

APPENDICES

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Appendix I. Overview of which IADL informant scale is administered in different countries and study centers and the number of patients assessed with each scale.

Country	Center	IADL scale assessed	Number of patients
Finland	Kuopio	ADCS-ADL	20
France	Montpellier	Lawton IADL	19
	Toulouse	Lawton IADL	6
	Paris	Lawton IADL	24
Germany	Mannheim	Bayer ADL	23
	Munich	Bayer ADL	11
Greece	Thessaloniki	Blessed DRS and Lawton IADL	86 (2 only Lawton, 1 only Blessed)
Italy	Brescia	Lawton IADL	82
	Genua	Lawton IADL	50
Netherlands	Maastricht	Blessed DRS	49
	Amsterdam	Lawton IADL	54
	Nijmegen	Lawton IADL	21
Rumania	Bukarest	Lawton IADL	47
Spain	Barcelona	Blessed DRS	14
United Kingdom	Bristol	Bristol ADL	15
	Swindon	Bayer ADL	10

Abbreviations: ADCS-ADL; Alzheimer’s Disease Cooperative study Activities of Daily Living, Lawton IADL; Lawton Instrumental Activities of Daily Living, Bayer ADL; Bayer Activities of Daily Living, Blessed DRS; Blessed Dementia Rating Scale, Bristol ADL; Bristol Activities of Daily Living.

Appendix II. Overview of the informant-based (I)ADL questionnaires used in the DESCRIPA study.

Name	Content	Aim	Total no. of items	No. of IADL items	Original scoring per item
ADCS-ADL	BADL and IADL	To sensitively rate ADL abilities and to detect changes over time in patients with AD	23	8	2 to 5 point scale Lower scores = worse performance
Bayer ADL	BADL, IADL and cognition	To measure changes in activities of daily living in the early stages of dementia	25	7	10 point scale Higher scores = worse performance
Blessed DRS	BADL, IADL and behaviour	To describe in quantitative terms the degree of intellectual and personality deterioration shown by a dementia patient	22	8	3 point scale Higher scores = worse performance
Bristol ADL	BADL and IADL	To provide a baseline assessment of ability of demented subjects and to be sensitive of change	20	6	4 point scale Higher scores = worse performance
Lawton IADL	IADL	To assess the functional ability of older people	8	8	3 to 5 point scale Lower scores = worse performance

Conversion to 2 point scale	Reliability	Validity
Highest score = 0 (no problems) Other = 1 (some problems)	Test-retest reliability with 1-2 months interval: kappa's on item level showed moderate to good reliability ²⁶	A moderate correlation was found with MMSE ²⁶
1-2 = 0 3-10 = 1	Unidimensional and high internal consistency ⁵⁰	Patients with higher levels of decline had higher Bayer ADL scores. High area under the curve when compared with a diagnosis of dementia. ⁵⁰
0 = 0 0.5-1 = 1	-	High correlation was found with pathological changes in an inpatient population ²⁴
1 = 0 2-4 = 1	Test-retest reliability with mean interval of 8.6 days. Kappa's on item level showed fair to good reliability ²⁷	Moderate correlations were found with MMSE and observed task performance ²⁷
Highest score = 0 Other = 1	High test-retest and inter-rater reliability ⁵¹	Moderate correlations were found with other functional measures ²

Appendix III. Checklist for rating the clinimetric quality of (I)ADL questionnaires.

	Property	Definition	Quality criteria
1	Content validity	The extent to which the domain of interest is comprehensively sampled by the items in the questionnaire	<ul style="list-style-type: none"> + Clear description of measurement aim, target population, concept(s) that are being measured, and the item selection AND target population and (investigators OR experts) were involved in item selection ? A clear description of above-mentioned aspects is lacking OR only target population involved OR doubtful design or method - No target population involvement 0 No information found on target population involvement
2	Internal consistency	The extent to which items in a (sub)scale are intercorrelated, thus measuring the same construct	<ul style="list-style-type: none"> + Factor analyses performed on adequate sample size (7* #items and >=100) AND Cronbach's alpha(s) calculated per dimension AND Cronbach's alpha(s) between 0.70 and 0.95 ? No factor analysis OR doubtful design or method - Cronbach's alpha(s) <0.70 or >0.95, despite adequate design and method 0 No information found on internal consistency
3	Criterion validity	The extent to which scores on a particular questionnaire relate to a gold standard	<ul style="list-style-type: none"> + Convincing arguments that gold standard is "gold" AND correlation with gold standard >= 0.70 ? No convincing arguments that gold standard is "gold" OR doubtful design or method - Correlation with gold standard <0.70, despite adequate design and method 0 No information found on criterion validity
4	Construct validity	The extent to which scores on a particular questionnaire relate to other measures in a manner that is consistent with theoretically derived hypotheses concerning the concepts that are being measured	<ul style="list-style-type: none"> + Specific hypotheses were formulated AND at least 75% of the results are in accordance with these hypotheses ? Doubtful design or method (e.g.) no hypotheses) - Less than 75% of hypotheses were confirmed, despite adequate design and methods 0 No information found on construct validity

Appendix III. Continued.

	Property	Definition	Quality criteria
5	Reproducibility		
	5.1 Agreement	The extent to which the scores on repeated measures are close to each other (absolute measurement error)	<ul style="list-style-type: none"> + SDC<MIC OR MIC outside the LOA OR convincing arguments that agreement is acceptable ? Doubtful design or method OR (MIC not defined AND no convincing arguments that agreement is acceptable) - MIC>=SDC OR MIC equals or inside LOA despite adequate design and method 0 No information found on agreement
	5.2 Reliability	The extent to which patients can be distinguished from each other, despite measurement errors (relative measurement error)	<ul style="list-style-type: none"> + ICC or weighted Kappa >= 0.70 ? Doubtful design or method - ICC or weighted Kappa< 0.70, despite adequate design and method 0 No information found on reliability error
6	Responsiveness	The ability of a questionnaire to detect clinically important changes over time	<ul style="list-style-type: none"> + SDC or SDC<MIC OR MIC outside the LOA OR RR>1.96 OR AUC >=0.70 ? Doubtful design or method - SDC or SDC>= MIC OR MIC equals or inside LOA OR RR<= 1.96 or AUC <0.70, despite adequate design and methods 0 No information found on responsiveness
7	Floor and ceiling effects	The number of respondents who achieved the lowest or highest possible score	<ul style="list-style-type: none"> + =<15% of the respondents achieved the highest or lowest possible scores ? Doubtful design or method - >15% of the respondents achieved the highest or lowest possible scores, despite adequate design and methods 0 No information found on interpretation
8	Interpretability	The degree to which one can assign qualitative meaning to quantitative scores	<ul style="list-style-type: none"> + Mean and SD scores presented of at least four relevant subgroups of patients and MIC defined ? Doubtful design or method OR less than four subgroups OR no MIC defined 0 No information found on interpretation