KICA-Behaviour: Family report

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

3. Is s/he sleeping well at night?  
   3.1 If no, is this different from before?  
   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

5. Is s/he eating properly?  
   5.1 If no, is this different from before  
   yes / no

6. Is s/he growling a lot (eg. at his grannies)?  
   6.1 If yes, is this different from before?  
   yes / no

7. Does s/he laugh for no reason?  
   7.1 If yes, is this different from before?  
   yes / no

8. Does s/he blame people for no reason?  
   8.1 If yes, is this different from before?  
   yes / no

9. Does s/he see things that are not really there?  
   9.1 If yes, is this different from before?  
   yes / no

10. Does s/he hear things that are not really there?  
    10.1 If yes, is this different from before?  
    yes / no

11. Is s/he frightened of people for no reason?  
    11.1 If yes, is this different from before?  
    yes / no

12. Does s/he hit people for no reason?  
    12.1 If yes, is this different from before?  
    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