

# **ECCA (ELECTROCONVULSIVE COGNITIVE ASSESMENT)**

## **INFORMANT SHEET**

Your name: \_\_\_\_\_

Name of the person taking the memory test: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Date: \_\_\_\_\_

Your family member is having a brief memory test. In order to check his/her answers we would appreciate if you answer the following few questions to the best of your knowledge.

1. Is she/he having difficulty with his/her memory? Yes [ ] No [ ]
2. Is she/he having difficulty following a conversation? Yes [ ] No [ ]
3. Is she/he having difficulty remembering events that happened more than a year ago? Yes [ ] No [ ]
4. Is she/he having difficulty remembering events that happened during the past week? Yes [ ] No [ ]

1. Where did she/he go on her/his last overnight trip?

\_\_\_\_\_ when \_\_\_\_\_

2. What did she/he do last New Year's Eve?

\_\_\_\_\_

3. What did she/he do on her /his last birthday

\_\_\_\_\_

4. What did she /he have for dinner last night?

\_\_\_\_\_

5. What was the last restaurant he/she last visited?

\_\_\_\_\_ when \_\_\_\_\_

6. What psychiatric medications is he/she taking?

\_\_\_\_\_