

Subject Case Report Forms
2018_01_25 - ALL_FORMS

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Subject Information - Baseline

Generated On: 30 Jan 2018 01:17:03

Was this form done?

- 0=Not done or attempted ☐ ①
- 1=Totally complete ☒
- 2=Comp but tech error ☐
- 3=Partially done ☐
- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

Reason why not completed

②

Handedness

- 1=Right ☒ ③
- 2=Left ☐
- 3=Mixed ☐
- 4=Both ☐

Occupation - Longest

④

Occupation - Most Recent

⑤

How long have you lived in Olmsted County

Fixed Unit: years ⑥

Retirement status:

- 0=Not retired ☒ ⑦
- 1=Retired ☐

Retirement date (year):

⑧

Marital status:

- 1=Single, never married ☐ 9
- 2=Married ☐
- 3=Separated ☐
- 4=Divorced ☐
- 5=Widowed ☐
- 6=Living together, not married ☐
- 7=Other, specify ☐
- 9=Don't know ☐
- 98=Refused ☐

Marital Status other, specify

10

Has marital status changed in the last year?

- 0=No ☐ 11
- 1=Yes ☐

If yes, when:

Date of Change

13

Residence:

- 1=House ☐ 14
- 2=Apt./Townhouse/Condo ☐
- 3=Retirement community ☐
- 4=Nursing home ☐
- 5=Convent ☐
- 6=Assisted living ☐

Has residence status changed in the last year?

- 0=No ☐ 15
- 1=Yes ☐

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If yes, when:

Date of change

17

Living arrangement:

0=Live alone

18

1=Live with spouse only

2=Live with other family/friend

3=Nursing home/convent

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① L2ALZ_VIS_ 1 ADD			0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		L2ALZ_VIS_ ADD
② L2ALZ_VIS_ \$100 RES					L2ALZ_VIS_ RES
③ L2ALZ_HAN 1 D			1 = 1=Right 2 = 2=Left 3 = 3=Mixed 4 = 4=Both		L2ALZ_HAN D
④ L2ALZ_OCC 3 2			L2ALZ_OCC UPAT		L2ALZ_OCC 2

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⑤ L2ALZ_OCC 3 1			L2ALZ_OCC UPAT		L2ALZ_OCC 1
⑥ L2ALZ_YRSI 3.1 NOLM					L2ALZ_YRSI NOLM
⑦ L2ALZ_RET 1 STAT			0 = 0=Not retired 1 = 1=Retired		L2ALZ_RET STAT
⑧ L2ALZ_RET yyyy DATE					L2ALZ_RET DATE
⑨ L2ALZ_MAR 2 ITAL			1 = 1=Single, never married 2 = 2=Married 3 = 3=Separated 4 = 4=Divorced 5 = 5=Widowed 6 = 6=Living together, not married 7 = 7=Other, specify 9 = 9=Don't know 98 = 98=Refused		L2ALZ_MAR ITAL

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑩ L2ALZ_MSS \$30 PECFY					L2ALZ_MSS PECFY
⑪ L2ALZ_MAR 1 CHNGE			0 = 0=No 1 = 1=Yes		L2ALZ_MAR CHNGE
⑬ L2ALZ_MAR dd- MMM- CHNGE_DT yyyy					L2ALZ_MAR CHNGE_DT
⑭ L2ALZ_RESI 1 DE			1 = 1=House 2 = 2=Apt./Town house/Condo 3 = 3=Retiremen t community 4 = 4=Nursing home 5 = 5=Convent 6 = 6=Assisted living		L2ALZ_RESI DE
⑮ L2ALZ_RES 1 CHGE			0 = 0=No 1 = 1=Yes		L2ALZ_RES CHGE
⑰ L2ALZ_RES dd- MMM- CHGE_DT yyyy					L2ALZ_RES CHGE_DT

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
18 L2ALZ_LIVE 1 ARNG			0 = 0=Live alone 1 = 1=Live with spouse only 2 = 2=Live with other family/friend 3 = 3=Nursing home/conve nt		L2ALZ_LIVE ARNG

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5=Part done/pt problem ☐

8=Not needed ☐

9=Done in other study ☐

Reason why not completed

②

Retirement status:

0=Not retired ☐ ③

1=Retired ☐

Retirement date (year):

④

Marital status:

1=Single, never married ☐ ⑤

2=Married ☐

3=Separated ☐

4=Divorced ☐

5=Widowed ☐

6=Living together, not married ☐

7=Other, specify ☐

9=Don't know ☐

98=Refused ☐

Marital Status other, specify

⑥

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Has marital status changed in the last 15 months or since last visit?

0=No ☐ **7**
1=Yes ☐

If yes, when?

Date of Change

9

Residence:

1=House ☐ **10**
2=Apt./Townhouse/Condo ☐
3=Retirement community ☐
4=Nursing home ☐
5=Convent ☐
6=Assisted living ☐

Has residence status changed in the last 15 months or since last visit?

0=No ☐ **11**
1=Yes ☐

If yes, when?

Date of Change

13

Living arrangement:

0=Live alone ☐ **14**
1=Live with spouse only ☐
2=Live with other family/friend ☐
3=Nursing home/convent ☐

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② L2ALZ_VIS_ \$100 RES					L2ALZ_VIS_ RES
③ L2ALZ_RET 1 STAT			0 = 0=Not retired 1 = 1=Retired		L2ALZ_RET STAT
④ L2ALZ_RET yyyy DATE					L2ALZ_RET DATE

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑤ L2ALZ_MAR 2 ITAL			1 = 1=Single, never married 2 = 2=Married 3 = 3=Separated 4 = 4=Divorced 5 = 5=Widowed 6 = 6=Living together, not married 7 = 7=Other, specify 9 = 9=Don't know 98 = 98=Refused		L2ALZ_MAR ITAL
⑥ L2ALZ_MSS \$30 PECFY					L2ALZ_MSS PECFY
⑦ L2ALZ_MAR 1 CHNGE			0 = 0=No 1 = 1=Yes		L2ALZ_MAR CHNGE
⑨ L2ALZ_MAR dd- MMM- CHNGE_DT yyyy					L2ALZ_MAR CHNGE_DT
⑩ L2ALZ_RESI 1 DE			1 = 1=House 2 = 2=Apt./Town house/Condo		L2ALZ_RESI DE

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Retiremen t community 4 = 4=Nursing home 5 = 5=Convent 6 = 6=Assisted living		
11 L2ALZ_RES 1 CHGE			0 = 0=No 1 = 1=Yes		L2ALZ_RES CHGE
13 L2ALZ_RES dd- MMM- CHGE_DT yyyy					L2ALZ_RES CHGE_DT
14 L2ALZ_LIVE 1 ARNG			0 = 0=Live alone 1 = 1=Live with spouse only 2 = 2=Live with other family/friend 3 = 3=Nursing home/conve nt		L2ALZ_LIVE ARNG

2018_01_25: ALL_FORMS

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Form: Vital Signs

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9=Done in other study ☐

Reason why not completed

②

Height:

inches (in) ☐ ③

centimeters (cm) ☐

Weight:

pounds (lb) ☐ ④

kilograms (kg) ☐

Body Mass Index (BMI)

Fixed Unit: kg/m² ⑤

If female, age 30-49: Currently pregnant?

0=No ☐ ⑥

1=Yes ☐

If female, age 30-49: Currently nursing?

0=No ☐ ⑦

1=Yes ☐

Pulse:

⑧

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Respiratory rate:

9

First blood pressure reading

Sitting blood pressure

Systolic blood pressure:

11

Diastolic blood pressure:

12

Second blood pressure reading

Sitting blood pressure

Systolic blood pressure:

14

Diastolic blood pressure:

15

Abdominal girth (measure at the level of the umbilicus over minimal clothing such as a light shirt or blouse at the end of a normal exhalation.)

inches (in) 16
centimeters (cm)

Hip measurement (measure at the widest part of the hips including the buttocks.)

inches (in) 17
centimeters (cm)

Measure of mobility

Time to walk 25 feet (with or without assistive device) Enter ND if not done

Fixed Unit: seconds 18

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With or without assistive device?

1=With assistance

☐ 19

0=Without assistance

☐

GAITRite walkway completed?

0=No

☐ 20

1=Yes

☐

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① L2ALZ_VITA 1 LSADD			0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		L2ALZ_VITA LSADD
② L2ALZ_VITA \$100 LSRES					L2ALZ_VITA LSRES
③ L2ALZ_HT	4.1	1 = inches (in) 2 = centimeters (cm)			L2ALZ_HT
④ L2ALZ_WT	4.1	1 = pounds (lb) 2 = kilograms (kg)			L2ALZ_WT

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	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
5	L2ALZ_BMI	4.2				L2ALZ_BMI
6	PREGNANT	1		0 = 0=No 1 = 1=Yes		PREGNANT
7	NURSING	1		0 = 0=No 1 = 1=Yes		NURSING
8	L2ALZ_PUL SE	3				L2ALZ_PUL SE
9	L2ALZ_RES PRATE	2				L2ALZ_RES PRATE
11	L2ALZ_SYS BP1ST	3				L2ALZ_SYS BP1ST
12	L2ALZ_DIAB P1ST	3				L2ALZ_DIAB P1ST
14	L2ALZ_SYS BP2ND	3				L2ALZ_SYS BP2ND
15	L2ALZ_DIAB P2ND	3				L2ALZ_DIAB P2ND
16	L2ALZ_ABD GIRTH	4.1	1 = inches (in)			L2ALZ_ABD GIRTH

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
		2 = centimeters (cm)			
17 L2ALZ_HIP MEAS	4.1	1 = inches (in) 2 = centimeters (cm)			L2ALZ_HIP MEAS
18 L2ALZ_MOB 2 ILITY					L2ALZ_MOB ILITY
19 L2ALZ_ASSI 1 ST			1 = 1=With assistance 0 = 0=Without assistance		L2ALZ_ASSI ST
20 L2ALZ_GAIT 1 RITE			0 = 0=No 1 = 1=Yes		L2ALZ_GAIT RITE

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Form: MCSA Historical Interview/Risk Factor Assessment - Short Form (Baseline)

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8=Not needed ☐

9=Done in other study ☐

Reason why not completed

②

1. - Who is providing information?

Subject

☐ ④

Study Partner

☐ ⑤

2. - Do you have any concerns about your short term memory that interferes with your daily activities?

0=No ☐ ⑥

2=A little, simply a nuisance,
not enough to have a major
impact ☐

1=Yes ☐

3. - Overall, would you say your health is:

1=Excellent ☐ ⑦

2=Very good ☐

3=Good ☐

4=Fair ☐

5=Poor ☐

Head Trauma

4. - Have you **ever** experienced any head injuries that led you to see a doctor, stay in the hospital, lose your memory, or to become unconscious (this may have happened from falls, objects hitting the head, automobile accidents, "contact" sports accidents, fights)?

0=No ☐ **9**
1=Yes ☐
9=Do not know ☐

[If no or don't know, go to #11]

5. - If **yes**, how many head injuries have you had? _____

10

6. - How old were you (was he/she) at the time of the first injury? _____

11

7. - Did this injury cause loss of memory or loss of consciousness?

0=No ☐ **12**
1=Yes ☐
9=Do not know ☐

[If no or don't know, go to #9]

8. - For how long were you (was he/she) unconscious, or unable to remember?

1=Momentary (less than 1 minute) ☐ **13**
2=Less than 30 minutes ☐
3=30 minutes to 24 hours ☐
4=More than 24 hours ☐
8=N/A ☐
9=Do not know ☐

9. - Did you ever see a doctor or were you brought to an emergency room for a head injury?

0=No ☐ **14**
1=Yes ☐
8=N/A ☐
9=Don't know ☐

10. - Were you hospitalized because of this injury?

0=No ☐ **15**
1=Yes ☐
8=N/A ☐
9=Don't know ☐

Tobacco Use

11. - Have you ever smoked at least 100 cigarettes (about 5 packs) in your lifetime? **[If no, go to #13.]**

0=No ☐ **17**
1=Yes ☐

If yes, at what age did you start smoking? _____

18

12. - Do you smoke cigarettes now?

0=No ☐ **19**
1=Yes ☐

If yes, how many cigarettes per day do you usually smoke (number per day)? _____

20

If no:

How many cigarettes **did** you smoke (number per day)? _____

22

In what year did you stop smoking cigarettes? _____

23

At what age did you stop smoking cigarettes? _____

24

How many years total did you smoke cigarettes? _____

25

13. - Have you ever used ANY of the following tobacco products **20 TIMES OR MORE** in your lifetime?

Pipes

0=Never used ☐ **27**

1=Currently use ☐

2=Used in the past ☐

If you have used pipes, number of years used? _____ **28**

If you have used pipes, number of times per day now or past? _____ **29**

Cigars

0=Never used ☐ **30**

1=Currently use ☐

2=Used in the past ☐

If you have used cigars, number of years used? _____ **31**

If you have used cigars, number of times per day now or past? _____ **32**

Snuff (Skoal, Skoal Bandits, Copenhagen)

0=Never used ☐ **33**

1=Currently use ☐

2=Used in the past ☐

If you have used snuff, number of years used? _____ **34**

If you have used snuff, number of times per day now or past? _____ **35**

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Chewing tobacco (Redman, Levi Garrett, Beechnut)

0=Never used ☐ 36
1=Currently use ☐
2=Used in the past ☐

If you have used chewing tobacco, number of years used? _____ 37

If you have used chewing tobacco, number of times per day
now or past? _____ 38

Nicotine patches

0=Never used ☐ 39
1=Currently use ☐
2=Used in the past ☐

If you have used nicotine patches, number of years used? _____ 40

If you have used nicotine patches, number of times per day
now or past? _____ 41

Nicotine gum (like nicorette)

0=Never used ☐ 42
1=Currently use ☐
2=Used in the past ☐

If you have used nicotine gum, number of years used? _____ 43

If you have used nicotine gum, number of times per day now
or past? _____ 44

Alcohol Use

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14. - Have you ever been diagnosed with alcoholism or having an alcohol problem? **If "NO" END form here**

0=No ☐ **46**
1=Yes ☐

15. - How many years did you have an alcohol problem?
(enter 999 for don't know)

47

16. - How many years ago did you cease drinking? (enter 999 for don't know)

48

17. - Did you ever suffer an illness or injury as a direct result of alcoholism or an alcohol problem?

0=No ☐ **49**
1=Yes ☐

Describe:

50

18. - Have you ever felt you should cut down on your drinking?

0=No ☐ **51**
1=Yes ☐
8=Refused ☐
9=Don't know ☐

19. - Have people ever annoyed you by criticizing your drinking?

0=No ☐ **52**
1=Yes ☐
8=Refused ☐
9=Don't know ☐

20. - Have you ever felt bad or guilty about drinking?

0=No ☐ **53**
1=Yes ☐
8=Refused ☐
9=Don't know ☐

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21. - Have you ever taken a drink first thing in the morning to steady your nerves or get rid of a hangover?

0=No ☐ **54**
1=Yes ☐
8=Refused ☐
9=Don't know ☐

22. - Did you ever receive any treatment for your drinking?

0=No ☐ **55**
1=Yes ☐
8=Refused ☐
9=Don't know ☐

23. - If yes, at what age (or ages)?

56

Age:

57

Age:

58

24. - Did you ever have liver problems because of your drinking?

0=No ☐ **59**
1=Yes ☐
8=Refused ☐
9=Don't know ☐

25. - If yes, at what age (or ages)?

60

Age:

61

Age:

62

26. - Did you ever need to be hospitalized because of your drinking?

0=No ☐ **63**

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1=Yes ☐
8=Refused ☐
9=Don't know ☐

27. - If yes, at what age (or ages)? 64

Age: 65

Age: 66

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② HIRFAB_RE \$100 S					HIRFAB_RE S
④ SOURCE_P 1 T					SOURCE_P T
⑤ SOURCE_IN 1 F					SOURCE_IN F

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑥ NHIS1_SF_ B	1		0 = 0=No 2 = 2=A little, simply a nuisance, not enough to have a major impact 1 = 1=Yes		NHIS1_SF_ B
⑦ HEALTH	1		1 = 1=Excellent 2 = 2=Very good 3 = 3=Good 4 = 4=Fair 5 = 5=Poor		HEALTH
⑨ HEADTR	1		0 = 0=No 1 = 1=Yes 9 = 9=Do not know		HEADTR
⑩ HEADTRNM	2				HEADTRNM
⑪ HEADTAGE	3.1				HEADTAGE
⑫ MEMLOSS	1		0 = 0=No 1 = 1=Yes 9 = 9=Do not know		MEMLOSS

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13 MEMLOSST	1		1 = 1=Momentary (less than 1 minute) 2 = 2=Less than 30 minutes 3 = 3=30 minutes to 24 hours 4 = 4=More than 24 hours 8 = 8=N/A 9 = 9=Do not know		MEMLOSST
14 HEADTREM	1		0 = 0=No 1 = 1=Yes 8 = 8=N/A 9 = 9=Don't know		HEADTREM
15 HEADTRHO	1		0 = 0=No 1 = 1=Yes 8 = 8=N/A 9 = 9=Don't know		HEADTRHO
17 SMOKE	1		0 = 0=No 1 = 1=Yes		SMOKE
18 SMKEAGE	3				SMKEAGE

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19	SMKENOW	2		0 = 0=No 1 = 1=Yes		SMKENOW
20	SMKENUM	2				SMKENUM
22	SMKEPST	2				SMKEPST
23	STOPYR	yyyy				STOPYR
24	STOPAGE	2				STOPAGE
25	SMKEYRS	2				SMKEYRS
27	PIPES	1		0 = 0=Never used 1 = 1=Currently use 2 = 2=Used in the past		PIPES
28	PIPEYRS	3.1				PIPEYRS
29	PIPEDAY	3.1				PIPEDAY
30	CIGARS	2		0 = 0=Never used		CIGARS

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			1 = 1=Currently use 2 = 2=Used in the past		
31 CIGRYRS	3.1				CIGRYRS
32 CIGRDAY	3.1				CIGRDAY
33 SNUFF	1		0 = 0=Never used 1 = 1=Currently use 2 = 2=Used in the past		SNUFF
34 SNUFFYRS	3.1				SNUFFYRS
35 SNUFFDAY	3.1				SNUFFDAY
36 CHEWTOB	1		0 = 0=Never used 1 = 1=Currently use 2 = 2=Used in the past		CHEWTOB
37 CHEWYRS	3.1				CHEWYRS

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
38 CHEWDAY	3.1				CHEWDAY
39 NICPATCH	1		0 = 0=Never used 1 = 1=Currently use 2 = 2=Used in the past		NICPATCH
40 NICPYRS	3.1				NICPYRS
41 NICPDAY	3.1				NICPDAY
42 NICGUM	1		0 = 0=Never used 1 = 1=Currently use 2 = 2=Used in the past		NICGUM
43 NICGYRS	3.1				NICGYRS
44 NICGDAY	3.1				NICGDAY
46 NHISQ16	1		0 = 0=No 1 = 1=Yes		NHISQ16
47 NHIS23	3				NHIS23

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: MCSA Historical Interview/Risk Factor Assessment - Short Form (Baseline)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
48 NHIS24	5.2				NHIS24
49 NHIS25	1		0 = 0=No 1 = 1=Yes		NHIS25
50 NHIS25DS	\$50				NHIS25DS
51 NHIS26	1		0 = 0=No 1 = 1=Yes 8 = 8=Refused 9 = 9=Don't know		NHIS26
52 NHIS27	1		0 = 0=No 1 = 1=Yes 8 = 8=Refused 9 = 9=Don't know		NHIS27
53 NHIS28	1		0 = 0=No 1 = 1=Yes 8 = 8=Refused 9 = 9=Don't know		NHIS28
54 NHIS29	1		0 = 0=No 1 = 1=Yes 8 = 8=Refused		NHIS29

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: MCSA Historical Interview/Risk Factor Assessment - Short Form (Baseline)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			9 = 9=Don't know		
55 NHIS30	1		0 = 0=No 1 = 1=Yes 8 = 8=Refused 9 = 9=Don't know		NHIS30
56 NHIS31A	3				NHIS31A
57 NHIS31B	3				NHIS31B
58 NHIS31C	3				NHIS31C
59 NHIS32	1		0 = 0=No 1 = 1=Yes 8 = 8=Refused 9 = 9=Don't know		NHIS32
60 NHIS33A	3				NHIS33A
61 NHIS33B	3				NHIS33B
62 NHIS33C	3				NHIS33C

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: MCSA Historical Interview/Risk Factor Assessment - Short Form (Baseline)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
63 NHIS34	1		0 = 0=No 1 = 1=Yes 8 = 8=Refused 9 = 9=Don't know		NHIS34
64 NHIS35A	3				NHIS35A
65 NHIS35B	3				NHIS35B
66 NHIS35C	3				NHIS35C

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: MCSA Historical Interview/Risk Factor Assessment - Short Form (Follow-up)

Generated On: 30 Jan 2018 01:17:03

Was this form done?

0=Not done or attempted ☐ ①

1=Totally complete ☒

2=Comp but tech error ☐

3=Partially done ☐

4=Attempted/no data ☐

5=Part done/pt problem ☐

8=Not needed ☐

9=Done in other study ☐

Reason why not completed

②

1. - Who is providing information?

Subject

☐ ④

Study Partner

☐ ⑤

2. - Since your last visit with us, have you had any concerns about your short term memory that interferes with your daily activities?

0=No ☐ ⑥

2=A little, simply a nuisance,
not enough to have a major
impact ☐

1=Yes ☐

3. - Overall, would you say your health is:

1=Excellent ☐ ⑦

2=Very good ☐

3=Good ☐

4=Fair ☐

5=Poor ☐

Head Trauma

4. - Since your last visit with us, have you experienced any head injuries that led you to see a doctor, stay in the hospital, lose your memory, or to become unconscious (this may have happened from falls, objects hitting the head, automobile accidents, "contact" sports accidents, fights)?

[If no go to #9]

0=No ☐ **9**
1=Yes ☐
9=Do not know ☐

5. - Did this injury cause loss of memory or loss of consciousness?

[If no or don't know, go to #7]

0=No ☐ **10**
1=Yes ☐
9=Do not know ☐

6. - For how long were you (was he/she) unconscious, or unable to remember?

1=Momentary (less than 1 minute) ☐ **11**
2=Less than 30 minutes ☐
3=30 minutes to 24 hours ☐
4=More than 24 hours ☐
8=N/A ☐
9=Do not know ☐

7. - Did you see a doctor or were you brought to an emergency room for this head injury?

0=No ☐ **12**
1=Yes ☐
8=N/A ☐
9=Don't know ☐

8. - Were you hospitalized because of this injury?

0=No ☐ **13**
1=Yes ☐
8=N/A ☐
9=Don't know ☐

Tobacco Use

9. - Do you smoke cigarettes now?

0=No ☐ 15
1=Yes ☐

10. - If **yes**, how many cigarettes per day do you usually smoke
(number per day)? _____

16

11. - Do you use ANY of the following tobacco products?

Pipes

0=Not current ☐ 18
1=Currently use ☐

If you use pipes, number of times per day now _____

19

Cigars

0=Not current ☐ 20
1=Currently use ☐

If you use cigars, number of times per day now _____

21

Snuff (Skoal, Skoal Bandits, Copenhagen)

0=Not current ☐ 22
1=Currently use ☐

If you use snuff, number of times per day now _____

23

Chewing tobacco (Redman, Levi Garrett, Beechnut)

0=Not current ☐ 24
1=Currently use ☐

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: MCSA Historical Interview/Risk Factor Assessment - Short Form (Follow-up)

Generated On: 30 Jan 2018 01:17:03

If you use chewing tobacco, number of times per day now _____ (25)

Nicotine patches 0=Not current (26)
1=Currently use ☐

If you use nicotine patches, number of times per day now _____ (27)

Nicotine gum (like nicorette) 0=Not current (28)
1=Currently use ☐

If you use nicotine gum, number of times per day now _____ (29)

Alcohol Use

12. - Since your last visit, have you been diagnosed with alcoholism or having an alcohol problem? **If "NO" END form here** 0=No (31)
1=Yes ☐

13. - Do you feel you should cut down on your drinking? 0=No (32)
1=Yes ☐
8=Refused ☐
9=Don't know ☐

14. - Do people ever annoy you by criticizing your drinking? 0=No (33)
1=Yes ☐
8=Refused ☐
9=Don't know ☐

15. - Do you ever feel bad or guilty about drinking? 0=No (34)

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: MCSA Historical Interview/Risk Factor Assessment - Short Form (Follow-up)

Generated On: 30 Jan 2018 01:17:03

1=Yes ☐
8=Refused ☐
9=Don't know ☐

16. - Do you ever take a drink first thing in the morning to steady your nerves or get rid of a hangover?

0=No ☐ **35**
1=Yes ☐
8=Refused ☐
9=Don't know ☐

17. - Since your last visit, have you received any treatment for your drinking?

0=No ☐ **36**
1=Yes ☐
8=Refused ☐
9=Don't know ☐

18. - Since your last visit, have you had liver problems because of your drinking?

0=No ☐ **37**
1=Yes ☐
8=Refused ☐
9=Don't know ☐

19. - Since your last visit, have you been hospitalized because of your drinking?

0=No ☐ **38**
1=Yes ☐
8=Refused ☐
9=Don't know ☐

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: MCSA Historical Interview/Risk Factor Assessment - Short Form (Follow-up)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① HIRFAF_AD 1 D			0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		HIRFAF_AD D
② HIRFAF_RE \$100 S					HIRFAF_RE S
④ SOURCE_P 1 T					SOURCE_P T
⑤ SOURCE_IN 1 F					SOURCE_IN F

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: MCSA Historical Interview/Risk Factor Assessment - Short Form (Follow-up)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑥ NHIS1	1		0 = 0=No 2 = 2=A little, simply a nuisance, not enough to have a major impact 1 = 1=Yes		NHIS1
⑦ HEALTH	1		1 = 1=Excellent 2 = 2=Very good 3 = 3=Good 4 = 4=Fair 5 = 5=Poor		HEALTH
⑨ HEADTR_SF1_F			0 = 0=No 1 = 1=Yes 9 = 9=Do not know		HEADTR_SF_F
⑩ MEMLOSS_SF_F	1		0 = 0=No 1 = 1=Yes 9 = 9=Do not know		MEMLOSS_SF_F
⑪ MEMLOSST_SF_F	1		1 = 1=Momentar y (less than 1 minute)		MEMLOSST_SF_F

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: MCSA Historical Interview/Risk Factor Assessment - Short Form (Follow-up)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Less than 30 minutes 3 = 3=30 minutes to 24 hours 4 = 4=More than 24 hours 8 = 8=N/A 9 = 9=Do not know		
12 HEADTREM 1 _SF_F			0 = 0=No 1 = 1=Yes 8 = 8=N/A 9 = 9=Don't know		HEADTREM _SF_F
13 HEADTRHO 1 _SF_F			0 = 0=No 1 = 1=Yes 8 = 8=N/A 9 = 9=Don't know		HEADTRHO _SF_F
15 SMKENOW 2			0 = 0=No 1 = 1=Yes		SMKENOW
16 SMKENUM 2					SMKENUM
18 PIPESFU 1			0 = 0=Not current		PIPESFU

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: MCSA Historical Interview/Risk Factor Assessment - Short Form (Follow-up)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			1 = 1=Currently use		
19 PIPEDAY	3.1				PIPEDAY
20 CIGARSFU	1		0 = 0=Not current 1 = 1=Currently use		CIGARSFU
21 CIGRDAY	3.1				CIGRDAY
22 SNUFFFU	1		0 = 0=Not current 1 = 1=Currently use		SNUFFFU
23 SNUFFDAY	3.1				SNUFFDAY
24 CHEWFU	1		0 = 0=Not current 1 = 1=Currently use		CHEWFU
25 CHEWDAY	3.1				CHEWDAY

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: MCSA Historical Interview/Risk Factor Assessment - Short Form (Follow-up)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
26 NICPFU	1		0 = 0=Not current 1 = 1=Currently use		NICPFU
27 NICPDAY	3.1				NICPDAY
28 NICGFU	1		0 = 0=Not current 1 = 1=Currently use		NICGFU
29 NICGDAY	3.1				NICGDAY
31 NHIS21	1		0 = 0=No 1 = 1=Yes		NHIS21
32 NHIS26_SF_1 F			0 = 0=No 1 = 1=Yes 8 = 8=Refused 9 = 9=Don't know		NHIS26_SF_ F
33 NHIS27_SF_1 F			0 = 0=No 1 = 1=Yes 8 = 8=Refused 9 = 9=Don't know		NHIS27_SF_ F

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: MCSA Historical Interview/Risk Factor Assessment - Short Form (Follow-up)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
34 NHIS28_SF_1 F			0 = 0=No 1 = 1=Yes 8 = 8=Refused 9 = 9=Don't know		NHIS28_SF_ F
35 NHIS29_SF_1 F			0 = 0=No 1 = 1=Yes 8 = 8=Refused 9 = 9=Don't know		NHIS29_SF_ F
36 NHIS30_SF_1 F			0 = 0=No 1 = 1=Yes 8 = 8=Refused 9 = 9=Don't know		NHIS30_SF_ F
37 NHIS32_SF_1 F			0 = 0=No 1 = 1=Yes 8 = 8=Refused 9 = 9=Don't know		NHIS32_SF_ F
38 NHIS34_SF_1 F			0 = 0=No 1 = 1=Yes 8 = 8=Refused 9 = 9=Don't know		NHIS34_SF_ F

Was this form done?

- 0=Not done or attempted ☐ ①
- 1=Totally complete ☒
- 2=Comp but tech error ☐
- 3=Partially done ☐
- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

Reason why not completed

②

MEMORY

1. - How is your ability to remember the names of people you have just met?

- 1=Better than when I was younger ☐ ④
- 2=As good as when I was younger ☐
- 3=Slightly worse than when I was younger ☐
- 4=Definitely worse than when I was younger ☐

Response

⑤

2. - How is your ability to remember the faces of people you have just met?

- 1=Better than when I was younger ☐ ⑥
- 2=As good as when I was younger ☐
- 3=Slightly worse than when I was younger ☐
- 4=Definitely worse than when I was younger ☐
- 8=Not applicable ☐

Response

7

3. - How is your ability to remember the names of close friends and relatives?

- 1=Better than when I was younger ☐ 8
- 2=As good as when I was younger ☐
- 3=Slightly worse than when I was younger ☐
- 4=Definitely worse than when I was younger ☐

Response

9

4. - How is your ability to remember appointments correctly?

- 1=Better than when I was younger ☐ 10
- 2=As good as when I was younger ☐
- 3=Slightly worse than when I was younger ☐
- 4=Definitely worse than when I was younger ☐

Response

11

5. - Do you feel as if you have any problems with any other aspect of your thinking or memory lately?

- 0=No ☐ 12
- 1=Yes ☐
- 9=Do not know ☐

Response

13

6. - I will give you a name and address to remember. Repeat this name and address after me.
(Repeat until phrase is correctly repeated or 3 trials.)
John Brown, 42 Market Street Chicago

Fixed Unit: Trials 14

Trial Completed ☐ 15

John ☐ 16

Brown ☐ 17

42 ☐ 18

Market Street ☐ 19

Chicago ☐ 20

Response ☐ 21

ORIENTATION

1 point for correct answer and 0 for anything else

7. - What is the date today? ☐ 1=Correct 23
☐ 0=Incorrect

8. - What day of the week is it? ☐ 1=Correct 24
☐ 0=Incorrect

9. - What is the month? ☐ 1=Correct 25
☐ 0=Incorrect

10. - What is the year? ☐ 1=Correct 26

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Blessed Memory Test

Generated On: 30 Jan 2018 01:17:03

0=Incorrect ☐

11. - What is the name of this place?

1=Correct ☒ (27)
0=Incorrect ☐

12. - What city are we in?

1=Correct ☒ (28)
0=Incorrect ☐

13. - What time is it?

1=Correct ☒ (29)
0=Incorrect ☐

JUDGMENT AND PROBLEM SOLVING

1 point for correct answer and 0 for anything else

Example: How are these things alike: A pen and a pencil? (They are both writing instruments).

Example: How are these things different: Sugar and vinegar? (One is sweet and one is sour)

14. - How are these things alike: A turnip and a cauliflower?

1=vegetables ☒ (31)
0=anything else ☐

Response

(32)

15. - How are these things alike: A desk and a bookcase?

1=furniture, office furniture, ☒ (33)
both hold books
0=anything else ☐

Response

(34)

16. - How are these things different: A lie and a mistake?

1=deliberate, one ☒ (35)
unintentional

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Blessed Memory Test

Generated On: 30 Jan 2018 01:17:03

0=anything else ☐

Response

36

17. - How are these things different: A river and a canal?

1=natural - artificial ☐ 37

0=anything else ☐

Response

38

18. - How many nickels are there in a dollar?

1=twenty (20) ☐ 39

0=anything else ☐

Response

40

19. - How many quarters are there in \$6.75?

1=twenty seven (27) ☐ 41

0=anything else ☐

Response

42

20. - Subtract 3 from 20 and keep subtracting down by 3's.
(17, 14, 11, 8, 5, 2)

1=Correct ☐ 43

0=Incorrect ☐

Response

44

21. - Repeat the name and address I asked you to remember.
(John Brown, 42 Market Street, Chicago)

Fixed Unit: /5 45

2018_01_25: ALL_FORMS
Folder: Study Coordinator
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Generated On: 30 Jan 2018 01:17:03

John ☐ 46

Brown ☐ 47

42 ☐ 48

Market Street ☐ 49

Chicago ☐ 50

Response _____ 51

22. - Upon arriving in an unfamiliar city, how would you locate a friend that you wished to see?
(**Correct:** try the telephone book, go to the courthouse for a directory; call a mutual friend; search the internet;
Incorrect: call the police, call operator (usually will not give address); no clear response)

1=Correct ☐ 52
0=Incorrect ☐

Response _____ 53

Total Fixed Unit: /20 54

Ignore - for log line set up _____ 55

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Blessed Memory Test****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① BLES_ADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		BLES_ADD
② BLES_RES	\$100				BLES_RES
④ BLESSQ1	1		1 = 1=Better than when I was younger 2 = 2=As good as when I was younger 3 = 3=Slightly worse than when I was younger		BLESSQ1

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Blessed Memory Test

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Definitely worse than when I was younger		
⑤ BLESSQ1_R \$100 ES					BLESSQ1_R ES
⑥ BLESSQ2	1		1 = 1=Better than when I was younger 2 = 2=As good as when I was younger 3 = 3=Slightly worse than when I was younger 4 = 4=Definitely worse than when I was younger 8 = 8=Not applicable		BLESSQ2
⑦ BLESSQ2_R \$100 ES					BLESSQ2_R ES

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Blessed Memory Test****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
8 BLESSQ3	1		1 = 1=Better than when I was younger 2 = 2=As good as when I was younger 3 = 3=Slightly worse than when I was younger 4 = 4=Definitely worse than when I was younger		BLESSQ3
9 BLESSQ3_R \$100 ES					BLESSQ3_R ES
10 BLESSQ4	1		1 = 1=Better than when I was younger 2 = 2=As good as when I was younger 3 = 3=Slightly worse than when I was younger		BLESSQ4

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Blessed Memory Test****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Definitely worse than when I was younger		
11 BLESSQ4_R \$100 ES					BLESSQ4_R ES
12 BLESSQ5	2		0 = 0=No 1 = 1=Yes 9 = 9=Do not know		BLESSQ5
13 BLESSQ5_R \$100 ES					BLESSQ5_R ES
14 BLESSQ6T	1				BLESSQ6T
15 BLESSQ6T_1 TRIAL_COM PL					BLESSQ6T_ TRIAL_COM PL
16 BLESSQ6T_1 1					BLESSQ6T_ 1
17 BLESSQ6T_1 2					BLESSQ6T_ 2

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Blessed Memory Test****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
18 BLESSQ6T_1 3					BLESSQ6T_ 3
19 BLESSQ6T_1 4					BLESSQ6T_ 4
20 BLESSQ6T_1 5					BLESSQ6T_ 5
21 BLESSQ6T_ \$100 RES					BLESSQ6T_ RES
23 BLESSQ7	1		1 = 1=Correct 0 = 0=Incorrect		BLESSQ7
24 BLESSQ8	1		1 = 1=Correct 0 = 0=Incorrect		BLESSQ8
25 BLESSQ9	1		1 = 1=Correct 0 = 0=Incorrect		BLESSQ9
26 BLESSQ10	1		1 = 1=Correct 0 = 0=Incorrect		BLESSQ10

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Blessed Memory Test****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
27 BLESSQ11	1		1 = 1=Correct 0 = 0=Incorrect		BLESSQ11
28 BLESSQ12	1		1 = 1=Correct 0 = 0=Incorrect		BLESSQ12
29 BLESSQ13	1		1 = 1=Correct 0 = 0=Incorrect		BLESSQ13
31 BLESSQ14	1		1 = 1=vegetables 0 = 0=anything else		BLESSQ14
32 BLESSQ14_ RES	\$100				BLESSQ14_ RES
33 BLESSQ15	1		1 = 1=furniture, office furniture, both hold books		BLESSQ15

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Blessed Memory Test****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			0 = 0=anything else		
34 BLESSQ15_ \$100 RES					BLESSQ15_ RES
35 BLESSQ16	1		1 = 1=deliberate, one unintentional 0 = 0=anything else		BLESSQ16
36 BLESSQ16_ \$100 RES					BLESSQ16_ RES
37 BLESSQ17	1		1 = 1=natural - artificial 0 = 0=anything else		BLESSQ17
38 BLESSQ17_ \$100 RES					BLESSQ17_ RES
39 BLESSQ18	1		1 = 1=twenty (20) 0 = 0=anything else		BLESSQ18

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Blessed Memory Test****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
40 BLESSQ18_ \$100 RES					BLESSQ18_ RES
41 BLESSQ19 1			1 = 1=twenty seven (27) 0 = 0=anything else		BLESSQ19
42 BLESSQ19_ \$100 RES					BLESSQ19_ RES
43 BLESSQ20 1			1 = 1=Correct 0 = 0=Incorrect		BLESSQ20
44 BLESSQ20_ \$100 RES					BLESSQ20_ RES
45 BLESSQ21 1					BLESSQ21
46 BLESSQ21_ 1 1					BLESSQ21_ 1
47 BLESSQ21_ 1 2					BLESSQ21_ 2
48 BLESSQ21_ 1 3					BLESSQ21_ 3

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Blessed Memory Test****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
49 BLESSQ21_ 1 4					BLESSQ21_ 4
50 BLESSQ21_ 1 5					BLESSQ21_ 5
51 BLESSQ21_ \$100 RES					BLESSQ21_ RES
52 BLESSQ22 1			1 = 1=Correct 0 = 0=Incorrect		BLESSQ22
53 BLESSQ22_ \$100 RES					BLESSQ22_ RES
54 BLESSTOT 2					BLESSTOT
55 DUMMY_LO 1 GLINES			1 2 3	1: 1 2: 2 3: 3	DUMMY_LO GLINES

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Medications

Generated On: 30 Jan 2018 01:17:03

Was this form done?

0=Not done or attempted ☐ ①

1=Totally complete ☒

2=Comp but tech error ☐

3=Partially done ☐

4=Attempted/no data ☐

5=Part done/pt problem ☐

8=Not needed ☐

9=Done in other study ☐

Reason why not completed

②

MEDICATIONS

Please list **all** medications that **you are currently taking** (prescriptions and over-the-counter, including vitamin supplements, aspirin and other pain medications).

Check here if patient is not currently taking any medications (if no meds, please inactivate log line 1)

☐ ④

Medication name

⑤

Dose Taken

⑥

Dose Unit

1=mcg (micrograms) ☐ ⑦

2=mg (milligrams) ☐

3=gm (grams) ☐

4=standard tablet ☐

5=puffs ☐

6=% (for creams) ☐

7=units ☐

2018_01_25: ALL FORMS

Folder: Study Coordinator

Form: Medications

Generated On: 30 Jan 2018 01:17:03

8=meq (milliequivalents) ☐

9=IU (International Units) ☐

10=drops/GTT ☐

11=Tablespoons ☐

12=Teaspoons ☐

13=sprays ☐

14=mL (milliliters)/CC ☐

15=scoops ☐

Number of times taken

8

Unit of times taken

1=Day ☐ 9

2=Week ☐

3=Month ☐

4=Year ☐

Check here if PRN

☐ 10

Reason for medication

11

Date started (dd MON yyyy) (Baseline only)

12

Start Date Unknown (Baseline only)

☐ 13

Number years regular use of medication (Baseline only)

14

Medications, total number

15

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Medications****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① MEDS_ADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		MEDS_ADD
② MEDS_RES	\$100				MEDS_RES
④ MEDS_NOM	1 EDS				MEDS_NOM EDS
⑤ MEDNAME	\$30				MEDNAME
⑥ DOSE	\$10				DOSE

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Medications

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑦ DOSEUNIT	2		1 = 1=mcg (micrograms) 2 = 2=mg (milligrams) 3 = 3=gm (grams) 4 = 4=standard tablet 5 = 5=puffs 6 = 6=% (for creams) 7 = 7=units 8 = 8=meq (milliequiva lents) 9 = 9=IU (International Units) 10 = 10=drops/GT T 11 = 11=Tablespo ons 12 = 12=Teaspoo ns 13 = 13=sprays 14 = 14=mL (milliliters)/C C 15 = 15=scoops		DOSEUNIT

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Medications****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
8	HOWOFTEN	4.2				HOWOFTEN
9	TIMEUNIT	1		1 = 1=Day 2 = 2=Week 3 = 3=Month 4 = 4=Year		TIMEUNIT
10	MEDS_PRN	1				MEDS_PRN
11	REASTAKE	\$30				REASTAKE
12	MEDSTART DT	dd- MMM- yyyy				MEDSTART DT
13	MEDSTART DTUNK	1				MEDSTART DTUNK
14	NUMYEARS	4.2				NUMYEARS
15	NUMMEDS	2				NUMMEDS

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Family History Review

Generated On: 30 Jan 2018 01:17:03

Review Family History Questionnaire (form is at subject level)

☐ ①

Date Family History Questionnaire reviewed/updated

30 Jan 2018 ②

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Family History Review

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① FH_REVIEW 1					FH_REVIEW
② FH_SAVED_ DT	dd MMM yyyy		=NOW		FH_SAVED_ DT

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: BDI II (Beck Depression Inventory)

Generated On: 30 Jan 2018 01:17:03

Was this form done?

- 0=Not done or attempted ☐ ①
- 1=Totally complete ☒
- 2=Comp but tech error ☐
- 3=Partially done ☐
- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

Reason why not completed

②

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Darken the circle beside the statement you have picked. If several statements in the group seem to apply equally well, darken the circle that has the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. - Sadness

- 0=I do not feel sad. ☐ ④
- 1=I feel sad much of the time. ☐
- 2=I am sad all the time. ☐
- 3=I am so sad or unhappy that I can't stand it. ☐

2. - Pessimism

- 0=I am not discouraged about my future. ☐ ⑤
- 1=I feel more discouraged about my future than I used to be. ☐
- 2=I do not expect things to work out for me. ☐
- 3=I feel my future is hopeless and will only get worse. ☐

3. - Past Failure

0=I do not feel like a failure. ☐ 6

1=I have failed more than I
should have. ☐

2=As I look back, I see a lot of
failures. ☐

3=I feel I am a total failure as
a person. ☐

4. - Loss of Pleasure

0=I get as much pleasure as I
ever did from the things I
enjoy. ☐ 7

1=I don't enjoy things as much
as I used to. ☐

2=I get very little pleasure
from the things I used to
enjoy. ☐

3=I can't get any pleasure
from the things I used to
enjoy. ☐

5. - Guilty feelings

0=I don't feel particularly
guilty. ☐ 8

1=I feel guilty over many
things I have done or should
have done. ☐

2=I feel quite guilty most of
the time. ☐

3=I feel guilty all of the time. ☐

6. - Punishment Feelings

0=I don't feel I am being
punished. ☐ 9

1=I feel I may be punished. ☐

2=I expect to be punished. ☐

3=I feel I am being punished. ☐

7. - Self-Dislike

0=I feel the same about myself as ever. ☐ 10

1=I have lost confidence in myself. ☐

2=I am disappointed in myself. ☐

3=I dislike myself. ☐

8. - Self-Criticalness

0=I don't criticize or blame myself more than usual. ☐ 11

1=I am more critical of myself than I used to be. ☐

2=I criticize myself for all my faults. ☐

3=I blame myself for everything bad that happens. ☐

9. - Suicidal Thoughts or Wishes

0=I don't have any thoughts of killing myself. ☐ 12

1=I have thoughts of killing myself, but I would not carry them out. ☐

2=I would like to kill myself. ☐

3=I would kill myself if I had the chance. ☐

10. - Crying

0=I don't cry anymore than I used to. ☐ 13

1=I cry more than I used to. ☐

2=I cry over every little thing. ☐

3=I feel like crying, but I can't. ☐

11. - Agitation

0=I am no more restless or wound up than usual. ☐ 14

1=I feel more restless or wound up than usual. ☐

2=I am so restless or agitated ☐ that it's hard to stay still.
3=I am so restless or agitated ☐ that I have to keep moving or doing something.

12. - Loss of Interest

0=I have not lost interest in ☐ 15
other people or activities.
1=I am less interested in other ☐
people or things than before.
2=I have lost most of my ☐
interest in other people or
things.
3=It's hard to get interested in ☐
anything.

13. - Indecisiveness

0=I make decisions about as ☐ 16
well as ever.
1=I find it more difficult to ☐
make decisions than usual.
2=I have much greater ☐
difficulty in making decisions
than I used to.
3=I have trouble making any ☐
decisions.

14. - Worthlessness

0=I do not feel I am worthless. ☐ 17
1=I don't consider myself as ☐
worthwhile and useful as I
used to.
2=I feel more worthless as ☐
compared to other people.
3=I feel utterly worthless. ☐

15. - Loss of Energy

0=I have as much energy as ☐ 18
ever.

-
- 1=I have less energy than I used to have. ☐
- 2=I don't have enough energy to do very much. ☐
- 3=I don't have enough energy to do anything. ☐
-

16. - Changes in Sleeping Pattern

- 0=I have not experienced any change in my sleeping pattern. ☐ (19)
- 1a=I sleep somewhat more than usual. ☐
- 1b=I sleep somewhat less than usual. ☐
- 2a=I sleep a lot more than usual. ☐
- 2b=I sleep a lot less than usual. ☐
- 3a=I sleep most of the day. ☐
- 3b=I wake up 1-2 hours early and can't get back to sleep. ☐
-

17. - Irritability

- 0=I am no more irritable than usual. ☐ (20)
- 1=I am more irritable than usual. ☐
- 2=I am much more irritable than usual. ☐
- 3=I am irritable all the time. ☐
-

18. - Changes in Appetite

- 0=I have not experienced any change in my appetite. ☐ (21)
- 1a=My appetite is somewhat less than usual. ☐
- 1b=My appetite is somewhat greater than usual. ☐
- 2a=My appetite is much less than before. ☐
-

2b=My appetite is much ☐
greater than usual.

3a=I have no appetite at all. ☐

3b=I crave food all the time. ☐

19. - Concentration Difficulty

0=I can concentrate as well as ☐ (22)
ever.

1=I can't concentrate as well ☐
as usual.

2=It's hard to keep my mind ☐
on anything for very long.

3=I find I can't concentrate on ☐
anything.

20. - Tiredness or Fatigue

0=I am no more tired or ☐ (23)
fatigued than usual.

1=I get more tired or fatigued ☐
more easily than usual.

2=I am too tired or fatigued to ☐
do a lot of the things I used to
do.

3=I am too tired or fatigued to ☐
do most of the things I used to
do.

21. - Loss of Interest in Sex

0=I have not noticed any ☐ (24)
recent change in my interest
in sex.

1=I am less interested in sex ☐
than I used to be.

2=I am much less interested ☐
in sex now.

3=I have lost interest in sex ☐
completely.

BDI-II grand total

(25)

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BDI II (Beck Depression Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① BDI_ADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		BDI_ADD
② BDI_RES	\$100				BDI_RES
④ SADNESS	1		0 = 0=I do not feel sad. 1 = 1=I feel sad much of the time. 2 = 2=I am sad all the time.		SADNESS

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BDI II (Beck Depression Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=I am so sad or unhappy that I can't stand it.		
⑤ PESSIM	1		0 = 0=I am not discouraged about my future. 1 = 1=I feel more discouraged about my future than I used to be. 2 = 2=I do not expect things to work out for me. 3 = 3=I feel my future is hopeless and will only get worse.		PESSIM
⑥ PASTFAIL	1		0 = 0=I do not feel like a failure. 1 = 1=I have failed more than I should have.		PASTFAIL

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: BDI II (Beck Depression Inventory)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=As I look back, I see a lot of failures. 3 = 3=I feel I am a total failure as a person.		
⑦ LOSSPLES	1		0 = 0=I get as much pleasure as I ever did from the things I enjoy. 1 = 1=I don't enjoy things as much as I used to. 2 = 2=I get very little pleasure from the things I used to enjoy. 3 = 3=I can't get any pleasure from the things I used to enjoy.		LOSSPLES

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BDI II (Beck Depression Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
8 GUILTY	1		0 = 0=I don't feel particularly guilty. 1 = 1=I feel guilty over many things I have done or should have done. 2 = 2=I feel quite guilty most of the time. 3 = 3=I feel guilty all of the time.		GUILTY
9 PUNISH	1		0 = 0=I don't feel I am being punished. 1 = 1=I feel I may be punished. 2 = 2=I expect to be punished. 3 = 3=I feel I am being punished.		PUNISH

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BDI II (Beck Depression Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
10 DISLIKE	1		0 = 0=I feel the same about myself as ever. 1 = 1=I have lost confidence in myself. 2 = 2=I am disappointed in myself. 3 = 3=I dislike myself.		DISLIKE
11 CRITICAL	1		0 = 0=I don't criticize or blame myself more than usual. 1 = 1=I am more critical of myself than I used to be. 2 = 2=I criticize myself for all my faults. 3 = 3=I blame myself for everything bad that happens.		CRITICAL

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BDI II (Beck Depression Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
12 SUICIDAL	1		0 = 0=I don't have any thoughts of killing myself. 1 = 1=I have thoughts of killing myself, but I would not carry them out. 2 = 2=I would like to kill myself. 3 = 3=I would kill myself if I had the chance.		SUICIDAL
13 CRYING	1		0 = 0=I don't cry anymore than I used to. 1 = 1=I cry more than I used to. 2 = 2=I cry over every little thing. 3 = 3=I feel like crying, but I can't.		CRYING

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BDI II (Beck Depression Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
14 AGITATE	1		0 = 0=I am no more restless or wound up than usual. 1 = 1=I feel more restless or wound up than usual. 2 = 2=I am so restless or agitated that it's hard to stay still. 3 = 3=I am so restless or agitated that I have to keep moving or doing something.		AGITATE
15 NOINTRST	1		0 = 0=I have not lost interest in other people or activities. 1 = 1=I am less interested in other people or things than before.		NOINTRST

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: BDI II (Beck Depression Inventory)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=I have lost most of my interest in other people or things. 3 = 3=It's hard to get interested in anything.		
16 INDECISE	1		0 = 0=I make decisions about as well as ever. 1 = 1=I find it more difficult to make decisions than usual. 2 = 2=I have much greater difficulty in making decisions than I used to. 3 = 3=I have trouble making any decisions.		INDECISE

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: BDI II (Beck Depression Inventory)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
17 WORTHLES 1			0 = 0=I do not feel I am worthless. 1 = 1=I don't consider myself as worthwhile and useful as I used to. 2 = 2=I feel more worthless as compared to other people. 3 = 3=I feel utterly worthless.		WORTHLES
18 NOENERGY 1			0 = 0=I have as much energy as ever. 1 = 1=I have less energy than I used to have. 2 = 2=I don't have enough energy to do very much. 3 = 3=I don't have enough energy to do anything.		NOENERGY

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BDI II (Beck Depression Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
19 SLEPPATT \$2 ERN			0 = 0=I have not experienced any change in my sleeping pattern. 1a = 1a=I sleep somewhat more than usual. 1b = 1b=I sleep somewhat less than usual. 2a = 2a=I sleep a lot more than usual. 2b = 2b=I sleep a lot less than usual. 3a = 3a=I sleep most of the day. 3b = 3b=I wake up 1-2 hours early and can't get back to sleep.		SLEPPATT ERN

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BDI II (Beck Depression Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
20 IRITABLE	1		0 = 0=I am no more irritable than usual. 1 = 1=I am more irritable than usual. 2 = 2=I am much more irritable than usual. 3 = 3=I am irritable all the time.		IRITABLE
21 APPETITEC \$2 HG			0 = 0=I have not experienced any change in my appetite. 1a = 1a=My appetite is somewhat less than usual. 1b = 1b=My appetite is somewhat greater than usual. 2a = 2a=My appetite is much less than before.		APPETITEC HG

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: BDI II (Beck Depression Inventory)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2b = 2b=My appetite is much greater than usual. 3a = 3a=I have no appetite at all. 3b = 3b=I crave food all the time.		
22 CONCENTR 1			0 = 0=I can concentrate as well as ever. 1 = 1=I can't concentrate as well as usual. 2 = 2=It's hard to keep my mind on anything for very long. 3 = 3=I find I can't concentrate on anything.		CONCENTR

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: BDI II (Beck Depression Inventory)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
23 TIREDNES	1		0 = 0=I am no more tired or fatigued than usual. 1 = 1=I get more tired or fatigued more easily than usual. 2 = 2=I am too tired or fatigued to do a lot of the things I used to do. 3 = 3=I am too tired or fatigued to do most of the things I used to do.		TIREDNES
24 NOSEX	1		0 = 0=I have not noticed any recent change in my interest in sex. 1 = 1=I am less interested in sex than I used to be.		NOSEX

2018_01_25: ALL_FORMS
Folder: Study Coordinator
Form: BDI II (Beck Depression Inventory)
Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=I am much less interested in sex now. 3 = 3=I have lost interest in sex completely.		
25 BDI TOT	2				BDITOT

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: BAI (Beck Anxiety Inventory)

Generated On: 30 Jan 2018 01:17:03

Below is a list of common symptoms of anxiety. Please carefully read each item in the list. Indicate how much you have been bothered by each symptom during the PAST WEEK, INCLUDING TODAY, by selecting the corresponding option from the dropdown list next to each symptom.

Was this form done?

- 0=Not done or attempted ☐ ②
- 1=Totally complete ☒
- 2=Comp but tech error ☐
- 3=Partially done ☐
- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐
-

Reason why not completed

③

1. - Numbness or tingling.

- 0=Not at all ☐ ④
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐
-

2. - Feeling hot.

- 0=Not at all ☐ ⑤
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐
-

3. - Wobbliness in legs.

- 0=Not at all ☐ 6
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐

4. - Unable to relax.

- 0=Not at all ☐ 7
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐

5. - Fear of the worst happening.

- 0=Not at all ☐ 8
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐

6. - Dizzy or lightheaded.

- 0=Not at all ☐ 9
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐
-

7. - Heart pounding or racing.

- 0=Not at all ☐ 10
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐

8. - Unsteady.

- 0=Not at all ☐ 11
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐

9. - Terrified.

- 0=Not at all ☐ 12
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐

10. - Nervous.

- 0=Not at all ☐ 13
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐
-

11. - Feelings of choking.

- 0=Not at all ☐ **14**
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐

12. - Hands trembling.

- 0=Not at all ☐ **15**
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐

13. - Shaky.

- 0=Not at all ☐ **16**
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐

14. - Fear of losing control.

- 0=Not at all ☐ **17**
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐
-

15. - Difficulty breathing.

- 0=Not at all ☐ **18**
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐

16. - Fear of dying.

- 0=Not at all ☐ **19**
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐

17. - Scared.

- 0=Not at all ☐ **20**
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐

18. - Indigestion or discomfort in abdomen.

- 0=Not at all ☐ **21**
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐
-

19. - Faint.

- 0=Not at all ☐ (22)
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐

20. - Face flushed.

- 0=Not at all ☐ (23)
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐

21 - Sweating (not due to heat).

- 0=Not at all ☐ (24)
- 1=Mildly (It did not bother me much.) ☐
- 2=Moderately (It was very unpleasant, but I could stand it.) ☐
- 3=Severely (I could barely stand it.) ☐

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2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BAI (Beck Anxiety Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
② L2ALZ_BAI_1 ADD			0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		L2ALZ_BAI_ ADD
③ L2ALZ_BAI_ \$100 RES					L2ALZ_BAI_ RES
④ L2ALZ_NUM 1 B			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.)		L2ALZ_NUM B

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BAI (Beck Anxiety Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		
⑤ L2ALZ_FEE 1 LHOT			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.) 2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		L2ALZ_FEE LHOT
⑥ L2ALZ_WOB 1 BLE			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.)		L2ALZ_WOB BLE

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BAI (Beck Anxiety Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		
⑦ L2ALZ_NOR 1 ELAX			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.) 2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		L2ALZ_NOR ELAX
⑧ L2ALZ_FEA 1 RWRST			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.)		L2ALZ_FEA RWRST

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BAI (Beck Anxiety Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		
9 L2ALZ_DIZZ 1 Y			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.) 2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		L2ALZ_DIZZ Y
10 L2ALZ_HEA 1 RTRAC			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.)		L2ALZ_HEA RTRAC

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BAI (Beck Anxiety Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		
11 L2ALZ_UNST TEADY	1		0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.) 2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		L2ALZ_UNST TEADY
12 L2ALZ_TER RIFED	1		0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.)		L2ALZ_TER RIFED

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BAI (Beck Anxiety Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		
13 L2ALZ_NER 1 VOUS			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.) 2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		L2ALZ_NER VOUS
14 L2ALZ_CHO 1 KING			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.)		L2ALZ_CHO KING

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BAI (Beck Anxiety Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		
15 L2ALZ_TRE 1 MBLE			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.) 2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		L2ALZ_TRE MBLE
16 L2ALZ_SHA 1 KY			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.)		L2ALZ_SHA KY

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BAI (Beck Anxiety Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		
17 L2ALZ_LCO 1 NTROL			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.) 2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		L2ALZ_LCO NTROL
18 L2ALZ_D_B 1 REATH			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.)		L2ALZ_D_B REATH

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BAI (Beck Anxiety Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		
19 L2ALZ_DYIN 1 G			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.) 2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		L2ALZ_DYIN G
20 L2ALZ_SCA 1 RED			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.)		L2ALZ_SCA RED

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BAI (Beck Anxiety Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		
21 L2ALZ_INDI 1 GEST			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.) 2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		L2ALZ_INDI GEST
22 L2ALZ_FAIN 1 T			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.)		L2ALZ_FAIN T

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: BAI (Beck Anxiety Inventory)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		
23 L2ALZ_FLU 1 SHED			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.) 2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		L2ALZ_FLU SHED
24 L2ALZ_SWE 1 ATING			0 = 0=Not at all 1 = 1=Mildly (It did not bother me much.)		L2ALZ_SWE ATING

2018_01_25: ALL_FORMS

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Form: BAI (Beck Anxiety Inventory)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Moderately (It was very unpleasant, but I could stand it.) 3 = 3=Severely (I could barely stand it.)		

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Informant Information

Generated On: 30 Jan 2018 01:17:03

Was this form done?

0=Not done or attempted ☐ ①

1=Totally complete ☒

2=Comp but tech error ☐

3=Partially done ☐

4=Attempted/no data ☐

5=Part done/pt problem ☐

8=Not needed ☐

9=Done in other study ☐

Reason why not completed

②

Date of Contact

③

Comments/Contact Log

④

No informant/study partner available

☐ ⑤

INFORMANT INFORMATION

(If any changes, open up the whole form for editing)

First name

⑦

Last name

⑧

City

⑨

State

⑩

Home area code

⑪

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Informant Information

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Home phone number	<hr/>	12
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Work area code	<hr/>	13
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Work phone number	<hr/>	14
-------------------	-------	----

Cell area code	<hr/>	15
----------------	-------	----

Cell phone number	<hr/>	16
-------------------	-------	----

1. - Relationship:	1=Husband <input type="checkbox"/>	17
	2=Wife <input type="checkbox"/>	
	3=Son <input type="checkbox"/>	
	4=Daughter <input type="checkbox"/>	
	5=Son-in-law <input type="checkbox"/>	
	6=Daughter-in-law <input type="checkbox"/>	
	7=Other relative (specify) <input type="checkbox"/>	
	8=Friend/companion <input type="checkbox"/>	
	9=Paid caregiver (specify) <input type="checkbox"/>	
	10=Other (specify) <input type="checkbox"/>	

Other, specify	<hr/>	18
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2. - Do the informant and subject live together?	1=Yes <input type="checkbox"/>	19
	0=No <input type="checkbox"/>	

3. - How often does the informant see the subject?	1=Daily <input type="checkbox"/>	20
	2=Several times a week <input type="checkbox"/>	
	3=Once a week <input type="checkbox"/>	

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Informant Information

Generated On: 30 Jan 2018 01:17:03

4=Less than once a week ☐

4. - Has subject given permission to contact the informant?

1=Yes ☒ 21

0=No ☐

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Informant Information****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① INFM_ADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		INFM_ADD
② INFM_RES	\$100				INFM_RES
③ DOTEST	dd MMM yyyy				DOTEST
④ INF_COMM ENTS	\$200				INF_COMM ENTS
⑤ NOINFORM	1				NOINFORM
⑦ IFIRST	\$30				IFIRST

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Informant Information****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
8	ILAST	\$30				ILAST
9	CITY	\$30				CITY
10	STATE	\$2		L1_State		STATE
11	IAREA	3				IAREA
12	IPHONEC	7				IPHONEC
13	IAREA_WO RK	3				IAREA_WO RK
14	IPHONE_W ORK	7				IPHONE_W ORK
15	IAREA_CEL L	3				IAREA_CEL L
16	IPHONE_CE LL	7				IPHONE_CE LL
17	RELATION	2		1 = 1=Husband 2 = 2=Wife 3 = 3=Son 4 = 4=Daughter		RELATION

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Informant Information****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			5 = 5=Son-in-law 6 = 6=Daughter-in-law 7 = 7=Other relative (specify) 8 = 8=Friend/companion 9 = 9=Paid caregiver (specify) 10 = 10=Other (specify)		
18 RELATESP	\$30				RELATESP
19 LIVETOG	1		1 = 1=Yes 0 = 0=No		LIVETOG
20 OFTENSEE	1		1 = 1=Daily 2 = 2=Several times a week 3 = 3=Once a week 4 = 4=Less than once a week		OFTENSEE
21 GIVEPERM	1		1 = 1=Yes		GIVEPERM

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Informant Information

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
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| 0 = 0=No | | | | | |

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Clinical Dementia Rating - Interview

Generated On: 30 Jan 2018 01:17:03

Was this form done?

- 0=Not done or attempted ☐ ①
- 1=Totally complete ☒
- 2=Comp but tech error ☐
- 3=Partially done ☐
- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

Reason why not completed

②

Information provided by

- 1=Informant ☐ ③
- 2=Self report ☐

BACKGROUND ISSUES

1. - Does {S} have significant hearing difficulties that interfere with daily activities?

- 0=No ☐ ⑤
- 1=Yes ☐
- 9=Do not know ☐

2. - Does {S} have significant visual difficulties that interfere with daily activities?

- 0=No ☐ ⑥
- 1=Yes ☐
- 9=Do not know ☐

3. - Does {S} have significant walking or balance difficulties that interfere with daily activities?

- 0=No ☐ ⑦
- 1=Yes ☐
- 9=Do not know ☐

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Clinical Dementia Rating - Interview

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4. - Does {S} speak English as her/his first language?

0=No ☐ **8**
1=Yes ☐
9=Do not know ☐

5. - Are there any other extenuating circumstances for understanding {S} daily functioning?

0=None ☐ **9**
1=Mental retardation ☐
2=Severe illness ☐
3=Depression currently ☐
4=Other ☐

Comments on Background Issues

10

MEMORY FOR INFORMANT

*Use "0=No (or no evidence of)" if informant is uncertain or is unchanged from previous in adulthood.

6. - Has {S} been diagnosed with dementia, AD or mild cognitive impairment?

0=No ☐ **12**
1=Yes ☐

7. - Have you noticed any consistent changes in {S} **memory** over the past year?

0=No (or no evidence of)* ☐ **13**
0.5=Slight or possible ☐
1=Definite ☐

8. - Does {S} consistently complain about memory problems?

0=No ☐ **14**
1=Yes ☐

9. - Over the past year, does {S} forget recent events such as a trip, party, family gathering?

0=No (or no evidence of)* ☐ **15**
0.5=Rarely (once a week or less) ☐

1=Sometimes (several times ☐
per week but less than daily)
2=Frequently (every day or ☐
more often)

9a. - Does {S} keep track of current events: FAQ #7

0=Normal ☐ **16**
1=Has difficulty, but does by ☐
self
2=Requires assistance ☐
3=Dependent ☐
8=Not applicable (e.g., never ☐
did)

10. - Over the past year, does {S} repeat the same questions or stories more than once in a short period of time?

0=No (or no evidence of)* ☐ **17**
0.5=Rarely (once a week or ☐
less)
1=Sometimes (several times ☐
per week but less than daily)
2=Frequently (every day or ☐
more often)

11. - Over the past year, does {S} forget what people say in conversations?

0=No (or no evidence of)* ☐ **18**
0.5=Rarely (once a week or ☐
less)
1=Sometimes (several times ☐
per week but less than daily)
2=Frequently (every day or ☐
more often)

12. - Over the past year, does {S} forget appointments?

0=Remembers without written ☐ **19**
or verbal reminders
0.5=Remembers but with aid ☐
of notes, calendar
1=Remembers with verbal ☐
reminders on day

2=Usually forgets ☐
appointments

12a. - Remember appointments, family occasions, holidays,
medications: FAQ #9

0=Normal ☐ (20)
1=Has difficulty, but does by ☐
self
2=Requires assistance ☐
3=Dependent ☐
8=Not applicable (e.g., never ☐
did)

13. - Over the past year, does {S} forget names of close friends
or relatives?

0=No (or no evidence of)* ☐ (21)
0.5=Rarely (once a week or ☐
less)
1=Sometimes (several times ☐
per week but less than daily)
2=Frequently (every day or ☐
more often)

14. - Over the past year, does {S} spend more time looking for
belongings (papers, glasses, keys, wallet, jewelry, etc.)?

0=No (or no evidence of)* ☐ (22)
0.5=Rarely (once a week or ☐
less)
1=Sometimes (several times ☐
per week but less than daily)
2=Frequently (every day or ☐
more often)

15. - Over the past year, has {S} had trouble with forgetting
what he/she was doing in 'mid-stream'?

0=No (or no evidence of)* ☐ (23)
0.5=Rarely (once a week or ☐
less)
1=Sometimes (several times ☐
per week but less than daily)
2=Frequently (every day or ☐
more often)

Comments on Memory for Informant

24

ORIENTATION FOR INFORMANT

*Use "0=No (or no evidence of)" if informant is uncertain or is unchanged from previous in adulthood.

16. - Over the past year, do you think that {S} has more trouble knowing the exact day of the week and date?

- 0=No (or no evidence of)* ☐ 26
- 0.5=Rarely (once a week or less) ☐
- 1=Sometimes (several times per week but less than daily) ☐
- 2=Frequently (every day or more often) ☐
-

17. - In the past year, does {S} have trouble with directions in familiar areas such as {S's specific neighborhood}?

- 0=No (or no evidence of)* ☐ 27
- 0.5=Rarely (once a week or less) ☐
- 1=Sometimes (several times per week but less than daily) ☐
- 2=Frequently (every day or more often) ☐
-

17a. - Travel outside neighborhood, drive, take bus: FAQ #10. Also consult Community Affairs section question #30.

- 0=Normal ☐ 28
- 1=Has difficulty, but does by self ☐
- 2=Requires assistance ☐
- 3=Dependent ☐
- 8=Not applicable (e.g., never did) ☐
-

Comments on Orientation for Informant

29

JUDGMENT AND PROBLEM-SOLVING FOR INFORMANT

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18. - In the past year, do you believe that there are any changes in {S} thinking & judgment or ability to solve typical daily challenges?

0=No ☐ **31**
1=Yes ☐
9=Do not know ☐

19. - How would you rate {S} ability to handle unexpected problems such as household emergencies in the past year such as plumbing leaks or tripped fuses or circuit breakers?

0=As good as they have ever been ☐ **32**
0.5=Good, but not as good as before ☐
1=Fair, may be unable in some circumstances ☐
2=Poor ☐

20. - Have you noticed any changes in {S} ability to write checks, pay routine bills, cope with small sums of money e.g., make change, leave a small tip, handle cash in the past year?

0=No (or no evidence of), as good as they have ever been ☐ **33**
0.5=Yes, minimal difficulty ☐
1=Yes, considerable changes ☐

20a. - Write checks, pay bills, balance checkbook: FAQ #1

0=Normal ☐ **34**
1=Has difficulty, but does by self ☐
2=Requires assistance ☐
3=Dependent ☐
8=Not applicable (e.g., never did) ☐

21. - Have you noticed any changes in {S} ability to handle more complicated financial or business transactions (e.g., pay bills, decisions about investments and savings) in the past year?

0=No (or no evidence of), as good as they have ever been ☐ **35**
0.5=Yes, minimal difficulty ☐
1=Yes, considerable changes ☐

21a. - Assemble tax records, business affairs/papers: FAQ #2

0=Normal ☐ **36**
1=Has difficulty, but does by self ☐

2=Requires assistance ☐

3=Dependent ☐

8=Not applicable (e.g., never did) ☐

22. - Have you noticed that {S} has less initiative or desire to carry out necessary chores or activities?

0=No (or no evidence of), as good as they have ever been ☐ 37

0.5=Yes, minimal difficulty ☐

1=Yes, considerable changes ☐

23. - In the past year, do you believe there are **any other** changes in {S} thinking and judgment or ability to solve typical daily challenges?

0=No (or no evidence of)* ☐ 38

0.5=Yes, minimal slight or possible ☐

1=Definite yes ☐

2=Uncertain ☐

Comments on Judgment and Problem-solving for Informant

39

HOME & HOBBIES FOR INFORMANT

24. - Over the past year, have you noticed changes in {S} ability to do household chores?

0=No, same abilities as before ☐ 41

0.5=Yes, but not as good as before ☐

1=Yes, definitely decreased ☐

8=Never did any household chores ☐

9=Do not know ☐

24a. - For example, heating water, making a cup of coffee, turning off the stove: FAQ #5

0=Normal ☐ 42

1=Has difficulty, but does by self ☐

2=Requires assistance ☐

3=Dependent ☐

8=Not applicable (e.g., never did) ☐

24b. - For example, preparing a balanced meal: FAQ #6

0=Normal ☒ 43

1=Has difficulty, but does by self ☐

2=Requires assistance ☐

3=Dependent ☐

8=Not applicable (e.g., never did) ☐

25. - In the past year, did {S} have any trouble, compared to past abilities, using any of the following household appliances? washer, dryer, vacuum, dishwasher, power tool(s), toaster oven, range, microwave, food processor, television, VCR/DVD, lawn mower

0=No ☒ 44

0.5=Yes, but only briefly ☐

1=Yes, for more than briefly but eventually mastered ☐

2=Yes, never mastered ☐

8=Never used any ☐

9=Do not know ☐

26. - Over the past year, has {S} shown decreased interest in previous hobbies or pastimes, such as reading, woodworking, knitting, sewing, gardening, playing a game of skill (i.e. cards) etc.?*

*on cognitive grounds

0=No (or no evidence of) ☒ 45

0.5=Yes, slightly ☐

1=Yes, completely ☐

9=Never had hobbies or pastimes ☐

26a. - Playing game of skill, working on hobby: FAQ #4

0=Normal ☒ 46

1=Has difficulty, but does by self ☐

2=Requires assistance ☐

3=Dependent ☐

8=Not applicable (e.g., never did) ☐

26b. - Paying attention to, understanding or discussing TV, book or magazine. FAQ #8

0=Normal ☐ **47**
1=Has difficulty, but does by self ☐
2=Requires assistance ☐
3=Dependent ☐
8=Not applicable (e.g., never did) ☐

Comments on Home and Hobbies for Informant

48

COMMUNITY AFFAIRS FOR INFORMANT

27. - In the past year, has {S} been less involved in activities outside the home than previously?

0=No ☐ **50**
0.5=Yes, slightly ☐
1=Yes, completely ☐

28. - (If {S} is not retired) does {S} have significant difficulty at (paid or volunteer) a job because of problems with memory or thinking?

0=No ☐ **51**
1=Yes ☐
9=N/A ☐

29. - In the past year, has {S} had difficulty with shopping alone and making a purchase (at a grocery store, hardware store, department store) on her/his own?

0=No ☐ **52**
1=Yes ☐

29a. - Shopping alone for clothes/house necessities/groceries: FAQ #3

0=Normal ☐ **53**
1=Has difficulty, but does by self ☐
2=Requires assistance ☐

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3=Dependent ☐
8=Not applicable (e.g., never did) ☐

30. - In the past year, has {S} exhibited unsafe practices in operating a motor vehicle safely, such as having accidents or near misses, hesitating in intersections, running stop signs/lights, driving recklessly?

0=No ☒ 54
0.5=Some minor concerns ☐
1=Significant safety concerns ☐
3=Ceased driving because of safety ☐
8=Never drove or ceased driving for physical or sensory reasons ☐
9=Do not know ☐

30a. - Travel outside neighborhood, drive, take bus: FAQ #10, also consult orientation item #17

0=Normal ☒ 55
1=Has difficulty, but does by self ☐
2=Requires assistance ☐
3=Dependent ☐
8=Not applicable (e.g., never did) ☐

Comments on Community Affairs for Informant

56

PERSONAL CARE FOR INFORMANT

31. - Over the past year, do you think that {S} had any difficulty managing his/her own bathing, dressing or toileting?

0=Completely independent without supervision or concerns ☒ 58
1=Somewhat dependent on others for non-physical reasons ☐
2=Anything worse ☐

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Comments on Personal Care for Informant

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2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Clinical Dementia Rating - Interview****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① CDRS_ADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		CDRS_ADD
② CDRS_RES	\$100				CDRS_RES
③ INFOPROV	1		1 = 1=Informant 2 = 2=Self report		INFOPROV
⑤ CDRQ1	1		0 = 0=No 1 = 1=Yes 9 = 9=Do not know		CDRQ1

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Clinical Dementia Rating - Interview****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
6	CDRQ2	1		0 = 0=No 1 = 1=Yes 9 = 9=Do not know		CDRQ2
7	CDRQ3	1		0 = 0=No 1 = 1=Yes 9 = 9=Do not know		CDRQ3
8	CDRQ4	1		0 = 0=No 1 = 1=Yes 9 = 9=Do not know		CDRQ4
9	CDRQ5	1		0 = 0=None 1 = 1=Mental retardation 2 = 2=Severe illness 3 = 3=Depressio n currently 4 = 4=Other		CDRQ5
10	BACKGROU ND_COMME NT	\$200				BACKGROU ND_COMME NT
12	CDRQ6	1		0 = 0=No 1 = 1=Yes		CDRQ6

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
13 CDRQ7	2.1		0 = 0=No (or no evidence of)* 0.5 = 0.5=Slight or possible 1 = 1=Definite		CDRQ7
14 CDRQ8	1		0 = 0=No 1 = 1=Yes		CDRQ8
15 CDRQ9	2.1		0 = 0=No (or no evidence of)* 0.5 = 0.5=Rarely (once a week or less) 1 = 1=Sometime s (several times per week but less than daily) 2 = 2=Frequently (every day or more often)		CDRQ9

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
16 FAQQ7	1		0 = 0=Normal 1 = 1=Has difficulty, but does by self 2 = 2=Requires assistance 3 = 3=Dependen t 8 = 8=Not applicable (e.g., never did)		FAQQ7
17 CDRQ10	2.1		0 = 0=No (or no evidence of)* 0.5 = 0.5=Rarely (once a week or less) 1 = 1=Sometime s (several times per week but less than daily)		CDRQ10

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Frequently (every day or more often)		
18 CDRQ11	2.1		0 = 0=No (or no evidence of)* 0.5 = 0.5=Rarely (once a week or less) 1 = 1=Sometime s (several times per week but less than daily) 2 = 2=Frequently (every day or more often)		CDRQ11
19 CDRQ12	2.1		0 = 0=Remembe rs without written or verbal reminders 0.5 = 0.5=Remem bers but with aid of notes, calendar		CDRQ12

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			1 = 1=Remembe rs with verbal reminders on day 2 = 2=Usually forgets appointment s		
20 FAQQ9	1		0 = 0=Normal 1 = 1=Has difficulty, but does by self 2 = 2=Requires assistance 3 = 3=Dependen t 8 = 8=Not applicable (e.g., never did)		FAQQ9
21 CDRQ13	2.1		0 = 0=No (or no evidence of)* 0.5 = 0.5=Rarely (once a week or less)		CDRQ13

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			1 = 1=Sometime s (several times per week but less than daily) 2 = 2=Frequently (every day or more often)		
22 CDRQ14	2.1		0 = 0=No (or no evidence of)* 0.5 = 0.5=Rarely (once a week or less) 1 = 1=Sometime s (several times per week but less than daily) 2 = 2=Frequently (every day or more often)		CDRQ14

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
23 CDRQ15	2.1		0 = 0=No (or no evidence of)* 0.5 = 0.5=Rarely (once a week or less) 1 = 1=Sometime s (several times per week but less than daily) 2 = 2=Frequently (every day or more often)		CDRQ15
24 MEMORY_C \$200 OMMENT					MEMORY_C OMMENT
26 CDRQ16	2.1		0 = 0=No (or no evidence of)* 0.5 = 0.5=Rarely (once a week or less) 1 = 1=Sometime s (several times per week but less than daily)		CDRQ16

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Frequently (every day or more often)		
27 CDRQ17	2.1		0 = 0=No (or no evidence of)* 0.5 = 0.5=Rarely (once a week or less) 1 = 1=Sometime s (several times per week but less than daily) 2 = 2=Frequently (every day or more often)		CDRQ17
28 FAQQ10	1		0 = 0=Normal 1 = 1=Has difficulty, but does by self 2 = 2=Requires assistance 3 = 3=Dependen t		FAQQ10

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			8 = 8=Not applicable (e.g., never did)		
29 ORIENT_CO \$200 MMENT					ORIENT_CO MMENT
31 CDRQ18	1		0 = 0=No 1 = 1=Yes 9 = 9=Do not know		CDRQ18
32 CDRQ19	2.1		0 = 0=As good as they have ever been 0.5 = 0.5=Good, but not as good as before 1 = 1=Fair, may be unable in some circumstances 2 = 2=Poor		CDRQ19

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
33 CDRQ20	2.1		0 = 0=No (or no evidence of), as good as they have ever been 0.5 = 0.5=Yes, minimal difficulty 1 = 1=Yes, considerable changes		CDRQ20
34 FAQQ1	1		0 = 0=Normal 1 = 1=Has difficulty, but does by self 2 = 2=Requires assistance 3 = 3=Dependen t 8 = 8=Not applicable (e.g., never did)		FAQQ1
35 CDRQ21	2.1		0 = 0=No (or no evidence of), as good as they have ever been		CDRQ21

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			0.5 = 0.5=Yes, minimal difficulty 1 = 1=Yes, considerable changes		
36 FAQQ2	1		0 = 0=Normal 1 = 1=Has difficulty, but does by self 2 = 2=Requires assistance 3 = 3=Dependen t 8 = 8=Not applicable (e.g., never did)		FAQQ2
37 CDRQ22	2.1		0 = 0=No (or no evidence of), as good as they have ever been 0.5 = 0.5=Yes, minimal difficulty		CDRQ22

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			1 = 1=Yes, considerable changes		
38 CDRQ23	2.1		0 = 0=No (or no evidence of)* 0.5 = 0.5=Yes, minimal slight or possible 1 = 1=Definite yes 2 = 2=Uncertain		CDRQ23
39 JUDG_COM MENT	\$200				JUDG_COM MENT
41 CDRQ24	2.1		0 = 0=No, same abilities as before 0.5 = 0.5=Yes, but not as good as before 1 = 1=Yes, definitely decreased		CDRQ24

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			8 = 8=Never did any household chores 9 = 9=Do not know		
42 FAQQ5	1		0 = 0=Normal 1 = 1=Has difficulty, but does by self 2 = 2=Requires assistance 3 = 3=Dependen t 8 = 8=Not applicable (e.g., never did)		FAQQ5
43 FAQQ6	1		0 = 0=Normal 1 = 1=Has difficulty, but does by self 2 = 2=Requires assistance 3 = 3=Dependen t		FAQQ6

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			8 = 8=Not applicable (e.g., never did)		
44 CDRQ25	2.1		0 = 0=No 0.5 = 0.5=Yes, but only briefly 1 = 1=Yes, for more than briefly but eventually mastered 2 = 2=Yes, never mastered 8 = 8=Never used any 9 = 9=Do not know		CDRQ25
45 CDRQ26	2.1		0 = 0=No (or no evidence of) 0.5 = 0.5=Yes, slightly 1 = 1=Yes, completely 9 = 9=Never had hobbies or pastimes		CDRQ26

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
46 FAQQ4	1		0 = 0=Normal 1 = 1=Has difficulty, but does by self 2 = 2=Requires assistance 3 = 3=Dependen t 8 = 8=Not applicable (e.g., never did)		FAQQ4
47 FAQQ8	1		0 = 0=Normal 1 = 1=Has difficulty, but does by self 2 = 2=Requires assistance 3 = 3=Dependen t 8 = 8=Not applicable (e.g., never did)		FAQQ8
48 HOME_COM MENT	\$200				HOME_COM MENT

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
50 CDRQ27	2.1		0 = 0=No 0.5 = 0.5=Yes, slightly 1 = 1=Yes, completely		CDRQ27
51 CDRQ28	1		0 = 0=No 1 = 1=Yes 9 = 9=N/A		CDRQ28
52 CDRQ29	1		0 = 0=No 1 = 1=Yes		CDRQ29
53 FAQQ3	1		0 = 0=Normal 1 = 1=Has difficulty, but does by self 2 = 2=Requires assistance 3 = 3=Dependen t 8 = 8=Not applicable (e.g., never did)		FAQQ3

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
54 CDRQ30	2.1		0 = 0=No 0.5 = 0.5=Some minor concerns 1 = 1=Significant safety concerns 3 = 3=Ceased driving because of safety 8 = 8=Never drove or ceased driving for physical or sensory reasons 9 = 9=Do not know		CDRQ30
55 FAQ10OFI	1		0 = 0=Normal 1 = 1=Has difficulty, but does by self 2 = 2=Requires assistance 3 = 3=Dependen t		FAQ10OFI

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			8 = 8=Not applicable (e.g., never did)		
56 COMM_COMMENT	\$200				COMM_COMMENT
58 CDRQ31	1		0 = 0=Completely independent without supervision or concerns 1 = 1=Somewhat dependent on others for non-physical reasons 2 = 2=Anything worse		CDRQ31
59 CARE_COMMENT	\$200				CARE_COMMENT

Was this form done?

- 0=Not done or attempted ☐ ①
- 1=Totally complete ☒
- 2=Comp but tech error ☐
- 3=Partially done ☐
- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

Note: This form is to be completed by the clinician or other trained health professional, based on informant report and neurological exam of the subject. In the extremely rare instances when no informant is available, the clinician or other trained health professional must complete this form utilizing all other available information and his/her best clinical judgment. Score only as decline from previous level due to cognitive loss, not impairment due to other factors.

SECTION 1: STANDARD CDR

1. - Memory

- 0.0=NONE: No memory loss, or slight inconsistent forgetfulness. ☒ ④
- 0.5=QUESTIONABLE: Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness. ☐
- 1.0=MILD: Moderate memory loss, more marked for recent events; defect interferes with everyday activities. ☐
- 2.0=MODERATE: Severe memory loss; only highly learned material retained; new material rapidly lost. ☐
- 3.0=SEVERE: Severe memory loss; only fragments remain. ☐

2. - Orientation

0.0=NONE: Fully oriented. ☒ 5

0.5=QUESTIONABLE: Fully oriented except for slight difficulty with time relationships. ☐

1.0=MILD: Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere. ☐

2.0=MODERATE: Severe difficulty with time relationships; usually disoriented to time, often to place. ☐

3.0=SEVERE: Oriented to person only. ☐

3. - Judgment & problem solving

0.0=NONE: Solves everyday problems, handles business & financial affairs well; judgment good in relation to past performance. ☒ 6

0.5=QUESTIONABLE: Slight impairment in solving problems, similarities, and differences. ☐

1.0=MILD: Moderate difficulty in handling problems, similarities, and differences; social judgment usually maintained. ☐

2.0=MODERATE: Severely impaired in handling problems, similarities, and differences; social judgment usually impaired. ☐

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3.0=SEVERE: Unable to
make judgments or solve
problems. ☐

4. - Community affairs

0.0=NONE: Independent
function at usual level in job,
shopping, volunteer and social
groups. ☒ 7

0.5=QUESTIONABLE: Slight
impairment in these activities. ☐

1.0=MILD: Unable to function
independently at these
activities, although may still be
engaged in some; appears
normal to casual inspection. ☐

2.0=MODERATE: No
pretense of independent
function outside the home;
appears well enough to be
taken to functions outside the
family home. ☐

3.0=SEVERE: No pretense of
independent function outside
the home; appears too ill to be
taken to functions outside the
family home. ☐

5. - Home & Hobbies

0.0=NONE: Life at home,
hobbies, and intellectual
interests well maintained. ☒ 8

0.5=QUESTIONABLE: Life at
home, hobbies, and
intellectual interests slightly
impaired. ☐

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	1.0=MILD: Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned.	<input type="checkbox"/>
	2.0=MODERATE: Only simple chores preserved; very restricted interests, poorly maintained.	<input type="checkbox"/>
	3.0=SEVERE: No significant function in the home.	<input type="checkbox"/>

6. - Personal care	0.0=NONE: Fully capable of self care.	<input checked="" type="checkbox"/> 9
	1.0=MILD: Needs prompting.	<input type="checkbox"/>
	2.0=MODERATE: Requires assistance in dressing, hygiene, keeping of personal effects.	<input type="checkbox"/>
	3.0=SEVERE: Requires much help with personal care; frequent incontinence.	<input type="checkbox"/>

7. - CDR sum of boxes		<input type="text"/> 10
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8. - Global CDR		<input type="text"/> 11
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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① FORMB4_A DD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		FORMB4_A DD
④ MEMORY	2.1		0.0 = 0.0=NONE: No memory loss, or slight inconsistent forgetfulness .		MEMORY

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			0.5 = 0.5=QUESTI ONABLE: Consistent slight forgetfulness ; partial recollection of events; "benign" forgetfulness . 1.0 = 1.0=MILD: Moderate memory loss, more marked for recent events; defect interferes with everyday activities. 2.0 = 2.0=MODER ATE: Severe memory loss; only highly learned material retained; new material rapidly lost.		

2018_01_25: ALL_FORMS

Folder: Study Coordinator

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3.0 = 3.0=SEVERE: Severe memory loss; only fragments remain.		
5 ORIENT	2.1		0.0 = 0.0=NONE: Fully oriented. 0.5 = 0.5=QUESTI ONABLE: Fully oriented except for slight difficulty with time relationships. 1.0 = 1.0=MILD: Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere.		ORIENT

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2.0 = 2.0=MODER ATE: Severe difficulty with time relationships; usually disoriented to time, often to place. 3.0 = 3.0=SEVER E: Oriented to person only.		
⑥ JUDGMENT 2.1			0.0 = 0.0=NONE: Solves everyday problems, handles business & financial affairs well; judgment good in relation to past performance.		JUDGMENT

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			0.5 = 0.5=QUESTI ONABLE: Slight impairment in solving problems, similarities, and differences. 1.0 = 1.0=MILD: Moderate difficulty in handling problems, similarities, and differences; social judgment usually maintained. 2.0 = 2.0=MODER ATE: Severely impaired in handling problems, similarities, and differences; social judgment usually impaired.		

2018_01_25: ALL_FORMS

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3.0 = 3.0=SEVERE: Unable to make judgments or solve problems.		
⑦ COMMUN	2.1		0.0 = 0.0=NONE: Independent function at usual level in job, shopping, volunteer and social groups. 0.5 = 0.5=QUESTI ONABLE: Slight impairment in these activities.		COMMUN

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			1.0 = 1.0=MILD: Unable to function independently at these activities, although may still be engaged in some; appears normal to casual inspection. 2.0 = 2.0=MODERATE: No pretense of independent function outside the home; appears well enough to be taken to functions outside the family home.		

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3.0 = 3.0=SEVER E: No pretense of independent function outside the home; appears too ill to be taken to functions outside the family home.		
⑧ HOMEHOBB 2.1			0.0 = 0.0=NONE: Life at home, hobbies, and intellectual interests well maintained. 0.5 = 0.5=QUESTI ONABLE: Life at home, hobbies, and intellectual interests slightly impaired.		HOMEHOBB

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			1.0 = 1.0=MILD: Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned. 2.0 = 2.0=MODER ATE: Only simple chores preserved; very restricted interests, poorly maintained. 3.0 = 3.0=SEVER E: No significant function in the home.		

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑨ PERSCARE	2.1		0.0 = 0.0=NONE: Fully capable of self care. 1.0 = 1.0=MILD: Needs prompting. 2.0 = 2.0=MODER ATE: Requires assistance in dressing, hygiene, keeping of personal effects. 3.0 = 3.0=SEVER E: Requires much help with personal care; frequent incontinence.		PERSCARE
⑩ CDRSUM	3.1				CDRSUM
⑪ CDRGLOB	2.1				CDRGLOB

Was this form done?

- 0=Not done or attempted ☐ ①
1=Totally complete ☒
2=Comp but tech error ☐
3=Partially done ☐
4=Attempted/no data ☐
5=Part done/pt problem ☐
8=Not needed ☐
9=Done in other study ☐

Reason why not completed

②

1. - **Delusions:** Does the patient have false beliefs, such as thinking that others are stealing from him/her or planning to harm him/her in some way?

- 0=No ☒ ③
1=Yes ☐

Severity

- 1=Mild (noticeable, but not a significant change) ☒ ④
2=Moderate (significant, but not a dramatic change) ☐
3=Severe (very marked or prominent; a dramatic change) ☐

Distress

- 0=Not distressing at all ☒ ⑤
1=Minimal (slightly distressing, not a problem to cope with) ☐
2=Mild (not very distressing, generally easy to cope with) ☐
3=Moderate (fairly distressing, not always easy to cope with) ☐
4=Severe (very distressing, difficult to cope with) ☐

5=Extreme or Very Severe ☐
(extremely distressing, unable
to cope with)

2. - **Hallucinations:** Does the patient have hallucinations such
as false visions or voices? Does he or she seem to hear or see
things that are not present?

0=No ☒ 6
1=Yes ☐

Severity

1=Mild (noticeable, but not a ☒ 7
significant change)
2=Moderate (significant, but ☐
not a dramatic change)
3=Severe (very marked or ☐
prominent; a dramatic
change)

Distress

0=Not distressing at all ☒ 8
1=Minimal (slightly ☐
distressing, not a problem to
cope with)
2=Mild (not very distressing, ☐
generally easy to cope with)
3=Moderate (fairly distressing, ☐
not always easy to cope with)
4=Severe (very distressing, ☐
difficult to cope with)
5=Extreme or Very Severe ☐
(extremely distressing, unable
to cope with)

3. - **Agitation/Aggression:** Is the patient resistive to help from
others at times, or hard to handle?

0=No ☒ 9
1=Yes ☐

Severity

1=Mild (noticeable, but not a ☒ 10
significant change)

2=Moderate (significant, but not a dramatic change) ☐

3=Severe (very marked or prominent; a dramatic change) ☐

Distress

0=Not distressing at all ☐ **11**

1=Minimal (slightly distressing, not a problem to cope with) ☐

2=Mild (not very distressing, generally easy to cope with) ☐

3=Moderate (fairly distressing, not always easy to cope with) ☐

4=Severe (very distressing, difficult to cope with) ☐

5=Extreme or Very Severe (extremely distressing, unable to cope with) ☐

4. - **Depression/Dysphoria:** Does the patient seem sad or say that he/she is depressed?

0=No ☐ **12**

1=Yes ☐

Severity

1=Mild (noticeable, but not a significant change) ☐ **13**

2=Moderate (significant, but not a dramatic change) ☐

3=Severe (very marked or prominent; a dramatic change) ☐

Distress

0=Not distressing at all ☐ **14**

1=Minimal (slightly distressing, not a problem to cope with) ☐

-
- 2=Mild (not very distressing, generally easy to cope with) ☐
- 3=Moderate (fairly distressing, not always easy to cope with) ☐
- 4=Severe (very distressing, difficult to cope with) ☐
- 5=Extreme or Very Severe (extremely distressing, unable to cope with) ☐

5. - **Anxiety:** Does the patient become upset when separated from you? Does he/she have any other signs of nervousness such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?

0=No ☒ 15

1=Yes ☐

Severity

- 1=Mild (noticeable, but not a significant change) ☒ 16
- 2=Moderate (significant, but not a dramatic change) ☐
- 3=Severe (very marked or prominent; a dramatic change) ☐

Distress

- 0=Not distressing at all ☒ 17
- 1=Minimal (slightly distressing, not a problem to cope with) ☐
- 2=Mild (not very distressing, generally easy to cope with) ☐
- 3=Moderate (fairly distressing, not always easy to cope with) ☐
- 4=Severe (very distressing, difficult to cope with) ☐
- 5=Extreme or Very Severe (extremely distressing, unable to cope with) ☐

6. - **Elation/Euphoria:** Does the patient appear to feel too good or act excessively happy?

0=No ☐ **18**
1=Yes ☐

Severity

1=Mild (noticeable, but not a significant change) ☐ **19**
2=Moderate (significant, but not a dramatic change) ☐
3=Severe (very marked or prominent; a dramatic change) ☐

Distress

0=Not distressing at all ☐ **20**
1=Minimal (slightly distressing, not a problem to cope with) ☐
2=Mild (not very distressing, generally easy to cope with) ☐
3=Moderate (fairly distressing, not always easy to cope with) ☐
4=Severe (very distressing, difficult to cope with) ☐
5=Extreme or Very Severe (extremely distressing, unable to cope with) ☐

7. - **Apathy/Indifference:** Does the patient seem less interested in his/her usual activities or in the activities and plans of others?

0=No ☐ **21**
1=Yes ☐

Severity

1=Mild (noticeable, but not a significant change) ☐ **22**
2=Moderate (significant, but not a dramatic change) ☐
3=Severe (very marked or prominent; a dramatic change) ☐

Distress

- 0=Not distressing at all ☐ (23)
- 1=Minimal (slightly distressing, not a problem to cope with) ☐
- 2=Mild (not very distressing, generally easy to cope with) ☐
- 3=Moderate (fairly distressing, not always easy to cope with) ☐
- 4=Severe (very distressing, difficult to cope with) ☐
- 5=Extreme or Very Severe (extremely distressing, unable to cope with) ☐

8. - **Disinhibition:** Does the patient seem to act impulsively, for example, talking to strangers as if he/she knows them, or saying things that may hurt people's feelings?

- 0=No ☐ (24)
- 1=Yes ☐

Severity

- 1=Mild (noticeable, but not a significant change) ☐ (25)
- 2=Moderate (significant, but not a dramatic change) ☐
- 3=Severe (very marked or prominent; a dramatic change) ☐

Distress

- 0=Not distressing at all ☐ (26)
- 1=Minimal (slightly distressing, not a problem to cope with) ☐
- 2=Mild (not very distressing, generally easy to cope with) ☐
- 3=Moderate (fairly distressing, not always easy to cope with) ☐
- 4=Severe (very distressing, difficult to cope with) ☐

5=Extreme or Very Severe ☐
(extremely distressing, unable
to cope with)

9. - **Irritability/Lability:** Is the patient impatient and cranky?
Does he/she have difficulty coping with delays or waiting for
planned activities?

0=No ☐ **27**
1=Yes ☐

Severity

1=Mild (noticeable, but not a ☐ **28**
significant change)
2=Moderate (significant, but ☐
not a dramatic change)
3=Severe (very marked or ☐
prominent; a dramatic
change)

Distress

0=Not distressing at all ☐ **29**
1=Minimal (slightly ☐
distressing, not a problem to
cope with)
2=Mild (not very distressing, ☐
generally easy to cope with)
3=Moderate (fairly distressing, ☐
not always easy to cope with)
4=Severe (very distressing, ☐
difficult to cope with)
5=Extreme or Very Severe ☐
(extremely distressing, unable
to cope with)

10. - **Motor Disturbances:** Does the patient engage in
repetitive activities such as pacing around the house, handling
buttons, wrapping string, or doing other things repeatedly?

0=No ☐ **30**
1=Yes ☐

Severity

1=Mild (noticeable, but not a ☐ **31**
significant change)

2=Moderate (significant, but not a dramatic change) ☐

3=Severe (very marked or prominent; a dramatic change) ☐

Distress

0=Not distressing at all ☒ 32

1=Minimal (slightly distressing, not a problem to cope with) ☐

2=Mild (not very distressing, generally easy to cope with) ☐

3=Moderate (fairly distressing, not always easy to cope with) ☐

4=Severe (very distressing, difficult to cope with) ☐

5=Extreme or Very Severe (extremely distressing, unable to cope with) ☐

11. - **Nighttime Behaviors:** Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?

0=No ☒ 33

1=Yes ☐

9=Unable to rate ☐

Severity

1=Mild (noticeable, but not a significant change) ☒ 34

2=Moderate (significant, but not a dramatic change) ☐

3=Severe (very marked or prominent; a dramatic change) ☐

Distress

0=Not distressing at all ☒ 35

1=Minimal (slightly distressing, not a problem to cope with) ☐

-
- 2=Mild (not very distressing, generally easy to cope with) ☐
- 3=Moderate (fairly distressing, not always easy to cope with) ☐
- 4=Severe (very distressing, difficult to cope with) ☐
- 5=Extreme or Very Severe (extremely distressing, unable to cope with) ☐
-

12. - **Appetite/Eating:** Has the patient lost or gained weight, or had a change in the type of food he/she likes?

- 0=No ☐ **36**
- 1=Yes ☐
-

Severity

- 1=Mild (noticeable, but not a significant change) ☐ **37**
- 2=Moderate (significant, but not a dramatic change) ☐
- 3=Severe (very marked or prominent; a dramatic change) ☐
-

Distress

- 0=Not distressing at all ☐ **38**
- 1=Minimal (slightly distressing, not a problem to cope with) ☐
- 2=Mild (not very distressing, generally easy to cope with) ☐
- 3=Moderate (fairly distressing, not always easy to cope with) ☐
- 4=Severe (very distressing, difficult to cope with) ☐
- 5=Extreme or Very Severe (extremely distressing, unable to cope with) ☐
-

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Neuropsychiatric Inventory Questionnaire****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	NPI_ADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		NPI_ADD
②	NPI_RES	\$100				NPI_RES
③	PRES_DEL	1		0 = 0=No 1 = 1=Yes		PRES_DEL
④	SEV_DEL	1		1 = 1=Mild (noticeable, but not a significant change)		SEV_DEL

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Moderate (significant, but not a dramatic change) 3 = 3=Severe (very marked or prominent; a dramatic change)		
⑤ DIST_DEL	1		0 = 0=Not distressing at all 1 = 1=Minimal (slightly distressing, not a problem to cope with) 2 = 2=Mild (not very distressing, generally easy to cope with) 3 = 3=Moderate (fairly distressing, not always easy to cope with)		DIST_DEL

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Severe (very distressing, difficult to cope with) 5 = 5=Extreme or Very Severe (extremely distressing, unable to cope with)		
⑥ PRES_HAL	1		0 = 0=No 1 = 1=Yes		PRES_HAL
⑦ SEV_HAL	1		1 = 1=Mild (noticeable, but not a significant change) 2 = 2=Moderate (significant, but not a dramatic change) 3 = 3=Severe (very marked or prominent; a dramatic change)		SEV_HAL

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑧ DIST_HAL	1		0 = 0=Not distressing at all 1 = 1=Minimal (slightly distressing, not a problem to cope with) 2 = 2=Mild (not very distressing, generally easy to cope with) 3 = 3=Moderate (fairly distressing, not always easy to cope with) 4 = 4=Severe (very distressing, difficult to cope with) 5 = 5=Extreme or Very Severe (extremely distressing, unable to cope with)		DIST_HAL

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
9 PRES_AGI	1		0 = 0=No 1 = 1=Yes		PRES_AGI
10 SEV_AGI	1		1 = 1=Mild (noticeable, but not a significant change) 2 = 2=Moderate (significant, but not a dramatic change) 3 = 3=Severe (very marked or prominent; a dramatic change)		SEV_AGI
11 DIST_AGI	1		0 = 0=Not distressing at all 1 = 1=Minimal (slightly distressing, not a problem to cope with)		DIST_AGI

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Mild (not very distressing, generally easy to cope with) 3 = 3=Moderate (fairly distressing, not always easy to cope with) 4 = 4=Severe (very distressing, difficult to cope with) 5 = 5=Extreme or Very Severe (extremely distressing, unable to cope with)		
12 PRES_DEP 1			0 = 0=No 1 = 1=Yes		PRES_DEP

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
13 SEV_DEP	1		1 = 1=Mild (noticeable, but not a significant change) 2 = 2=Moderate (significant, but not a dramatic change) 3 = 3=Severe (very marked or prominent; a dramatic change)		SEV_DEP
14 DIST_DEP	1		0 = 0=Not distressing at all 1 = 1=Minimal (slightly distressing, not a problem to cope with) 2 = 2=Mild (not very distressing, generally easy to cope with)		DIST_DEP

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Moderate (fairly distressing, not always easy to cope with) 4 = 4=Severe (very distressing, difficult to cope with) 5 = 5=Extreme or Very Severe (extremely distressing, unable to cope with)		
15 PRES_ANX	1		0 = 0=No 1 = 1=Yes		PRES_ANX
16 SEV_ANX	1		1 = 1=Mild (noticeable, but not a significant change) 2 = 2=Moderate (significant, but not a dramatic change)		SEV_ANX

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Severe (very marked or prominent; a dramatic change)		
17 DIST_ANX	1		0 = 0=Not distressing at all 1 = 1=Minimal (slightly distressing, not a problem to cope with) 2 = 2=Mild (not very distressing, generally easy to cope with) 3 = 3=Moderate (fairly distressing, not always easy to cope with)		DIST_ANX

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Severe (very distressing, difficult to cope with) 5 = 5=Extreme or Very Severe (extremely distressing, unable to cope with)		
18 PRES_EUP	1		0 = 0=No 1 = 1=Yes		PRES_EUP
19 SEV_EUP	1		1 = 1=Mild (noticeable, but not a significant change) 2 = 2=Moderate (significant, but not a dramatic change) 3 = 3=Severe (very marked or prominent; a dramatic change)		SEV_EUP

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
20 DIST_EUP	1		0 = 0=Not distressing at all 1 = 1=Minimal (slightly distressing, not a problem to cope with) 2 = 2=Mild (not very distressing, generally easy to cope with) 3 = 3=Moderate (fairly distressing, not always easy to cope with) 4 = 4=Severe (very distressing, difficult to cope with) 5 = 5=Extreme or Very Severe (extremely distressing, unable to cope with)		DIST_EUP

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
21 PRES_APA	1		0 = 0=No 1 = 1=Yes		PRES_APA
22 SEV_APA	1		1 = 1=Mild (noticeable, but not a significant change) 2 = 2=Moderate (significant, but not a dramatic change) 3 = 3=Severe (very marked or prominent; a dramatic change)		SEV_APA
23 DIST_APA	1		0 = 0=Not distressing at all 1 = 1=Minimal (slightly distressing, not a problem to cope with)		DIST_APA

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Mild (not very distressing, generally easy to cope with) 3 = 3=Moderate (fairly distressing, not always easy to cope with) 4 = 4=Severe (very distressing, difficult to cope with) 5 = 5=Extreme or Very Severe (extremely distressing, unable to cope with)		
24 PRES_DIS	1		0 = 0=No 1 = 1=Yes		PRES_DIS

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
25 SEV_DIS	1		1 = 1=Mild (noticeable, but not a significant change) 2 = 2=Moderate (significant, but not a dramatic change) 3 = 3=Severe (very marked or prominent; a dramatic change)		SEV_DIS
26 DIST_DIS	1		0 = 0=Not distressing at all 1 = 1=Minimal (slightly distressing, not a problem to cope with) 2 = 2=Mild (not very distressing, generally easy to cope with)		DIST_DIS

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Moderate (fairly distressing, not always easy to cope with) 4 = 4=Severe (very distressing, difficult to cope with) 5 = 5=Extreme or Very Severe (extremely distressing, unable to cope with)		
27 PRES_IRR	1		0 = 0=No 1 = 1=Yes		PRES_IRR
28 SEV_IRR	1		1 = 1=Mild (noticeable, but not a significant change) 2 = 2=Moderate (significant, but not a dramatic change)		SEV_IRR

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Severe (very marked or prominent; a dramatic change)		
29 DIST_IRR	1		0 = 0=Not distressing at all 1 = 1=Minimal (slightly distressing, not a problem to cope with) 2 = 2=Mild (not very distressing, generally easy to cope with) 3 = 3=Moderate (fairly distressing, not always easy to cope with)		DIST_IRR

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Severe (very distressing, difficult to cope with) 5 = 5=Extreme or Very Severe (extremely distressing, unable to cope with)		
30 PRES_MOT	1		0 = 0=No 1 = 1=Yes		PRES_MOT
31 SEV_MOT	1		1 = 1=Mild (noticeable, but not a significant change) 2 = 2=Moderate (significant, but not a dramatic change) 3 = 3=Severe (very marked or prominent; a dramatic change)		SEV_MOT

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
32 DIST_MOT	1		0 = 0=Not distressing at all 1 = 1=Minimal (slightly distressing, not a problem to cope with) 2 = 2=Mild (not very distressing, generally easy to cope with) 3 = 3=Moderate (fairly distressing, not always easy to cope with) 4 = 4=Severe (very distressing, difficult to cope with) 5 = 5=Extreme or Very Severe (extremely distressing, unable to cope with)		DIST_MOT

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
33 PRES_BEV	1		0 = 0=No 1 = 1=Yes 9 = 9=Unable to rate		PRES_BEV
34 SEV_BEV	1		1 = 1=Mild (noticeable, but not a significant change) 2 = 2=Moderate (significant, but not a dramatic change) 3 = 3=Severe (very marked or prominent; a dramatic change)		SEV_BEV
35 DIST_BEV	1		0 = 0=Not distressing at all 1 = 1=Minimal (slightly distressing, not a problem to cope with)		DIST_BEV

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Mild (not very distressing, generally easy to cope with) 3 = 3=Moderate (fairly distressing, not always easy to cope with) 4 = 4=Severe (very distressing, difficult to cope with) 5 = 5=Extreme or Very Severe (extremely distressing, unable to cope with)		
36 PRES_APP 1			0 = 0=No 1 = 1=Yes		PRES_APP

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
37 SEV_APP	1		1 = 1=Mild (noticeable, but not a significant change) 2 = 2=Moderate (significant, but not a dramatic change) 3 = 3=Severe (very marked or prominent; a dramatic change)		SEV_APP
38 DIST_APP	1		0 = 0=Not distressing at all 1 = 1=Minimal (slightly distressing, not a problem to cope with) 2 = 2=Mild (not very distressing, generally easy to cope with)		DIST_APP

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Moderate (fairly distressing, not always easy to cope with) 4 = 4=Severe (very distressing, difficult to cope with) 5 = 5=Extreme or Very Severe (extremely distressing, unable to cope with)		

Was this form done?

- 0=Not done or attempted ☐ ①
- 1=Totally complete ☒
- 2=Comp but tech error ☐
- 3=Partially done ☐
- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

Reason why not completed

②

Are you concerned about memory or other thinking problem?

- 1=Yes ☐ ③
- 0=No ☐

Compared to 10 years ago, has there been any change in...

MEMORY

1. - Remembering where I have placed objects.

- 1=Better or no change ☐ ⑥
- 2=Questionable/occasionally worse ☐
- 3=Consistently a little worse ☐
- 4=Consistently much worse ☐
- 9=Don't Know ☐

2. - Remembering the current date or day of the week.

- 1=Better or no change ☐ ⑦
- 2=Questionable/occasionally worse ☐
- 3=Consistently a little worse ☐
- 4=Consistently much worse ☐

9=Don't Know ☐

LANGUAGE

3. - Communicating thoughts in a conversation.

1=Better or no change ☐ 9

2=Questionable/occasionally
worse ☐

3=Consistently a little worse ☐

4=Consistently much worse ☐

9=Don't Know ☐

4. - Understanding spoken directions or instructions.

1=Better or no change ☐ 10

2=Questionable/occasionally
worse ☐

3=Consistently a little worse ☐

4=Consistently much worse ☐

9=Don't Know ☐

VISUAL-SPATIAL AND PERCEPTUAL ABILITIES

5. - Reading a map and helping with directions when someone else is driving.

1=Better or no change ☐ 12

2=Questionable/occasionally
worse ☐

3=Consistently a little worse ☐

4=Consistently much worse ☐

9=Don't Know ☐

6. - Finding their way around a house visited many times.

1=Better or no change ☐ 13

2=Questionable/occasionally
worse ☐

3=Consistently a little worse ☐

4=Consistently much worse ☐

9=Don't Know ☐

EXECUTIVE FUNCTIONING: PLANNING

7. - The ability to anticipate weather changes and plan accordingly (i.e. bring a coat or umbrella).

1=Better or no change ☐ **15**

2=Questionable/occasionally worse ☐

3=Consistently a little worse ☐

4=Consistently much worse ☐

9=Don't Know ☐

8. - Thinking ahead.

1=Better or no change ☐ **16**

2=Questionable/occasionally worse ☐

3=Consistently a little worse ☐

4=Consistently much worse ☐

9=Don't Know ☐

EXECUTIVE FUNCTIONING: ORGANIZATION

9. - Keeping living and work space organized.

1=Better or no change ☐ **18**

2=Questionable/occasionally worse ☐

3=Consistently a little worse ☐

4=Consistently much worse ☐

9=Don't Know ☐

10. - Balancing the checkbook without error.

1=Better or no change ☐ **19**

2=Questionable/occasionally worse ☐

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3=Consistently a little worse ☐

4=Consistently much worse ☐

9=Don't Know ☐

EXECUTIVE FUNCTIONING: DIVIDED ATTENTION

11. - The ability to do two things at once.

1=Better or no change ☐ **21**

2=Questionable/occasionally worse ☐

3=Consistently a little worse ☐

4=Consistently much worse ☐

9=Don't Know ☐

12. - Cooking or working and talking at the same time.

1=Better or no change ☐ **22**

2=Questionable/occasionally worse ☐

3=Consistently a little worse ☐

4=Consistently much worse ☐

9=Don't Know ☐

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① ECOGADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		ECOGADD
② ECOGRES	\$100				ECOGRES
③ CONCERN	1		1 = 1=Yes 0 = 0=No		CONCERN
⑥ MEM_OBEJ	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse		MEM_OBEJ

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		
⑦ MEM_DATE	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		MEM_DATE
⑨ LANG_COM	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse		LANG_COM

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		
10 LANG_DIR	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		LANG_DIR
12 VIS_READ	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse		VIS_READ

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		
13 VIS_HOUS	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		VIS_HOUS
15 PLAN_WEA	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse		PLAN_WEA

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		
16 PLAN_AHE	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		PLAN_AHE
18 ORG_LIVI	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse		ORG_LIVI

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		
19 ORG_CHEC 1			1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		ORG_CHEC
21 DIVI_TWO 1			1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse		DIVI_TWO

2018_01_25: ALL_FORMS

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Form: ECOG-12 (Subject)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		
22 DIVI_TAL	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		DIVI_TAL

2018_01_25: ALL_FORMS

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Was this form done?

0=Not done or attempted ☐ ①

1=Totally complete ☒

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4=Attempted/no data ☐

5=Part done/pt problem ☐

8=Not needed ☐

9=Done in other study ☐

Reason why not completed

②

Compared to 10 years ago, has there been any change in...

MEMORY

1. - Remembering where she/he has placed objects.

1=Better or no change ☐ ⑤

2=Questionable/occasionally worse ☐

3=Consistently a little worse ☐

4=Consistently much worse ☐

9=Don't Know ☐

2. - Remembering the current date or day of the week.

1=Better or no change ☐ ⑥

2=Questionable/occasionally worse ☐

3=Consistently a little worse ☐

4=Consistently much worse ☐

9=Don't Know ☐

LANGUAGE

3. - Communicating thoughts in a conversation.

- 1=Better or no change ☐ 8
- 2=Questionable/occasionally worse ☐
- 3=Consistently a little worse ☐
- 4=Consistently much worse ☐
- 9=Don't Know ☐

4. - Understanding spoken directions or instructions.

- 1=Better or no change ☐ 9
- 2=Questionable/occasionally worse ☐
- 3=Consistently a little worse ☐
- 4=Consistently much worse ☐
- 9=Don't Know ☐

VISUAL-SPATIAL AND PERCEPTUAL ABILITIES

5. - Reading a map and helping with directions when someone else is driving.

- 1=Better or no change ☐ 11
- 2=Questionable/occasionally worse ☐
- 3=Consistently a little worse ☐
- 4=Consistently much worse ☐
- 9=Don't Know ☐

6. - Finding their way around a house visited many times.

- 1=Better or no change ☐ 12
- 2=Questionable/occasionally worse ☐
- 3=Consistently a little worse ☐
- 4=Consistently much worse ☐
- 9=Don't Know ☐

EXECUTIVE FUNCTIONING: PLANNING

7. - The ability to anticipate weather changes and plan accordingly (i.e. bring a coat or umbrella).

- 1=Better or no change ☐ 14
- 2=Questionable/occasionally worse ☐
- 3=Consistently a little worse ☐
- 4=Consistently much worse ☐
- 9=Don't Know ☐

8. - Thinking ahead.

- 1=Better or no change ☐ 15
- 2=Questionable/occasionally worse ☐
- 3=Consistently a little worse ☐
- 4=Consistently much worse ☐
- 9=Don't Know ☐

EXECUTIVE FUNCTIONING: ORGANIZATION

9. - Keeping living and work space organized.

- 1=Better or no change ☐ 17
- 2=Questionable/occasionally worse ☐
- 3=Consistently a little worse ☐
- 4=Consistently much worse ☐
- 9=Don't Know ☐

10. - Balancing the checkbook without error.

- 1=Better or no change ☐ 18
- 2=Questionable/occasionally worse ☐
- 3=Consistently a little worse ☐
- 4=Consistently much worse ☐
- 9=Don't Know ☐

EXECUTIVE FUNCTIONING: DIVIDED ATTENTION

11. - The ability to do two things at once.

- 1=Better or no change ☐ (20)
- 2=Questionable/occasionally worse ☐
- 3=Consistently a little worse ☐
- 4=Consistently much worse ☐
- 9=Don't Know ☐

12. - Cooking or working and talking at the same time.

- 1=Better or no change ☐ (21)
- 2=Questionable/occasionally worse ☐
- 3=Consistently a little worse ☐
- 4=Consistently much worse ☐
- 9=Don't Know ☐

Please answer the following questions about yourself:

1. - What is your relationship to the patient?

- 1=Wife/Husband/Significant Other ☐ (23)
- 2=Son ☐
- 3=Daughter ☐
- 4=Son-in-law ☐
- 5=Daughter-in-law ☐
- 6=Other family member ☐
- 7=Friend ☐
- 8=Other ☐

2. - How often do you see him or her?

- 1=Everyday ☐ (24)
- 2=4-6 days/wk ☐
- 3=2-3 days/wk ☐
- 4=Once a week ☐
- 5=Once every two weeks ☐

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6=Once per month ☐

7=Less than once per month ☐

3. - On average how many hours per week do you spend with him or her?

25

Note: 1 week = 168 hours

4. - How many years have you known the patient?

26

5. - What is your gender?

1=Male ☐ 27

2=Female ☐

6. - How old are you?

Fixed Unit: Years 28

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① ECOGIADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		ECOGIADD
② ECOGIRES	\$100				ECOGIRES
⑤ MEM_OBEJ	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse		MEM_OBEJ

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Consistent ly much worse 5 = 9=Don't Know		
⑥ MEM_DATE	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		MEM_DATE
⑧ LANG_COM	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse		LANG_COM

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Consistent ly much worse 5 = 9=Don't Know		
9 LANG_DIR	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		LANG_DIR
11 VIS_READ	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse		VIS_READ

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Consistent ly much worse 5 = 9=Don't Know		
12 VIS_HOUS	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		VIS_HOUS
14 PLAN_WEA	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse		PLAN_WEA

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Consistent ly much worse 5 = 9=Don't Know		
15 PLAN_AHE	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		PLAN_AHE
17 ORG_LIVI	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse		ORG_LIVI

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Consistent ly much worse 5 = 9=Don't Know		
18 ORG_CHEC	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		ORG_CHEC
20 DIVI_TWO	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse		DIVI_TWO

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Consistent ly much worse 5 = 9=Don't Know		
21 DIVI_TAL	1		1 = 1=Better or no change 2 = 2=Questiona ble/occasion ally worse 3 = 3=Consistent ly a little worse 4 = 4=Consistent ly much worse 5 = 9=Don't Know		DIVI_TAL
23 INF_RELA	1		1 = 1=Wife/Husb and/Significa nt Other 2 = 2=Son 3 = 3=Daughter 4 = 4=Son-in-law 5 = 5=Daughter-i n-law		INF_RELA

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			6 = 6=Other family member 7 = 7=Friend 8 = 8=Other		
24 INF_OFTE	1		1 = 1=Everyday 2 = 2=4-6 days/wk 3 = 3=2-3 days/wk 4 = 4=Once a week 5 = 5=Once every two weeks 6 = 6=Once per month 7 = 7=Less than once per month		INF_OFTE
25 INF_HOUR	3				INF_HOUR
26 INF_YEAR	2				INF_YEAR
27 INF_GEND	1		1 = 1=Male 2 = 2=Female		INF_GEND
28 INF_OLD	3				INF_OLD

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Was this form done?

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- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

Reason why not completed

②

For this question, please mark "Yes" if the described event has occurred at least 3 times.

Have you ever been told that you seem to "act out your dreams"? (for example, punched or flailed his arms in the air; kicked legs vigorously, shouted or screamed?)

No ☐ ④

Yes ☐

If yes, how many months or years has this been going on?

Years

Fixed Unit: years ⑥

Months

Fixed Unit: months ⑦

For the next four questions, please mark "Yes" based on the specific question regardless of how frequent the event may be happening.

Do you snore loudly (Louder than talking or loud enough to be heard through closed doors)?

No ☐ ⑨

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Yes ☐

Do you often feel tired, fatigued, or sleepy during daytime?

No ☐ **10**
Yes ☐

Has anyone observed you stop breathing during your sleep?

No ☐ **11**
Yes ☐

Do you have or are you being treated for high blood pressure?

No ☐ **12**
Yes ☐

How many hours of sleep per night have you had, on average, over the past month? Please select one of the following:

More than 8 ☐ **13**
More than 7, up to 8 ☐
More then 6, up to 7 ☐
More than 5, up to 6 ☐
5 or fewer ☐

Over the past month, on average, how frequent did the following occur?

Have trouble falling asleep

0 times per week ☐ **15**
1-2 times per week ☐
2-3 times per week ☐
3-4 times per week ☐
≥5 times per week ☐

Wake up several times at night

0 times per week ☐ **16**
1-2 times per week ☐
2-3 times per week ☐

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3-4 times per week ☐

>=5 times per week ☐

Wake up earlier than you planned to

0 times per week ☐ **17**

1-2 times per week ☐

2-3 times per week ☐

3-4 times per week ☐

>=5 times per week ☐

Have trouble getting back to sleep after waking early

0 times per week ☐ **18**

1-2 times per week ☐

2-3 times per week ☐

3-4 times per week ☐

>=5 times per week ☐

Over the past month, how would you rate your quality of sleep?

Very sound or restful ☐ **19**

Mildly restless ☐

Moderately restless ☐

Very restless ☐

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① BSQ_SUBJ_1 ADD			0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		BSQ_SUBJ_ ADD
② BSQ_SUBJ_ \$100 RES					BSQ_SUBJ_ RES
④ L2ALZ_ACT 1 DRM			0 = No 1 = Yes		L2ALZ_ACT DRM
⑥ L2ALZ_YEA 2 RSACT					L2ALZ_YEA RSACT
⑦ L2ALZ_MON 3 THACT					L2ALZ_MON THACT

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑨ BSQ_SNOR 1 E_LOUD			0 = No 1 = Yes		BSQ_SNOR E_LOUD
⑩ BSQ_TIRED 1 _DAY			0 = No 1 = Yes		BSQ_TIRED _DAY
⑪ L2ALZ_BRE 1 ATH			0 = No 1 = Yes		L2ALZ_BRE ATH
⑫ BSQ_HIGH_ 1 BP			0 = No 1 = Yes		BSQ_HIGH_ BP
⑬ BSQ_HOUR 1 S_SLEEP			1 = More than 8 2 = More than 7, up to 8 3 = More than 6, up to 7 4 = More than 5, up to 6 5 = 5 or fewer		BSQ_HOUR S_SLEEP
⑮ BSQ_FALL_ 1 ASLEEP			0 = 0 times per week 1 = 1-2 times per week 2 = 2-3 times per week		BSQ_FALL_ ASLEEP

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3-4 times per week 4 = >=5 times per week		
16 BSQ_WAKE 1 _NIGHT			0 = 0 times per week 1 = 1-2 times per week 2 = 2-3 times per week 3 = 3-4 times per week 4 = >=5 times per week		BSQ_WAKE _NIGHT
17 BSQ_WAKE 1 _EARLIER			0 = 0 times per week 1 = 1-2 times per week 2 = 2-3 times per week 3 = 3-4 times per week 4 = >=5 times per week		BSQ_WAKE _EARLIER
18 BSQ_BACK_1 TO_SLEEP			0 = 0 times per week 1 = 1-2 times per week		BSQ_BACK_ TO_SLEEP

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2-3 times per week 3 = 3-4 times per week 4 = >=5 times per week		
19 BSQ_QUALI 1 TY_SLEEP			1 = Very sound or restful 2 = Mildly restless 3 = Moderately restless 4 = Very restless		BSQ_QUALI TY_SLEEP

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Reason why not completed

②

Do you sleep in the same room as the patient?

No ☐ ③

Yes ☐

For this next question, please mark "Yes" if the described event has occurred at least 3 times.

Have you ever seen the subject appear to "act out his/her dreams" while sleeping? (punched or flailed arms in the air, shouted or screamed?)

No ☐ ⑤

Yes ☐

If yes, how many months or years has this been going on?

Years

Fixed Unit: years ⑦

Months

Fixed Unit: months ⑧

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For the next four questions, please mark "Yes" based on the specific question regardless of how frequent the event may be happening.

Does the subject snore loudly (Louder than talking or loud enough to be heard through closed doors)?

No ☐ **10**
Yes ☐

Does the subject often appear tired, fatigued, or sleepy during daytime?

No ☐ **11**
Yes ☐

Have you observed the subject stop breathing during sleep?

No ☐ **12**
Yes ☐

Is the subject being treated for high blood pressure?

No ☐ **13**
Yes ☐

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① BSQ_BEDP ARTNER_A DD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		BSQ_BEDP ARTNER_A DD
② BSQ_BEDP ARTNER_R ES	\$100				BSQ_BEDP ARTNER_R ES
③ L2ALZ_SAM EROOM	1		0 = No 1 = Yes		L2ALZ_SAM EROOM
⑤ L2ALZ_ACT DRM	1		0 = No 1 = Yes		L2ALZ_ACT DRM
⑦ L2ALZ_YEA RSACT	2				L2ALZ_YEA RSACT

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	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
8	L2ALZ_MON THACT	3				L2ALZ_MON THACT
10	BSQ_SNOR E_LOUD	1		0 = No 1 = Yes		BSQ_SNOR E_LOUD
11	BSQ_TIRED _DAY	1		0 = No 1 = Yes		BSQ_TIRED _DAY
12	L2ALZ_BRE ATH	1		0 = No 1 = Yes		L2ALZ_BRE ATH
13	BSQ_HIGH_ BP	1		0 = No 1 = Yes		BSQ_HIGH_ BP

2018_01_25: ALL_FORMS

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Form: Epworth Sleepiness Scale - *Subject*

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- 8=Not needed ☐
- 9=Done in other study ☐

Reason why not completed

②

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in the last 3 weeks. Even if you have not done some of these recently, try to say how they would have affected you.

Rate your chance of dozing in each situation:

a. - Sitting and reading

- 0=Never ☐ ④
- 1=Slight ☐
- 2=Moderate ☐
- 3=High ☐

b. - Watching TV

- 0=Never ☐ ⑤
- 1=Slight ☐
- 2=Moderate ☐
- 3=High ☐

c. - Sitting, inactive in a public place (example: a theater or a meeting)

- 0=Never ☐ ⑥
- 1=Slight ☐
- 2=Moderate ☐
- 3=High ☐

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d. - As a passenger in a car for an hour without a break

0=Never ☐ 7
1=Slight ☐
2=Moderate ☐
3=High ☐

e. - Lying down to rest in the afternoon

0=Never ☐ 8
1=Slight ☐
2=Moderate ☐
3=High ☐

f. - Sitting and talking to someone

0=Never ☐ 9
1=Slight ☐
2=Moderate ☐
3=High ☐

g. - Sitting quietly after a lunch without alcohol

0=Never ☐ 10
1=Slight ☐
2=Moderate ☐
3=High ☐

h. - In a car, while stopped for a few minutes in traffic

0=Never ☐ 11
1=Slight ☐
2=Moderate ☐
3=High ☐

Adapted from Epworth Sleepiness Scale (Johns, 1991)

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① EPWORTH_ 1 SUBJ_ADD			0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		EPWORTH_ SUBJ_ADD
② EPWORTH_ \$100 SUBJ_RES					EPWORTH_ SUBJ_RES
④ L2ALZ_DZS 1 TRD			0 = 0=Never 1 = 1=Slight 2 = 2=Moderate 3 = 3=High		L2ALZ_DZS TRD
⑤ L2ALZ_DZT 1 V			0 = 0=Never 1 = 1=Slight 2 = 2=Moderate		L2ALZ_DZT V

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
3 = 3=High					
⑥ L2ALZ_DZS 1 TPP			0 = 0=Never 1 = 1=Slight 2 = 2=Moderate 3 = 3=High		L2ALZ_DZS TPP
⑦ L2ALZ_DZC 1 AR			0 = 0=Never 1 = 1=Slight 2 = 2=Moderate 3 = 3=High		L2ALZ_DZC AR
⑧ L2ALZ_DZR 1 EST			0 = 0=Never 1 = 1=Slight 2 = 2=Moderate 3 = 3=High		L2ALZ_DZR EST
⑨ L2ALZ_DZT 1 ALK			0 = 0=Never 1 = 1=Slight 2 = 2=Moderate 3 = 3=High		L2ALZ_DZT ALK
⑩ L2ALZ_DZL 1 NCH			0 = 0=Never 1 = 1=Slight 2 = 2=Moderate 3 = 3=High		L2ALZ_DZL NCH

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑪ L2ALZ_DZT 1 RAF			0 = 0=Never 1 = 1=Slight 2 = 2=Moderate 3 = 3=High		L2ALZ_DZT RAF

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- 9=Done in other study ☐

Reason why not completed

②

How likely is the subject to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to his or her usual way of life in the last 3 weeks. Even if the subject has not done some of these recently, try to say how they would have affected him/her.

Rate the subject's chance of dozing in each situation:

a. - Sitting and reading

- 0=Never ☐ ④
- 1=Slight ☐
- 2=Moderate ☐
- 3=High ☐

b. - Watching TV

- 0=Never ☐ ⑤
- 1=Slight ☐
- 2=Moderate ☐
- 3=High ☐

c. - Sitting, inactive in a public place (example: a theater or a meeting)

- 0=Never ☐ ⑥
- 1=Slight ☐
- 2=Moderate ☐
- 3=High ☐

2018_01_25: ALL_FORMS

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d. - As a passenger in a car for an hour without a break

0=Never ☐ 7
1=Slight ☐
2=Moderate ☐
3=High ☐

e. - Lying down to rest in the afternoon

0=Never ☐ 8
1=Slight ☐
2=Moderate ☐
3=High ☐

f. - Sitting and talking to someone

0=Never ☐ 9
1=Slight ☐
2=Moderate ☐
3=High ☐

g. - Sitting quietly after a lunch without alcohol

0=Never ☐ 10
1=Slight ☐
2=Moderate ☐
3=High ☐

h. - In a car, while stopped for a few minutes in traffic

0=Never ☐ 11
1=Slight ☐
2=Moderate ☐
3=High ☐

Adapted from Epworth Sleepiness Scale (Johns, 1991)

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Epworth Sleepiness Scale - *Informant*

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① EPWORTH_I1 NF_ADD			0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		EPWORTH_I NF_ADD
② EPWORTH_I\$100 NF_RES					EPWORTH_I NF_RES
④ L2ALZ_DZS 1 TRD			0 = 0=Never 1 = 1=Slight 2 = 2=Moderate 3 = 3=High		L2ALZ_DZS TRD
⑤ L2ALZ_DZT 1 V			0 = 0=Never 1 = 1=Slight 2 = 2=Moderate		L2ALZ_DZT V

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Epworth Sleepiness Scale - Informant****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
<hr/>					
			3 = 3=High		
<hr/>					
⑥ L2ALZ_DZS 1 TPP			0 = 0=Never 1 = 1=Slight 2 = 2=Moderate 3 = 3=High		L2ALZ_DZS TPP
<hr/>					
⑦ L2ALZ_DZC 1 AR			0 = 0=Never 1 = 1=Slight 2 = 2=Moderate 3 = 3=High		L2ALZ_DZC AR
<hr/>					
⑧ L2ALZ_DZR 1 EST			0 = 0=Never 1 = 1=Slight 2 = 2=Moderate 3 = 3=High		L2ALZ_DZR EST
<hr/>					
⑨ L2ALZ_DZT 1 ALK			0 = 0=Never 1 = 1=Slight 2 = 2=Moderate 3 = 3=High		L2ALZ_DZT ALK
<hr/>					
⑩ L2ALZ_DZL 1 NCH			0 = 0=Never 1 = 1=Slight 2 = 2=Moderate 3 = 3=High		L2ALZ_DZL NCH
<hr/>					

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Epworth Sleepiness Scale - *Informant*

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑪ L2ALZ_DZT 1 RAF			0 = 0=Never 1 = 1=Slight 2 = 2=Moderate 3 = 3=High		L2ALZ_DZT RAF

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Tentative Diagnosis/Coordinator Impression

Generated On: 30 Jan 2018 01:17:03

Was this form done?

0=Not done or attempted ☐ ①

1=Totally complete ☒

2=Comp but tech error ☐

3=Partially done ☐

4=Attempted/no data ☐

5=Part done/pt problem ☐

8=Not needed ☐

9=Done in other study ☐

Reason why not completed

②

Coordinator Impression

Tentative Diagnosis

0=Normal ☐ ④

1=MCI ☐

3=Dementia ☐

4=Other ☐

Brief justification for coordinator impression

⑤

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Tentative Diagnosis/Coordinator Impression

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① NRSDXADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		NRSDXADD
② NRSDXRES	\$100				NRSDXRES
④ TENTDX	1		0 = 0=Normal 1 = 1=MCI 3 = 3=Dementia 4 = 4=Other		TENTDX
⑤ JUST	\$500				JUST

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Final Consensus Diagnosis

Generated On: 30 Jan 2018 01:17:03

Was this form done?

0=Not done or attempted ☐ ①

1=Totally complete ☒

2=Comp but tech error ☐

3=Partially done ☐

4=Attempted/no data ☐

5=Part done/pt problem ☐

8=Not needed ☐

9=Done in other study ☐

Reason why not completed

②

Final review date:

③

Cognitive Impairment:

0=Normal ☐ ④

1=MCI ☐

3=Dementia ☐

4=Other ☐

If MCI, Indicate type:

1=Amnestic ☐ ⑤

2=Non-amnestic ☐

Number of domains affected:

1=One domain ☐ ⑥

2=Multiple domains ☐

Memory domain affected:

0=No ☐ ⑦

1=Yes ☐

Language domain affected:

0=No ☐ ⑧

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Folder: Study Coordinator

Form: Final Consensus Diagnosis

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1=Yes ☐

Attention domain affected:

0=No ☐ **9**

1=Yes ☐

Visual spatial domain affected:

0=No ☐ **10**

1=Yes ☐

Etiology of MCI

1=Degenerative ☐ **11**

2=Non-degenerative, vascular ☐

3=Non-degenerative,
psychiatric ☐

4=Non-degenerative,
systemic illness ☐

5=Non-degenerative (use
codes) ☐

6=Developmental ☐

7=Trauma ☐

8=Other, use codes ☐

Etiology of MCI (2)

1=Degenerative ☐ **12**

2=Non-degenerative, vascular ☐

3=Non-degenerative,
psychiatric ☐

4=Non-degenerative,
systemic illness ☐

5=Non-degenerative (use
codes) ☐

6=Developmental ☐

7=Trauma ☐

8=Other, use codes ☐

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Folder: Study Coordinator

Form: Final Consensus Diagnosis

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Other relevant conditions:

13

If dementia, indicate type

1=Alzheimer's disease

14

2=Vascular dementia

3=Dementia with Lewy bodies

4=Frontotemporal dementia

5=Other

Other type of dementia, specify:

15

Neuropsychologist Impression:

1=Normal

16

2=Dementia

3=MCI

4=Uncertain/Other

Final consensus diagnosis:

Diagnosis 1 (primary)

18

Diagnosis 2 (secondary)

19

Diagnosis 3 (tertiary)

20

Diagnosis 4

21

Diagnosis 5

22

Diagnosis concordance

0=O.K.

23

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Folder: Study Coordinator

Form: Final Consensus Diagnosis

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1=Discordance Clinician does not agree with Neuropsychologist ☐

2=Discordance - a domain issue ☐

3=Discordance - coordinator does not agree with clinician and neuropsychologist ☐

4=Discordance - coordinator, clinician, and neuropsychologist all disagree ☐

Partial visit diagnosis (Do not complete if Cognitive Impairment is entered.)

0=Normal ☐ **24**

1=MCI ☐

3=Dementia ☐

4=Other ☐

Answer the following questions if final consensus diagnosis or partial visit diagnosis is "dementia":

Is subject being followed clinically for cognitive concerns or is dementia documented in medical record?

0=No ☐ **26**

1=Yes ☐

9=Unknown ☐

If no or unknown:

Has study physician been notified to follow-up with subject's primary care provider?

0=No ☐ **28**

1=Yes ☐

Indicate date that primary care physician was notified by study personnel.

29

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Comments

30

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Final Consensus Diagnosis****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① L2ALZ_DX_ 1 ADD			0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		L2ALZ_DX_ ADD
② L2ALZ_DX_ \$100 RES					L2ALZ_DX_ RES
③ L2ALZ_FINA dd MMM L	yyyy				L2ALZ_FINA L
④ L2ALZ_FCO 1 GIMPR			0 = 0=Normal 1 = 1=MCI 3 = 3=Dementia 4 = 4=Other		L2ALZ_FCO GIMPR

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Final Consensus Diagnosis****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑤ L2ALZ_FMCI1 TYPE			1 = 1=Amnestic 2 = 2=Non-amne stic		L2ALZ_FMCI TYPE
⑥ L2ALZ_FNU 1 MDOMS			1 = 1=One domain 2 = 2=Multiple domains		L2ALZ_FNU MDOMS
⑦ L2ALZ_MEM 1 DOM			0 = 0=No 1 = 1=Yes		L2ALZ_MEM DOM
⑧ L2ALZ_LAN 1 GDOM			0 = 0=No 1 = 1=Yes		L2ALZ_LAN GDOM
⑨ L2ALZ_ATT 1 NDOM			0 = 0=No 1 = 1=Yes		L2ALZ_ATT NDOM
⑩ L2ALZ_VISS 1 PDOM			0 = 0=No 1 = 1=Yes		L2ALZ_VISS PDOM
⑪ L2ALZ_FETI 1 OLGY			1 = 1=Degenerat ive 2 = 2=Non-dege nerative, vascular		L2ALZ_FETI OLGY

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Final Consensus Diagnosis****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Non-dege nerative, psychiatric 4 = 4=Non-dege nerative, systemic illness 5 = 5=Non-dege nerative (use codes) 6 = 6=Developm ental 7 = 7=Trauma 8 = 8=Other, use codes		
12 L2ALZ_FETI 1 OLG2			1 = 1=Degenerat ive 2 = 2=Non-dege nerative, vascular 3 = 3=Non-dege nerative, psychiatric		L2ALZ_FETI OLG2

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Final Consensus Diagnosis****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Non-dege nerative, systemic illness 5 = 5=Non-dege nerative (use codes) 6 = 6=Developm ental 7 = 7=Trauma 8 = 8=Other, use codes		
13 L2ALZ_DX_ 3 ORC			L2ALZ_DX		L2ALZ_DX_ ORC
14 L2ALZ_FTY 1 PEDEM			1 = 1=Alzheimer' s disease 2 = 2=Vascular dementia 3 = 3=Dementia with Lewy bodies 4 = 4=Frontotem poral dementia		L2ALZ_FTY PEDEM

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Final Consensus Diagnosis****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
5 = 5=Other					
15 L2ALZ_FTY PESP	\$50				L2ALZ_FTY PESP
16 L2ALZ_NPI MPRES	1		1 = 1=Normal 2 = 2=Dementia 3 = 3=MCI 4 = 4=Uncertain/ Other		L2ALZ_NPI MPRES
18 L2ALZ_DIAG3 1			L2ALZ_DX		L2ALZ_DIAG 1
19 L2ALZ_DIAG3 2			L2ALZ_DX		L2ALZ_DIAG 2
20 L2ALZ_DIAG3 3			L2ALZ_DX		L2ALZ_DIAG 3
21 L2ALZ_DIAG3 4			L2ALZ_DX		L2ALZ_DIAG 4
22 L2ALZ_DIAG3 5			L2ALZ_DX		L2ALZ_DIAG 5

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Final Consensus Diagnosis****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
23 L2ALZ_CON 1 CORD			0 = 0=O.K. 1 = 1=Discordance Clinician does not agree with Neuropsychologist 2 = 2=Discordance - a domain issue 3 = 3=Discordance - coordinator does not agree with clinician and neuropsychologist 4 = 4=Discordance - coordinator, clinician, and neuropsychologist all disagree		L2ALZ_CON CORD
24 L2ALZ_PRT 1 VSTDx			0 = 0=Normal 1 = 1=MCI 3 = 3=Dementia		L2ALZ_PRT VSTDx

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Final Consensus Diagnosis****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
4 = 4=Other					
26 L2ALZ_FOL LOW_CLIN	1		0 = 0=No 1 = 1=Yes 9 = 9=Unknown		L2ALZ_FOL LOW_CLIN
28 L2ALZ_PRI M_FLWP	1		0 = 0=No 1 = 1=Yes		L2ALZ_PRI M_FLWP
29 L2ALZ_PRI M_NOTIFY_ DT	dd MMM yyyy DT				L2ALZ_PRI M_NOTIFY_ DT
30 L2ALZ_DEM ENTIA_COM MENT	\$200				L2ALZ_DEM ENTIA_COM MENT

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Telephone Instrument for Cognitive Status - Modified (TICS-m)

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Next, I will ask you some questions to assess your concentration and your memory. Some of the questions may seem difficult and others very easy for you.
This paragraph may be read if judged to be applicable by the interviewer.
Before starting, please make sure that the TV or the radio are shut off so that they do not distract you. If other persons are with you at the time of this interview, they should not help you or suggest answers. (We really want to picture what you can do by yourself).

Was this form done?

0=Not done or attempted ☐ ②

1=Totally complete ☒

2=Comp but tech error ☐

3=Partially done ☐

4=Attempted/no data ☐

5=Part done/pt problem ☐

8=Not needed ☐

9=Done in other study ☐

Reason why not completed

③

1. - Please tell me your Full Name. (if only one name given, ask for other name)

First Name

0=Incorrect ☐ ⑤

1=Correct ☐

Last Name

0=Incorrect ☐ ⑥

1=Correct ☐

Response

⑦

2. - What is your age?

0=Incorrect ☐ ⑧

1=Correct ☐

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Folder: Study Coordinator

Form: Telephone Instrument for Cognitive Status - Modified (TICS-m)

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Response _____

9

3. - Without looking at a calendar or watch, what is today's date? (if part of answer is given, give prompt. (e.g., ask for year, if says Jan 21.)

Month

0=Incorrect ☐ 11
1=Correct ☐

Date

0=Incorrect ☐ 12
1=Correct ☐

Year

0=Incorrect ☐ 13
1=Correct ☐

Response _____

14

4. - What day of the week is it? (if provided in above response, give credit)

0=Incorrect ☐ 15
1=Correct ☐

Response _____

16

5. - What season is it? (if within one week of a season change, give credit)

0=Incorrect ☐ 17
1=Correct ☐

Response _____

18

6. - Without looking at your phone, tell me your phone number.
(area code not required)

0=Incorrect ☐ 19
1=Correct ☐

2018_01_25: ALL_FORMS

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Form: Telephone Instrument for Cognitive Status - Modified (TICS-m)

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Response _____

20

7. - Now I'd like you to count backwards from 20 to 1. Ready?.....Go ahead.

First try: 20 19 18 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1.
(If incorrect, "Let's do that again, count backwards from 20 to 1")

2=First try ☐ 22
1=Second try ☐
0=Incorrect ☐

8. - I'm going to read you a list of 10 words. Please listen carefully and when I'm done, tell me as many words as you can, in any order. Please don't write anything down. I'll read the list only once. If you don't understand a word, that's all right, just try to repeat what you heard.....Are you ready?

Record actual time before reading words _____

24

Read 1 word every 2 seconds (use a timer). Speak loudly and articulate clearly with a low pitch.

25

Cabin... Pipe... Elephant... Chest... Silk... Theater... Watch...
Whip... Pillow... Giant.
Now, tell me all the words that you can. _____

Cabin

☐ 26

Pipe

☐ 27

Elephant

☐ 28

Chest

☐ 29

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Form: Telephone Instrument for Cognitive Status - Modified (TICS-m)

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Silk

☐ 30

Theater

☐ 31

Watch

☐ 32

Whip

☐ 33

Pillow

☐ 34

Giant

☐ 35

Number correct (do not include repetitions)

Fixed Unit: /10 36

Number of phonetically similar incorrect words? (e.g., type, guess, guest, wit, stilts, tip)

37

9. - Please subtract 7 from 100, and then subtract 7 from that number...until I ask you to stop.....
Ready?

If participant does not understand: **Start with 100 and now subtract 7. What's 7 from that number? Keep going..**Repeat instructions if necessary. Do not inform participant of errors.
Stop at 5 answers. Record exact answers below 1 point for each correct subtraction. 93, 86, 79, 72, 65

First subtraction

39

Second subtraction

40

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Folder: Study Coordinator

Form: Telephone Instrument for Cognitive Status - Modified (TICS-m)

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Third subtraction

41

Fourth subtraction

42

Fifth subtraction

43

Number correct:

Fixed Unit: /5

44

10. - What do people usually use to cut paper? (scissors or shears)

0=Incorrect

☐

45

1=Correct

☐

Response

46

11. - How many things are in a dozen? (twelve)

0=Incorrect

☐

47

1=Correct

☐

Response

48

12. - What do you call the kind of prickly plant that lives in the desert? (Cactus or specific type, (e.g., prickly pear))

0=Incorrect

☐

49

1=Correct

☐

Response

50

13. - What animal does wool come from? (sheep or lamb)

0=Incorrect

☐

51

1=Correct

☐

Response

52

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Telephone Instrument for Cognitive Status - Modified (TICS-m)

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14. - Say this exactly as I say it: No ifs ands or buts (articulate and speak clearly, repeat once if needed)

0=Incorrect ☐ **53**
1=Correct ☐

Response

54

15. - Say this: Methodist Episcopal (articulate and speak clearly, repeat once if needed)

0=Incorrect ☐ **55**
1=Correct ☐

Response

56

16. - Who is the president of the United States right now? (If only one name given, ask for other name. Score 1 point for each name.)

2=Both names ☐ **57**
1=One name ☐
0=Incorrect ☐

Response

58

17. - Who is the Vice-President right now? (If only one name given, ask for other name. Score 1 point for each name)

2=Both names ☐ **59**
1=One name ☐
0=Incorrect ☐

Response

60

18. - With your finger, tap 5 times on the part of the phone you speak into.

0=Incorrect ☐ **61**
1=Other than 5 taps ☐
2=5 taps ☐

Response

62

19. - I'm going to say a word and I want you to give me it's opposite. For example, I might say "hot" and you would say "cold". Okay?

What is the opposite of East? (West)

0=Incorrect ☐ 64
1=Correct ☐

Response

65

20. - What is the opposite of Generous?
Score one point of any word below is given. If different response is given and you are unsure if correct, check dictionary and give credit if indicated)

0=Incorrect ☐ 66
1=Correct ☐

Stingy, Frugal, Tightwad, Cheap, Selfish, Greedy, Meager, Tight, Miserly, Mean, Penurious, Skimpy, Not generous, Ungenerous, Restrictive, Parsimonious, Sparse, Chintzy, Hoarding, Skinflint

Response

67

21. - A few minutes ago, I read you a list of 10 words and asked you to repeat them back to me. Tell me as many of those words as you can.

Record actual time

69

Response

70

Cabin

☐ 71

Pipe

☐ 72

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Folder: Study Coordinator

Form: Telephone Instrument for Cognitive Status - Modified (TICS-m)

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Elephant	<input type="checkbox"/>	73
Chest	<input type="checkbox"/>	74
Silk	<input type="checkbox"/>	75
Theater	<input type="checkbox"/>	76
Watch	<input type="checkbox"/>	77
Whip	<input type="checkbox"/>	78
Pillow	<input type="checkbox"/>	79
Giant	<input type="checkbox"/>	80
a. - Number correct from 10 item list (delayed)	Fixed Unit: /10	81
b. - Number of phonetically similar words from immediate recall given on delay		82
Total number of points correct (unadjusted)		83
Education corrected score		84
Did patient have problems hearing during the test?	0=No <input type="checkbox"/>	85

1=Yes☐

Is this test valid?

0=No☐

1=Yes☐

86

Education

87

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Telephone Instrument for Cognitive Status - Modified (TICS-m)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
② L2ALZ_TICS 1 MADD			0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		L2ALZ_TICS MADD
③ L2ALZ_TICS \$100 MRES					L2ALZ_TICS MRES
⑤ L2ALZ_FNA 1 ME			0 = 0=Incorrect 1 = 1=Correct		L2ALZ_FNA ME
⑥ L2ALZ_LNA 1 ME			0 = 0=Incorrect 1 = 1=Correct		L2ALZ_LNA ME

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Telephone Instrument for Cognitive Status - Modified (TICS-m)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑦ L2ALZ_NAM \$50 ERESP					L2ALZ_NAM ERESP
⑧ L2ALZ_AGE 1			0 = 0=Incorrect 1 = 1=Correct		L2ALZ_AGE
⑨ L2ALZ_AGE 3 RESP					L2ALZ_AGE RESP
⑪ L2ALZ_MON 1 TH			0 = 0=Incorrect 1 = 1=Correct		L2ALZ_MON TH
⑫ L2ALZ_DAY 1			0 = 0=Incorrect 1 = 1=Correct		L2ALZ_DAY
⑬ L2ALZ_YEA 1 R			0 = 0=Incorrect 1 = 1=Correct		L2ALZ_YEA R
⑭ L2ALZ_DAT \$50 ERESP					L2ALZ_DAT ERESP
⑮ L2ALZ_DAY 1 OFWK			0 = 0=Incorrect		L2ALZ_DAY OFWK

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			1 = 1=Correct		
16 L2ALZ_DAY RESP	\$50				L2ALZ_DAY RESP
17 L2ALZ_SEA SON	1		0 = 0=Incorrect 1 = 1=Correct		L2ALZ_SEA SON
18 L2ALZ_SEA SONRESP	\$50				L2ALZ_SEA SONRESP
19 L2ALZ_PHN NO	1		0 = 0=Incorrect 1 = 1=Correct		L2ALZ_PHN NO
20 L2ALZ_PHN RESP	\$50				L2ALZ_PHN RESP
22 L2ALZ_COU NT1	1		2 = 2=First try 1 = 1=Second try 0 = 0=Incorrect		L2ALZ_COU NT1
24 L2ALZ_TIME _10WORDS	hh:nn rr				L2ALZ_TIME _10WORDS

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Telephone Instrument for Cognitive Status - Modified (TICS-m)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
25 L2ALZ_TEX TBOX_10W ORDS_1	\$200				L2ALZ_TEX TBOX_10W ORDS_1
26 L2ALZ_CABI N_1	1				L2ALZ_CABI N_1
27 L2ALZ_PIPE _1	1				L2ALZ_PIPE _1
28 L2ALZ_ELE PHANT_1	1				L2ALZ_ELE PHANT_1
29 L2ALZ_CHE ST_1	1				L2ALZ_CHE ST_1
30 L2ALZ_SILK _1	1				L2ALZ_SILK _1
31 L2ALZ_THE ATER_1	1				L2ALZ_THE ATER_1
32 L2ALZ_WAT CH_1	1				L2ALZ_WAT CH_1
33 L2ALZ_WHI P_1	1				L2ALZ_WHI P_1

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Telephone Instrument for Cognitive Status - Modified (TICS-m)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
34 L2ALZ_PILL 1 OW_1					L2ALZ_PILL OW_1
35 L2ALZ_GIAN1 T_1					L2ALZ_GIAN T_1
36 L2ALZ_LST 2 OF10A					L2ALZ_LST OF10A
37 L2ALZ_LST12 OAIN					L2ALZ_LST1 OAIN
38 L2ALZ_SUB 3 TRACT7A					L2ALZ_SUB TRACT7A
40 L2ALZ_SUB 3 TRACT7B					L2ALZ_SUB TRACT7B
41 L2ALZ_SUB 3 TRACT7C					L2ALZ_SUB TRACT7C
42 L2ALZ_SUB 3 TRACT7D					L2ALZ_SUB TRACT7D
43 L2ALZ_SUB 3 TRACT7E					L2ALZ_SUB TRACT7E
44 L2ALZ_CNT 1 BCK7					L2ALZ_CNT BCK7

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Telephone Instrument for Cognitive Status - Modified (TICS-m)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
45 L2ALZ_CUT 1			0 = 0=Incorrect 1 = 1=Correct		L2ALZ_CUT
46 L2ALZ_CUT \$50 RESP					L2ALZ_CUT RESP
47 L2ALZ_DOZ 1 EN			0 = 0=Incorrect 1 = 1=Correct		L2ALZ_DOZ EN
48 L2ALZ_DOZ \$50 ENRESP					L2ALZ_DOZ ENRESP
49 L2ALZ_CAC 1 TUS			0 = 0=Incorrect 1 = 1=Correct		L2ALZ_CAC TUS
50 L2ALZ_CAC \$50 TUSRESP					L2ALZ_CAC TUSRESP
51 L2ALZ_WO 1 OL			0 = 0=Incorrect 1 = 1=Correct		L2ALZ_WO OL
52 L2ALZ_WO \$50 OLRESP					L2ALZ_WO OLRESP

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Telephone Instrument for Cognitive Status - Modified (TICS-m)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
53 L2ALZ_NOIF 1 S			0 = 0=Incorrect 1 = 1=Correct		L2ALZ_NOIF S
54 L2ALZ_NOIF \$50 SRESP					L2ALZ_NOF SRESP
55 L2ALZ_MET 1 HEP			0 = 0=Incorrect 1 = 1=Correct		L2ALZ_MET HEP
56 L2ALZ_MET \$50 HEPRES					L2ALZ_MET HEPRES
57 L2ALZ_PRE 1 Z			2 = 2=Both names 1 = 1=One name 0 = 0=Incorrect		L2ALZ_PRE Z
58 L2ALZ_PRE \$50 ZRESP					L2ALZ_PRE ZRESP
59 L2ALZ_VPR 1 EZ			2 = 2=Both names 1 = 1=One name 0 = 0=Incorrect		L2ALZ_VPR EZ

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Telephone Instrument for Cognitive Status - Modified (TICS-m)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
60 L2ALZ_VPR EZRESP	\$50				L2ALZ_VPR EZRESP
61 L2ALZ_TAP	1		0 = 0=Incorrect 1 = 1=Other than 5 taps 2 = 2=5 taps		L2ALZ_TAP
62 L2ALZ_TAP RESP	\$50				L2ALZ_TAP RESP
64 L2ALZ_EAS T	1		0 = 0=Incorrect 1 = 1=Correct		L2ALZ_EAS T
65 L2ALZ_EAS TRESP	\$50				L2ALZ_EAS TRESP
66 L2ALZ_GEN RS	1		0 = 0=Incorrect 1 = 1=Correct		L2ALZ_GEN RS
67 L2ALZ_GEN RSRESP	\$50				L2ALZ_GEN RSRESP
69 L2ALZ_TIME _10BWORD S	hh:nn rr				L2ALZ_TIME _10BWORD S

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Telephone Instrument for Cognitive Status - Modified (TICS-m)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
70 L2ALZ_TEX TBOX_10W ORDS_2	\$200				L2ALZ_TEX TBOX_10W ORDS_2
71 L2ALZ_CABI N_2	1				L2ALZ_CABI N_2
72 L2ALZ_PIPE _2	1				L2ALZ_PIPE _2
73 L2ALZ_ELE PHANT_2	1				L2ALZ_ELE PHANT_2
74 L2ALZ_CHE ST_2	1				L2ALZ_CHE ST_2
75 L2ALZ_SILK _2	1				L2ALZ_SILK _2
76 L2ALZ_THE ATER_2	1				L2ALZ_THE ATER_2
77 L2ALZ_WAT CH_2	1				L2ALZ_WAT CH_2
78 L2ALZ_WHI P_2	1				L2ALZ_WHI P_2

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Telephone Instrument for Cognitive Status - Modified (TICS-m)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
79 L2ALZ_PILL 1 OW_2					L2ALZ_PILL OW_2
80 L2ALZ_GIAN1 T_2					L2ALZ_GIAN T_2
81 L2ALZ_LST 2 OF10B					L2ALZ_LST OF10B
82 L2ALZ_LST12 OBSI					L2ALZ_LST1 OBSI
83 L2ALZ_TOT 2 AL					L2ALZ_TOT AL
84 L2ALZ_TOT 2 AL_ADJ					L2ALZ_TOT AL_ADJ
85 L2ALZ_PRO 1 BHEAR			0 = 0=No 1 = 1=Yes		L2ALZ_PRO BHEAR
86 L2ALZ_HEA 1 RVALD			0 = 0=No 1 = 1=Yes		L2ALZ_HEA RVALD
87 EDUC	2				EDUC

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Menopause Rating Scale (MRS)

Generated On: 30 Jan 2018 01:17:03

Was this form done?

- 0=Not done or attempted ☐ ①
- 1=Totally complete ☒
- 2=Comp but tech error ☐
- 3=Partially done ☐
- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

Reason why not completed

②

Which of the following symptoms apply to you at this time? Please make the appropriate selection for each symptom. For symptoms that do not apply, please select "None".

1. - Hot flushes, sweating (episodes of sweating)

- 0=None ☐ ④
- 1=Mild ☐
- 2=Moderate ☐
- 3=Severe ☐
- 4=Very Severe ☐

2. - Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)

- 0=None ☐ ⑤
- 1=Mild ☐
- 2=Moderate ☐
- 3=Severe ☐
- 4=Very Severe ☐

3. - Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early)

- 0=None ☐ ⑥
- 1=Mild ☐
- 2=Moderate ☐

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Menopause Rating Scale (MRS)

Generated On: 30 Jan 2018 01:17:03

3=Severe ☐

4=Very Severe ☐

4. - Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)

0=None ☐ **7**

1=Mild ☐

2=Moderate ☐

3=Severe ☐

4=Very Severe ☐

5. - Irritability (feeling nervous, inner tension, feeling aggressive)

0=None ☐ **8**

1=Mild ☐

2=Moderate ☐

3=Severe ☐

4=Very Severe ☐

6. - Anxiety (inner restlessness, feeling panicky)

0=None ☐ **9**

1=Mild ☐

2=Moderate ☐

3=Severe ☐

4=Very Severe ☐

7. - Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in concentration, forgetfulness)

0=None ☐ **10**

1=Mild ☐

2=Moderate ☐

3=Severe ☐

4=Very Severe ☐

8. - Sexual problems (change in sexual desire, in sexual activity and satisfaction)

0=None ☐ **11**

1=Mild ☐

2018_01_25: ALL_FORMS

Folder: Study Coordinator

Form: Menopause Rating Scale (MRS)

Generated On: 30 Jan 2018 01:17:03

2=Moderate ☐

3=Severe ☐

4=Very Severe ☐

9. - Bladder problems (difficulty urinating, increased need to urinate, bladder incontinence)

0=None ☐ 12

1=Mild ☐

2=Moderate ☐

3=Severe ☐

4=Very Severe ☐

10. - Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)

0=None ☐ 13

1=Mild ☐

2=Moderate ☐

3=Severe ☐

4=Very Severe ☐

11. - Joint and muscular discomfort (pain in the joints, rheumatoid complaints)

0=None ☐ 14

1=Mild ☐

2=Moderate ☐

3=Severe ☐

4=Very Severe ☐

Cycle Number _____

15

Menopause Rating Scale

No permission needed for reuse per ZEG Berlin. "It should be stressed that persons who are interested in applying the MRS scale in their research can download the appropriate language version and use it without any formal permission."

<http://www.menopause-rating-scale.info/languages.htm>

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Menopause Rating Scale (MRS)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① MRS_ADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		MRS_ADD
② MRS_RES	\$100				MRS_RES
④ MRS_HOTF LUSH	1		0 = 0=None 1 = 1=Mild 2 = 2=Moderate 3 = 3=Severe 4 = 4=Very Severe		MRS_HOTF LUSH

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Menopause Rating Scale (MRS)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑤ MRS_HEAR T	1		0 = 0=None 1 = 1=Mild 2 = 2=Moderate 3 = 3=Severe 4 = 4=Very Severe		MRS_HEAR T
⑥ MRS_SLEE PPROB	1		0 = 0=None 1 = 1=Mild 2 = 2=Moderate 3 = 3=Severe 4 = 4=Very Severe		MRS_SLEE PPROB
⑦ MRS_DEPR ESS	1		0 = 0=None 1 = 1=Mild 2 = 2=Moderate 3 = 3=Severe 4 = 4=Very Severe		MRS_DEPR ESS
⑧ MRS_IRRIT	1		0 = 0=None 1 = 1=Mild 2 = 2=Moderate 3 = 3=Severe 4 = 4=Very Severe		MRS_IRRIT

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Menopause Rating Scale (MRS)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
9 MRS_ANXIE 1 TY			0 = 0=None 1 = 1=Mild 2 = 2=Moderate 3 = 3=Severe 4 = 4=Very Severe		MRS_ANXIE TY
10 MRS_PHYS 1 EXH			0 = 0=None 1 = 1=Mild 2 = 2=Moderate 3 = 3=Severe 4 = 4=Very Severe		MRS_PHYS EXH
11 MRS_SEXP 1 ROB			0 = 0=None 1 = 1=Mild 2 = 2=Moderate 3 = 3=Severe 4 = 4=Very Severe		MRS_SEXP ROB
12 MRS_BLAD 1 DERPROB			0 = 0=None 1 = 1=Mild 2 = 2=Moderate 3 = 3=Severe 4 = 4=Very Severe		MRS_BLAD DERPROB

2018_01_25: ALL_FORMS**Folder: Study Coordinator****Form: Menopause Rating Scale (MRS)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
13 MRS_DRYN 1 ESS			0 = 0=None 1 = 1=Mild 2 = 2=Moderate 3 = 3=Severe 4 = 4=Very Severe		MRS_DRYN ESS
14 MRS_JOINT 1			0 = 0=None 1 = 1=Mild 2 = 2=Moderate 3 = 3=Severe 4 = 4=Very Severe		MRS_JOINT
15 CYCLE_NU 3 M					CYCLE_NU M

2018_01_25: ALL_FORMS

Folder: MD

Form: Neurologic Exam and Modified UPDRS Q 1-23

Generated On: 30 Jan 2018 01:17:03

Was this form done?

- 0=Not done or attempted ☒ ①
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- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

Reason why not completed

②

1. - Significant visual impairment

- 0=Absent ☒ ③
- 1=Present ☐

2. - Significant auditory impairment

- 0=Absent ☒ ④
- 1=Present ☐

3. - Speech volume

- 0=Normal ☒ ⑤
- 1=Slight loss of expression, diction or volume, mild dysarthria ☐
- 2=Monotone, slurred but understandable, moderately impaired ☐
- 3=Marked impairment, difficult to understand ☐
- 4=Unintelligible ☐
- 9=Untestable ☐

4. - Facial expression

- 0=Normal ☒ ⑥

- 1=Slight hypomimia, could be normal ☐
- 2=Mild but definitely abnormal diminution of facial expression ☐
- 3=Moderate hypomimia, lips parted some of the time ☐
- 4=Masked or fixed facies with severe or complete loss of expression, lips parted 1/4 inch or more ☐

5. - Eye movements (excluding upgaze)

- 0=Normal ☒ 7
- 1=Mild impairment of eye movements ☐
- 2=Moderate ☐
- 3=Severe ☐
- 9=Untestable ☐

If abnormal, describe

8

6. - Other cranial nerve abnormalities

- 0=Absent ☒ 9
- 1=Present ☐

If present, describe

10

7. - Tremor at rest, right hand

- 0=Absent ☒ 11
- 1=Slight and infrequent ☐
- 2=Mild in amplitude and persistent, or moderate in amplitude but intermittent ☐
- 3=Moderate in amplitude and present most of time ☐
- 4=Marked in amplitude and present most of time ☐

9=Untestable ☐

8. - Tremor at rest, left hand

0=Absent ☒ 12
1=Slight and infrequent ☐
2=Mild in amplitude and ☐
persistent, or moderate in
amplitude but intermittent
3=Moderate in amplitude and ☐
present most of time
4=Marked in amplitude and ☐
present most of time
9=Untestable ☐

9. - Tremor at rest, right foot

0=Absent ☒ 13
1=Slight and infrequent ☐
2=Mild in amplitude and ☐
persistent, or moderate in
amplitude but intermittent
3=Moderate in amplitude and ☐
present most of time
4=Marked in amplitude and ☐
present most of time
9=Untestable ☐

10. - Tremor at rest, left foot

0=Absent ☒ 14
1=Slight and infrequent ☐
2=Mild in amplitude and ☐
persistent, or moderate in
amplitude but intermittent
3=Moderate in amplitude and ☐
present most of time
4=Marked in amplitude and ☐
present most of time
9=Untestable ☐

11. - Tremor with posture or action, right hand

0=Absent ☒ 15

1=Slight or infrequent; present with action ☐

2=Moderate in amplitude; present with action ☐

3=Moderate in amplitude and present with posture-holding as well as action ☐

4=Marked in amplitude and present most of time; interferes with eating ☐

9=Untestable ☐

12. - Tremor with posture or action, left hand

0=Absent ☒ 16

1=Slight or infrequent; present with action ☐

2=Moderate in amplitude; present with action ☐

3=Moderate in amplitude and present with posture-holding as well as action ☐

4=Marked in amplitude and present most of time; interferes with eating ☐

9=Untestable ☐

13. - Tremor with posture or action, right foot

0=Absent ☒ 17

1=Slight or infrequent; present with action ☐

2=Moderate in amplitude; present with action ☐

3=Moderate in amplitude and present with posture-holding as well as action ☐

4=Marked in amplitude and present most of time; interferes with eating ☐

9=Untestable ☐

14. - Tremor with posture or action, left foot

- 0=Absent ☒ 18
- 1=Slight or infrequent; present with action ☐
- 2=Moderate in amplitude; present with action ☐
- 3=Moderate in amplitude and present with posture-holding as well as action ☐
- 4=Marked in amplitude and present most of time; interferes with eating ☐
- 9=Untestable ☐
-

15. - **Rigidity Neck** (judged on passive movement of neck while sitting)

- 0=Absent ☒ 19
- 1=Slight ☐
- 2=Mild to moderate ☐
- 3=Marked, but full range of motion easily achieved ☐
- 4=Severe, range of motion achieved with difficulty ☐
- 9=Untestable ☐
-

16. - **Rigidity Right arm** (judged on passive movement of major joints with patient relaxed in sitting position. Cogwheeling to be ignored)

- 0=Absent ☒ 20
- 1=Slight ☐
- 2=Mild to moderate ☐
- 3=Marked, but full range of motion easily achieved ☐
- 4=Severe, range of motion achieved with difficulty ☐
- 9=Untestable ☐
-

17. - **Rigidity Left arm** (judged on passive movement of major joints with patient relaxed in sitting position. Cogwheeling to be ignored)

- 0=Absent ☒ 21
- 1=Slight ☐
- 2=Mild to moderate ☐
- 3=Marked, but full range of motion easily achieved ☐
- 4=Severe, range of motion achieved with difficulty ☐
- 9=Untestable ☐

18. - **Rigidity Right leg** (judged on passive movement of major joints with patient relaxed in sitting position. Cogwheeling to be ignored)

- 0=Absent ☒ 22
- 1=Slight ☐
- 2=Mild to moderate ☐
- 3=Marked, but full range of motion easily achieved ☐
- 4=Severe, range of motion achieved with difficulty ☐
- 9=Untestable ☐

19. - **Rigidity Left leg** (judged on passive movement of major joints with patient relaxed in sitting position. Cogwheeling to be ignored)

- 0=Absent ☒ 23
- 1=Slight ☐
- 2=Mild to moderate ☐
- 3=Marked, but full range of motion easily achieved ☐
- 4=Severe, range of motion achieved with difficulty ☐
- 9=Untestable ☐

20. - **Power Right arm**

- 0=Normal ☒ 24
- 1=Slight decrease in strength ☐
- 2=Mild ☐
- 3=Moderate ☐
- 4=Severe ☐

9=Untestable ☐

21. - Power Left arm

0=Normal ☒ (25)
1=Slight decrease in strength ☐
2=Mild ☐
3=Moderate ☐
4=Severe ☐
9=Untestable ☐

22. - Power Right leg

0=Normal ☒ (26)
1=Slight decrease in strength ☐
2=Mild ☐
3=Moderate ☐
4=Severe ☐
9=Untestable ☐

23. - Power Left leg

0=Normal ☒ (27)
1=Slight decrease in strength ☐
2=Mild ☐
3=Moderate ☐
4=Severe ☐
9=Untestable ☐

2018_01_25: ALL_FORMS**Folder: MD****Form: Neurologic Exam and Modified UPDRS Q 1-23****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① NEMUPADD 1			0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		NEMUPADD
② NEMUPRES \$100					NEMUPRES
③ L2ALZ_UPD 1 RSQ1			0 = 0=Absent 1 = 1=Present		L2ALZ_UPD RSQ1
④ L2ALZ_UPD 1 RSQ2			0 = 0=Absent 1 = 1=Present		L2ALZ_UPD RSQ2

2018_01_25: ALL_FORMS**Folder: MD****Form: Neurologic Exam and Modified UPDRS Q 1-23****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑤ L2ALZ_UPD 1 RSQ3			0 = 0=Normal 1 = 1=Slight loss of expression, diction or volume, mild dysarthria 2 = 2=Monotone, slurred but understanda ble, moderately impaired 3 = 3=Marked impairment, difficult to understand 4 = 4=Unintelligi ble 9 = 9=Untestable		L2ALZ_UPD RSQ3
⑥ L2ALZ_UPD 1 RSQ4			0 = 0=Normal 1 = 1=Slight hypomimia, could be normal		L2ALZ_UPD RSQ4

2018_01_25: ALL_FORMS

Folder: MD

Form: Neurologic Exam and Modified UPDRS Q 1-23

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Mild but definitely abnormal diminution of facial expression 3 = 3=Moderate hypomimia, lips parted some of the time 4 = 4=Masked or fixed facies with severe or complete loss of expression, lips parted 1/4 inch or more		
⑦ L2ALZ_UPD 1 RSQ5			0 = 0=Normal 1 = 1=Mild impairment of eye movements 2 = 2=Moderate 3 = 3=Severe 9 = 9=Untestable		L2ALZ_UPD RSQ5

2018_01_25: ALL_FORMS

Folder: MD

Form: Neurologic Exam and Modified UPDRS Q 1-23

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
8 L2ALZ_Q5S P	\$50				L2ALZ_Q5S P
9 L2ALZ_UPD RSQ6	1		0 = 0=Absent 1 = 1=Present		L2ALZ_UPD RSQ6
10 L2ALZ_Q6S P	\$50				L2ALZ_Q6S P
11 L2ALZ_UPD RSQ7	1		0 = 0=Absent 1 = 1=Slight and infrequent 2 = 2=Mild in amplitude and persistent, or moderate in amplitude but intermittent 3 = 3=Moderate in amplitude and present most of time 4 = 4=Marked in amplitude and present most of time		L2ALZ_UPD RSQ7

2018_01_25: ALL_FORMS

Folder: MD

Form: Neurologic Exam and Modified UPDRS Q 1-23

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			9 = 9=Untestable		
12 L2ALZ_UPD 1 RSQ8			0 = 0=Absent 1 = 1=Slight and infrequent 2 = 2=Mild in amplitude and persistent, or moderate in amplitude but intermittent 3 = 3=Moderate in amplitude and present most of time 4 = 4=Marked in amplitude and present most of time 9 = 9=Untestable		L2ALZ_UPD RSQ8

2018_01_25: ALL_FORMS

Folder: MD

Form: Neurologic Exam and Modified UPDRS Q 1-23

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
13 L2ALZ_UPD 1 RSQ9			0 = 0=Absent 1 = 1=Slight and infrequent 2 = 2=Mild in amplitude and persistent, or moderate in amplitude but intermittent 3 = 3=Moderate in amplitude and present most of time 4 = 4=Marked in amplitude and present most of time 9 = 9=Untestable		L2ALZ_UPD RSQ9
14 L2ALZ_UPD 1 RSQ10			0 = 0=Absent 1 = 1=Slight and infrequent		L2ALZ_UPD RSQ10

2018_01_25: ALL_FORMS

Folder: MD

Form: Neurologic Exam and Modified UPDRS Q 1-23

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Mild in amplitude and persistent, or moderate in amplitude but intermittent 3 = 3=Moderate in amplitude and present most of time 4 = 4=Marked in amplitude and present most of time 9 = 9=Untestable		
15 L2ALZ_UPD 1 RSQ11			0 = 0=Absent 1 = 1=Slight or infrequent; present with action 2 = 2=Moderate in amplitude; present with action		L2ALZ_UPD RSQ11

2018_01_25: ALL_FORMS

Folder: MD

Form: Neurologic Exam and Modified UPDRS Q 1-23

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Moderate in amplitude and present with posture-holdi ng as well as action 4 = 4=Marked in amplitude and present most of time; interferes with eating 9 = 9=Untestable		
16 L2ALZ_UPD 1 RSQ12			0 = 0=Absent 1 = 1=Slight or infrequent; present with action 2 = 2=Moderate in amplitude; present with action 3 = 3=Moderate in amplitude and present with posture-holdi ng as well as action		L2ALZ_UPD RSQ12

2018_01_25: ALL_FORMS

Folder: MD

Form: Neurologic Exam and Modified UPDRS Q 1-23

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Marked in amplitude and present most of time; interferes with eating 9 = 9=Untestable		
17 L2ALZ_UPD 1 RSQ13			0 = 0=Absent 1 = 1=Slight or infrequent; present with action 2 = 2=Moderate in amplitude; present with action 3 = 3=Moderate in amplitude and present with posture-holdi ng as well as action 4 = 4=Marked in amplitude and present most of time; interferes with eating		L2ALZ_UPD RSQ13

2018_01_25: ALL_FORMS

Folder: MD

Form: Neurologic Exam and Modified UPDRS Q 1-23

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			9 = 9=Untestable		
18 L2ALZ_UPD 1 RSQ14			0 = 0=Absent 1 = 1=Slight or infrequent; present with action 2 = 2=Moderate in amplitude; present with action 3 = 3=Moderate in amplitude and present with posture-holdi ng as well as action 4 = 4=Marked in amplitude and present most of time; interferes with eating 9 = 9=Untestable		L2ALZ_UPD RSQ14

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
19 L2ALZ_UPD 1 RSQ15			0 = 0=Absent 1 = 1=Slight 2 = 2=Mild to moderate 3 = 3=Marked, but full range of motion easily achieved 4 = 4=Severe, range of motion achieved with difficulty 9 = 9=Untestable		L2ALZ_UPD RSQ15
20 L2ALZ_UPD 1 RSQ16			0 = 0=Absent 1 = 1=Slight 2 = 2=Mild to moderate 3 = 3=Marked, but full range of motion easily achieved 4 = 4=Severe, range of motion achieved with difficulty		L2ALZ_UPD RSQ16

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			9 = 9=Untestable		
21 L2ALZ_UPD 1 RSQ17			0 = 0=Absent 1 = 1=Slight 2 = 2=Mild to moderate 3 = 3=Marked, but full range of motion easily achieved 4 = 4=Severe, range of motion achieved with difficulty 9 = 9=Untestable		L2ALZ_UPD RSQ17
22 L2ALZ_UPD 1 RSQ18			0 = 0=Absent 1 = 1=Slight 2 = 2=Mild to moderate 3 = 3=Marked, but full range of motion easily achieved		L2ALZ_UPD RSQ18

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Severe, range of motion achieved with difficulty 9 = 9=Untestable		
23 L2ALZ_UPD 1 RSQ19			0 = 0=Absent 1 = 1=Slight 2 = 2=Mild to moderate 3 = 3=Marked, but full range of motion easily achieved 4 = 4=Severe, range of motion achieved with difficulty 9 = 9=Untestable		L2ALZ_UPD RSQ19
24 L2ALZ_UPD 1 RSQ20			0 = 0=Normal 1 = 1=Slight decrease in strength 2 = 2=Mild 3 = 3=Moderate		L2ALZ_UPD RSQ20

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Severe 9 = 9=Untestable		
25 L2ALZ_UPD 1 RSQ21			0 = 0=Normal 1 = 1=Slight decrease in strength 2 = 2=Mild 3 = 3=Moderate 4 = 4=Severe 9 = 9=Untestable		L2ALZ_UPD RSQ21
26 L2ALZ_UPD 1 RSQ22			0 = 0=Normal 1 = 1=Slight decrease in strength 2 = 2=Mild 3 = 3=Moderate 4 = 4=Severe 9 = 9=Untestable		L2ALZ_UPD RSQ22
27 L2ALZ_UPD 1 RSQ23			0 = 0=Normal		L2ALZ_UPD RSQ23

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			1 = 1=Slight decrease in strength 2 = 2=Mild 3 = 3=Moderate 4 = 4=Severe 9 = 9=Untestable		

Was this form done?

- 0=Not done or attempted ☒ ①
- 1=Totally complete ☐
- 2=Comp but tech error ☐
- 3=Partially done ☐
- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

24. - Reflexes Right arm

- 0=Normal ☒ ②
- 1=Increased ☐
- 2=Decreased ☐
- 9=Untestable ☐

25. - Reflexes Left arm

- 0=Normal ☒ ③
- 1=Increased ☐
- 2=Decreased ☐
- 9=Untestable ☐

26. - Reflexes Right leg

- 0=Normal ☒ ④
- 1=Increased ☐
- 2=Decreased ☐
- 9=Untestable ☐

27. - Reflexes Left leg

- 0=Normal ☒ ⑤
- 1=Increased ☐
- 2=Decreased ☐
- 9=Untestable ☐
-

28. - Babinski signs

- 0=Absent or untestable ☒ ⑥
- 1=Right present ☐
- 2=Left present ☐
- 3=Bilateral present ☐

29. - **Finger taps right hand** (patient taps thumb with index finger in rapid succession with widest amplitude possible, each hand separately)

- 0=Normal ☒ ⑦
- 1=Mild slowing and/or reduction in amplitude ☐
- 2=Moderately impaired; definite and early fatiguing; may have occasional arrests in movement ☐
- 3=Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement ☐
- 4=Can barely perform the task ☐
- 9=Untestable ☐

30. - **Finger taps left hand** (patient taps thumb with index finger in rapid succession with widest amplitude possible, each hand separately)

- 0=Normal ☒ ⑧
- 1=Mild slowing and/or reduction in amplitude ☐
- 2=Moderately impaired; definite and early fatiguing; may have occasional arrests in movement ☐
- 3=Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement ☐
- 4=Can barely perform the task ☐
- 9=Untestable ☐
-

31. - **Right hand alternating motion rate** -

supination/pronation, vertically or horizontally, with as large amplitude as possible, both hands simultaneously

0=Normal ☒ 9

1=Mild slowing and/or reduction in amplitude ☐

2=Moderately impaired; definite and early fatiguing; may have occasional arrests in movement ☐

3=Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement ☐

4=Can barely perform the task ☐

9=Untestable ☐

32. - **Left hand alternating motion rate** - supination/pronation, vertically or horizontally, with as large amplitude as possible, both hands simultaneously

0=Normal ☒ 10

1=Mild slowing and/or reduction in amplitude ☐

2=Moderately impaired; definite and early fatiguing; may have occasional arrests in movement ☐

3=Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement ☐

4=Can barely perform the task ☐

9=Untestable ☐

33. - **Right hand movements** (grips) patient opens and closes hands in rapid succession with widest amplitude possible, each hand separately

0=Normal ☒ 11

1=Mild slowing and/or reduction in amplitude ☐

2=Moderately impaired; definite and early fatiguing; may have occasional arrests in movement ☐

- 3=Severely impaired; frequent
hesitation in initiating
movements or arrests in
ongoing movement ☐
- 4=Can barely perform the task ☐
- 9=Untestable ☐

34. - **Left hand movements** (grips) patient opens and closes hands in rapid succession with widest amplitude possible, each hand separately.

0=Normal ☒ **12**

1=Mild slowing and/or
reduction in amplitude ☐

2=Moderately impaired;
definite and early fatiguing;
may have occasional arrests
in movement ☐

3=Severely impaired; frequent
hesitation in initiating
movements or arrests in
ongoing movement ☐

4=Can barely perform the task ☐

9=Untestable ☐

35. - **Right arm finger to nose maneuver** - finger to nose to finger with eyes open; arm should be fully extended at finger touch

0=Normal ☒ **13**

1=Mild to moderate ataxia ☐

2=Moderate to severe ataxia ☐

4=Can barely perform the task ☐

9=Untestable ☐

36. - **Left arm finger to nose maneuver** - finger to nose to finger with eyes open; arm should be fully extended at finger touch

0=Normal ☒ **14**

1=Mild to moderate ataxia ☐

2=Moderate to severe ataxia ☐

4=Can barely perform the task ☐

9=Untestable ☐

37. - **Right leg agility** (patient taps heel on ground in rapid succession, picking up entire leg; amplitude should be about 3 inches)

0=Normal ☒ 15

1=Mild slowing and/or reduction in amplitude ☐

2=Moderately impaired; definite and early fatiguing; may have occasional arrests in movement ☐

3=Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement ☐

4=Can barely perform the task ☐

9=Untestable ☐

38. - **Left leg agility** (patient taps heel on ground in rapid succession, picking up entire leg; amplitude should be about 3 inches)

0=Normal ☒ 16

1=Mild slowing and/or reduction in amplitude ☐

2=Moderately impaired; definite and early fatiguing; may have occasional arrests in movement ☐

3=Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement ☐

4=Can barely perform the task ☐

9=Untestable ☐

39. - **Hemiparesis** - alterations of limb motor praxis, power and reflexes, consistent with corticospinal tract lesion in cerebral circulation

0=Absent ☒ 17

1=Mild asymmetry of reflexes, power or coordination with little or no functional consequence ☐

2=Moderate asymmetry with weakness but still full mobility of limbs ☐

3=Marked hemiparesis with lack of use of hand or marked circumductive gait ☐

40. - **Arising from chair** (patient attempts to arise from a straight-backed wood or metal chair, with arms folded across chest)

0=Normal ☒ 18
1=Slow, or may need more than one attempt ☐
2=Pushes self up from arms of seat ☐
3=Tends to fall back and may have to try more than one time, but can get up without help ☐
4=Unable to arise without help ☐
9=Untestable ☐

41. - **Postural stability** (response to sudden posterior displacement produced by pull on shoulders while patient erect, with eyes open and feet slightly apart; patient is prepared)

0=Normal ☒ 19
1=Retropulsion, but recovers unaided ☐
2=Absence of postural response; would fall if not caught by examiner ☐
3=Very unstable; tends to lose balance spontaneously ☐
4=Unable to stand without assistance ☐
9=Untestable ☐

42. - **Posture**

0=Normal ☒ 20
1=Not quite erect, slightly stooped, could be normal ☐
2=Moderately stooped, definitely abnormal, can be slightly leaning to one side ☐

- 3=Severely stooped with kyphosis, can be moderately leaning to one side ☐
- 4=Marked flexion with extreme abnormality of posture ☐
- 9=Untestable ☐

43. - **Body bradykinesia and hypokinesia** (combining slowness, hesitancy, decreased arm swing, small amplitude and poverty or movement in general could be normal)

- 0=None ☒ 21
- 1=Minimal slowness, giving movement a deliberate character, could be normal ☐
- 2=Mild slowness and poverty of movement, definitely abnormal with some reduced amplitude ☐
- 3=Moderate slowness, poverty or small amplitude of movement ☐
- 4=Marked slowness, poverty or small amplitude of movement ☐
- 9=Untestable ☐

44. - **Gait**

- 0=Normal ☒ 22
- 1=Walks slowly, may shuffle with short steps, no festination or propulsion ☐
- 2=Walks with difficulty, but requires little or no assistance, may have some festination; short steps or propulsion ☐
- 3=Severe disturbance of gait, requires assistance ☐
- 4=Cannot walk even with assistance ☐
- 9=Untestable ☐

45. - Chorea

- 0=Absent ☒ 23
- 1=Slight and infrequent ☐
- 2=Mild in amplitude and persistent, or moderate in amplitude but intermittent ☐
- 3=Moderate in amplitude and present most of time ☐
- 4=Marked in amplitude and present most of time ☐
- 9=Untestable ☐

46. - Myoclonus

- 0=Absent ☒ 24
- 1=Slight and infrequent ☐
- 2=Mild in amplitude and persistent, or moderate in amplitude but intermittent ☐
- 3=Moderate in amplitude and present most of time ☐
- 4=Marked in amplitude and present most of time ☐
- 9=Untestable ☐

47. - Other dyskinesias

- 0=Absent ☒ 25
- 1=Present ☐

If present, specify type

26

48. - Fasciculations

- 0=Absent ☒ 27
- 1=Slight and infrequent ☐
- 2=Mild in amplitude and persistent, or moderate in amplitude but intermittent ☐
- 3=Moderate in amplitude and present most of time ☐

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4=Marked in amplitude and
present most of time ☐
9=Untestable ☐

Specify location

28

49. - Sensory changes

0=Absent ☒ 29

1=Present: Glove-stocking
distribution ☐

2=Present: Hemi-body pattern ☐

3=Present: Sensory level
pattern ☐

4=Present: Other ☐

Total Modified UPDRS Score

30

Mayo Common Dataset UPDRS Score

31

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① NEMUP2AD 1 D			0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		NEMUP2AD D
② L2ALZ_UPD 1 RSQ24			0 = 0=Normal 1 = 1=Increased 2 = 2=Decreased 9 = 9=Untestable		L2ALZ_UPD RSQ24
③ L2ALZ_UPD 1 RSQ25			0 = 0=Normal 1 = 1=Increased		L2ALZ_UPD RSQ25

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Decreased 9 = 9=Untestable		
④ L2ALZ_UPD 1 RSQ26			0 = 0=Normal 1 = 1=Increased 2 = 2=Decreased 9 = 9=Untestable		L2ALZ_UPD RSQ26
⑤ L2ALZ_UPD 1 RSQ27			0 = 0=Normal 1 = 1=Increased 2 = 2=Decreased 9 = 9=Untestable		L2ALZ_UPD RSQ27
⑥ L2ALZ_UPD 1 RSQ28			0 = 0=Absent or untestable 1 = 1=Right present 2 = 2=Left present 3 = 3=Bilateral present		L2ALZ_UPD RSQ28

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑦ L2ALZ_UPD 1 RSQ29			0 = 0=Normal 1 = 1=Mild slowing and/or reduction in amplitude 2 = 2=Moderatel y impaired; definite and early fatiguing; may have occasional arrests in movement 3 = 3=Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement 4 = 4=Can barely perform the task 9 = 9=Untestable		L2ALZ_UPD RSQ29

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑧ L2ALZ_UPD 1 RSQ30			0 = 0=Normal 1 = 1=Mild slowing and/or reduction in amplitude 2 = 2=Moderatel y impaired; definite and early fatiguing; may have occasional arrests in movement 3 = 3=Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement 4 = 4=Can barely perform the task 9 = 9=Untestable		L2ALZ_UPD RSQ30

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑨ L2ALZ_UPD 1 RSQ31			0 = 0=Normal 1 = 1=Mild slowing and/or reduction in amplitude 2 = 2=Moderatel y impaired; definite and early fatiguing; may have occasional arrests in movement 3 = 3=Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement 4 = 4=Can barely perform the task 9 = 9=Untestable		L2ALZ_UPD RSQ31

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
10 L2ALZ_UPD 1 RSQ32			0 = 0=Normal 1 = 1=Mild slowing and/or reduction in amplitude 2 = 2=Moderatel y impaired; definite and early fatiguing; may have occasional arrests in movement 3 = 3=Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement 4 = 4=Can barely perform the task 9 = 9=Untestable		L2ALZ_UPD RSQ32

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
11 L2ALZ_UPD 1 RSQ33			0 = 0=Normal 1 = 1=Mild slowing and/or reduction in amplitude 2 = 2=Moderately impaired; definite and early fatiguing; may have occasional arrests in movement 3 = 3=Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement 4 = 4=Can barely perform the task 9 = 9=Untestable		L2ALZ_UPD RSQ33

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
12 L2ALZ_UPD 1 RSQ34			0 = 0=Normal 1 = 1=Mild slowing and/or reduction in amplitude 2 = 2=Moderatel y impaired; definite and early fatiguing; may have occasional arrests in movement 3 = 3=Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement 4 = 4=Can barely perform the task 9 = 9=Untestable		L2ALZ_UPD RSQ34

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
13 L2ALZ_UPD 1 RSQ35			0 = 0=Normal 1 = 1=Mild to moderate ataxia 2 = 2=Moderate to severe ataxia 4 = 4=Can barely perform the task 9 = 9=Untestable		L2ALZ_UPD RSQ35
14 L2ALZ_UPD 1 RSQ36			0 = 0=Normal 1 = 1=Mild to moderate ataxia 2 = 2=Moderate to severe ataxia 4 = 4=Can barely perform the task 9 = 9=Untestable		L2ALZ_UPD RSQ36

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
15 L2ALZ_UPD 1 RSQ37			0 = 0=Normal 1 = 1=Mild slowing and/or reduction in amplitude 2 = 2=Moderatel y impaired; definite and early fatiguing; may have occasional arrests in movement 3 = 3=Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement 4 = 4=Can barely perform the task 9 = 9=Untestable		L2ALZ_UPD RSQ37

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
16 L2ALZ_UPD 1 RSQ38			0 = 0=Normal 1 = 1=Mild slowing and/or reduction in amplitude 2 = 2=Moderatel y impaired; definite and early fatiguing; may have occasional arrests in movement 3 = 3=Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement 4 = 4=Can barely perform the task 9 = 9=Untestable		L2ALZ_UPD RSQ38

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
17 L2ALZ_UPD 1 RSQ39			0 = 0=Absent 1 = 1=Mild asymmetry of reflexes, power or coordination with little or no functional consequence 2 = 2=Moderate asymmetry with weakness but still full mobility of limbs 3 = 3=Marked hemiparesis with lack of use of hand or marked circumductiv e gait		L2ALZ_UPD RSQ39
18 L2ALZ_UPD 1 RSQ40			0 = 0=Normal 1 = 1=Slow, or may need more than one attempt 2 = 2=Pushes self up from arms of seat		L2ALZ_UPD RSQ40

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Tends to fall back and may have to try more than one time, but can get up without help 4 = 4=Unable to arise without help 9 = 9=Untestable		
19 L2ALZ_UPD 1 RSQ41			0 = 0=Normal 1 = 1=Retropulsi on, but recovers unaided 2 = 2=Absence of postural response; would fall if not caught by examiner 3 = 3=Very unstable; tends to lose balance spontaneousl y		L2ALZ_UPD RSQ41

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Unable to stand without assistance 9 = 9=Untestable		
20 L2ALZ_UPD 1 RSQ42			0 = 0=Normal 1 = 1=Not quite erect, slightly stooped, could be normal 2 = 2=Moderatel y stooped, definitely abnormal, can be slightly leaning to one side 3 = 3=Severely stooped with kyphosis, can be moderately leaning to one side		L2ALZ_UPD RSQ42

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Marked flexion with extreme abnormality of posture 9 = 9=Untestable		
21 L2ALZ_UPD 1 RSQ43			0 = 0=None 1 = 1=Minimal slowness, giving movement a deliberate character, could be normal 2 = 2=Mild slowness and poverty of movement, definitely abnormal with some reduced amplitude		L2ALZ_UPD RSQ43

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Moderate slowness, poverty or small amplitude of movement 4 = 4=Marked slowness, poverty or small amplitude of movement 9 = 9=Untestable		
22 L2ALZ_UPD 1 RSQ44			0 = 0=Normal 1 = 1=Walks slowly, may shuffle with short steps, no festination or propulsion 2 = 2=Walks with difficulty, but requires little or no assistance, may have some festination; short steps or propulsion		L2ALZ_UPD RSQ44

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Severe disturbance of gait, requires assistance 4 = 4=Cannot walk even with assistance 9 = 9=Untestable		
23 L2ALZ_UPD 1 RSQ45			0 = 0=Absent 1 = 1=Slight and infrequent 2 = 2=Mild in amplitude and persistent, or moderate in amplitude but intermittent 3 = 3=Moderate in amplitude and present most of time 4 = 4=Marked in amplitude and present most of time		L2ALZ_UPD RSQ45

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			9 = 9=Untestable		
24 L2ALZ_UPD 1 RSQ46			0 = 0=Absent 1 = 1=Slight and infrequent 2 = 2=Mild in amplitude and persistent, or moderate in amplitude but intermittent 3 = 3=Moderate in amplitude and present most of time 4 = 4=Marked in amplitude and present most of time 9 = 9=Untestable		L2ALZ_UPD RSQ46
25 L2ALZ_UPD 1 RSQ47			0 = 0=Absent 1 = 1=Present		L2ALZ_UPD RSQ47
26 L2ALZ_Q47 \$50 SP					L2ALZ_Q47 SP

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
27 L2ALZ_UPD 1 RSQ48			0 = 0=Absent 1 = 1=Slight and infrequent 2 = 2=Mild in amplitude and persistent, or moderate in amplitude but intermittent 3 = 3=Moderate in amplitude and present most of time 4 = 4=Marked in amplitude and present most of time 9 = 9=Untestable		L2ALZ_UPD RSQ48
28 L2ALZ_Q48 \$50 SP					L2ALZ_Q48 SP
29 L2ALZ_UPD 1 RSQ49			0 = 0=Absent 1 = 1=Present: Glove-stocki ng distribution		L2ALZ_UPD RSQ49

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Present: Hemi-body pattern 3 = 3=Present: Sensory level pattern 4 = 4=Present: Other		
30 tot_mod_upd rs	3				TOT_MOD_ UPDRS
31 mayo_comm on_updrs	3				MAYO_COM MON_UPDR S

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Was this form done?

- 0=Not done or attempted ☐ ①
1=Totally complete ☒
2=Comp but tech error ☐
3=Partially done ☐
4=Attempted/no data ☐
5=Part done/pt problem ☐
8=Not needed ☐
9=Done in other study ☐

Reason why not completed

②

Abrupt onset

- 0=No ☐ ③
2=Yes ☐

Stepwise deterioration

- 0=No ☐ ④
1=Yes ☐

Emotional incontinence

- 0=No ☐ ⑤
1=Yes ☐

History of hypertension

- 0=No ☐ ⑥
1=Yes ☐

History of strokes

- 0=No ☐ ⑦
2=Yes ☐

Focal neurological signs

- 0=No ☐ ⑧
2=Yes ☐

2018_01_25: ALL_FORMS

Folder: MD

Form: Hachinski

Generated On: 30 Jan 2018 01:17:03

Total modified Hachinski Score

9

2018_01_25: ALL_FORMS**Folder: MD****Form: Hachinski****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① HACH_ADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		HACH_ADD
② HACH_RES	\$100				HACH_RES
③ ABRUPT	1		0 = 0=No 2 = 2=Yes		ABRUPT
④ STEPWISE	1		0 = 0=No 1 = 1=Yes		STEPWISE
⑤ EMOTION	1		0 = 0=No 1 = 1=Yes		EMOTION

2018_01_25: ALL_FORMS

Folder: MD

Form: Hachinski

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑥ HYPERTEN	1		0 = 0=No 1 = 1=Yes		HYPERTEN
⑦ STROKES	1		0 = 0=No 2 = 2=Yes		STROKES
⑧ FOCALSGN	1		0 = 0=No 2 = 2=Yes		FOCALSGN
⑨ HACHTOT	1				HACHTOT

2018_01_25: ALL_FORMS

Folder: MD

Form: Short Test of Mental Status

Generated On: 30 Jan 2018 01:17:03

Was this form done?

- 0=Not done or attempted ☐ ①
- 1=Totally complete ☒
- 2=Comp but tech error ☐
- 3=Partially done ☐
- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

Reason why not completed

②

Orientation (Name, address, building, city, state, day [of the month or the week], month, year)

Fixed Unit: /8 ③

Attention (up to seven digits forward)

Fixed Unit: /7 ④

Learning (apple, Mr. Johnson, charity, tunnel)

Fixed Unit: /4 ⑤

Number of trials for acquisition:

⑥

Calculation (5x13, 65-7, 58/2, 29+11)

Fixed Unit: /4 ⑦

Abstraction (orange-banana, horse-dog, table-bookcase)

Fixed Unit: /3 ⑧

2018_01_25: ALL_FORMS

Folder: MD

Form: Short Test of Mental Status

Generated On: 30 Jan 2018 01:17:03

Construction (draw a clock showing quarter after eleven, copy
a cube)

Fixed Unit: /4 **9**

Information (president, first president, number of weeks/year,
and definition of an island)

Fixed Unit: /4 **10**

Recall

Fixed Unit: /4 **11**

Total Score
(raw score - (# of trials on learning task -1))

Fixed Unit: /38 **12**

Total Score (excluding Construction)

Fixed Unit: /34 **13**

Short Test of Mental Status Validity

1=Valid ☒ **14**
0=Invalid ☐

2018_01_25: ALL_FORMS**Folder: MD****Form: Short Test of Mental Status****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① L2ALZ_SHT 1 E_ADD			0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		L2ALZ_SHT E_ADD
② L2ALZ_SHT \$100 E_RES					L2ALZ_SHT E_RES
③ L2ALZ_SHO 2 RIEN					L2ALZ_SHO RIEN
④ L2ALZ_SHA 2 TTEN					L2ALZ_SHA TTEN
⑤ L2ALZ_SHL 2 EARN					L2ALZ_SHL EARN

2018_01_25: ALL_FORMS**Folder: MD****Form: Short Test of Mental Status****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑥	L2ALZ_SHT RIAL	2				L2ALZ_SHT RIAL
⑦	L2ALZ_SHC ALCU	2				L2ALZ_SHC ALCU
⑧	L2ALZ_SHA BSTR	2				L2ALZ_SHA BSTR
⑨	L2ALZ_SHC ONST	2				L2ALZ_SHC ONST
⑩	L2ALZ_SHIN FOR	2				L2ALZ_SHIN FOR
⑪	L2ALZ_SHR ECAL	2				L2ALZ_SHR ECAL
⑫	L2ALZ_SHT OTSC	2				L2ALZ_SHT OTSC
⑬	L2ALZ_SHT OTSC_NOC ONST	2				L2ALZ_SHT OTSC_NOC ONST
⑭	L2ALZ_STM SV	1		1 = 1=Valid 0 = 0=Invalid		L2ALZ_STM SV

2018_01_25: ALL_FORMS

Folder: MD

Form: Tentative Diagnosis/Physician Diagnosis

Generated On: 30 Jan 2018 01:17:03

Was this form done?

- 0=Not done or attempted ☐ ①
- 1=Totally complete ☒
- 2=Comp but tech error ☐
- 3=Partially done ☐
- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

Reason why not completed

②

PHYSICIAN DIAGNOSIS

Cognitive impairment

- 0=Normal ☐ ④
- 1=MCI ☐
- 3=Dementia ☐
- 4=Other ☐

Type of MCI

- 1=Amnestic ☐ ⑤
- 2=Non-amnestic ☐

Number of domains affected

- 1=One domain ☐ ⑥
- 2=Multiple domains ☐

Memory Domains affected

- 0=No ☐ ⑦
- 1=Yes ☐

Language Domains affected

- 0=No ☐ ⑧

2018_01_25: ALL_FORMS

Folder: MD

Form: Tentative Diagnosis/Physician Diagnosis

Generated On: 30 Jan 2018 01:17:03

1=Yes ☐

Attention Domains affected

0=No ☐ 9

1=Yes ☐

Visual-spatial Domains affected

0=No ☐ 10

1=Yes ☐

Etiology of MCI (1)

1=Degenerative ☐ 11

2=Non-degenerative, vascular ☐

3=Non-degenerative,
psychiatric ☐

4=Non-degenerative,
systemic illness ☐

5=Non-degenerative (use
codes) ☐

6=Developmental ☐

7=Trauma ☐

8=Other, use codes ☐

Etiology of MCI (2)

1=Degenerative ☐ 12

2=Non-degenerative, vascular ☐

3=Non-degenerative,
psychiatric ☐

4=Non-degenerative,
systemic illness ☐

5=Non-degenerative (use
codes) ☐

6=Developmental ☐

7=Trauma ☐

8=Other, use codes ☐

2018_01_25: ALL_FORMS

Folder: MD

Form: Tentative Diagnosis/Physician Diagnosis

Generated On: 30 Jan 2018 01:17:03

Other relevant code

13

Type of Dementia

1=Alzheimer's disease

14

2=Vascular dementia

☐

3=Dementia with Lewy bodies

☐

4=Frontotemporal dementia

☐

5=Other

☐

Type of Dementia Other, specify

15

Brief justification for tentative Dx

16

2018_01_25: ALL_FORMS

Folder: MD

Form: Tentative Diagnosis/Physician Diagnosis

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① PHYDXADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		PHYDXADD
② PHYDXRES	\$100				PHYDXRES
④ COGIMPAR	1		0 = 0=Normal 1 = 1=MCI 3 = 3=Dementia 4 = 4=Other		COGIMPAR
⑤ MCITYPE	1		1 = 1=Amnestic		MCITYPE

2018_01_25: ALL_FORMS

Folder: MD

Form: Tentative Diagnosis/Physician Diagnosis

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Non-amne stic		
⑥ NUMDOMS	1		1 = 1=One domain 2 = 2=Multiple domains		NUMDOMS
⑦ MEMDOM	1		0 = 0=No 1 = 1=Yes		MEMDOM
⑧ LANGDOM	1		0 = 0=No 1 = 1=Yes		LANGDOM
⑨ ATTDOM	1		0 = 0=No 1 = 1=Yes		ATTDOM
⑩ VISSPDOM	1		0 = 0=No 1 = 1=Yes		VISSPDOM
⑪ ETIOLOGY	1		1 = 1=Degenerat ive 2 = 2=Non-dege nerative, vascular		ETIOLOGY

2018_01_25: ALL_FORMS

Folder: MD

Form: Tentative Diagnosis/Physician Diagnosis

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Non-dege nerative, psychiatric 4 = 4=Non-dege nerative, systemic illness 5 = 5=Non-dege nerative (use codes) 6 = 6=Developm ental 7 = 7=Trauma 8 = 8=Other, use codes		
12 ETIOLOG2	1		1 = 1=Degenerat ive 2 = 2=Non-dege nerative, vascular 3 = 3=Non-dege nerative, psychiatric		ETIOLOG2

2018_01_25: ALL_FORMS

Folder: MD

Form: Tentative Diagnosis/Physician Diagnosis

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Non-dege nerative, systemic illness 5 = 5=Non-dege nerative (use codes) 6 = 6=Developm ental 7 = 7=Trauma 8 = 8=Other, use codes		
13 RELCODE	3		L2ALZ_DX		RELCODE
14 TENTDX1	1		1 = 1=Alzheimer' s disease 2 = 2=Vascular dementia 3 = 3=Dementia with Lewy bodies 4 = 4=Frontotem poral dementia		TENTDX1

2018_01_25: ALL_FORMS

Folder: MD

Form: Tentative Diagnosis/Physician Diagnosis

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
5 = 5=Other					
15 TENTDXSP	\$50				TENTDXSP
16 COMMENT	\$500				COMMENT

2018_01_25: ALL_FORMS

Folder: MD

Form: Autopsy Directive

Generated On: 30 Jan 2018 01:17:03

Instructions: Please address participation in the Mayo ADRC/MCSA autopsy program at each visit and answer the questions below as applicable.

Current autopsy permission status

- 0=Refused ☐ ②
1=Agreed, Brain only ☐
2=Agreed, Complete ☐
3=Discussed/Pending ☐
4=Not addressed ☐
-

Has autopsy permission status (and/or date due to re-signing) changed at this visit?

- 0=No ☐ ③
1=Yes ☐
-

Did you address autopsy directive with patient?

- 0=No ☐ ④
1=Yes ☐
-

If no, reason

_____ ⑤

If yes, what should the new status be?

- 0=Refused ☐ ⑥
1=Agreed, Brain only ☐
2=Agreed, Complete ☐
3=Discussed/Pending ☐
4=Not addressed ☐
-

If Discussed/Pending, does patient want a follow-up phone call in regards to autopsy?

- 0=No ☐ ⑦
1=Yes ☐
-

Date status updated

_____ ⑧

2018_01_25: ALL_FORMS

Folder: MD

Form: Autopsy Directive

Generated On: 30 Jan 2018 01:17:03

If subject signed new permission for autopsy at this visit,
enter signed date here

9

Comments (if applicable)

10

2018_01_25: ALL_FORMS**Folder: MD****Form: Autopsy Directive****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
② CURRENT_ 1 AUT_STATU S			0 = 0=Refused 1 = 1=Agreed, Brain only 2 = 2=Agreed, Complete 3 = 3=Discussed /Pending 4 = 4=Not addressed		CURRENT_ AUT_STATU S
③ AUT_STATU 1 S_CHANGE D			0 = 0=No 1 = 1=Yes		AUT_STATU S_CHANGE D
④ AUTOPSY_ 1 ADDRESSE D			0 = 0=No 1 = 1=Yes		AUTOPSY_ ADDRESSE D
⑤ NOT_ADDR \$200 ESSED					NOT_ADDR ESSED
⑥ AUTOSIGN 1			0 = 0=Refused 1 = 1=Agreed, Brain only 2 = 2=Agreed, Complete		AUTOSIGN

2018_01_25: ALL_FORMS**Folder: MD****Form: Autopsy Directive****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Discussed /Pending 4 = 4=Not addressed		
⑦ DISCUSSED 1 _FLWPPHO NE			0 = 0=No 1 = 1=Yes		DISCUSSED _FLWPPHO NE
⑧ DIRECTDT	dd MMM yyyy				DIRECTDT
⑨ AUTOSIGNDT	dd MMM yyyy				AUTOSIGNDT
⑩ AUTO_COM MENTS	\$200				AUTO_COM MENTS

2018_01_25: ALL_FORMS

Folder: Psychometrist

Form: Psychometric Summary

Generated On: 30 Jan 2018 01:17:03

Was this form done?

0=Not done or attempted ☐ ①

1=Totally complete ☒

2=Comp but tech error ☐

3=Partially done ☐

4=Attempted/no data ☐

5=Part done/pt problem ☐

8=Not needed ☐

9=Done in other study ☐

Reason why not completed

②

Education

③

Age

④

BNT

Raw Score

⑥

Validity

1=Valid ☐ ⑦

2=Marginal ☐

3=Invalid ☐

Age Only Adjusted Score

⑧

Age and Education Adjusted Score

⑨

CATEGORY FLUENCY (CF)

2018_01_25: ALL_FORMS

Folder: Psychometrist

Form: Psychometric Summary

Generated On: 30 Jan 2018 01:17:03

Animals (15 sec)	_____	⑪
Fruits	_____	⑫
Vegetables	_____	⑬
Animals (30 sec)	_____	⑭
Fruits	_____	⑮
Vegetables	_____	⑯
Animals (45 sec)	_____	⑰
Fruits	_____	⑱
Vegetables	_____	⑲
Animals (60 sec)	_____	⑳
Fruits	_____	㉑
Vegetables	_____	㉒
CF Validity	1=Valid <input type="checkbox"/> ㉓ 2=Marginal <input type="checkbox"/> 3=Invalid <input type="checkbox"/>	

2018_01_25: ALL_FORMS

Folder: Psychometrist

Form: Psychometric Summary

Generated On: 30 Jan 2018 01:17:03

Animals Total Score	_____	24
Fruits Total Score	_____	25
Vegetables Total Score	_____	26
CF Total Score	_____	27
CF Age Only Adjusted Score	_____	28
CF Age and Education Adjusted Score	_____	29

WAIS-R PICTURE COMPLETION (PC)

PC Total Score	_____	31
PC Validity	1=Valid <input type="checkbox"/> 2=Marginal <input type="checkbox"/> 3=Invalid <input type="checkbox"/>	32
PC Age Only Adjusted Score	_____	33
PC Age and Education Adjusted Score	_____	34

WAIS-R BLOCK DESIGN (BD)

BD Total Score	_____	36
----------------	-------	----

2018_01_25: ALL_FORMS

Folder: Psychometrist

Form: Psychometric Summary

Generated On: 30 Jan 2018 01:17:03

BD Validity

1=Valid ☒ 37
2=Marginal ☐
3=Invalid ☐

BD Age Only Adjusted Score

38

BD Age and Education Adjusted Score

39

WAIS-R DIGIT SYMBOL (DS)

DS Total Score

41

DS Validity

1=Valid ☒ 42
2=Marginal ☐
3=Invalid ☐

DS Age Only Adjusted Score

43

DS Age and Education Adjusted Score

44

TRAIL MARKING TEST (TMT)

TMT: PART A

A: Total Score

47

A: Validity

1=Valid ☒ 48
2=Marginal ☐

2018_01_25: ALL_FORMS

Folder: Psychometrist

Form: Psychometric Summary

Generated On: 30 Jan 2018 01:17:03

3=Invalid ☐

A: Errors _____ (49)

A: Age Only Adjusted Score _____ (50)

A: Age and Education Adjusted Score _____ (51)

TMT: PART B

B: Total Score _____ (53)

B: Validity _____ (54)
1=Valid ☐
2=Marginal ☐
3=Invalid ☐

B: Errors _____ (55)

B: Age Only Adjusted Score _____ (56)

B: Age and Education Adjusted Score _____ (57)

WMS-R LOGICAL MEMORY (LM)

LM-I

I: Total Score _____ (60)

2018_01_25: ALL_FORMS

Folder: Psychometrist

Form: Psychometric Summary

Generated On: 30 Jan 2018 01:17:03

I: Validity

1=Valid ☒ 61
2=Marginal ☐
3=Invalid ☐

I: Age Only Adjusted Score

62

LM-II

II: Total Score

64

II: Validity

1=Valid ☒ 65
2=Marginal ☐
3=Invalid ☐

II: Age Only Adjusted Score

66

Number of Cues Given

67

LM %

68

LM % Age Only Adjusted Score

69

LM % Validity

1=Valid ☒ 70
2=Marginal ☐
3=Invalid ☐

WMS-R VISUAL REPRODUCTION (VR)

2018_01_25: ALL_FORMS

Folder: Psychometrist

Form: Psychometric Summary

Generated On: 30 Jan 2018 01:17:03

VR-I

I: Total Score _____ **(73)**

I: Validity 1=Valid ☒ **(74)**
2=Marginal ☐
3=Invalid ☐

I: Age Only Adjusted Score _____ **(75)**

VR-II

II: Total Score _____ **(77)**

II: Validity 1=Valid ☒ **(78)**
2=Marginal ☐
3=Invalid ☐

II: Age Only Adjusted Score _____ **(79)**

VR % _____ **(80)**

VR % Age Only Adjusted Score _____ **(81)**

VR % Validity 1=Valid ☒ **(82)**
2=Marginal ☐
3=Invalid ☐

2018_01_25: ALL_FORMS

Folder: Psychometrist

Form: Psychometric Summary

Generated On: 30 Jan 2018 01:17:03

AVLT

RAW SCORES

1: _____ (85)

2: _____ (86)

3: _____ (87)

4: _____ (88)

5: _____ (89)

B: _____ (90)

6: _____ (91)

Delay _____ (92)

Recognition _____ (93)

Error _____ (94)

Delayed % _____ (95)

Delayed % Age Only Adjusted _____ (96)

2018_01_25: ALL_FORMS

Folder: Psychometrist

Form: Psychometric Summary

Generated On: 30 Jan 2018 01:17:03

Delayed % Validity

1=Valid ☒ 97
2=Marginal ☐
3=Invalid ☐

INTRUSIONS

1: _____ 99

2: _____ 100

3: _____ 101

4: _____ 102

5: _____ 103

B: _____ 104

6: _____ 105

Delay _____ 106

DOMAIN SCORES

Language _____ 108

Visual Spatial _____ 109

2018_01_25: ALL_FORMS

Folder: Psychometrist

Form: Psychometric Summary

Generated On: 30 Jan 2018 01:17:03

Attention-Concentration/Executive	_____	⑪⑩
Memory	_____	⑪⑪
Global Score	_____	⑪⑫
Z-SCORES		
Language	_____	⑪④
Visual Spatial	_____	⑪⑤
Attention-Concentration/Executive	_____	⑪⑥
Memory	_____	⑪⑦
General Comments about the visit	_____	⑪⑧
Cycle Number	_____	⑪⑨
Visit Date	_____	⑫①

2018_01_25: ALL_FORMS**Folder: Psychometrist****Form: Psychometric Summary****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① PSYCHSUM 1 _ADD			0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		PSYCHSUM _ADD
② PSYCHSUM \$100 _RES					PSYCHSUM _RES
③ EDUC	2				EDUC
④ AGE	3				AGE
⑥ BNSCOR	2				BNSCOR
⑦ BNTV	1		1 = 1=Valid		BNTV

2018_01_25: ALL_FORMS**Folder: Psychometrist****Form: Psychometric Summary****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Marginal 3 = 3=Invalid		
⑧ BNMS	2				BNMS
⑨ BNME	2				BNME
⑪ CFA15	2				CFA15
⑫ CFF15	2				CFF15
⑬ CFV15	2				CFV15
⑭ CFA30	2				CFA30
⑮ CFF30	2				CFF30
⑯ CFV30	2				CFV30
⑰ CFA45	2				CFA45
⑱ CFF45	2				CFF45
⑲ CFV45	2				CFV45

2018_01_25: ALL_FORMS**Folder: Psychometrist****Form: Psychometric Summary****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
20	CFA60	2				CFA60
21	CFF60	2				CFF60
22	CFV60	2				CFV60
23	CFVA	1		1 = 1=Valid 2 = 2=Marginal 3 = 3=Invalid		CFVA
24	CFA	2				CFA
25	CFF	2				CFF
26	CFV	2				CFV
27	CFTOTAL	3				CFTOTAL
28	CFMS	3				CFMS
29	CFME	3				CFME
31	WSPCR	2				WSPCR
32	WSPCV	1		1 = 1=Valid		WSPCV

2018_01_25: ALL_FORMS**Folder: Psychometrist****Form: Psychometric Summary****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=Marginal 3 = 3=Invalid		
33 WSPCMS	2				WSPCMS
34 WSPCME	2				WSPCME
36 WSBDR	2				WSBDR
37 WSBDV	1		1 = 1=Valid 2 = 2=Marginal 3 = 3=Invalid		WSBDV
38 WSDMS	2				WSDMS
39 WSDME	2				WSDME
41 WSCDR	2				WSCDR
42 WSCDV	1		1 = 1=Valid 2 = 2=Marginal 3 = 3=Invalid		WSCDV
43 WSCDMS	2				WSCDMS

2018_01_25: ALL_FORMS**Folder: Psychometrist****Form: Psychometric Summary****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
44 WSCDME	2				WSCDME
47 TMTA	3				TMTA
48 TMTAV	1		1 = 1=Valid 2 = 2=Marginal 3 = 3=Invalid		TMTAV
49 TMTAE	1				TMTAE
50 TMTAMS	2				TMTAMS
51 TMTAME	2				TMTAME
53 TMTB	3				TMTB
54 TMTBV	1		1 = 1=Valid 2 = 2=Marginal 3 = 3=Invalid		TMTBV
55 TMTBE	2				TMTBE
56 TMTBMS	2				TMTBMS
57 TMTBME	2				TMTBME

2018_01_25: ALL_FORMS**Folder: Psychometrist****Form: Psychometric Summary****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
60	MRLMR	2				MRLMR
61	MRLMRV	1		1 = 1=Valid 2 = 2=Marginal 3 = 3=Invalid		MRLMRV
62	MRLMRMS	2				MRLMRMS
64	MRLMD	2				MRLMD
65	MRLMDV	1		1 = 1=Valid 2 = 2=Marginal 3 = 3=Invalid		MRLMDV
66	MRLMDMS	2				MRLMDMS
67	CUES	1				CUES
68	MRLMP	3				MRLMP
69	MRLMPMS	2				MRLMPMS
70	MRLMPV	1		1 = 1=Valid 2 = 2=Marginal 3 = 3=Invalid		MRLMPV

2018_01_25: ALL_FORMS**Folder: Psychometrist****Form: Psychometric Summary****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
73 MRVRR	2				MRVRR
74 MRVRRV	1		1 = 1=Valid 2 = 2=Marginal 3 = 3=Invalid		MRVRRV
75 MRVRRMS	2				MRVRRMS
77 MRVRD	2				MRVRD
78 MRVRDV	1		1 = 1=Valid 2 = 2=Marginal 3 = 3=Invalid		MRVRDV
79 MRVRDMS	2				MRVRDMS
80 MRVRP	3				MRVRP
81 MRVRPMS	2				MRVRPMS
82 MRVRPV	1		1 = 1=Valid 2 = 2=Marginal 3 = 3=Invalid		MRVRPV
85 AV1	2				AV1

2018_01_25: ALL_FORMS**Folder: Psychometrist****Form: Psychometric Summary****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
86	AV2	2				AV2
87	AV3	2				AV3
88	AV4	2				AV4
89	AV5	2				AV5
90	AVB	2				AVB
91	AV6	2				AV6
92	AVD	2				AVD
93	AVREC	2				AVREC
94	AVERR	2				AVERR
95	AVDR1	3				AVDR1
96	AVDR1MS	2				AVDR1MS
97	AVDR1V	1		1 = 1=Valid 2 = 2=Marginal 3 = 3=Invalid		AVDR1V

2018_01_25: ALL_FORMS**Folder: Psychometrist****Form: Psychometric Summary****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
99	AVI1	2				AVI1
100	AVI2	2				AVI2
101	AVI3	2				AVI3
102	AVI4	2				AVI4
103	AVI5	2				AVI5
104	AVIB	2				AVIB
105	AVI6	2				AVI6
106	AVID	2				AVID
108	DOMLAU	5				DOMLAU
109	DOMVIS	5				DOMVIS
110	DOMATT	5				DOMATT
111	DOMMEM	5				DOMMEM
112	GLOBAL	5				GLOBAL

2018_01_25: ALL_FORMS**Folder: Psychometrist****Form: Psychometric Summary****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
114 ZDOMLAU	2.1				ZDOMLAU
115 ZDOMVIS	2.1				ZDOMVIS
116 ZDOMATT	2.1				ZDOMATT
117 ZDOMMEM	2.1				ZDOMMEM
118 COMMENTS	\$200				COMMENTS
119 CYCLE_NUM	3				CYCLE_NUM
120 COPY_PSY CDATE	dd MMM yyyy				COPY_PSY CDATE

Was this form done?

- 0=Not done or attempted ☐ ①
- 1=Totally complete ☒
- 2=Comp but tech error ☐
- 3=Partially done ☐
- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

Reason why not completed

②

Do you suffer from smell problems?

- 0=No ☐ ③
- 1=Yes ☐

Do you suffer from taste problems?

- 0=No ☐ ④
- 1=Yes ☐

Smell/Taste problems explanation:

⑤

Do you smoke?

- 0=No ☐ ⑥
- 1=Yes ☐

If no, did you ever smoke?

- 0=No ☐ ⑦
- 1=Yes ☐

If yes, did your smell ability change after stopping?

- 1=Yes ☐ ⑧
- 0=No ☐
- 9=Do not know ☐

If yes, how?

9

The Brief Smell Identification Test

Smell 12

1=A ☐ 11
2=B ☐
3=C ☐
4=D ☐

Smell 11

1=A ☐ 12
2=B ☐
3=C ☐
4=D ☐

Smell 10

1=A ☐ 13
2=B ☐
3=C ☐
4=D ☐

Smell 9

1=A ☐ 14
2=B ☐
3=C ☐
4=D ☐

Smell 8

1=A ☐ 15
2=B ☐
3=C ☐
4=D ☐

Smell 7

1=A ☐ 16
2=B ☐
3=C ☐
4=D ☐

Smell 6

1=A ☐ 17
2=B ☐
3=C ☐
4=D ☐

Smell 5

1=A ☐ 18
2=B ☐
3=C ☐
4=D ☐

Smell 4

1=A ☐ 19
2=B ☐
3=C ☐
4=D ☐

Smell 3

1=A ☐ 20
2=B ☐
3=C ☐
4=D ☐

Smell 2

1=A ☐ 21
2=B ☐
3=C ☐
4=D ☐

Smell 1	1=A	<input type="checkbox"/>	22
	2=B	<input type="checkbox"/>	
	3=C	<input type="checkbox"/>	
	4=D	<input type="checkbox"/>	

Smell Test Total Score		23
------------------------	--	----

2018_01_25: ALL_FORMS**Folder: Psychometrist****Form: The Brief Smell Identification Test****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① SMELLADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		SMELLADD
② SMELLRES	\$100				SMELLRES
③ SMELLPRB	1		0 = 0=No 1 = 1=Yes		SMELLPRB
④ TASTEPRB	1		0 = 0=No 1 = 1=Yes		TASTEPRB
⑤ TASTEEXP	\$50				TASTEEXP
⑥ SMOKE	1		0 = 0=No		SMOKE

2018_01_25: ALL_FORMS**Folder: Psychometrist****Form: The Brief Smell Identification Test****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			1 = 1=Yes		
⑦ SMK_EVER	1		0 = 0=No 1 = 1=Yes		SMK_EVER
⑧ SMELL_CH	1		1 = 1=Yes 0 = 0=No 9 = 9=Do not know		SMELL_CH
⑨ SMELL_HW	\$50				SMELL_HW
⑪ Q12	\$1		A = 1=A B = 2=B C = 3=C D = 4=D		Q12
⑫ Q11	\$1		A = 1=A B = 2=B C = 3=C D = 4=D		Q11
⑬ Q10	\$1		A = 1=A B = 2=B C = 3=C D = 4=D		Q10
⑭ Q9	\$1		A = 1=A B = 2=B C = 3=C D = 4=D		Q9

2018_01_25: ALL_FORMS**Folder: Psychometrist****Form: The Brief Smell Identification Test****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
15 Q8	\$1		A = 1=A B = 2=B C = 3=C D = 4=D		Q8
16 Q7	\$1		A = 1=A B = 2=B C = 3=C D = 4=D		Q7
17 Q6	\$1		A = 1=A B = 2=B C = 3=C D = 4=D		Q6
18 Q5	\$1		A = 1=A B = 2=B C = 3=C D = 4=D		Q5
19 Q4	\$1		A = 1=A B = 2=B C = 3=C D = 4=D		Q4
20 Q3	\$1		A = 1=A B = 2=B C = 3=C D = 4=D		Q3
21 Q2	\$1		A = 1=A B = 2=B		Q2

2018_01_25: ALL_FORMS

Folder: Psychometrist

Form: The Brief Smell Identification Test

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			C = 3=C D = 4=D		
22 Q1	\$1		A = 1=A B = 2=B C = 3=C D = 4=D		Q1
23 SMELLTOT 2					SMELLTOT

2018_01_25: ALL_FORMS

Folder: MR

Form: MR Scheduling

Generated On: 30 Jan 2018 01:17:03

SCREENING ELIGIBILITY

Check here to indicate that consent has been reviewed in Ptrax

☐ ②

Patient Eligible for PJ Protocol

0=No ☐ ③
2=3T ☐

Relevant code 1:

 ④

Relevant code 2:

 ⑤

Relevant code 3:

 ⑥

Comments:

 ⑦

Final Decision

0=No exclude always ☐ ⑧
1=Yes scan - research ☐
2=Yes scan - clinical ☐
3=Exclude this year only ☐
9=Unknown ☐

Decision Date

 ⑨

Decision By

Paul Lewis ⑩

SCHEDULING

Subject Status

Scheduled ☐ ⑫

2018_01_25: ALL_FORMS

Folder: MR

Form: MR Scheduling

Generated On: 30 Jan 2018 01:17:03

Call back ☐
Cancelled, Refused This ☐
Cycle ☐
Cancelled, Refused for All ☐
Time ☐

PET also scheduled?

0=No ☐ 13
1=Yes ☐

If Scheduled:

Date Visit is to Take Place

15

Sedation requested?

0=No ☐ 16
1=Yes ☐

If Call back:

Subject Callback Date

18

Time of Day

AM ☐ 19
PM ☐

If Cancelled:

Scan Refusal Reason

21

2018_01_25: ALL_FORMS**Folder: MR****Form: MR Scheduling****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	MR_CONSE NT_RVWD					MR_CONSE NT_RVWD
③	PJELIG	1		0 = 0=No 2 = 2=3T		PJELIG
④	ELIGPJR1	\$60				ELIGPJR1
⑤	ELIGPJR2	\$60				ELIGPJR2
⑥	ELIGPJR3	\$60				ELIGPJR3
⑦	ELIGCOMM	\$50				ELIGCOMM
⑧	DOMRI	1		0 = 0=No exclude always 1 = 1=Yes scan - research 2 = 2=Yes scan - clinical 3 = 3=Exclude this year only 9 = 9=Unknown		DOMRI
⑨	MRIDECDT	dd MMM yyyy				MRIDECDT

2018_01_25: ALL_FORMS**Folder: MR****Form: MR Scheduling****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
10	DECISION_ BY	\$60		Paul Lewis		DECISION_ BY
12	MR_SUBJ_S2 TATUS			10 = Scheduled 9 = Call back 13 = Cancelled, Refused This Cycle 16 = Cancelled, Refused for All Time		MR_SUBJ_S TATUS
13	PET_SCHE DULED	1		0 = 0=No 1 = 1=Yes		PET_SCHE DULED
15	MR_VISIT_D ATE_SCHE D	dd MMM yyyy				MR_VISIT_D ATE_SCHE D
16	MR_PH_SE DATION_RE QUEST	1		0 = 0=No 1 = 1=Yes		MR_PH_SE DATION_RE QUEST
18	MR_Ph_Subj _CB_Date	dd MMM yyyy				MR_PH_SU BJ_CB_DAT E

2018_01_25: ALL_FORMS

Folder: MR

Form: MR Scheduling

Generated On: 30 Jan 2018 01:17:03

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
19	MR_PH_SU BJ_CB_TIM E	1		1 = AM 2 = PM		MR_PH_SU BJ_CB_TIM E
21	MR_Ph_Sca n_Refuse_R eas	4		MRIREF		MR_PH_SC AN_REFUS E_REAS

2018_01_25: ALL_FORMS

Folder: MR

Form: MR Outcomes

Generated On: 30 Jan 2018 01:17:03

Age _____ ①

Did Subject report for appointment? 0=No ☐ ②
1=Yes ☐

If No, Reason _____ No Show ☐ ③
Cancellation/Reschedule ☐

Callback date _____ ④

MRI-PJ. Protocol (IRB 97-000963)

Scan Completed 0=No ☐ ⑥
1=Yes ☐

If scan was attempted/completed, fill out all the following information.

MRI Scan Date _____ ⑧

Scanner Used _____ ⑨

Sedation? 0=No ☐ ⑩
1=Yes ☐

MRI-PJ Funding Activity Number _____ ⑪

If Scan was not completed, indicate relevant code(s):

2018_01_25: ALL_FORMS

Folder: MR

Form: MR Outcomes

Generated On: 30 Jan 2018 01:17:03

Relevant code 1:

13

Relevant code 2:

14

Relevant code 3:

15

Comments

16

Were there any Adverse Events?

- 1=No Adverse Events ☐ 17
- 2=Adverse Event - UPIRTSO ☐
- 3=Adverse Event -
Non-UPIRTSO ☐
- 4=Protocol Deviation ☐
- 5=Complaints ☐

If yes, specify

18

Will subject participate in the future?

- 0=No ☐ 19
- 1=Yes ☐

If No, Reason

- Coil Size ☐ 20
- Failed Metal Screening ☐
- Claustrophobic ☐
- Too Loud ☐
- Unable to Lay Still ☐
- Unable to Lay Flat ☐
- Just Says No ☐
- Too Busy ☐
- Family Refuses ☐

2018_01_25: ALL_FORMS

Folder: MR

Form: MR Outcomes

Generated On: 30 Jan 2018 01:17:03

CDR Global Score \geq 2 or ☐
Other Source Doc Dementia ☐
Radiation Concerns ☐
Other Health Concern ☐
No PET scheduled due to No ☐
MRI exam ☐
Other ☐

2018_01_25: ALL_FORMS**Folder: MR****Form: MR Outcomes****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	AGE	3				AGE
②	L2ALZ_SUB J_PART	1		0 = 0=No 1 = 1=Yes		L2ALZ_SUB J_PART
③	L2ALZ_NO_ PART_REAS	1		1 = No Show 2 = Cancellation/ Reschedule		L2ALZ_NO_ PART_REAS
④	IMAGE_CAL LBACK_DT	dd MMM yyyy				IMAGE_CAL LBACK_DT
⑥	PJSCANCO	1		0 = 0=No 1 = 1=Yes		PJSCANCO
⑧	PJDATE	dd MMM yyyy				PJDATE
⑨	PJSCAN	\$8				PJSCAN
⑩	SEDATION	1		0 = 0=No 1 = 1=Yes		SEDATION
⑪	PJ_FUND	\$12				PJ_FUND
⑬	PJSCANR1	\$60				PJSCANR1

2018_01_25: ALL_FORMS**Folder: MR****Form: MR Outcomes****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
14	PJSCANR2	\$60				PJSCANR2
15	PJSCANR3	\$60				PJSCANR3
16	MR_OUTCO MES_COMM ENTS	\$200				MR_OUTCO MES_COMM ENTS
17	L2ALZ_AE	1		1 = 1=No Adverse Events 2 = 2=Adverse Event - UPIRTSO 3 = 3=Adverse Event - Non-UIRTS O 4 = 4=Protocol Deviation 5 = 5=Complaint s		L2ALZ_AE
18	L2ALZ_AE_ SPECIFY	\$200				L2ALZ_AE_ SPECIFY
19	L2ALZ_PAR T_NEXTYR	1		0 = 0=No 1 = 1=Yes		L2ALZ_PAR T_NEXTYR

2018_01_25: ALL_FORMS**Folder: MR****Form: MR Outcomes****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
20 MR_PART_ NEXTYR_N O_REAS	4		1041 = Coil Size 1057 = Failed Metal Screening 1089 = Claustrophob ic 1088 = Too Loud 1087 = Unable to Lay Still 1086 = Unable to Lay Flat 1001 = Just Says No 1002 = Too Busy 1006 = Family Refuses 1022 = CDR Global Score>=2 or Other Source Doc Dementia 1124 = Radiation Concerns 1125 = Other Health Concern		MR_PART_ NEXTYR_N O_REAS

2018_01_25: ALL_FORMS

Folder: MR

Form: MR Outcomes

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			1132 = No PET scheduled due to No MRI exam 1030 = Other		

2018_01_25: ALL_FORMS

Folder: LP

Form: LP Scheduling

Generated On: 30 Jan 2018 01:17:03

SCREENING

Screening Date _____ ②

Is Subject a Screen Failure? Yes ☐ ③
No ☐

If yes, reason for screen failure

Currently taking ☐ ④
Anticoagulants
Abnormal MRI ☐
Multiple back surgeries/severe ☐
spinal stenosis
CDR Global Score ≥ 2 or ☐
Other Source Doc Dementia
Complex medical problems ☐
Other ☐
No Longer Wants to ☐

Other, specify: _____ ⑤

Final Decision

No exclude always ☐ ⑥
Yes - recruit subject ☐
Exclude this year only ☐

Comments _____ ⑦

SCHEDULING

Subject Status

Scheduled ☐ ⑨
Call back ☐

2018_01_25: ALL_FORMS

Folder: LP

Form: LP Scheduling

Generated On: 30 Jan 2018 01:17:03

Cancelled, Refused This ☐
Cycle
Cancelled, Refused for All ☐
Time

If Scheduled:

Date Visit is to Take Place _____ 11

Time Visit is to Take Place _____ 12

Order written ☐ 13

Billing notification sent ☐ 14

If Call back:

Subject Callback Date _____ 16

If Cancelled:

Reason _____ 18

Comments _____ 19

2018_01_25: ALL_FORMS**Folder: LP****Form: LP Scheduling****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
② LP_SCREEN _DATE	dd MMM yyyy				LP_SCREEN _DATE
③ LP_SCREEN\$1 _FAIL			Y = Yes N = No		LP_SCREEN _FAIL
④ LP_FAIL_RE 4 ASON			1128 = Currently taking Anticoagulan ts 1129 = Abnormal MRI 1130 = Multiple back surgeries/sev ere spinal stenosis 1022 = CDR Global Score>=2 or Other Source Doc Dementia 1131 = Complex medical problems 1030 = Other 1008 = No Longer Wants to		LP_FAIL_RE ASON

2018_01_25: ALL_FORMS**Folder: LP****Form: LP Scheduling****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑤	LP_REASON_OTHER	\$60				LP_REASON_OTHER
⑥	DO_LP	1		0 = No exclude always 1 = Yes - recruit subject 3 = Exclude this year only		DO_LP
⑦	LP_SCREEN_COMMENT	\$300				LP_SCREEN_COMMENT
⑨	LP_SUBJ_STATUS	2		10 = Scheduled 9 = Call back 13 = Cancelled, Refused This Cycle 16 = Cancelled, Refused for All Time		LP_SUBJ_STATUS
⑪	LP_VISIT_DATE_SCHEDULED	dd MMM yyyy D				LP_VISIT_DATE_SCHEDULED
⑫	LP_VISIT_TIME_SCHEDULED	hh:nn rr				LP_VISIT_TIME_SCHEDULED

2018_01_25: ALL_FORMS**Folder: LP****Form: LP Scheduling****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
13	ORDER_WR 1 ITTEN					ORDER_WR ITTEN
14	BILLING_SE 1 NT					BILLING_SE NT
16	LP_PH_SUB dd MMM J_CB_DATE yyyy					LP_PH_SUB J_CB_DATE
18	LP_PH_REA \$60 SON					LP_PH_REA SON
19	LP_PH_CO \$200 MMMENTS					LP_PH_CO MMMENTS

2018_01_25: ALL_FORMS

Folder: LP

Form: LP Outcomes

Generated On: 30 Jan 2018 01:17:03

Age _____ ①

Did Subject report for appointment? 0=No ☐ ②
1=Yes ☐

If No, Reason No Show ☐ ③
Cancellation/Reschedule ☐

LP Visit Information

LP Date _____ ⑤

Successful LP? Yes ☐ ⑥
No ☐

If no, reason Currently taking ☐ ⑦
Anticoagulants
Abnormal MRI ☐
Multiple back surgeries/severe ☐
spinal stenosis
CDR Global Score ≥ 2 or ☐
Other Source Doc Dementia
Complex medical problems ☐
Other ☐
No Longer Wants to ☐

Other (specify) _____ ⑧

LP with fluoroscopy Yes ☐ ⑨
No ☐

2018_01_25: ALL_FORMS

Folder: LP

Form: LP Outcomes

Generated On: 30 Jan 2018 01:17:03

Send study payment to subject?

0=No ☐ 10
1=Yes ☐

Follow-up Call Date

11

Subject had side effects?

Yes ☐ 12
No ☐

Headache

☐ 13

Dizziness

☐ 14

Low back pain

☐ 15

Radiating pain, specify:

16

Numbness

☐ 17

Weakness

☐ 18

Other, specify:

19

Overall Comments

Comments

21

Were there any Adverse Events?

1=No Adverse Events ☐ 22

2018_01_25: ALL_FORMS

Folder: LP

Form: LP Outcomes

Generated On: 30 Jan 2018 01:17:03

2=Adverse Event - UPIRTSO ☐

3=Adverse Event -
Non-UPIRTSO ☐

4=Protocol Deviation ☐

5=Complaints ☐

If UPIRTSO, date reported to IRB

(23)

Does subject agree to be contacted next year?

0=No ☐ (24)

1=Yes ☐

If No, Reason

(25)

2018_01_25: ALL_FORMS**Folder: LP****Form: LP Outcomes****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① AGE	3				AGE
② L2ALZ_SUB J_PART	1		0 = 0=No 1 = 1=Yes		L2ALZ_SUB J_PART
③ L2ALZ_NO_ PART_REAS	1		1 = No Show 2 = Cancellation/ Reschedule		L2ALZ_NO_ PART_REAS
⑤ LP_DATE	dd MMM yyyy				LP_DATE
⑥ LP_SUCCE\$1 S			Y = Yes N = No		LP_SUCCE\$ S
⑦ LP_REASO N	4		1128 = Currently taking Anticoagulan ts 1129 = Abnormal MRI 1130 = Multiple back surgeries/sev ere spinal stenosis		LP_REASO N

2018_01_25: ALL_FORMS**Folder: LP****Form: LP Outcomes****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			1022 = CDR Global Score>=2 or Other Source Doc Dementia 1131 = Complex medical problems 1030 = Other 1008 = No Longer Wants to		
⑧ LP_REASO N_OTHER	\$60				LP_REASO N_OTHER
⑨ LP_FLUORO SCOPY	\$1		Y = Yes N = No		LP_FLUORO SCOPY
⑩ L2ALZ_SEN D_PAYMEN T	1		0 = 0=No 1 = 1=Yes		L2ALZ_SEN D_PAYMEN T
⑪ LP_FOLLO WUP_DATE	dd MMM yyyy				LP_FOLLO WUP_DATE
⑫ LP_SIDE_EF FECTS	\$1		Y = Yes N = No		LP_SIDE_EF FECTS

2018_01_25: ALL_FORMS**Folder: LP****Form: LP Outcomes****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
13	LP_HEADAC1 HE					LP_HEADAC HE
14	LP_DIZZINE 1 SS					LP_DIZZINE SS
15	LP_LOWBA 1 CKPAIN					LP_LOWBA CKPAIN
16	LP_RADIATI \$100 NGPAIN					LP_RADIATI NGPAIN
17	LP_NUMBN 1 ESS					LP_NUMBN ESS
18	LP_WEAKN 1 ESS					LP_WEAKN ESS
19	LP_OTHER \$100					LP_OTHER
21	LP_COMME \$600 NTS					LP_COMME NTS
22	L2ALZ_AE 1			1 = 1=No Adverse Events 2 = 2=Adverse Event - UPIRTSO		L2ALZ_AE

2018_01_25: ALL_FORMS**Folder: LP****Form: LP Outcomes****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Adverse Event - Non-UIPTS O 4 = 4=Protocol Deviation 5 = 5=Complaint s		
23 L2ALZ_AE_I RB_REPOR TDT	dd MMM yyyy				L2ALZ_AE_I RB_REPOR TDT
24 L2ALZ_PAR T_NEXTYR	1		0 = 0=No 1 = 1=Yes		L2ALZ_PAR T_NEXTYR
25 LP_PART_N EXTYR_NO_ REAS	\$50				LP_PART_N EXTYR_NO_ REAS

2018_01_25: ALL_FORMS

Folder: LP

Form: Adverse Events Log

Generated On: 30 Jan 2018 01:17:03

Description _____ ①

Date _____ ②

Required MD Visit ☐ ③

Required ER Visit ☐ ④

Required Hospital Stay ☐ ⑤

If Required Hospital Stay is checked; length of stay _____ ⑥

Symptom Start Date _____ ⑦

Symptom Stop Date _____ ⑧

Symptoms Ongoing ☐ ⑨

Treatment Initiated:
Pain medication ☐ ⑩

Blood patch ☐ ⑪

IV hydration ☐ ⑫

Other treatment, specify: _____ ⑬

2018_01_25: ALL_FORMS**Folder: LP****Form: Adverse Events Log****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	AE_DESCR PTION	\$200				AE_DESCR PTION
②	AE_DATE	dd MMM yyyy				AE_DATE
③	REQ_MD_VI SIT	1				REQ_MD_VI SIT
④	REQ_ER_VI SIT	1				REQ_ER_VI SIT
⑤	REQ_HOSP _STAY	1				REQ_HOSP _STAY
⑥	HOSP_STA Y_LENGTH	\$20				HOSP_STA Y_LENGTH
⑦	SYMPT_STA RT_DT	Add MMM yyyy				SYMPT_STA RT_DT
⑧	SYMPT_ST OP_DT	dd MMM yyyy				SYMPT_ST OP_DT
⑨	SYMPT_ON GOING	1				SYMPT_ON GOING
⑩	TREAT_PAI NMED	1				TREAT_PAI NMED

2018_01_25: ALL_FORMS

Folder: LP

Form: Adverse Events Log

Generated On: 30 Jan 2018 01:17:03

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
11	TREAT_BLD 1 PATCH					TREAT_BLD PATCH
12	TREAT_IV	1				TREAT_IV
13	TREAT_OTH\$100 ER					TREAT_OTH ER

2018_01_25: ALL_FORMS

Folder: LP

Form: CSF Lab Results

Generated On: 30 Jan 2018 01:17:03

Collection Date _____ ①

Collection Time _____ ②

Received Date _____ ③

Received Time _____ ④

Report Date _____ ⑤

Report Time _____ ⑥

Test Name _____

Glucose	<input type="checkbox"/>	⑦
Total Protein	<input type="checkbox"/>	
Total Nucleated Cells	<input type="checkbox"/>	
Erythrocytes	<input type="checkbox"/>	
Neutrophils	<input type="checkbox"/>	
Lymphocytes	<input type="checkbox"/>	
Monocytes	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Other test _____ ⑧

Test Not Done ☐ ⑨

Accession Number _____ ⑩

Unit Code Name _____ ⑪

Unit Code Number		12
Result		13
Result Flag		14
Units		15
Reference Range		16

2018_01_25: ALL_FORMS**Folder: LP****Form: CSF Lab Results****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	COLLECTIO N_DATE	dd MMM yyyy				COLLECTIO N_DATE
②	COLLECTIO N_TIME	HH:nn				COLLECTIO N_TIME
③	RECEIVED_ DATE	dd MMM yyyy				RECEIVED_ DATE
④	RECEIVED_ TIME	HH:nn				RECEIVED_ TIME
⑤	REPORT_D ATE	dd MMM yyyy				REPORT_D ATE
⑥	REPORT_TI ME	HH:nn				REPORT_TI ME
⑦	TEST_NAM E	2		1 = Glucose 2 = Total Protein 3 = Total Nucleated Cells 4 = Erythrocytes 5 = Neutrophils 6 = Lymphocytes 7 = Monocytes	1: Glucose 2: Total Protein 3: Total Nucleated Cells 4: Erythrocytes 5: Neutrophils 6: Lymphocytes 7: Monocytes	TEST_NAM E

2018_01_25: ALL_FORMS

Folder: LP

Form: CSF Lab Results

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
99 = Other					
⑧ TEST_NAM E_OTHER	\$60				TEST_NAM E_OTHER
⑨ NOT_DONE	1				NOT_DONE
⑩ ACCESSION	\$8				ACCESSION
⑪ UNIT_CODE _NAME	\$60				UNIT_CODE _NAME
⑫ UNIT_CODE _NUMBER	8				UNIT_CODE _NUMBER
⑬ RESULT	\$80				RESULT
⑭ RESULT_FL AG	\$15				RESULT_FL AG
⑮ UNITS	\$20		mg/dL mg/dL /mcL /mcL % % %	1: mg/dL 2: mg/dL 3: /mcL 4: /mcL 5: % 6: % 7: %	UNITS

2018_01_25: ALL_FORMS

Folder: LP

Form: CSF Lab Results

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
16 REFERENC E_RANGE	\$300		0-35 Adults(1: 0-5) 2: 0-35 Neonates(0- 3: 30) Adults(0-5) Adults(2% Neonates(0- +/- 4%) 30) Neonates(4 4: % +/- 5: Adults(2% 4%) Adults +/- 4%) 60% +/- Neonates(4 20% Adults % +/- 4%) (30% +/- 6: Adults 15%) 60% +/- 20% Neonates 7: Adults (70% +/- (30% +/- 20%) 15%) Neonates (70% +/- 20%)		REFERENC E_RANGE

2018_01_25: ALL_FORMS

Folder: Cycle 01

Form: Pre-Visit Summary

Generated On: 30 Jan 2018 01:17:03

Current Visit # _____ ①

Location of Visit

In-Clinic ☐ ②

Home ☐

Phone ☐

Mayo Satellite ☐

Singleton Center ☐

Penney Farms ☐

Ft. L/West Palm Beach ☐

Agape ☐

Atrium ☐

Age _____ ③

Did subject report for appointment? 0=No ☐ ④

1=Yes ☐

If No, Reason

No Show ☐ ⑤

Cancellation/Reschedule ☐

Subject participating in Neurologic exam? 0=No ☐ ⑥

1=Yes ☐

9=N/A ☐

Responsible Examiner _____ ⑦

Visit Date _____ ⑧

2018_01_25: ALL_FORMS

Folder: Cycle 01

Form: Pre-Visit Summary

Generated On: 30 Jan 2018 01:17:03

Subject participating in Psychometric testing?

0=No ☐ 9
1=Yes ☐
9=N/A ☐

Responsible Examiner _____

10

Visit Date _____

11

Subject participating in Coordinator Interview?

0=No ☐ 12
1=Yes ☐
9=N/A ☐

Responsible Examiner _____

13

Visit Date _____

14

Packet

Full ☐ 15
Partial ☐
Behaviors Only ☐

2018_01_25: ALL_FORMS**Folder: Cycle 01****Form: Pre-Visit Summary****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① L2ALZ_CUR RENT_VISIT NUM	5				L2ALZ_CUR RENT_VISIT NUM
② L2ALZ_VISI T_LOCATIO N	2		1 = In-Clinic 2 = Home 8 = Phone 3 = Mayo Satellite 4 = Singleton Center 5 = Penney Farms 6 = Ft. L/West Palm Beach 7 = Agape 9 = Atrium		L2ALZ_VISI T_LOCATIO N
③ L2ALZ_VISI T_AGE	3				L2ALZ_VISI T_AGE
④ L2ALZ_SUB J_PART	1		0 = 0=No 1 = 1=Yes		L2ALZ_SUB J_PART
⑤ L2ALZ_NO_ PART_REAS	1		1 = No Show 2 = Cancellation/ Reschedule		L2ALZ_NO_ PART_REAS
⑥ L2ALZ_PAR T_NEURO	1		0 = 0=No 1 = 1=Yes 9 = 9=N/A		L2ALZ_PAR T_NEURO

2018_01_25: ALL_FORMS**Folder: Cycle 01****Form: Pre-Visit Summary****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑦	L2ALZ_NEU RO_RESP_ PERSON	\$50				L2ALZ_NEU RO_RESP_ PERSON
⑧	L2ALZ_NEU RDATE	dd MMM yyyy				L2ALZ_NEU RDATE
⑨	L2ALZ_PAR T_PSYCHO M	1		0 = 0=No 1 = 1=Yes 9 = 9=N/A		L2ALZ_PAR T_PSYCHO M
⑩	L2ALZ_PSY CHOM_RES P_PERSON	\$50				L2ALZ_PSY CHOM_RES P_PERSON
⑪	L2ALZ_PSY CDATE	dd MMM yyyy				L2ALZ_PSY CDATE
⑫	L2ALZ_PAR T_COORD	1		0 = 0=No 1 = 1=Yes 9 = 9=N/A		L2ALZ_PAR T_COORD
⑬	L2ALZ_COO RD_RESP_P ERSON	\$50				L2ALZ_COO RD_RESP_P ERSON
⑭	L2ALZ_QUE SDATE	dd MMM yyyy				L2ALZ_QUE SDATE

2018_01_25: ALL_FORMS

Folder: Cycle 01

Form: Pre-Visit Summary

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
15 SUBJ_STAT 2 _PACKET			1 = Full 2 = Partial 3 = Behaviors Only		SUBJ_STAT _PACKET

2018_01_25: ALL_FORMS

Folder: Cycle 01

Form: Next Visit Planning

Generated On: 30 Jan 2018 01:17:03

Will subject participate next year?

0=No ☐ ①
1=Yes ☐

If No, Reason

②

Derived Month of Next Follow-up Visit

③

Derived Year of Next Follow-up Visit

④

Will the derived date work for the subject? (e.g. snowbird)

0=No ☐ ⑤
1=Yes ☐

Provide month if subject cannot be seen at derived follow-up date

⑥

Provide year if subject cannot be seen at derived follow-up date

⑦

If participating next year, visit type

Full ☒ ⑧
Partial ☐
Behaviors Only ☐

2018_01_25: ALL_FORMS**Folder: Cycle 01****Form: Next Visit Planning****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① L2ALZ_PAR 1 T_NEXTYR			0 = 0=No 1 = 1=Yes		L2ALZ_PAR T_NEXTYR
② L2ALZ_PAR \$50 T_NEXTYR_ NO_REAS					L2ALZ_PAR T_NEXTYR_ NO_REAS
③ L2ALZ_MO_ MMM NEXT_FU					L2ALZ_MO_ NEXT_FU
④ L2ALZ_YR_ 4 NEXT_FU					L2ALZ_YR_ NEXT_FU
⑤ L2ALZ_DERI 1 VED_DT_W ORK			0 = 0=No 1 = 1=Yes		L2ALZ_DERI VED_DT_W ORK
⑥ L2ALZ_ALT_ MMM MO_NEXT_ FU					L2ALZ_ALT_ MO_NEXT_ FU
⑦ L2ALZ_ALT_ 4 YR_NEXT_F U					L2ALZ_ALT_ YR_NEXT_F U
⑧ L2ALZ_PAC 1 KET_NEXT_ FU			1 = Full 2 = Partial 3 = Behaviors Only		L2ALZ_PAC KET_NEXT_ FU

2018_01_25: ALL_FORMS

Folder: Cycle 01

Form: Post-Visit Summary

Generated On: 30 Jan 2018 01:17:03

Section 2: To be recorded after the subject is done with the visit.

Is Subject a Screen Failure?

0=No ☐ ②
1=Yes ☐

If yes, reason for screen failure

Inclusion Criteria Failure ☐ ③
Exclusion Criteria Failure ☐
Subject Chose to Opt Out of Study ☐
Screen Failure - Other ☐

If Screen Failure - Other is selected, specify. _____

④

Non-psychometric validity:

1=Satisfactory ☐ ⑤
2=Marginal ☐
3=Unsatisfactory ☐

Send study payment to subject?

0=No ☐ ⑥
1=Yes ☐

Is Visit Complete?

☐ ⑦

Were there any Adverse Events?

1=No Adverse Events ☐ ⑧
2=Adverse Event - UPIRTSO ☐
3=Adverse Event - Non-UPIRTSO ☐
4=Protocol Deviation ☐
5=Complaints ☐

2018_01_25: ALL_FORMS

Folder: Cycle 01

Form: Post-Visit Summary

Generated On: 30 Jan 2018 01:17:03

If yes, specify

9

2018_01_25: ALL_FORMS**Folder: Cycle 01****Form: Post-Visit Summary****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
② L2ALZ_VISI TSUM_SCR FAIL	1		0 = 0=No 1 = 1=Yes		L2ALZ_VISI TSUM_SCR FAIL
③ L2ALZ_SCR NFAIL_REA SON	\$42		urn:mayo-ed u:ctms:cde:l1 _scrnfail_rc:p v:01 = Inclusion Criteria Failure urn:mayo-ed u:ctms:cde:l1 _scrnfail_rc:p v:02 = Exclusion Criteria Failure urn:mayo-ed u:ctms:cde:l1 _scrnfail_rc:p v:03 = Subject Chose to Opt Out of Study urn:mayo-ed u:ctms:cde:l1 _scrnfail_rc:p v:04 = Screen Failure - Other		L2ALZ_SCR NFAIL_REA SON

2018_01_25: ALL_FORMS**Folder: Cycle 01****Form: Post-Visit Summary****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
④ L2ALZ_SCR \$200 NFAIL_OTH SPEC					L2ALZ_SCR NFAIL_OTH SPEC
⑤ L2ALZ_NON 1 PSYVA			1 = 1=Satisfactor y 2 = 2=Marginal 3 = 3=Unsatisfac tory		L2ALZ_NON PSYVA
⑥ L2ALZ_SEN 1 D_PAYMEN T			0 = 0=No 1 = 1=Yes		L2ALZ_SEN D_PAYMEN T
⑦ L2ALZ_VISI 1 T_COMPLE TE					L2ALZ_VISI T_COMPLE TE
⑧ L2ALZ_AE 1			1 = 1=No Adverse Events 2 = 2=Adverse Event - UPIRTSO 3 = 3=Adverse Event - Non-UIRTS O		L2ALZ_AE

2018_01_25: ALL_FORMS

Folder: Cycle 01

Form: Post-Visit Summary

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 4=Protocol Deviation 5 = 5=Complaint s		
9 L2ALZ_AE_ \$200 SPECIFY					L2ALZ_AE_ SPECIFY

2018_01_25: ALL_FORMS

Folder: Cycle 01

Form: Blood Collection

Generated On: 30 Jan 2018 01:17:03

Did subject provide consent for blood?

No ☐ ①
Yes ☐

Remember to check PTrax for collection status.

Was the blood sample taken?

0=No ☐ ③
1=Yes ☐
2=Refused ☐
3=Unable ☐
4=Mail out kit ☐
5=Never try again ☐
8=Not Yet Determined ☒

If no or refused, reason

_____ ④

Check here if all blood collection is complete for this cycle

☐ ⑤

Date collected

_____ ⑥

Fasting

2=At least 4 hours ☐ ⑦
1=At least 8 hours ☐
0=<4 hours/No fasting ☐
9=Unknown ☐

Visit blood

☐ ⑧

Storage blood

☐ ⑨

2018_01_25: ALL_FORMS

Folder: Cycle 01

Form: Blood Collection

Generated On: 30 Jan 2018 01:17:03

PAXGene



2018_01_25: ALL_FORMS**Folder: Cycle 01****Form: Blood Collection****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	BLOOD_SU BJ_CONSE NT	1		0 = No 1 = Yes		BLOOD_SU BJ_CONSE NT
③	BLOOD_CO LLECT	1		0 = 0=No 1 = 1=Yes 2 = 2=Refused 3 = 3=Unable 4 = 4=Mail out kit 5 = 5=Never try again 8 = 8=Not Yet Determined		BLOOD_CO LLECT
④	BLOOD_CO LLECT_REA SON	\$100				BLOOD_CO LLECT_REA SON
⑤	BLOOD_CO LLECT_CO MPLETE	1				BLOOD_CO LLECT_CO MPLETE
⑥	BLOOD_DT COLLECT	dd MMM yyyy				BLOOD_DT COLLECT
⑦	HOURFAST	1		2 = 2=At least 4 hours 1 = 1=At least 8 hours		HOURFAST

2018_01_25: ALL_FORMS**Folder: Cycle 01****Form: Blood Collection****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			0 = 0=<4 hours/No fasting 9 = 9=Unknown		
⑧ BLOOD_VISI T					BLOOD_VISI T
⑨ BLOOD_ST 1 ORAGE					BLOOD_ST ORAGE
⑩ PAXGENE 1					PAXGENE

2018_01_25: ALL_FORMS

Folder: Cycle 01

Form: Computerized Testing

Generated On: 30 Jan 2018 01:17:03

Was this form done?

- 0=Not done or attempted ☐ ①
1=Totally complete ☐
2=Comp but tech error ☐
3=Partially done ☐
4=Attempted/no data ☐
5=Part done/pt problem ☐
8=Not needed ☐
9=Done in other study ☐

Reason not completed

②

NOTE: If age 75 or older, no GMLT.

Date

④

CogState completed

- 0=No ☐ ⑤
1=Yes ☐

If no, reason

- Declined ☐ ⑥
Ran out of time ☐
Physical impairment ☐
Cognitive impairment ☐
Other ☐

Unable to complete Maze test (<75)

☐ ⑦

Will the subject participate in CogState mid-point in-clinic testing for this cycle?

- 0=No ☐ ⑧
1=Yes ☐

2018_01_25: ALL_FORMS

Folder: Cycle 01

Form: Computerized Testing

Generated On: 30 Jan 2018 01:17:03

Will the subject participate in CogState at home testing for this cycle?

0=No ☐ 9
1=Yes ☐

Comments

10

E-mail address

11

Check if e-mail unknown/not given

☐ 12

2018_01_25: ALL_FORMS**Folder: Cycle 01****Form: Computerized Testing****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	CT_ADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		CT_ADD
②	CT_RES	\$100				CT_RES
④	CT_VISIT_D T	dd MMM yyyy				CT_VISIT_D T
⑤	CT_COGST ATE	1		0 = 0=No 1 = 1=Yes		CT_COGST ATE
⑥	CT_COGST ATE_REAS	1		1 = Declined 2 = Ran out of time		CT_COGST ATE_REAS

2018_01_25: ALL_FORMS**Folder: Cycle 01****Form: Computerized Testing****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = Physical impairment 4 = Cognitive impairment 9 = Other		
⑦ CT_MAZE_N1 OTDONE					CT_MAZE_N OTDONE
⑧ COGSTATE 1 _MIDPT_FU TURE			0 = 0=No 1 = 1=Yes	1: 1=Yes	COGSTATE _MIDPT_FU TURE
⑨ COGSTATE 1 _HOME_FU TURE			0 = 0=No 1 = 1=Yes	1: 1=Yes	COGSTATE _HOME_FU TURE
⑩ CT_COMME \$250 NTS					CT_COMME NTS
⑪ EMAIL_ADD \$60 RESS					EMAIL_ADD RESS
⑫ EMAIL_UNK 1					EMAIL_UNK

2018_01_25: ALL_FORMS

Folder: Cycle 01

Form: Computerized Testing Mid-point Contacts

Generated On: 30 Jan 2018 01:17:03

Was this form done?

- 0=Not done or attempted ☐ ①
- 1=Totally complete ☐
- 2=Comp but tech error ☐
- 3=Partially done ☐
- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

Reason not completed

②

Date Contacted

③

Contact Type

- Phone - home ☐ ④
- Phone - cell ☐
- Phone - work ☐
- Email ☐
- Other ☐
- None ☐

Progress

- Imam ☐ ⑤
- pt cb ☐
- no answ ☐
- pt scheduled ☐
- other ☐
- no show ☐

Response

⑥

2018_01_25: ALL_FORMS**Folder: Cycle 01****Form: Computerized Testing Mid-point Contacts****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① CT_CONTA CT_ADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		CT_CONTA CT_ADD
② CT_CONTA CT_RES	\$100				CT_CONTA CT_RES
③ CT_DT_CO NTACT	dd MMM yyyy				CT_DT_CO NTACT
④ CT_CONT_T YPE_PH_E MAIL	1		1 = Phone - home 2 = Phone - cell 3 = Phone - work		CT_CONT_T YPE_PH_E MAIL

2018_01_25: ALL_FORMS

Folder: Cycle 01

Form: Computerized Testing Mid-point Contacts

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = Email 5 = Other 9 = None		
⑤ CT_CONTA 1 CT_PROGR ESS			1 = Imam 2 = pt cb 3 = no answ 4 = pt scheduled 5 = other 9 = no show		CT_CONTA CT_PROGR ESS
⑥ CT_RESPO \$200 NSE					CT_RESPO NSE

2018_01_25: ALL_FORMS

Form: Add Patient

Generated On: 30 Jan 2018 01:17:03

Enter Mayo Clinic (Mayo sites) or ALZ# (UMMC site) ONLY and then save form.

Mayo Clinic Number _____ ②

UMMC site: ALZ Number (Number must start with: "ALZ-") _____ ③

Verify the following patient information AFTER Mayo Clinic Number/ALZ Number has been entered and form has been saved.

If any changes are made, be sure to also update ALZ1002 Master Track.

Title _____ ⑤

First Name _____ ⑥

Middle _____ ⑦

Last Name _____ ⑧

Suffix _____ ⑨

Date of Birth _____ ⑩

Gender _____ ⑪
Female ☐
Male ☐
Unknown ☐
Unspecified ☐

REP ID _____ ⑫

FL Fake MC Number _____ ⑬

2018_01_25: ALL_FORMS**Form: Add Patient****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	CLINIC	8				CLINIC
③	ALZ_NUMB ER	\$10				ALZ_NUMB ER
⑤	L1_Title	\$10				L1_TITLE
⑥	L1_First	\$20				L1_FIRST
⑦	L1_Middle	\$20				L1_MIDDLE
⑧	L1_Last	\$40				L1_LAST
⑨	L1_Suffix	\$10				L1_SUFFIX
⑩	L1_Birth_Dat	dd- MMM- yyyy				L1_BIRTH_D AT
⑪	L1_Gender	\$1		F = Female M = Male U = Unknown X = Unspecified		L1_GENDER
⑫	ALIAS_REP	10				ALIAS_REP
⑬	ALIAS_FL_F AKE	10				ALIAS_FL_F AKE

2018_01_25: ALL_FORMS

Form: Demographics Race

Generated On: 30 Jan 2018 01:17:03

Race: American Indian Alaskan Native

American Indian Alaskan Native ☐ ①

AI AN Specify

☐ ②

Race: Black

Black (Not Otherwise Specified)

Black NOS ☐ ④

African American

African American ☐ ⑤

American born African

American born African ☐ ⑥

African

African ☐ ⑦

Caribbean Black

Caribbean Black ☐ ⑧

Race: White

White ☐ ⑨

Race: Native Hawaiian

Native Hawaiian Pacific Islander (Not Otherwise Specified)

Native Hawaiian Pacific Islander NOS ☐ ⑪

Guamanian or Chamorro

Guamanian or Chamorro ☐ ⑫

Native Hawaiian

Native Hawaiian ☐ ⑬

2018_01_25: ALL_FORMS

Form: Demographics Race

Generated On: 30 Jan 2018 01:17:03

Samoan

Samoan ☐ 14

Other Pacific Islander

Other Pacific Islander ☐ 15

Race: Asian

Asian (Not Otherwise Specified)

Asian NOS ☐ 17

Asian Chinese

Asian Chinese ☐ 18

Asian Cambodian

Asian Cambodian ☐ 19

Asian Filipinos

Asian Filipinos ☐ 20

Asian Indian

Asian Indian ☐ 21

Asian Japanese

Asian Japanese ☐ 22

Asian Korean

Asian Korean ☐ 23

Asian Laotian

Asian Laotian ☐ 24

Asian Pakistani

Asian Pakistani ☐ 25

Asian Taiwanese

Asian Taiwanese ☐ 26

2018_01_25: ALL_FORMS

Form: Demographics Race

Generated On: 30 Jan 2018 01:17:03

Asian Thai	Asian Thai <input type="checkbox"/> 27
------------	--

Asian Vietnamese	Asian Vietnamese <input type="checkbox"/> 28
------------------	--

Asian Other	Asian Other <input type="checkbox"/> 29
-------------	---

Race: Other (Not Otherwise Specified)	Other including more than one <input type="checkbox"/> 30
---------------------------------------	---

Race: Unknown	Unknown <input type="checkbox"/> 31
---------------	-------------------------------------

Race: Choose not to Disclose	Choose not to Disclose <input type="checkbox"/> 32
------------------------------	--

Ethnicity	Not Hispanic or Latino <input type="checkbox"/> 33
	Hispanic or Latino NOS <input type="checkbox"/>
	Hispanic or Latino: Mexican <input type="checkbox"/>
	Hispanic or Latino: Cuban <input type="checkbox"/>
	Hispanic or Latino: Puerto Rican <input type="checkbox"/>
	Hispanic or Latino: South American <input type="checkbox"/>
	Hispanic or Latino: Central American <input type="checkbox"/>
	Hispanic or Latino: Other <input type="checkbox"/>
	Spanic not Spain <input type="checkbox"/>
	Unknown <input type="checkbox"/>
	Choose not to Disclose <input type="checkbox"/>
Unable to Provide <input type="checkbox"/>	

2018_01_25: ALL_FORMS**Form: Demographics Race****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① L1_Race_A	\$2		A = American Indian Alaskan Native		L1_RACE_A
② L1_Race_A_Specify	\$50				L1_RACE_A _SPECIFY
④ L1_Race_B	\$2		B = Black NOS		L1_RACE_B
⑤ L1_Race_B_M	\$2		BM = African American		L1_RACE_B M
⑥ L1_Race_BB	\$2		BB = American born African		L1_RACE_B B
⑦ L1_Race_BA	\$2		BA = African		L1_RACE_B A
⑧ L1_Race_BC	\$2		BC = Caribbean Black		L1_RACE_B C
⑨ L1_Race_C	\$2		C = White		L1_RACE_C

2018_01_25: ALL_FORMS**Form: Demographics Race****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
11 L1_Race_N	\$2		N = Native Hawaiian Pacific Islander NOS		L1_RACE_N
12 L1_Race_N G	\$2		NG = Guamanian or Chamorro		L1_RACE_N G
13 L1_Race_N H	\$2		NH = Native Hawaiian		L1_RACE_N H
14 L1_Race_NS	\$2		NS = Samoan		L1_RACE_N S
15 L1_Race_N O	\$2		NO = Other Pacific Islander		L1_RACE_N O
17 L1_Race_P	\$2		P = Asian NOS		L1_RACE_P
18 L1_Race_PC	\$2		PC = Asian Chinese		L1_RACE_P C
19 L1_Race_PB	\$2		PB = Asian Cambodian		L1_RACE_P B
20 L1_Race_PF	\$2		PF = Asian Filipinos		L1_RACE_P F

2018_01_25: ALL_FORMS**Form: Demographics Race****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
21 L1_Race_PI	\$2		PI = Asian Indian		L1_RACE_PI
22 L1_Race_PJ	\$2		PJ = Asian Japanese		L1_RACE_P J
23 L1_Race_PK	\$2		PK = Asian Korean		L1_RACE_P K
24 L1_Race_PL	\$2		PL = Asian Laotian		L1_RACE_P L
25 L1_Race_PP	\$2		PP = Asian Pakistani		L1_RACE_P P
26 L1_Race_PT	\$2		PT = Asian Taiwanese		L1_RACE_P T
27 L1_Race_PH	\$2		PH = Asian Thai		L1_RACE_P H
28 L1_Race_PV	\$2		PV = Asian Vietnamese		L1_RACE_P V
29 L1_Race_P O	\$2		PO = Asian Other		L1_RACE_P O

2018_01_25: ALL_FORMS

Form: Demographics Race

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
30 L1_Race_O	\$2		O = Other including more than one		L1_RACE_O
31 L1_Race_U	\$2		U = Unknown		L1_RACE_U
32 L1_Race_X	\$2		X = Choose not to Disclose		L1_RACE_X
33 L1_Ethnicity	\$2		N = Not Hispanic or Latino H = Hispanic or Latino NOS HM = Hispanic or Latino: Mexican HC = Hispanic or Latino: Cuban HP = Hispanic or Latino: Puerto Rican HS = Hispanic or Latino: South American		L1_ETHNICI TY

2018_01_25: ALL_FORMS

Form: Demographics Race

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			HA = Hispanic or Latino: Central American HO = Hispanic or Latino: Other Spanic not Spain U = Unknown X = Choose not to Disclose Z = Unable to Provide		

2018_01_25: ALL_FORMS

Form: Family History

Generated On: 30 Jan 2018 01:17:03

Have you ever received medical care at Mayo prior to enrolling in this research study? (If NO, do not enter family members' names on this form)

0=No ☐ ①
1=Yes ☐

Was this form done?

0=Not done or attempted ☐ ②
1=Totally complete ☒
2=Comp but tech error ☐
3=Partially done ☐
4=Attempted/no data ☐
5=Part done/pt problem ☐
8=Not needed ☐
9=Done in other study ☐

Reason why not completed

③

Date family Hx updated

30 Jan 2018 ④

Number of relatives

⑤

Number of relatives (currently entered/calculated)

⑥

Last name

⑦

First name

⑧

Middle name

⑨

Relationship to subject

1=Father ☐ ⑩
2=Mother ☐
3=Brother ☐

2018_01_25: ALL_FORMS

Form: Family History

Generated On: 30 Jan 2018 01:17:03

- 4=Sister ☐
5=Half-brother ☐
6=Half-sister ☐
7=Son ☐
8=Daughter ☐

Twin?

- 0=Not a twin ☐ 11
1=Yes - fraternal ☐
2=Yes - identical ☐
3=Yes - unknown type ☐
9=Unknown ☐

Month of Birth

12

Day of Birth

13

Year of Birth

14

Alive/dead status

- 1=Alive ☐ 15
2=Dead ☐
9=Unknown ☐

Month of Death

16

Day of Death

17

Year of death

18

City at time of death (or other location if City/State not available)

19

2018_01_25: ALL_FORMS

Form: Family History

Generated On: 30 Jan 2018 01:17:03

State at time of death (If outside of the US, list the country in the "City at time of death" field).

20

Family Member Have Autopsy?

0=No ☐ 21
1=Yes ☐
8=N/A ☐
9=Unknown ☐

Cause of Death

22

1. - Mild Cognitive Impairment:

1=Yes ☐ 23
0=No ☐
9=Do not know ☐

Age symptoms began

24

Diagnosed by MD

1=Yes ☐ 25
0=No ☐
9=Do not know ☐

2. - Dementia

1=Yes ☐ 26
0=No ☐
9=Do not know ☐

Age symptoms began

27

Diagnosed by MD

1=Yes ☐ 28
0=No ☐
9=Do not know ☐

3. - Alzheimer's Disease

1=Yes ☐ **29**
0=No ☐
9=Do not know ☐

Age symptoms began _____

30

Diagnosed by MD

1=Yes ☐ **31**
0=No ☐
9=Do not know ☐

4. - Vascular Dementia

1=Yes ☐ **32**
0=No ☐
9=Do not know ☐

Age symptoms began _____

33

Diagnosed by MD

1=Yes ☐ **34**
0=No ☐
9=Do not know ☐

5. - Frontotemporal Dementia or Pick's Disease

1=Yes ☐ **35**
0=No ☐
9=Do not know ☐

Age symptoms began _____

36

Diagnosed by MD

1=Yes ☐ **37**
0=No ☐
9=Do not know ☐

6. - **ALS or Lou Gehrig's Disease**

1=Yes ☐ 38
0=No ☐
9=Do not know ☐

Age symptoms began _____

39

Diagnosed by MD

1=Yes ☐ 40
0=No ☐
9=Do not know ☐

7. - **Parkinson's Disease**

1=Yes ☐ 41
0=No ☐
9=Do not know ☐

Age symptoms began _____

42

Diagnosed by MD

1=Yes ☐ 43
0=No ☐
9=Do not know ☐

8. - **Other**

1=Yes ☐ 44
0=No ☐
9=Do not know ☐

If other, describe _____

45

Age symptoms began _____

46

Diagnosed by MD

1=Yes ☐ 47

2018_01_25: ALL_FORMS

Form: Family History

Generated On: 30 Jan 2018 01:17:03

0=No ☐

9=Do not know ☐

2018_01_25: ALL_FORMS

Form: Family History

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① MAYOPT	1		0 = 0=No 1 = 1=Yes		MAYOPT
② L2ALZ_FAM 1 HXADD			0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		L2ALZ_FAM HXADD
③ L2ALZ_FAM \$100 HXRES					L2ALZ_FAM HXRES
④ L2ALZ_FAM dd MMM UPDT	yyyy		=NOW		L2ALZ_FAM UPDT
⑤ L2ALZ_FAM 3 HX_NUMRE LS					L2ALZ_FAM HX_NUMRE LS

2018_01_25: ALL_FORMS**Form: Family History****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑥ L2ALZ_FAM 3 HX_NUM					L2ALZ_FAM HX_NUM
⑦ L2ALZ_FHL \$25 AST					L2ALZ_FHL AST
⑧ L2ALZ_FHFI \$20 RST					L2ALZ_FHFI RST
⑨ L2ALZ_FHMI\$10 DDLE					L2ALZ_FHMI DDLE
⑩ L2ALZ_FHR 1 ELAT			1 = 1=Father 2 = 2=Mother 3 = 3=Brother 4 = 4=Sister 5 = 5=Half-broth er 6 = 6=Half-sister 7 = 7=Son 8 = 8=Daughter		L2ALZ_FHR ELAT
⑪ L2ALZ_TWI 1 N			0 = 0=Not a twin 1 = 1=Yes - fraternal 2 = 2=Yes - identical		L2ALZ_TWI N

2018_01_25: ALL_FORMS**Form: Family History****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=Yes - unknown type 9 = 9=Unknown		
12 L2ALZ_DOB 2 FHMON					L2ALZ_DOB FHMON
13 L2ALZ_DOB 2 FHDAY					L2ALZ_DOB FHDAY
14 L2ALZ_DOB yyyy FHYR					L2ALZ_DOB FHYR
15 L2ALZ_STA 1 TUS			1 = 1=Alive 2 = 2=Dead 9 = 9=Unknown		L2ALZ_STA TUS
16 L2ALZ_DOD 2 FHMON					L2ALZ_DOD FHMON
17 L2ALZ_DOD 2 FHDAY					L2ALZ_DOD FHDAY
18 L2ALZ_DOD yyyy FHYR					L2ALZ_DOD FHYR
19 L2ALZ_DTH \$20 _CITY					L2ALZ_DTH _CITY

2018_01_25: ALL_FORMS

Form: Family History

Generated On: 30 Jan 2018 01:17:03

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
20	L2ALZ_DTH \$2 STATE			L1_State		L2ALZ_DTH STATE
21	L2ALZ_AUT 1 OPSY			0 = 0=No 1 = 1=Yes 8 = 8=N/A 9 = 9=Unknown		L2ALZ_AUT OPSY
22	L2ALZ_DTH \$50 CAUSE					L2ALZ_DTH CAUSE
23	L2ALZ_MCI 1			1 = 1=Yes 1: 0=No 0 = 0=No 9 = 9=Do not know		L2ALZ_MCI
24	L2ALZ_MCI 3 AGE					L2ALZ_MCI AGE
25	L2ALZ_MCI 1 DX			1 = 1=Yes 0 = 0=No 9 = 9=Do not know		L2ALZ_MCI DX
26	L2ALZ_DEM 1			1 = 1=Yes 1: 0=No 0 = 0=No 9 = 9=Do not know		L2ALZ_DEM
27	L2ALZ_DEM 3 AGE					L2ALZ_DEM AGE

2018_01_25: ALL_FORMS**Form: Family History****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
28 L2ALZ_DEM 1 DX			1 = 1=Yes 0 = 0=No 9 = 9=Do not know		L2ALZ_DEM DX
29 L2ALZ_ALZ 1			1 = 1=Yes 0 = 0=No 9 = 9=Do not know	1: 0=No	L2ALZ_ALZ
30 L2ALZ_ALZ 3 AGE					L2ALZ_ALZ AGE
31 L2ALZ_ALZ 1 DX			1 = 1=Yes 0 = 0=No 9 = 9=Do not know		L2ALZ_ALZ DX
32 L2ALZ_VAS 1 C			1 = 1=Yes 0 = 0=No 9 = 9=Do not know	1: 0=No	L2ALZ_VAS C
33 L2ALZ_VAS 3 CAGE					L2ALZ_VAS CAGE
34 L2ALZ_VAS 1 CDX			1 = 1=Yes 0 = 0=No 9 = 9=Do not know		L2ALZ_VAS CDX

2018_01_25: ALL_FORMS**Form: Family History****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
35 L2ALZ_FTD 1			1 = 1=Yes 0 = 0=No 9 = 9=Do not know	1: 0=No	L2ALZ_FTD
36 L2ALZ_FTD 3 AGE					L2ALZ_FTD AGE
37 L2ALZ_FTD 1 DX			1 = 1=Yes 0 = 0=No 9 = 9=Do not know		L2ALZ_FTD DX
38 L2ALZ_ALS 1			1 = 1=Yes 0 = 0=No 9 = 9=Do not know	1: 0=No	L2ALZ_ALS
39 L2ALZ_ALS 3 AGE					L2ALZ_ALS AGE
40 L2ALZ_ALS 1 DX			1 = 1=Yes 0 = 0=No 9 = 9=Do not know		L2ALZ_ALS DX
41 L2ALZ_PAR 1 K			1 = 1=Yes 0 = 0=No 9 = 9=Do not know	1: 0=No	L2ALZ_PAR K

2018_01_25: ALL_FORMS

Form: Family History

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
42 L2ALZ_PAR 3 KAGE					L2ALZ_PAR KAGE
43 L2ALZ_PAR 1 KDX			1 = 1=Yes 0 = 0=No 9 = 9=Do not know		L2ALZ_PAR KDX
44 L2ALZ_OTH 1 R			1 = 1=Yes 0 = 0=No 9 = 9=Do not know	1: 0=No	L2ALZ_OTH R
45 L2ALZ_OTH \$100 RDESC					L2ALZ_OTH RDESC
46 L2ALZ_OTH 3 RAGE					L2ALZ_OTH RAGE
47 L2ALZ_OTH 1 RDX			1 = 1=Yes 0 = 0=No 9 = 9=Do not know		L2ALZ_OTH RDX

Was this form done?

- 0=Not done or attempted ☐ ①
- 1=Totally complete ☐
- 2=Comp but tech error ☐
- 3=Partially done ☐
- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

Reason why not completed

②

Date of Testing

③

PHYSICAL ACTIVITIES IN THE LAST 12 MONTHS:

Light Activities like laundry, vacuuming, making beds, dusting, light yard-work, repairs, or home maintenance.

- 1=Once a month or never ☐ ⑤
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Light Exercise like bowling, walking leisurely, stretching, golfing with a golf cart, slow dancing.

- 1=Once a month or never ☐ ⑥
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Moderate Activities like scrubbing floors, washing windows, shoveling or snow-blowing light snow, digging, gardening, moving boxes, furniture, or garbage cans, raking leaves, painting, carpentry.

- 1=Once a month or never ☐ **7**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Moderate Exercise like brisk walking, hiking, aerobics, strength training, golfing without a golf cart, swimming, tennis doubles, moderate use of exercise machines (exercise bike), yoga, martial arts, weight lifting.

- 1=Once a month or never ☐ **8**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Heavy Activities like carrying heavy objects/masonry, farm work, heavy digging, pushing a mower, shoveling or snow-blowing moderate or heavy snow, hard manual labor.

- 1=Once a month or never ☐ **9**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Vigorous Exercise like jogging, backpacking, bicycling uphill, tennis singles, racquetball, intense/extended use of exercise machines, skiing.

- 1=Once a month or never ☐ **10**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Do you currently participate in any regular activity program (either on your own or in a formal class) designed to obtain exercise or improve your physical fitness?

- 1=Yes ☐ **11**
- 0=No ☐

PHYSICAL ACTIVITIES WHEN YOU WERE 50-65 YEARS OLD:

Light Activities like laundry, vacuuming, making beds, dusting, light yard-work, repairs, or home maintenance.

- 1=Once a month or never ☐ **13**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Light Exercise like bowling, walking leisurely, stretching, golfing with a golf cart, slow dancing.

- 1=Once a month or never ☐ **14**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Moderate Activities like scrubbing floors, washing windows, shoveling or snow-blowing light snow, digging, gardening, moving boxes, furniture, or garbage cans, raking leaves, painting, carpentry.

- 1=Once a month or never ☐ **15**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Moderate Exercise like brisk walking, hiking, aerobics, strength training, golfing without a golf cart, swimming, tennis doubles, moderate use of exercise machines (exercise bike), yoga, martial arts, weight lifting.

- 1=Once a month or never ☐ **16**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Heavy Activities like carrying heavy objects/masonry, farm work, heavy digging, pushing a mower, shoveling or snow-blowing moderate or heavy snow, hard manual labor.

- 1=Once a month or never ☐ **17**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Vigorous Exercise like jogging, backpacking, bicycling uphill, tennis singles, racquetball, intense/extended use of exercise machines, skiing.

- 1=Once a month or never ☐ **18**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

When you were 50-65 years old, did you participate in any regular activity or program (either on your own or in a formal class) designed to obtain exercise or improve your physical fitness?

- 1=Yes ☐ **19**
- 0=No ☐

COGNITIVE ACTIVITIES DURING THE LAST 12 MONTHS:

Read newspapers Examples include: Post Bulletin, Minneapolis Star-Tribune, St. Paul Pioneer Press, Chicago or New York Times, Wall Street Journal.

- 1=Once a month or never ☐ **21**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Read magazines Examples include: Business, sports, arts, hobby magazines.

- 1=Once a month or never ☐ **22**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

Read books Examples include: novels, fiction, non-fiction.

1=Once a month or never ☐ 23

2=2-3 times/month ☐

3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

Play games Examples include: Playing cards, crossword puzzles, other puzzles, bridge, checkers, other board games.

1=Once a month or never ☐ 24

2=2-3 times/month ☐

3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

Play music Examples include: Playing a musical instrument, being in a choir, playing in an orchestra or a band.

1=Once a month or never ☐ 25

2=2-3 times/month ☐

3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

Artistic activities Examples include: Painting, drawing, sculpting, other arts.

1=Once a month or never ☐ 26

2=2-3 times/month ☐

3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

Craft activities Examples include: Woodworking, pottery, ceramics, quilting, quilling, sewing.

1=Once a month or never ☐ **(27)**
2=2-3 times/month ☐
3=1-2 times/week ☐
4=3-4 times/week ☐
5=5-6 times/week ☐
6=Every day ☐

Group activities Examples include: Bible study, book club, stock club, other organized discussion groups.

1=Once a month or never ☐ **(28)**
2=2-3 times/month ☐
3=1-2 times/week ☐
4=3-4 times/week ☐
5=5-6 times/week ☐
6=Every day ☐

Social activities Examples include: Going to the theater, movies, concerts, going out with friends, travel, etc.

1=Once a month or never ☐ **(29)**
2=2-3 times/month ☐
3=1-2 times/week ☐
4=3-4 times/week ☐
5=5-6 times/week ☐
6=Every day ☐

Computer activities Examples include: Use of internet, email, computer games, conducting web searches/research, on-line purchases, etc.

1=Once a month or never ☐ **(30)**
2=2-3 times/month ☐
3=1-2 times/week ☐
4=3-4 times/week ☐
5=5-6 times/week ☐
6=Every day ☐

How many hours per day did you spend watching TV?

- 1= <1 hour ☐ **31**
- 2=1-2 hours ☐
- 3=3-4 hours ☐
- 4=5-6 hours ☐
- 5=7-8 hours ☐
- 6= >8 hours ☐

COGNITIVE ACTIVITIES WHEN YOU WERE 50-65 YEARS OLD:

Read newspapers Examples include: Post Bulletin, Minneapolis Star-Tribune, St. Paul Pioneer Press, Chicago or New York Times, Wall Street Journal.

- 1=Once a month or never ☐ **33**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Read magazines Examples include: Business, sports, arts, hobby magazines.

- 1=Once a month or never ☐ **34**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Read books Examples include: novels, fiction, non-fiction.

- 1=Once a month or never ☐ **35**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐
-

Play games Examples include: Playing cards, crossword puzzles, other puzzles, bridge, checkers, other board games.

- 1=Once a month or never ☐ **36**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Play music Examples include: Playing a musical instrument, being in a choir, playing in an orchestra or a band.

- 1=Once a month or never ☐ **37**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Artistic activities Examples include: Painting, drawing, sculpting, other arts.

- 1=Once a month or never ☐ **38**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Craft activities Examples include: Woodworking, pottery, ceramics, quilting, quilling, sewing.

- 1=Once a month or never ☐ **39**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Group activities Examples include: Bible study, book club, stock club, other organized discussion groups.

- 1=Once a month or never ☐ **40**
- 2=2-3 times/month ☐

3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

Social activities Examples include: Going to the theater, movies, concerts, going out with friends, travel, etc.

1=Once a month or never ☐ **41**

2=2-3 times/month ☐

3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

Computer activities Examples include: Use of internet, email, computer games, conducting web searches/research, on-line purchases, etc.

1=Once a month or never ☐ **42**

2=2-3 times/month ☐

3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

How many hours per day did you spend watching TV?

1= <1 hour ☐ **43**

2=1-2 hours ☐

3=3-4 hours ☐

4=5-6 hours ☐

5=7-8 hours ☐

6= >8 hours ☐

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (70+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① ACTCLADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		ACTCLADD
② ACTCLRES	\$100				ACTCLRES
③ DOTEST	dd MMM yyyy				DOTEST
⑤ PH12LACT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week		PH12LACT

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (70+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			5 = 5=5-6 times/week 6 = 6=Every day		
⑥ PH12LEXR	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH12LEXR
⑦ PH12MACT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH12MACT
⑧ PH12MEXR	1		1 = 1=Once a month or never		PH12MEXR

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (70+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		
9 PH12HACT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH12HACT
10 PH12VEXR	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week		PH12VEXR

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (70+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			6 = 6=Every day		
11 REGACT	1		1 = 1=Yes 0 = 0=No		REGACT
13 PH50LACT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH50LACT
14 PH50LEXR	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH50LEXR

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (70+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
15 PH50MACT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH50MACT
16 PH50MEXR	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH50MEXR
17 PH50HACT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week		PH50HACT

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (70+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			5 = 5=5-6 times/week 6 = 6=Every day		
18 PH50VEXR	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH50VEXR
19 REGACT50	1		1 = 1=Yes 0 = 0=No		REGACT50
21 C12NEWSP	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12NEWSP

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (70+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
22 C12MAGAZ 1			1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12MAGAZ
23 C12BOOKS 1			1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12BOOKS
24 C12GAMES 1			1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week		C12GAMES

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (70+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			5 = 5=5-6 times/week 6 = 6=Every day		
25 C12MUSIC	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12MUSIC
26 C12ARTST	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12ARTST
27 C12CRAFT	1		1 = 1=Once a month or never		C12CRAFT

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (70+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		
28 C12GROUP 1			1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12GROUP
29 C12SOCAL 1			1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week		C12SOCAL

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (70+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			6 = 6=Every day		
30 C12COMPT 1			1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12COMPT
31 C12TELEV 1			1 = 1= <1 hour 2 = 2=1-2 hours 3 = 3=3-4 hours 4 = 4=5-6 hours 5 = 5=7-8 hours 6 = 6= >8 hours		C12TELEV
33 C50NEWSP 1			1 = 1=Once a month or never 2 = 2=2-3 times/month		C50NEWSP

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (70+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		
34 C50MAGAZ 1			1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C50MAGAZ
35 C50BOOKS 1			1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C50BOOKS

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (70+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
36 C50GAMES	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C50GAMES
37 C50MUSIC	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C50MUSIC
38 C50ARTST	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week		C50ARTST

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (70+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			5 = 5=5-6 times/week 6 = 6=Every day		
39 C50CRAFT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C50CRAFT
40 C50GROUP	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C50GROUP
41 C50SOCAL	1		1 = 1=Once a month or never		C50SOCAL

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (70+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		
42 C50COMPT 1			1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C50COMPT
43 C50TELEV 1			1 = 1= <1 hour 2 = 2=1-2 hours 3 = 3=3-4 hours 4 = 4=5-6 hours 5 = 5=7-8 hours 6 = 6= >8 hours		C50TELEV

Was this form done?

- 0=Not done or attempted ☐ ①
- 1=Totally complete ☐
- 2=Comp but tech error ☐
- 3=Partially done ☐
- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

Reason why not completed

②

Date of Testing

③

PHYSICAL ACTIVITIES IN THE LAST 12 MONTHS:

Light Activities like laundry, vacuuming, making beds, dusting, light yard-work, repairs, or home maintenance.

- 1=Once a month or never ☐ ⑤
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Light Exercise like bowling, walking leisurely, stretching, golfing with a golf cart, slow dancing.

- 1=Once a month or never ☐ ⑥
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Moderate Activities like scrubbing floors, washing windows, shoveling or snow-blowing light snow, digging, gardening, moving boxes, furniture, or garbage cans, raking leaves, painting, carpentry.

- 1=Once a month or never ☐ **7**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Moderate Exercise like brisk walking, hiking, aerobics, strength training, golfing without a golf cart, swimming, tennis doubles, moderate use of exercise machines (exercise bike), yoga, martial arts, weight lifting.

- 1=Once a month or never ☐ **8**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Heavy Activities like carrying heavy objects/masonry, farm work, heavy digging, pushing a mower, shoveling or snow-blowing moderate or heavy snow, hard manual labor.

- 1=Once a month or never ☐ **9**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Vigorous Exercise like jogging, backpacking, bicycling uphill, tennis singles, racquetball, intense/extended use of exercise machines, skiing.

- 1=Once a month or never ☐ **10**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Do you currently participate in any regular activity program (either on your own or in a formal class) designed to obtain exercise or improve your physical fitness?

- 1=Yes ☐ **11**
- 0=No ☐

PHYSICAL ACTIVITIES WHEN YOU WERE 30-45 YEARS OLD:

Light Activities like laundry, vacuuming, making beds, dusting, light yard-work, repairs, or home maintenance.

- 1=Once a month or never ☐ **13**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Light Exercise like bowling, walking leisurely, stretching, golfing with a golf cart, slow dancing.

- 1=Once a month or never ☐ **14**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Moderate Activities like scrubbing floors, washing windows, shoveling or snow-blowing light snow, digging, gardening, moving boxes, furniture, or garbage cans, raking leaves, painting, carpentry.

- 1=Once a month or never ☐ **15**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Moderate Exercise like brisk walking, hiking, aerobics, strength training, golfing without a golf cart, swimming, tennis doubles, moderate use of exercise machines (exercise bike), yoga, martial arts, weight lifting.

- 1=Once a month or never ☐ **16**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (50+)

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Heavy Activities like carrying heavy objects/masonry, farm work, heavy digging, pushing a mower, shoveling or snow-blowing moderate or heavy snow, hard manual labor.

- 1=Once a month or never ☐ **17**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Vigorous Exercise like jogging, backpacking, bicycling uphill, tennis singles, racquetball, intense/extended use of exercise machines, skiing.

- 1=Once a month or never ☐ **18**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

When you were 30-45 years old, did you participate in any regular activity or program (either on your own or in a formal class) designed to obtain exercise or improve your physical fitness?

- 1=Yes ☐ **19**
- 0=No ☐

COGNITIVE ACTIVITIES DURING THE LAST 12 MONTHS:

Read newspapers Examples include: Post Bulletin, Minneapolis Star-Tribune, St. Paul Pioneer Press, Chicago or New York Times, Wall Street Journal.

- 1=Once a month or never ☐ **21**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Read magazines Examples include: Business, sports, arts, hobby magazines.

- 1=Once a month or never ☐ **22**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

Read books Examples include: novels, fiction, non-fiction.

1=Once a month or never ☐ 23

2=2-3 times/month ☐

3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

Play games Examples include: Playing cards, crossword puzzles, other puzzles, bridge, checkers, other board games.

1=Once a month or never ☐ 24

2=2-3 times/month ☐

3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

Play music Examples include: Playing a musical instrument, being in a choir, playing in an orchestra or a band.

1=Once a month or never ☐ 25

2=2-3 times/month ☐

3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

Artistic activities Examples include: Painting, drawing, sculpting, other arts.

1=Once a month or never ☐ 26

2=2-3 times/month ☐

3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

Craft activities Examples include: Woodworking, pottery, ceramics, quilting, quilling, sewing.

1=Once a month or never ☐ **27**
2=2-3 times/month ☐
3=1-2 times/week ☐
4=3-4 times/week ☐
5=5-6 times/week ☐
6=Every day ☐

Group activities Examples include: Bible study, book club, stock club, other organized discussion groups.

1=Once a month or never ☐ **28**
2=2-3 times/month ☐
3=1-2 times/week ☐
4=3-4 times/week ☐
5=5-6 times/week ☐
6=Every day ☐

Social activities Examples include: Going to the theater, movies, concerts, going out with friends, travel, etc.

1=Once a month or never ☐ **29**
2=2-3 times/month ☐
3=1-2 times/week ☐
4=3-4 times/week ☐
5=5-6 times/week ☐
6=Every day ☐

Computer activities Examples include: Use of internet, email, computer games, conducting web searches/research, on-line purchases, etc.

1=Once a month or never ☐ **30**
2=2-3 times/month ☐
3=1-2 times/week ☐
4=3-4 times/week ☐
5=5-6 times/week ☐
6=Every day ☐

How many hours per day did you spend watching TV?

- 1= <1 hour ☐ **31**
- 2=1-2 hours ☐
- 3=3-4 hours ☐
- 4=5-6 hours ☐
- 5=7-8 hours ☐
- 6= >8 hours ☐

COGNITIVE ACTIVITIES WHEN YOU WERE 30-45 YEARS OLD:

Read newspapers Examples include: Post Bulletin, Minneapolis Star-Tribune, St. Paul Pioneer Press, Chicago or New York Times, Wall Street Journal.

- 1=Once a month or never ☐ **33**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Read magazines Examples include: Business, sports, arts, hobby magazines.

- 1=Once a month or never ☐ **34**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Read books Examples include: novels, fiction, non-fiction.

- 1=Once a month or never ☐ **35**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐
-

Play games Examples include: Playing cards, crossword puzzles, other puzzles, bridge, checkers, other board games.

- 1=Once a month or never ☐ **36**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Play music Examples include: Playing a musical instrument, being in a choir, playing in an orchestra or a band.

- 1=Once a month or never ☐ **37**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Artistic activities Examples include: Painting, drawing, sculpting, other arts.

- 1=Once a month or never ☐ **38**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Craft activities Examples include: Woodworking, pottery, ceramics, quilting, quilling, sewing.

- 1=Once a month or never ☐ **39**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Group activities Examples include: Bible study, book club, stock club, other organized discussion groups.

- 1=Once a month or never ☐ **40**
- 2=2-3 times/month ☐

3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

Social activities Examples include: Going to the theater, movies, concerts, going out with friends, travel, etc.

1=Once a month or never ☐ **41**

2=2-3 times/month ☐

3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

Computer activities Examples include: Use of internet, email, computer games, conducting web searches/research, on-line purchases, etc.

1=Once a month or never ☐ **42**

2=2-3 times/month ☐

3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

How many hours per day did you spend watching TV?

1= <1 hour ☐ **43**

2=1-2 hours ☐

3=3-4 hours ☐

4=5-6 hours ☐

5=7-8 hours ☐

6= >8 hours ☐

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (50+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① ACTCLADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		ACTCLADD
② ACTCLRES	\$100				ACTCLRES
③ DOTEST	dd MMM yyyy				DOTEST
⑤ PH12LACT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week		PH12LACT

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (50+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			5 = 5=5-6 times/week 6 = 6=Every day		
⑥ PH12LEXR	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH12LEXR
⑦ PH12MACT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH12MACT
⑧ PH12MEXR	1		1 = 1=Once a month or never		PH12MEXR

2018_01_25: ALL_FORMS

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		
9 PH12HACT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH12HACT
10 PH12VEXR	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week		PH12VEXR

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (50+)

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			6 = 6=Every day		
11 REGACT	1		1 = 1=Yes 0 = 0=No		REGACT
13 PH50LACT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH50LACT
14 PH50LEXR	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH50LEXR

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (50+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
15 PH50MACT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH50MACT
16 PH50MEXR	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH50MEXR
17 PH50HACT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week		PH50HACT

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (50+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			5 = 5=5-6 times/week 6 = 6=Every day		
18 PH50VEXR	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH50VEXR
19 REGACT50	1		1 = 1=Yes 0 = 0=No		REGACT50
21 C12NEWSP	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12NEWSP

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (50+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
22 C12MAGAZ	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12MAGAZ
23 C12BOOKS	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12BOOKS
24 C12GAMES	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week		C12GAMES

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (50+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			5 = 5=5-6 times/week 6 = 6=Every day		
25 C12MUSIC	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12MUSIC
26 C12ARTST	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12ARTST
27 C12CRAFT	1		1 = 1=Once a month or never		C12CRAFT

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (50+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		
28 C12GROUP 1			1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12GROUP
29 C12SOCAL 1			1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week		C12SOCAL

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (50+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			6 = 6=Every day		
30 C12COMPT 1			1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12COMPT
31 C12TELEV 1			1 = 1= <1 hour 2 = 2=1-2 hours 3 = 3=3-4 hours 4 = 4=5-6 hours 5 = 5=7-8 hours 6 = 6= >8 hours		C12TELEV
33 C50NEWSP 1			1 = 1=Once a month or never 2 = 2=2-3 times/month		C50NEWSP

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (50+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		
34 C50MAGAZ 1			1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C50MAGAZ
35 C50BOOKS 1			1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C50BOOKS

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (50+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
36 C50GAMES	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C50GAMES
37 C50MUSIC	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C50MUSIC
38 C50ARTST	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week		C50ARTST

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (50+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			5 = 5=5-6 times/week 6 = 6=Every day		
39 C50CRAFT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C50CRAFT
40 C50GROUP	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C50GROUP
41 C50SOCAL	1		1 = 1=Once a month or never		C50SOCAL

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (50+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		
42 C50COMPT 1			1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C50COMPT
43 C50TELEV 1			1 = 1= <1 hour 2 = 2=1-2 hours 3 = 3=3-4 hours 4 = 4=5-6 hours 5 = 5=7-8 hours 6 = 6= >8 hours		C50TELEV

Was this form done?

- 0=Not done or attempted ☐ ①
- 1=Totally complete ☐
- 2=Comp but tech error ☐
- 3=Partially done ☐
- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

Reason why not completed

②

Date of Testing

③

PHYSICAL ACTIVITIES IN THE LAST 12 MONTHS:

Light Activities like laundry, vacuuming, making beds, dusting, light yard-work, repairs, or home maintenance.

- 1=Once a month or never ☐ ⑤
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Light Exercise like bowling, walking leisurely, stretching, golfing with a golf cart, slow dancing.

- 1=Once a month or never ☐ ⑥
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Moderate Activities like scrubbing floors, washing windows, shoveling or snow-blowing light snow, digging, gardening, moving boxes, furniture, or garbage cans, raking leaves, painting, carpentry.

- 1=Once a month or never ☐ **7**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Moderate Exercise like brisk walking, hiking, aerobics, strength training, golfing without a golf cart, swimming, tennis doubles, moderate use of exercise machines (exercise bike), yoga, martial arts, weight lifting.

- 1=Once a month or never ☐ **8**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Heavy Activities like carrying heavy objects/masonry, farm work, heavy digging, pushing a mower, shoveling or snow-blowing moderate or heavy snow, hard manual labor.

- 1=Once a month or never ☐ **9**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Vigorous Exercise like jogging, backpacking, bicycling uphill, tennis singles, racquetball, intense/extended use of exercise machines, skiing.

- 1=Once a month or never ☐ **10**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Do you currently participate in any regular activity program (either on your own or in a formal class) designed to obtain exercise or improve your physical fitness?

- 1=Yes ☐ **11**
- 0=No ☐

COGNITIVE ACTIVITIES DURING THE LAST 12 MONTHS:

Read newspapers Examples include: Post Bulletin, Minneapolis Star-Tribune, St. Paul Pioneer Press, Chicago or New York Times, Wall Street Journal.

- 1=Once a month or never ☐ **13**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Read magazines Examples include: Business, sports, arts, hobby magazines.

- 1=Once a month or never ☐ **14**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Read books Examples include: novels, fiction, non-fiction.

- 1=Once a month or never ☐ **15**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Play games Examples include: Playing cards, crossword puzzles, other puzzles, bridge, checkers, other board games.

- 1=Once a month or never ☐ **16**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐
-

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (30+)

Generated On: 30 Jan 2018 01:17:03

Play music Examples include: Playing a musical instrument, being in a choir, playing in an orchestra or a band.

- 1=Once a month or never ☐ **17**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Artistic activities Examples include: Painting, drawing, sculpting, other arts.

- 1=Once a month or never ☐ **18**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Craft activities Examples include: Woodworking, pottery, ceramics, quilting, quilling, sewing.

- 1=Once a month or never ☐ **19**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Group activities Examples include: Bible study, book club, stock club, other organized discussion groups.

- 1=Once a month or never ☐ **20**
- 2=2-3 times/month ☐
- 3=1-2 times/week ☐
- 4=3-4 times/week ☐
- 5=5-6 times/week ☐
- 6=Every day ☐

Social activities Examples include: Going to the theater, movies, concerts, going out with friends, travel, etc.

- 1=Once a month or never ☐ **21**
- 2=2-3 times/month ☐

3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

Computer activities Examples include: Use of internet, email, computer games, conducting web searches/research, on-line purchases, etc.

1=Once a month or never ☐ 22

2=2-3 times/month ☐

3=1-2 times/week ☐

4=3-4 times/week ☐

5=5-6 times/week ☐

6=Every day ☐

How many hours per day did you spend watching TV?

1= <1 hour ☐ 23

2=1-2 hours ☐

3=3-4 hours ☐

4=5-6 hours ☐

5=7-8 hours ☐

6= >8 hours ☐

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (30+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① ACTCLADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		ACTCLADD
② ACTCLRES	\$100				ACTCLRES
③ DOTEST	dd MMM yyyy				DOTEST
⑤ PH12LACT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week		PH12LACT

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (30+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			5 = 5=5-6 times/week 6 = 6=Every day		
⑥ PH12LEXR	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH12LEXR
⑦ PH12MACT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH12MACT
⑧ PH12MEXR	1		1 = 1=Once a month or never		PH12MEXR

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (30+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		
9 PH12HACT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		PH12HACT
10 PH12VEXR	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week		PH12VEXR

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (30+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			6 = 6=Every day		
11 REGACT	1		1 = 1=Yes 0 = 0=No		REGACT
13 C12NEWSP	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12NEWSP
14 C12MAGAZ	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12MAGAZ

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (30+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
15 C12BOOKS	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12BOOKS
16 C12GAMES	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12GAMES
17 C12MUSIC	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week		C12MUSIC

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (30+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			5 = 5=5-6 times/week 6 = 6=Every day		
18 C12ARTST	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12ARTST
19 C12CRAFT	1		1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12CRAFT
20 C12GROUP	1		1 = 1=Once a month or never		C12GROUP

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (30+)


Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		
21 C12SOCAL 1			1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week 6 = 6=Every day		C12SOCAL
22 C12COMPT 1			1 = 1=Once a month or never 2 = 2=2-3 times/month 3 = 3=1-2 times/week 4 = 4=3-4 times/week 5 = 5=5-6 times/week		C12COMPT

2018_01_25: ALL_FORMS

Form: Physical and Cognitive Activities (30+)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			6 = 6=Every day		
 C12TELEV	1		1 = 1= <1 hour 2 = 2=1-2 hours 3 = 3=3-4 hours 4 = 4=5-6 hours 5 = 5=7-8 hours 6 = 6= >8 hours		C12TELEV

2018_01_25: ALL_FORMS

Form: Subject Summary (View Only)

Generated On: 30 Jan 2018 01:17:03

NACC Number _____ ①

BARD Number _____ ②

Autopsy Directive

(If any updates need to be made, do so on the Autopsy Directive form found in the MD folder.)

Permission Status _____

0=Refused ☐ ④
1=Agreed, Brain only ☐
2=Agreed, Complete ☐
3=Discussed/Pending ☐
4=Not addressed ☒

Date _____ ⑤

Date permission signed (if applicable) _____ ⑥

Smell Test

Smell test done? _____

1=Yes ☐ ⑧
0=No ☒

CogState

E-mail address _____ ⑩

Will the subject participate in CogState mid-point testing in the future? _____

0=No ☐ ⑪
1=Yes ☐

2018_01_25: ALL_FORMS

Form: Subject Summary (View Only)

Generated On: 30 Jan 2018 01:17:03

Will the subject participate in CogState at home testing in the future?

0=No ☐ 12
1=Yes ☐

Agree to participate in MR study?

Not Yet Determined ☐ 13
Enrolled ☐
Refused ☐
Withdrawn ☐
Excluded ☐

Agree to participate in LP study?

Not Yet Determined ☐ 14
Enrolled ☐
Refused ☐
Withdrawn ☐
Excluded ☐

PET Consent Status

Not Yet Determined ☐ 15
Enrolled ☐
Refused ☐
Withdrawn ☐
Excluded ☐

[Link to PTrax](#)

16

2018_01_25: ALL_FORMS**Form: Subject Summary (View Only)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① ALIAS_NAC \$10 C					ALIAS_NAC C
② ALIAS_BAR 10 D					ALIAS_BAR D
④ SUBJ_SUM_1 AUTOSIGN			0 = 0=Refused 1 = 1=Agreed, Brain only 2 = 2=Agreed, Complete 3 = 3=Discussed /Pending 4 = 4=Not addressed		SUBJ_SUM_ AUTOSIGN
⑤ SUBJ_SUM_dd MMM AUTDIRECT yyyy DT					SUBJ_SUM_ AUTDIRECT DT
⑥ SUBJ_SUM_dd MMM AUTOSIGNDyyyy T					SUBJ_SUM_ AUTOSIGND T
⑧ SMELLTST_ 1 DONE			1 = 1=Yes 0 = 0=No		SMELLTST_ DONE
⑩ EMAIL_ADD \$60 RESS					EMAIL_ADD RESS

2018_01_25: ALL_FORMS**Form: Subject Summary (View Only)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
11 COPY_COG 1 STATE_MID PT			0 = 0=No 1 = 1=Yes		COPY_COG STATE_MID PT
12 COPY_COG 1 STATE_HO ME			0 = 0=No 1 = 1=Yes		COPY_COG STATE_HO ME
13 MR_CONSE 1 NT			0 = Not Yet Determined 1 = Enrolled 2 = Refused 3 = Withdrawn 4 = Excluded		MR_CONSE NT
14 LP_CONSE 1 NT			0 = Not Yet Determined 1 = Enrolled 2 = Refused 3 = Withdrawn 4 = Excluded		LP_CONSE NT
15 PET_CONS 1 ENT			0 = Not Yet Determined 1 = Enrolled 2 = Refused 3 = Withdrawn 4 = Excluded		PET_CONS ENT
16 LOAD_PTRA1 X_LINK					LOAD_PTRA X_LINK

Date	<div></div>	①
Comment	<div></div>	②

2018_01_25: ALL_FORMS

Form: Comments

Generated On: 30 Jan 2018 01:17:03

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	COMMENT_	dd MMM DT				COMMENT_ DT
②	COMMENT	\$500				COMMENT

2018_01_25: ALL_FORMS

Form: Add Visit

Generated On: 30 Jan 2018 01:17:03

Check here to add next cycle folder.

☐ ①

For Computerized Testing visits only:

Add Computer Testing visit

☐ ③

Check here to add MRI Screening/Scheduling form to most recent cycle

☐ ④

Check here to add LP Screening/Scheduling form to most recent cycle

☐ ⑤

OMC patient?
(If Yes, this will add the OMC Consent form to the Subject level)

0=No ☐ ⑥
1=Yes ☐

2018_01_25: ALL_FORMS**Form: Add Visit****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① add_nextvisit	1				ADD_NEXT VISIT
③ COMP_TES T_ADD	1				COMP_TES T_ADD
④ ADD_MRI	1				ADD_MRI
⑤ ADD_LP	1				ADD_LP
⑥ OMC_ONLY _PT	1		0 = 0=No 1 = 1=Yes		OMC_ONLY _PT

2018_01_25: ALL_FORMS

Form: OMC Consent

Generated On: 30 Jan 2018 01:17:03

OMC patient?

0=No ☐ ①
1=Yes ☐

OMC Consent Status

Signed ☐ ②
Declined ☐
Need to ask yet ☐
Never asked but now OOS ☐

Date

_____ ③

Subject signed consent

1=Yes ☐ ④
0=No ☐

Consent signed by

1=Subject ☐ ⑤
2=Co-signer and Subject ☐

Comments/Reason

_____ ⑥

2018_01_25: ALL_FORMS**Form: OMC Consent****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① OMC_ONLY 1 _PT			0 = 0=No 1 = 1=Yes		OMC_ONLY _PT
② OMC_CONS 1 ENT_STATU S			1 = Signed 2 = Declined 3 = Need to ask yet 4 = Never asked but now OOS		OMC_CONS ENT_STATU S
③ OMC_CONS dd MMM ENT_DT yyyy					OMC_CONS ENT_DT
④ OMC_CONS 1 ENT_SIGNE D			1 = 1=Yes 0 = 0=No		OMC_CONS ENT_SIGNE D
⑤ OMC_CONS 1 ENT_SIGNE DBY			1 = 1=Subject 2 = 2=Co-signer and Subject		OMC_CONS ENT_SIGNE DBY
⑥ OMC_COM \$75 MENTS					OMC_COM MENTS

Was this form done?

0=Not done or attempted ☐ ①

1=Totally complete ☒

2=Comp but tech error ☐

3=Partially done ☐

4=Attempted/no data ☐

5=Part done/pt problem ☐

8=Not needed ☐

9=Done in other study ☐

Reason why not completed

②

Date of Visit

③

1. How many nickels is this worth? [100]

2 ☐ ④
0 ☐

2. How many quarters are in \$6 and 75 cents? [27]

2 ☐ ⑤
0 ☐

3. What is a budget?

⑥

Score

2 ☐ ⑦
1 ☐
0 ☐

Have you had any experience using a medical insurance plan?

0=No ☐ ⑧
1=Yes ☐

4. How much of the \$350 bill will your insurance company pay?
[\$300]

2 ☐ 9
0 ☐

Time to complete question 4 (maximum 90 seconds)

Fixed Unit: seconds **10**

Have you had any experience preparing your income
taxes?

0=No ☐ 11
1=Yes ☐

5. How much will his taxes be with the credit? [\$2400]

2 ☐ 12
1 ☐
0 ☐

Time to complete question 5 (maximum 90 seconds)

Fixed Unit: seconds **13**

Have you had any experience using a checkbook and/or a
checkbook register?

0=No ☐ 14
1=Yes ☐

6. Payee

Score

2 ☐ 16
1 ☐
0 ☐

Check

7. Payee section [ROSEBUD GROCERY]

2 ☐ 18

2018_01_25: ALL FORMS

Form: Financial Capacity Instrument - Short Form MCI (FCI-SFm)

Generated On: 30 Jan 2018 01:17:03

	0	<input type="checkbox"/>	
8. \$ amount section (quantitative) [\$3.50]	2	<input type="checkbox"/>	19
	0	<input type="checkbox"/>	
9. \$ amount section (qualitative) [Three and 50/100----]	2	<input type="checkbox"/>	20
	0	<input type="checkbox"/>	
10. Signature of payer ["SIGNATURE"]	2	<input type="checkbox"/>	21
	0	<input type="checkbox"/>	
11. Date properly written ["CORRECT DATE"]	2	<input type="checkbox"/>	22
	0	<input type="checkbox"/>	
<u>Log/Record</u>			
12. Number of check [122]	2	<input type="checkbox"/>	24
	0	<input type="checkbox"/>	
13. Date properly entered ["CORRECT DATE"]	2	<input type="checkbox"/>	25
	0	<input type="checkbox"/>	
14. Payee section [ROSEBUD GROCERY]	2	<input type="checkbox"/>	26
	0	<input type="checkbox"/>	
15. Amount of check [\$3.50]	2	<input type="checkbox"/>	27
	0	<input type="checkbox"/>	

2018_01_25: ALL_FORMS

Form: Financial Capacity Instrument - Short Form MCI (FCI-SFm)

Generated On: 30 Jan 2018 01:17:03

16. New account balance [\$96.50]

2 28
0

Time to complete items 7 through 16 (maximum 240 seconds)

Fixed Unit: seconds 29

<u>"Sandy's Restaurant" Check Transaction</u>

<u>"The Pharmacy" Check Transaction</u>

17. Number of check [122]

2 32
0

18. Date properly entered [12/17/2010]

2 33
0

19. Payee section [SANDY'S RESTAURANT]

2 34
0

20. Amount of check [\$24.59]

2 35
0

21. New Account Balance [\$1469.97]

2 36
0

22. Number of check [123]

2 37
0

2018_01_25: ALL_FORMS

Form: Financial Capacity Instrument - Short Form MCI (FCI-SFm)

Generated On: 30 Jan 2018 01:17:03

23. Date properly entered [12/21/2010]

2 38
0

24. Payee section [THE PHARMACY]

2 39
0

25. Amount of check [\$17.94]

2 40
0

26. New Account Balance [\$1452.03]

2 41
0

<u>Deposit Slip Transaction</u>

27. Date properly entered [12/23/2010]

2 43
0

28. Description of Transaction [DEPOSIT or FIRST BANK]

2 44
0

29. Amount of deposit [\$468.23]

2 45
0

30. New account balance [\$1920.26]

2 46
0

Time to complete Items 17 through 30 (maximum 300 seconds)

Fixed Unit: seconds 47

2018_01_25: ALL_FORMS

Form: Financial Capacity Instrument - Short Form MCI (FCI-SFm)

Generated On: 30 Jan 2018 01:17:03

Notes of items Completed at 1-60 sec _____ (48)

Notes of items Completed at 61-120 sec _____ (49)

Notes of items Completed at 121-180 sec _____ (50)

Notes of items Completed at 181-240 sec _____ (51)

Notes of items Completed at 241-300 sec _____ (52)

BANK STATEMENT

31. What is this called? _____ (54)

Score 2 ☐ (55)
1 ☐
0 ☐

Have you had any experience using a bank statement? 0=No ☐ (56)
1=Yes ☐

32. What is the interest rate for this account? [1.49%] 2 ☐ (57)
0 ☐

33. What is the time period of this bank statement? [June 1-30, 2010] 2 ☐ (58)
0 ☐

34. What total number of checks cleared during this period? [12] 2 ☐ (59)
0 ☐

2018_01_25: ALL_FORMS

Form: Financial Capacity Instrument - Short Form MCI (FCI-SFm)

Generated On: 30 Jan 2018 01:17:03

35. What was the amount of quarterly interest earned on this account? [\$44.21] 2 **60**
0

36. How many gaps in the check sequence occurred during the statement period? [3] 2 **61**
0

37. What was the date of the withdrawal payment to Alabama Gas? [6/20] 2 **62**
0

TOTAL FCI-SFm (Max=74) **63**

<u>Other Administrative Issues:</u>

A1. - Where in the MCSA Neuropsych battery was the FCI-SFm administered? Beginning **65**
End

A2. - Were there any problems experienced during administration which affected the testing? 0=No **66**
1=Yes

A3. - If yes, what were these problems?

Limited hearing ☐ **68**

Limited vision ☐ **69**

Behavioral problems ☐ **70**

Refusal ☐ **71**

2018_01_25: ALL_FORMS

Form: Financial Capacity Instrument - Short Form MCI (FCI-SFm)

Generated On: 30 Jan 2018 01:17:03

Other (specify)

☐ 72

A4. - If you wish, please elaborate your answer to A3 in the section below.

73

A5. - In your opinion, were these problems significant enough to invalidate testing?

0=No ☐ 74
1=Yes ☐

2018_01_25: ALL_FORMS**Form: Financial Capacity Instrument - Short Form MCI (FCI-SFm)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① FCI_ADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		FCI_ADD
② FCI_RES	\$100				FCI_RES
③ FCI_VISIT_Ddd T	MMM yyyy				FCI_VISIT_D T
④ FCISCR1	2		2 = 2 0 = 0		FCISCR1
⑤ FCISCR2	2		2 = 2 0 = 0		FCISCR2
⑥ FCIRES3	\$200				FCIRES3

2018_01_25: ALL_FORMS

Form: Financial Capacity Instrument - Short Form MCI (FCI-SFm)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑦ FCISCR3	2		2 = 2 1 = 1 0 = 0		FCISCR3
⑧ FCIEXP1	1		0 = 0=No 1 = 1=Yes		FCIEXP1
⑨ FCISCR4	2		2 = 2 0 = 0		FCISCR4
⑩ FCITM4	2				FCITIM4
⑪ FCIEXP2	1		0 = 0=No 1 = 1=Yes		FCIEXP2
⑫ FCISCR5	2		2 = 2 1 = 1 0 = 0		FCISCR5
⑬ FCITM5	2				FCITM5
⑭ FCIEXP3	1		0 = 0=No 1 = 1=Yes		FCIEXP3
⑮ FCIRES6	\$200				FCIRES6
⑯ FCISCR6	2		2 = 2 1 = 1 0 = 0		FCISCR6

2018_01_25: ALL_FORMS**Form: Financial Capacity Instrument - Short Form MCI (FCI-SFm)****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
18 FCISCR7	2		2 = 2 0 = 0		FCISCR7
19 FCISCR8	2		2 = 2 0 = 0		FCISCR8
20 FCISCR9	2		2 = 2 0 = 0		FCISCR9
21 FCISCR10	2		2 = 2 0 = 0		FCISCR10
22 FCISCR11	2		2 = 2 0 = 0		FCISCR11
24 FCISCR12	2		2 = 2 0 = 0		FCISCR12
25 FCISCR13	2		2 = 2 0 = 0		FCISCR13
26 FCISCR14	2		2 = 2 0 = 0		FCISCR14
27 FCISCR15	2		2 = 2 0 = 0		FCISCR15
28 FCISCR16	2		2 = 2 0 = 0		FCISCR16

2018_01_25: ALL_FORMS**Form: Financial Capacity Instrument - Short Form MCI (FCI-SFm)****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
29	FCITMCB	3				FCITMCB
32	FCISCR17	2		2 = 2 0 = 0		FCISCR17
33	FCISCR18	2		2 = 2 0 = 0		FCISCR18
34	FCISCR19	2		2 = 2 0 = 0		FCISCR19
35	FCISCR20	2		2 = 2 0 = 0		FCISCR20
36	FCISCR21	2		2 = 2 0 = 0		FCISCR21
37	FCISCR22	2		2 = 2 0 = 0		FCISCR22
38	FCISCR23	2		2 = 2 0 = 0		FCISCR23
39	FCISCR24	2		2 = 2 0 = 0		FCISCR24
40	FCISCR25	2		2 = 2 0 = 0		FCISCR25

2018_01_25: ALL_FORMS**Form: Financial Capacity Instrument - Short Form MCI (FCI-SFm)****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
41	FCISCR26	2		2 = 2 0 = 0		FCISCR26
43	FCISCR27	2		2 = 2 0 = 0		FCISCR27
44	FCISCR28	2		2 = 2 0 = 0		FCISCR28
45	FCISCR29	2		2 = 2 0 = 0		FCISCR29
46	FCISCR30	2		2 = 2 0 = 0		FCISCR30
47	FCITMREG	3				FCITMREG
48	FCINOTES1 _60	\$200				FCINOTES1 _60
49	FCINOTES6 1_120	\$200				FCINOTES6 1_120
50	FCINOTES1 21_180	\$200				FCINOTES1 21_180
51	FCINOTES1 81_240	\$200				FCINOTES1 81_240

2018_01_25: ALL_FORMS

Form: Financial Capacity Instrument - Short Form MCI (FCI-SFm)

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
52 FCINOTES2 41_300	\$200				FCINOTES2 41_300
54 FCIRES31	\$200				FCIRES31
55 FCISCR31	2		2 = 2 1 = 1 0 = 0		FCISCR31
56 FCIEXP4	1		0 = 0=No 1 = 1=Yes		FCIEXP4
57 FCISCR32	2		2 = 2 0 = 0		FCISCR32
58 FCISCR33	2		2 = 2 0 = 0		FCISCR33
59 FCISCR34	2		2 = 2 0 = 0		FCISCR34
60 FCISCR35	2		2 = 2 0 = 0		FCISCR35
61 FCISCR36	2		2 = 2 0 = 0		FCISCR36
62 FCISCR37	2		2 = 2 0 = 0		FCISCR37

2018_01_25: ALL_FORMS

Form: Financial Capacity Instrument - Short Form MCI (FCI-SFm)

Generated On: 30 Jan 2018 01:17:03

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
63	FCITOT	2				FCITOT
65	FCI_A1	1		1 = Beginning 2 = End		FCI_A1
66	FCI_A2	1		0 = 0=No 1 = 1=Yes		FCI_A2
68	FCI_A3HEA RING	1				FCI_A3HEA RING
69	FCI_A3VISI ON	1				FCI_A3VISI ON
70	FCI_A3BEH AVIORAL	1				FCI_A3BEH AVIORAL
71	FCI_A3REF USAL	1				FCI_A3REF USAL
72	FCI_A3OTH ER	1				FCI_A3OTH ER
73	FCI_A4	\$200				FCI_A4
74	FCI_A5	1		0 = 0=No 1 = 1=Yes		FCI_A5

Was this form done?

- 0=Not done or attempted ☐ ①
- 1=Totally complete ☒
- 2=Comp but tech error ☐
- 3=Partially done ☐
- 4=Attempted/no data ☐
- 5=Part done/pt problem ☐
- 8=Not needed ☐
- 9=Done in other study ☐

Reason why not completed

②

1. - I tend to bounce back quickly after hard times.

- 1=Strongly Disagree ☐ ③
- 2=Disagree ☐
- 3=Neutral ☐
- 4=Agree ☐
- 5=Strongly Agree ☐

2. - I have a hard time making it through stressful events.

- 5=Strongly Disagree ☐ ④
- 4=Disagree ☐
- 3=Neutral ☐
- 2=Agree ☐
- 1=Strongly Agree ☐

3. - It does not take me long to recover from a stressful event.

- 1=Strongly Disagree ☐ ⑤
- 2=Disagree ☐
- 3=Neutral ☐
- 4=Agree ☐
- 5=Strongly Agree ☐

4. - It is hard for me to snap back when something bad happens.

5=Strongly Disagree ☐ ⑥
4=Disagree ☐
3=Neutral ☐
2=Agree ☐
1=Strongly Agree ☐

5. - I usually come through difficult times with little trouble.

1=Strongly Disagree ☐ ⑦
2=Disagree ☐
3=Neutral ☐
4=Agree ☐
5=Strongly Agree ☐

6. - I tend to take a long time to get over set-backs in my life.

5=Strongly Disagree ☐ ⑧
4=Disagree ☐
3=Neutral ☐
2=Agree ☐
1=Strongly Agree ☐

Total Score

⑨

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International journal of behavioral medicine*, 15(3), 194-200.

Date of Testing

⑪

2018_01_25: ALL_FORMS**Form: Brief Resilience Scale****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① BRS_ADD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		BRS_ADD
② BRS_RES	\$100				BRS_RES
③ BRS_1	1		1 = 1=Strongly Disagree 2 = 2=Disagree 3 = 3=Neutral 4 = 4=Agree 5 = 5=Strongly Agree		BRS_1

2018_01_25: ALL_FORMS**Form: Brief Resilience Scale****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
④ BRS_2	1		5 = 5=Strongly Disagree 4 = 4=Disagree 3 = 3=Neutral 2 = 2=Agree 1 = 1=Strongly Agree		BRS_2
⑤ BRS_3	1		1 = 1=Strongly Disagree 2 = 2=Disagree 3 = 3=Neutral 4 = 4=Agree 5 = 5=Strongly Agree		BRS_3
⑥ BRS_4	1		5 = 5=Strongly Disagree 4 = 4=Disagree 3 = 3=Neutral 2 = 2=Agree 1 = 1=Strongly Agree		BRS_4

2018_01_25: ALL_FORMS**Form: Brief Resilience Scale****Generated On: 30 Jan 2018 01:17:03**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
7	BRS_5	1		1 = 1=Strongly Disagree 2 = 2=Disagree 3 = 3=Neutral 4 = 4=Agree 5 = 5=Strongly Agree		BRS_5
8	BRS_6	1		5 = 5=Strongly Disagree 4 = 4=Disagree 3 = 3=Neutral 2 = 2=Agree 1 = 1=Strongly Agree		BRS_6
9	BRS_SCOR E	3.2				BRS_SCOR E
11	BRS_TESTD T	dd MMM yyyy				BRS_TESTD T

Was this form completed?

- 0=Not done or attempted ☐ ①
1=Totally complete ☒
2=Comp but tech error ☐
3=Partially done ☐
4=Attempted/no data ☐
5=Part done/pt problem ☐
8=Not needed ☐
9=Done in other study ☐

Reason why not completed

②

Date of Testing

③

1. - Have you had at least one pregnancy that lasted more than 6 months?

- 1=Yes ☐ ④
2=No ☐

If No, end form here

2. - Before your first pregnancy, did you have:

a. - Protein in the urine

- 1=Yes ☐ ⑥
2=No ☐
3=Don't know ☐

b. - Seizures or convulsions

- 1=Yes ☐ ⑦
2=No ☐
3=Don't know ☐

c. - High blood pressure (hypertension)

- 1=Yes ☐ ⑧
2=No ☐

3=Don't know ☐

d. - Diabetes

1=Yes ☒ 9

2=No ☐

3=Don't know ☐

3. - Regarding any pregnancies lasting more than 6 months:

How many pregnancies have you had? _____

11

How many of these pregnancies were delivered other than at Saint Marys Hospital, Rochester Methodist Hospital, or Olmsted Medical Center? _____

12

4. - During any of these pregnancies (which lasted more than 6 months), did a physician ever tell you that you had high blood pressure or hypertension?

1=Yes ☒ 13

2=No ☐

3=Don't know ☐

If 3=Don't know, end form here.

If Yes, did the high blood pressure or hypertension occur:

1=In the first pregnancy only ☒ 14

2=NOT in the first pregnancy but in a subsequent pregnancy ☐

3=In the first pregnancy AND in at least one subsequent pregnancy ☐

Go to question 5.

If No, during any of your pregnancies, did you have preeclampsia, eclampsia, or toxemia?

1=Yes ☒ 15

2=No ☐

Go to question 7.

2018_01_25: ALL_FORMS

Form: History of Pregnancy-Related Health Issues

Generated On: 30 Jan 2018 01:17:03

5. - In what year, or how old were you, when the pregnancy-related high blood pressure or hypertension first occurred? If it occurred for more than one pregnancy, please provide information for all pregnancies.

Year (1) _____ (17)

OR Age (1) _____ (18)

Year (2) _____ (19)

OR Age (2) _____ (20)

Year (3) _____ (21)

OR Age (3) _____ (22)

6. - During any of the pregnancies in which you developed hypertension, did you have:

Protein in the urine 1=Yes ☐ (24)
If Yes: 2=No ☐
3=Don't know ☐

Year (1) _____ (25)

OR Age (1) _____ (26)

Year (2) _____ (27)

OR Age (2) _____ (28)

2018_01_25: ALL_FORMS

Form: History of Pregnancy-Related Health Issues

Generated On: 30 Jan 2018 01:17:03

<hr/>	
Year (3)	<hr/>
<hr/>	
OR Age (3)	<hr/>
<hr/>	
Seizures or convulsions	1=Yes <input type="checkbox"/>
If Yes:	2=No <input type="checkbox"/>
	3=Don't know <input type="checkbox"/>
<hr/>	
Year (1)	<hr/>
<hr/>	
OR Age (1)	<hr/>
<hr/>	
Year (2)	<hr/>
<hr/>	
OR Age (2)	<hr/>
<hr/>	
Year (3)	<hr/>
<hr/>	
OR Age (3)	<hr/>
<hr/>	
Preeclampsia, eclampsia, or toxemia or pregnancy	1=Yes <input type="checkbox"/>
If Yes:	2=No <input type="checkbox"/>
	3=Don't know <input type="checkbox"/>
<hr/>	
Year (1)	<hr/>
<hr/>	
OR Age (1)	<hr/>
<hr/>	
Year (2)	<hr/>
<hr/>	
<hr/>	

OR Age (2)

42

Year (3)

43

OR Age (3)

44

7. - During any of your pregnancies (which lasted more than 6 months), did a physician ever tell you that you had elevated blood glucose levels or gestational diabetes?

1=Yes

☐

45

2=No

☐

3=Don't know

☐

If Yes:

Year (1)

46

OR Age (1)

47

Year (2)

48

OR Age (2)

49

Year (3)

50

OR Age (3)

51

8. - During any of your pregnancies (which lasted more than 6 months), did a physician ever tell you that you had a premature delivery, or a delivery before 37 weeks of gestation?

1=Yes

☐

52

2=No

☐

3=Don't know

☐

If Yes:

Year (1)

53

OR Age (1)

54

Year (2)

55

OR Age (2)

56

Year (3)

57

OR Age (3)

58

9. - During any of your pregnancies (which lasted more than 6 months), did a physician ever tell you that your newborn was small for gestational age?

1=Yes ☐ 59

2=No ☐

3=Don't know ☐

If Yes:

Year (1)

60

OR Age (1)

61

Year (2)

62

OR Age (2)

63

Year (3)

64

OR Age (3)

65

10. - Age at first menstrual cycle

66

2018_01_25: ALL_FORMS

Form: History of Pregnancy-Related Health Issues

Generated On: 30 Jan 2018 01:17:03

Cycle Number

67

2018_01_25: ALL_FORMS

Form: History of Pregnancy-Related Health Issues

Generated On: 30 Jan 2018 01:17:03

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① PREGHX_A DD	1		0 = 0=Not done or attempted 1 = 1=Totally complete 2 = 2=Comp but tech error 3 = 3=Partially done 4 = 4=Attempted/ no data 5 = 5=Part done/pt problem 8 = 8=Not needed 9 = 9=Done in other study		PREGHX_A DD
② PREGHX_R ES	\$100				PREGHX_R ES
③ PREGHX_T ESTDT	dd MMM yyyy				PREGHX_T ESTDT
④ PREGHX_G T6MO	1		1 = 1=Yes 2 = 2=No		PREGHX_G T6MO
⑥ PREGHX_P ROTURINE	1		1 = 1=Yes 2 = 2=No 3 = 3=Don't know		PREGHX_P ROTURINE

2018_01_25: ALL_FORMS**Form: History of Pregnancy-Related Health Issues****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
⑦ PREGHX_S 1 EIZURES			1 = 1=Yes 2 = 2=No 3 = 3=Don't know		PREGHX_S EIZURES
⑧ PREGHX_HI 1 GHBP			1 = 1=Yes 2 = 2=No 3 = 3=Don't know		PREGHX_HI GHBP
⑨ PREGHX_DI 1 AB			1 = 1=Yes 2 = 2=No 3 = 3=Don't know		PREGHX_DI AB
⑪ PREGHX_N 2 UMPREG					PREGHX_N UMPREG
⑫ PREGHX_N 2 OTMAYO_O MC					PREGHX_N OTMAYO_O MC
⑬ PREGHX_D 1 XHIGHBP			1 = 1=Yes 2 = 2=No 3 = 3=Don't know		PREGHX_D XHIGHBP

2018_01_25: ALL_FORMS**Form: History of Pregnancy-Related Health Issues****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
14 PREGHX_HI 1 GHBPTIME			1 = 1=In the first pregnancy only 2 = 2=NOT in the first pregnancy but in a subsequent pregnancy 3 = 3=In the first pregnancy AND in at least one subsequent pregnancy		PREGHX_HI GHBPTIME
15 PREGHX_E 1 CLAMP			1 = 1=Yes 2 = 2=No		PREGHX_E CLAMP
17 PREGHX_B yyyy PYR1					PREGHX_B PYR1
18 PREGHX_B 2 PAGE1					PREGHX_B PAGE1
19 PREGHX_B yyyy PYR2					PREGHX_B PYR2
20 PREGHX_B 2 PAGE2					PREGHX_B PAGE2

2018_01_25: ALL_FORMS**Form: History of Pregnancy-Related Health Issues****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
21 PREGHX_B PYR3	yyyy				PREGHX_B PYR3
22 PREGHX_B PAGE3	2				PREGHX_B PAGE3
24 PREGHX_HI PBPROTEIN	1		1 = 1=Yes 2 = 2=No 3 = 3=Don't know		PREGHX_HI PBPROTEIN
25 PREGHX_P ROTYR1	yyyy				PREGHX_P ROTYR1
26 PREGHX_P ROTAGE1	2				PREGHX_P ROTAGE1
27 PREGHX_P ROTYR2	yyyy				PREGHX_P ROTYR2
28 PREGHX_P ROTAGE2	2				PREGHX_P ROTAGE2
29 PREGHX_P ROTYR3	yyyy				PREGHX_P ROTYR3
30 PREGHX_P ROTAGE3	2				PREGHX_P ROTAGE3

2018_01_25: ALL_FORMS**Form: History of Pregnancy-Related Health Issues****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
31 PREGHX_HI 1 BPSEIZURE S			1 = 1=Yes 2 = 2=No 3 = 3=Don't know		PREGHX_HI BPSEIZURE S
32 PREGHX_S yyyy EIZYR1					PREGHX_S EIZYR1
33 PREGHX_S 2 EIZAGE1					PREGHX_S EIZAGE1
34 PREGHX_S yyyy EIZYR2					PREGHX_S EIZYR2
35 PREGHX_S 2 EIZAGE2					PREGHX_S EIZAGE2
36 PREGHX_S yyyy EIZYR3					PREGHX_S EIZYR3
37 PREGHX_S 2 EIZAGE3					PREGHX_S EIZAGE3
38 PREGHX_HI 1 BPECLAMP			1 = 1=Yes 2 = 2=No 3 = 3=Don't know		PREGHX_HI BPECLAMP
39 PREGHX_E yyyy CLAMPYR1					PREGHX_E CLAMPYR1

2018_01_25: ALL_FORMS**Form: History of Pregnancy-Related Health Issues****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
40 PREGHX_E 2 CLAMPAGE 1					PREGHX_E CLAMPAGE 1
41 PREGHX_E yyyy CLAMPYR2					PREGHX_E CLAMPYR2
42 PREGHX_E 2 CLAMPAGE 2					PREGHX_E CLAMPAGE 2
43 PREGHX_E yyyy CLAMPYR3					PREGHX_E CLAMPYR3
44 PREGHX_E 2 CLAMPAGE 3					PREGHX_E CLAMPAGE 3
45 PREGHX_D 1 XDIAB			1 = 1=Yes 2 = 2=No 3 = 3=Don't know		PREGHX_D XDIAB
46 PREGHX_DI yyyy ABYR1					PREGHX_DI ABYR1
47 PREGHX_DI 2 ABAGE1					PREGHX_DI ABAGE1
48 PREGHX_DI yyyy ABYR2					PREGHX_DI ABYR2

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Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
49 PREGHX_DI 2 ABAGE2					PREGHX_DI ABAGE2
50 PREGHX_DI yyyy ABYR3					PREGHX_DI ABYR3
51 PREGHX_DI 2 ABAGE3					PREGHX_DI ABAGE3
52 PREGHX_D 1 XPREM			1 = 1=Yes 2 = 2=No 3 = 3=Don't know		PREGHX_D XPREM
53 PREGHX_P yyyy REMYR1					PREGHX_P REMYR1
54 PREGHX_P 2 REMA1					PREGHX_P REMA1
55 PREGHX_P yyyy REMYR2					PREGHX_P REMYR2
56 PREGHX_P 2 REMA2					PREGHX_P REMA2
57 PREGHX_P yyyy REMYR3					PREGHX_P REMYR3

2018_01_25: ALL_FORMS**Form: History of Pregnancy-Related Health Issues****Generated On: 30 Jan 2018 01:17:03**

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
58 PREGHX_P 2 REIMAGE3					PREGHX_P REIMAGE3
59 PREGHX_N 1 BSMALL			1 = 1=Yes 2 = 2=No 3 = 3=Don't know		PREGHX_N BSMALL
60 PREGHX_N yyyy BSMALLYR1					PREGHX_N BSMALLYR1
61 PREGHX_N 2 BSMALLAG E1					PREGHX_N BSMALLAG E1
62 PREGHX_N yyyy BSMALLYR2					PREGHX_N BSMALLYR2
63 PREGHX_N 2 BSMALLAG E2					PREGHX_N BSMALLAG E2
64 PREGHX_N yyyy BSMALLYR3					PREGHX_N BSMALLYR3
65 PREGHX_N 2 BSMALLAG E3					PREGHX_N BSMALLAG E3
66 PREGHX_A 2 GEFIRST					PREGHX_A GEFIRST

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
67 CYCLE_NU M	3				CYCLE_NU M