



# **The BIOCARD Study**

Biomarkers of Cognitive Decline  
Among Normal Individuals

**Health History  
Limited Dataset  
February 2019**

## Glossary of Terms

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Term	Description
Allowable Codes	codes (and their meanings) allowed to be values for that variable
Audit Findings	error rates based on BIOCARD or NIH phase audits error rates are calculated as number of errors / total number of variables examined
Baseline visit	date admitted to NIH phase of BIOCARD study <i>[Note: some data may have been collected prior to this date]</i>
Collection	when the variable information was collected (i.e., Baseline, Follow-up)
Comments	further information about the variable not covered in the above fields
Data Type	numeric or character <i>[Note: Dates are numeric data]</i> numeric or character classifications are strictly related to how the data are stored and not how the data should be analyzed
JHU phase	the study phase at JHU from 2009 - present
Missing OK If	instances (such as skips) or reasons why a blank or missing value is acceptable
NA	not applicable for this variable
NIH / NIH phase	the study phase that was performed at the NIH from 1995-2005
Question Text	the question as it appears on the NACC or BIOCARD data collection forms
Short Description	a short explanation of what the variable means
Source	the name of the NACC form, BIOCARD form, or NIH dataset containing the variable information (or "DERIVED" if the variable was derived) and the variable question number located on the form or in the dataset, if applicable
Unknown Code	the codes for the "unknown", "don't know", or missing values for the variable
Variable Name	the name of the variable in the provided dataset <i>[Note: Variables will follow the NACC naming scheme as closely as possible]</i>

## Acronyms and Definitions

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AD	Alzheimer's Disease	JHU	The Johns Hopkins University
CDR	Clinical Dementia Rating	MCI	Mild Cognitive Impairment
CERAD	Consortium to Establish a Registry for Alzheimer's Disease	MMSE	Mini-Mental State Examination
CNS	Central Nervous System	NACC	National Alzheimer's Coordinating Center
CSF	Cerebrospinal Fluid	NIA	National Institute on Aging
CVD	Cardiovascular Disease	NINDS	National Institute of Neurological Disorders and Stroke
CVLT	California Verbal Learning Test	NPI-Q	Neuropsychiatric Inventory Questionnaire
FAQ	Functional Assessment Questionnaire	UPDRS	Unified Parkinson's Disease Rating Scale
FTD	Frontotemporal Degenerations	WAIS	Wechsler Adult Intelligence Scale
GDS	Geriatric Depression Scale	WMS	Wechsler Memory Scale

# Health History Limited Dataset Characteristics

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Number of variables: 102

Order of variables:

1)	JHUANONID	<i>Participant ID Anonymized by JHU</i>
2)	VISITNO	<i>Chronological visit number</i>
3)	MOFROMBL	<i>Months since baseline visit</i>
4)	CVHATT	<i>Cardiovascular disease, heart attack/cardiac arrest</i>
5)	CVAFIB	<i>Cardiovascular disease, atrial fibrillation</i>
6)	CVANGIO	<i>Cardiovascular disease, angioplasty/endarterectomy/stent</i>
7)	CVBYPASS	<i>Cardiovascular disease, cardiac bypass procedure</i>
8)	CVPACE	<i>Cardiovascular disease, pacemaker</i>
9)	CVCHF	<i>Cardiovascular disease, congestive heart failure</i>
10)	CVOTHR	<i>Cardiovascular disease, other</i>
11)	CVOTHRX	<i>Cardiovascular disease, other, specify</i>
12)	CBSTROKE	<i>Cerebrovascular disease, stroke</i>
13)	STROK1YR	<i>Cerebrovascular disease, stroke #1 year</i>
14)	STROK2YR	<i>Cerebrovascular disease, stroke #2 year</i>
15)	STROK3YR	<i>Cerebrovascular disease, stroke 3 year</i>
16)	STROK4YR	<i>Cerebrovascular disease, stroke #4 year</i>
17)	STROK5YR	<i>Cerebrovascular disease, stroke #5 year</i>
18)	STROK6YR	<i>Cerebrovascular disease, stroke #6 year</i>
19)	CBTIA	<i>Cerebrovascular disease, transient ischemic attack</i>
20)	TIA1YR	<i>Cerebrovascular disease, transient ischemic attack #1 year</i>
21)	TIA2YR	<i>Cerebrovascular disease, transient ischemic attack #2 year</i>
22)	TIA3YR	<i>Cerebrovascular disease, transient ischemic attack #3 year</i>
23)	TIA4YR	<i>Cerebrovascular disease, transient ischemic attack #4 year</i>
24)	TIA5YR	<i>Cerebrovascular disease, transient ischemic attack #5 year</i>
25)	TIA6YR	<i>Cerebrovascular disease, transient ischemic attack #6 year</i>
26)	CBOTHR	<i>Cerebrovascular disease, other</i>
27)	CBOTHRX	<i>Cerebrovascular disease, other, specify</i>
28)	PD	<i>Parkinsonian features, Parkinson's disease</i>
29)	PDYR	<i>Parkinsonian features, Parkinson's disease, year of diagnosis</i>
30)	PDOTHR	<i>Parkinsonian features, Other Parkinsonism disorder</i>
31)	PDOTHRYR	<i>Parkinsonian features, other Parkinsonism disorder, year of diagnosis</i>
32)	SEIZURES	<i>Other neurologic conditions, seizures</i>
33)	TRAUMBRF	<i>Other neurologic conditions, brain trauma, brief unconsciousness</i>
34)	TRAUMEXT	<i>Other neurologic conditions, brain trauma, extended unconsciousness</i>
35)	TRAUMCHR	<i>Other neurologic conditions, brain trauma, chronic deficit</i>

36)	NCOTHR	<i>Other neurologic conditions, other</i>
37)	NCOTHRX	<i>Other neurologic conditions, other (specify)</i>
38)	HYPERTEN	<i>Hypertension</i>
39)	HYPERCHO	<i>Hypercholesterolemia</i>
40)	DIABETES	<i>Diabetes</i>
41)	B12DEF	<i>B12 deficiency</i>
42)	THYROID	<i>Thyroid disease</i>
43)	INCONTU	<i>Incontinence, urinary</i>
44)	INCONTF	<i>Incontinence, bowel</i>
45)	DEP2YRS	<i>Depression, active within the past 2 years</i>
46)	DEPOTHR	<i>Depression, other episodes</i>
47)	ALCOHOL	<i>Substance abuse, alcohol</i>
48)	TOBAC30	<i>Smoking history, cigarette smoking history, last 30 days</i>
49)	TOBAC100	<i>Smoking history, cigarette smoking history, 100 lifetime cigarettes</i>
50)	SMOKYRS	<i>Smoking history, total years smoked</i>
51)	PACKSPER	<i>Smoking history, packs per day</i>
52)	QUITSMOK	<i>Smoking history, age, quit smoking</i>
53)	ABUSOTHR	<i>Other abused substances</i>
54)	ABUSX	<i>Other abused substances, specify</i>
55)	PSYCDIS	<i>Other psychiatric disorders</i>
56)	PSYCDISX	<i>Other psychiatric disorders, specify</i>
57)	CLAPVD	<i>Claudication or peripheral vascular disease</i>
58)	THYDIS	<i>Thyroid disease</i>
59)	HYPERTH	<i>Hyperthyroidism</i>
60)	HYPOTH	<i>Hypothyroidism</i>
61)	LUNGDIS	<i>Lung disease</i>
62)	LDEMPH	<i>Lung disease, emphysema</i>
63)	LDTUBER	<i>Lung disease, tuberculosis</i>
64)	LDAsthMA	<i>Lung disease, asthma</i>
65)	LDCOPD	<i>Lung disease, COPD</i>
66)	LDOTH	<i>Lung disease, other</i>
67)	LDOTHX	<i>Lung disease, other, specify</i>
68)	KIDDIS	<i>Kidney disease</i>
69)	KIDDYS	<i>Kidney disease, treated with dialysis</i>
70)	LIVDIS	<i>Liver disease</i>
71)	LIVHEP	<i>Liver disease, hepatitis</i>
72)	LIVCIRR	<i>Liver disease, cirrhosis</i>
73)	CANCER	<i>Cancer</i>
74)	CANCHEM	<i>Cancer, treated with chemotherapy</i>

75)	CANRADT	<i>Cancer, treated with radiation therapy</i>
76)	FEVER	<i>Recent fever to indicate an infection</i>
77)	SLEEP	<i>Evidence of significant sleep disturbance (e.g., flailing, shouting, screaming during sleep)</i>
78)	MEDOTH1	<i>Other medical condition #1</i>
79)	MEDOTH1X	<i>Other medical condition #1, specify</i>
80)	MEDOTH2	<i>Other medical condition #2</i>
81)	MEDOTH2X	<i>Other medical condition #2, specify</i>
82)	MEDOTH3	<i>Other medical condition #3</i>
83)	MEDOTH3X	<i>Other medical condition #3, specify</i>
84)	MEDOTH4	<i>Other medical condition #4</i>
85)	MEDOTH4X	<i>Other medical condition #4, specify</i>
86)	ABRUPT	<i>Hachinski Ischemic Score, abrupt onset (re: cognitive status)</i>
87)	STEPWISE	<i>Hachinski ischemic score, stepwise deterioration (re: cognitive status)</i>
88)	SOMATIC	<i>Hachinski Ischemic Score, somatic complaints</i>
89)	EMOT	<i>Hachinski Ischemic Score, emotional incontinence</i>
90)	HXHYPER	<i>Hachinski Ischemic Score, history or presence of hypertension</i>
91)	HXSTROKE	<i>Hachinski Ischemic Score, history of stroke</i>
92)	FOCLSYM	<i>Hachinski Ischemic Score, focal neurological symptoms</i>
93)	FOCLSIGN	<i>Hachinski Ischemic Score, focal neurological signs</i>
94)	HACHIN	<i>Hachinski Ischemic Score, total</i>
95)	CVDCOG	<i>Cerebrovascular disease contributing to cognitive impairment</i>
96)	STROKCOG	<i>Relationship between stroke and cognitive impairment</i>
97)	CVDIMAG	<i>Imaging evidence that CVD contributes to cognitive impairment</i>
98)	CVDIMAG1	<i>Imaging, single strategic infarct evidence that CVD contributes to cognitive impairment</i>
99)	CVDIMAG2	<i>Imaging, multiple infarcts evidence that CVD contributes to cognitive impairment</i>
100)	CVDIMAG3	<i>Imaging, extensive white matter hyperintensity evidence that CVD contributes to cognitive impairment</i>
101)	CVDIMAG4	<i>Imaging, other imaging evidence that CVD contributes to cognitive impairment</i>
102)	CVDIMAGX	<i>Imaging, Other imaging evidence that CVD contributes to cognitive impairment, specify</i>

**1) Variable Name JHUANONID**

Short Description Participant ID Anonymized by JHU

Source NA

Question Text NA

Time of Collection Baseline

Data Type Character

Allowable Codes JHU + 6 numbers

Missing OK If NA

Audit Findings NA

Comments None

**2) Variable Name VISITNO**

Short Description Chronological visit number

Source NA

Question Text NA

Time of Collection Baseline and Follow-up

Data Type Numeric

Allowable Codes NIH visit: Integers and decimals from 0 to 10, where a visit 0 represents a visit that occurred prior to the established baseline date  
 JHU visit: 101, 102, 103, 104, ..... 1XX where XX is from 01 to 99

Visit number 999 used for all participants that have died before a 101 visit for forms: A4, A5, A5a, B1, B2, B3, B3a, B8, B9, and D1. For participants that are alive, an A5 may have a 999 visit number to capture medical data acquired during the NIH phase of the study.

Missing OK If NA

Audit Findings NA

Comments None

<b>3)</b>	Variable Name	<b>MOFROMBL</b>
	Short Description	Months since baseline visit
	Source	DERIVED
	Question Text	NA
	Time of Collection	Follow-up
	Data Type	Numeric
	Allowable Codes	Min = 0 Max = 999
	Missing OK If	NA
	Audit Findings	NA
	Comments	Derived variable. [JHU phase] Calculated as months between the baseline start date and the V1 VISITDATE (formerly V11_Date) for follow-up visits.  [NIH phase] Calculated as months between the baseline start date and the recorded visit date.

<b>4)</b>	Variable Name	<b>CVHATT</b>
	Short Description	Cardiovascular disease, heart attack/cardiac arrest
	Source	A5 #1A
	Question Text	Cardiovascular disease: heart attack/cardiac arrest
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>5)</b>	Variable Name	<b>CVAFIB</b>
	Short Description	Cardiovascular disease, atrial fibrillation
	Source	A5 #1B
	Question Text	Cardiovascular disease: atrial fibrillation
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>6)</b>	Variable Name	<b>CVANGIO</b>
	Short Description	Cardiovascular disease, angioplasty/endarterectomy/stent
	Source	A5 #1C
	Question Text	Cardiovascular disease: angioplasty/endarterectomy/stent
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None



<b>7)</b>	Variable Name	<b>CVBYPASS</b>
	Short Description	Cardiovascular disease, cardiac bypass procedure
	Source	A5 #1D
	Question Text	Cardiovascular disease: cardiac bypass procedure
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>8)</b>	Variable Name	<b>CVPACE</b>
	Short Description	Cardiovascular disease, pacemaker
	Source	A5 #1E
	Question Text	Cardiovascular disease: pacemaker
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>9)</b>	Variable Name	<b>CVCHF</b>
	Short Description	Cardiovascular disease, congestive heart failure
	Source	A5 #1F
	Question Text	Cardiovascular disease: congestive heart failure
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>10)</b>	Variable Name	<b>CVOTHR</b>
	Short Description	Cardiovascular disease, other
	Source	A5 #1G
	Question Text	Cardiovascular disease, other
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>11)</b>	Variable Name	<b>CVOTHRX</b>
	Short Description	Cardiovascular disease, other, specify
	Source	A5 #1GS
	Question Text	Cardiovascular disease, other (specify)
	Time of Collection	Baseline and Follow-up
	Data Type	Character
	Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
	Missing OK If	A5 #1G CVOTHR1 ≠1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	

<b>12)</b>	Variable Name	<b>CBSTROKE</b>
	Short Description	Cerebrovascular disease, stroke
	Source	A5 #2A
	Question Text	Cerebrovascular disease: stroke
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>13)</b>	Variable Name	<b>STROK1YR</b>
	Short Description	Cerebrovascular disease, stroke #1 year
	Source	A5 #2A1
	Question Text	Stroke: If recent/active or remote/inactive, indicate year in which stroke occurred.
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	4-digit year between year of birth and date of visit.
	Unknown Code	9999
	Missing OK If	A5 #2A CBSTROKE ≠1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	

<b>14)</b>	Variable Name	<b>STROK2YR</b>
	Short Description	Cerebrovascular disease, stroke #2 year
	Source	A5 #2A2
	Question Text	Stroke: If recent/active or remote/inactive, indicate year in which stroke occurred.
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	4-digit year between year of birth and date of visit.
	Unknown Code	9999
	Missing OK If	A5 #2A CBSTROKE ≠1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	

<b>15)</b>	Variable Name	<b>STROK3YR</b>
	Short Description	Cerebrovascular disease, stroke 3 year
	Source	A5 #2A3
	Question Text	Stroke: If recent/active or remote/inactive, indicate year in which stroke occurred.
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	4-digit year between year of birth and date of visit.
	Unknown Code	9999
	Missing OK If	A5 #2A CBSTROKE #1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	

<b>16)</b>	Variable Name	<b>STROK4YR</b>
	Short Description	Cerebrovascular disease, stroke #4 year
	Source	A5 #2A4
	Question Text	Stroke: If recent/active or remote/inactive, indicate year in which stroke occurred.
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	4-digit year between year of birth and date of visit.
	Unknown Code	9999
	Missing OK If	A5 #2A CBSTROKE #1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	

<b>17)</b>	Variable Name	<b>STROK5YR</b>
	Short Description	Cerebrovascular disease, stroke #5 year
	Source	A5 #2A5
	Question Text	Stroke: If recent/active or remote/inactive, indicate year in which stroke occurred.
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	4-digit year between year of birth and date of visit.
	Unknown Code	9999
	Missing OK If	A5 #2A CBSTROKE #1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	

<b>18)</b>	Variable Name	<b>STROK6YR</b>
	Short Description	Cerebrovascular disease, stroke #6 year
	Source	A5 #2A6
	Question Text	Stroke: If recent/active or remote/inactive, indicate year in which stroke occurred.
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	4-digit year between year of birth and date of visit.
	Unknown Code	9999
	Missing OK If	A5 #2A CBSTROKE #1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	

<b>19)</b>	Variable Name	<b>CBTIA</b>
	Short Description	Cerebrovascular disease, transient ischemic attack
	Source	A5 #2B
	Question Text	Cerebrovascular disease: transient ischemic attack
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None
<b>20)</b>	Variable Name	<b>TIA1YR</b>
	Short Description	Cerebrovascular disease, transient ischemic attack #1 year
	Source	A5 #2B1
	Question Text	TIA: If recent/active or remote/inactive, indicate year in which transient ischemic attack occurred.
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	4-digit year between year of birth and date of visit.
	Unknown Code	9999
	Missing OK If	A5 #2B CBTIA ≠1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	

<b>21)</b>	Variable Name	<b>TIA2YR</b>
	Short Description	Cerebrovascular disease, transient ischemic attack #2 year
	Source	A5 #2B2
	Question Text	TIA: If recent/active or remote/inactive, indicate year in which transient ischemic attack occurred.
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	4-digit year between year of birth and date of visit.
	Unknown Code	9999
	Missing OK If	A5 #2B CBTIA ≠1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	

<b>22)</b>	Variable Name	<b>TIA3YR</b>
	Short Description	Cerebrovascular disease, transient ischemic attack #3 year
	Source	A5 #2B3
	Question Text	TIA: If recent/active or remote/inactive, indicate year in which transient ischemic attack occurred.
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	4-digit year between year of birth and date of visit.
	Unknown Code	9999
	Missing OK If	A5 #2B CBTIA ≠1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	



<b>23)</b>	Variable Name	<b>TIA4YR</b>
	Short Description	Cerebrovascular disease, transient ischemic attack #4 year
	Source	A5 #2B4
	Question Text	TIA: If recent/active or remote/inactive, indicate year in which transient ischemic attack occurred.
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	4-digit year between year of birth and date of visit.
	Unknown Code	9999
	Missing OK If	A5 #2B CBTIA ≠1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	

<b>24)</b>	Variable Name	<b>TIA5YR</b>
	Short Description	Cerebrovascular disease, transient ischemic attack #5 year
	Source	A5 #2B5
	Question Text	TIA: If recent/active or remote/inactive, indicate year in which transient ischemic attack occurred.
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	4-digit year between year of birth and date of visit.
	Unknown Code	9999
	Missing OK If	A5 #2B CBTIA ≠1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	

<b>25)</b>	Variable Name	<b>TIA6YR</b>
	Short Description	Cerebrovascular disease, transient ischemic attack #6 year
	Source	A5 #2B6
	Question Text	TIA: If recent/active or remote/inactive, indicate year in which transient ischemic attack occurred.
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	4-digit year between year of birth and date of visit.
	Unknown Code	9999
	Missing OK If	A5 #2B CBTIA ≠1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	

<b>26)</b>	Variable Name	<b>CBOTHR</b>
	Short Description	Cerebrovascular disease, other
	Source	A5 #2C
	Question Text	Cerebrovascular disease, other
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>27)</b>	Variable Name	<b>CBOTHRX</b>
	Short Description	Cerebrovascular disease, other, specify
	Source	A5 #2C1
	Question Text	Cerebrovascular disease, other (specify)
	Time of Collection	Baseline and Follow-up
	Data Type	Character
	Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
	Missing OK If	A5 #2C CBOTHR ≠1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	

<b>28)</b>	Variable Name	<b>PD</b>
	Short Description	Parkinsonian features, Parkinson's disease
	Source	A5 #3A
	Question Text	Parkinson's disease
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>29)</b>	Variable Name	<b>PDYR</b>
	Short Description	Parkinsonian features, Parkinson's disease, year of diagnosis
	Source	A5 #3A1
	Question Text	If Parkinson's disease recent/active, indicate year of diagnosis.
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	4-digit year between year of birth and date of visit.
	Unknown Code	9999
	Missing OK If	A5 #3A PD ≠1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	

<b>30)</b>	Variable Name	<b>PDOTHR</b>
	Short Description	Parkinsonian features, Other Parkinsonism disorder
	Source	A5 #3B
	Question Text	Other Parkinsonism disorder
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>31)</b>	Variable Name	<b>PDOTHRYR</b>
	Short Description	Parkinsonian features, other Parkinsonism disorder, year of diagnosis
	Source	A5 #3B1
	Question Text	If other Parkinson's disorder recent/active, indicate year of diagnosis.
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	4-digit year between year of birth and date of visit.
	Unknown Code	9999
	Missing OK If	A5 #3B PDOTHR ≠1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	

<b>32)</b>	Variable Name	<b>SEIZURES</b>
	Short Description	Other neurologic conditions, seizures
	Source	A5 #4A
	Question Text	Seizures
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>33)</b>	Variable Name	<b>TRAUMBRF</b>
	Short Description	Other neurologic conditions, brain trauma, brief unconsciousness
	Source	A5 #4B1
	Question Text	Traumatic brain injury with brief loss of consciousness ( < 5 minutes)
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>34)</b>	Variable Name	<b>TRAUMEXT</b>
	Short Description	Other neurologic conditions, brain trauma, extended unconsciousness
	Source	A5 #4B2
	Question Text	Traumatic brain injury with extended loss of consciousness ( > 5 minutes)
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>35)</b>	Variable Name	<b>TRAUMCHR</b>
	Short Description	Other neurologic conditions, brain trauma, chronic deficit
	Source	A5 #4B3
	Question Text	Traumatic brain injury with chronic deficit or dysfunction
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>36)</b>	Variable Name	<b>NCOTHR</b>
	Short Description	Other neurologic conditions, other
	Source	A5 #4C
	Question Text	Other neurologic conditions, other
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>37)</b>	Variable Name	<b>NCOTHRX</b>
	Short Description	Other neurologic conditions, other (specify)
	Source	A5 #4C1
	Question Text	Other neurologic conditions, other (specify)
	Time of Collection	Baseline and Follow-up
	Data Type	Character
	Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
	Missing OK If	A5 #4C NCOTHR ≠1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	

<b>38)</b>	Variable Name	<b>HYPERTEN</b>
	Short Description	Hypertension
	Source	A5 #5A
	Question Text	Hypertension
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None



<b>39)</b>	Variable Name	<b>HYPERCHO</b>
	Short Description	Hypercholesterolemia
	Source	A5 #5B
	Question Text	Hypercholesterolemia
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>40)</b>	Variable Name	<b>DIABETES</b>
	Short Description	Diabetes
	Source	A5 #5C
	Question Text	Diabetes
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>41)</b>	Variable Name	<b>B12DEF</b>
	Short Description	B12 deficiency
	Source	A5 #5D
	Question Text	B12 deficiency
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>42)</b>	Variable Name	<b>THYROID</b>
	Short Description	Thyroid disease
	Source	A5 #5E
	Question Text	Thyroid disease
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>43)</b>	Variable Name	<b>INCONTU</b>
	Short Description	Incontinence, urinary
	Source	A5 #5F
	Question Text	Incontinence, urinary
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>44)</b>	Variable Name	<b>INCONTF</b>
	Short Description	Incontinence, bowel
	Source	A5 #5G
	Question Text	Incontinence, bowel
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>45)</b>	Variable Name	<b>DEP2YRS</b>
	Short Description	Depression, active within the past 2 years
	Source	A5 #6A
	Question Text	Depression, active within the past 2 years
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = No 1 = Yes
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>46)</b>	Variable Name	<b>DEPOTHR</b>
	Short Description	Depression, other episodes
	Source	A5 #6B
	Question Text	Depression, other episodes (prior to 2 years)
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = No 1 = Yes
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>47)</b>	Variable Name	<b>ALCOHOL</b>
	Short Description	Substance abuse, alcohol
	Source	A5 #7A1
	Question Text	Substance abuse, alcohol. Clinically significant impairment occurring over a 12-month period manifested in one of the following: work, driving, legal or social.
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>48)</b>	Variable Name	<b>TOBAC30</b>
	Short Description	Smoking history, cigarette smoking history, last 30 days
	Source	A5 #7B1
	Question Text	Cigarette smoking history. Has participant smoked within last 30 days?
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = No 1 = Yes
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>49)</b>	Variable Name	<b>TOBAC100</b>
	Short Description	Smoking history, cigarette smoking history, 100 lifetime cigarettes
	Source	A5 #7B2
	Question Text	Cigarette smoking history. Has participant smoked more than 100 cigarettes in his/her life?
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = No 1 = Yes
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>50)</b>	Variable Name	<b>SMOKYRS</b>
	Short Description	Smoking history, total years smoked
	Source	A5 #7B3
	Question Text	Total years smoked
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	Min = 0 Max = 87 NA = 88
	Unknown Code	99
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>51)</b>	Variable Name	<b>PACKSPER</b>
	Short Description	Smoking history, packs per day
	Source	A5 #7B4
	Question Text	Average number of packs/day smoked
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	1 = 1 cigarette -< ½ pack 2 = ½ -< 1 pack 3 = 1 -< 1½ pack 4 = 1½ -< 2 packs 5 = ≥ 2 packs 8 = N/A
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>52)</b>	Variable Name	<b>QUITSMOK</b>
	Short Description	Smoking history, age, quit smoking
	Source	A5 #7B5
	Question Text	If participant quit smoking, specify age when last smoked (i.e., quit)
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	8 to current age NA = 888
	Unknown Code	999
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>53)</b>	Variable Name	<b>ABUSOTHR</b>
	Short Description	Other abused substances
	Source	A5 #7C1
	Question Text	Clinically significant impairment, due to other abused substances, occurring over a 12-month period manifested in one of the following: work, driving, legal or social.
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>54)</b>	Variable Name	<b>ABUSX</b>
	Short Description	Other abused substances, specify
	Source	A5 #7C2
	Question Text	If other abused substances recent/active or remote/inactive, specify
	Time of Collection	Baseline and Follow-up
	Data Type	Character
	Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
	Missing OK If	A5 #7C ABUSOTHR ≠1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	



<b>55)</b>	Variable Name	<b>PSYCDIS</b>
	Short Description	Other psychiatric disorders
	Source	A5 #7D
	Question Text	Psychiatric disorders
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	None

<b>56)</b>	Variable Name	<b>PSYCDISX</b>
	Short Description	Other psychiatric disorders, specify
	Source	A5 #7D1
	Question Text	If psychiatric disorders recent/active or remote/inactive, specify
	Time of Collection	Baseline and Follow-up
	Data Type	Character
	Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
	Missing OK If	A5 #7D PSYCDIS ≠1 or 2
	Audit Findings	[JHU Audits]: A5 form error rate = 0.3% (based on 42 forms as of NOV2015)
	Comments	

<b>57)</b>	Variable Name	<b>CLAPVD</b>
	Short Description	Claudication or peripheral vascular disease
	Source	A5A #1
	Question Text	Claudication or peripheral vascular disease
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>58)</b>	Variable Name	<b>THYDIS</b>
	Short Description	Thyroid disease
	Source	A5A #2
	Question Text	Thyroid disease
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>59)</b>	Variable Name	<b>HYPERTH</b>
	Short Description	Hyperthyroidism
	Source	A5A #2a
	Question Text	Hyperthyroidism
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	A5A #2 THYDIS ≠1 or 2
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>60)</b>	Variable Name	<b>HYPOTH</b>
	Short Description	Hypothyroidism
	Source	A5A #2b
	Question Text	Hypothyroidism
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	THYDIS ≠1 or 2
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>61)</b>	Variable Name	<b>LUNGDIS</b>
	Short Description	Lung disease
	Source	A5A #3
	Question Text	Lung disease
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>62)</b>	Variable Name	<b>LDEMPH</b>
	Short Description	Lung disease, emphysema
	Source	A5A #3a
	Question Text	Lung disease, emphysema
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	A5A #3 LUNGDIS ≠1 or 2
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>63)</b>	Variable Name	<b>LDTUBER</b>
	Short Description	Lung disease, tuberculosis
	Source	A5A #3b
	Question Text	Lung disease, tuberculosis
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	A5A #3 LUNGDIS ≠1 or 2
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>64)</b>	Variable Name	<b>LDASTHMA</b>
	Short Description	Lung disease, asthma
	Source	A5A #3c
	Question Text	Lung disease, asthma
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	A5A #3 LUNGDIS ≠1 or 2
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>65)</b>	Variable Name	<b>LDCOPD</b>
	Short Description	Lung disease, COPD
	Source	A5A #3d
	Question Text	Lung disease, COPD
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	A5A #3 LUNGDIS ≠1 or 2
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>66)</b>	Variable Name	<b>LDOTH</b>
	Short Description	Lung disease, other
	Source	A5A #3e
	Question Text	Lung disease, other
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>67)</b>	Variable Name	<b>LDOTHX</b>
	Short Description	Lung disease, other, specify
	Source	A5A #3es
	Question Text	Lung disease, other, specify
	Time of Collection	Baseline and Follow-up
	Data Type	Character
	Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
	Missing OK If	A5A #3E LDOTH ≠ 1 or 2
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>68)</b>	Variable Name	<b>KIDDIS</b>
	Short Description	Kidney disease
	Source	A5A #4
	Question Text	Kidney disease
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>69)</b>	Variable Name	<b>KIDDYS</b>
	Short Description	Kidney disease, treated with dialysis
	Source	A5A #4a
	Question Text	Kidney disease treated with dialysis
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	A5A #4 KIDDIS #1 or 2
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>70)</b>	Variable Name	<b>LIVDIS</b>
	Short Description	Liver disease
	Source	A5A #5
	Question Text	Liver disease
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None



<b>71)</b>	Variable Name	<b>LIVHEP</b>
	Short Description	Liver disease, hepatitis
	Source	A5A #5a
	Question Text	Liver disease, hepatitis
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	A5A #5 LIVDIS ≠ 1 or 2
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>72)</b>	Variable Name	<b>LIVCIRR</b>
	Short Description	Liver disease, cirrhosis
	Source	A5A #5b
	Question Text	Liver disease, cirrhosis
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	LIVDIS ≠ 1 or 2
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>73)</b>	Variable Name	<b>CANCER</b>
	Short Description	Cancer
	Source	A5A #6
	Question Text	Cancer
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>74)</b>	Variable Name	<b>CANCHEM</b>
	Short Description	Cancer, treated with chemotherapy
	Source	A5A #6a
	Question Text	Cancer treated with chemotherapy
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	A5A #6 CANCER $\neq$ 1 or 2
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>75)</b>	Variable Name	<b>CANRADT</b>
	Short Description	Cancer, treated with radiation therapy
	Source	A5A #6b
	Question Text	Cancer treated with radiation therapy
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	A5A #6 CANCER ≠ 1 or 2
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>76)</b>	Variable Name	<b>FEVER</b>
	Short Description	Recent fever to indicate an infection
	Source	A5A #7
	Question Text	Recent fever, indicating infection
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>77)</b>	Variable Name	<b>SLEEP</b>
	Short Description	Evidence of significant sleep disturbance (e.g., flailing, shouting, screaming during s
	Source	A5A #8
	Question Text	Significant sleep disturbance
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	NA
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>78)</b>	Variable Name	<b>MEDOTH1</b>
	Short Description	Other medical condition #1
	Source	A5A #9a
	Question Text	Other significant medical condition (#1)
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	Always OK
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>79)</b>	Variable Name	<b>MEDOTH1X</b>
	Short Description	Other medical condition #1, specify
	Source	A5A #9as
	Question Text	Other significant medical condition (#1), specify
	Time of Collection	Baseline and Follow-up
	Data Type	Character
	Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
	Missing OK If	A5A #9a MEDOTH1 ≠ 1 or 2
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>80)</b>	Variable Name	<b>MEDOTH2</b>
	Short Description	Other medical condition #2
	Source	A5A #9b
	Question Text	Other significant medical condition (#2) present
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	Always OK
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>81)</b>	Variable Name	<b>MEDOTH2X</b>
	Short Description	Other medical condition #2, specify
	Source	A5A #9bs
	Question Text	Other significant medical condition (#2), specify
	Time of Collection	Baseline and Follow-up
	Data Type	Character
	Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
	Missing OK If	A5A #9b MEDOTH2 ≠ 1 or 2
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>82)</b>	Variable Name	<b>MEDOTH3</b>
	Short Description	Other medical condition #3
	Source	A5A #9c
	Question Text	Other significant medical condition (#3) present
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive
	Unknown Code	9
	Missing OK If	Always OK
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>83)</b>	Variable Name	<b>MEDOTH3X</b>
	Short Description	Other medical condition #3, specify
	Source	A5A #9cs
	Question Text	Other significant medical condition (#3), specify
	Time of Collection	Baseline and Follow-up
	Data Type	Character
	Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
	Missing OK If	A5A #9c MEDOTH3 ≠ 1 or 2
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>84)</b>	Variable Name	<b>MEDOTH4</b>
	Short Description	Other medical condition #4
	Source	A5A #9d
	Question Text	Other significant medical condition (#4) present
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown
	Unknown Code	9
	Missing OK If	Always OK
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>85)</b>	Variable Name	<b>MEDOTH4X</b>
	Short Description	Other medical condition #4, specify
	Source	A5A #9ds
	Question Text	Other significant medical condition (#4), specify
	Time of Collection	Baseline and Follow-up
	Data Type	Character
	Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
	Missing OK If	A5A #9d MEDOTH4 ≠ 1 or 2
	Audit Findings	[JHU Audits]: A5a form error rate = 2.7% (based on 42 forms as of NOV2015)
	Comments	None

<b>86)</b>	Variable Name	<b>ABRUPT</b>
	Short Description	Hachinski Ischemic Score, abrupt onset (re: cognitive status)
	Source	B2 #1
	Question Text	Abrupt onset (re: cognitive status)
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 2 = Present
	Missing OK If	NA
	Audit Findings	[JHU Audits]: B2 form error rate = 0% (based on 42 forms as of NOV2015)
	Comments	None



**87) Variable Name STEPWISE**

Short Description Hachinski ischemic score, stepwise deterioration (re: cognitive status)

Source B2 #2

Question Text Stepwise deterioration (re: cognitive status)

Time of Collection Baseline and Follow-up

Data Type Numeric

Allowable Codes 0 = Absent  
1 = Present

Missing OK If NA

Audit Findings [JHU Audits]: B2 form error rate = 0% (based on 42 forms as of NOV2015)

Comments None

**88) Variable Name SOMATIC**

Short Description Hachinski Ischemic Score, somatic complaints

Source B2 #3

Question Text Somatic complaints

Time of Collection Baseline and Follow-up

Data Type Numeric

Allowable Codes 0 = Absent  
1 = Present

Missing OK If NA

Audit Findings [JHU Audits]: B2 form error rate = 0% (based on 42 forms as of NOV2015)

Comments None

<b>89)</b>	Variable Name	<b>EMOT</b>
	Short Description	Hachinski Ischemic Score, emotional incontinence
	Source	B2 #4
	Question Text	Emotional incontinence
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Present
	Missing OK If	NA
	Audit Findings	[JHU Audits]: B2 form error rate = 0% (based on 42 forms as of NOV2015)
	Comments	None

<b>90)</b>	Variable Name	<b>HXHYPER</b>
	Short Description	Hachinski Ischemic Score, history or presence of hypertension
	Source	B2 #5
	Question Text	History or presence of hypertension
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 1 = Present
	Missing OK If	NA
	Audit Findings	[JHU Audits]: B2 form error rate = 0% (based on 42 forms as of NOV2015)
	Comments	None

<b>91)</b>	Variable Name	<b>HXSTROKE</b>
	Short Description	Hachinski Ischemic Score, history of stroke
	Source	B2 #6
	Question Text	History of stroke
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 2 = Present
	Missing OK If	NA
	Audit Findings	[JHU Audits]: B2 form error rate = 0% (based on 42 forms as of NOV2015)
	Comments	None

<b>92)</b>	Variable Name	<b>FOCLSYM</b>
	Short Description	Hachinski Ischemic Score, focal neurological symptoms
	Source	B2 #7
	Question Text	Focal neurological symptoms
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 2 = Present
	Missing OK If	NA
	Audit Findings	[JHU Audits]: B2 form error rate = 0% (based on 42 forms as of NOV2015)
	Comments	None

<b>93)</b>	Variable Name	<b>FOCLSIGN</b>
	Short Description	Hachinski Ischemic Score, focal neurological signs
	Source	B2 #8
	Question Text	Focal neurological signs
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = Absent 2 = Present
	Missing OK If	NA
	Audit Findings	[JHU Audits]: B2 form error rate = 0% (based on 42 forms as of NOV2015)
	Comments	None

<b>94)</b>	Variable Name	<b>HACHIN</b>
	Short Description	Hachinski Ischemic Score, total
	Source	B2 #9
	Question Text	Sum all circled answers for a total score
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	Min = 0 Max = 12
	Missing OK If	NA
	Audit Findings	[JHU Audits]: B2 form error rate = 0% (based on 42 forms as of NOV2015)
	Comments	None

<b>95)</b>	Variable Name	<b>CVDCOG</b>
	Short Description	Cerebrovascular disease contributing to cognitive impairment
	Source	B2 #10
	Question Text	Using your best judgment, do you believe that cerebrovascular disease (CVD) is contributing to the cognitive impairment?
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = No 1 = Yes 8 = N/A
	Missing OK If	NA
	Audit Findings	[JHU Audits]: B2 form error rate = 0% (based on 42 forms as of NOV2015)
	Comments	None

<b>96)</b>	Variable Name	<b>STROKCOG</b>
	Short Description	Relationship between stroke and cognitive impairment
	Source	B2 #11
	Question Text	If there is a stroke, is there a temporal relationship between stroke and onset of cognitive impairment?
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = No 1 = Yes 8 = N/A
	Missing OK If	NA
	Audit Findings	[JHU Audits]: B2 form error rate = 0% (based on 42 forms as of NOV2015)
	Comments	None

<b>97)</b>	Variable Name	<b>CVDIMAG</b>
	Short Description	Imaging evidence that CVD contributes to cognitive impairment
	Source	B2 #12
	Question Text	Is there imaging evidence which supports that CVD is contributing to the cognitive impairment?
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = No 1 = Yes 8 = N/A
	Missing OK If	NA
	Audit Findings	[JHU Audits]: B2 form error rate = 0% (based on 42 forms as of NOV2015)
	Comments	None

<b>98)</b>	Variable Name	<b>CVDIMAG1</b>
	Short Description	Imaging, single strategic infarct evidence that CVD contributes to cognitive impair
	Source	B2 #12A1
	Question Text	If yes, was there imaging evidence of single strategic infarct?
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = No 1 = Yes
	Missing OK If	B2 #12 CVDIMAG $\neq$ 1
	Audit Findings	[JHU Audits]: B2 form error rate = 0% (based on 42 forms as of NOV2015)
	Comments	None

<b>99)</b>	Variable Name	<b>CVDIMAG2</b>
	Short Description	Imaging, multiple infarcts evidence that CVD contributes to cognitive impairment
	Source	B2 #12A2
	Question Text	If yes, was there imaging evidence of multiple infarcts?
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = No 1 = Yes
	Missing OK If	B2 #12 CVDIMAG $\neq$ 1
	Audit Findings	[JHU Audits]: B2 form error rate = 0% (based on 42 forms as of NOV2015)
	Comments	None

<b>100)</b>	Variable Name	<b>CVDIMAG3</b>
	Short Description	Imaging, extensive white matter hyperintensity evidence that CVD contributes to c
	Source	B2 #12A3
	Question Text	If yes, was there imaging evidence of extensive white matter hyperintensity?
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = No 1 = Yes
	Missing OK If	B2 #12 CVDIMAG $\neq$ 1
	Audit Findings	[JHU Audits]: B2 form error rate = 0% (based on 42 forms as of NOV2015)
	Comments	None

<b>101)</b>	Variable Name	<b>CVDIMAG4</b>
	Short Description	Imaging, other imaging evidence that CVD contributes to cognitive impairment
	Source	B2 #12A4
	Question Text	If yes, was there other imaging evidence?
	Time of Collection	Baseline and Follow-up
	Data Type	Numeric
	Allowable Codes	0 = No 1 = Yes
	Missing OK If	B2 #12 CVDIMAG ≠ 1
	Audit Findings	[JHU Audits]: B2 form error rate = 0% (based on 42 forms as of NOV2015)
	Comments	None

<b>102)</b>	Variable Name	<b>CVDIMAGX</b>
	Short Description	Imaging, Other imaging evidence that CVD contributes to cognitive impairment, sp
	Source	B2 #12AS
	Question Text	If yes, was there other imaging evidence - specify
	Time of Collection	Baseline and Follow-up
	Data Type	Character
	Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
	Missing OK If	B2 #12A4 CVDIMAG4 ≠ 1
	Audit Findings	[JHU Audits]: B2 form error rate = 0% (based on 42 forms as of NOV2015)
	Comments	None