**POLYPHARMACY IN ALZHEIMER'S DISEASE PATIENTS: GUIDANCE TO PHARMACEUTICAL ASSISTANCE**

**Supplementary Material 1 – Sociodemographic questionnaire**

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| Identification: Nº |
| Date of Patient Visit: \_\_/\_\_/\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_\_\_ Gender: (1) female (2) Male |
| Telephone: \_\_\_\_\_\_\_\_\_\_\_ |
| Address: |
| Marital status: (1) single (2) married (3) widowed (4) consensual union (“cohabiting”) |
| With whom you live: (1) alone (2) partner (3) son (4) friend |
| Do you perform physical activities? (0) confined to bed (1) sedentary (but no bedridden) (2) practice some physical activity |
| Have you ever attended school? (1) yes (2) no (3) does not know (skip to question 18) (4) Just able to signature |
| 1. IF YES: What is the highest level of education you have completed?   (1) Primary school - unfinished (has not conclude 4th grade)  (2) Primary school (finished 4th grade)  (3) Secondary school - unfinished (has not conclude 8th grade)  (4) Secondary school (finished 8th grade)  (5) College (Middle Level) - unfinished  (6) College (Middle Level)  (7) University |
| 1. How many years do you study?   (1) 1 year (2) 2 years (3) 3 years (4) 4 years (5) 5 years (6) 6 years (7) 7 years (8) 8 years (9) 9 years or more 🡪 If is more than 9, write down: \_\_\_\_\_\_\_ |
| 1. Which of these assets are found in your household? (ABEP,2015)   Bathroom? (0) (1) (2) (3) (4) or more Housekeeper? (0) (1) (2) (3) (4) or more  Vehicles? (0) (1) (2) (3) (4) or more Microcomputer? (0) (1) (2) (3) (4) or more  Dishwasher? (0) (1) (2) (3) (4) or more Refrigerator? (0) (1) (2) (3) (4) or more  Freezer? (0) (1) (2) (3) (4) or more Washing machine? (0) (1) (2) (3) (4) or more  DVD? (0) (1) (2) (3) (4) or more Microwave? (0) (1) (2) (3) (4) or more  Motorcycle? (0) (1) (2) (3) (4) or more Clothes dryer? (0) (1) (2) (3) (4) or more |
| Health problems (detailed in the medical record)  a) High cholesterol (0) No (1) Yes (2) Does not know date of diagnosis (approximated):\_\_/\_\_/\_\_  b) Diabetes (0) No (1) Yes (2) Does not know date of diagnosis (approximated):\_\_/\_\_/\_\_  c) Parkinson’s disease (0) No (1) Yes (2) Does not know date of diagnosis (approximated):\_\_/\_\_/\_\_  d) High blood pressure (0) No (1) Yes (2) Does not know date of diagnosis (approximated):\_\_/\_\_/\_\_  e) Cerebral hemorrhage (0) No (1) Yes (2) Does not know date of diagnosis (approximated):\_\_/\_\_/\_\_  f) Cancer (0) No (1) Yes (2) Does not know Which? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Medicines in use.  |  |  | | --- | --- | | Drug | Daily dose | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |
| 1. About bowel habits, you go to the bathroom (0) daily (once in a day or more) (1) Once a week (2) 2-3 times a week (3) 4 – 5 times a week |
| 1. Consistency: (1) impacted stool (2) pasty stool (3) liquid stools |
| 1. About chewing, there is some difficulty? (0) No (1) Yes |
| 1. About dentition: (0) full dentition (1) total absence and do not wear dental prosthesis (2) total absence wearing dental prosthesis (3) Just some teeth, without dental prosthesis (4) Just some teeth, wearing dental prosthesis |
| 1. Feeding is made by (0) Oral (1) Enteral |
| 1. Food consistency: (0) Normal (1) Just liquids (2) Pasty (3) Semi-solid (blended with liquids) |
| 1. How many meals do you eat each day? (0) None (1) Once (2) twice (3) three (4) Four (5) Five (6) Six (7) Seven or more |
| 1. History of weight loss Minimum weigh and age: \_\_\_\_\_\_   Maximum weight and age: \_\_\_\_\_\_ |