



**DEVELOPMENTAL DISABILITIES AND ALZHEIMER'S DISEASE  
PREVALENCE AND NEEDS QUESTIONNAIRE**  
(Please circle the appropriate responses)

1. Are you a: (1) Family Member/Guardian (2) Paid Caregiver (3) Organization
2. Date of birth of individual in care: mm/dd/yyyy \_\_\_\_\_ Zip Code \_\_\_\_\_
3. Gender of individual in care: Male Female
4. Race of individual in care: White African American/Black Asian  
American Indian/Alaskan Native Pacific Islander  
Other \_\_\_\_\_
5. Ethnicity of individual in care: Hispanic/Latino Non-Hispanic
6. Has the individual been diagnosed with dementia/ Alzheimer's disease? Yes No
7. Has the individual been diagnosed with Down syndrome? Yes No
8. Has the individual been diagnosed with other developmental disabilities? Yes No
9. If yes, which ones: Cerebral Palsy Autism Mental Retardation  
Learning Disability Epilepsy Other \_\_\_\_\_

If you have answered "No" to either Q7, or Q8 please stop here and return questionnaire to address below  
Otherwise, please complete the rest of the survey and return to address below

10. Is the individual living in (1) Residential/Nursing Home (2) Assisted Living  
(3) With Family (4) Independent Living
11. Is there an increased risk of Alzheimer's in people with Down Syndrome?  
Yes No Don't Know
12. Has a complete neurological exam including mental status exam been conducted? Yes No
13. If yes, how long ago was the last exam conducted? 1-6 months 7-12 months 13 & above
14. Has a complete psychiatric evaluation been conducted? Yes No
15. If yes, how long ago was the last exam conducted? 1-6 months 7-12 months 13 & above

