

R4VaD Rates, Risks and Routes to Reduce Vascular Dementia

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Informant baseline form v1.0

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Section A: Informant details

A1 Date of data collection
(dd-mmm-yyyy) D ____ / M ____ / Y ____

Section B: Assessment

Please ask as many questions as possible, within the informant's tolerance.
The assessment can stop at any point, but preferably where indicated, if the informant is unwilling or unable to continue.
When the assessment has stopped, any remaining questions can be marked 'not applicable'.

B1	IQCODE Ask the informant to consider the following situations and indicate whether the participant has improved, stayed the same or got worse in the last 12 months.	
B1a	Remembering things about family and friends, e.g. occupations, birthdays, addresses <input type="checkbox"/> 1 - Much improved <input type="checkbox"/> 2 - A bit improved <input type="checkbox"/> 3 - Not much change <input type="checkbox"/> 4 - A bit worse <input type="checkbox"/> 5 - Much worse	<input type="checkbox"/> Not applicable
B1b	Remembering things that have happened recently <input type="checkbox"/> 1 - Much improved <input type="checkbox"/> 2 - A bit improved <input type="checkbox"/> 3 - Not much change <input type="checkbox"/> 4 - A bit worse <input type="checkbox"/> 5 - Much worse	<input type="checkbox"/> Not applicable
B1c	Recalling conversations a few days later <input type="checkbox"/> 1 - Much improved <input type="checkbox"/> 2 - A bit improved <input type="checkbox"/> 3 - Not much change <input type="checkbox"/> 4 - A bit worse <input type="checkbox"/> 5 - Much worse	<input type="checkbox"/> Not applicable
B1d	Remembering his/her address and telephone number <input type="checkbox"/> 1 - Much improved <input type="checkbox"/> 2 - A bit improved <input type="checkbox"/> 3 - Not much change <input type="checkbox"/> 4 - A bit worse <input type="checkbox"/> 5 - Much worse	<input type="checkbox"/> Not applicable
B1e	Remembering what day and month it is <input type="checkbox"/> 1 - Much improved <input type="checkbox"/> 2 - A bit improved <input type="checkbox"/> 3 - Not much change <input type="checkbox"/> 4 - A bit worse <input type="checkbox"/> 5 - Much worse	<input type="checkbox"/> Not applicable

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B1f	Remembering where things are usually kept	<input type="checkbox"/> 1 - Much improved <input type="checkbox"/> 2 - A bit improved <input type="checkbox"/> 3 - Not much change <input type="checkbox"/> 4 - A bit worse <input type="checkbox"/> 5 - Much worse	<input type="checkbox"/> Not applicable
B1g	Remembering where to find things which have been put in a different place from usual	<input type="checkbox"/> 1 - Much improved <input type="checkbox"/> 2 - A bit improved <input type="checkbox"/> 3 - Not much change <input type="checkbox"/> 4 - A bit worse <input type="checkbox"/> 5 - Much worse	<input type="checkbox"/> Not applicable
B1h	Knowing how to work familiar machines around the house	<input type="checkbox"/> 1 - Much improved <input type="checkbox"/> 2 - A bit improved <input type="checkbox"/> 3 - Not much change <input type="checkbox"/> 4 - A bit worse <input type="checkbox"/> 5 - Much worse	<input type="checkbox"/> Not applicable
B1i	Learning to use a new gadget or machine around the house	<input type="checkbox"/> 1 - Much improved <input type="checkbox"/> 2 - A bit improved <input type="checkbox"/> 3 - Not much change <input type="checkbox"/> 4 - A bit worse <input type="checkbox"/> 5 - Much worse	<input type="checkbox"/> Not applicable
B1j	Learning new things in general	<input type="checkbox"/> 1 - Much improved <input type="checkbox"/> 2 - A bit improved <input type="checkbox"/> 3 - Not much change <input type="checkbox"/> 4 - A bit worse <input type="checkbox"/> 5 - Much worse	<input type="checkbox"/> Not applicable
B1k	Following a story in a book or on TV	<input type="checkbox"/> 1 - Much improved <input type="checkbox"/> 2 - A bit improved <input type="checkbox"/> 3 - Not much change <input type="checkbox"/> 4 - A bit worse <input type="checkbox"/> 5 - Much worse	<input type="checkbox"/> Not applicable
B1l	Making decisions on everyday matters	<input type="checkbox"/> 1 - Much improved <input type="checkbox"/> 2 - A bit improved <input type="checkbox"/> 3 - Not much change <input type="checkbox"/> 4 - A bit worse <input type="checkbox"/> 5 - Much worse	<input type="checkbox"/> Not applicable
B1m	Handling money for shopping	<input type="checkbox"/> 1 - Much improved <input type="checkbox"/> 2 - A bit improved <input type="checkbox"/> 3 - Not much change <input type="checkbox"/> 4 - A bit worse <input type="checkbox"/> 5 - Much worse	<input type="checkbox"/> Not applicable

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B1n	Handling financial matters, e.g. the pension, dealing with the bank	<input type="checkbox"/> 1 - Much improved <input type="checkbox"/> 2 - A bit improved <input type="checkbox"/> 3 - Not much change <input type="checkbox"/> 4 - A bit worse <input type="checkbox"/> 5 - Much worse	<input type="checkbox"/> Not applicable
B1o	Handling other everyday arithmetic problems, e.g. knowing how much food to buy, knowing how long between visits from family	<input type="checkbox"/> 1 - Much improved <input type="checkbox"/> 2 - A bit improved <input type="checkbox"/> 3 - Not much change <input type="checkbox"/> 4 - A bit worse <input type="checkbox"/> 5 - Much worse	<input type="checkbox"/> Not applicable
B1p	Using his/her intelligence to understand what's going on and to reason things through	<input type="checkbox"/> 1 - Much improved <input type="checkbox"/> 2 - A bit improved <input type="checkbox"/> 3 - Not much change <input type="checkbox"/> 4 - A bit worse <input type="checkbox"/> 5 - Much worse	<input type="checkbox"/> Not applicable

B2	4AT Has there been a change or fluctuation in the participant's alertness, cognition or other mental functions (e.g. paranoia, hallucinations) over the last 2 weeks that are still evident in the last 24 hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
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B3	Neuropsychiatric Inventory, Questionnaire Version (NPI-Q) Ask the informant to answer the following question based on changes that have occurred since the participant first began to experience memory problems. Tell the informant to answer 'yes' only if the symptom has been present in the last month. Otherwise answer 'no'.		
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B3a	Apathy: Does the participant seem less interested in his/her usual activities or in the activities and plans of others?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
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Assessment can stop here if informant unwilling to continue or if the answers to the following questions have already been obtained from the participant

B4	Modified Rankin Scale (pre-stroke)	<input type="checkbox"/> 0 - No symptoms at all <input type="checkbox"/> 1 - No significant disability, despite symptoms <input type="checkbox"/> 2 - Slight disability <input type="checkbox"/> 3 - Moderate disability <input type="checkbox"/> 4 - Moderately severe disability <input type="checkbox"/> 5 - Severe disability	<input type="checkbox"/> Not applicable
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B5	Barthel Tell the informant: "The following questions are about how the participant looks after themselves. Please state how they were prior to their stroke."		
B5a	Is the participant incontinent of urine?	<input type="checkbox"/> Yes, incontinent/has a catheter fitted <input type="checkbox"/> Occasional accident (maximum once per 24 hours) <input type="checkbox"/> No, continent	<input type="checkbox"/> Not applicable
B5b	How does the participant move from bed to the chair?	<input type="checkbox"/> Not at all <input type="checkbox"/> With a lot of help from one or two people <input type="checkbox"/> With a little help from one person <input type="checkbox"/> On their own	<input type="checkbox"/> Not applicable
B5c	How does the participant get about?	<input type="checkbox"/> Not at all <input type="checkbox"/> Propelling themselves independently in a wheelchair <input type="checkbox"/> Walking with the help and supervision of one person <input type="checkbox"/> Walking with no help (even if they use a stick/frame)	<input type="checkbox"/> Not applicable
B5d	Is the participant incontinent of their bowels?	<input type="checkbox"/> Yes, incontinent <input type="checkbox"/> Occasional accident (once per week) <input type="checkbox"/> No, continent	<input type="checkbox"/> Not applicable
B5e	Does the participant wash their own face, brush their teeth and hair (for men, shave)?	<input type="checkbox"/> With help <input type="checkbox"/> Without help	<input type="checkbox"/> Not applicable
B5f	How does the participant use the toilet (or commode)?	<input type="checkbox"/> With a lot of help <input type="checkbox"/> With a little help <input type="checkbox"/> On their own	<input type="checkbox"/> Not applicable
B5g	Does the participant feed themselves?	<input type="checkbox"/> With major help <input type="checkbox"/> With some help e.g. cutting <input type="checkbox"/> Without any help	<input type="checkbox"/> Not applicable
B5h	Does the participant need any help with dressing?	<input type="checkbox"/> Yes, they need help with almost everything <input type="checkbox"/> Yes, they are able to do about half unaided <input type="checkbox"/> No, they can do everything	<input type="checkbox"/> Not applicable
B5i	How does the participant get up and down the stairs?	<input type="checkbox"/> Not at all <input type="checkbox"/> With help (either supervision or assistance) <input type="checkbox"/> Without any help	<input type="checkbox"/> Not applicable
B5j	Does the participant need help with bathing or showering?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable

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B6	Clinical frailty score	<input type="checkbox"/> Very fit <input type="checkbox"/> Well <input type="checkbox"/> Managing well <input type="checkbox"/> Vulnerable <input type="checkbox"/> Mildly frail <input type="checkbox"/> Moderately frail <input type="checkbox"/> Severely frail <input type="checkbox"/> Very severely frail <input type="checkbox"/> Terminally ill	<input type="checkbox"/> Not applicable
B7	Lawton Activities of Daily Living (ADL)		
B7a	Ability to use telephone	<input type="checkbox"/> Operates telephone on own initiative; looks up and dials numbers, etc. <input type="checkbox"/> Dials a few well-known numbers <input type="checkbox"/> Answers telephone but does not dial <input type="checkbox"/> Does not use telephone at all	<input type="checkbox"/> Not applicable
B7b	Shopping	<input type="checkbox"/> Takes care of all shopping needs independently <input type="checkbox"/> Shops independently for small purchases <input type="checkbox"/> Needs to be accompanied on any shopping trip <input type="checkbox"/> Completely unable to shop	<input type="checkbox"/> Not applicable
B7c	Food preparation	<input type="checkbox"/> Plans, prepares and serves adequate meals independently <input type="checkbox"/> Prepares adequate meals if supplied with ingredients <input type="checkbox"/> Heats, serves and prepares meals or prepares meals but does not maintain adequate diet <input type="checkbox"/> Needs to have meals prepared and served	<input type="checkbox"/> Not applicable
B7d	Housekeeping	<input type="checkbox"/> Maintains house alone or with occasional assistance <input type="checkbox"/> Performs light daily tasks such as dishwashing, bed making <input type="checkbox"/> Performs light daily tasks but cannot maintain acceptable level of cleanliness <input type="checkbox"/> Needs help with all home maintenance tasks <input type="checkbox"/> Does not participate in any housekeeping tasks	<input type="checkbox"/> Not applicable
B7e	Laundry	<input type="checkbox"/> Does personal laundry completely <input type="checkbox"/> Launders small items, rinses stockings, etc <input type="checkbox"/> All laundry must be done by others	<input type="checkbox"/> Not applicable

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B7f	Mode of transportation	<input type="checkbox"/> Travels independently on public transport or drives own car <input type="checkbox"/> Arranges own travel via taxi, but does not otherwise use public transport <input type="checkbox"/> Travels on public transport when accompanied <input type="checkbox"/> Travel limited to taxi or automobile with assistance of another <input type="checkbox"/> Does not travel at all	<input type="checkbox"/> Not applicable
B7g	Responsibility for own medications	<input type="checkbox"/> Is responsible for taking medication in correct dosages at correct time <input type="checkbox"/> Takes responsibility if medication is prepared in advance in separate dosage <input type="checkbox"/> Is not capable of dispensing own medication	<input type="checkbox"/> Not applicable
B7h	Ability to handle finances	<input type="checkbox"/> Manages financial matters independently, collects and keeps track of income <input type="checkbox"/> Manages day-to-day purchases, but needs help with banking, major purchases, etc <input type="checkbox"/> Incapable of handling money	<input type="checkbox"/> Not applicable

Please check your entries thoroughly

Are any values missing due to tests not done (or measures not taken), or because data is unknown and every effort has been made to find the data – i.e. "Not done" / "Not known"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments If any values are missing, please provide a <u>full explanation</u>	

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