



*The subjective
quality of life*

MEMORY **MIKE**

For the Assessment of Subjective Quality of Life
Memory MIKE



The instrument for assessing and monitoring the Subjective Quality of Life of a Person with a Memory Disorder (referred to as MIKE, its Finnish acronym, from now on) was originally developed by two member organisations of the Alzheimer Society of Finland as part of the Active Age programme, which took place from 2013 to 2017. In addition to health professionals, people with memory disorders participated in the development of this instrument. The manual has been updated by the Memory Association of Oulu Region and the Finnish Association for the Welfare of Older People.

The instrument and the associated forms, as well as further information about the method, are available at www.muistimike.fi.

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The subjective quality of life and the psychological and social ability to function of a person with a memory disorder

Quality of life is a broad concept that is usually connected with a “good life”. Quality of life is shaped by various factors, and each person places a personal value and meaning on a combination of those factors. There are several different definitions of quality of life. The definition by the World Health Organization (WHO) was chosen as the basis for this instrument.

WHO

“Quality of Life means an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.” Quality of life is affected by a person’s physical health, psychological state, social relationships, autonomy, personal beliefs, and relationship to their environment (WHO, 2004).

Quality of life can be examined through various dimensions, such as psychological wellbeing, behaviour, environment, and the subjective quality of life (Vaarama & Ollila 2007).

Subjective quality of life consists of a person’s own feelings about their family, friends, activities, financial situation, and housing. Contentment with life, psychological wellbeing, satisfying individual needs, happiness, and the way we view ourselves also make a significant contribution to subjective quality of life. (Räsänen 2011)

Opportunities to develop one’s capabilities and skills, do meaningful work and activities, and have a decent standard of living make life enjoyable and worth living, and give meaning to life (Frisch 2000). A memory disorder may force a person to relinquish these opportunities, which essentially affects how that person perceives their quality of life. It is important to monitor how the people in the weakest position, who depend on the help of others, perceive their quality of life if we are to improve it (Savikko et al. 2006).

THE PSYCHOLOGICAL ABILITY TO FUNCTION

consists of a person's inner resources, such as their self-concept and self-confidence. We use our psychological ability to function in order to overcome the challenges and crises of everyday life. The psychological ability to function encompasses, for example, the ability to feel and think, as well as attitudes, values, needs, and expectations. The psychological ability to function reflects a person's spiritual wellbeing, motivation, and mood. (Heimonen 2007)

THE SOCIAL ABILITY TO FUNCTION

encompasses a person's interaction with and participation in their environment, as well as the person's role as a member of a community and a society (Heikkinen 1987). The altered behaviour of a person with a memory disorder, together with the possibility that their conception of the present may change, can reduce the social appreciation that the person receives (Topo et al. 2009). Other people's approval of a person with a memory disorder reinforces the person's social ability to function. Self-concept, self-respect, and self-confidence are shaped by social relations. Hence, the social ability to function and the psychological ability to function are essentially interlocked. A person's social network, level of loneliness, level of participation, and social skills are taken into consideration when assessing their social ability to function (Tiikkainen & Heikkinen 2011).

PHYSICAL AND SOCIOCULTURAL ENVIRONMENTS

always affect our actions. The environment can be both enabling and constricting. (Kielhofner 2008) Usually, an unknown environment and unknown people, as well as a disparaging or patronising attitude from the person's family, significantly weaken the performance of a person with a memory disorder. In the context of an assessment, the performance of a person with a memory disorder can be aided by functioning tools, a peaceful space, and a supportive attitude.

A person's ability to function is usually divided into the categories of physical, psychological, and social ability to function. Each of these can be examined separately, but in practice they are tightly interconnected. Psychological and social ability to function should always be viewed in the context of a person's own perception of their ability to function, as well as in the context of the surrounding community and environment. (Heimonen 2007)

1

Assessing the quality of life of a person with a memory disorder

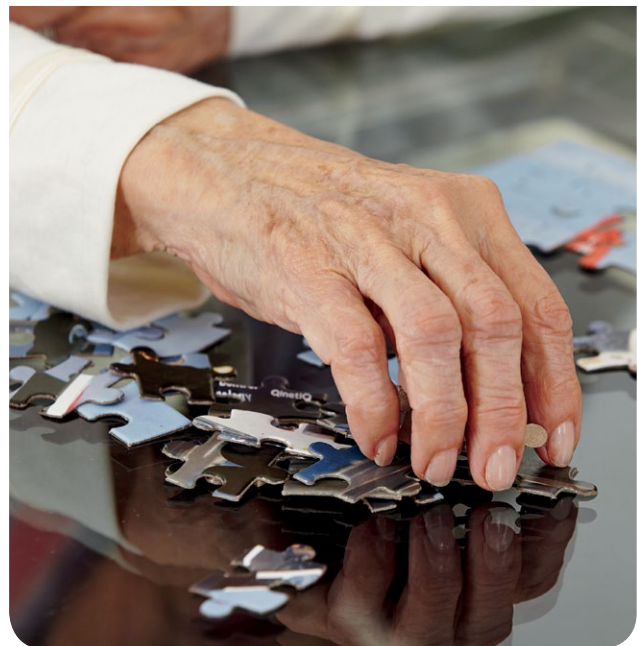
An assessment of the quality of life of a person with a memory disorder provides information on their everyday wellbeing, the factors that enhance their wellbeing, and the factors that diminish it. Moreover, through regular assessment, the changes brought about by participating in rehabilitative activities can be monitored, making it is possible to plan new actions to enhance the person's wellbeing. (Longsdon et al. 2002)

Assessing the subjective quality of life of people with memory disorders is challenging, despite the fact that such assessment has a long history in the case of many other chronic diseases (Longsdon et al. 2002). One of the challenges is that most of the instruments used to assess quality of life presuppose the ability to recall, to conceptualise things, and to express feelings verbally.

Questions about the quality of life of a person affected by a memory disorder are often directed to family members, who tend to have a more negative conception of the person's quality of life than the person does (Luoma 2006), but opposite views can also occur. From the perspective of the person with a memory disorder, conflicting views can be confusing. Reasons for differing conceptions can include family members' personal values, expectations, and beliefs, as well as

their personal strains and their relationship to the person with a memory disorder.

Since memory disorders pose increasing challenges to cognitive functions as they progress, it is often thought that the affected person is not capable of defining their own quality of life, so they are not even asked about it. (Longsdon et al. 2002) However, choosing not to ask violates the person's autonomy.



The ethics of the assessment

Autonomy is one of the ethical values in caring for older people (Johnson 1999). Autonomy, which means a person's right and ability to make their own decisions about their life as long as those decisions cause no harm to others, is intrinsically connected to memory disorders. The gradual weakening of the memory and the ability to function caused by the disorder inevitably leads to an inability to make decisions. Nevertheless, the autonomy of a person with a memory disorder must be respected. (Mäki-Petäjä-Leinonen & Nikumaa 2014) Taking into account the person's opinions reinforces the feeling that they are retaining autonomy. When using the MIKE instrument, the subjective view of the person with a memory disorder is respected, even though a family member or a health professional would find this unrealistic. The MIKE instrument is a way to interact with a person with a memory disorder as an independent adult and give them the opportunity to talk about serious matters.

Using the MIKE instrument and paying attention to the opinion of a person with a memory disorder does not mean ignoring the opinions of family members and health professionals. Considering the nature of memory disorders, the opinion of the family plays a significant role in forming an idea of the overall situation.

Assessing people with memory disorders always raises various ethical questions. It may be difficult for a person with a memory disorder to view things from several perspectives, and they may be easily led by others, including in an assessment situation. It is important that the assessor is aware of what is right and humane from the point of view of a person with a memory disorder.

Assessment always entails several angles of examination. For example, the interests of the health professional, the person being assessed, and the funder may have differing emphases. In other words, the motives behind the assessment may vary. (Laitinen 2000) Although the aim of assessing individual people using the MIKE instrument might be, for example, to produce data for the organiser and funder of the operations, sharing the assessment results with the person being assessed displays an appreciation of their humanity and individuality. A disconnected interview or observation with no explanation can leave the person feeling insecure or even abused. Assessment should never be done just for the sake of assessing; it should always bring concrete benefits and meaning to the person who is being assessed. It is essential to consider how the results gained from the assessment can be used to enhance the wellbeing of the person who has been assessed.





2

Data-collection methods used in the MIKE instrument

The data-collection methods in the MIKE instrument are INTERVIEW and OBSERVATION. To obtain sufficient information, it is recommended that both methods are used. However, it is possible to use only one of them if necessary.


The interview part includes *the instructions, form, and picture cards for answering.*


The observation part includes *the instructions and form.*



MEMORY MIKE -Interview form  



Name: _____
 Date: _____ Time: _____ Place: _____
 Assessor: _____

For each of the questions, choose and mark the answer you find the most appropriate.

 Means **YES** or that you have **positive** feelings about the matter in question.

 Means **NO** or that you are not happy about the matter in question, or you have **negative** feelings about it.

		
1. How do you feel about your general health?		
2. Are you happy with your ability to move around?		
3. Do you feel energetic?		
4. How have you been feeling lately?		
5. Do you accept yourself the way you are?		
6. Are you excited about and interested in different things?		

MEMORY MIKE -Observation form  

Name: _____
 Date: _____ Time: _____
 Assessor: _____
 Place: _____
 Observed activity: _____ Duration: _____

	F	A	N	O	X
1. Getting started with the activity/initiative					
2. Self-confidence/courage					
3. Making choices					
4. Expressing interest (also gestures, body language)					
5. Focusing on the activity					
6. Problem-solving and correcting errors					
7. Expressing emotions (also gestures, body language)					
8. Expressing good mood/happiness					
9. Taking other people into consideration					
10. Making eye contact					
11. Participating in conversation (not necessarily verbally)					

Note:

F Fails to perform
A Performs/expresses when assisted, slight difficulties
N Performs/expresses fully unassisted, on a normal level
O Expresses too much in relation to the subject in question, 'overperforms'
X Cannot be assessed. Observation is not possible, since the activity at hand does not involve the subject in question.

Interview in the MIKE assessment

This part of the MIKE instrument is a structured interview; that is, a survey questionnaire. A structured interview consists of strictly predetermined questions and a fixed choice of answers. This type of interview is easy to conduct, and it does not take long to respond to the questions. (Hirsjärvi & Hurme 2001) In the MIKE instrument, the structured interview method was chosen not only for its ease of use but also because it is often easier for a person with a memory disorder to answer close-ended yes/no questions than open-ended questions, which require more complex verbal expression. Using this type of interview also makes summarising and monitoring the results easier and faster. If the person with a memory disorder is supposed to fill in the form independently, the assessor – if possible, with the person – must carefully consider whether the person is capable of understanding the questions and answering them. Apart from the difficulties caused by the memory disorder in relation to processing data, the person's ability to fill in the form independently may be limited by impairments to their eyesight, perceptive skills or dexterity, or by a lack of experience of filling in questionnaires.

What makes an interview a challenging method is that the results are completely dependent on the motivation of the interviewee and their capability to produce information. The self-reflection involved in the interview requires a certain level of cognitive skill, which is why using an interview as a method of assessment becomes more difficult as the memory disorder progresses. Nevertheless, the MIKE instrument emphasises the opportunity for the person with a memory disorder to bring out

their view, even though other people might not find it realistic. It is recommended that the interview is conducted without the family present, because their presence may affect the answers or they might try to respond on behalf of the person with a memory disorder. When looking into the factors connected to a person's subjective quality of life, some of the topics may be very intimate for the respondent. In the interview part of the MIKE instrument, the types of questions that some people may have difficulty discussing with strangers are the ones dealing with finances, life values, and convictions. It is possible that the interviewee will find the situation and the questions unpleasant or even threatening. (Hirsjärvi et al. 2007) Examples of the factors that can cause errors in the interview include anxiety caused by the situation, insufficient answering time, too many questions asked at a time, excessive interpretation from the interviewer, and insisting on retrieving an answer despite the inability of the interviewee to answer. (Hirsjärvi & Hurme 2001)

An interview can provide valuable, direct information from the point of view of the interviewee, but it is also a good way of establishing a co-operative relationship. It is meaningful for a person with a memory disorder to feel that they are working with a familiar person and that they are in "good hands". A safe atmosphere establishes the prerequisites for a successful interview. An interview also gives the interviewee the feeling that their opinion is valued and that they have the chance to participate in their own care and rehabilitation.

Observation in the MIKE assessment

As the memory disorder progresses, the capability for verbal communication gradually decreases; but the desire to interact with others remains for the rest of one's life (McCarthy 2011). A progressing memory disorder impairs not only the ability to communicate verbally but also the capability of self-reflection, and an interview alone cannot always bring us an extensive enough understanding of a person's situation. Therefore, observation of activities was chosen as the second part of the MIKE instrument. By taking non-verbal communication into account, observation adds valuable information to the assessment. Non-verbal communication includes, for example, facial expressions, gaze, gestures, body movements, and postures, as well as stress, pauses, and volume of speech. Verbal communication conveys facts. Non-verbal communication conveys attitudes, emotions, and energy levels. The advantage of observation is that the observer and the observed do not need to share a common spoken language. In observation-based methods, the assessment of the wellbeing and quality of life of a person with a memory disorder is based on the person's behaviour and their expression of emotions (Härmä & Granö 2010).

A memory disorder, together with physical changes related to ageing, alters a person's gestures, facial expressions, and postures. For example, in the 'expressing good mood/happiness' section of the observation form, a gesture could be a faint smile, a short glance, or a subtle shift in the body. We tend to expect a joyful exclamation or a verbal message as a sign of happiness. Therefore, it is important that the person using the MIKE instrument knows how to interact with people with memory disorders and

is familiar with the effects of the memory disorder on behaviour.

A person working with people with a memory disorder constantly makes informal observations. However, in a structured observation, the assessor focuses on observing only certain factors of the ability to function (Finlay 2004). The MIKE instrument is used to observe the psychological and social abilities to function of a person with a memory disorder. On the observation form, there are also items that are usually categorised as cognitive functions (getting started with an activity, focusing on an activity, and problem-solving and correction of errors). The people with a memory disorder who participated in the development of the MIKE instrument said, for example, that the weakening of their initiative causes feelings of inferiority and failure, which has an impact on how they perceive themselves. These particular areas were chosen for the observation form because they can be relatively clearly observed. In addition, results have shown it is possible to influence these areas; for example, through participation in rehabilitation groups.

When observing activities, it is worth keeping in mind that a person's functional performance is always affected not only by their personal skills but also by the activity at hand and the surroundings (Polatajko et al. 2007). Therefore, when planning the assessment, attention should be paid to the selection of the activity and to the suitability of the environment. The environment does not usually affect the motor skills as much as it affects the psychosocial skills, which are the object of assessment in the MIKE instrument.

When assessment is done by observation, it is important to distinguish between observation and interpretation. The assessor does not need to interpret what they are seeing. Observations are things that can be seen through the eyes and heard through the ears. For example, the fact that a person is smiling is an observation; to say that the person is smiling because they are happy is an interpretation. In reality, the person could be smiling to be polite or to conceal what they are actually feeling. Accordingly, it is advisable for the observer to try to consider the person they are observing as a whole in order to gain enough information. Here is a simple guideline for observation: do not do anything (do not interpret, guess, think or believe), but focus on what is happening on the concrete level (Dunderfelt 2002).

A risk involved in observation is that the assessor makes interpretations of what they are seeing, which can skew the results of the assessment. Observation-based instruments are indeed prone to similar errors to those of assessments collected from relatives of the person being assessed. The reliability of the assessment can be enhanced by using an assessor who has known the assessed person for a long time (Falk et al. 2007). It takes time to become a skilled observer. Some people are more sensitive than others to differences in behaviour. According to the feedback from the people who participated in testing the MIKE instrument, conducting an observation was seen as more difficult than conducting an interview. It also took more time.

Aside from the skills of the observer, their mere presence can affect the performance of the person who is being assessed. Consequently, the observer should be as passive and unnoticeable as possible. For this reason, when observing group activities it is recommended that someone else leads the group. When an assessment is done at home, a second health professional is rarely available. In these cases, when reflecting on the results of the assessment, it is advisable to reflect on the possible effects of the assessor's actions on the actions of the person with a memory disorder. This reflection can be entered in the "further information" section of the form.



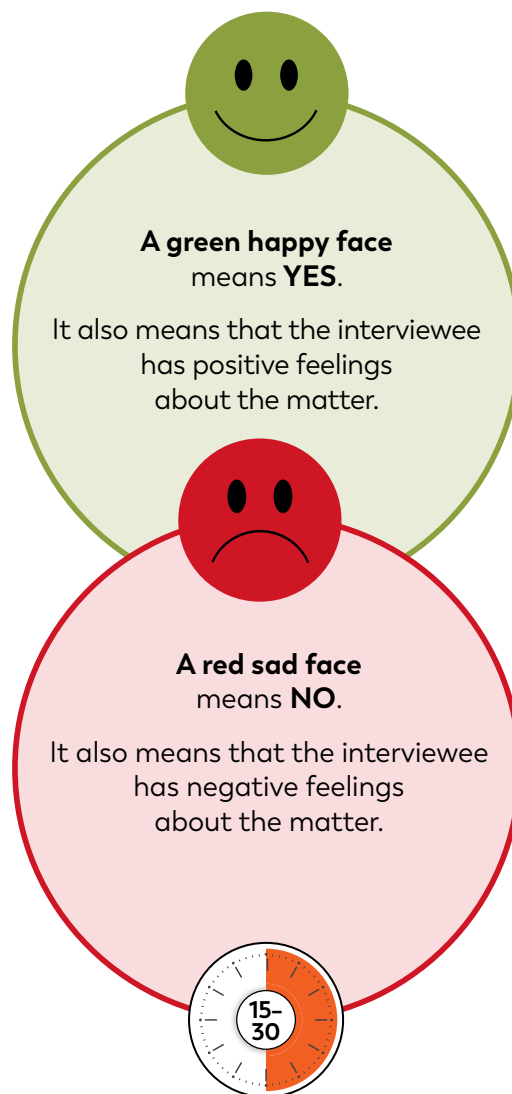
Instructions for using the MIKE instrument



Interview form

There are 15 questions on the interview form. They cover all areas of the WHO definition of quality of life: the person's physical health, psychological state, social relationships, autonomy, personal beliefs, and relationship to salient features of their environment (WHO 2004). The person who is being assessed fills in the form independently or with the assessor, or they are interviewed. In groups, the participants may fill in the form at the same time if their ability to function and the environment allow. The person being assessed can be asked which method they would prefer, or, when necessary, the assessor can decide which would be appropriate in each case. **It is good to bear in mind that an interview often provides more information than independent form-filling. An interview also gives the person with a memory disorder the impression that people want to listen to them.**

There are only two answer options on the form, which makes it easier for the person with a memory disorder to perform self-reflection and to choose the answers. If the interviewee has difficulties with understanding the questions, responding to them orally, or concentrating on the interview, the interview can be done with the help of picture cards (attached to the instrument). Picture cards can also be introduced in the middle of the interview, if the need arises. On one side of the picture cards there are two coloured faces, and on the other the text YES and NO.



The time needed to fill in the interview form depends on the interviewee, but the average assessment time is **15-30 minutes**.

Instructions for conducting the interview

It is recommended that interviewers conduct the assessment in a calm and unhurried way. It is good to use the same place on each occasion of assessment, because different surroundings can affect the results of the assessment. Before the interview, it is important to create a confidential atmosphere and allow some time for discussing other things with the interviewee. Start the assessment interview by explaining why you are doing the assessment and how long it should take. To prevent differences in the results among different interviewers, follow the instructions and wording provided as closely as possible. If needed, you can also approach the questions through informal conversation.

If you are using picture cards, introduce them to the interviewee before starting the test. If the interviewee routinely gives the same answer to each question, you can ask further questions. However, leading should be avoided. Asking, for example “Are you in a good mood?” (question 4) is not advisable, since it is easy for the interviewee to answer “yes” without considering other options.

There are only two answer options, and the interviewee should make a choice between them. The in-between option has been purposely left out, because many people would prefer to choose it for almost every question. If the person being assessed is filling in the form independently, remind them that even a slight tendency to one direction or the other is enough. Use the “further information” section at the end of the form to note any additional information that is relevant to the assessment.

Here is one example of beginning the interview:

“The purpose of this interview is to find out what you personally think of your life at the moment.

I’m going to ask you some questions, to which you can choose the most appropriate answer from two alternatives.

If any particular section is difficult to understand, feel free to ask what it means.

“Are you ready?”

If the person being assessed is filling in the form independently, explain the objective of the assessment and then let them continue alone. You can provide help if any particular section is causing them problems. When conducting an interview, read the answer options aloud after every question. When using the picture cards, read the answer options while showing the cards. You can start the interview as soon as the interviewee is ready and has understood the purpose of the interview.

“Let’s begin!”

MEMORY MIKE -Interview form

Active Age 55+


Logo: A circular logo with a blue border and a white center, containing the text "Active Age 55+" and a stylized figure of a person.


Name: _____



Date: _____ Time: _____ Place: _____

Assessor: _____

For each of the questions, choose and mark the answer you find the most appropriate.

 Means **YES** or that you have **positive** feelings about the matter in question.

 Means **NO** or that you are not happy about the matter in question, or you have **negative** feelings about it.

		
1. How do you feel about your general health?		
2. Are you happy with your ability to move around?		
3. Do you feel energetic?		
4. How have you been feeling lately?		
5. Do you accept yourself the way you are?		
6. Are you excited about and interested in different things?		



1. How do you feel about your general health? Good or bad?

The purpose of this question is to find out how the interviewee views their condition in general. If needed, you can explain that the concept of health covers **memory, movement, nutrition, illnesses**, etc. If the person answers that their health is neither good nor bad, ask them to assess which side they would incline to. The difference does not need to be significant.

2. Are you happy with your ability to move around? Yes or no?

In this context, moving around means walking by oneself (with or without a mobility aid). Some more detailed questions could be: **Are you able to move at home or in the vicinity in the way you wish? How do you find your physical condition? Do you have the mobility aids you need for moving about?**

3. Do you feel energetic? Yes or no?

The question aims to find out if the interviewee has the energy to take care of their own affairs. Some more detailed questions could be: ***Do you feel that you have the strength to do the things you want?*** Do you sleep well? If the interviewee comments that their energy levels vary, ask them to assess how they have felt most often lately. The reasons for varying energy levels can also be discussed.

4. How have you been feeling lately? Good or bad?

This question aims to find out the interviewee's general mood over a longer period of time, which can mean this question can be difficult for a person with a memory disorder. A more detailed question could be: ***Have you felt happy or glum lately?***

5. Do you accept yourself the way you are? Yes or no?

This question is connected to self-knowledge and often requires reflecting, so the interviewee should be given enough time to answer. A person can think that they might not be able to do certain things, but they can still be happy. Acceptance plays a significant part in quality of life. Some more detailed questions could be: ***Are you happy with yourself? Do you feel that you can be yourself?***

6. Are you excited about and interested in different things? Yes or no?

When a person's general mood is good, they have interests that they try to pursue when possible. Some more detailed questions could be: ***What kinds of things do you like? What kinds of things make you feel enthusiastic?***

7. Do you have opportunities to do things you enjoy (for example, hobbies or clubs)? Yes or no?

A memory disorder weakens a person's ability to move about on their own, even in a familiar environment. Hobbies and clubs are activities that often take place outside the home, which is why this question also covers moving around. The question also aims to find out whether the interviewee is regularly able to do things that match their interests. Some more detailed questions could be: **Do you go to a club? Is it easy to get there from your home? Do you wish that you had other things to do?** If the interviewee answers that they do not participate in anything, ask for a reason for this and enter it in the "further information" section. If you know that the interviewee participates, for example, in club activities, but they do not remember or mention it, do not ask them about it but note it in the "further information" section.

8. Do you get enough help or support if you need it? Yes or no?

This question aims to find out whether the interviewee needs help or support, and, if yes, whether this need is met. Some more detailed questions could be: **Do you get help for the things that you cannot do by yourself? Do you have someone to turn to for support?** In the "further information" section, you can note who is helping and what kind of help is needed.

9. Are you happy with your ability to take care of your daily chores? Yes or no?

The purpose of this question is to find out how well a person has adapted to the possible changes caused by the weakened ability to function in relation to managing everyday tasks. A person with a memory disorder often has to give up doing their banking, for example, but this might not necessarily bother them much. A more detailed question could be: **Are you able to manage your daily chores in the way you wish?** In connection with this question, how it feels to receive help can also be discussed.

10. Do you feel that you have enough money to run your daily errands? Yes or no?

A memory disorder impairs the capability to understand financial matters, but they are still meaningful. With respect to quality of life, it is the interviewee's own feelings that matter the most. Even if the person has money, they may be afraid that they do not have enough, because they have difficulties understanding its value. A more detailed question could be: **Are you happy with your financial situation?** If the interviewee appears to be suspicious when asked this question, emphasise that quantitative information about their assets is not needed.

11. Are you happy with your residential environment? Yes or no?

This question covers both the home and the neighbouring area. Some more detailed questions could be: ***What do you think of your current home? What about the surroundings of your home, such as the outdoor areas and services?***

12. Do you have opportunities to do things that correspond to your life values and convictions? Yes or no?

Life values and convictions guide a person's actions. This question covers, for example, religion, political stance, and sexual orientation. The question does not aim to find out about the values or convictions of the interviewee, unless they specifically want to talk about them. The point is to find out whether the interviewee is able to live according to their values.

13. Do you feel safe? Yes or no?

Apart from causing feelings of insecurity, difficulties with moving about, and difficulties perceiving the environment, a progressive memory disorder causes psychological symptoms, such as delusions and suspiciousness. A person with a memory disorder can feel insecure, even in their own home. A more detailed question could be: ***Are you afraid of something?***

14. Do you have enough friends and close relatives? Yes or no?

Sometimes, one close person is enough. The interviewee gets to define what is enough for them. A more detailed question could be: ***Do you have people who you stay in touch with?***

15. Do you suffer from loneliness? Yes or no?

A person can feel lonely even if they have other people around them. On the other hand, some people do not feel lonely even if they seldom meet with other people. This question aims to find out about the negative feelings that are caused specifically by loneliness. Some more detailed questions could be: ***Do you have to spend too much time without the company of other people? Does the lack of company make you feel sad or distressed?***

Note: This question is put separately at the end of the form, since the verbal answer option, which deviates from the other sections, may interfere with the filling in the rest of the form.

Further information

As the interview proceeds, enter any additional information relevant to the assessment here. To facilitate monitoring, note down the number of the question that is associated with each piece of information.





Activity observation form

The observer monitors the activities of the person with a memory disorder; for example, in a social club or during daily chores at home. The more the memory disorder has progressed, the more familiar an activity and environment needs to be for the observation. It is rare for an assessment to have identical conditions on every occasion. However, similar conditions enhance the reliability of the assessment. You can increase the similarities, for example, by choosing similar activities and a similar time of day for the assessment. The MIKE instrument does not define an ideal duration for the observed activity, but the activities should consist of several phases. In the “observed activity” section of the observation form, enter the activity being done by the person being assessed (for example, watercolour painting, cooking porridge) and the duration of the activity/observation. You can also write down whether the activity was done in a group or alone. When observing a group activity, define the task being done by the person observed as clearly as possible (for example, “baking as a group activity: the task of the observed person was to peel and chop the apples”). Since the environment is a relevant factor, you should also note the place on the form.

If the assessment is conducted during a club meeting, for example, choose the person to be assessed in advance. Before the assessment, ask the person for permission. If the person refuses the assessment, do not conduct it. At the beginning of the group meeting, you can mention that an assessment is going to be conducted through observation during

the meeting. Try to be as unnoticeable as possible, since the idea is that the person being assessed and the other group members act naturally. Only make notes in the sections that are relevant to what actually occurs. There is no need to make interpretations. If you cannot complete a section, it is marked with an X (cannot be assessed). Each assessor must not observe more than one or two people at a time, depending on the activity and the people being assessed.

Observation requires concentration, so the same person should not lead the activity and observe at the same time. When assessing an activity, things do not occur in the same order as listed on the form. Getting acquainted with the form in advance makes it easier to follow this assessment method. You can make notes for each section either during the activity or immediately after it.

MEMORY **MIKE** - Observation form  

Name: _____

Date: _____ Time: _____

Assessor: _____

Place: _____

Observed activity: _____ Duration: _____

	F	A	N	O	X
1. Getting started with the activity/initiative					
2. Self-confidence/courage					
3. Making choices					
4. Expressing interest (also gestures, body language)					
5. Focusing on the activity					
6. Problem-solving and correcting errors					
7. Expressing emotions (also gestures, body language)					
8. Expressing good mood/happiness					
9. Taking other people into consideration					
10. Making eye contact					
11. Participating in conversation (not necessarily verbally)					

Note:

F Fails to perform
A Performs/expresses when assisted, slight difficulties
N Performs/expresses fully unassisted, on a normal level
O Expresses too much in relation to the subject in question, 'overperforms'
X Cannot be assessed. Observation is not possible, since the activity at hand does not involve the subject in question.



Instructions for filling in the observation form:

The marks used in the observation form are not numerals, because no points are added up. The changes that have taken place in each section between assessments are more important than the total score. The marking codes in the form are:

- F** Fails to perform
- A** Performs/expresses when assisted, slight difficulties
- N** Performs/expresses fully unassisted, on a normal level
- O** Expresses too much in relation to the subject in question, "overperforms"
- X** Cannot be assessed. Observation is not possible, since the activity at hand does not involve the subject in question.

1. Getting started with the activity/initiative

- F:** The person does not start the activity at all, even with guidance.
- A:** The person starts the activity when assisted; for example, after a verbal suggestion.
- N:** The person starts the activity unassisted at the right time.
- O:** The person starts the activity before they have been given sufficient instructions.

2. Self-confidence/courage

- F:** The person cannot find positive things about himself or herself, and does not express personal opinions. Underrates himself or herself.
- A:** The person often underrates himself or herself but is capable of accepting compliments. For example, when the person is told where they have succeeded, they notice their skills, may express they have these skills, and appear pleased. The person easily agrees with others. When encouraged, they try out new things.
- N:** The person has the courage to have their own opinion and expresses it. They are happy with what they do or are able to explain, in a realistic way, why they feel that they have not succeeded in something. They have the courage to try out new things.
- O:** The person can be reckless. They bring themselves forward and do not care about other people's opinions. The person takes a lot of space from the other participants and demands attention.

3. Making choices

- F:** The person is unable to make any choices.
- A:** The person cannot make choices unassisted but is able to decide between a few options that have been introduced. Alternatively, the person makes the choice unassisted, but they take considerably longer to do so than a person without a memory disorder would take.
- N:** The person can make appropriate choices. They know what they want.
- O:** The person makes choices but does not keep to their decisions. They keep changing their opinion or choices (too frequently).

4. Expressing interest (also gestures, body language)

- F:** The person does not appear to be interested in anything during the activity. They seem absent.
- A:** The person shows some signs of interest; for example, following the activities with their gaze or turning/reaching towards a person or an object (the speaker, the activity on the table, etc.).
- N:** The person expresses interest in an appropriate manner. The person also respects the opinions and interests of others.
- O:** The person strongly expresses interest. Their reaction is too strong in relation to the situation. For example, this can manifest as an overemphasised interest in other people's matters. The person tends to get too close to others.

5. Focusing on the activity

- F:** The person cannot focus on the activity at all.
- A:** The person can focus for a little while. They might abandon the activity, but they return to it when assisted.
- N:** The person focuses on the activity for the required time and with an appropriate level of intensity.
- O:** The person gets immersed in the activity. They have difficulties leaving it, and they are not able to pay attention to their surroundings.

6. Problem-solving and correcting errors

- F:** The person does not notice that they have made an error and they do not attempt to correct it, even when prompted to do so. The person is incapable of planning actions/solving problems.
- A:** The person notices that they have made an error, when it is hinted at it. When assisted, the person is also able to correct the error. The person is capable of solving simple problems.
- N:** The person notices that they have made an error and corrects it spontaneously. The person is capable of solving everyday problems.
- O:** The person finds errors or problems that are not essential. They come up with solutions that do not really contribute to achieving the desired result. Their problem-solving lacks logic.

7. Expressing emotions (also gestures, body language)

- F:** The person is almost inexpressive and absent. They do not react to situations or the things they are hearing.
- A:** The person may react cautiously to the things happening around them; for example, by smiling. Their ability to understand humour has declined.
- N:** The person reacts in ways that are appropriate for the situation. They show emotion.
- O:** The person overreacts in relation to the situation. They express exaggerated emotions, and they easily get stuck in their current mood, not getting out of it.

8. Expressing good mood/happiness

- F:** The person does not express good mood/happiness.
- A:** The person subtly expresses good mood through gestures and facial expressions. The person smiles.
- N:** The person expresses happiness and good mood through facial expressions, gestures, voice, and behaviour in a way that is appropriate for the situation. They may explain what has made them happy.
- O:** The person often laughs out loud inappropriately. The laughter is forced. The person may stick at a funny thing or cannot let go of it.

9. Taking other people into consideration

- F:** The person does not take other people into consideration. For example, they are unable to wait for their turn to speak.
- A:** The person readily focuses on himself or herself (does not consider the needs of others); for example, often interrupting others. The person is able to listen when reminded that it is someone else's turn to talk.
- N:** The person takes other people into consideration in an appropriate manner. For example, they offer to help if they notice that someone needs it.
- O:** The person pays too much attention to others. For example, they can complete an activity on behalf of someone else, or they keep commenting on or asking things about other people.

10. Making eye contact

- F:** It is not possible to make eye contact with the person. They may also deliberately avoid direct eye contact.
- A:** The person makes eye contact when assisted; for example, when their name is called or they are taken by the hand.
- N:** The person makes eye contact in an appropriate manner.
- O:** The person stares continuously and may bring their face very close to someone else's.

11. Participating in conversation (not necessarily verbally)

- F:** The person does not participate in conversation. They do not answer questions. They appear not to follow the conversation at all.
- A:** The person does not start a conversation or volunteer opinions, but they respond when asked. The person seems to understand what the conversation is about. Their gestures and facial expressions are attentive.
- N:** The person participates in the conversation in an appropriate manner. They take others into consideration. For example, the person lets others talk without interrupting, starts conversations, and asks the opinions of others.
- O:** The person wants to dominate the conversation. They interrupt others and do not wait for their turn. They do not respect others or their opinions.





After the assessment

There are no specific instructions in the MIKE instrument for recording the results of the assessment. Choose the recording method according to your needs and preferences.

Since no total score is calculated in the MIKE instrument, you will need to compare each section separately after the person has been assessed for a second time. Record the sections where changes have occurred. In order to avoid any interference from the results of the previous assessment, do not revise them until after the second assessment. If the assessment brings out things that require action, or other significant aspects, it is advisable to note them down as well. You may also discover a need for a more thorough assessment of the ability to function while conducting the MIKE assessment. If the person with a memory disorder participates in activities provided by an organisation, you can guide them to seek services provided by the public sector as well, if needed. Services that are relevant for the quality of life of a person with a memory disorder can include home services (for example, home care and meals) and other activities that support the ability to function (mobility aids, transportation,

and rehabilitative group activities). With the person's permission, the results of the assessment and their situation in life can also be discussed with the family.

It is important to tell the assessed person the results of their assessment, if the person wants to hear them. Discussing how the person felt about the assessment is also recommended, since a person with a memory disorder may be left with an unclear understanding of the situation. If the assessment has revealed things that are reducing the person's subjective quality of life, you can discuss ideas for influencing them with the assessed person.

When the MIKE instrument is used to explore the general effects of group activities, the results of the individual assessments can be combined in a broader, group-level summary. To protect privacy, it must not be possible to detect data collected from individual people.

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