Family Questionnaire

We are trying to improve the care of older adults. Some older adults develop problems with memory or the ability to think clearly. When this occurs, it may not come to the attention of the physician. Family members or friends of an older person may be aware of problems that should prompt further evaluation by the physician. Please answer the following questions. This information will help us to provide better care for your family member.

following?			nave problems with	any of the
Please circle the answ	ver.			
1. Repeating or asking Not at all	g the same thing Sometimes		Does not apply	
2. Remembering appo	intments, family	y occasions, holic	lays?	
Not at all	Sometimes	Frequently	Does not apply	
3. Writing checks, pay	ing bills, baland	cing the checkbo	ok?	
Not at all	Sometimes	•	Does not apply	
4. Shopping independent Not at all			ies)? Does not apply	
5. Taking medications	according to in	structions?		
Not at all	Sometimes	Frequently	Does not apply	
6. Getting lost while v Not at all	valking or drivir Sometimes	•	ces? Does not apply	
Relationship to patien (spouse, son, daughter, b		indchild, friend, etc	·.)	

This information will be given to the patient's primary care provider. If any additional testing is appropriate, he or she will let you know. Thank you for your help.

Use of the Family Questionnaire

The Family Questionnaire is designed to help us identify patients with memory problems that might otherwise go unnoticed. It consists of five simple questions. A family member or friend of the patient can complete the questionnaire in less than a minute.

When to Use the Family Questionnaire

- If the patient has no prior diagnosis of dementia
- If the patient is aged 65 or older
- If the patient comes to the clinic in the company of a family member or friend
- If the questionnaire has not been completed in the past year

We encourage the use of the Family Questionnaire for *all* patients who meet *all* of these criteria.

How to Use the Family Questionnaire

First, find out if a family member or friend has come in with the patient.

When you are checking vital signs and collecting other screening information, tell the patient you have a brief questionnaire for his or her family member or friend that will help us find out if the patient has trouble remembering or thinking clearly. Explain that these symptoms may not come to our attention unless we ask about them and that the information will help us take better care of the patient. Show the questionnaire to the patient if he or she asks to see it. Be sure the patient consents, then present the questionnaire to the family member or friend.

Use the information on the questionnaire itself when you explain it to the family member. Ask the family member to return it to you once it is complete; score the questionnaire, and attach it to the patient's chart.

Scoring:

Not at all = 0

Sometimes = 1

Frequently = 2

Score Interpretation: A score of 3 or more should prompt the consideration of a more detailed evaluation.

Experience from the CCN/AD Initiative Sites

Although some staff at CCN/AD sites were concerned that patients might become upset when their family members or friends were asked to complete the Family Questionnaire, this problem did not occur at any of our sites.

This tool was developed by the Care Management Advisory Group of the Chronic Care Networks for Alzheimer's Disease initiative and is the joint property of the National Chronic Care Consortium and the Alzheimer's Association. The primary authors are Alan Lazaroff, M.D., and Judith Dolloff, L.C.S.W. Duplication for educational and clinical purposes is authorized without prior written approval if acknowledgment is given to the National Chronic Care Consortium and the Alzheimer's Association as the source. Notification of use and suggestions for improvement are appreciated. Contact the National Chronic Care Consortium, 8100 26th Avenue South, Suite 120, Bloomington, MN 55425. Revised June 2003 ©1998 National Chronic Care Consortium and the Alzheimer's Association