

ICPSR 4354

## **Resources for Enhancing Alzheimer's Caregiver Health (REACH II), 2001-2004**

Richard Schulz

*University of Pittsburgh. University Center for Social and Urban Research*

Louis Burgio

*University of Alabama. Applied Gerontology Program*

Alan B. Stevens

*Texas A&M University. Health Science Center. College of Medicine*

Robert Burns

*Memphis Veterans Affairs Medical Center*

Sara Czaja

*University of Miami. Miller School of Medicine. Center on Aging*

Dolores Gallagher Thompson

*Stanford University. Stanford School of Medicine. Department of Psychiatry and Behavioral Sciences*

Laura N. Gitlin

*Thomas Jefferson University. School of Health Professions. Center for Applied Research on Aging and Health*

Steven Belle

*University of Pittsburgh. Graduate School of Public Health. Department of Epidemiology*

Linda Nichols

*Memphis Veterans Affairs Medical Center*

**Questionnaire for AE: Caregiver/Care Recipient  
Acute Baseline Alerts/Adverse Events Forms  
Guidebook**

Inter-university Consortium for  
Political and Social Research  
P.O. Box 1248  
Ann Arbor, Michigan 48106  
[www.icpsr.umich.edu](http://www.icpsr.umich.edu)





## **CODEBOOKS**

**Caregiver / Care Recipient  
Acute Baseline Alerts / Adverse Events Forms**

**(AE)**

Report Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ AEDAT

Subject ID: \_\_\_ ID \_\_\_\_\_

## Reach II Acute Baseline Alerts/ Adverse Events

### CAREGIVER

Please complete and fax this form to \_\_\_\_\_ at the Coordinating Center within 24 hours of learning about a screening alert or an adverse event. **Fax number:** \_\_\_\_\_

1. Form completer's Name: \_\_\_\_\_  
Last First

2. REACH II Certification Number \_\_\_ **CERT** \_\_\_

EVENT	Data Entry codes	(Mark all that apply)	Acute Baseline Alert/Adverse Event	TMTRE				Event Status		(if Applicable)
				No 0	Possibly 1	Probably 2	Definitely 3	EVES resolved/controlled?		
				No 0	Possibly 1	Probably 2	Definitely 3	No 0	Yes 1	
01	( )		1. CES-D score greater than or equal to 15	EVEDM / EVEDD / EVEDY						RESDM / RESDD / RESDY
02	( )		2. CG Death	__ / __ / ____	( )	( )	( )	( )	n/a	
03	( )		3. CG Hospitalization	__ / __ / ____	( )	( )	( )	( )	( )	__ / __ / ____
04	( )		4. CG Institutionalization	__ / __ / ____	( )	( )	( )	( )	( )	__ / __ / ____
05	( )		5. CG Emergency room visit	__ / __ / ____	( )	( )	( )	( )	( )	__ / __ / ____
06	( )		6. CG Severe medical problem (Specify _____ EVENS _____)	__ / __ / ____	( )	( )	( )	( )	( )	__ / __ / ____
07	( )		7. CG Abuse	__ / __ / ____	( )	( )	( )	( )	( )	__ / __ / ____
08	( )		8. CG other event (Specify _____ EVENS _____)	__ / __ / ____	( )	( )	( )	( )	( )	__ / __ / ____

Comments (not entered into PoP): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Reach II Acute Baseline Alerts/ Adverse Events

### CARE RECIPIENT

Please complete and fax this form to \_\_\_\_\_ at the Coordinating Center within 24 hours of learning about a screening alert or an adverse event. **Fax number:** \_\_\_\_\_

1. Form completer's Name: \_\_\_\_\_  
Last First

2. REACH II Certification Number \_\_\_\_\_

EVENT	Specify event  <i>(Mark all that apply)</i>	Acute Baseline Alert/Adverse Event	TMTRE				Event Status		Date  <i>(if Applicable)</i>
							<i>EVES</i> <i>resolved/controlled?</i>		
			<i>No</i> 0	<i>Possibly</i> 1	<i>Probably</i> 2	<i>Definitely</i> 3	<i>No</i> 0	<i>Yes</i> 1	
09	( )	1. Threatened to hurt him/herself 3 or more times in the past week	EVEDM / EVEDD / EVEDY						RESDM / RESDD / RESDY
10	( )	2. Commented about the death of him/herself or others 3 or more times in the past week	__ / __ / ____	( )	( )	( )	( )	( )	__ / __ / ____
11	( )	3. Access to a gun	__ / __ / ____	( )	( )	( )	( )	( )	__ / __ / ____
12	( )	4. Driving	__ / __ / ____	( )	( )	( )	( )	( )	__ / __ / ____
13	( )	5. CR Death	__ / __ / ____	( )	( )	( )	( )	n/a	n/a
14	( )	6. CR Hospitalization	__ / __ / ____	( )	( )	( )	( )	( )	__ / __ / ____
15	( )	7. CR Institutionalization	__ / __ / ____	( )	( )	( )	( )	( )	__ / __ / ____
16	( )	8. An event that lead to a CR emergency room visits	__ / __ / ____	( )	( )	( )	( )	( )	__ / __ / ____
17	( )	9. CR Severe medical problem (Specify ___EVENS___)	__ / __ / ____	( )	( )	( )	( )	( )	__ / __ / ____
18	( )	10. CR Abuse	__ / __ / ____	( )	( )	( )	( )	( )	__ / __ / ____
19	( )	11. CR Other Event (Specify ___EVENS___)	__ / __ / ____	( )	( )	( )	( )	( )	__ / __ / ____

Comments (not entered into PoP): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_