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

<table>
<thead>
<tr>
<th>INSTRUMENT</th>
<th>Rotation (1\textsuperscript{st} or 2\textsuperscript{nd} administration)</th>
<th>COMPLETION</th>
<th>USERABILITY</th>
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<tbody>
<tr>
<td>BDRS</td>
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<td>BRS</td>
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<td>TI-primary informant</td>
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<td>TI-secondary informant</td>
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*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]