aibl **Follow-up questionnaire ID** ☐☐☐☐ **Initials** ☐☐ **Ax** _____

Demographic Information

Please complete the following questions by circling the appropriate number.

Your responses will be kept strictly confidential

Marital status (current) 1 Single 2 Married 3 Divorced 4 Separated 5 Widowed 6 Cohabiting	**Are you now retired** 1 Yes 2 No
What is your primary source of income? 1 Government pension or benefit 2 Superannuation (including annuities, interest etc.) 3 Private business or rental of property 4 Salary/Wage 5 Other (please specify)_____	**What are your present living arrangements?** 1 Own or rented home with spouse/others 2 Own (or rented) home alone 3 Residential Hostel 4 Home of relative 5 Other (specify)_____
Do you belong to any of the following community organisations? 1 Rotary 2 Probus 3 RSL 4 Senior citizens club 5 Bowling club/sporting club 6 Other (specify)_____	**Do you own any pets?** 1 Yes 2 No If yes, please specify _____ _____

Have you had any changes in your living arrangements? If yes, please specify

_____

_____

_____

Personal History

Do you currently have/have a history of the following? If so, when did you develop this condition?

	Y/N	Diagnosed when?	Details (e.g. kind, severity, treatment)
High blood pressure (hypertension)			
High cholesterol			
Angina			
Atrial fibrillation			
Heart attack			
Stroke			
Diabetes			
Visual defects (e.g. short-sightedness, cataracts)			
Visual colour deficiency			
Cancer			
History of falls			
Thyroid/parathyroid disease			
Gastric complaints			
Arthritis			
Kidney disease			
Liver disease			
Joint replacement			
Epilepsy			
Serious head injury			
Neurological disorders			
Depression			
Anxiety			
Psychiatric disorders			
Parkinson's Disease			
Transient Ischemic Attack (TIA) or "mini stroke"			
History of anaesthetics			
Sleep disorder (e.g. OSA, REM sleep disorder)			
Covid-19			
Other (please detail)			

Medications

Do you currently take any medications (including non-prescription; i.e. herbal supplements, vitamins etc.)? If yes, what are you taking and at what dosage?

Name of medication	Dose (e.g., 50mg)	Frequency (e.g. 1/day)	How long have you been taking this?	For what condition are you taking this medication?

Clinical Trials

Have you ever been or are you now involved in a clinical trial of treatment for, or prevention of, memory impairment, dementia or Alzheimer's disease?

YES/NO

If yes, is this or was this a trial of (please tick):

i) a pill, drug or injected vaccine?
ii) exercise?
iii) a memory or cognitive training intervention?

Please indicate where the trial was conducted and if possible, the name of the trial:

_____

Smoking and Alcohol Consumption

Did you commence smoking in the last 18 months? **YES/NO**

Did you cease smoking in the last 18 months? **YES/NO**

<u>If you are a smoker, how much do you smoke of the following on average?</u>

Cigarettes/day _____; cigars/day _____; loose tobacco/day _____; pipe/day _____

<u>Currently, how much alcohol do you generally drink?</u>

Beer _____ per day _____ per week; Wine _____ per day _____ per week;

Spirits _____ per day _____ per week

GDS

These questions are about how you have been feeling within yourself over the last week, including today. Please circle "yes" or "no" for each question.

1	Are you basically satisfied with your life?	Yes	No
2	Have you dropped many of your activities or interests lately?	Yes	No
3	Do you feel that your life is empty?	Yes	No
4	Do you often get bored?	Yes	No
5	Are you in good spirits most of the time?	Yes	No
6	Are you afraid that something bad is going to happen to you?	Yes	No
7	Do you feel happy most of the time?	Yes	No
8	Do you often feel helpless?	Yes	No
9	Do you prefer to stay at home rather than go out and do new things?	Yes	No
10	Do you feel that you have more problems with memory than most?	Yes	No
11	Do you think it is wonderful to be alive now?	Yes	No
12	Do you feel pretty worthless the way you are now?	Yes	No
13	Do you feel full of energy?	Yes	No
14	Do you feel that your situation is hopeless?	Yes	No
15	Do you think that most people are better off than you are?	Yes	No
Total Score (Office use only):			

Memory

These questions are about how you feel in general regarding your memory.

1. Do you have any difficulty with your memory? **YES/NO**
2. Do you feel that you memory is worse than it should be for your age? **YES/NO**

Illness

Have you had any recent illness? **YES/NO**

If yes, please specify _____

_____

_____

aibl **Follow-up questionnaire ID** ☐☐☐☐ **Initials** ☐☐ **Ax** _____

HADS

Read each item below and underline the reply which comes closest to how you have been feeling in the past week. Don't take too long over your replies, your immediate reaction to each item will probably be more accurate than a long, thought-out response.

A D

I feel tense or 'wound up'
3 Most of the time
2 A lot of the time
1 From time to time, occasionally
0 Not at all

I still enjoy the things I used to enjoy
0 Definitely as much
1 Not quite so much
2 Only a little
3 Hardly at all

I get a sort of frightened feeling as if something awful is about to happen
3 Very definitely and quite badly
2 Yes, but not too badly
1 A little, but it doesn't worry me
0 Not at all

I can laugh and see the funny side of things
0 As much as I always could
1 Not quite so much now
2 Definitely not so much now
3 Not at all

Worrying thoughts go through my mind
3 A great deal of the time
2 A lot of the time
1 Not too often
0 Very little

I feel cheerful
3 Never
2 Not often
1 Sometimes
0 Most of the time

I can sit at ease and feel relaxed
0 Definitely
1 Usually
2 Not often
3 Not at all

A D

I feel as if I am slowed down
3 Nearly all the time
2 Very often
1 Sometimes
0 Not at all

I get a sort of frightened feeling like 'butterflies' in the stomach
0 Not at all
1 Occasionally
2 Quite often
3 Very often

I have lost interest in my appearance
3 Definitely
2 I don't take as much care as I should
1 I may not take quite as much care
0 I take just as much care as ever

I feel restless as if I have to be on the move
3 Very much indeed
2 Quite a lot
1 Not very much
0 Not at all

I look forward with enjoyment to things
0 As much as I ever did
1 Rather less than I used to
2 Definitely less than I used to
3 Hardly at all

I get sudden feelings of panic
3 Very often indeed
2 Quite often
1 Not very often
0 Not at all

I can enjoy a good book or radio or television programme
0 Often
1 Sometimes
2 Not often
3 Very seldom

A D
Total ☐☐