



Family/Friend Informant Questionnaire

Thinking back 5 or more years, please fill out the following information as completely as possible:

1. How many years of education did the patient have total?

High School (12)

Some College (14)

College (16)

Post Graduate (20)

2. Briefly describe the memory problem. Starting when, progressive or not, and also talk about losing glasses, repeating self, etc.

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3. Disorientation: Please describe

Date / Time \_\_\_\_\_

Place \_\_\_\_\_

Forgetting the purpose / reason \_\_\_\_\_

Repeating actions / phrases \_\_\_\_\_

4. Setting:

Wandering \_\_\_\_\_

Getting lost in a familiar setting \_\_\_\_\_

Misplacing common items \_\_\_\_\_

Trouble retracing last steps taken \_\_\_\_\_

5. Language:

Speaking problems (finding right word) \_\_\_\_\_

Speaking problems (revert to first language) \_\_\_\_\_

Problem understanding people \_\_\_\_\_

Keeping conversation \_\_\_\_\_

Following simple instructions (1-2 step) \_\_\_\_\_

6. Gastrointestinal:

Incontinence  Bowel  Urine \_\_\_\_\_

Loss of appetite \_\_\_\_\_

Weight loss (> 5 lbs.) \_\_\_\_\_

7. Behaviors: Please describe

- Seeing things \_\_\_\_\_
- Hearing Voices \_\_\_\_\_
- Paranoia \_\_\_\_\_
- Delusions \_\_\_\_\_
- Depression \_\_\_\_\_
- Agitation \_\_\_\_\_
- Frustration \_\_\_\_\_

8. Describe any loss of daily function:

- Dress themselves \_\_\_\_\_
- Bathing \_\_\_\_\_
- Grooming \_\_\_\_\_
- Run errands \_\_\_\_\_
- Shopping \_\_\_\_\_
- Cooking \_\_\_\_\_
- Cleaning \_\_\_\_\_
- Driving \_\_\_\_\_
- Writing \_\_\_\_\_
- Problems balancing checkbook \_\_\_\_\_
- Keeping appointments \_\_\_\_\_
- Sleeping problem \_\_\_\_\_
- Using appliances (stove, microwave, laundry) \_\_\_\_\_

9. Is s/he able to use a:

- Cell Phone       Television       Computer / laptop / tablet device       DVD or VCR

If you have noticed a decline in their ability to use any of the above appliances, please describe the decline:

\_\_\_\_\_  
\_\_\_\_\_

Person Completing this Form: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_