

HABC Caregiver Monitor Script

Revised 06/27/23

Hello. My name is _____ and I am a [specify role] with the Aging Brain Care Program. I would like to ask you some questions about your [specify name or relationship]'s memory, mood, behaviors and daily activities. Specifically I will be asking how often over the past two weeks [specify name] has had a problem with certain symptoms. I will also be asking you a few questions about your own health.

When considering your response to each question, please keep in mind these 3 things:

First - Your response should be your first reaction. Your gut instinct is more important than having actual evidence of a problem with any symptom.

Second - There are no formal definitions for the symptoms. In general, whatever the term means to you is a reasonable and acceptable definition.

Finally - and this is very important – we have a very specific definition for the word “problem” in these questions:

A problem occurs only when [specify name] has difficulty with the symptom **AND** he/she is distressed by that; **OR** when [specify name] has difficulty with the symptom AND **you** are distressed by that.

For example, suppose [specify name] is unable to do household chores, but you have hired someone to do the housework **AND** both you and [specify name] are comfortable with that arrangement. In this case, [specify name's] inability to do household chores would **not** be considered a problem – but what if you were able to hire a housekeeper, but [specify name] did not like the person you hired and became agitated whenever the housekeeper was there? Then [specify name's] inability to do household chores **would be** considered a problem because it is causing either you or [specify name] distress. Do you have any questions about the meaning of “problems”?

Here is a copy of the possible responses for each question. [Hand the caregiver the response card].

I'll be asking you to rate the frequency of any problem over the past 2 weeks using a scale of:

- Not at all (0-1 day)
- Several days (2-6 days)
- More than half the days (7-11 days)
- Nearly every day (12-14 days)

Do you have any questions?

Let's begin.

1. Over the **past two weeks**, how **often** did your loved one have **problems** with judgement or decision making and caused you or your loved one stress?
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
2. Over the **past two weeks**, how **often** did your loved one have **problems** with repeating the same thing over and over such as questions or stories and caused you or your loved one stress?
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
3. Over the **past two weeks**, how **often** did your loved one have **problems** with forgetting the correct month or year and caused you or your loved one stress?
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
4. Over the **past two weeks**, how **often** did your loved ones have **problems** with handling complicated financial affairs such as balancing checkbook, income taxes and paying bills and caused you or your loved one stress?
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
5. Over the **past two weeks**, how **often** did your loved one have **problems** with remembering appointments and caused you or your loved one stress?
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
6. Over the **past two weeks**, how **often** did your loved one have **problems** with thinking or memory and caused you or your loved one stress?
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
7. Over the **past two weeks**, how **often** did your loved on have **problems** with learning how to use a new tool, appliance or gadget and caused you or your loved one stress?
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday

8. Over the **past two weeks**, how **often** did your loved one have **problems** with planning, preparing or serving meals and caused you or your loved one stress?
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
9. Over the **past two weeks**, how **often** did your loved one have **problems** taking medication in the right dose at the right time and caused you or your loved one stress?
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
10. Over the **past two weeks**, how **often** did your loved one have **problems** with walking or physical ambulation and caused you or your loved one stress?
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
11. Over the **past two weeks**, how **often** did your loved one have **problems** with bathing and caused you or your loved one stress?
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
12. Over the **past two weeks**, how **often** did your loved one have **problems** with shopping for personal items like groceries and caused you or your loved one stress?
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
13. Over the **past two weeks**, how **often** did your loved one have **problems** with housework or household chores and caused you or your loved one stress?
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
14. Over the **past two weeks**, how **often** did your loved one have **problems** with leaving him/her alone and caused you or your loved one stress?
 - a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
15. Over the **past two weeks**, how **often** did your loved one have **problems** with his/her safety and caused you or your loved one stress?
 - a. Not at all
 - b. Several days

- c. More than half the days
 - d. Nearly everyday
16. Over the **past two weeks**, how **often** did your loved one have **problems** with his/her quality of life and caused you or your loved one stress?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
17. Over the **past two weeks**, how **often** did your loved one have **problems** with falling or tripping and caused you or your loved one stress?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
18. Over the **past two weeks**, how **often** did your loved one have **problems** with less interest or pleasure in doing things and caused you or your loved one stress?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
19. Over the **past two weeks**, how **often** did your loved one have **problems** with feeling down depressed or hopeless and caused you or your loved one stress?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
20. Over the **past two weeks**, how **often** did your loved one have **problems** with being stubborn, agitated, aggressive or resistive to help from others and caused you or your loved one stress?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
21. Over the **past two weeks**, how **often** did your loved one have **problems** with feeling anxious, nervous, tense, fearful or panic and caused you or your loved one stress?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
22. Over the **past two weeks**, how **often** did your loved one have **problems** with believing others are stealing from them or planning to harm them and caused you or your loved one stress?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday

23. Over the **past two weeks**, how **often** did your loved one have **problems** with hearing voices, seeing or talking to people who are not there and caused you or your loved one stress?
- Not at all
 - Several days
 - More than half the days
 - Nearly everyday
24. Over the **past two weeks**, how **often** did your loved one have **problems** with poor appetite or overeating and caused you or your loved one stress?
- Not at all
 - Several days
 - More than half the days
 - Nearly everyday
25. Over the **past two weeks**, how **often** did your loved one have **problems** with falling asleep, staying asleep or sleeping too much and caused you or your loved one stress?
- Not at all
 - Several days
 - More than half the days
 - Nearly everyday
26. Over the **past two weeks**, how **often** did your loved one have **problems** with acting impulsively, without thinking through the consequences of his/her actions and caused you or your loved one stress?
- Not at all
 - Several days
 - More than half the days
 - Nearly everyday
27. Over the **past two weeks**, how **often** did your loved one have **problems** with wandering, pacing, or doing things repeatedly and caused you or your loved one stress?
- Not at all
 - Several days
 - More than half the days
 - Nearly everyday
28. Over the **past two weeks**, how **often** did you have **problems** with your quality of life and caused you or your loved one stress?
- Not at all
 - Several days
 - More than half the days
 - Nearly everyday
29. Over the **past two weeks**, how **often** did you have **problems** with your financial future and caused you or your loved one stress?
- Not at all
 - Several days
 - More than half the days
 - Nearly everyday
30. Over the **past two weeks**, how **often** did you have **problems** with your mental health and caused you or your loved one stress?

- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday
31. Over the **past two weeks**, how **often** did you have **problems** with your physical health and caused you or your loved one stress?
- a. Not at all
 - b. Several days
 - c. More than half the days
 - d. Nearly everyday