

KICA-Behaviour: Family report

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| 1. Is s/he happy most of the time?
(If yes, go to 3) | yes / no |
| 2. Is s/he sad most of the time?
2.1 If yes, is this different from before? | yes / no
yes / no |
| 3. Is s/he sleeping well at night?
3.1 If no, is this different from before? | yes / no
yes / no |
| 4. Is s/he sleeping all the time? Sleep day and night?
4.1 If yes, is this different from before? | yes / no
yes / no |
| 5. Is s/he eating properly?
5.1 If no, is this different from before | yes / no
yes / no |
| 6. Is s/he growling a lot (eg. at his grannies)?
6.1 If yes, is this different from before? | yes / no
yes / no |
| 7. Does s/he laugh for no reason?
7.1 If yes, is this different from before? | yes / no
yes / no |
| 8. Does s/he blame people for no reason?
8.1 If yes, is this different from before? | yes / no
yes / no |
| 9. Does s/he see things that are not really there?
9.1 If yes, is this different from before? | yes / no
yes / no |
| 10. Does s/he hear things that are not really there?
10.1 If yes, is this different from before? | yes / no
yes / no |
| 11. Is s/he frightened of people for no reason?
11.1 If yes, is this different from before? | yes / no
yes / no |
| 12. Does s/he hit people for no reason?
12.1 If yes, is this different from before? | yes / no
yes / no |

13. *If family has noticed changes in memory or behaviour:*

Did their memory / behaviour - get worse slowly and gradually?
- change quickly, all of a sudden?

Write details (*when did memory change, what symptoms etc*)...

14. Is there anyone in their family who forgets things all the time? (*alive today*)

yes no don't know

Write relationship: _____

15. Was anyone else in their family like that before they passed away?

yes no don't know

Write relationship: _____

KICA-ADL:

I'd like to ask you questions about what *name* can do for himself / herself.

1. Can s/he still do her own work? (*paid and unpaid eg. cooking/cleaning/making fire*)

yes no don't know

2. Can s/he still go eg. fishing, play cards? (*activities they enjoy*)

yes no don't know

3. Can s/he look after his/her own money?

yes no don't know

4. Can s/he feed himself?

yes no don't know

5. Can s/he put on his/her clothes?

yes no don't know

6. Can s/he shower himself/ herself?

yes no don't know

7. Does s/he have trouble finding the toilet?

yes no don't know

8. Does s/he make gumbu (urine) in bed in the night?

yes no don't know

9. Does s/he make gumbu (urine) in trousers/dress in the daytime?

yes no don't know

10. Does s/he make gura (bowel motion) in his trousers/dress?

yes no don't know