

s-CRIq

questionnaire

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Instructions: The CRIq can be administered by a family member or the caregiver when the participant cannot be interviewed due to attested or suspected cognitive decline. Check the appropriate box at the bottom of the questionnaire.

Name: Surname:

Date of birth:/...../..... Place of birth: Age:

Place of residence: Nationality:

Civil status: single married divorced widowed

CRI-Education

Instructions: Count 1 for each year of education. Count 0.5 for every 6-month period of vocational training courses taken.

	Years
1. Level of education:
2. Vocational training (0.5 for every 6 months)

CRI-WorkingActivity

Instruction: Indicate working years rounded off on a five-year scale (0-5-10-15-20, etc.; e.g., if a person has been working for 17 years, write down 20). The degree of intellectual involvement and personal responsibility discriminates between the 5 levels of working activity. Report on all working activities, even in the case of simultaneously held multiple jobs.

	Years
1. First occupation:
2. Second occupation:
3. Third occupation:
4. Fourth occupation:
5. Fifth occupation:
<input type="checkbox"/> Never worked	

CRI-LeisureTime

Instructions: Answer the following questions referring to your adulthood (from 18 years onward). In this part you will have to consider only leisure activities carried out outside school and work. Pay attention to the specified frequencies (weekly, yearly).

			Years
1. Have you ever read newspapers or magazines (no social network) at least three times a week?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
2. Have you ever spent your free time in leisure activities (for example sports, artistic activities, board games, crafts, gardening, puzzles, embroidery, photography, etc.) at least three times a week?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
3. Have you ever attended conferences, concerts or exhibitions at least three times a year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
4. Have you ever taken trips or holidays lasting more than one day at least three times a year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
5. Have you ever read at least three books per year?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
6. Do you have children?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Number:

Questionnaire administered to: interested party family/caregiver

Date:/...../.....

Interviewer:

RESULTS

CRI-Education

CRI-WorkingActivity

CRI-LeisureTime

CRI

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
low	medium-low	medium	medium-high	high
< 70	70 : 84	85 : 114	115 : 130	> 130