## Representations and Adjustment Index (RADIX)

### Catherine Quinn, Robin Morris and Linda Clare

## Background

The RADIX assesses elements of Dementia Representations. Dementia Representations reflect a person's understanding of dementia. They have five components. The first of these is the identity the person ascribes to the condition; this is captured in the term the person uses to describe the condition. The other elements of DRs concern beliefs about cause, timeline, possibilities for cure/control, and consequences.

### Administration

The RADIX is designed to be administered to people with mild to moderate dementia (any type), having been validated for people in this severity range.

# **Step 1: RADIX Screening Checklist**

Questions 1 to 9 form the screening checklist.

First administer the screening checklist to identify whether it is appropriate to administer the rest of the questionnaire. If the person responds <u>'no' to all</u> of the questions in the checklist then the RADIX should be discontinued. If the person responds <u>'yes' to one or more</u> of the screening questions continue to Step 2.

## **Step 2: RADIX Questionnaire**

The questionnaire clusters the questions according to the five main Dementia Representations components as follows:

#### Identity

Questions 10-11 provide a profile of the way the person views the condition.

<u>Question 10</u> elicits the term the person uses to describe the condition <u>Question 11</u> explores whether the person is aware of a diagnostic term that describes the condition.

From the responses to these two questions, ascertain the main term the person prefers to use when referring to the condition (e.g. 'memory problems' or 'Alzheimer's') and then use this term where you see [identity label] in all subsequent questions. If the person cannot provide a term that describes the condition, please use "condition" or "difficulties" instead.

#### Cause

Question 12 explores the person's beliefs about the causes of the condition.

The person is asked "What do you think caused or causes your [identity label]?" Record the response, even if it is 'don't know.' If the person does not spontaneously provide a response, ask him/her to choose from the list of possible causes which is provided in Q12a. If the person selects more than one option, you then need to ask him/her to select the most important one and record this response in Q12b.

#### **Timeline**

Question 13 explores the person's beliefs about the duration of these changes. The person is asked "What do you think will happen to your [identity label] over time?" There are 4 fixed-choice response options, and the person should select one response.

### Control

Question 14 explores the beliefs about possibilities for controlling or managing the condition. In response to the statement "There is a lot which I can do to control the effects of my [identity label]", there are 4 fixed-choice response options to select from and the person should select one response.

## Consequences

<u>Questions 15-18</u> explore the person's perceptions of the practical consequences of the condition, and <u>Questions 19-23</u> explore the emotional consequences.

There are 4 fixed-choice response options to select from for each question, from which the person should select one response.

## **Scoring**

The responses to the open ended questions on Identity and Cause can be categorised using the lists in Appendix A and B (pages 7-8). Questions on Timeline and Control are single items and the scores are recorded individually. For Practical Consequences, responses to the questions can be summed to give an overall score and then divided by 4 to give the mean score for Practical Consequences. For Emotional Consequences, responses to the questions can be summed to give an overall score and then divided by 5 to give the mean score for Emotional Consequences.

# Citing the RADIX

The development and validation of the RADIX is described in: Quinn, C., Morris, R. G., & Clare, L. (in press). Beliefs about Dementia: Development and validation of the Representations and Adjustment to Dementia Index (RADIX). *The American Journal of Geriatric Psychiatry*. doi:10.1016/j.jagp.2018.02.004 [please use the most up-to-date citation details when citing the RADIX paper]

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Did the person answer 'yes' to one or more questions in the screening checklist? No Yes

Please use this section to record a summary of the person's responses to the questions

Was the RADIX administered? No Yes

CONSEQUENCES

MEAN SCORE:

1.25

1.5

1.75

# **Dementia Representations Profile**

1. IDENTITY: 2. DIAGNOSTIC **IDENTITY:** 3. CAUSE: 4. TIMELINE: **GET BETTER** STAY SAME **GET WORSE** UNSURE 5. POSSIBLE TO **STRONGLY** STRONGLY CONTROL: **AGREE** AGREE DISAGREE DISAGREE 6. PRACTICAL CONSEQUENCES MEAN SCORE: 1.25 1.5 1.75 2.25 2.5 2.75 3.25 3.75 7. EMOTIONAL

2.25

2.5

2.75

3.25

3.5

3.75

### **SECTION 1: SCREENING CHECKLIST**

I would like to talk to you about any changes that you have been experiencing.

1. Have you, a family member or doctor noticed that you have been having difficulty with concentration?

No Yes

2. Have you, a family member or doctor noticed that you have been forgetful?

No Yes

3. Have you, a family member or doctor noticed that you have been having difficulty with remembering (e.g. recent events)?

No Yes

4. Have you, a family member or doctor noticed that you have been having difficulty with thinking?

No Yes

5. Have you, a family member or doctor noticed that you have been having difficulty with your ability to say what you want to say?

No Yes

6. Have you, a family member or doctor noticed that you have been having difficulty with your ability to manage your day-to-day activities?

No Yes

7. Have you, a family member or doctor noticed that you have been having difficulty with planning ahead?

No Yes

8. Have you, a family member or doctor noticed that you have been having difficulty with making decisions?

No Yes

9. Are you different in some way to how you used to be?

No Yes

Instructions for the researcher: Did the participant identify one or more changes? No Yes

If YES you can continue with the RADIX

10. What do you	call [this difficulty/these difficulties, c	or condition] that you	u have?
11. Are you aware	e of a specific diagnosis? What does t	the doctor call it?	
to the condition; forgetfulness. Use	ne researcher: Record the person's lad does s/he call it dementia or somethi e this term, referred to as [identity not give a label, replace [identity label	ng else e.g. short-ter label] in all subsequ	m memory problems, ent questions. If the
	OF MEMORY DIFFICULTIES  think caused or causes your [identity	label]?	
	the researcher: If no instant response their problems	•	
Ageing Changes wi Illness or di Hereditary Lifestyle/lif	the researcher: Please cross all that the sithin the brain (e.g. something in your isease or physical condition (e.g. diabecton) (e.g. genetics) (e.g. stress, bereavement) (record if given as a spontaneous research)	brain dies off) etes)	ies to him/her.
-	the researcher: If more than one caune and cross the appropriate box belo		/her to nominate the
Illness or di Hereditary Lifestyle/lif	ithin the brain (e.g. something in your isease or physical condition (e.g. diabecondition (e.g. genetics) reserve (e.g. stress, bereavement) record if given as a spontaneous reserve.	etes)	
DURATION OF TH	ESE CHANGES (Timeline)		
13. What do you	think will happen to your [identity la	bel] over time? Will i	t/they
Get better (1)	Stay the same as it is now (2)	Get worse (3)	Unsure (4)

# **CONSEQUENCES OF THESE CHANGES**

Please indicate how much you agree or disagree with the following statements. There are no "right" or "wrong" answers. Answer according to your own feelings, rather than how you think "most people" would answer.

Control

<b>14. There is a lot which I can</b> Strongly disagree (1)			-			
Practical Consequences						
15. As a result of my [identity label] people treat me differently						
Strongly disagree (1)		=	Strongly agree (4)			
16. As a result of my [identity label] I do not go out as much as I used to						
Strongly disagree (1)	-					
17. As a result of my [identity label] I cannot do some of the things that I used to do						
Strongly disagree (1)	=	<del>-</del>				
18. As a result of my [identity label] I feel I have lost control over my life						
Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)			
TO GENERATE MEAN SCORE: First record the TOTAL score (SUM of Q15~Q18): Second divide (÷) the TOTAL score by 4= This generates the MEAN SCORE						
Emotional Consequences		6				
7.						
19. As a result of my [identi			=			
Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)			
20. As a result of my [identi	ty label] I get very ang	gry about what is happ	pening to me			
Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)			
21. As a result of my [identity label] I feel I have lost confidence in myself						
Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)			
22. I feel low or upset when I think about my [identity label]						
Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)			
23. I find myself worrying about my [identity label]						
Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)			
TO GENERATE MEAN SCORE: First record the TOTAL score (SUM of Q19~Q23):						
Second divide (÷) the TOTAL score by 5= This generates the MEAN SCORE						

# **Appendix A: Identity response categories**

The responses to the questions on Identity can be categorised by matching them to the list below. Select the most relevant category.

# **Definitions of categories**

- 1. **Diagnostic term:** The person uses a diagnostic term.
- 2. **Descriptive term describing specific symptoms:** The person uses a term which relates to the symptoms of dementia.
- 3. **Descriptive term describing an emotional response:** The person uses more emotive or personalised terms.
- 4. **Descriptive term describing general changes:** The person refers to other changes they have noticed.
- 5. **Ageing**: The person refers to getting older
- 6. Don't Know: The person doesn't have a term to describe the condition or simply doesn't know

Categories	Examples of types of responses
Diagnostic term	Dementia
	Alzheimer's disease
	Mixed dementia
	Vascular dementia
	Lewy bodies
Descriptive term	Memory loss/problems/difficulties
describing specific	Short-term-memory problems
symptoms	Forgetfulness
	Confusion
	Poor concentration
Descriptive term	Frustration
describing an	Annoying/irritating
emotional response	Anxiety/stress/worries
	Lacking confidence
	Going mad
Descriptive term	Slowing
describing general	Withdrawn
changes	Laziness
	Reliance
	Tiredness
Ageing	Getting older
	Old age
	Senior moments
	Age-related problems
	An age thing
Don't Know	Person doesn't know

# **Appendix B: Cause response categories**

The response to the open-ended question on Cause can be categorised by matching it to the list below. Select the most relevant category.

# **Definitions of categories**

- **1. Ageing:** The person refers to the cause being ageing.
- **2. Changes within the brain:** The person refers to either biological or structural changes in the brain.
- 3. **Illness or disease or physical condition:** The person refers to the cause being illness or disease or due to his/her physical condition.
- **4. Hereditary condition:** The person refers to the condition being hereditary.
- 5. **Lifestyle/life-events:** The person refers to the cause being lifestyle, life-events, or emotional problems.
- **6. Don't know:** The person does not know what the cause is

Categories	Examples of types of responses
Ageing	Old age
	Getting older
	My age
	The ageing process
	General ageing
Changes within	Shrinking of the brain
the brain	Deterioration of the brain
	Brain not functioning correctly
	Brain cells dying
	Build-up of plaques
Illness or	Illness
disease or	Health problems
physical	Diabetes
condition	Thyroid problems
	Hearing loss
Hereditary	Genetic
condition	It's in my genes
	Bad genes
	Inherited
	Runs in the family
Lifestyle/life-	Work environment
event	Retirement
	Sleep deprivation
	Bereavement
	Stress
Don't know	Person doesn't know