PERCEPTIONS REGARDING INVESTIGATIONAL SCREENING FOR MEMORY IN PRIMARY CARE

"The PRISM-PC Questionnaire Version II"

Please choose one answer to each of the following questions.

A. PRIOR EXPERIENCE WITH ALZHEIMER'S DISEASE

1. Do any relatives or close friends of yours have or have they had Alzheimer's disease?

	□ Yes	□ No			
2. Do you believe that you are at higher risk of getting Alzheimer's disease than oth in your age group?					
	□ Yes	□ No			
3.	Do you think that you have mo	ore problems with memory that	n others your age?		
	□ Yes	🗆 No			
4.	Have you ever been told by yo	ur doctor that you have a prob	lem with your memory?		
	□ Yes	□ No			
5.	Are you taking any medications to help with your memory?				
	□ Yes	□ No			
<u>Ple</u>	ase let me know if you agree o	r disagree with the following s	statements.		
B.	ACCEPTANCE OF SCREEN	NING FOR ALZHEIMER'S	DISEASE		
6.	I would like to know if I am at	higher risk than others for dev	veloping Alzheimer's disease.		

- 6. I μ \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree
- 7. I would like to know if I have Alzheimer's disease.

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

8. I would like to be tested for the presence of Alzheimer's disease on a regular basis with a short questionnaire.

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

9. I would like to be tested for the presence of Alzheimer's disease on a regular basis with a blood sample.

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

10. I would like to be tested for the presence of Alzheimer's disease on a regular basis with pictures of my head or brain (CT-scan or MRI).

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

11. I would like a doctor to examine me every year to know if I have developed Alzheimer's disease.

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

C. ACCEPTANCE OF SCREENING FOR OTHER CONDITIONS

- 12. I would like a doctor to examine me every year to know if I have developed colon cancer.
 □ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree
- 13. I would like a doctor to examine me every year to know if I have developed depression.
 □ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree

D. BENEFIT

- 14. I do not believe that treatment for Alzheimer's disease is currently available.
 □ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree
- 15. I believe that early detection of Alzheimer's disease increases the chance to treat the disease better.

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

16. If I knew that I had Alzheimer's disease earlier, my family would have a better chance to take care of me.

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

17. If I found out early that I had Alzheimer's disease, I would have more time to plan my future.

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

18. If I found out early that I had Alzheimer's disease, I would have more time to talk with my family about my health care.

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

19. If I found out early that I had Alzheimer's disease, I would have more time to talk with my family about my finances.

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

20. If I found out early that I had Alzheimer's disease, I would sign my advance directive or my living-will.

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

21. If I knew that I had Alzheimer's disease earlier, I would be motivated to have a healthier lifestyle.

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

22. If I knew that I had Alzheimer's disease earlier, I would be more willing to participate in research about this disease.

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

E. STIGMA

23. If I had Alzheimer's disease, I would not want my family to know.

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

24. If I had Alzheimer's disease, I would feel humiliated by my family members and/or others who would treat me poorly or laugh at me.

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

- 25. If I had Alzheimer's disease, I would no longer be taken seriously.
 □ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree
- 26. If I had Alzheimer's disease, I would be considered stupid and unable to do things.
 □ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree
- 27. If I knew that I had Alzheimer's disease, I would be ashamed or embarrassed.
 □ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree
- 28. If I knew that I had Alzheimer's disease, I would give up on life.
 □ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree

29. If I had Alzheimer's disease, my doctor would not provide the best care for my other medical problems.

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

30. If I had Alzheimer's disease, my doctor and other health professionals would not listen to me.

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

31. If I had Alzheimer's disease, I would be concerned that my health insurance company would find out.

 \Box Strongly agree \Box Agree \Box I don't know \Box Disagree \Box Strongly disagree

32. If I had Alzheimer's disease, I would be concerned that my employer would find out.
□ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree

F. IMPACT ON INDEPENDENCE

- 33. If I had Alzheimer's disease, I would not be able to get health insurance.
 □ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree
- 34. If I had Alzheimer's disease, I would not be able to get life insurance.
 □ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree
- 35. If I had Alzheimer's disease, I would not be able to get long-term care insurance.
 □ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree
- 36. If I had Alzheimer's disease, I would lose my home.
 □ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree
- 37. If I had Alzheimer's disease, I would be living in a nursing home.
 □ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree
- 38. If I had Alzheimer's disease, I would lose my driver's license and other privileges.
 □ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree

G. SUFFERING

39. If I had Alzheimer's disease, my family would suffer financially.
□ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree

40. If I had Alzheimer's disease, my family would suffer emotionally.
□ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree

- 41. If I knew that I had Alzheimer's disease, I would be depressed.
 □ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree
- 42. If I knew that I had Alzheimer's disease, I would be anxious.
 □ Strongly agree □ Agree □ I don't know □ Disagree □ Strongly disagree

H. DEMOGRAPHICS

44. What is your date of birth?

	///Y	<u>Y</u> <u>Y</u> <u>Y</u>				
45.	Are you?					
	□ Female	□ Male				
46.	Are you?					
	□ White	□ Black	□ Hispanic	\Box Asian		
	□ Other					
47.	What is the highest level of education you completed?					
48.	What is your current marital status?					
	□ Married	□ Widowed	□ Divorced	\Box Never married		
49.	Do any other people live with you in your house or apartment?					
	□ Yes	□ No				
50.	Including income from all sources such as wages, Social Security, pensions, and any other income, what was your total household income last year before taxes or other deductions?					
	\Box Less than \$5,000	□ \$5,000-\$10),000	⊐ \$10,000 -\$20,000		
	□ \$20,000-\$30,000	□ \$30,000-\$4	40,000	□ \$40,000-\$50,000		
	□ \$50,000-\$80,000	□ \$80,000-\$1	.00,000	☐ More than \$100,000		