Appendix A:

Supplemental information

Methods, Questionnaire, Design: Modifications of the questionnaire for use in the present study. The first changes were made to allow a telephone interview. We chose to use a telephone interview rather than a written questionnaire partly because many patients with AD who have little or no trouble talking have great trouble writing, and partly because this method provided greater assurances that they were not being aided in their responses. The second changes were made to allow recognition in addition to recall responses. Although patients with AD show more deficits in recall than recognition, it is their recognition deficits which are more specific to their disease (Morris, 1996). The third changes were to simplify the questionnaire slightly to avoid fatiguing and frustrating the patients.

Methods, Questionnaire, Scoring: A brief summary of the scoring of distortions. For the recognition responses, a response was considered a distortion if a different response was chosen by the participant (see Appendix A for the various recognition responses available). For the majority of the recall responses, the data were converted into a recognition response first, and then treated in the same manner as the recognition responses. For example, if a participant first stated she was with "her friends Sally, Joe, and Sam" and later stated she was with "friends," because both of these responses would be converted into the recognition response "FRIEND," the response would be scored as correct. If instead she stated she was with her husband at the follow-up interview, this response would be converted into the recognition response "RELATIVE" and would thus be scored as a distortion. The rare exception to these general

rules is that if on the follow-up interview she stated she was with "her friends Sally, Joe, and Burt" (and not Sam) this response would be treated as a distortion because the specifics had been altered.

Results, Responses to emotional questions: Analyses performed to determine whether any patterns were present in the missing responses. A repeated-measures ANOVA examined the presence or absence of responses with time (present versus future) and emotion (sadness, anger, fear, frustration, confusion, shock) as within-subjects variables and group (patients with AD, patients with MCI, & older adults) as a between subjects variable. This analysis revealed a main effect of time [$F(1,63)=9.29$, $MSE=0.137$, $p=.003$], but no effect of group [$F(2,63)<1$] or emotion [$F(5,315)=1.93$, $MSE=0.044$, $p=.089$], and no interactions [Time X Group: $F(2,63)<1$; Time X Emotion: $F(5,315)<1$; Emotion X Group: $F(10,315)=1.13$, $MSE=0.044$, $p=.336$; Time X Emotion X Group: $F(10,315)=1.53$, $MSE=0.059$, $p=.129$]. The effect of time indicates that, not surprisingly, participants were more likely to show difficulty answering questions regarding their future emotional state (48 non-responses or 12%) relative to their current state (16 non-responses or 4%). Since no group differences or interactions were found in the pattern of missing responses, missing emotional intensity data was filled in by using the group average for that result.

Analysis was also performed to determine whether participants noted other emotions they were experiencing or expected to be experiencing in one year (questions 19 and 36). More participants reported that they were experiencing other emotions in the present than predicted that they would be experiencing other emotions in the future, as indicated by an ANOVA which

yielded an effect of time [F(1,63)=7.85, MSE=0.185, p=.007], no effect of group [F(2,63)=1.85, MSE=.263, p=.166], and no interaction [F(2,63)=2.36, MSE=0.185, p=.103].