

Alzheimer's Disease Caregiver Preference Questionnaire

Module One: Baseline Study Visit

- The questions on the following pages ask about your expectations of the treatments your family member will be taking for Alzheimer's disease in this study.
- Throughout the questionnaire, the term "family member" is used and refers to the person with Alzheimer's disease you provide care for.
- For **each** part of every question, please only choose **one** answer per row. Please mark your answers by placing a "✓" or an "X" in the box.
- Please answer **all** of the questions as honestly as you can and without help from anyone. There are **no** wrong answers.
- All of the information you provide will be kept confidential.

Thank you for your time.

Overall Treatment Expectations

- The following questions ask about what you **expect** of the **overall treatment** your family member will be taking.
- Please select only **one** answer for each of the following questions.

1. What **effect** do you expect the **overall treatment** to have on your family member's memory (for example, ability to recognize loved ones and recall past events)?

Improve it	Keep it as it is now	Delay it from getting worse	Make it worse than it is now
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

2. What **effect** do you expect the **overall treatment** to have on your family member's ability to do normal activities (for example, eating, bathing, getting dressed)?

Improve it	Keep it as it is now	Delay it from getting worse	Make it worse than it is now
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

3. What **effect** do you expect the **overall treatment** to have on your family member's behavior or emotional reactions (for example, depression, anxiety, or aggressive behavior)?

Improve it	Keep it as it is now	Delay it from getting worse	Make it worse than it is now
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Treatment Expectations – Capsule and Patch

- The following questions ask about what you **expect** of **each** of the treatments your family member will be taking.
- Each question will require **two** answers – one answer for the **capsule** and one answer for the **patch**.

4. How often do you expect your family member to experience **side effects** with **each** of the treatments?

	Always	Most of the time	Sometimes	Rarely	Never
Capsule	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅
Patch	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

5. How **easy to use** do you expect **each** of the treatments to be (for example, easy to open, apply or swallow)?

	Very easy	Easy	Difficult	Very difficult
Capsule	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Patch	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

6. How **easy to follow** do you expect the schedule of **each** of the treatments to be?

	Very easy	Easy	Difficult	Very difficult
Capsule	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
Patch	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄

Expectations of Treatment Performance and Preference

7. Which treatment do you think will **work** better?

Capsule	Patch	I don't know
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

8. Which treatment do you think you will **prefer** overall?

Capsule	Patch	I don't know
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

Please provide the reason for your expected preference below (please print clearly):

Thank you for your time.