### THE RESOURCE UTILIZATION IN DEMENTIA LITE (RUD2.2) QUESTIONNAIRE (FOLLOW UP)

**This section for use by study personnel only.**

Data collected on visit date or specify date: ________________

#### 2.1 CAREGIVER

**2.1.1 Description of Primary Caregiver**

1. Date of birth: _____/____ MM/YYYY

2. Sex:
   - Male
   - Female

3. Relationship to patient:
   - Spouse
   - Sibling
   - Child
   - Friend
   - Healthcare/professional staff
     (don't answer questions 2.1.1.4. to 2.1.1.5. and questions 2.1.2.1. to 2.1.2.3.)
   - Other

4. Marital Status
   - Married/Cohabiting
   - Never married
   - Divorced/Separated
   - Widowed

5. Do you live with the patient?
   - Yes
   - No

6. How many other caregivers are involved in the care?
   - 0
   - 1
   - 2
   - 3
   - 4 or More

7. Among all caregivers what is your level of contribution?
   - 1-20%
   - 21-40%
   - 41-60%
   - 61-80%
   - 81-100%

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I have reviewed this information. | Staff's initials: | Date:
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## THE RESOURCE UTILIZATION IN DEMENTIA LITE (RUD2.2) QUESTIONNAIRE (FOLLOW UP)

### 2.1.2 CAREGIVER TIME

1a). On a typical care day during the last month (when you provided support to the patient), how much time per day did you assist the patient with personal tasks such as toilet visits, eating, dressing, grooming, walking, and bathing (also called personal ADL (ADL=activities in daily life))?

<table>
<thead>
<tr>
<th>Total Time</th>
<th>hours per day</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

1b). During the last month, how many days did you spend providing these services to the patient?

______________ days.

2a). On a typical care day during the last month (when you provided support to the patient), how much time per day did you assist the patient with tasks such as shopping, food preparation, housekeeping, laundry, transportation, taking medication, and managing financial matters (also called instrumental ADL (activities in daily life))?

<table>
<thead>
<tr>
<th>Total Time</th>
<th>hours per day</th>
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<tbody>
<tr>
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</table>

2b). During the last month, how many days did you spend providing these services to the patient?

______________ days.

3a). On a typical care day during the last month (when you provided support to the patient), how much time per day did you spend supervising the patient (i.e. preventing dangerous events)?

<table>
<thead>
<tr>
<th>Total Time</th>
<th>hours per day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

3b). During the last month, how many days did you spend providing these services to the patient?

______________ days.

### 2.2 PATIENT

#### 2.2.1 Patient Living Accommodation

1. Long term care and similar: Since last assessed in the study, did the patient permanently change his/her living accommodation (i.e. moved to another location and is currently living in this new location)?

- [ ] Yes
- [ ] No

If **Yes**, answer questions 2 to 4.

If **No**, answer question 5.
### THE RESOURCE UTILIZATION IN DEMENTIA LITE (RUD2.2) QUESTIONNAIRE (FOLLOW UP)

2. Please specify the patient’s current living accommodation.
   - [ ] Own home
   - [ ] Intermediate forms of accommodation (not dementia-specific)
   - [ ] Dementia-specific residential accommodation
   - [ ] Long-term institutional care / nursing home
   - [ ] Other _______________________

3. Please specify the date at which the change occurred: ____ / ____ / ________

4. Please specify the principal reason for this change in living accommodation.
   - [ ] Worsening of patient’s cognitive function
   - [ ] Worsening of patient’s ability to perform daily tasks (e.g., feeding, dressing, housekeeping, etc.)
   - [ ] Increase in patient’s behavioral problems
   - [ ] Poor caregiver health
   - [ ] Improvement of patient’s cognitive function
   - [ ] Improvement of patient’s ability to perform daily tasks (e.g., feeding, dressing, housekeeping, etc.)
   - [ ] Improvement of patient’s behavior
   - [ ] Improved caregiver health
   - [ ] Other _______________________

5a). Respite care and similar: Since last assessed in the study, did the patient temporarily change living accommodation (i.e. moved to a new location for more than 24 hours and then back to the original location)?
   - [ ] Yes
   - [ ] No

5b). If yes, please specify where the subject temporarily moved (several alternatives are allowed).
   - [ ] Own home
   - [ ] Intermediate forms of accommodation (not dementia-specific)
   - [ ] Dementia-specific residential accommodation
   - [ ] Long-term institutional care / nursing home
   - [ ] Other _______________________

5c). Please specify the number of nights spent in this temporary living accommodation.

<table>
<thead>
<tr>
<th>Living Accommodation</th>
<th>Number of Nights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own home</td>
<td>_____</td>
</tr>
<tr>
<td>Intermediate forms</td>
<td>_____</td>
</tr>
<tr>
<td>Dementia-specific</td>
<td>_____</td>
</tr>
<tr>
<td>Long-term institutional care / nursing home</td>
<td>_____</td>
</tr>
<tr>
<td>Other</td>
<td>_____</td>
</tr>
</tbody>
</table>

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I **confirm** that the information on this form is accurate

<table>
<thead>
<tr>
<th>Subject’s Screening Number:</th>
<th>Date:</th>
</tr>
</thead>
</table>

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I have reviewed this information. | Staff’s initials: | Date: |