



Form A2: Co-participant Demographics

In-person Remote Not completed _____ (Reason not completed: 94=No co-participant, 95=Physical problem, 96=Cognitive/behavioral problem, 97=Other, 98=Verbal refusal)

ADRC name: _____ Participant ID: _____ Form date: ____ / ____ / ____

Visit #: _____ Examiner's initials: _____ Language: English Spanish

INSTRUCTIONS: This form is to be completed by intake interviewer based on co-participant's report. This form should not be provided directly to the co-participant. For additional clarification and examples, see the **UDS Coding Guidebook for Initial Visit Packet, Form A2**. Check only one box per question.

Section 1 — Co-participant's Relationship to Participant

1.	What is the co-participant's relationship to the participant?	<input type="checkbox"/> 1 Spouse, partner, or companion (include ex-spouse, ex-partner, fiancé(e), boyfriend, girlfriend) <input type="checkbox"/> 2 Child (by blood or through marriage or adoption) <input type="checkbox"/> 3 Sibling (by blood or through marriage or adoption) <input type="checkbox"/> 4 Other relative (by blood or through marriage or adoption) <input type="checkbox"/> 5 Friend, neighbor, or someone known through family, friends, work, or community (e.g., church) <input type="checkbox"/> 6 Paid caregiver, health care provider, or clinician
2.	How long has the co-participant known the participant? (If the co-participant has known the participant for less than 1 year, use 0.)	_____ Years (999 = Unknown)
3.	Does the co-participant live with the participant?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes
4.	What is the primary mode of contact with the participant?	<input type="checkbox"/> 1 In-person <input type="checkbox"/> 4 Texting or email <input type="checkbox"/> 2 Telephone <input type="checkbox"/> 5 Social media platforms <input type="checkbox"/> 3 Video conferencing <input type="checkbox"/> 6 Other (SPECIFY): _____
4a1.	What is the approximate frequency of contact?	<input type="checkbox"/> 1 Daily <input type="checkbox"/> 4 At least three times per month <input type="checkbox"/> 2 At least three times per week <input type="checkbox"/> 5 Monthly <input type="checkbox"/> 3 Weekly <input type="checkbox"/> 6 Less than once a month
4a2.	What is the average amount of time spent in contact with the participant during each encounter?	<input type="checkbox"/> 1 Less than 5 minutes (appropriate for texting or email and may be applicable to other modes of contact as well) <input type="checkbox"/> 2 5-15 minutes <input type="checkbox"/> 3 15-30 minutes <input type="checkbox"/> 4 30-60 minutes <input type="checkbox"/> 5 Longer than one hour
5.	Is there a question about the co-participant's reliability?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes

Section 2 — Co-participant's Judgment of Participant's Memory

Ask the next three questions **directly to the co-participant**.

6.	Do you feel like the participant's memory is becoming worse?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes, but this does not worry me <input type="checkbox"/> 2 Yes, and this worries me <input type="checkbox"/> 9 Unknown
7.	About how often does the participant have trouble remembering things?	<input type="checkbox"/> 1 Very often <input type="checkbox"/> 4 Rarely <input type="checkbox"/> 2 Often <input type="checkbox"/> 5 Never <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 9 Unknown
8.	Compared to 10 years ago, would you say that the participant's memory is much worse, a little worse, the same, a little better, or much better?	<input type="checkbox"/> 1 Much worse <input type="checkbox"/> 4 A little better <input type="checkbox"/> 2 A little worse <input type="checkbox"/> 5 Much better <input type="checkbox"/> 3 The same <input type="checkbox"/> 9 Unknown