

# Alzheimer's Disease Caregiver Preference Questionnaire

## Module Three: Final Study Visit

- The questions on the following pages ask about your opinions of the treatment your family member has been 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 Satisfaction

- The following questions ask about how satisfied you were with the **overall treatment** (both the **capsule** and the **patch**) that your family member received **over the course of this study**.
- Please select only **one** answer for each of the following questions.

1. How satisfied have you been with how well the **overall treatment** has **worked** in terms of your family member's memory (for example, ability to recognize loved ones and recall past events)?

Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

2. How satisfied have you been with how well the **overall treatment** has **worked** in terms of your family member's ability to do normal activities (for example, eating, bathing, getting dressed)?

Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

3. How satisfied have you been with how well the **overall treatment** has **worked** in terms of your family member's behavior or emotional reactions (for example, depression, anxiety or aggressive behavior)?

Very satisfied	Satisfied	Dissatisfied	Very dissatisfied
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>

4. Overall, how often did your **family member** experience **side effects** of the **overall treatment**?

Always	Most of the time	Sometimes	Rarely	Never (skip to question 7)
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

5. Overall, how much were **you** affected by the **side effects** your family member experienced from the **overall treatment**?

Not at all affected	A little affected	Somewhat affected	Moderately affected	Extremely affected
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

How well did the **overall treatment** for Alzheimer's meet your expectations for the following:

6. How **bothersome** the **side effects** were for your **family member**?

Much better than I expected	A little better than I expected	About what I expected	A little worse than I expected	Much worse than I expected
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

7. How did the overall treatment for Alzheimer's meet your expectations in terms of how well it worked?

Much better than I expected	A little better than I expected	About what I expected	A little worse than I expected	Much worse than I expected
<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>

## Treatment Comparison and Preference

**Over the course of the study**, which treatment did you **prefer** in terms of:

8. Ease of use (for example, easy to open, apply or swallow)?

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

9. An easy to follow schedule (for example, the number of times per day?)

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

10. Which of the following treatments would you **prefer** to **give in the future** to manage Alzheimer's disease?

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

**Thank you for your time.**

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