

Neurobehavior and Memory Health Clinic, Neuropsychology Service

IDENTIFYING MEMORY AND OTHER COGNITIVE PROBLEMS

Informant Questionnaire – New Evaluation

TO BE COMPLETED BY A FAMILY MEMBER, CAREGIVER, OR CLOSE FRIEND OF THE PATIENT. It is important for clinicians evaluating cognitive symptoms to have input and observations from individuals who know the patient well. Please complete the form below based on current or recent observations.

Today's Date: _____

Patient Name: _____ Your name: _____

How do you know the patient? _____ How many years have you known him/her? _____

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<i>Cognition/Memory – are there changes in thinking and memory? If yes, does your relative/friend have problems:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remembering names and events?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Finding appropriate words while speaking?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Keeping track of time?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Staying aware of their environment?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Following instructions?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Staying tuned in and focused?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Repeating questions or conversations over and over?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Planning, organizing, or following through with tasks?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<i>Social Interactions – are there changes in social behaviors? If yes, does your relative/friend:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Show little interest in usual hobbies/leisure activities (e.g. cards, sports)?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Have difficulties participating in conversation?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Seem unusually emotionally detached?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Disregard rules of social behavior, such as saying things that are rude?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is this a change from his/her typical behavior?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<i>Daily Function – are there changes in ability to do routine things? If Yes, does your relative/friend have problems:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Bathing and grooming themselves?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Dressing themselves appropriately?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Preparing snacks/meals?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Handling the mail?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Shopping?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Using the telephone?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Handling money/finances?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Using appliances?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Driving or using public transportation?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is your relative likely to wander?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	<i>Behavior – are there changes in emotions and ways of behaving? If yes, does your relative/friend display signs of:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Apathy, lack of interest, decreased initiative, and/or withdrawal?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Anxiety and/or nervousness?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Irritability and/or anger?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Depression or sadness?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Emotional outbursts or moodiness?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Hallucinations, delusions, and/or paranoia?