

Appendix 6: Caregiver monitoring sheet

		Baseline	Follow-up #1	Follow-up #2
1. Memory	Forgetfulness of names, events, instructions, activities	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Communication	Recognition of questions, stories and requests	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Orientation	Orientation to time and place	Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. Interactiveness	Attention, ability to focus (e.g., TV)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Alertness: being present or tuned in	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Social connectedness: interest in people, participation in discussions	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Initiative: taking part or starting up activities	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Overall: more like his/herself	Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. Function				
ADL: Personal/basic	Bathing: initiating, using taps and shower	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Hygiene, grooming	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Dressing: choosing what to wear and changing	Yes <input type="checkbox"/> No <input type="checkbox"/>		
IADL: Household tasks	Using telephone	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Preparing meals or snacks	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Handling mail	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Shopping	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Finances: Handling money	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Using appliances	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Hobbies and leisure	Playing cards, sewing, knitting	Yes <input type="checkbox"/> No <input type="checkbox"/>		
4. Behaviour	Apathy, lack of interest, withdrawal	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Anxiety, nervousness	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Irritability, anger	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Agitation, restlessness, pacing	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Depression, sadness, emotional outbursts	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Hallucinations, delusions, paranoia	Yes <input type="checkbox"/> No <input type="checkbox"/>		
5. Caregiver impressions	Overall status			
	Level of caregiver burden or need			
	Level of caregiver stress			
6. MMSE	Score out of 30	/30	/30	/30

Adapted from: Caregiver Monitoring Sheet for Effect of AchEIs with permission from Dr. William Dalziel, Chief, Regional Geriatric Assessment Program, Ottawa Hospital, Civic Campus; Associated Professor, Department of Medicine, University of Ottawa.

