

Study ID

Date	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Consent / assent	Consent <input type="checkbox"/> Carer consultee <input type="checkbox"/>

Questionnaire completed by: *Please tick one box*

The patient participant

Jointly by the patient participant and carer

Someone else:

Who? husband or wife

another relative (please specify in the box below).....

a friend.....

a paid carer.....

any other (please specify in the box below).....

A. Living arrangements. If someone is completing the questionnaire on behalf of the patient participant, please give THE ANSWERS THE PATIENT PARTICIPANT WOULD GIVE if they were able.

1. Is the patient participant currently *Please tick one box*

married or have a partner?.....

divorced or separated?.....

widowed?.....

never married?.....

2. Does the patient participant currently: *Please tick one box*

live alone?.....

live with a spouse, other relative, friend or companion?.....

live in a care home (nursing)?.....

live in a care home (residential)?.....

live in a care home (mixed nursing and residential)?.....

3. What is the highest level of education the patient participant achieved? *Please tick one box*

Primary school education.....

Secondary school education, age 14.....

Secondary school, older than 14

University/higher education.....

Ask separately
Vocational education.....

Sections to be completed by direct interview with the participant

B. General health

[Econ] 1. In comparison with other people of the same age, how do you consider your health?

- Not as good
 As good
 Better
 Does not know

[SOF] 6. Do you currently feel full of energy?

- Please tick one box*
- Yes.....
 No.....

[EQ5D] 4. Pain / Discomfort: Do you currently have any pain or discomfort?

- Please tick one box*
- I have no pain or discomfort.....
 I have moderate pain or discomfort.....
 I have extreme pain or discomfort.....

C. Cognition: Will you do a memory test for me?

[MMSE]; not replicated in this text due to copyright reasons, but see http://en.wikipedia.org/wiki/Mini%E2%80%9393mental_state_examination

Score the following items from the MMSE results, and carer report (but note different criteria for scoring date)

[DRS] 9. Orientation. (*Note specific (and liberal) definition of orientation to person*)

Disorientation to person means not recognizing familiar persons and may be intact even if the person has naming difficulty but recognizes the person. Disorientation to person is most severe when one doesn't know one's own identity and is rare. Disorientation to person usually occurs after disorientation to time and/or place. Patients who cannot speak can be given a visual or auditory presentation of multiple choice answers. Allow patient to be wrong by up to 7 days instead of 2 days for patients hospitalized more than 3 weeks.

- | Score | | <i>Please tick one box</i> |
|-------|--|----------------------------|
| 0 | Oriented to person, place and time | <input type="checkbox"/> |
| 1 | Disoriented to time (e.g., by more than 2 days or wrong month or wrong year) or to place (e.g., name of building, city, state), but not both | <input type="checkbox"/> |
| 2 | Disoriented to time and place | <input type="checkbox"/> |
| 3 | Disoriented to person | <input type="checkbox"/> |

[DRS] 11. Short-term memory.

Defined as recall of information (e.g. 3 items presented either verbally or visually) after a delay of about 2 to 3 minutes. When formally tested, information must be registered adequately before recall is tested. The number of trials to register as well as effect of cueing can be noted on scoresheet. Patient should not be allowed to rehearse during the delay period and should be distracted during that time. Patient may speak or nonverbally communicate to the examiner the identity of the correct items. Short-term deficits noticed during the course of the interview can be used also.

- | Score | | <i>Please tick one box</i> |
|-------|--|----------------------------|
| 0 | Short-term memory intact | <input type="checkbox"/> |
| 1 | Recalls 2/3 items; maybe able to recall third item after category cueing | <input type="checkbox"/> |
| 2 | Recalls 1/3 items; may be able to recall other items after category cueing | <input type="checkbox"/> |
| 3 | Recalls 0/3 items | <input type="checkbox"/> |

[DRS] 12. Long-term memory [DRS]. (Try current news items, children, medical history)

Can be assessed formally or through interviewing for recall of past personal (e.g. past medical history or information or experiences that can be corroborated from another source) or general information that is culturally relevant. When formally tested, use a verbal and/or visual modality for 3 items that are adequately registered and recalled after at least 5 minutes. The patient should not be allowed to rehearse during the delay period during formal testing. Make allowances for patients with less than 8 years of education or who are mentally retarded regarding general information questions. Rating of the severity of deficits may involve a judgment about all the ways long-term memory is assessed, including recent and/or remote long-term memory ability informally tested during the interview as well as any formal testing of recent long-term memory using 3 items.

score		Please tick one box
0	No significant long-term memory deficits	<input type="checkbox"/>
1	Recalls 2 /3 items and/ or has minor difficulty recalling details of other long-term information	<input type="checkbox"/>
2	Recalls 1/3 items and/ or has moderate difficulty recalling other long-term information	<input type="checkbox"/>
3	Recalls 0/3 items and/or has severe difficulty recalling other long-term information.	<input type="checkbox"/>

This section onwards is to be completed by direct interview with the patient participant and/or carer on their behalf

D. Sleep. How do you sleep? Do you get up in the night? Is that only for the toilet or due to pain? Are you sleepy in the day?

[NPI] 11. Sleep: Does the subject have difficulty sleeping? Is he or she up at night (not including getting up once or twice to the toilet)? Does he/she get up at night thinking it is day? Is he /she sleepy during the day?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how often do these problems occur	Occasionally (<once a week) <input type="checkbox"/> Often (about once a week) <input type="checkbox"/> Frequent (several times a week but less than every day) <input type="checkbox"/> Very frequent (every night) <input type="checkbox"/>
And how severe are the problems?	Mild (night time behaviours occur but are not particularly disruptive) <input type="checkbox"/> Moderate (night time behaviours occur and disturb the subject and the sleep of the carer; more than one type of night time behaviour may be present) <input type="checkbox"/> Marked (night time behaviour occurs; several types of night time behaviour may be present; the subject is very distressed during the night and the sleep of the carer very disturbed) <input type="checkbox"/>

[CSDD] D: CYCLIC FUNCTIONS; RW rating

	0= not present	1= mild or intermittent	2= severe
13. Difficulty falling asleep Later than usual for this individual			

14. Multiple awakenings during sleep			
15. Early morning awakenings Earlier than usual for this individual			

[DRS] 1. Sleep wake cycle disturbance.

Rate sleep-wake pattern using all sources of information, including from family, caregivers, nurses' reports, and patient. Try to distinguish sleep from resting with eyes closed

score Please tick one box

0 Not present

1 Mild sleep continuity disturbance at night or occasional drowsiness during the day ..

2 Moderate disorganisation of sleep-wake cycle (e.g. falling asleep during conversations, napping during the day or several brief awakenings during the night with confusion/behavioural changes or very little night time sleep)

3 Severe disruption of sleep wake cycle (e.g. day-night reversal of sleep wake cycle, or severe circadian fragmentation with multiple periods of sleep and wakefulness or severe sleeplessness)

[CSDD] C: PHYSICAL SIGNS; RW rating	0= not present	1= mild or intermittent	2= severe
11. Lack of energy Fatigues easily, unable to sustain activities (score only if change occurred acutely i.e. in less than 1 month)			

E. Appetite and weight loss (*rate appetite, swallowing and physical feeding problems*)

[NPI] 12. Appetite: Has the subject's appetite or eating habits changed? Has he/she lost of gained weight, or changed the foods he/she likes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how often do these problems occur	Occasionally (< once a week) <input type="checkbox"/> Often (about once a week) <input type="checkbox"/> Frequent (several times a week but less than every day) <input type="checkbox"/> Very frequent (once a day or more) <input type="checkbox"/>
And how severe are the problems?	Mild (change in appetite or eating habits is present but has not led to change in weight & is not disturbing) <input type="checkbox"/> Moderate (change in appetite or eating habits is present & cause minor change in weight) <input type="checkbox"/> Marked (obvious changes in appetite or eating habits are present and cause weight change; is embarrassing or otherwise disturbs the subject) <input type="checkbox"/>

[PCI, MNA] 7. Has your food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?

Please tick one box

Severe loss of appetite (eats less than ¼ of meal).....

Moderate loss of appetite (eats less than normal but more than ¼ of meal)

No loss of appetite.....

[SOF, MNA] 8. Have you lost weight unintentionally in the last three months?

Please tick one box

Yes.....

No.....

[PCI] 9. If you have lost weight during the last three months, how much weight have you lost?

Please complete one box

Weight loss (please state in kilograms: 1kg = 2.2 lb; 1 stone = 6.4 kg)

Do not know.....

[CSDD] C: PHYSICAL SIGNS; RW rating

	0= not present	1= mild or intermittent	2= severe
9. Appetite loss Eating less than usual			
10. Weight loss (score 2 if greater than 2kg in one month)			

F. Activities of daily living. Please score what the patient participant has actually done in the last week or so.

[Barthel index items]

[PCI] How has the subject managed with their personal hygiene over the last 7 days?	Independent <input type="checkbox"/>	Supervised <input type="checkbox"/>	Limited assistance <input type="checkbox"/>	Extensive assistance <input type="checkbox"/>	Total Dependence <input type="checkbox"/>
How do they manage with grooming?	Needs help with personal care	0			
	Independent face/hair/teeth/shaving (implements provided)	1			
[PCI] With regards to eating over the last seven days in particular, how has the subject managed?	Independent <input type="checkbox"/>	Supervised <input type="checkbox"/>	Limited assistance <input type="checkbox"/>	Extensive assistance <input type="checkbox"/>	Total Dependence <input type="checkbox"/>
How do they manage with eating?	Unable	0			
	Needs help cutting, spreading butter etc.	1			
	Independent (food provided in reach)	2			
How do they manage with dressing?	Dependent	0			
	Needs help but can do about half unaided	1			
	Independent (including buttons, zips, laces etc.)	2			
How do they manage with bathing?	Dependent	0			
	Independent (or in shower)	1			
[PCI] How has the subject managed with using the toilet over the last 7 days?	Independent <input type="checkbox"/>	Supervised <input type="checkbox"/>	Limited assistance <input type="checkbox"/>	Extensive assistance <input type="checkbox"/>	Total Dependence <input type="checkbox"/>
How do they manage using the toilet?	Dependent	0			
	Needs some help but can do something alone	1			
	Independent (on and off, dressing, wiping)	2			
How do they manage with their bladder?	Incontinent or catheterised and unable to manage	0			
	Occasional accident (max once per 24 hours)	1			
	Continent (for over 7 days)	2			
How do they manage with their bowels?	Incontinent (or needs to be given enema)	0			
	Occasional accident (once per week)	1			
	Continent	2			

[EQ5D] 2. Self care

Please tick one box

- I am unable to wash or dress myself.....
- I have some problems in washing or dressing.....
- I have no-problems with looking after myself.....

[EQ5D] 3. Usual activities (e.g. housework, leisure, family)?

Please tick one box

- I am unable to perform my usual activities.....
- I have some problems performing my usual activities.....
- I have no problems performing my usual activities.....

G. Mobility.

[Barthel index items]

[MNA] With regard to mobility, is the subject?	Bed or chair bound <input type="checkbox"/> Able to get out of bed/chair but does not go out <input type="checkbox"/> Goes out <input type="checkbox"/>		
[PCI] Over the last seven days in particular, how has the subject been with regard to mobility?	Independent <input type="checkbox"/> Supervised <input type="checkbox"/> Limited assistance <input type="checkbox"/> Extensive assistance <input type="checkbox"/> Total Dependence <input type="checkbox"/>		
How do they manage with transferring?	Unable - no sitting balance	0	
	Major help (one or two people, physical) can sit	1	
	Minor help (verbal or physical)	2	
	Independent	3	
How do they manage with mobility?	Immobile	0	
	Wheelchair independent including corners etc.	1	
	Walks with help of one person (verbal or physical)	2	
	Independent (but may use any aid e.g. stick)	3	
How do they manage with stairs?	Unable		
	Needs help (verbal, physical, carrying aid)	1	
	Independent up and down		

[EQ5D] 1. Mobility

Please tick one box

- I am confined to bed.....
- I have some problems in walking about.....
- I have no problems walking about.....

H. Mood and anxiety

[NPI] 4. Depression: does the subject seem sad or depressed? Does he or she say that he or she feels sad or depressed? Or a burden, a failure or a bad person? Or say he/she wishes to die or harm him/herself?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how often do these problems occur?	Occasionally (<once a week) <input type="checkbox"/> Often (about once a week) <input type="checkbox"/> Frequent (several times a week but less than every day) <input type="checkbox"/> Very frequent (once a day or more) <input type="checkbox"/>
And how severe are the problems?	Mild (depression is distressing but usually responds to distraction or reassurance) <input type="checkbox"/>

	Moderate (depression is distressing, depressive thoughts are spontaneously spoken by the subject and difficult to alleviate) <input type="checkbox"/> Marked (depression is very distressing, & a major source of suffering for the subject) <input type="checkbox"/>
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[NPI] 5. Anxiety: Is the subject nervous, anxious, worried or frightened? Is he/she shaky, tense or fidgety? Is he/she afraid to be in particular places or apart from familiar people?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how often do these problems occur?	Occasionally (<once a week) <input type="checkbox"/> Often (about once a week) <input type="checkbox"/> Frequent (several times a week but less than every day) <input type="checkbox"/> Very frequent (once a day or more) <input type="checkbox"/>
And how severe are the problems?	Mild (anxiety is distressing but usually responds to distraction or reassurance) <input type="checkbox"/> Moderate (anxiety is distressing, anxiety symptoms are spontaneously voiced by the subject and difficult to alleviate) <input type="checkbox"/> Marked (anxiety is very distressing & a major source of suffering for the subject) <input type="checkbox"/>

[EQ5D] 5. Anxiety / Depression	<i>Please tick one box</i>
I am not anxious or depressed.....	<input type="checkbox"/>
I am moderately anxious or depressed.....	<input type="checkbox"/>
I am extremely anxious or depressed.....	<input type="checkbox"/>

[CSDD] A: MOOD RELATED SIGNS; RW rating			
	0= not present	1= mild or intermittent	2= severe
1. Anxiety Anxious expression, ruminations, worrying			
2. Sadness Sad expression, sad voice, tearfulness			
3. Lack of reactivity to pleasant events			
16. Suicide Feels life is not worth living, has suicidal wishes, or made suicide attempt			
17. Poor self esteem Self blame, self depreciation, feelings of failure			
18. Pessimism Anticipation of the worst			

[NPI] 7. Apathy and indifference: has the subject lost interest in the world around him/her? Does he or she seem less interested in his/her usual activities and in other people? Or become less likely to start a conversation? Or seems not to have any motivation or not to care about things any more?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how often do these problems occur?	Occasionally (<once a week) <input type="checkbox"/> Often (about once a week) <input type="checkbox"/> Frequent (several times a week but less than every day) <input type="checkbox"/> Very frequent (once a day or more) <input type="checkbox"/>

<p>And how severe are the problems?</p>	<p>Mild (apathy is noticeable but produces little interference with daily life; only slightly different from usual behaviour; subject responds to suggestions to do things) <input type="checkbox"/></p> <p>Moderate (apathy is very evident; may be overcome with coaxing and encouragement; responds spontaneously only to powerful events such as family visits) <input type="checkbox"/></p> <p>Marked (apathy is very evident and usually fails to respond to any encouragement or external events) <input type="checkbox"/></p>
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[CSDD] B: BEHAVIOURAL DISTURBANCE; RW rating			
	0= not present	1= mild or intermittent	2 = severe
8. Loss of interest Less involved in usual activities (score only if change occurred acutely i.e. in less than 1 month)			

[DRS] 4. Lability of affect (do mood and emotions vary, are they under control and appropriate?). Rate the patient's affect as the outward presentation of emotions and not as a description of what the patient feels.			
score	<i>Please tick one box</i>		
0	Not present		<input type="checkbox"/>
1	Affect somewhat altered or incongruent to situation; changes over the course of hours; emotions are mostly under self-control		<input type="checkbox"/>
2	Affect is often inappropriate to the situation and intermittently changes over the course of minutes; emotions are not consistently under self-control, though they respond to redirection by others		<input type="checkbox"/>
3	Severe and consistent disinhibition of emotions; affect changes rapidly, is inappropriate to context, and does not respond to redirection by others		<input type="checkbox"/>

[CSDD] D: CYCLIC FUNCTIONS; RW rating			
	0= not present	1= mild or intermittent	2= severe
12. Diurnal variation of mood Symptoms worse in the morning			

[NPI] 6. Elation: does the subject seem abnormally cheerful or happy for no reason? Does he/she find things funny that others don't? Or tell silly jokes, or play tricks or pranks? Or boast about abilities or wealth?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how often do these problems occur	Occasionally (<once a week) <input type="checkbox"/> Often (about once a week) <input type="checkbox"/> Frequent (several times a week but less than every day) <input type="checkbox"/> Very frequent (once a day or more) <input type="checkbox"/>
And how severe are the problems?	Mild (elation is noticeable by friends and family but is not disruptive) <input type="checkbox"/> Moderate (elation is noticeably abnormal) <input type="checkbox"/> Marked (elation is very pronounced; subject is euphoric and finds everything to be funny) <input type="checkbox"/>

[NPI]: 8. Disinhibition: does the subject seem to act impulsively without thinking about the consequences? Does he/she talk to strangers as if he or she knows them? Or say	Yes <input type="checkbox"/> No <input type="checkbox"/>
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or do things that are rude or embarrassing? Or hurt people's feelings?	
If yes, how often do these problems occur?	Occasionally (<once a week) <input type="checkbox"/> Often (about once a week) <input type="checkbox"/> Frequent (several times a week but less than every day) <input type="checkbox"/> Very frequent (once a day or more) <input type="checkbox"/>
And how severe are the problems?	Mild (behaviour is noticeable but usually responds to distraction or reassurance) <input type="checkbox"/> Moderate (behaviour is very evident and difficult to overcome by carer) <input type="checkbox"/> Marked (behaviour usually fails to respond to any intervention by carer and is a source of embarrassment or social distress) <input type="checkbox"/>

H. Agitation, irritability, increased or decreased motor activity

[NPI] 9. Irritability and temper: does the subject get irritated easily? Or impatient? Do his/her moods change quickly? Does he/she get bad tempered? Or angry or argumentative?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how often do these problems occur?	Occasionally (<once a week) <input type="checkbox"/> Often (about once a week) <input type="checkbox"/> Frequent (several times a week but less than every day) <input type="checkbox"/> Very frequent (once a day or more) <input type="checkbox"/>
And how severe are the problems?	Mild (irritability or moodiness is noticeable but usually responds to distraction or reassurance) <input type="checkbox"/> Moderate (irritability or moodiness is very evident and difficult to overcome by carer) <input type="checkbox"/> Marked (irritability or moodiness is very evident, usually fails to respond to any intervention by carer and they are a major source of distress) <input type="checkbox"/>

[CSDDD] A: MOOD RELATED SIGNS; RW rating			
	0= not present	1= mild or intermittent	2= severe
4. Irritability. Easily annoyed, short tempered			

[NPI] 3. Agitation and Aggression: does the subject have periods when he/she is agitated or aggressive? Or refuses to co-operate? Or won't let people help him/her with washing or dressing? Or shout or swear?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how often do these problems occur?	Occasionally (<once a week) <input type="checkbox"/> Often (about once a week) <input type="checkbox"/> Frequent (several times a week but less than every day) <input type="checkbox"/> Very frequent (once a day or more) <input type="checkbox"/>
And how severe are the problems?	Mild (behaviour is disruptive but can be managed with distraction or reassurance) <input type="checkbox"/> Moderate (behaviour is disruptive and difficult to distract or control) <input type="checkbox"/>

	Marked (agitation is very disruptive and a major source of difficulty; there may be a threat of personal harm) <input type="checkbox"/>
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[NPI] 10. Motor behaviour: does the subject pace around or wander? Or engage in repetitive activities, such as opening cupboards or drawers, or picking at things, or winding threads?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how often do these problems occur	Occasionally (<once a week) <input type="checkbox"/> Often (about once a week) <input type="checkbox"/> Frequent (several times a week but less than every day) <input type="checkbox"/> Very frequent (once a day or more) <input type="checkbox"/>
And how severe are the problems?	Mild (behaviour is noticeable but produces little interference with daily life) <input type="checkbox"/> Moderate (behaviour is very evident but can be overcome by carer) <input type="checkbox"/> Marked (behaviour is very evident and usually fails to respond to any intervention by carer & is a major source of distress) <input type="checkbox"/>

[DRS] 7. Motor agitation.
Rate by observation, including from other sources of observation such as by visitors, family and clinical staff. Do not include dyskinesia, tics, or chorea.

<i>score</i>		<i>Please tick one box</i>
0	No restlessness or agitation	<input type="checkbox"/>
1	Mild restlessness of gross motor movements or mild fidgetiness	<input type="checkbox"/>
2	Moderate motor agitation including dramatic movements of the extremities, pacing, fidgeting, removing intravenous lines, etc	<input type="checkbox"/>
3	Severe motor agitation, such as combativeness or a need for restraints or seclusion	<input type="checkbox"/>

[DRS] 8. Motor retardation.
Rate movement by direct observation or from other sources of observation such as family, visitors, or clinical staff. Do not rate components of retardation that are caused by parkinsonian symptoms. Do not rate drowsiness or sleep.

<i>score</i>		<i>Please tick one box</i>
0	No slowness of voluntary movements	<input type="checkbox"/>
1	Mildly reduced frequency, spontaneity or speed of motor movements, to the degree that may interfere somewhat with the assessment.	<input type="checkbox"/>
2	Moderately reduced frequency, spontaneity or speed of motor movements to the degree that it interferes with participation in activities or self-care	<input type="checkbox"/>
3	Severe motor retardation with few spontaneous movements.....	<input type="checkbox"/>

[CSDD] B: BEHAVIOURAL DISTURBANCE; RW rating	0= not present	1= mild or intermittent	2= severe
5. Agitation Restlessness, hand-wringing, hair-pulling			
6. Retardation Slow movements, slow speech, slow reactions			
7. Multiple physical complaints (score 0 if GI symptoms only)			

I. Delusions and hallucinations

[NPI] 1. Delusions: does the subject have beliefs that you know are not true?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how often do these problems	Occasionally (<once a week) <input type="checkbox"/>

occur?	Often (about once a week) <input type="checkbox"/> Frequent (several times a week but less than every day) <input type="checkbox"/> Very frequent (once a day or more) <input type="checkbox"/>
And how severe are the problems?	Mild (beliefs present but seem harmless and produce little distress) <input type="checkbox"/> Moderate (beliefs are distressing and disruptive) <input type="checkbox"/> Marked (beliefs are very disruptive & are a major source of disturbed behaviour) <input type="checkbox"/>

[CSDD] E. IDEATIONAL DISTURBANCE; RW rating			
	0= not present	1= mild or intermittent	2= severe
19. Mood congruent (depressive, manic) delusions Delusions of poverty, illness, or loss			

[DRS] 3. Delusions.
Delusions can be of any type, but are most often persecutory. Rate if reported by patient, family or caregiver. Rate as delusional if ideas are unlikely to be true yet are believed by the patient who cannot be dissuaded by logic. Delusional ideas cannot be explained otherwise by the patient's usual cultural or religious background.

score Please tick one box

0	Not present	<input type="checkbox"/>
1	Mildly suspicious, hypervigilant, or preoccupied	<input type="checkbox"/>
2	Unusual or overvalued ideation that does not reach delusional proportions or could be plausible	<input type="checkbox"/>
3	Delusional	<input type="checkbox"/>

[NPI] 2. Hallucinations: does the subject have hallucinations, such as false visions or voices?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how often do these problems occur?	Occasionally (<once a week) <input type="checkbox"/> Often (about once a week) <input type="checkbox"/> Frequent (several times a week but less than every day) <input type="checkbox"/> Very frequent (once a day or more) <input type="checkbox"/>
And how severe are the problems?	Mild (hallucinations present but seem harmless and produce little distress) <input type="checkbox"/> Moderate (hallucinations are distressing and disruptive) <input type="checkbox"/> Marked (hallucinations are very disruptive & are a major source of disturbed behaviour) <input type="checkbox"/>

[DRS] 2. Perceptual disturbances and hallucinations.
Illusions and hallucinations can be of any sensory modality. Misperceptions are "simple" if they are uncomplicated, such as a sound, noise, colour, spot, or flashes and "complex" if they are multidimensional, such as voices, music, people, animals, or scenes. Rate if reported by patient or caregiver, or inferred by observation

score Please tick one box

0	Not present	<input type="checkbox"/>
1	Mild perceptual disturbances (e.g., feelings of derealization or depersonalization; or patient may not be able to discriminate dreams from reality)	<input type="checkbox"/>
2	Illusions present	<input type="checkbox"/>
3	Hallucinations present	<input type="checkbox"/>

J. Delirium diagnostic items.

[DRS] 14. Temporal onset of symptoms (*Rate change in mental state or behaviour*).

Rate the acuteness of onset of the initial symptoms of the disorder or episode being currently assessed, not their total duration. Distinguish the onset of symptoms attributable to delirium when it occurs concurrently with a different preexisting psychiatric disorder. For example, if a patient with major depression is rated during a delirium episode due to an overdose, then rate the onset of the delirium symptoms.

score		Please tick one box
0	No significant change from usual or longstanding baseline behaviour ...	<input type="checkbox"/>
1	Gradual onset of symptoms, occurring over a period of several weeks to a month	<input type="checkbox"/>
2	Acute change in behaviour or personality occurring over days to a week	<input type="checkbox"/>
3	Abrupt change in behaviour occurring over a period of several hours to a day ...	<input type="checkbox"/>

[DRS] 15. Fluctuation of symptom severity. (*Apply to any mental or psychological symptoms or behaviour*)

Rate the waxing and waning of an individual or cluster of symptom(s) over the time frame being rated. Usually applies to cognition, affect, intensity of hallucinations, thought disorder, language disturbance. Take into consideration that perceptual disturbances usually occur intermittently, but might cluster in period of greater intensity when other symptoms fluctuate in severity,

score		Please tick one box
0	No symptom fluctuation	<input type="checkbox"/>
1	Symptom intensity fluctuates in severity over hours	<input type="checkbox"/>
2	Symptom intensity fluctuates in severity over minutes	<input type="checkbox"/>

[DRS] 16. Physical disorder (*any drug, infection, metabolic or brain disorder or other medical problem*).

Rate the degree to which a physiological, medical or pharmacological problem can be specifically attributed to have caused the symptoms being assessed. Many patients have such problems but they may or may not have causal relationship to the symptoms being rated.

score		Please tick one box
0	None present or active.....	<input type="checkbox"/>
1	Presence of any physical disorder that might affect mental state	<input type="checkbox"/>
2	Drug, infection, metabolic disorder, CNS lesion or other medical problem that specifically can be implicated in causing the altered behaviour or mental state	<input type="checkbox"/>

K. Observations from interview.

[DRS] 10. Attention.

Attention can be assessed during the interview (e.g., verbal perseverations, distractibility, and difficulty with set shifting) and /or through use of specific tests, e.g., digit span. Patients with sensory deficits or who are intubated or whose hand movements are constrained should be tested using an alternate modality besides writing.

Score		Please tick one box
0	Alert and attentive	<input type="checkbox"/>
1	Mildly distractible or mild difficulty sustaining attention, but able to refocus with cueing. On formal testing makes only minor errors and is not significantly slow in responses	<input type="checkbox"/>
2	Moderate inattention with difficulty focusing and sustaining attention. On formal testing, makes numerous errors and either requires prodding to focus or finish the task.....	<input type="checkbox"/>
3	Severe difficulty focusing and/or sustaining attention, with many incorrect or incomplete responses or inability to follow instructions. Distractible by other noises or events in the environment	<input type="checkbox"/>

[DRS] 5. Language.

Rate abnormalities of spoken, written or sign language that cannot be otherwise attributed to dialect or stuttering. Assess fluency, grammar, comprehension, semantic content and naming. Test comprehension and naming nonverbally if necessary by having patient follow commands or point.

score		Please tick one box
0	Normal language	<input type="checkbox"/>
1	Mild impairment including word-finding difficulty or problems with naming or fluency ...	<input type="checkbox"/>

2	Moderate impairment including comprehension difficulties or deficits in meaningful communication (semantic content)	<input type="checkbox"/>
3	Severe impairment including nonsensical semantic content, word salad, muteness, or severely reduced comprehension	<input type="checkbox"/>

[DRS] 6. Thought process abnormalities (*do thoughts flow logically one to the next, coherence of thought*). Rate abnormalities of thinking processes based on verbal or written output. If a patient does not speak or write, do not rate this item.

<i>score</i>		<i>Please tick one box</i>
0	Normal thought processes	<input type="checkbox"/>
1	Tangential or circumstantial	<input type="checkbox"/>
2	Associations loosely connected occasionally, but largely comprehensible	<input type="checkbox"/>
3	Associations loosely connected most of the time	<input type="checkbox"/>

[DRS] 13. Visuospatial ability (*use intersecting pentagons, and reports of navigation on ward or at home*) Assess informally and formally. Consider patient's difficulty navigating one's way around living areas or environment (e.g. getting lost). Test formally by drawing or copying a design, by arranging puzzle pieces, or by drawing a map and identifying major cities, etc. Take into account any visual impairments that may affect performance

<i>Score</i>		<i>Please tick one box</i>
0	No impairment	<input type="checkbox"/>
1	Mild impairment such that overall design and most details or pieces are correct; and/or little difficulty navigating in his/her surroundings	<input type="checkbox"/>
2	Moderate impairment with distorted appreciation of overall design and/or several errors of details or pieces; and/or needing repeated redirection to keep from getting lost in a newer environment despite, trouble locating familiar objects in immediate environment	<input type="checkbox"/>
3	Severe impairment on formal testing; and/or repeated wandering or getting lost in environment	<input type="checkbox"/>

L. Help and support received, OVER THE LAST FEW WEEKS.

[Econ] 1. How financially well off do you feel in general?

	<i>Please tick one box</i>
Very well off.....	<input type="checkbox"/>
Well off	<input type="checkbox"/>
Not well off.....	<input type="checkbox"/>

[Econ] 2. Do you receive pension credit?

	<i>Please tick one box</i>
Yes.....	<input type="checkbox"/>
No.....	<input type="checkbox"/>

[PCI] 3. Have you been admitted to a nursing/care home in the past three months?

	<i>Please tick one box</i>
Yes.....	<input type="checkbox"/>
No.....	<input type="checkbox"/>

[Econ]4. How many different people provide personal or domestic care for you?
(do not answer if in care home)

	<input style="width: 90%;" type="text"/>
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[Econ] 7. Do you attend:

<i>Please tick one box</i>	<i>Name of place you attend</i>	<i>If yes, how many times per week</i>
----------------------------	---------------------------------	--

Day centre/hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Others (please list)		
.....		
.....		
.....		

[Econ] 5. Do any of the following come in to see you?

	Please tick one box	If yes, how many times per day and times per week
Community care assistant	Yes <input type="checkbox"/> No <input type="checkbox"/>
Privately organised carer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cleaner	Yes <input type="checkbox"/> No <input type="checkbox"/>
Community Matron	Yes <input type="checkbox"/> No <input type="checkbox"/>
District Nurse	Yes <input type="checkbox"/> No <input type="checkbox"/>
Specialist nurse	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (please list)	
.....	
.....	
.....	
.....	

[Econ] 6. How often do you talk to neighbours, friends/relatives, at home/elsewhere?
(subjective perception only)

	Please tick one box
Very often.....	<input type="checkbox"/>
Often.....	<input type="checkbox"/>
Not very often.....	<input type="checkbox"/>
Never.....	<input type="checkbox"/>

M. Prior activities of daily living. Please score what the patient participant actually did prior to the current illness, or 3 months ago if current illness longer than this.

How do they manage with eating?	Unable	0
	Needs help cutting, spreading butter etc.	1
	Independent (food provided in reach)	2
How do they manage with grooming?	Needs help with personal care	0
	Independent face/hair/teeth/shaving (implements provided)	1
How do they manage with dressing?	Dependent	0
	Needs help but can do about half unaided	1
	Independent (including buttons, zips, laces etc.)	2
How do they manage with bathing?	Dependent	0
	Independent (or in shower)	1
How do they manage using the toilet?	Dependent	0
	Needs some help but can do something alone	1

	Independent (on and off, dressing, wiping)	2
How do they manage with their bladder?	Incontinent or catheterised and unable to manage	0
	Occasional accident (max once per 24 hours)	1
	Continent (for over 7 days)	2
How do they manage with their bowels?	Incontinent (or needs to be given enema)	0
	Occasional accident (once per week)	1
	Continent	2
How do they manage with transferring?	Unable - no sitting balance	0
	Major help (one or two people, physical) can sit	1
	Minor help (verbal or physical)	2
	Independent	3
How do they manage with mobility?	Immobile	0
	Wheelchair independent including corners etc.	1
	Walks with help of one person (verbal or physical)	2
	Independent (but may use any aid e.g. stick)	3
How do they manage with stairs?	Unable	0
	Needs help (verbal, physical, carrying aid)	1
	Independent up and down	2

N. Measurements

Weight (from notes /nursing record if done, estimate if unable to weigh)		
Demispan		
Mid-arm circumference (cm)	Right arm	Left arm
Calf circumference (cm)	Right calf	Left calf
Grip strength	Right	Left
Ability to rise from a chair 5 times without using his/her arms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Time

The end, thank you!