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.
Background Information

1. *Please spell your last name (for me). And your first name?*
   
   Correctly spelled ............................................................  
   Cannot give both names correctly (one minor spelling error allowed), does not know ............................................

2. *What year were you born in?*
   
   Year ...............................................................  
   Does not know ............................................................

3. *So how old are you now?*
   
   Age in years ............................................................  
   Does not know ............................................................

4. *What country were you born in?*
   
   Country .........................................................  
   Does not know ............................................................

Add boxes

If total is 1 or more, skip to the Cognitive Impairment scale.
Stroke Scale (Subject)

Have you ever had or been told that you had:

S1. A stroke?
   No ...................................................................................
   Yes ..................................................................................
   Does not know .............................................................

S2. A series of mini-strokes or transient ischaemic attacks (or TIAs)?
   No ...................................................................................
   Yes ..................................................................................
   Does not know .............................................................

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

S3. ... had a sudden weakness on one side which got better?
   No ...................................................................................
   Yes ..................................................................................
   Does not know .............................................................

S4. ... had a sudden severe difficulty with speaking?
   No ...................................................................................
   Yes ..................................................................................
   Does not know .............................................................

S5. ... had a sudden severe difficulty with your vision?
   No ...................................................................................
   Yes ..................................................................................
   Does not know .............................................................
S6. **... had a sudden severe difficulty with your memory?**

- No .................................................................................................................
- Yes ............................................................................................................... 
- Does not know ..............................................................................................

Now calculate PAS Stroke Score (S)

Add boxes S1 to S6 ....................... 

Number of boxes with ?’s ............ 

If ? is not zero, score should be pro-rated using formula:

\[
\frac{6 \times S}{(6 - ?)}
\]
Depression Scale

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

D1. In the last two weeks, have you been feeling depressed or sad at all?

No .................................................................................................................
Depends on situation ...................................................................................
Yes ..............................................................................................................
Does not know ...........................................................................................

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

No .................................................................................................................
Depends on situation ...................................................................................
Yes ..............................................................................................................
Does not know ...........................................................................................

D3. 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 ...................................................................................
Yes ..............................................................................................................
Does not know ...........................................................................................

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 ...................................................................................
- Depends on situation ......................................................
- Yes ..................................................................................
- Does not know ............................................................

D7. *In the past two weeks, how frequently have you felt lacking in self-confidence or felt inadequate?*

- Never ..............................................................................
- Some of the time ...........................................................
- Most of the time ............................................................
- All of the time ................................................................
- Does not know ............................................................

*Now I’d like to ask you about your thinking.*

D8. *In the last two weeks, has your thinking been much slower than usual?*

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

D9. *In the last two weeks, have you had trouble concentrating?*

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

- No ...........................................................................................................
- Depends on situation .............................................................................
- 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 .......................................................................................................... 1
- Does not know ....................................................................................... ?

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

Add boxes D1 to D12  ...............  
Number of boxes with ?’s ...........

If ? is not zero, score should be pro-rated using formula:  
\[
\frac{12 \times D}{(12 - ?)}
\]
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.

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

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.

Charlie Chaplin ............................................................
(actor, comedian, film star, comic)
Incorrectly identified or refused.................................
Not asked (e.g. sensory or motor impairment) ..........

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) ..............

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 the words on this page and then do what it says.

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) .................

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.
Now calculate PAS Cognitive Impairment Score (C)

Add response boxes for C1 to C9 ...

Number of boxes with ‘?’s .........

If ‘?’ is not zero, score should be pro-rated using formula:

\[
\frac{21 \times C}{21 - ?}
\]
Close your eyes
Cough hard
### Identification Information

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Subject’s name or ID: ...............</td>
<td>_______________________________</td>
</tr>
<tr>
<td>2. Date of interview: ...................</td>
<td>_______________________________</td>
</tr>
<tr>
<td>3. Interviewer’s name or ID: ..........</td>
<td>_______________________________</td>
</tr>
<tr>
<td>4. Sex of informant (circle): ................</td>
<td>Male   Female</td>
</tr>
</tbody>
</table>

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*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.*
## Background Information

1. **What is your relationship to SUBJECT?**

   - Spouse ................................................................. 1
   - Sibling ..................................................................... 2
   - Sister/brother in-law .............................................. 3
   - Daughter/son ......................................................... 4
   - Daughter/son in-law ............................................... 5
   - Friend ....................................................................... 6
   - Nurse/professional carer (other than above) ............... 7
   - Other ........................................................................ 8

2. **How long have you known SUBJECT?**

   Length of time in years ............................................. [ ]

3. **How often do you see SUBJECT?**

   - Lives with subject ................................................... 1
   - Daily ......................................................................... 2
   - More than once a week or weekly ............................. 3
   - Less than once a week ............................................. 4
   - Does not know ........................................................... [ ]

4. **How old is SUBJECT?**

   Age in years ............................................................... [ ]

5. **How old was SUBJECT when s/he left school?**

   Age in years ............................................................... [ ]
   Does not know ........................................................... ?

   **If subject was less than 12 when s/he left school, ask:**

   **Did s/he have any particular problems learning to read or write?**
   - No ................................................................. 0
   - Yes ............................................................... 1
   - Does not know ................................................... [ ]
Stroke Scale (Informant)

**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 ...................................................................................
- Yes ..................................................................................
- Does not know ...............................................................

**Has s/he ever:**

(Include present condition in recording responses.)

**IS3. ... had a sudden weakness on one side which got better?**
- No ...................................................................................
- Yes ..................................................................................
- Does not know ...............................................................

**IS4. ... had a sudden severe difficulty with speaking?**
- No ...................................................................................
- Yes ..................................................................................
- Does not know ...............................................................

**IS5. ... had a sudden severe difficulty with her/his vision?**
- No ...................................................................................
- Yes ..................................................................................
- Does not know .............................................................
IS6. … had a **sudden** severe difficulty with her/his memory?

- No ......................................................................................................................
- Yes .......................................................................................................................
- Does not know ....................................................................................................

**Now calculate PAS (Informant) Stroke Score (IS)**

Add boxes IS1 to IS6 .......................  
Number of boxes with ?’s ..........  

If ? is not zero, score should be pro-rated using formula:  
6×IS/(6-?)

**0**  
1  
?  

**IS**  

**IS´**
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 around familiar places when alone? (Where s/he lives, the neighbourhood and shops, the homes of close friends and relatives?)

No difficulty, or doesn’t think so ..............................................
Moderate or occasional difficulty ..............................................
Severe, persistent, frequent difficulty ...........................................
Bedridden, immobile ...............................................................
Does not know .................................................................

CD2. Does SUBJECT have more trouble remembering things that have happened recently?

No, not much worse ...............................................................
A bit worse ...........................................................................
Yes, a lot worse .....................................................................
Does not know .................................................................

CD3. Is SUBJECT worse at remembering where belongings are kept?

No, not much worse ...............................................................
A bit worse ...........................................................................
Yes, a lot worse .....................................................................
Does not know .................................................................

CD4. Does s/he have more trouble recalling conversations a few days later?

No, not much worse ...............................................................
A bit worse ...........................................................................
Yes, a lot worse .....................................................................
Does not know .................................................................
<table>
<thead>
<tr>
<th>CD5.</th>
<th>Does s/he have more trouble remembering appointments and social arrangements?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, not much worse</td>
<td>.................................................................</td>
</tr>
<tr>
<td>A bit worse</td>
<td>.........................................................................</td>
</tr>
<tr>
<td>Yes, a lot worse</td>
<td>.........................................................................</td>
</tr>
<tr>
<td>Does not know</td>
<td>.........................................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CD6.</th>
<th>Does s/he have more trouble recognising the faces of family and close friends even though s/he has reasonably good vision?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, not much worse</td>
<td>.................................................................</td>
</tr>
<tr>
<td>A bit worse</td>
<td>.........................................................................</td>
</tr>
<tr>
<td>Yes, a lot worse</td>
<td>.........................................................................</td>
</tr>
<tr>
<td>Does not know</td>
<td>.........................................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CD7.</th>
<th>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)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, no difficulty</td>
<td>.........................................................................</td>
</tr>
<tr>
<td>Yes, but manages day-to-day purchases</td>
<td>.........................................................................</td>
</tr>
<tr>
<td>Yes, cannot manage finances or handle money</td>
<td>.........................................................................</td>
</tr>
<tr>
<td>Has never handled finances except for day-to-day purchases</td>
<td>.........................................................................</td>
</tr>
<tr>
<td>Does not know</td>
<td>.........................................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CD8.</th>
<th>Has SUBJECT had more trouble concentrating recently?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>.........................................................................</td>
</tr>
<tr>
<td>Depends on situation</td>
<td>.........................................................................</td>
</tr>
<tr>
<td>Yes</td>
<td>.........................................................................</td>
</tr>
<tr>
<td>Does not know</td>
<td>.........................................................................</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CD9.</th>
<th>Recently have her/his thoughts seemed more mixed up so that s/he cannot get them sorted out?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No more than usual</td>
<td>.........................................................................</td>
</tr>
<tr>
<td>Depends on situation</td>
<td>.........................................................................</td>
</tr>
<tr>
<td>Yes</td>
<td>.........................................................................</td>
</tr>
<tr>
<td>Does not know</td>
<td>.........................................................................</td>
</tr>
</tbody>
</table>
CD10. Recently, has SUBJECT had more difficulty making decisions?

- No more than usual (includes makes no decisions) ........
- Depends on situation ..............................................
- Yes ........................................................................
- Does not know ....................................................

Now calculate the PAS Cognitive Decline (CD) Score

Add boxes CD1 to CD10 ............

Number of boxes with ?’s ............

If ? is not zero, score should be pro-rated using formula:

\[ \frac{10 \times CD}{10 - ?} \]
Behaviour Change Scale

Here are some more questions concerning SUBJECT’s behaviour.

B1. Is SUBJECT lacking in initiative?
- No ...................................................................................
- Yes .................................................................
- Does not know ...........................................

B2. Is SUBJECT demanding and attention seeking?
- No ...................................................................................
- Yes .................................................................
- Does not know ...........................................

B3. Is s/he overly emotional?
- No ...................................................................................
- Yes .................................................................
- Does not know ...........................................

B4. Does s/he like mixing with others?
- Yes ...................................................................................
- No ...................................................................................
- Does not know ...........................................
**B5. Is s/he apathetic and withdrawn?**

- No ...................................................................................
- Yes ..................................................................................
  - Is this a change from earlier?
    - No..................................
    - Yes.................................
    - Does not know ..............
- Does not know ..............................................................

**B6. Is s/he irritable?**

- No ...................................................................................
- Yes ..................................................................................
  - Is this a change from earlier?
    - No..................................
    - Yes.................................
    - Does not know ..............
- Does not know ..............................................................

**B7. Is s/he a person who's easy to get on with?**

- Yes ..................................................................................
- No ..................................................................................
  - Is this a change from earlier?
    - No..................................
    - Yes..................................
    - Does not know ..............
- Does not know ..............................................................

**B8. Is s/he impatient and always wanting things right away?**

- No ..................................................................................
- Yes ..................................................................................
  - Is this a change from earlier?
    - No..................................
    - Yes..................................
    - Does not know ..............
- Does not know ..............................................................
### B9. **Is s/he suspicious of others?**

No...........................................................................................................

Yes ➔ **Is this a change from earlier?**

No.................................

Yes.................................

Does not know ..............

Does not know .................................................................

---

### B10. **Is s/he inflexible so that s/he won’t change her/his ways even when it’s necessary?**

No...........................................................................................................

Yes ➔ **Is this a change from earlier?**

No.................................

Yes.................................

Does not know ..............

Does not know .................................................................

---

### B11. **Is s/he cantankerous?**

No...........................................................................................................

Yes ➔ **Is this a change from earlier?**

No.................................

Yes.................................

Does not know ..............

Does not know .................................................................

---

### B12. **Is s/he particularly sad in mood or depressed?**

No...........................................................................................................

Yes ➔ **Is this a change from earlier?**

No.................................

Yes.................................

Does not know ..............

Does not know .................................................................
B13. Does s/he keep her/himself looking reasonably clean and respectable without having to be reminded?

Yes ..................................................................................

Only sometimes

No, needs constant care

Is this a recent change from what s/he was like earlier in life?

No..........................

Yes..........................

Does not know ...............

Does not know .................................................................

B14. Does s/he tend to act without considering other people’s feelings?

No, or only rarely ...........................................................

Sometimes

Most of the time

Has s/he always been like this?

No, is worse now ...........

Yes..........................

Does not know ...............

Does not know .................................................................

B15. Does s/he behave on social occasions or in public in a way which can make people embarrassed or upset?

Never, or only rarely ......................................................

Occasionally

Very often

Is this a recent change from what s/he was like earlier in life?

No..........................

Yes..........................

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

Add boxes B1 to B15 .................

Number of boxes with ?’s ...........

If ? is not zero, score should be pro-rated using formula:

$$\frac{15 \times B}{(15 - ?)}$$
PSYCHOGERIATRIC ASSESSMENT SCALES: SUMMARY PROFILE

Subject’s Name____________________ Informant’s Name____________________
Subject’s Age______ Relationship to Subject_____________
Date of Subject Interview__________ Date of Informant Interview__________

Percentile Rank in Population

Median or below

Stroke Depression Cognitive Impairment Stroke Cognitive Decline Behaviour Change

SUBJECT SCALES INFORMANT SCALES
**Background**

1. Spell name
2. Year born
3. Age
4. Country of birth

**Depression**

D1. Depressed/Sad
D2. Trouble sleeping
D3. Sleeping pills
D4. Worn out
D5. Move slowly
D6. Restless
D7. Lack confidence
D8. Thinking slow
D9. Concentration
D10. Mixed up
D11. Decisions
D12. Want to die

**Stroke**

S1. Stroke
S2. Mini-stroke/TIA
S3. Side weakness
S4. Speech difficulty
S5. Vision difficulty
S6. Memory difficulty

**Cognitive Impairment**

C1. Sentence
C2. Apple, Table, Penny
C3. Chaplin, Stalin, Cook, Hitler
C4. New Year
C5. John Brown
C6. Copy figure
C7. Close eyes
C8. Cough hard
C9. Teapot, Telephone, Scissors, Fork

**Question Scoring**

For symptoms, generally score:
- absence=0, present=1.

For test items, generally:
- incorrect=1, correct=0.

To administer the PAS you must be familiar with the specific scoring instructions for each item.

**Subject Details**

Add boxes

If total is 1 or more, skip to Cognitive Impairment.

Add boxes

**D**

12 \times D

\[ 12 - ? \]

**D’**

Add boxes

6 \times S

\[ 6 - ? \]

**S**

**S’**

Add boxes

21 \times C

\[ 21 - ? \]

**C**

**C’**

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

1. Relation to subject...
2. Time known: ..........
3. How often seen: .......
4. Subject’s age: [ ] [ ] [ ]
5. Schooling age: [ ] [ ] Learning problems:

### Cognitive Decline

CD1. Familiar places?
CD2. Recent events
CD3. Belongings
CD4. Conversations
CD5. Appointments
CD6. Family faces
CD7. Money/finances
CD8. Concentration
CD9. Thoughts mixed
CD10. Decision making

### Stroke

IS1. Stroke
IS2. Mini-stroke/TIA
IS3. Side weakness
IS4. Speech difficulty
IS5. Vision difficulty
IS6. Memory difficulty

### Behaviour Change

B1. 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

### Question Scoring

For symptoms, generally score: absence=0, present=1
For test items, generally: incorrect=1, correct=0.

To administer the PAS you must be familiar with the specific scoring instructions for each item.

### Add boxes

CD: \( \frac{10 \times CD}{10 - ?} \)

IS: \( \frac{6 \times IS}{6 - ?} \)

B: \( \frac{15 \times B}{15 - ?} \)

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