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Canadian Longitudinal Study on Aging
Étude longitudinale canadienne sur le vieillissement

# Supplementary Appendix 6 - Informant Questionnaire
## (Canadian Longitudinal Study on Aging (CLSA) Memory Study)

## v1.1, 2022 October 12

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**CLSA Memory Study Informant Questionnaire**
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## Relationship to Participant (INF)

| Overview | This questionnaire will be completed by an informant, a family member or friend who knows the participant well and can answer questions regarding the participant's medical history, functional abilities, and overall behaviour. |
|---|---|

First, I would like to ask you about your relationship with @first_name@.

| REL_1 | INF_REL_MSI |
|---|---|
| **[ALWAYS ASK]** | |
| What is your relationship with @first_name@? | |
| **CODE ONLY ONE RESPONSE** | |

| PARTNER | 1 | Spouse/partner |
|---|---|---|
| CHILD | 2 | Child |
| SIBLING | 3 | Sibling |
| FRIEND | 4 | Friend |
| OT_SP | 5 | Other, specify: _____ |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| REL_2 | INF_GENDER_MSI |
|---|---|
| **[ALWAYS ASK]** | |
| What pronoun should we use when referring to @first_name@? | |
| **CODE ONLY ONE RESPONSE** | |

| HIM | 1 | He/him/his |
|---|---|---|
| HER | 2 | She/her/hers |
| THEM | 3 | They/them/theirs |
| OT_SP | 5 | Other, specify: _____ |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

**REL_END**

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# AD8 Dementia Screening Interview (AD8)

*Reprinted with permission. Copyright 2005. The Eight-item Informant Interview to Differentiate Aging and Dementia is a copyrighted instrument of Washington University, St. Louis, Missouri. All Rights Reserved. Please refer to Galvin JE et al, The AD8, a brief informant interview to detect dementia, Neurology 2005: 65:559-564,*

| | |
|---|---|
| **Overview** | The Eight-item Informant Interview to Differentiate Aging and Dementia (AD8) was designed as a screening tool to identify early cognitive changes associated with many common subtypes of dementia including Alzheimer's Disease, vascular dementia, Lewy body dementia, and frontotemporal dementia.<br><br>The informant should specifically be asked to rate changes in the participant's ability for each of the items, without attributing causality. If read aloud to the respondent, it is important for the interviewer to carefully read the phrase <u>as worded</u> and give emphasis to note changes due to cognitive problems (not physical problems). There should be a one second delay between individual items.<br><br>There is no specific timeframe for change required to be used for this questionnaire. |

**For the next few questions, please think about @first_name@'s cognitive abilities in regard to thinking and memory problems.**

**For each question, please respond "yes" if you have noticed a change and "no" if you have not noticed a change in @first_name@ over the past several years.**

| AD8_1 | AD8_1_MSI | | |
|---|---|---|---|
| **[ALWAYS ASK]** | | | |
| Problems with judgment (e.g., problems with making decisions, bad financial decisions, problems with thinking) | | | |
| YES | | 1 | Yes |
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| AD8_2 | AD8_2_MSI |
|---|---|
| | |

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| [ALWAYS ASK] | | |
|---|---|---|
| Less interest in hobbies/activities | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| **AD8_3** | **AD8_3_MSI** | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| Repeats the same things over and over (questions, stories, or statements) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| **AD8_4** | **AD8_4_MSI** | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| **AD8_5** | **AD8_5_MSI** | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| Forgets correct month or year | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| **AD8_6** | **AD8_6_MSI** | |
|---|---|---|

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| [ALWAYS ASK] | | |
|---|---|---|
| Trouble handling complicated financial affairs (e.g., balancing check book, income taxes, paying bills) | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| AD8_7 | AD8_7_MSI | |
|---|---|---|
| [ALWAYS ASK] | | |
| Trouble remembering appointments | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| AD8_8 | AD8_8_MSI | |
|---|---|---|
| [ALWAYS ASK] | | |
| **Daily** problems with thinking and/or memory | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| AD8_9 | AD8_TOTALSCORE0_MSI |
|---|---|
| **[ASK IF SUM OF "YES" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 0]** | |
| **Score on the AD8 Dementia Screening Interview: 0** | |

| AD8_10 | AD8_TOTALSCORE1_MSI |
|---|---|
| **[ASK IF SUM OF "YES" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 1]** | |

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| Score on the AD8 Dementia Screening Interview: 1 |
| --- |

| AD8_11 | AD8_TOTALSCORE2_MSI |
| --- | --- |
| [ASK IF SUM OF "YES" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 2] | |
| Score on the AD8 Dementia Screening Interview: 2 | |

| AD8_12 | AD8_TOTALSCORE3_MSI |
| --- | --- |
| [ASK IF SUM OF "YES" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 3] | |
| Score on the AD8 Dementia Screening Interview: 3 | |

| AD8_13 | AD8_TOTALSCORE4_MSI |
| --- | --- |
| [ASK IF SUM OF "YES" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 4] | |
| Score on the AD8 Dementia Screening Interview: 4 | |

| AD8_14 | AD8_TOTALSCORE5_MSI |
| --- | --- |
| [ASK IF SUM OF "YES" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 5] | |
| Score on the AD8 Dementia Screening Interview: 5 | |

| AD8_15 | AD8_TOTALSCORE6_MSI |
| --- | --- |
| [ASK IF SUM OF "YES" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 6] | |
| Score on the AD8 Dementia Screening Interview: 6 | |

| AD8_16 | AD8_TOTALSCORE7_MSI |
| --- | --- |
| [ASK IF SUM OF "YES" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 7] | |

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| | |
|---|---|
| **Score on the AD8 Dementia Screening Interview: 7** | |

| AD8_17 | AD8_TOTALSCORE8_MSI |
|---|---|
| **[ASK IF SUM OF "YES" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 8]** | |
| **Score on the AD8 Dementia Screening Interview: 8** | |

**This variable identifies the number of items that were not completed on the Eight-item Informant Interview to Differentiate Aging and Dementia (AD8) questionnaire and should be considered when interpreting the total score of the AD8.**

| AD8_18 | AD8_TOTALMIS0_MSI |
|---|---|
| **[ASK IF SUM OF "DON'T KNOW/NO ANSWER OR REFUSED" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 0]** | |
| **Number of missed questions on the AD8 Dementia Screening Interview: 0** | |

| AD8_19 | AD8_TOTALMIS1_MSI |
|---|---|
| **[ASK IF SUM OF "DON'T KNOW/NO ANSWER OR REFUSED" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 1]** | |
| **Number of missed questions on the AD8 Dementia Screening Interview: 1** | |

| AD8_20 | AD8_TOTALMIS2_MSI |
|---|---|
| **[ASK IF SUM OF "DON'T KNOW/NO ANSWER OR REFUSED" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 2]** | |
| **Number of missed questions on the AD8 Dementia Screening Interview: 2** | |

| AD8_21 | AD8_TOTALMIS3_MSI |
|---|---|
| **[ASK IF SUM OF "DON'T KNOW/NO ANSWER OR REFUSED" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 3]** | |
| **Number of missed questions on the AD8 Dementia Screening Interview: 3** | |

| AD8_22 | AD8_TOTALMIS4_MSI |
|---|---|
| **[ASK IF SUM OF "DON'T KNOW/NO ANSWER OR REFUSED" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 4]** | |

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| |
|---|
| **Number of missed questions on the AD8 Dementia Screening Interview: 4** |

| AD8_23 | AD8_TOTALMIS5_MSI |
|---|---|
| **[ASK IF SUM OF "DON'T KNOW/NO ANSWER OR REFUSED" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 5]** | |
| **Number of missed questions on the AD8 Dementia Screening Interview: 5** | |

| AD8_24 | AD8_TOTALMIS6_MSI |
|---|---|
| **[ASK IF SUM OF "DON'T KNOW/NO ANSWER OR REFUSED" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 6]** | |
| **Number of missed questions on the AD8 Dementia Screening Interview: 6** | |

| AD8_25 | AD8_TOTALMIS7_MSI |
|---|---|
| **[ASK IF SUM OF "DON'T KNOW/NO ANSWER OR REFUSED" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 7]** | |
| **Number of missed questions on the AD8 Dementia Screening Interview: 7** | |

| AD8_26 | AD8_TOTALMIS8_MSI |
|---|---|
| **[ASK IF SUM OF "DON'T KNOW/NO ANSWER OR REFUSED" RESPONSES FOR AD8_1, AD8_2, AD8_3, AD8_4, AD8_5, AD8_6, AD8_7, AD8_8 = 8]** | |
| **Number of missed questions on the AD8 Dementia Screening Interview: 8** | |

**AD8_END**

## Medical History (MED)

| Overview | The medical history module captures information that will assist the examining physician in determining if any observed cognitive limitations may be secondary to other diseases such as neurodegenerative diseases. This information may also increase the confidence in the physician's diagnosis based on the absence or presence of risk factors for neurocognitive disorders. |
|---|---|

I am now going to ask you some questions regarding @first_name@'s medical history including different medical conditions he/she may have, and use of other substances. We do not expect you to know every detail about @first_name@, but ask that you answer to the best of your ability.

| MED_1 | MED_CON_MSI | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| To your knowledge, does @first_name@ have any of the following medical conditions…? | | |
| **INTERVIEWER NOTES:** Psychotic illnesses include schizophrenia and other conditions which include hallucinations, delusions and disordered forms of thinking. | | |
| **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEPT IF 98 OR 99 ARE SELECTED), CODE ALL THAT APPLY** | | |
| CAD | 1 | Coronary artery disease |
| HF | 2 | Heart failure |
| AF | 3 | Atrial fibrillation/flutter |
| TIA | 4 | Transient ischemic attack (TIA) |
| STR | 5 | Cerebrovascular accident (stroke) |
| HEM | 6 | Intracerebral hemorrhage |
| HYP | 7 | Hypertension |
| DIA | 8 | Diabetes mellitus |
| DYS | 9 | Dyslipidemia |
| PKD | 10 | Parkinson's Disease or Parkinsonism |
| DEP | 11 | Depression |
| ANX | 12 | Anxiety disorder |
| PSY | 13 | Psychotic illness |
| HR | 14 | Hearing impairment |
| VS | 15 | Visual impairment |
| SM | 16 | Impaired sense of smell |
| DEM | 17 | Dementia |
| DELI | 18 | Suspected delirium (in the past 5 years) |
| IN | 19 | Insomnia |
| REM | 20 | REM-Sleep Behaviour Disorder |
| OSA | 21 | Obstructive Sleep Apnea |
| HYPT | 22 | Hypothyroidism |
| B12 | 23 | Vitamin B12 deficiency |

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| OTSP | 24 | Other conditions relevant to cognitive status (e.g. cancer and/or cancer treatments); specify _____ |
|---|---|---|
| NONEI | 25 | None of the above |
| DK_NA | 98 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 99 | **[DO NOT READ]** Refused |

| **MED_2** | **MED_TBI_MSI** | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| Has @first_name@ suffered a head injury or a concussion in the past? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| **MED_3** | **MED_TBI1_MSI** | |
|---|---|---|
| **[ASK IF MED_TBI_MSI = YES]** | | |
| How many head injuries or concussions has @first_name@ had in his/her lifetime? | | |
| **INTERVIEWER NOTE:** If the informant cannot remember exact number, please probe for their best estimate | | |
| NUM | Number | _____ **[MASK: MIN=1]** |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| **MED_4** | **MED_TBI2_MSI** | |
|---|---|---|
| **[ASK IF MED_TBI_MSI = YES]** | | |
| At what age or in what year did @first_name@ have the most serious head injury? | | |
| **INTERVIEWER NOTE:** If the informant cannot remember the specific year, please probe for their best estimation of when the head injury occurred. | | |
| NB_SP | Age | _____ **[MASK: MIN=0, MAX=CURRENT AGE]** |
| YR_SP | Year | _____ **[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]** |
| DK_NA | 9998 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9999 | **[DO NOT READ]** Refused |

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| MED_5 | MED_TBI3_MSI |
|---|---|

| **[ASK IF MED_TBI_MSI = YES]** ||

| Did the most serious head injury result in…? ||

| **READ LIST, MULTIPLE RESPONSES ALLOWED (EXCEP IF 8 OR 9 ARE SELECTED), CODE ALL THAT APPLY** ||

| DZ | 1 | Being dazed, confused, or "seeing stars" |
|---|---|---|
| DRM | 2 | Not remembering the injury |
| KO | 3 | Losing consciousness (knocked out) |
| NONE | 6 | Head injury did not result in any of the above |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| MED_6 | MED_TBI4_MSI |
|---|---|

| **[ASK IF MED_TBI3_MSI = KO]** ||

| How long did @first_name@ lose consciousness for? ||

| **READ LIST, CODE ONLY ONE RESPONSE** ||

| KO1 | 1 | Less than a minute |
|---|---|---|
| KO20 | 2 | 1-20 minutes |
| K020MORE | 3 | Longer than  minutes |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| MED_7 | MED_SMKSTATUS_MSI |
|---|---|

| **[ALWAYS ASK]** ||

| How would you describe @first_name@'s smoking status…? ||

| **READ LIST, CODE ONLY ONE RESPONSE** ||

| YES | 1 | Yes, he/she currently smokes |
|---|---|---|
| NEVER | 2 | No, he/she does not currently smoke and never has |
| FORM_DAY | 4 | Former daily smoker (non-smoker now) |
| FORM_OCC | 5 | Former occasional smoker (non-smoker now) |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

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| MED_8 | MED_CAN_MSI | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| Does @first_name@ use any cannabis products? | | |
| **READ LIST, CODE ONLY ONE RESPONSE** | | |
| YES | 1 | Yes, he/she currently uses cannabis products |
| NEVER | 2 | No, he/she has never used cannabis products |
| FORMER | 3 | Former cannabis user, but does not use cannabis products now |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| MED_9 | MED_ALC_MSI | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| How would you describe @first_name@'s alcohol consumption? | | |
| **READ LIST, CODE ONLY ONE RESPONSE** | | |
| NEVER | 1 | Never drank alcohol |
| FORMER | 2 | Used to drink alcohol but does not currently drink |
| CURRENT | 3 | Currently consumes alcohol |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| MED_10 | MED_ALCNMB_MSI | |
|---|---|---|
| **[ASK IF MED_ALC_MSI = CURRENT]** | | |
| A "standard" drink is considered 12 ounces of regular beer (~5% alcohol), 5 ounces of wine (~12% alcohol), or 1.5 ounces of distilled spirits (~40% alcohol). How many estimated standardized drinks per week does @first_name@ consume? | | |
| ALC_NB | Number of standard drinks: _____**[MASK: MIN=0, MAX=200]** | |
| DK_NA | 998 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 999 | **[DO NOT READ]** Refused |

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| MED_11 | MED_ALCMLFQ_MSI | |
|---|---|---|
| **[ASK IF MED_ALC_MSI = CURRENT AND <u>AND</u> SEX = MALE]** | | |
| In the past 12 months, has @first_name@ consumed 5 or more drinks in 2 hours or less at least once a month? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| MED_12 | MED_ALCFMFQ_MSI | |
|---|---|---|
| **[ASK IF MED_ALC_MSI = CURRENT AND SEX = FEMALE]** | | |
| In the past 12 months, has @first_name@ consumed 4 or more drinks in 2 hours or less at least once a month? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| MED_13 | MED_FAM_MSI | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| Does the @first_name@ have a first degree relative who has been diagnosed with dementia or Alzheimer's Disease? | | |
| **INTERVIEWER NOTE:** First degree relatives include biological parents, siblings, or children | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

**MED_END**

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# Basic Activities of Daily Living (ADL)

*This module is a modification of the Activities of Daily Living questions of the OARS Multidimensional Assessment Questionnaire© developed by Dr. Gerda G. Fillenbaum (Duke University Medical Center). The Canadian Longitudinal Study on Aging received permission from Dr. Fillenbaum (instrument developer) for the use of this instrument.*

| Overview | The Activities of Daily Living (ADL) scale assesses respondents' ability to perform basic daily activities. Activities of daily living are the tasks considered vital to live independently in the community.<br><br>The informant is asked if the participant requires help when feeding and dressing oneself, taking care of their appearance, walking around, getting in and out of bed, bathing, and whether the participant has incontinence problems. These basic daily activities can be difficult to perform for people with mobility restrictions or limitations.<br><br>Information on activities of daily living will help provide insights into limitations that Canadians may face in day-to-day living, as well as how these limitations change as people age. It is a measure related to the need for caregivers and home care services. |
|---|---|

**Now I'd like to ask you about activities of daily living. You may feel that some of these questions do not apply to @first_name@, but it is important that we ask the same questions of everyone.**

| ADL_1 | ADL_ABLDR_MSI | | |
|---|---|---|---|
| **[ALWAYS ASK]** | | | |
| Can @first_name@ dress and undress without help (including picking out clothes and putting on socks and shoes)? | | | |
| YES | | 1 | Yes |
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| ADL_2 | ADL_HPDR_MSI | | |
|---|---|---|---|
| **[ASK IF ADL_ABLDR_MSI = NO]** | | | |
| Can @first_name@ dress and undress with some help? | | | |
| YES | | 1 | Yes |
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

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| ADL_3 | ADL_UNDR_MSI | |
|---|---|---|
| **[ASK IF ADL_HPDR_MSI = NO]** | | |
| Is @first_name@ completely unable to dress and undress? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| ADL_4 | ADL_ABLFD_MSI | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| Can @first_name@ eat without help (i.e., able to feed him or herself completely)? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| ADL_5 | ADL_HPFD_MSI | |
|---|---|---|
| **[ASK IF ADL_ABLFD_MSI = NO]** | | |
| Can @first_name@ eat with some help (i.e., needs help with cutting food, etc.)? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| ADL_6 | ADL_UNFD_MSI | |
|---|---|---|
| **[ASK IF ADL_HPFD_MSI = NO]** | | |
| Is @first_name@ completely unable to feed himself or herself? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

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| ADL_7 | ADL_ABLAP_MSI |
|---|---|
| **[ALWAYS ASK]** | |

| Can @first_name@ take care of his/her own appearance without help, for example, combing hair, shaving (if male)? | | |
|---|---|---|
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| ADL_8 | ADL_HPAP_MSI |
|---|---|
| **[ASK IF ADL_ABLAP_MSI = NO]** | |

| Can @first_name@ take care of his or her own appearance with some help? | | |
|---|---|---|
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| ADL_9 | ADL_UNAP_MSI |
|---|---|
| **[ASK IF ADL_HPAP_MSI = NO]** | |

| Is @first_name@ completely unable to take care of his or her own appearance? | | |
|---|---|---|
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

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| ADL_10 | ADL_ABLWK_MSI |
|---|---|

| **[ALWAYS ASK]** |
|---|

| Can @first_name@ walk without help? |
|---|

| **INTERVIEWER NOTE: IF PARTICIPANT WALKS WITH A CANE CODE AS YES** |
|---|

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| ADL_11 | ADL_HPWK_MSI |
|---|---|

| **[ASK IF ADL_ABLWK_MSI = NO]** |
|---|

| Can @first_name@ walk with some help from a person, or with the use of a walker or crutches, etc.? |
|---|

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| ADL_12 | ADL_UNWK_MSI |
|---|---|

| **[ASK IF ADL_HPWK_MSI = NO]** |
|---|

| Is @first_name@ completely unable to walk? |
|---|

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

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| ADL_13 | ADL_ABLBD_MSI |
|---|---|

| **[ALWAYS ASK]** |
|---|

| Can @first_name@ get in and out of bed without any help or aids? |
|---|

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| ADL_14 | ADL_HPBD_MSI |
|---|---|

| **[ASK IF ADL_ABLBD_MSI = NO]** |
|---|

| Can @first_name@ get in and out of bed with some help (either from a person or with the aid of some device)? |
|---|

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| ADL_15 | ADL_UNBD_MSI |
|---|---|

| **[ASK IF ADL_HPBD_MSI = NO]** |
|---|

| Is @first_name@ totally dependent on someone else to lift him/her in and out of bed? |
|---|

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| ADL_16 | ADL_ABLBT_MSI |
|---|---|

| **[ALWAYS ASK]** |
|---|

| Can @first_name@ take a bath or shower without help? |
|---|

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

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| ADL_17 | ADL_HPBT_MSI | |
|---|---|---|
| **[ASK IF ADL_ABLBT_MSI = NO]** | | |
| Can @first_name@ take a bath or shower with some help (i.e., needs help from someone getting in and out of the tub or needs special attachments on the tub)? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| ADL_18 | ADL_UNBT_MSI | |
|---|---|---|
| **[ASK IF ADL_HPBT_MSI = NO]** | | |
| Is @first_name@ completely unable to take a bath and a shower by himself/herself? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| ADL_19 | ADL_BATH_MSI | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| Does @first_name@ ever have trouble getting to the bathroom in time? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

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| ADL_20 | ADL_INCNT_MSI | | |
|---|---|---|---|
| **[ASK IF ADL_BATH_MSI = YES]** | | | |
| How often does @first_name@ wet or soil himself/herself (either day or night)? Would you say… | | | |
| **READ LIST, CODE ONLY ONE RESPONSE** | | | |
| 0_1_TIME_WEEK | | 1 | Never or less than once a week |
| 1_2_TIME_WEEK | | 2 | Once or twice a week |
| 3_MORE_TIMES_WEEK | | 3 | Three times a week or more |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

**ADL_END**

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# Instrumental Activities of Daily Living (IADL)

*This module is a modification of the Activities of Daily Living questions of the OARS Multidimensional Assessment Questionnaire© developed by Dr. Gerda G. Fillenbaum (Duke University Medical Center). The Canadian Longitudinal Study on Aging received permission from Dr. Fillenbaum (instrument developer) for the use of this instrument.*

| | |
|---|---|
| **Overview** | The Instrumental Activities of Daily Living (IADL) scale assesses respondents' ability to independently perform a series of daily activities.<br><br>The informant is asked if the participant requires help when using the telephone, traveling, shopping, cooking, doing housework, taking medicine and handling money. Information on instrumental activities of daily living will help provide insights into limitations that Canadians may face day-to-day living, as well as how these limitations change as people age. It is a measure related to the need for caregivers and home care services.<br><br>This module is a companion to the ADL module. |

**Now I'd like to ask you about activities of daily living. You may feel that some of these questions do not apply to @first_name@, but it is important that we ask the same questions of everyone.**

| IAL_1 | IAL_ABLTEL_MSI | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| Can @first_name@ use the telephone without help, including looking up numbers and dialling? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| IAL_2 | IAL_HPTEL_MSI | |
|---|---|---|
| **[ASK IF IAL_ABLTEL_MSI = NO]** | | |
| Can @first_name@ use the telephone with some help (i.e., can answer the phone or dial the operator in an emergency, but needs a special phone or help in getting the number or dialling)? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

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| IAL_3 | IAL_UNTEL_MSI | |
|---|---|---|
| **[ASK IF IAL_HPTEL_MSI = NO]** | | |
| Is @first_name@ completely unable to use the telephone? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| IAL_4 | IAL_ABLTRV_MSI | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| Can @first_name@ get to places out of walking distance without help (i.e., drive own car, or travel alone on buses, or taxis)? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

| IAL_5 | IAL_HPTRV_MSI | |
|---|---|---|
| **[ASK IF IAL_ABLTRV_MSI = NO]** | | |
| Can @first_name@ get to places out of walking distance with some help (i.e., needs someone to help him/her or go with him/her when travelling)? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

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| IAL_6 | IAL_UNTRV_MSI |
|---|---|

**[ASK IF IAL_HPTRV_MSI = NO]**

Is @first_name@ unable to travel unless emergency arrangements are made for a specialized vehicle, like an ambulance?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| IAL_7 | IAL_ABLGRO_MSI |
|---|---|

**[ALWAYS ASK]**

Can @first_name@ go shopping for groceries or clothes without help (taking care of all shopping needs)?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| IAL_8 | IAL_HPGRO_MSI |
|---|---|

**[ASK IF IAL_ABLGRO_MSI = NO]**

Can @first_name@ go shopping for groceries or clothes with some help (i.e., needs someone to go with him/her on all shopping trips)?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| IAL_9 | IAL_UNGRO_MSI |
|---|---|

**[ASK IF IAL_HPGRO_MSI = NO]**

Is @first_name@ completely unable to do any shopping?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| IAL_10 | IAL_ABLML_MSI |
|---|---|

**[ALWAYS ASK]**

Can @first_name@ prepare his/her own meals without help (i.e., plan and cook full meals)?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| IAL_11 | IAL_HPML_MSI |
|---|---|

**[ASK IF IAL_ABLML_MSI = NO]**

Can @first_name@ prepare his/her own meals with some help (i.e., can prepare some things but are unable to cook full meals)?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| IAL_12 | IAL_UNML_MSI |
|---|---|

**[ASK IF IAL_HPML_MSI = NO]**

Is @first_name@ completely unable to prepare any meals?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| IAL_13 | IAL_ABLWRK_MSI |
|---|---|

**[ALWAYS ASK]**

Can @first_name@ do housework without help (i.e., can clean floors, etc.)?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| IAL_14 | IAL_HPWRK_MSI |
|---|---|

**[ASK IF IAL_ABLWRK_MSI = NO]**

Can @first_name@ do housework with some help (i.e., can do light housework but needs help with heavy work)?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| IAL_15 | IAL_UNWRK_MSI |
|---|---|

**[ASK IF IAL_HPWRK_MSI = NO]**

Is @first_name@ completely unable to do any housework?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| IAL_16 | IAL_ABLMED_MSI |
|---|---|

**[ALWAYS ASK]**

Can @first_name@ take his or her own medicine without help (in the right doses at the right time)?

**INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT OCCASIONALLY FORGETS, CODE AS 'YES'.**

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| IAL_17 | IAL_HPMED_MSI |
|---|---|

**[ASK IF IAL_ABLMED_MSI = NO]**

Can @first_name@ take his or her own medicine with some help (i.e., able to take medicine if someone prepares it for him/her or reminds him/her to take it)?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| IAL_18 | IAL_UNMED_MSI |
|---|---|

**[ASK IF IAL_HPMED_MSI = NO]**

Is @first_name@ completely unable to take his/her own medicine?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| IAL_19 | IAL_ABLMO_MSI |
|---|---|

**[ALWAYS ASK]**

Can @first_name@ handle his/her own money without help (i.e., write cheques, pay bills, etc.)?

**INTERVIEWER INSTRUCTIONS: IF THE PARTICIPANT OCCASIONALLY FORGETS, CODE AS 'YES'.**

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

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| IAL_20 | IAL_HPMO_MSI | | |
|---|---|---|---|
| **[ASK IF IAL_ABLMO_MSI = NO]** | | | |
| Can @first_name@ handle his/her own money with some help (i.e., manage day-to-day buying but needs help with managing chequebook or paying bills)? | | | |
| YES | | 1 | Yes |
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| IAL_21 | IAL_UNMO_MSI | | |
|---|---|---|---|
| **[ASK IF IAL_HPMO_MSI = NO]** | | | |
| Is @first_name@ completely unable to handle his/her own money? | | | |
| YES | | 1 | Yes |
| NO | | 2 | No |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

**IAL_END**

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# Transportation (TRA)

| Overview | The questions in this module ask the informant about the participant's driving status and details regarding their license status. |
|---|---|

I will now ask you a few questions about @first_name@'s ability to use different types of transportation.

| TRA_1 | TRA_DSTATUS_MSI |
|---|---|

**[ALWAYS ASK]**

Which of the following describes @first_name@ driving status...? (Include cars, vans, trucks and motorcycles)

**READ LIST, CODE ONLY ONE RESPONSE**

| NEVER | | 1 | Never had a driver's license |
|---|---|---|---|
| FORMER | | 2 | Had a driver's license at one point in his or her life, but currently does not have it |
| CURRENT | | 3 | Has a driver's license without restrictions (except corrective lenses ) |
| RESTRICTED | | 4 | Has a driver's license with restrictions on time of driving (daylight only), distance from home, type of road (no highway), or number of passengers |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

| TRA_2 | TRA_STOP_MSI |
|---|---|

**[ASK IF TRA_STA_MSI = FORMER]**

Why did @first_name@ stop driving…?

**CODE ONLY ONE RESPONSE**

| VOL_STOP | | 1 | Voluntarily stopped driving |
|---|---|---|---|
| LICS_RESC | | 2 | License rescinded |
| OT_SP | | 3 | Other (please specify: _____) |
| DK_NA | | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **[DO NOT READ]** Refused |

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| TRA_3 | TRA_STOPYR_MSI | | |
|---|---|---|---|
| **[ASK IF TRA_STA_MSI =FORMER]** | | | |
| In what year or at what age did @first_name@ stop driving? | | | |
| NB_SP | Age | | _____ **[MASK: MIN=00, MAX=CURRENT AGE]** |
| YR_SP | Year | | _____ **[MASK: MIN=BIRTH YEAR, MAX=CURRENT YEAR]** |
| DK_NA | | 9998 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | | 9999 | **[DO NOT READ]** Refused |

| TRA_4 | TRA_TRANSIT_MSI | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| How would you describe @first_name@ use of public transit…? | | |
| **CODE ONLY ONE RESPONSE** | | |
| CURR | 1 | Currently uses |
| COULD | 2 | Does not use public transit, but could if they wanted to |
| CANNOT | 3 | Does not use public transit and does not think they could |
| DK_NA | 8 | **[DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **[DO NOT READ]** Refused |

**TRA_END**

# Mild Behavioural Impairment Checklist (MBI)

*This module consists of the Mild Behavioural Impairment Checklist developed by Dr. Zahinoor Ismail (University of Calgary).*

| | |
|---|---|
| Overview | Mild Behavioural Impairment (MBI) refers to neuropsychiatric symptoms which are usually observed before cognitive decline and dementia in individuals aged 50 years and older. MBI describes symptoms of any severity that persist for at least six months, and occur either before or at the same time as mild neurocognitive disorder.<br><br>The MBI Checklist is a 34-item instrument which can be completed by a patient/participant, close informant, or clinician.<br><br>The checklist is designed to quantify the severity of behavioural symptoms in multiple domains. Global and domain-specific scores and thresholds have not yet been developed and validated for clinical diagnosis and prognosis. Ongoing validation work will identify scores and thresholds that predict an increased risk of transition to dementia. |

I will now ask you some questions about @first_name@'s behaviour. For each question, please answer "yes" if you have noticed this behaviour continuously or on and off for **at least 6 months**, and if it is a **change** from her/his longstanding pattern of behaviour. Otherwise, please answer "no".

For each question you respond "yes" to indicating a change in behaviour, I will ask you to respond about the severity of the behaviour based on the following options:

1) Mild where the change in behaviour is noticeable, but not a significant change;
2) Moderate where the change in behaviour is significant, but not a dramatic change;
3) Severe where the change in behaviour is marked or prominent, a dramatic change.

If there is more than one behaviour listed in a question, please rate the most severe behavioural change.

The first domain describes interest, motivation, and drive.

| MBI_1 | MBI_INTER_MSI | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| Has the person lost interest in friends, family, or home activities? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

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| MBI_2 | MBI_INTERSEV_MSI |
|---|---|
| **[ASK IF MBI_INTER_MSI = Yes]** | |
| How would you describe the severity of this behaviour…? | |
| **CODE ONLY ONE RESPONSE** | |

| MILD | 1 | Mild |
|---|---|---|
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_3 | MBI_CURI_MSI |
|---|---|
| **[ALWAYS ASK]** | |
| Does the person lack curiosity in topics that would usually have attracted her/his interest? | |

| YES | 1 | Yes |
|---|---|---|
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_4 | MBI_CURISEV_MSI |
|---|---|
| **[ASK IF MBI_CURI_MSI = Yes]** | |
| How would you describe the severity of this behaviour…? | |
| **CODE ONLY ONE RESPONSE** | |

| MILD | 1 | Mild |
|---|---|---|
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

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| MBI_5 | MBI_SPON_MSI | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| Has the person become less spontaneous and active – for example, is she/he less likely to initiate or maintain conversation? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_6 | MBI_SPONSEV_MSI | |
|---|---|---|
| **[ASK IF MBI_SPON_MSI = Yes]** | | |
| How would you describe the severity of this behaviour…? | | |
| **CODE ONLY ONE RESPONSE** | | |
| MILD | 1 | Mild |
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_7 | MBI_MOTI_MSI | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| Has the person lost motivation to act on her/his obligations or interest? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

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| MBI_8 | MBI_MOTISEV_MSI |
|---|---|
| **[ASK IF MBI_MOTI_MSI = Yes]** | |
| How would you describe the severity of this behaviour…? | |
| **CODE ONLY ONE RESPONSE** | |

| MILD | 1 | Mild |
|---|---|---|
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_9 | MBI_EMOT_MSI |
|---|---|
| **[ALWAYS ASK]** | |
| Is the person less affectionate and/or lacking in emotions when compared to her/his usual self? | |

| YES | 1 | Yes |
|---|---|---|
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_10 | MBI_EMOTSEV_MSI |
|---|---|
| **[ASK IF MBI_EMOT_MSI = Yes]** | |
| How would you describe the severity of this behaviour…? | |
| **CODE ONLY ONE RESPONSE** | |

| MILD | 1 | Mild |
|---|---|---|
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

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| MBI_11 | MBI_CARE_MSI |
|--------|--------------|
| **[ALWAYS ASK]** | |
| Does she/he no longer care about anything? | |

| YES | 1 | Yes |
|-----|---|-----|
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_12 | MBI_CARESEV_MSI |
|--------|-----------------|
| **[ASK IF MBI_CARE_MSI = Yes]** | |
| How would you describe the severity of this behaviour…? | |
| **CODE ONLY ONE RESPONSE** | |

| MILD | 1 | Mild |
|------|---|------|
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

The second domain describes mood or anxiety symptoms.

**Interviewer note, remind the respondent if required:** For each questions you respond "yes" to indicating a change in behaviour, I will ask you to respond about the severity of the behaviour based on the following options:

1) Mild where the change in behaviour is noticeable, but not a significant change;
2) Moderate where the change in behaviour is significant, but not a dramatic change;
3) Severe where the change in behaviour is marked or prominent, a dramatic change.

If there is more than one behaviour listed in a question, please rate the most severe behavioural change.

| MBI_13 | MBI_SAD_MSI |
|--------|-------------|
| **[ALWAYS ASK]** | |
| Has the person developed sadness or appear to be in low spirits? Does she/he have episodes of tearfulness? | |

| YES | 1 | Yes |
|-----|---|-----|
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| **MBI_14** | **MBI_SADSEV_MSI** |
|---|---|

| **[ASK IF MBI_SAD_MSI = Yes]** |
|---|

| How would you describe the severity of this behaviour…? |
|---|

| **CODE ONLY ONE RESPONSE** |
|---|

| MILD | | 1 | Mild |
|---|---|---|---|
| MOD | | 2 | Moderate |
| SEVERE | | 3 | Severe |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

| **MBI_15** | **MBI_PLES_MSI** |
|---|---|

| **[ALWAYS ASK]** |
|---|

| Has the person become less able to experience pleasure? |
|---|

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

| **MBI_16** | **MBI_PLESSEV_MSI** |
|---|---|

| **[ASK IF MBI_PLES_MSI = Yes]** |
|---|

| How would you describe the severity of this behaviour…? |
|---|

| **CODE ONLY ONE RESPONSE** |
|---|

| MILD | | 1 | Mild |
|---|---|---|---|
| MOD | | 2 | Moderate |
| SEVERE | | 3 | Severe |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

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| MBI_17 | MBI_DISC_MSI |
|---|---|

**[ALWAYS ASK]**

Has the person become discouraged about their future or feel that she/he is a failure?

| YES | 1 | Yes |
|---|---|---|
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_18 | MBI_DISCSEV_MSI |
|---|---|

**[ASK IF MBI_DISC_MSI = Yes]**

How would you describe the severity of this behaviour…?

**CODE ONLY ONE RESPONSE**

| MILD | 1 | Mild |
|---|---|---|
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_19 | MBI_BURD_MSI |
|---|---|

**[ALWAYS ASK]**

Does the person view herself/himself as a burden to family?

| YES | 1 | Yes |
|---|---|---|
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

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| MBI_20 | MBI_BURDSEV_MSI |
|---|---|

| **[ASK IF MBI_BURD_MSI = Yes]** |
|---|

| How would you describe the severity of this behaviour…? |
|---|

| **CODE ONLY ONE RESPONSE** |
|---|

| MILD | | 1 | Mild |
|---|---|---|---|
| MOD | | 2 | Moderate |
| SEVERE | | 3 | Severe |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

| MBI_21 | MBI_ANX_MSI |
|---|---|

| **[ALWAYS ASK]** |
|---|

| Has the person become more anxious or worried about things that are routine (e.g. events, visits, etc.)? |
|---|

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

| MBI_22 | MBI_ANXSEV_MSI |
|---|---|

| **[ASK IF MBI_ANX_MSI = Yes]** |
|---|

| How would you describe the severity of this behaviour…? |
|---|

| **CODE ONLY ONE RESPONSE** |
|---|

| MILD | | 1 | Mild |
|---|---|---|---|
| MOD | | 2 | Moderate |
| SEVERE | | 3 | Severe |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

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| MBI_23 | MBI_TENSE_MSI |
|---|---|

| **[ALWAYS ASK]** |
|---|

| Does the person feel very tense, having developed an inability to relax, or shakiness, or symptoms of panic? |
|---|

| YES | 1 | Yes |
|---|---|---|
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_24 | MBI_TENSESEV_MSI |
|---|---|

| **[ASK IF MBI_TENSE_MSI = Yes]** |
|---|

| How would you describe the severity of this behaviour…? |
|---|

| **CODE ONLY ONE RESPONSE** |
|---|

| MILD | 1 | Mild |
|---|---|---|
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

The third domain describes the ability to delay gratification and control behaviour, impulses, oral intake and/or changes in reward.

**Interviewer note, remind the respondent if required:** For each questions you respond "yes" to indicating a change in behaviour, I will ask you to respond about the severity of the behaviour based on the following options:

1) Mild where the change in behaviour is noticeable, but not a significant change;
2) Moderate where the change in behaviour is significant, but not a dramatic change;
3) Severe where the change in behaviour is marked or prominent, a dramatic change.

If there is more than one behaviour listed in a question, please rate the most severe behavioural change.

| MBI_25 | MBI_AGGR_MSI |
|---|---|

| **[ALWAYS ASK]** |
|---|

| Has the person become agitated, aggressive, irritable, or temperamental? |
|---|

| YES | 1 | Yes |
|---|---|---|
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

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| **MBI_26** | **MBI_AGGRSEV_MSI** |
|---|---|
| **[ASK IF MBI_AGGR_MSI = Yes]** | |
| How would you describe the severity of this behaviour…? | |
| **CODE ONLY ONE RESPONSE** | |

| MILD | 1 | Mild |
|---|---|---|
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| **MBI_27** | **MBI_ARGU_MSI** |
|---|---|
| **[ALWAYS ASK]** | |
| Has she/he become unreasonably or uncharacteristically argumentative? | |

| YES | 1 | Yes |
|---|---|---|
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| **MBI_28** | **MBI_ARGUSEV_MSI** |
|---|---|
| **[ASK IF MBI_ARGU_MSI = Yes]** | |
| How would you describe the severity of this behaviour…? | |
| **CODE ONLY ONE RESPONSE** | |

| MILD | 1 | Mild |
|---|---|---|
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

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| MBI_29 | MBI_IMPU_MSI |
|---|---|

**[ALWAYS ASK]**

Has the person become more impulsive, seeming to act without considering things?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

| MBI_20 | MBI_IMPUSEV_MSI |
|---|---|

**[ASK IF MBI_IMPU_MSI = Yes]**

How would you describe the severity of this behaviour…?

**CODE ONLY ONE RESPONSE**

| MILD | | 1 | Mild |
|---|---|---|---|
| MOD | | 2 | Moderate |
| SEVERE | | 3 | Severe |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

| MBI_31 | MBI_DISI_MSI |
|---|---|

**[ALWAYS ASK]**

Does the person display sexually disinhibited or intrusive behaviour, such as touching (themselves/others), hugging, groping, etc., in a manner that is out of character or may cause offense?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

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| MBI_32 | MBI_DISISEV_MSI |
|---|---|

**[ASK IF MBI_DISI_MSI = Yes]**

How would you describe the severity of this behaviour…?

**CODE ONLY ONE RESPONSE**

| MILD | 1 | Mild |
|---|---|---|
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_33 | MBI_FRUS_MSI |
|---|---|

**[ALWAYS ASK]**

Has the person become more easily frustrated or impatient? Does she/he have troubles coping with delays, or waiting for events or for their turn?

| YES | 1 | Yes |
|---|---|---|
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_34 | MBI_FRUSSEV_MSI |
|---|---|

**[ASK IF MBI_FRUS_MSI = Yes]**

How would you describe the severity of this behaviour…?

**CODE ONLY ONE RESPONSE**

| MILD | 1 | Mild |
|---|---|---|
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

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| MBI_35 | MBI_DRIVE_MSI | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| Does the person display a new recklessness or lack of judgement when driving (e.g. speeding, erratic swerving, abrupt lane changes, etc.)? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_36 | MBI_DRIVESEV_MSI | |
|---|---|---|
| **[ASK IF MBI_DRIVE_MSI = Yes]** | | |
| How would you describe the severity of this behaviour…? | | |
| **CODE ONLY ONE RESPONSE** | | |
| MILD | 1 | Mild |
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_37 | MBI_STUB_MSI | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| Has the person become more stubborn on rigid, i.e., uncharacteristically insistent on having their way, or unwilling/unable to see/hear other views? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

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| MBI_38 | MBI_STUBSEV_MSI |
|---|---|
| **[ASK IF MBI_STUB_MSI = Yes]** | |
| How would you describe the severity of this behaviour…? | |
| **CODE ONLY ONE RESPONSE** | |

| MILD | 1 | Mild |
|---|---|---|
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_39 | MBI_FOOD_MSI |
|---|---|
| **[ALWAYS ASK]** | |
| Is there a change in eating behaviours (e.g., overeating, cramming the mouth, insistent on eating only specific foods, or eating the food in exactly the same order)? | |

| YES | 1 | Yes |
|---|---|---|
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_40 | MBI_FOODSEV_MSI |
|---|---|
| **[ASK IF MBI_FOOD_MSI = Yes]** | |
| How would you describe the severity of this behaviour…? | |
| **CODE ONLY ONE RESPONSE** | |

| MILD | 1 | Mild |
|---|---|---|
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

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| MBI_41 | MBI_APP_MSI |
|---|---|

**[ALWAYS ASK]**

Does the person no longer find food tasteful or enjoyable? Are they eating less?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

| MBI_42 | MBI_APPSEV_MSI |
|---|---|

**[ASK IF MBI_APP_MSI = Yes]**

How would you describe the severity of this behaviour…?

**CODE ONLY ONE RESPONSE**

| MILD | | 1 | Mild |
|---|---|---|---|
| MOD | | 2 | Moderate |
| SEVERE | | 3 | Severe |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

| MBI_43 | MBI_HOARD_MSI |
|---|---|

**[ALWAYS ASK]**

Does the person hoard objects when she/he did not do so before?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

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| MBI_44 | MBI_HOARDSEV_MSI |
|---|---|

**[ASK IF MBI_HOARD_MSI = Yes]**

How would you describe the severity of this behaviour…?

**CODE ONLY ONE RESPONSE**

| MILD | 1 | Mild |
|---|---|---|
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_45 | MBI_REP_MSI |
|---|---|

**[ALWAYS ASK]**

Has the person developed simple repetitive behaviours or compulsions?

| YES | 1 | Yes |
|---|---|---|
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_46 | MBI_REPSEV_MSI |
|---|---|

**[ASK IF MBI_REP_MSI = Yes]**

How would you describe the severity of this behaviour…?

**CODE ONLY ONE RESPONSE**

| MILD | 1 | Mild |
|---|---|---|
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

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| MBI_47 | MBI_REGU_MSI | | |
|---|---|---|---|
| **[ALWAYS ASK]** | | | |
| Has the person recently developed trouble regulating smoking, alcohol, drug intake or gambling, or started shoplifting? | | | |
| YES | | 1 | Yes |
| NO | | 2 | No |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

| MBI_48 | MBI_REGUSEV_MSI | | |
|---|---|---|---|
| **[ASK IF MBI_REGU_MSI = Yes]** | | | |
| How would you describe the severity of this behaviour…? | | | |
| **CODE ONLY ONE RESPONSE** | | | |
| MILD | | 1 | Mild |
| MOD | | 2 | Moderate |
| SEVERE | | 3 | Severe |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

The next domain describes following society norms and having social graces, tact, and empathy.

**Interviewer note, remind the respondent if required:** For each questions you respond "yes" to indicating a change in behaviour, I will ask you to respond about the severity of the behaviour based on the following options:

1) Mild where the change in behaviour is noticeable, but not a significant change;
2) Moderate where the change in behaviour is significant, but not a dramatic change;

Severe where the change in behaviour is marked or prominent, a dramatic change. If there is more than one behaviour listed in a question, please rate the most severe behavioural change.

| MBI_49 | MBI_INSEN_MSI | | |
|---|---|---|---|
| **[ALWAYS ASK]** | | | |
| Has the person become less concerned about how her/his words or actions affect others? Has she/he become insensitive to others' feelings? | | | |
| YES | | 1 | Yes |
| NO | | 2 | No |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

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| MBI_50 | MBI_INSENSEV_MSI |
|---|---|

**[ASK IF MBI_INSEN_MSI = Yes]**

How would you describe the severity of this behaviour…?

**CODE ONLY ONE RESPONSE**

| MILD | 1 | Mild |
|---|---|---|
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_51 | MBI_OPEN_MSI |
|---|---|

**[ALWAYS ASK]**

Has the person started talking openly about very personal or private matters not usually discussed in public?

| YES | 1 | Yes |
|---|---|---|
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_52 | MBI_OPENSEV_MSI |
|---|---|

**[ASK IF MBI_OPEN_MSI = Yes]**

How would you describe the severity of this behaviour…?

**CODE ONLY ONE RESPONSE**

| MILD | 1 | Mild |
|---|---|---|
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_53 | MBI_RUDE_MSI |
|---|---|

**[ALWAYS ASK]**

Does the person say rude or crude things or make lewd sexual remarks that she/he would not have said before?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

| MBI_54 | MBI_RUDESEV_MSI |
|---|---|

**[ASK IF MBI_RUDE_MSI = Yes]**

How would you describe the severity of this behaviour…?

**CODE ONLY ONE RESPONSE**

| MILD | | 1 | Mild |
|---|---|---|---|
| MOD | | 2 | Moderate |
| SEVERE | | 3 | Severe |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

| MBI_55 | MBI_JUDGE_MSI |
|---|---|

**[ALWAYS ASK]**

Does the person seem to lack the social judgement she/he previously had about what to say or how to behave in public or private?

| YES | | 1 | Yes |
|---|---|---|---|
| NO | | 2 | No |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

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| MBI_56 | MBI_JUDGESEV_MSI | |
|---|---|---|
| **[ASK IF MBI_JUDGE_MSI = Yes]** | | |
| How would you describe the severity of this behaviour…? | | |
| **CODE ONLY ONE RESPONSE** | | |
| MILD | 1 | Mild |
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_57 | MBI_TALK_MSI | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| Does the person now talk to strangers as if familiar, or intrude on their activities? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_58 | MBI_TALKSEV_MSI | |
|---|---|---|
| **[ASK IF MBI_TALK_MSI = Yes]** | | |
| How would you describe the severity of this behaviour…? | | |
| **CODE ONLY ONE RESPONSE** | | |
| MILD | 1 | Mild |
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

This last domain describes strongly held beliefs and sensory experiences.

**Interviewer note, remind the respondent if required:** For each questions you respond "yes" to indicating a change in behaviour, I will ask you to respond about the severity of the behaviour based on the following options:

1) Mild where the change in behaviour is noticeable, but not a significant change;
2) Moderate where the change in behaviour is significant, but not a dramatic change;
3) Severe where the change in behaviour is marked or prominent, a dramatic change.

If there is more than one behaviour listed in a question, please rate the most severe behavioural change.

| MBI_59 | MBI_HARM_MSI | | |
|---|---|---|---|
| **[ALWAYS ASK]** | | | |
| Has the person developed beliefs that they are in danger, or that others are planning to harm them or steal their belongings? | | | |
| YES | | 1 | Yes |
| NO | | 2 | No |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

| MBI_60 | MBI_HARMSEV_MSI | | |
|---|---|---|---|
| **[ASK IF MBI_HARM_MSI = Yes]** | | | |
| How would you describe the severity of this behaviour…? | | | |
| **CODE ONLY ONE RESPONSE** | | | |
| MILD | | 1 | Mild |
| MOD | | 2 | Moderate |
| SEVERE | | 3 | Severe |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

| MBI_61 | MBI_SUSP_MSI | | |
|---|---|---|---|
| **[ALWAYS ASK]** | | | |
| Has the person developed suspiciousness about the intentions or motives of other people? | | | |
| YES | | 1 | Yes |
| NO | | 2 | No |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

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| MBI_62 | MBI_SUSPSEV_MSI | |
|---|---|---|
| **[ASK IF MBI_SUSP_MSI = Yes]** | | |
| How would you describe the severity of this behaviour…? | | |
| **CODE ONLY ONE RESPONSE** | | |
| MILD | 1 | Mild |
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_63 | MBI_UNRL_MSI | |
|---|---|---|
| **[ALWAYS ASK]** | | |
| Doe she/he have unrealistic beliefs about her/his power, wealth, or skills? | | |
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_64 | MBI_UNRLSEV_MSI | |
|---|---|---|
| **[ASK IF MBI_UNRL_MSI = Yes]** | | |
| How would you describe the severity of this behaviour…? | | |
| **CODE ONLY ONE RESPONSE** | | |
| MILD | 1 | Mild |
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_65 | MBI_VOICE_MSI |
|---|---|

| **[ALWAYS ASK]** |
|---|

| Does the person describe hearing voices or does she/he talk to imaginary people or "spirits" | | |
|---|---|---|
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_66 | MBI_VOICESEV_MSI |
|---|---|

| **[ASK IF MBI_VOICE_MSI = Yes]** |
|---|

| How would you describe the severity of this behaviour…? |
|---|

| **CODE ONLY ONE RESPONSE** | | |
|---|---|---|
| MILD | 1 | Mild |
| MOD | 2 | Moderate |
| SEVERE | 3 | Severe |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

| MBI_67 | MBI_IMAG_MSI |
|---|---|

| **[ALWAYS ASK]** |
|---|

| Does the person report or complain about, or act as if seeing things (e.g. people, animals, or insects) that are not there, i.e., that are imaginary to others? | | |
|---|---|---|
| YES | 1 | Yes |
| NO | 2 | No |
| DK_NA | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | 9 | **DO NOT READ]** Refused |

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| MBI_68 | MBI_IMAGSEV_MSI | | |
|---|---|---|---|
| **[ASK IF MBI_IMAG_MSI = Yes]** | | | |
| How would you describe the severity of this behaviour…? | | | |
| **CODE ONLY ONE RESPONSE** | | | |
| MILD | | 1 | Mild |
| MOD | | 2 | Moderate |
| SEVERE | | 3 | Severe |
| DK_NA | | 8 | **DO NOT READ]** Don't know / No answer |
| REFUSED | | 9 | **DO NOT READ]** Refused |

**MBI_END**