the

dementia? | **Y** | **N** |

     If **Y** describe: _____.

4. When did you first observe the symptoms/changes? _____(years)

5. What diagnosis was your spouse/parent/ward given? _____

6. When was this diagnosis given? _____(Year)

7. By whom: Neurologist /Psychiatrist/Neuropsychologist/GP/other

8. Was there a second opinion or evaluation? | **Y** | **N** |

     If **Y** what was the second diagnosis: _____

     By whom: Neurologist /Psychiatrist/Neuropsychologist/GP/other

     How long after the first diagnosis/evaluation? ----------------

❖ Will you be willing to participate in this study | **Y** | **N** |