## The Psychogeriatric Assessment Scales

## Subject Interview

#### **Identification Information**

| 1. Subject's name or ID:     |      |        |
|------------------------------|------|--------|
| 2. Date of interview:        |      |        |
| 3. Interviewer's name or ID: |      |        |
| 4. Sex of subject (circle):  | Male | Female |

I am going to ask you some questions about your medical history and how you are managing.

In this interview, everybody is asked the same questions, so please bear with me if any of them seem odd or inappropriate.

Everything we discuss is confidential.

Let us begin with a few general questions.

Anthony Jorm NH&MRC Social Psychiatry Research Unit Australian National University Canberra ACT 0200 Australia Andrew Mackinnon Mental Health Research Institute Locked Bag No. 11 Parkville Vic 3052 Australia

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## **Background Information**

| <ol> <li>Please spell your last name (for me). And your first name?<br/>Correctly spelled<br/>Cannot give both names correctly (one minor spelling<br/>error allowed), does not know</li> </ol> | 0 1 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 2. What year were you born in?<br>Year<br>Does not know                                                                                                                                         | 01  |
| 3. So how old are you now?<br>Age in years<br>Does not know                                                                                                                                     | 01  |
| 4. What country were you born in?<br>Country<br>Does not know                                                                                                                                   | 0 1 |
| Add boxes<br>If total is 1 or more, skip to the Cognitive<br>Impairment scale.                                                                                                                  |     |

## Stroke Scale (Subject)

Have you ever had or been told that you had:

| S1. | A stroke?<br>No<br>Yes<br>Does not know                            | 0<br>1<br>? |  |
|-----|--------------------------------------------------------------------|-------------|--|
|     |                                                                    |             |  |
| S2. | A series of mini-strokes or transient ischaemic attacks (or TIAs)? |             |  |
|     | No                                                                 | 0           |  |
|     | Yes                                                                | 1           |  |
|     | Does not know                                                      | ?           |  |

## *Have you ever:* (Include present condition in recording responses.)

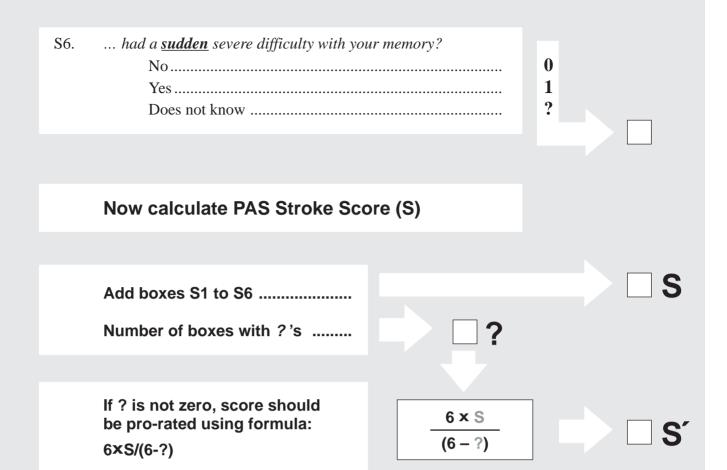
| S3. | had a <u>sudden</u> weakness on one side which got better? |
|-----|------------------------------------------------------------|
|     | No                                                         |
|     | Yes                                                        |
|     | Does not know                                              |

| hc | nd a <u>sudden</u> severe difficulty with speaking? |
|----|-----------------------------------------------------|
|    | No                                                  |
|    | Yes                                                 |
|    | Does not know                                       |

| S5. | had a <u>sudden</u> severe difficulty with your vision? |   |
|-----|---------------------------------------------------------|---|
|     | No                                                      | ( |
|     | Yes                                                     | 1 |
|     | Does not know                                           | 6 |

S4.

0 1 ?



## **Depression Scale**

Now I'd like to ask you about how you've been feeling within yourself.

| No       0         Depends on situation       0         Yes       1         Does not know       ? | D1. | In the last two weeks, have you been feeling depressed or sad at all? |                  |
|---------------------------------------------------------------------------------------------------|-----|-----------------------------------------------------------------------|------------------|
|                                                                                                   |     | Depends on situation                                                  | 0<br>0<br>1<br>? |

D2. Have you had trouble sleeping over the past two weeks?

| No                   |
|----------------------|
| Depends on situation |
| Yes                  |
| Does not know        |
| Yes                  |

| In the past two weeks, have you been taking anything to help you sleep? |
|-------------------------------------------------------------------------|
| No                                                                      |
| Depends on situation                                                    |
| Yes                                                                     |
| Does not know                                                           |
|                                                                         |

| D4. | In the last two weeks, have you been worn out or had too little |
|-----|-----------------------------------------------------------------|
|     | energy, even when you haven't been doing a lot?                 |
|     | No                                                              |
|     | Depends on situation                                            |
|     | Ves                                                             |

| D5. | In the last two weeks, have you talked or moved more slowly than is normal for you? |
|-----|-------------------------------------------------------------------------------------|
|     | No                                                                                  |
|     | Depends on situation                                                                |
|     | Yes                                                                                 |
|     | Does not know                                                                       |

| D6. | In the last two weeks, have you had to be moving some part of your body all the time – that is, you were so restless you couldn't sit still? |   |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------|---|
|     | No                                                                                                                                           | 0 |
|     | Depends on situation                                                                                                                         | 0 |
|     | Yes                                                                                                                                          | 1 |
|     | Does not know                                                                                                                                | ? |
|     |                                                                                                                                              |   |
|     |                                                                                                                                              |   |
| D7. | In the past two weeks, how frequently have you felt lacking in self-confidence or felt inadequate?                                           |   |
|     | Never                                                                                                                                        | 0 |
|     | Some of the time                                                                                                                             | 0 |
|     | Most of the time                                                                                                                             | 1 |
|     | All of the time                                                                                                                              | 1 |
|     | Does not know                                                                                                                                | ? |
|     |                                                                                                                                              |   |
|     |                                                                                                                                              |   |
| Now | ''d like to ask you about your thinking.                                                                                                     |   |
|     |                                                                                                                                              |   |
| D8. | In the last two weeks, has your thinking been much slower than usual?                                                                        |   |
|     | No                                                                                                                                           | 0 |
|     | Depends on situation                                                                                                                         | 0 |
|     | Yes                                                                                                                                          | 1 |
|     | Does not know                                                                                                                                | ? |
|     |                                                                                                                                              |   |
|     |                                                                                                                                              |   |
| D9. | In the last two weeks, have you had trouble concentrating?                                                                                   |   |
|     | No                                                                                                                                           | 0 |
|     | Depends on situation                                                                                                                         | 0 |
|     | Yes                                                                                                                                          | 1 |
|     | Does not know                                                                                                                                | ? |
|     |                                                                                                                                              |   |

D10. In the last two weeks, do your thoughts seem to get mixed up so that you cannot get them sorted out? No.....

0

0 1

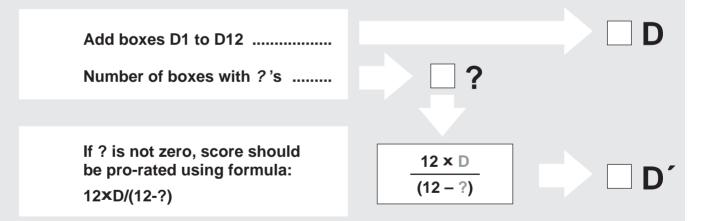
| D11. | In the last two weeks, have you had difficulty making decisions? |   |  |
|------|------------------------------------------------------------------|---|--|
|      | No                                                               | 0 |  |
|      | Depends on situation                                             | 0 |  |
|      | Yes                                                              | 1 |  |
|      | Does not know                                                    | ? |  |
|      |                                                                  |   |  |

As they get older, some people find their thoughts turning to death more than earlier in life.

D12. In the last two weeks, have you felt as if you wanted to die?

| No                   |  |
|----------------------|--|
| Depends on situation |  |
| Yes                  |  |
| Does not know        |  |

#### Now calculate PAS Depression Score (D)



### **Cognitive Impairment Scale**

Now let me ask you a few questions to check your concentration and your memory. Most of them will be easy.

I am going to name three objects. After I have said them I want you to repeat them. Remember what they are, because I am going to ask you to name them again in a few minutes.

"Apple" "Table" "Penny"

Could you repeat the three items for me?

Repeat objects until all three are learned. Stop after five unsuccessful attempts.

C1. *I am going to give you a piece of paper. Would you please write any complete sentence on that piece of paper for me?* 

If sentence is illegible, ask "*Could you read it for me?*", and copy sentence onto sheet.

Sentence should have a subject and a verb, and make sense. Spelling and grammatical errors are acceptable.

| <br>ng and grammatical cirors are acceptable. |
|-----------------------------------------------|
| Correct                                       |
| Incorrect or refusal                          |

Not asked (e.g. sensory or motor impairment) .....

0 1 ?

0 1 ?

0 1 ?

0 1 ?

C2. Now what were the three objects I asked you to remember?

Score 0 for each object remembered, 1 if an error is made because object is not mentioned or subject refuses. Order of recall is not important.

| Apple                                        |
|----------------------------------------------|
| Object not mentioned or subject refuses      |
| Not asked (e.g. sensory or motor impairment) |

| Table                                        |
|----------------------------------------------|
| Object not mentioned or subject refuses      |
| Not asked (e.g. sensory or motor impairment) |

| Penny                                        |
|----------------------------------------------|
| Object not mentioned or subject refuses      |
| Not asked (e.g. sensory or motor impairment) |

*Please listen carefully to the following name and address, then repeat it:* 

John Brown, 42 West Street, Kensington.

## Repeat address until learned. Stop after five unsuccessful attempts.

Please go on remembering this name and address and I will ask you about it later.

C3. I am now going to say the names of some people who were famous and I would like you to tell me who they were or why they were famous in the past.

## Score 0 for each person correctly identified, 1 if answer is incorrect or subject refuses.

0

1 ?

0

1 ?

0

1 ?

0

1 ?

| Joseph Stalin                                    |
|--------------------------------------------------|
| (Soviet, Russian, WWII leader, Communist leader) |
| Incorrectly identified or refused                |
| Not asked (e.g. sensory or motor impairment)     |

| Captain Cook                                 |
|----------------------------------------------|
| (explorer, sailor, navigator, discoverer)    |
| Incorrectly identified or refused            |
| Not asked (e.g. sensory or motor impairment) |

| Adolf Hitler                                 |
|----------------------------------------------|
| (German, Nazi, WWII leader)                  |
| Incorrectly identified or refused            |
| Not asked (e.g. sensory or motor impairment) |

| C4. | New Year's day falls on what date?     |
|-----|----------------------------------------|
|     | First of January/first day of new year |
|     | A wrong date, does not know, refusal   |
|     | Not asked                              |
|     |                                        |

## C5. What is the name and address I asked you to remember a short time ago?

Score 0 for each component remembered, 1 if a component is not mentioned or subject refuses. Order of recall is not important.

| John                                         |
|----------------------------------------------|
| Component not mentioned or subject refuses   |
| Not asked (e.g. sensory or motor impairment) |

0 1 ?

0 1 ?

0 1 ?

0 1 ?

0 1 ?

0 1 ?

| Brown                                        |
|----------------------------------------------|
| Component not mentioned or subject refuses   |
| Not asked (e.g. sensory or motor impairment) |

| 42                                           |
|----------------------------------------------|
| Component not mentioned or subject refuses   |
| Not asked (e.g. sensory or motor impairment) |

| West Street                                  |
|----------------------------------------------|
| Component not mentioned or subject refuses   |
| Not asked (e.g. sensory or motor impairment) |

| Kensington                                   |
|----------------------------------------------|
| Component not mentioned or subject refuses   |
| Not asked (e.g. sensory or motor impairment) |

#### C6. *Here is a drawing. Please make a copy of it here.*

Hand subject the paper with 2 five-sided figures and point to the space underneath it.

Correct if 2 five-sided figures intersect to make a four-sided figure.

| Correct                                      |
|----------------------------------------------|
| Incorrect or refusal                         |
| Not asked (e.g. sensory or motor impairment) |

| C7. | Read aloud th | he words on this | page and then       | do what it says. |
|-----|---------------|------------------|---------------------|------------------|
|     |               |                  | r not more than the |                  |

#### Hand subject the sheet with the words "close your eyes".

| Correct (subject closes eyes)                |
|----------------------------------------------|
| Incorrect or refusal                         |
| Not asked (e.g. sensory or motor impairment) |

0 1 ?

0 1 ?

0 1 ?

0 1

?

0 1 ?

0 1 ?

C8. Now, read aloud the words on this page and then do what it says.

## Hand subject the sheet with the words "cough hard".

| Correct (subject coughs)                     |
|----------------------------------------------|
| Incorrect or refusal                         |
| Not asked (e.g. sensory or motor impairment) |

#### C9. Tell me what objects you see in this picture?

#### Hand the four-object sheet to the subject.

#### Score 0 for each object identified, 1 if an object is not mentioned or subject refuses. Order of identification is not important.

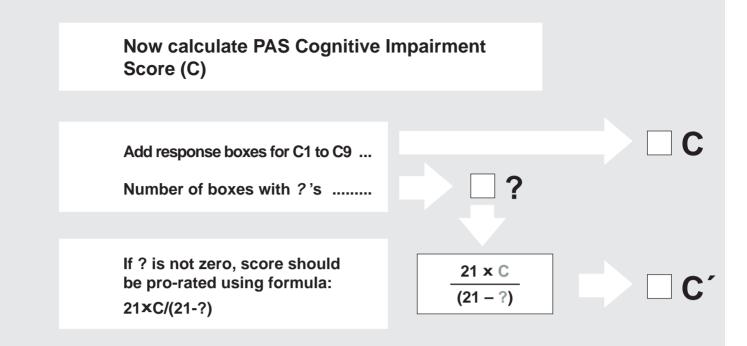
| Teapot, kettle                               |
|----------------------------------------------|
| Object not mentioned or subject refuses      |
| Not asked (e.g. sensory or motor impairment) |

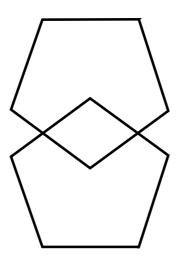
| Telephone (whole object, not just dial)      |
|----------------------------------------------|
| Object not mentioned or subject refuses      |
| Not asked (e.g. sensory or motor impairment) |

| Scissors                                     |
|----------------------------------------------|
| Object not mentioned or subject refuses      |
| Not asked (e.g. sensory or motor impairment) |

| Fork                                         |
|----------------------------------------------|
| Object not mentioned or subject refuses      |
| Not asked (e.g. sensory or motor impairment) |

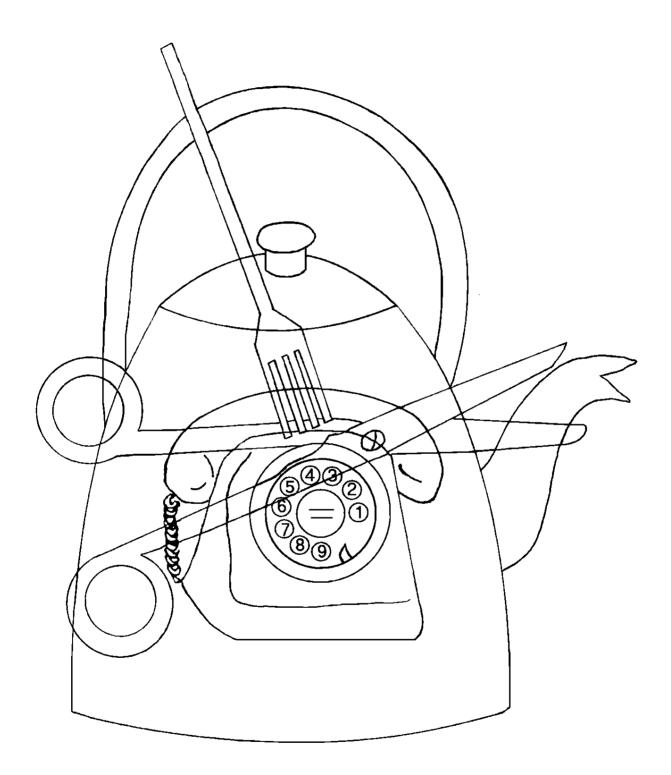
That brings us to the end of the interview. Thank you very much for your time.





# Close your eyes

## Cough hard



## The Psychogeriatric Assessment Scales

## Informant Interview

#### **Identification Information**

| 1. Subject's name or ID:      |      |        |
|-------------------------------|------|--------|
| 2. Date of interview:         |      |        |
| 3. Interviewer's name or ID:  |      |        |
| 4. Sex of informant (circle): | Male | Female |

I am going to ask you some questions about the medical history of **SUBJECT** and how s/he is managing.

In this interview, everybody is asked the same questions, so please bear with me if any of them seem odd or inappropriate.

Everything we discuss is confidential.

Let us begin with a few general questions.

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## **Background Information**

| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8 | What is your relationship to SUBJECT?         Spouse         Sibling         Sister/brother in-law         Daughter/son         Daughter/son in law         Friend         Nurse/professional carer (other than above)         Other | 1.  |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                                      | <i>How long have you known SUBJECT?</i><br>Length of time in years                                                                                                                                                                   | 2.  |
|                                      |                                                                                                                                                                                                                                      |     |
| 1<br>2<br>3<br>4<br>?                | How often do you see SUBJECT?<br>Lives with subject<br>Daily<br>More than once a week or weekly<br>Less than once a week<br>Does not know                                                                                            | 3.  |
|                                      |                                                                                                                                                                                                                                      |     |
|                                      | How old is SUBJECT?<br>Age in years                                                                                                                                                                                                  | 4.  |
|                                      |                                                                                                                                                                                                                                      |     |
| ?                                    | How old was SUBJECT when s/he left school? Age in years                                                                                                                                                                              |     |
| 0<br>1<br>?                          | than 12       problems learning to read or write?         n s/he left       No         pol, ask:       Yes         Does not know                                                                                                     | whe |

## Stroke Scale (Informant)

0 1 ?

0 1 ?

0 1 ?

0 1 ?

Has s/he ever had or been told that s/he had:

| IS1. | A stroke?     |
|------|---------------|
|      | No            |
|      | Yes           |
|      | Does not know |
|      |               |

| IS2. | A series of mini-strokes or transient ischaemic attacks (or TIAs)? |   |
|------|--------------------------------------------------------------------|---|
|      | No                                                                 | 0 |
|      | Yes                                                                | 1 |
|      | Does not know                                                      | ? |

#### Has s/he ever:

#### (Include present condition in recording responses.)

| IS3. | had a <u>sudden</u> weakness on one side which got better? |
|------|------------------------------------------------------------|
|      | No                                                         |
|      | Yes                                                        |
|      | Does not know                                              |

| IS4. | had a <u>sudden</u> severe difficulty with speaking? |
|------|------------------------------------------------------|
|      | No                                                   |
|      | Yes                                                  |
|      | Does not know                                        |

| IS5. | had a <u>sudden</u> severe difficulty with her/his vision? |
|------|------------------------------------------------------------|
|      | No                                                         |
|      | Yes                                                        |
|      | Does not know                                              |

| IS6 had a <u>sudden</u> severe difficulty with her/his memory?<br>No<br>Yes<br>Does not know |             |
|----------------------------------------------------------------------------------------------|-------------|
| Now calculate PAS (Informant) Stroke<br>Score (IS)                                           |             |
| Add boxes IS1 to IS6<br>Number of boxes with ?'s                                             | □ IS<br>] ? |
| If ? is not zero, score should<br>be pro-rated using formula:<br>6×IS/(6-?)                  |             |

### **Cognitive Decline Scale**

I would now like to ask you about some specific situations and whether **SUBJECT**'s memory has become any worse in these areas compared to earlier in life.

| CD1. | Has s/he recently had any difficulty finding her/his way<br>around familiar places when alone? (Where s/he lives, the<br>neighbourhood and shops, the homes of close friends<br>and relatives?)<br>No difficulty, or doesn't think so<br>Moderate or occasional difficulty<br>Severe, persistent, frequent difficulty<br>Bedridden, immobile<br>Does not know | 0<br>1<br>1<br>1<br>? |  |
|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|
|      |                                                                                                                                                                                                                                                                                                                                                               |                       |  |
| CD2. | Does SUBJECT have more trouble remembering things that<br>have happened recently?<br>No, not much worse<br>A bit worse<br>Yes, a lot worse<br>Does not know                                                                                                                                                                                                   | 0<br>1<br>1<br>?      |  |
|      |                                                                                                                                                                                                                                                                                                                                                               |                       |  |
| CD3. | Is SUBJECT worse at remembering where belongings<br>are kept?<br>No, not much worse<br>A bit worse<br>Yes, a lot worse<br>Does not know                                                                                                                                                                                                                       | 0<br>1<br>1<br>?      |  |
|      |                                                                                                                                                                                                                                                                                                                                                               |                       |  |
| CD4. | Does s/he have more trouble recalling conversations a few<br>days later?<br>No, not much worse<br>A bit worse<br>Yes, a lot worse<br>Does not know                                                                                                                                                                                                            | 0<br>1<br>1<br>?      |  |

| CD5. | Does s/he have more trouble remembering appointments and social arrangements? |
|------|-------------------------------------------------------------------------------|
|      | No, not much worse                                                            |
|      | A bit worse                                                                   |
|      | Yes, a lot worse                                                              |
|      | Does not know                                                                 |

?

| CD6. | Does s/he have more trouble recognising the faces of family and close friends even though s/he has reasonably good vision? |
|------|----------------------------------------------------------------------------------------------------------------------------|
|      | No, not much worse                                                                                                         |
|      | A bit worse                                                                                                                |
|      | Yes, a lot worse                                                                                                           |
|      | Does not know                                                                                                              |

| CD7. | Does s/he need help to handle her/his money and financial affairs (banking, paying bills, deciding how and where to spend money, or how to invest)? |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
|      | No, no difficulty                                                                                                                                   |
|      | Yes, but manages day-to-day purchases                                                                                                               |
|      | Yes, cannot manage finances or handle money                                                                                                         |
|      | Has never handled finances except for                                                                                                               |
|      | day-to-day purchases                                                                                                                                |
|      | Does not know                                                                                                                                       |

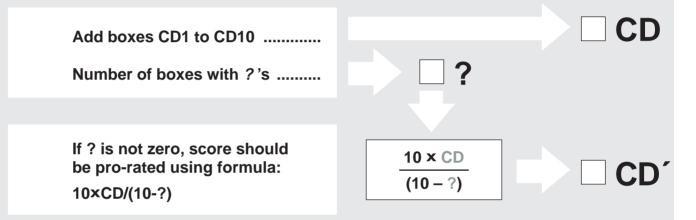
CD8. *Has SUBJECT had more trouble concentrating recently?* 

| No                   |
|----------------------|
| Depends on situation |
| Yes                  |
| Does not know        |

Does not know .....

| CD9. | Recently have her/his thoughts seemed more mixed up so that s/he cannot get them sorted out? |
|------|----------------------------------------------------------------------------------------------|
|      | s, he cannot get ment softed can.                                                            |
|      | No more than usual                                                                           |
|      | Depends on situation                                                                         |
|      | Yes                                                                                          |

| CD10 | <ul> <li>D. Recently, has SUBJECT had more difficulty<br/>making decisions?</li> <li>No more than usual (includes makes no decisions)<br/>Depends on situation</li></ul> | 0<br>0<br>1<br>? |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
|      |                                                                                                                                                                          |                  |
|      | Now calculate the PAS Cognitive Decline (CD)<br>Score                                                                                                                    |                  |



## **Behaviour Change Scale**

Here are some more questions concerning **SUBJECT**'s behaviour.

| B1.           | s SUBJECT lacking in initiative?           |  |
|---------------|--------------------------------------------|--|
|               | No                                         |  |
|               | Yes Is this a change from earlier?         |  |
|               | No                                         |  |
|               | Yes 1                                      |  |
|               | Does not know?                             |  |
|               | Does not know?                             |  |
|               |                                            |  |
|               |                                            |  |
| B2.           | s SUBJECT demanding and attention seeking? |  |
|               | No                                         |  |
|               | Yes Is this a change from earlier?         |  |
|               | No 0                                       |  |
|               | Yes 1                                      |  |
|               | Does not know??                            |  |
|               | Does not know?                             |  |
|               | Does not know                              |  |
|               |                                            |  |
| B3.           | s s/he overly emotional?                   |  |
| <b>D</b> 5. 1 | No                                         |  |
|               |                                            |  |
|               | Yes Is this a change from earlier?         |  |
|               | No                                         |  |
|               | Yes 1                                      |  |
|               | Does not know?                             |  |
|               | Does not know??                            |  |
|               |                                            |  |
|               |                                            |  |
| B4.           | Does s/he like mixing with others?         |  |
|               | Yes 0                                      |  |
|               | No Is this a change from earlier?          |  |
|               | No                                         |  |
|               | Yes 1                                      |  |
|               | Does not know?                             |  |
|               |                                            |  |
|               | Does not know??                            |  |
|               |                                            |  |

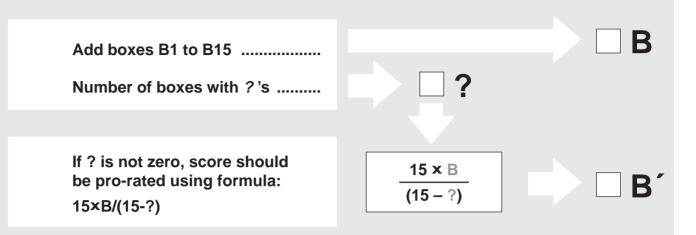
| B5. | Is s/he apathetic and withdrawn?<br>No                  | 0 |   |
|-----|---------------------------------------------------------|---|---|
|     | NO                                                      | U |   |
|     | Yes Is this a change from earlier?                      |   |   |
|     | No                                                      | 0 |   |
|     | Yes                                                     | 1 |   |
|     | Does not know                                           | ? |   |
|     |                                                         |   |   |
|     | Does not know                                           | ? |   |
|     |                                                         |   | L |
| DC  | 1 4 4 4 11 9                                            |   |   |
| B6. | Is s/he irritable?                                      | 0 |   |
|     | No                                                      | 0 |   |
|     | Yes Is this a change from earlier?                      |   |   |
|     | No                                                      | 0 |   |
|     | Yes                                                     | 1 |   |
|     | Does not know                                           | ? |   |
|     |                                                         |   |   |
|     | Does not know                                           | ? |   |
|     |                                                         |   |   |
|     |                                                         |   |   |
| B7. | Is s/he a person who's easy to get on with?             | 0 |   |
|     | Yes                                                     | 0 |   |
|     | No <i>Is this a change from earlier?</i>                |   |   |
|     | No                                                      | 0 |   |
|     | Yes                                                     | 1 |   |
|     | Does not know                                           | ? |   |
|     |                                                         |   |   |
|     | Does not know                                           | ? |   |
|     |                                                         |   | L |
| DO  |                                                         |   |   |
| B8. | Is s/he impatient and always wanting things right away? | 0 |   |
|     | No                                                      | 0 |   |
|     | Yes Is this a change from earlier?                      |   |   |
|     | No                                                      | 0 |   |
|     | Yes                                                     | 1 |   |
|     | Does not know                                           | ? |   |
|     |                                                         |   |   |
|     | Does not know                                           | ? |   |
|     |                                                         |   |   |

| B9.          | Is s/he suspicious of others?                                                                                                                                                                                                                                                                                    | 0                          |   |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---|
|              | No                                                                                                                                                                                                                                                                                                               | U                          |   |
|              | Yes Is this a change from earlier?                                                                                                                                                                                                                                                                               |                            |   |
|              | No                                                                                                                                                                                                                                                                                                               | 0                          |   |
|              | Yes                                                                                                                                                                                                                                                                                                              | 1                          |   |
|              | Does not know                                                                                                                                                                                                                                                                                                    | ?                          |   |
|              | Does not know                                                                                                                                                                                                                                                                                                    | ?                          |   |
|              | Does not know                                                                                                                                                                                                                                                                                                    | ÷                          |   |
|              |                                                                                                                                                                                                                                                                                                                  |                            | l |
| B10.         | Is s/he inflexible so that s/he won't change her/his ways even when it's necessary?                                                                                                                                                                                                                              |                            |   |
|              | No                                                                                                                                                                                                                                                                                                               | 0                          |   |
|              | Yes Is this a change from earlier?                                                                                                                                                                                                                                                                               |                            |   |
|              | No                                                                                                                                                                                                                                                                                                               | 0                          |   |
|              | Yes                                                                                                                                                                                                                                                                                                              | 1                          |   |
|              | Does not know                                                                                                                                                                                                                                                                                                    | ?                          |   |
|              |                                                                                                                                                                                                                                                                                                                  |                            |   |
|              | Does not know                                                                                                                                                                                                                                                                                                    | ?                          |   |
|              |                                                                                                                                                                                                                                                                                                                  |                            |   |
|              |                                                                                                                                                                                                                                                                                                                  |                            |   |
| B11.         | Is s/he cantankerous?                                                                                                                                                                                                                                                                                            |                            |   |
| B11.         | Is s/he cantankerous?                                                                                                                                                                                                                                                                                            | 0                          |   |
| B11.         | No                                                                                                                                                                                                                                                                                                               | 0                          |   |
| B11.         | No     Yes     Is this a change from earlier?                                                                                                                                                                                                                                                                    |                            |   |
| B11.         | No       Yes       Is this a change from earlier?       No                                                                                                                                                                                                                                                       | 0                          |   |
| B11.         | No     Yes     Is this a change from earlier?       No     Yes                                                                                                                                                                                                                                                   | 0<br>1                     |   |
| B11.         | No       Yes       Is this a change from earlier?       No                                                                                                                                                                                                                                                       | 0                          |   |
| B11.         | No     Yes     Is this a change from earlier?       No     Yes                                                                                                                                                                                                                                                   | 0<br>1                     |   |
| B11.         | Yes       Is this a change from earlier?         No                                                                                                                                                                                                                                                              | 0<br>1<br>?                |   |
|              | NoYes Is this a change from earlier?<br>NoYes<br>Does not know                                                                                                                                                                                                                                                   | 0<br>1<br>?                |   |
| B11.<br>B12. | No                                                                                                                                                                                                                                                                                                               | 0<br>1<br>?<br>?           |   |
|              | NoYes Is this a change from earlier?<br>NoYes<br>Does not know                                                                                                                                                                                                                                                   | 0<br>1<br>?                |   |
|              | No                                                                                                                                                                                                                                                                                                               | 0<br>1<br>?<br>?           |   |
|              | NoYes Is this a change from earlier?<br>NoYes<br>Does not know<br>Is s/he particularly sad in mood or depressed?<br>No                                                                                                                                                                                           | 0<br>1<br>?<br>?           |   |
|              | No                                                                                                                                                                                                                                                                                                               | 0<br>1<br>?<br>?           |   |
|              | No.       Yes       Is this a change from earlier?         No.       No.         Yes       Does not know         Does not know       Does not know         Is s/he particularly sad in mood or depressed?       No.         No.       Yes         Yes       Is this a change from earlier?         No.       No. | 0<br>1<br>?<br>?<br>0      |   |
|              | No                                                                                                                                                                                                                                                                                                               | 0<br>1<br>?<br>?<br>0<br>1 |   |

| B13.         | Does s/he keep her/himself looking reasonably clean and                                                   |  |
|--------------|-----------------------------------------------------------------------------------------------------------|--|
| <b>D</b> 101 | respectable without having to be reminded?                                                                |  |
|              | 105 V                                                                                                     |  |
|              | Only<br>sometimes Is this a recent change from what<br>s/he was like earlier in life?                     |  |
|              | No, needs 0                                                                                               |  |
|              | constant care Yes 1                                                                                       |  |
|              | Does not know??                                                                                           |  |
|              | Does not know??                                                                                           |  |
|              |                                                                                                           |  |
|              |                                                                                                           |  |
|              |                                                                                                           |  |
| B14.         | Does s/he tend to act without considering other                                                           |  |
|              | people's feelings?                                                                                        |  |
|              | No, or only rarely 0                                                                                      |  |
|              |                                                                                                           |  |
|              | Sometimes Has s/he always been like this?                                                                 |  |
|              | Most of the No, is worse now 1<br>time Ves                                                                |  |
|              |                                                                                                           |  |
|              | Does not know??                                                                                           |  |
|              | Does not know?                                                                                            |  |
|              |                                                                                                           |  |
|              |                                                                                                           |  |
|              |                                                                                                           |  |
| B15.         | Does s/he behave on social occassions or in public in a way                                               |  |
|              | which can make people embarrassed or upset?                                                               |  |
|              | Never, or only rarely 0                                                                                   |  |
|              | Occasionally Is this a recent change from what                                                            |  |
|              |                                                                                                           |  |
|              | Very often s/he was like earlier in life?                                                                 |  |
|              | Yes 1                                                                                                     |  |
|              |                                                                                                           |  |
|              | $\mathbf{D}_{\mathbf{r}}$ , $\mathbf{r}_{\mathbf{r}}$ $\mathbf{t}_{\mathbf{r}}$ $\mathbf{t}_{\mathbf{r}}$ |  |
|              | Does not know??                                                                                           |  |
|              | Does not know??                                                                                           |  |

That brings us to the end of the interview. Thank you very much for your time.

#### Now calculate the PAS Behaviour Change (B) Score



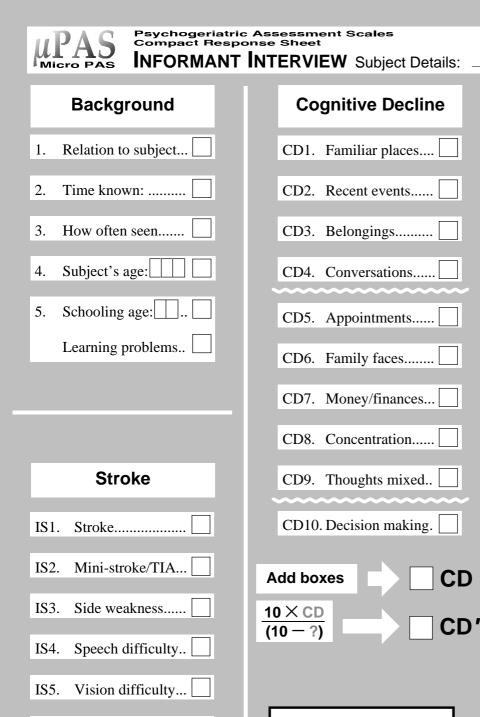
#### Informant's Name\_ Subject's Name\_\_\_\_\_ Subject's Age\_ Relationship to Subject\_ Date of Informant Interview\_ Date of Subject Interview\_ 100 3+ 11+ 9-10 8 6+ 6+ 4+ 8+ 2 5 3 4-5 7 6 2 3 4 7 5 90 6 1 3 4 5 1 80 Percentile Λ Rank in 2 Population 70 1 1 60 Median 0-1 0 0 0 0 0 or below Behaviour Stroke Depression Cognitive Stroke Cognitive Decline Impairment Change SUBJECT SCALES **INFORMANT SCALES**

#### **PSYCHOGERIATRIC ASSESSMENT SCALES: SUMMARY PROFILE**

| Micro PAS Psychogeriatric A<br>Compact Respon<br>SUBJECT INT                                                                                                    |                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| Background                                                                                                                                                      | Depression                                                                                                   |
| 1. Spell name                                                                                                                                                   | D1. Depressed/Sad                                                                                            |
| 2. Year born:                                                                                                                                                   | D2. Trouble sleeping.                                                                                        |
| 3. Age:                                                                                                                                                         | D3. Sleeping pills                                                                                           |
| 4. Country of birth                                                                                                                                             | D4. Worn out                                                                                                 |
|                                                                                                                                                                 | D5. Move slowly                                                                                              |
| Add boxes                                                                                                                                                       | D6. Restless                                                                                                 |
| If total is 1 or more, skip to Cognitive Impairment.                                                                                                            | D7. Lack confidence                                                                                          |
|                                                                                                                                                                 | D8. Thinking slow                                                                                            |
|                                                                                                                                                                 | D9. Concentration                                                                                            |
| Stroke                                                                                                                                                          | D10. Mixed up                                                                                                |
|                                                                                                                                                                 | D11. Decisions                                                                                               |
| S1. Stroke                                                                                                                                                      | D12. Want to die                                                                                             |
| S2. Mini-stroke/TIA                                                                                                                                             |                                                                                                              |
| S3. Side weakness                                                                                                                                               | Add boxes                                                                                                    |
| S4. Speech difficulty                                                                                                                                           | $\frac{12 \times D}{(12 - ?)} \square \square \square$                                                       |
| S5. Vision difficulty                                                                                                                                           | Question Scoring                                                                                             |
| S6. Memory difficulty                                                                                                                                           | For symptoms, generally                                                                                      |
| Add boxes S                                                                                                                                                     | score:<br>absence=0, present=1.                                                                              |
| $\frac{6 \times S}{(6-?)} \qquad \qquad$ | For test items, <i>generally:</i><br>incorrect=1, correct=0.                                                 |
|                                                                                                                                                                 | To administer the PAS<br>you must be familiar<br>with the specific scoring<br>instructions for each<br>item. |

| Cognitive<br>Impairment                  |                  |  |
|------------------------------------------|------------------|--|
| Maple, Table, Penny                      |                  |  |
| C1.                                      | Sentence         |  |
| C2.                                      | Apple            |  |
|                                          |                  |  |
|                                          | Penny            |  |
| IIII Ac                                  | ddressJohn Brown |  |
| C3.                                      | Chaplin          |  |
|                                          | Stalin           |  |
|                                          | Cook             |  |
| _                                        | Hitler           |  |
| C4.                                      | New Year         |  |
| C5.                                      | John             |  |
|                                          | Brown            |  |
|                                          | 42               |  |
|                                          | West St          |  |
| _                                        | Kensington       |  |
| C6.                                      | Copy figure      |  |
| C7.                                      | Close eyes       |  |
|                                          |                  |  |
| C8.                                      | Cough hard       |  |
| C9.                                      | Teapot           |  |
|                                          | Telephone        |  |
|                                          | Scissors         |  |
|                                          | Fork             |  |
| Add I                                    | Add boxes        |  |
| $\frac{21 \times C}{(21 - ?)} \square C$ |                  |  |

This form should only be used in conjunction with the Psychogeriatric Assessment Scales Interview



IS

IS'

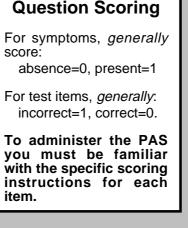
Memory difficulty

IS6.

Add boxes

 $6 \times IS$ 

(6 - ?)



|                          | Behaviour<br>Change |  |  |
|--------------------------|---------------------|--|--|
| <b>B</b> 1.              | Lacks initiative    |  |  |
| B2.                      | Demanding           |  |  |
| B3.                      | Emotional           |  |  |
| B4.                      | Mixing              |  |  |
| B5.                      | Apathetic           |  |  |
| B6.                      | Irritable           |  |  |
| B7.                      | Easy going          |  |  |
| B8.                      | Impatient           |  |  |
| B9.                      | Suspicious          |  |  |
| B10.                     | Inflexible          |  |  |
| B11.                     | Cantankerous        |  |  |
| B12.                     | Sad in mood         |  |  |
| B13.                     | Keeps clean         |  |  |
| B14.                     | Inconsiderate       |  |  |
| B15.                     | Embarrassing        |  |  |
| Add bo                   | Add boxes B         |  |  |
| <u>15 × E</u><br>(15 – 7 |                     |  |  |

This form should only be used in conjunction with the Psychogeriatric Assessment Scales Interview