

R4VaD Rates, Risks and Routes to Reduce Vascular Dementia

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Informant week 6 follow-up form v1.0

R4VaD	Informant week 6 follow-up v1.0 (17 Aug 2018)	Page	1 of 10
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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 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?

Yes
 No

Not applicable

B2 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'.

B2a Apathy: Does the participant seem less interested in his/her usual activities or in the activities and plans of others?

Yes
 No

Not applicable

**Assessment can stop here if informant unwilling to continue
or if the answers to the following questions have already been obtained from the
participant**

B3 Modified Rankin Scale

0 - No symptoms at all
 1 - No significant disability, despite symptoms
 2 - Slight disability
 3 - Moderate disability
 4 - Moderately severe disability
 5 - Severe disability
 6 - Died

Not applicable

Centre number	C	Study number		Sex		Investigator	
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B4	Barthel Tell the informant: "The following questions are about how the participant looks after themselves. Please state how they have been in the last week or so."	
B4a	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
B4b	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
B4c	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
B4d	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
B4e	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
B4f	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
B4g	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
B4h	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
B4i	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
B4j	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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B5	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
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B6	Lawton Activities of Daily Living (ADL)		
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B6a	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
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B6b	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
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B6c	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
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B6d	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
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B6e	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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B6f	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
B6g	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
B6h	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

B7	Neuropsychiatric Inventory, Questionnaire Version (NPI-Q) Ask the informant to answer the following questions 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'. For each item answered 'yes', ask the informant to rate the severity of the symptom (how it affects the participant) and the distress the informant experiences due to the symptom.		
B7a1	Apathy: severity	<input type="checkbox"/> 1 - Mild (noticeable, but not a significant change) <input type="checkbox"/> 2 - Moderate (significant, but not a dramatic change) <input type="checkbox"/> 3 - Severe (very marked or prominent, a dramatic change)	<input type="checkbox"/> Not applicable
B7a2	Apathy: distress	<input type="checkbox"/> 0 - Not distressing at all <input type="checkbox"/> 1 - Minimal (slightly distressing, not a problem to cope with) <input type="checkbox"/> 2 - Mild (not very distressing, generally easy to cope with) <input type="checkbox"/> 3 - Moderate (fairly distressing, not always easy to cope with) <input type="checkbox"/> 4 - Severe (very distressing, difficult to cope with) <input type="checkbox"/> 5 - Extreme or Very Severe (extremely distressing, unable to cope with)	<input type="checkbox"/> Not applicable

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B7b	Delusions: Does the participant have false beliefs, such as thinking that others are stealing from him/her or planning to harm him/her in some way?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
B7b1	Delusions: severity	<input type="checkbox"/> 1 - Mild (noticeable, but not a significant change) <input type="checkbox"/> 2 - Moderate (significant, but not a dramatic change) <input type="checkbox"/> 3 - Severe (very marked or prominent, a dramatic change)	<input type="checkbox"/> Not applicable
B7b2	Delusions: distress	<input type="checkbox"/> 0 - Not distressing at all <input type="checkbox"/> 1 - Minimal (slightly distressing, not a problem to cope with) <input type="checkbox"/> 2 - Mild (not very distressing, generally easy to cope with) <input type="checkbox"/> 3 - Moderate (fairly distressing, not always easy to cope with) <input type="checkbox"/> 4 - Severe (very distressing, difficult to cope with) <input type="checkbox"/> 5 - Extreme or Very Severe (extremely distressing, unable to cope with)	<input type="checkbox"/> Not applicable
B7c	Hallucinations: Does the participant have hallucinations such as false visions or voices? Does he/she seem to hear or see things that are not present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
B7c1	Hallucinations: severity	<input type="checkbox"/> 1 - Mild (noticeable, but not a significant change) <input type="checkbox"/> 2 - Moderate (significant, but not a dramatic change) <input type="checkbox"/> 3 - Severe (very marked or prominent, a dramatic change)	<input type="checkbox"/> Not applicable
B7c2	Hallucinations: distress	<input type="checkbox"/> 0 - Not distressing at all <input type="checkbox"/> 1 - Minimal (slightly distressing, not a problem to cope with) <input type="checkbox"/> 2 - Mild (not very distressing, generally easy to cope with) <input type="checkbox"/> 3 - Moderate (fairly distressing, not always easy to cope with) <input type="checkbox"/> 4 - Severe (very distressing, difficult to cope with) <input type="checkbox"/> 5 - Extreme or Very Severe (extremely distressing, unable to cope with)	<input type="checkbox"/> Not applicable

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B7d	Agitation/Aggression: Is the participant resistive to help from others at times, or hard to handle?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
B7d1	Agitation/Aggression: severity	<input type="checkbox"/> 1 - Mild (noticeable, but not a significant change) <input type="checkbox"/> 2 - Moderate (significant, but not a dramatic change) <input type="checkbox"/> 3 - Severe (very marked or prominent, a dramatic change)	<input type="checkbox"/> Not applicable
B7d2	Agitation/Aggression: distress	<input type="checkbox"/> 0 - Not distressing at all <input type="checkbox"/> 1 - Minimal (slightly distressing, not a problem to cope with) <input type="checkbox"/> 2 - Mild (not very distressing, generally easy to cope with) <input type="checkbox"/> 3 - Moderate (fairly distressing, not always easy to cope with) <input type="checkbox"/> 4 - Severe (very distressing, difficult to cope with) <input type="checkbox"/> 5 - Extreme or Very Severe (extremely distressing, unable to cope with)	<input type="checkbox"/> Not applicable
B7e	Depression/Dysphoria: Does the participant seem sad or say that he/she is depressed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
B7e1	Depression/Dysphoria: severity	<input type="checkbox"/> 1 - Mild (noticeable, but not a significant change) <input type="checkbox"/> 2 - Moderate (significant, but not a dramatic change) <input type="checkbox"/> 3 - Severe (very marked or prominent, a dramatic change)	<input type="checkbox"/> Not applicable
B7e2	Depression/Dysphoria: distress	<input type="checkbox"/> 0 - Not distressing at all <input type="checkbox"/> 1 - Minimal (slightly distressing, not a problem to cope with) <input type="checkbox"/> 2 - Mild (not very distressing, generally easy to cope with) <input type="checkbox"/> 3 - Moderate (fairly distressing, not always easy to cope with) <input type="checkbox"/> 4 - Severe (very distressing, difficult to cope with) <input type="checkbox"/> 5 - Extreme or Very Severe (extremely distressing, unable to cope with)	<input type="checkbox"/> Not applicable

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B7f	Anxiety: Does the participant become upset when separated from you? Does he/she have any other signs of nervousness such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
B7f1	Anxiety: severity	<input type="checkbox"/> 1 - Mild (noticeable, but not a significant change) <input type="checkbox"/> 2 - Moderate (significant, but not a dramatic change) <input type="checkbox"/> 3 - Severe (very marked or prominent, a dramatic change)	<input type="checkbox"/> Not applicable
B7f2	Anxiety: distress	<input type="checkbox"/> 0 - Not distressing at all <input type="checkbox"/> 1 - Minimal (slightly distressing, not a problem to cope with) <input type="checkbox"/> 2 - Mild (not very distressing, generally easy to cope with) <input type="checkbox"/> 3 - Moderate (fairly distressing, not always easy to cope with) <input type="checkbox"/> 4 - Severe (very distressing, difficult to cope with) <input type="checkbox"/> 5 - Extreme or Very Severe (extremely distressing, unable to cope with)	<input type="checkbox"/> Not applicable
B7g	Elation/Euphoria: Does the participant appear to feel too good or act excessively happy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
B7g1	Elation/Euphoria: severity	<input type="checkbox"/> 1 - Mild (noticeable, but not a significant change) <input type="checkbox"/> 2 - Moderate (significant, but not a dramatic change) <input type="checkbox"/> 3 - Severe (very marked or prominent, a dramatic change)	<input type="checkbox"/> Not applicable
B7g2	Elation/Euphoria: distress	<input type="checkbox"/> 0 - Not distressing at all <input type="checkbox"/> 1 - Minimal (slightly distressing, not a problem to cope with) <input type="checkbox"/> 2 - Mild (not very distressing, generally easy to cope with) <input type="checkbox"/> 3 - Moderate (fairly distressing, not always easy to cope with) <input type="checkbox"/> 4 - Severe (very distressing, difficult to cope with) <input type="checkbox"/> 5 - Extreme or Very Severe (extremely distressing, unable to cope with)	<input type="checkbox"/> Not applicable



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B7h	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
B7h1	Disinhibition: severity	<input type="checkbox"/> 1 - Mild (noticeable, but not a significant change) <input type="checkbox"/> 2 - Moderate (significant, but not a dramatic change) <input type="checkbox"/> 3 - Severe (very marked or prominent, a dramatic change)	<input type="checkbox"/> Not applicable
B7h2	Disinhibition: distress	<input type="checkbox"/> 0 - Not distressing at all <input type="checkbox"/> 1 - Minimal (slightly distressing, not a problem to cope with) <input type="checkbox"/> 2 - Mild (not very distressing, generally easy to cope with) <input type="checkbox"/> 3 - Moderate (fairly distressing, not always easy to cope with) <input type="checkbox"/> 4 - Severe (very distressing, difficult to cope with) <input type="checkbox"/> 5 - Extreme or Very Severe (extremely distressing, unable to cope with)	<input type="checkbox"/> Not applicable
B7i	Irritability/Lability: Is the participant impatient and cranky? Does he/she have difficulty coping with delays or waiting for planned activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
B7i1	Irritability/Lability: severity	<input type="checkbox"/> 1 - Mild (noticeable, but not a significant change) <input type="checkbox"/> 2 - Moderate (significant, but not a dramatic change) <input type="checkbox"/> 3 - Severe (very marked or prominent, a dramatic change)	<input type="checkbox"/> Not applicable
B7i2	Irritability/Lability: distress	<input type="checkbox"/> 0 - Not distressing at all <input type="checkbox"/> 1 - Minimal (slightly distressing, not a problem to cope with) <input type="checkbox"/> 2 - Mild (not very distressing, generally easy to cope with) <input type="checkbox"/> 3 - Moderate (fairly distressing, not always easy to cope with) <input type="checkbox"/> 4 - Severe (very distressing, difficult to cope with) <input type="checkbox"/> 5 - Extreme or Very Severe (extremely distressing, unable to cope with)	<input type="checkbox"/> Not applicable

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B7j	Motor disturbance: Does the participant engage in repetitive activities such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
B7j1	Motor disturbance: severity	<input type="checkbox"/> 1 - Mild (noticeable, but not a significant change) <input type="checkbox"/> 2 - Moderate (significant, but not a dramatic change) <input type="checkbox"/> 3 - Severe (very marked or prominent, a dramatic change)	<input type="checkbox"/> Not applicable
B7j2	Motor disturbance: distress	<input type="checkbox"/> 0 - Not distressing at all <input type="checkbox"/> 1 - Minimal (slightly distressing, not a problem to cope with) <input type="checkbox"/> 2 - Mild (not very distressing, generally easy to cope with) <input type="checkbox"/> 3 - Moderate (fairly distressing, not always easy to cope with) <input type="checkbox"/> 4 - Severe (very distressing, difficult to cope with) <input type="checkbox"/> 5 - Extreme or Very Severe (extremely distressing, unable to cope with)	<input type="checkbox"/> Not applicable
B7k	Nighttime behaviour: Does the participant awaken you during the night, rise too early in the morning, or take excessive naps during the day?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
B7k1	Nighttime behaviour: severity	<input type="checkbox"/> 1 - Mild (noticeable, but not a significant change) <input type="checkbox"/> 2 - Moderate (significant, but not a dramatic change) <input type="checkbox"/> 3 - Severe (very marked or prominent, a dramatic change)	<input type="checkbox"/> Not applicable
B7k2	Nighttime behaviour: distress	<input type="checkbox"/> 0 - Not distressing at all <input type="checkbox"/> 1 - Minimal (slightly distressing, not a problem to cope with) <input type="checkbox"/> 2 - Mild (not very distressing, generally easy to cope with) <input type="checkbox"/> 3 - Moderate (fairly distressing, not always easy to cope with) <input type="checkbox"/> 4 - Severe (very distressing, difficult to cope with) <input type="checkbox"/> 5 - Extreme or Very Severe (extremely distressing, unable to cope with)	<input type="checkbox"/> Not applicable

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B7I	Appetite/Eating: Has the participant lost or gained weight, or had a change in the type of food he/she likes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable
B7I1	Appetite/Eating: severity	<input type="checkbox"/> 1 - Mild (noticeable, but not a significant change) <input type="checkbox"/> 2 - Moderate (significant, but not a dramatic change) <input type="checkbox"/> 3 - Severe (very marked or prominent, a dramatic change)	<input type="checkbox"/> Not applicable
B7I2	Appetite/Eating: distress	<input type="checkbox"/> 0 - Not distressing at all <input type="checkbox"/> 1 - Minimal (slightly distressing, not a problem to cope with) <input type="checkbox"/> 2 - Mild (not very distressing, generally easy to cope with) <input type="checkbox"/> 3 - Moderate (fairly distressing, not always easy to cope with) <input type="checkbox"/> 4 - Severe (very distressing, difficult to cope with) <input type="checkbox"/> 5 - Extreme or Very Severe (extremely distressing, unable to cope with)	<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>	<div style="border: 1px solid black; height: 100px;"></div>

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