

Alzheimer's Disease Neuroimaging Initiative
Grand Opportunity
ADNI GO

Worksheet Packet

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SCHEDULE OF EVENTS (EMCI SUBJECTS)

Visit Name	Screen	Baseline	Month 3	Month 6	Month 12	Month 18
Visit Type	In-Clinic	In-Clinic	MRI	In-Clinic	In-Clinic	Telephone Check
Explain study	X					
Obtain consent	X					
Demographics, Family History, Inclusion and Exclusion Criteria	X					
Medical History, Physical Exam, Neurological Exam, Hachinski	X					
Vital Signs	X	X		X	X	
Height	X					
Screening Labs	X					
DNA Sample Collection for APOE Genotyping and GWAS		X				
Cell immortalization Sample Collection		X				
American National Adult Reading Test		X				
Mini Mental State Examination	X			X	X	
Logical Memory I and II	X				X	
Everyday Cognition (ECog)		X		X	X	
Montreal Cognitive Assessment (MoCA)		X		X	X	
Category Fluency (Animals)		X		X	X	
Trails A & B		X		X	X	
Boston Naming Test (30-item)		X		X	X	
Auditory Verbal Learning Test		X		X	X	
Geriatric Depression Scale	X			X	X	
Clock drawing		X		X	X	
Neuropsychiatric Inventory Q		X		X	X	
ADAS-Cog 13 (with Delayed Word Recall and Number Cancellation)		X		X	X	
Clinical Dementia Rating Scale	X			X	X	
Activities of Daily Living (FAQ)		X		X	X	
Plasma and Serum Biomarker Collection		X		X	X	
RNA Sample Collection		X			X	
Concomitant Medications	X	X		X	X	X
Adverse Events	X	X		X	X	X
Diagnostic Summary		X		X	X	
3T MRI Imaging (100%)	X		X*	X	X	
¹⁸ F-AV-45 Amyloid Imaging (100%)		X				
FDG-PET Imaging (100%)		X				
CSF Collection by Lumbar Puncture (LP) (100%)		X				

*Month 3 MRI is timed from Screening MRI

SCHEDULE OF EVENTS (FOLLOW-UP CN AND LMCI SUBJECTS)

Visit name	Baseline	Month 6	Month 12	Month 18
Visit Type	In-Clinic	Telephone Check	In-Clinic	Telephone Check
Explain study	X			
Obtain consent	X			
Medical History, Physical Exam, Neurological Exam	X			
Vital Signs	X		X	
Mini Mental State Examination	X		X	
DNA Sample Collection for GWAS	X			
Logical Memory I and II	X		X	
Everyday Cognition (ECog)	X		X	
Montreal Cognitive Assessment (MoCA)	X		X	
Category Fluency (Animals)	X		X	
Trails A & B	X		X	
Boston Naming Test (30-item)	X		X	
Auditory Verbal Learning Test	X		X	
Geriatric Depression Scale	X		X	
Clock drawing	X		X	
Neuropsychiatric Inventory Q	X		X	
ADAS-Cog 13 (with Delayed Word Recall and Number Cancellation)	X		X	
Clinical Dementia Rating Scale	X		X	
Activities of Daily Living (FAQ)	X		X	
Plasma and Serum Biomarker Collection	X		X	
RNA Sample Collection	X		X	
Concomitant Medications	X	X	X	X
Adverse Events	X	X	X	X
Diagnostic Summary	X		X	
1.5T MRI Imaging (100%)	X		X	
¹⁸ F-AV-45 -Amyloid Imaging (100%)	X			
FDG PET Imaging (100%)	X			
CSF Collection by Lumbar Puncture (LP)	X			

Note: All subjects will be asked if they are willing to consent to at least one LP. Subjects who are not able or willing to have LP, MRI, FDG-PET, or ¹⁸F-AV-45 Amyloid imaging will still be followed for cognitive and clinical assessments.



Inclusion Criteria

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Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Instructions: Indicate whether the following criteria has been met.
 If the answer to any question is "**NO**", the participant **MAY NOT** be enrolled in the study.
 Contact the Project Director for clarifications on the criteria or any potential protocol deviations.

1. Subject must have a memory complaint by subject or study partner that is verified by a study partner.
 - ☐ Yes
 - ☐ No
2. Abnormal memory function documented by scoring below the education adjusted cutoff on the Logical Memory II subscale (Delayed Paragraph Recall) from the Wechsler Memory Scale –Revised (the maximum score is 25):
 - a. 9-11 for 16 or more years of education.
 - b. 5-9 for 8-15 years of education.
 - c. 3-6 for 0-7 years of education.
 - ☐ Yes
 - ☐ No
3. Mini-Mental State Exam score between 24 and 30 (inclusive) (Exceptions may be made for subjects with less than 8 years of education at the discretion of the project director).
 - ☐ Yes
 - ☐ No
4. Clinical Dementia Rating = 0.5. Memory Box score must be at least 0.5.
 - ☐ Yes
 - ☐ No
5. General cognition and functional performance sufficiently preserved such that a diagnosis of Alzheimer's disease cannot be made by the site physician at the time of the screening visit.
 - ☐ Yes
 - ☐ No
6. Stability of Permitted Medications for 4 weeks. In particular, subjects may:
 - a. Take stable doses of antidepressants lacking significant anticholinergic side effects (if they are not currently depressed and do not have a history of major depression within the past 1 year).
 - b. Estrogen replacement therapy is permissible.
 - c. Gingko biloba is permissible, but discouraged.
 - d. Washout from psychoactive medication (e.g., excluded antidepressants, neuroleptics, chronic anxiolytics or sedative hypnotics, etc.) for at least 4 weeks prior to screening.
 - e. Cholinesterase inhibitors and memantine are allowable if stable for 12 weeks prior to screen.
 - ☐ Yes
 - ☐ No



Inclusion Criteria

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Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

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7. Geriatric Depression Scale less than 6.
 - ☐ Yes
 - ☐ No
8. Age between 55-90 (inclusive).
 - ☐ Yes
 - ☐ No
9. Study partner is available who has frequent contact with the subject (e.g. an average of 10 hours per week or more), and can accompany the subject to all clinic visits for the duration of the protocol.
 - ☐ Yes
 - ☐ No
10. Visual and auditory acuity adequate for neuropsychological testing.
 - ☐ Yes
 - ☐ No
11. Good general health with no diseases expected to interfere with the study.
 - ☐ Yes
 - ☐ No
12. Subject is not pregnant, lactating, or of childbearing potential (i.e. women must be two years post-menopausal or surgically sterile).
 - ☐ Yes
 - ☐ No
13. Willing and able to participate in a longitudinal imaging study.
 - ☐ Yes
 - ☐ No
14. Hachinski less than or equal to 4.
 - ☐ Yes
 - ☐ No
15. Six grade education or has a good work history (sufficient to exclude mental retardation).
 - ☐ Yes
 - ☐ No



Inclusion Criteria

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Visit: EMCI Screening

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16. Must speak English or Spanish fluently.

☐ Yes

☐ No

17. Willing to undergo repeated MRIs (3Tesla) and at least one PET (FDG and Amyloid imaging) and no medical contraindications to MRI.

☐ Yes

☐ No

18. Agrees to collection of blood for GWAS, APOE testing and DNA banking.

☐ Yes

☐ No

19. Agrees to collection of blood for biomarker testing.

☐ Yes

☐ No

20. Agrees to at least one lumbar puncture for the collection of CSF.

☐ Yes

☐ No



Exclusion Criteria

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Visit: EMCI Screening

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Instructions:

Indicate whether the following criteria has been met.

If the answer to any question is **"YES"**, the participant **MAY NOT** be enrolled in the study.

Contact the Project Director for clarifications on the criteria or any protocol deviations.

- Any significant neurologic disease other than suspected incipient Alzheimer's disease, such as Parkinson's disease, multi-infarct dementia, Huntington's disease, normal pressure hydrocephalus, brain tumor, progressive supranuclear palsy, seizure disorder, subdural hematoma, multiple sclerosis, or history of significant head trauma followed by persistent neurologic deficits or known structural brain abnormalities.

☐ Yes

☐ No
- Screening/baseline MRI scans with evidence of infection, infarction, or other focal lesions. Subjects with multiple lacunes or lacunes in a critical memory structure are excluded.

☐ Yes

☐ No
- Presence of pacemakers, aneurysm clips, artificial heart valves, ear implants, metal fragments or foreign objects in the eyes, skin or body.

☐ Yes

☐ No
- Major depression, bipolar disorder as described in DSM-IV within the past 1 year. Psychotic features, agitation or behavioral problems within the last 3 months which could lead to difficulty complying with the protocol.

☐ Yes

☐ No
- History of schizophrenia (DSM IV criteria).

☐ Yes

☐ No
- History of alcohol or substance abuse or dependence within the past 2 years (DSM IV criteria).

☐ Yes

☐ No
- Any significant systemic illness or unstable medical condition which could lead to difficulty complying with the protocol.

☐ Yes

☐ No



Exclusion Criteria

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Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

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8. Clinically significant abnormalities in B12, or TFTs that might interfere with the study.
 - ☐ Yes
 - ☐ No
9. Residence in skilled nursing facility.
 - ☐ Yes
 - ☐ No
10. Current use of specific psychoactive medications (e.g., certain antidepressants, neuroleptics, chronic anxiolytics or sedative hypnotics, etc.). Current use of warfarin (exclusionary for lumbar puncture).
 - ☐ Yes
 - ☐ No
11. Investigational agents are prohibited one month prior to entry and for the duration of the trial.
 - ☐ Yes
 - ☐ No
12. Participation in clinical studies involving neuropsychological measures being collected more than one time per year.
 - ☐ Yes
 - ☐ No
13. Exclusion for amyloid imaging with 18F-AV-45: Current or recent participation in any procedures involving radioactive agents such that the total radiation dose exposure to the subject in any given year would exceed the limits of annual and total dose commitment set forth in the US Code of Federal Regulations (CFR) Title 21 Section 361.1.
 - ☐ Yes
 - ☐ No
14. Exceptions to these guidelines may be considered on a case-by-case basis at the discretion of the protocol director (Dr. Petersen).
 - ☐ Yes
 - ☐ No



Geriatric Depression Scale

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Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

INSTRUCTIONS: Say to the participant: *"In the next part of this interview, I will ask you questions about your feelings. Some of the questions I will ask you may not apply, and some may make you feel uncomfortable. For each question, please answer "yes" or "no," depending on how you have been feeling in the past week, including today."*

Information Source: ☐ Participant Visit ☐ Telephone Call

☐ Check here if Participant is unable to complete the GDS based on the clinician's best judgement.

If unable, explain: _____

1. Are you basically satisfied with your life?

- ☐ Yes (0)
☐ No (1)

2. Have you dropped many of your activities and interests?

- ☐ Yes (1)
☐ No (0)

3. Do you feel that your life is empty?

- ☐ Yes (1)
☐ No (0)

4. Do you often get bored?

- ☐ Yes (1)
☐ No (0)

5. Are you in good spirits most of the time?

- ☐ Yes (0)
☐ No (1)

6. Are you afraid that something bad is going to happen to you?

- ☐ Yes (1)
☐ No (0)

7. Do you feel happy most of the time?

- ☐ Yes (0)
☐ No (1)



Geriatric Depression Scale

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Visit: EMCI Screening

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8. Do you often feel helpless?

- ☐ Yes (1)
☐ No (0)

9. Do you prefer to stay at home, rather than going out and doing new things?

- ☐ Yes (1)
☐ No (0)

10. Do you feel you have more problems with memory than most?

- ☐ Yes (1)
☐ No (0)

11. Do you think its wonderful to be alive now?

- ☐ Yes (0)
☐ No (1)

12. Do you feel pretty worthless the way you are now?

- ☐ Yes (1)
☐ No (0)

13. Do you feel full of energy?

- ☐ Yes (0)
☐ No (1)

14. Do you feel that your situation is hopeless?

- ☐ Yes (1)
☐ No (0)

15. Do you think that most people are better off than you are?

- ☐ Yes (1)
☐ No (0)

Total Score: _____

Alzheimer's Disease Cooperative Study



Clinical Dementia Rating

Scoring

See procedures manual for scoring instructions

Sum of Boxes

Global CDR

 ADNI PARTICIPANT NUMBER
 - S

 EXAMINER INITIALS

 EXAMINATION DATE

 MONTH DAY YEAR

INSTRUCTIONS: Score only as decline from previous usual level due to cognitive loss, not impairment due to other factors.

INFORMATION SOURCE: ☐ Participant Visit ☐ Telephone Call

SCORE	HEALTHY CDR 0	QUESTIONABLE DEMENTIA CDR 0.5	MILD DEMENTIA CDR 1	MODERATE DEMENTIA CDR 2	SEVERE DEMENTIA CDR 3
MEMORY <input type="text"/>	No memory loss or slight inconsistent forgetfulness	Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness	Moderate memory loss; more marked for recent events; defect interferes with everyday activities	Severe memory loss; only highly learned material retained; new material rapidly lost	Severe memory loss, only fragments remain
ORIENTATION <input type="text"/>	Fully oriented	Fully oriented except for slight difficulty with time relationships	Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere	Severe difficulty with time relationships; usually disoriented in time, often to place	Oriented to person only
JUDGMENT AND PROBLEM SOLVING <input type="text"/>	Solves everyday problems and business & financial affairs well; judgment good in relation to past performance	Slight impairment in solving problems, similarities, differences	Moderate difficulty in handling problems, similarities, differences; social judgment usually maintained	Severely impaired in handling problems, similarities, differences; social judgment usually impaired	Unable to make judgments or solve problems
COMMUNITY AFFAIRS <input type="text"/>	Independent function at usual level in job, shopping, volunteer and social groups	Slight impairment in these activities	Unable to function independently at these activities though may still be engaged in some; appears normal to casual inspection	No pretense of independent function outside home Appears well enough to be taken to functions outside a family home Appears too ill to be taken to functions outside a family home	
HOME AND HOBBIES <input type="text"/>	Life at home, hobbies, intellectual interests well maintained	Life at home, hobbies, intellectual interests slightly impaired	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned	Only simple chores preserved; very restricted interests, poorly maintained	No significant function in home
PERSONAL CARE <input type="text"/>	Fully capable of self care		Needs prompting	Requires assistance in dressing, hygiene, keeping of personal effects	Requires much help with personal care; frequent incontinence



Clinical Dementia Rating

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Visit: EMCI Screening

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

This is a semi-structured interview. Please ask all of these questions. Ask any additional questions necessary to determine the subject's CDR. Please record information from the additional questions.

Memory Questions for Study Partner:

1. Does he/she have a problem with his/her memory or thinking? ☐ Yes ☐ No
- 1a. If yes, is this a consistent problem (as opposed to inconsistent)? ☐ Yes ☐ No
2. Can he/she recall recent events? ☐ Usually ☐ Sometimes ☐ Rarely
3. Can he/she remember a short list of items (shopping)? ☐ Usually ☐ Sometimes ☐ Rarely
4. Has there been some decline in memory during the past year? ☐ Yes ☐ No
5. Is his/her memory impaired to such a degree that it would have interfered with his/her activities of daily life a few years ago (or pre-retirement activities)? (Collateral sources opinion) ☐ Yes ☐ No
6. Does he/she completely forget a major event (e.g., trip, party, family wedding) within a few weeks of the event? ☐ Usually ☐ Sometimes ☐ Rarely
7. Does he/she forget pertinent details of the major event? ☐ Usually ☐ Sometimes ☐ Rarely
8. Does he/she completely forget important information of the distant past (e.g., birth date, wedding date, place of employment)? ☐ Usually ☐ Sometimes ☐ Rarely
9. Tell me about some recent event in his/her life that he/she should remember. (For later testing, obtain details such as location of the event, time of day, participants, how long the event was, when it ended and how the subject or other participants got there.)

Within 1 week: _____

Within 1 month: _____

10. When was he/she born? _____

11. Where was he/she born? _____

12. What was the last school he/she attended? _____

Name: _____

Place: _____

Grade: _____

13. What was his/her main occupation/job (or spouse's job if subject was not employed)? _____

14. What was his/her last major job (or spouse's job if subject was not employed)? _____

15. When did he/she (or spouse) retire and why? _____



Clinical Dementia Rating

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ADNI PARTICIPANT NUMBER

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Orientation Questions for Study Partner:

How often does he/she know of the exact:

1. Date of the month?

☐ Usually
 ☐ Sometimes
 ☐ Rarely
 ☐ Don't Know

2. Month?

☐ Usually
 ☐ Sometimes
 ☐ Rarely
 ☐ Don't Know

3. Year?

☐ Usually
 ☐ Sometimes
 ☐ Rarely
 ☐ Don't Know

4. Day of the Week?

☐ Usually
 ☐ Sometimes
 ☐ Rarely
 ☐ Don't Know

5. Does he/she have difficulty with time relationships (when events happened in relation to each other)?

☐ Usually
 ☐ Sometimes
 ☐ Rarely
 ☐ Don't Know

6. Can he/she find his/her way about familiar streets?

☐ Usually
 ☐ Sometimes
 ☐ Rarely
 ☐ Don't Know

7. How often does he/she know how to get from one place to another outside his/her neighborhood?

☐ Usually
 ☐ Sometimes
 ☐ Rarely
 ☐ Don't Know

8. How often can he/she find his/her way about indoors?

☐ Usually
 ☐ Sometimes
 ☐ Rarely
 ☐ Don't Know



Clinical Dementia Rating

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Visit: EMCI Screening

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Judgment and Problem Solving Questions for Study Partner:

- In general, if you had to rate his/her abilities to solve problems at the present time, would you consider them:
 - ☐ As good as they have ever been
 - ☐ Good, but not as good as before
 - ☐ Fair
 - ☐ Poor
 - ☐ No ability at all
- Rate his/her ability to cope with small sums of money (e.g., make change, leave a small tip):
 - ☐ No Loss
 - ☐ Some Loss
 - ☐ Severe Loss
- Rate his/her ability to handle complicated financial or business transactions (e.g., balance checkbook, pay bills):
 - ☐ No Loss
 - ☐ Some Loss
 - ☐ Severe Loss
- Can he/she handle a household emergency (e.g., plumbing leak, small fire)?
 - ☐ As well as before
 - ☐ Worse than before because of trouble thinking
 - ☐ Worse than before, another reason (why) _____
- Can he/she understand situations or explanations?
 - ☐ Usually ☐ Sometimes ☐ Rarely ☐ Don't Know
- Does he/she behave* appropriately (i.e., in his/her usual [pre-morbid] manner) in social situations and interactions with other people?
 - ☐ Rarely ☐ Sometimes ☐ Usually ☐ Don't Know

*This item rates behavior, not appearance



Clinical Dementia Rating

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Visit: EMCI Screening

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Community Affairs Questions for Study Partner:

Occupational

1. Is the subject still working? ☐ Yes ☐ No ☐ N/A
 If not applicable, proceed to item 4
 If yes, proceed to item 3
 If no, proceed to item 2
2. Did memory or thinking problems contribute to the subject's decision to retire? (Question 4 is next) ☐ Yes ☐ No ☐ DK
3. Does the subject have significant difficulty in his/her job because of problems with memory or thinking?
☐ Rarely or Never ☐ Sometimes ☐ Usually ☐ Don't Know

Social

4. Did he/she ever drive a car? ☐ Yes ☐ No
 Does the subject drive a car now? ☐ Yes ☐ No
 If no, is this because of memory or thinking problems? ☐ Yes ☐ No
5. If he/she is still driving, are there problems or risks because of poor thinking? ☐ Yes ☐ No
- *6. Is he/she able to independently shop for needs?
☐ Rarely or Never (Needs to be accompanied on any shopping trip) ☐ Sometimes (Shops for limited number of items; buys duplicate items or forgets needed items) ☐ Usually ☐ Don't Know
7. Is he/she able to independently carry out activities outside the home?
☐ Rarely or Never (Generally unable to perform activities without help) ☐ Sometimes (Limited and/or routine, e.g., superficial participation in church or meetings; trips to beauty parlor) ☐ Usually (Meaningful participation in activities, e.g., voting.) ☐ Don't Know
8. Is he/she taken to social functions outside a family home? ☐ Yes ☐ No
 If no, why not? _____
9. Would a casual observer of the subject's behavior think the subject was ill? ☐ Yes ☐ No
10. If in nursing home, does he/she participate well in social functions (thinking)? ☐ Yes ☐ No

IMPORTANT:

Is there enough information to rate the subject's level of impairment in community affairs?

If not, please probe further.

Community Affairs: Such as going to church, visiting friends and family, political activities, professional organizations such as bar association, other professional groups, social clubs, service organizations, educational programs.

*Please add notes if needed to clarify subject's level of functioning in this area.



Clinical Dementia Rating

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Visit: EMCI Screening

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Home and Hobbies Questions for Study Partner:

- 1a. What changes have occurred in his/her abilities to perform household chores? _____

- 1b. What can he/she still do well? _____

- 2a. What changes have occurred in his/her ability to perform hobbies? _____

- 2b. What can he/she still do well? _____

3. If in nursing home, what can he/she no longer do well (H and H)? _____

Everyday Activities (Blessed):

- | | No Loss | | Severe Loss |
|--|---------|-----|-------------|
| 4. Ability to perform household tasks | 0 | 0.5 | 1 |
| Please describe: _____

_____ | | | |
| 5. Is he/she able to perform household chores at the level of:
(Pick one. Study Partner does not need to be asked directly) | | | |
| <input type="checkbox"/> No meaningful function.
(Performs simple activities, such as making a bed, only with much supervision) | | | |
| <input type="checkbox"/> Functions in limited activities only.
(With some supervision, washes dishes with acceptable cleanliness; sets table) | | | |
| <input type="checkbox"/> Functions independently in some activities.
(Operates appliances, such as a vacuum cleaner; prepares simple meals) | | | |
| <input type="checkbox"/> Functions in usual activities but not at usual level. | | | |
| <input type="checkbox"/> Normal function in usual activities. | | | |

IMPORTANT:

Is there enough information to rate the subject's level of impairment in HOME & HOBBIES?

If not, please probe further.

Homemaking Tasks: Such as cooking, laundry, cleaning, grocery shopping, taking out garbage, yard work, simple care, maintenance, and basic home repair.

Hobbies: Sewing, painting, handicrafts, reading, entertaining, photography, gardening, going to theater or symphony, woodworking, participation in sports.



Clinical Dementia Rating

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Visit: EMCI Screening

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Personal Care Questions for Study Partner:

*What is your estimate of his/her mental ability in the following areas:

	Unaided	Occasionally misplaced buttons, etc.	Wrong sequence commonly forgotten items	Unable to dress
A. Dressing (Blessed)	0	1	2	3
	Unaided	Needs prompting	Sometimes needs help	Always or nearly always needs help
B. Washing, grooming	0	1	2	3
	Cleanly; proper utensils	Messily; spoon	Simple solids	Has to be fed completely
C. Eating habits	0	1	2	3
	Normal complete control	Occasionally wets bed	Frequently wets bed	Doubly incontinent
D. Sphincter control (Blessed)	0	1	2	3

*A box score of 1 can be considered if the subject's personal care is impaired from a previous level, even if they do not receive prompting.



Clinical Dementia Rating

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Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

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Memory Questions for Subject:

- Do you have problems with memory or thinking? ☐ Yes ☐ No
- A few moments ago, your (spouse, etc.) told me a few recent experiences you had. Will you tell me some thing about those? (Prompt for details, if needed, such as location of the event, time of day, participants, how long the event was, when it ended and how the subject or other participants got there.)

Within 1 week

1.0 - Largely correct _____

0.5 _____

0.0 - Largely incorrect _____

Within 1 month

1.0 - Largely correct _____

0.5 _____

0.0 - Largely incorrect _____

- I will give you a name and address to remember for a few minutes. Repeat this name and address after me: (Repeat until the phrase is correctly repeated or to a maximum of three trials.)

Elements	1	2	3	4	5
	John	Brown,	42	Market Street,	Chicago
	John	Brown,	42	Market Street,	Chicago
	John	Brown,	42	Market Street,	Chicago

(Underline elements repeated correctly in each trial)

- When were you born? _____

- Where were you born? _____

- What was the last school you attended? _____

Name _____

Place _____ Grade _____

- What was your main occupation/job (or spouse if not employed)? _____

- What was your last major job (or spouse if not employed)? _____

- When did you (or spouse) retire and why? _____

- Repeat the name and address I asked you to remember:

Elements	1	2	3	4	5
	John	Brown,	42	Market Street,	Chicago

☐ None correctly Repeated

(Underline elements repeated correctly in each trial.)



Clinical Dementia Rating

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Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

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Orientation Questions for Subject:

Record the subject's answer verbatim for each question:

1. What is the date today?

☐ Correct☐ Incorrect

2. What day of the week is it?

☐ Correct☐ Incorrect

3. What is the month?

☐ Correct☐ Incorrect

4. What is the year?

☐ Correct☐ Incorrect

5. What is the name of this place?

☐ Correct☐ Incorrect

6. What town or city are we in?

☐ Correct☐ Incorrect

7. What time is it?

☐ Correct☐ Incorrect

8. Does the subject know who the study partner is (in your judgment)?

☐ Correct☐ Incorrect



Clinical Dementia Rating

Page 9 of 10

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

				S			
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Judgment and Problem Solving Questions for Subject:

Instructions: If initial response by subject does not merit a score of 0, press the matter to identify the subject's best understanding of the problem. Circle nearest response.

Similarities:

Example: "How are a pencil and pen alike?" (writing instruments)

"How are these things alike?"

Subject's response

1. turnip.....cauliflower

(0 = vegetables)

(1 = edible foods, living things, can be cooked, etc.)

(2 = answers not pertinent; differences; buy item)

2. desk.....bookcase

(0 = furniture, office furniture, both hold books)

(1 = wooden, legs)

(2 = not pertinent; differences; buy item)

Differences:

Example: "What is the difference between sugar and vinegar?" (sweet vs. sour)

"What is the difference between these things?"

Subject's response

3. lie.....mistake

(0 = one deliberate, one unintentional)

(1 = one bad the other good - or explains only one)

(2 = anything else, similarities)

4. river.....canal

(0 = natural - artificial)

(2 = anything else)

Calculations:

Subject's response

5. How many nickels in a dollar? _____

☐

Correct

☐

Incorrect

6. How many quarters in \$6.75? _____

☐

Correct

☐

Incorrect

7. Subtract 3 from 20 and keep _____

☐

Correct

☐

Incorrect

subtracting 3 from each new
number all the way down.

Judgment:

8. Upon arriving in a strange city, how would you locate a friend that you wished to see?

0 = try the telephone book, city directory, go to the courthouse for a directory; call a mutual friend

1 = call the police, call operator (usually will not give address)

2 = no clear response

9. Subject's assessment of disability and station in life and understanding of why he/she is present at the examination (may have covered, but rate here):

☐

Good Insight

☐

Partial Insight

☐

Little Insight



Clinical Dementia Rating

Page 10 of 10

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

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Notes, Comments, Summary Statement



Neuropsychiatric Inventory Q

Page 1 of 3

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S					
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Instructions: For each question, use the participant's name where {P} appears. Ask the participant's Study Partner to indicate whether any of the {P}'s behaviors listed below occurred during the previous four weeks. If so, use the following rating scales to rate the severity of the behavior.

Information Source

- ☐ Participant Visit
☐ Telephone Call

A. DELUSIONS Does {P} believe that others are stealing from him/her, or planning to harm him/her in some way?

- ☐ No
☐ Yes
☐ N/A

Severity Ratings

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

B. HALLUCINATIONS Does {P} act as if he/she hears voices? Does he/she talk to people who are not there?

- ☐ No
☐ Yes
☐ N/A

Severity Ratings

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

C. AGITATION/AGGRESSION Is {P} stubborn and resistive to help from others?

- ☐ No
☐ Yes
☐ N/A

Severity Ratings

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

D. DEPRESSION/DYSPHORIA Does {P} act as if he/she is sad or in low spirits? Does he/she cry?

- ☐ No
☐ Yes
☐ N/A

Severity Ratings

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



Neuropsychiatric Inventory Q

Page 2 of 3

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S			
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E. ANXIETY Does {P} 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?

- ☐ No
☐ Yes
☐ N/A

Severity Ratings

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

F. ELATION/EUPHORIA Does {P} appear to feel too good or act excessively happy?

- ☐ No
☐ Yes
☐ N/A

Severity Ratings

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

G. APATHY/INDIFFERENCE Does {P} seem less interested in his/her usual activities and in the activities and plans of others?

- ☐ No
☐ Yes
☐ N/A

Severity Ratings

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

H. DISINHIBITION Does {P} seem to act impulsively? For example, does {P} talk to strangers as if he/she knows them, or does {P} say things that may hurt people's feelings?

- ☐ No
☐ Yes
☐ N/A

Severity Ratings

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



Neuropsychiatric Inventory Q

Page 3 of 3

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S			
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I. IRRITABILITY/LABILITY *Is {P} impatient or cranky? Does he/she have difficulty coping with delays or waiting for planned activities?*

- ☐ No
☐ Yes
☐ N/A

Severity Ratings

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

J. ABERRANT MOTOR BEHAVIOR *Does {P} engage in repetitive activities, such as pacing around the house, handling buttons, wrapping strings, or doing other things repeatedly?*

- ☐ No
☐ Yes
☐ N/A

Severity Ratings

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

K. SLEEP *Does {P} awaken you during the night, rise too early in the morning, or take excessive naps during the day?*

- ☐ No
☐ Yes
☐ N/A

Severity Ratings

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

L. APPETITE AND EATING DISORDERS *Has {P} lost or gained weight, or had a change in the food he/she likes?*

- ☐ No
☐ Yes
☐ N/A

Severity Ratings

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

Total Score

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Functional Assessment Questionnaire

Page 1 of 2

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S					
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Instructions: Select the most accurate representation of the participant's level of ability to perform each activity over the preceding four weeks, based on the Study Partner's assessment.

Information Source

- ☐ Participant Visit
☐ Telephone Call

1. Writing checks, paying bills, or balancing checkbook.

- ☐ Normal (0)
☐ Never did, but could do now (0)
☐ Never did, would have difficulty now (1)
☐ Has difficulty, but does by self (1)
☐ Requires assistance (2)
☐ Dependent (3)

2. Assembling tax records, business affairs, or other papers.

- ☐ Normal (0)
☐ Never did, but could do now (0)
☐ Never did, would have difficulty now (1)
☐ Has difficulty, but does by self (1)
☐ Requires assistance (2)
☐ Dependent (3)

3. Shopping alone for clothes, household necessities, or groceries.

- ☐ Normal (0)
☐ Never did, but could do now (0)
☐ Never did, would have difficulty now (1)
☐ Has difficulty, but does by self (1)
☐ Requires assistance (2)
☐ Dependent (3)

4. Playing a game of skill such as bridge or chess, working on a hobby.

- ☐ Normal (0)
☐ Never did, but could do now (0)
☐ Never did, would have difficulty now (1)
☐ Has difficulty, but does by self (1)
☐ Requires assistance (2)
☐ Dependent (3)

5. Heating water, making a cup of coffee, turning off the stove.

- ☐ Normal (0)
☐ Never did, but could do now (0)
☐ Never did, would have difficulty now (1)
☐ Has difficulty, but does by self (1)
☐ Requires assistance (2)
☐ Dependent (3)



Functional Assessment Questionnaire

Page 2 of 2

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S			
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6. Preparing a balanced meal.

- ☐ Normal (0)
- ☐ Never did, but could do now (0)
- ☐ Never did, would have difficulty now (1)
- ☐ Has difficulty, but does by self (1)
- ☐ Requires assistance (2)
- ☐ Dependent (3)

7. Keeping track of current events.

- ☐ Normal (0)
- ☐ Never did, but could do now (0)
- ☐ Never did, would have difficulty now (1)
- ☐ Has difficulty, but does by self (1)
- ☐ Requires assistance (2)
- ☐ Dependent (3)

8. Paying attention to and understanding a TV program, book, or magazine.

- ☐ Normal (0)
- ☐ Never did, but could do now (0)
- ☐ Never did, would have difficulty now (1)
- ☐ Has difficulty, but does by self (1)
- ☐ Requires assistance (2)
- ☐ Dependent (3)

9. Remembering appointments, family occasions, holidays, medications.

- ☐ Normal (0)
- ☐ Never did, but could do now (0)
- ☐ Never did, would have difficulty now (1)
- ☐ Has difficulty, but does by self (1)
- ☐ Requires assistance (2)
- ☐ Dependent (3)

10. Traveling out of the neighborhood, driving, or arranging to take public transportation.

- ☐ Normal (0)
- ☐ Never did, but could do now (0)
- ☐ Never did, would have difficulty now (1)
- ☐ Has difficulty, but does by self (1)
- ☐ Requires assistance (2)
- ☐ Dependent (3)

Total Score



Vital Signs

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

			S				
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

1. Measure weight with shoes off. Round up or down to the nearest tenth.

			.	
--	--	--	---	--

- 1b. Units

☐ Pounds

☐ Kilograms

2. Measure height with shoes off. Round up or down to the nearest tenth. (Screening Visit Only)

			.	
--	--	--	---	--

- 2b. Units

☐ Inches

☐ Centimeter

3. Seated Blood Pressure

			/			
--	--	--	---	--	--	--

systolic

diastolic

mmHg

4. Seated Pulse Rate (beats per minute)

--	--	--

bpm

5. Respirations (per minute)

--	--

6. Temperature

			.	
--	--	--	---	--

- 6b. Temperature Source

☐ Oral

☐ Tympanic

☐ Other

- 6c. Units

☐ Fahrenheit

☐ Celsius

7. Comments regarding vital signs:



Physical Exam

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

			S				
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

	NORMAL	ABNORMAL
--	---------------	-----------------

If "abnormal," must provide details:

- | | | | |
|---|--------------------------|--------------------------|----------------|
| 1. General Appearance | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Head, Eyes, Ears, Nose, Throat | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. Neck | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 4. Chest | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 5. Heart | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 6. Abdomen | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 7. Extremities | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 8. Edema | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 9. Peripheral Vascular | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10. Skin and Appendages
(e.g., ecchymosis) | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 11. Musculoskeletal | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 12. Back | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 13. Other | <input type="checkbox"/> | <input type="checkbox"/> | Specify: _____ |

14. General comments _____

15. Confirm clinician's qualifying credentials:

☐ M.D. ☐ P.A. ☐ D.O. ☐ N.P. ☐ Other (specify) _____

16. Based on the Physical Examination, clinician must check appropriate box below:

- ☐ Findings consistent with eligibility for study
☐ Participant is not eligible for study

17. **Clinician's signature (required)** _____ **Date** _____



Neurological Exam

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

			S				
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

	Absent	Present	If "present", must provide details
1. Significant Visual Impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Significant Auditory Impairment	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Tremor	<input type="checkbox"/>	<input type="checkbox"/>	_____
	Normal	Abnormal	
4. Level of Consciousness	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Cranial Nerves	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Motor Strength	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Cerebellar:			
a. Finger to Nose	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Heel to Shin	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Sensory	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Deep Tendon Reflexes	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Plantar Reflexes	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Gait	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. Other	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____

13. General comments _____

14. Confirm clinician's qualifying credentials:

☐ M.D. ☐ P.A. ☐ D.O. ☐ N.P. ☐ Other (specify) _____

15. Based on the Neurological Examination, clinician must check appropriate box below:

☐ Findings consistent with eligibility for study ☐ Participant is not eligible for study

16. Clinician's Signature (required) _____ Date _____



Participant Demographics

Page 1 of 2
Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Information Source: ☐ Participant Visit ☐ Telephone Visit

1. Participant Gender:

☐ Male ☐ Female

2a. Participant Month of Birth

MONTH	

2b. Participant Year of Birth

YEAR			

3. Participant Handedness:

☐ Right ☐ Left

4. Participant Marital Status:

- ☐ Married
☐ Widowed
☐ Divorced
☐ Never Married
☐ Unknown

5. Participant Education (0 - 20 years):

--	--

5a. Does the participant have a work history sufficient to exclude mental retardation?

☐ Yes ☐ No

6a. Primary occupation during most of adult life: _____

6b. Most recent occupation: _____

7. Participant Retired?

☐ Yes ☐ No

Retirement Date:

MONTH		DAY		YEAR			



Participant Demographics

Page 2 of 2

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

				S			
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8. Type of Participant residence (If Other, please specify):

- ☐ House
☐ Condo/Co-op (owned)
☐ Apartment (rented)
☐ Mobile Home
☐ Retirement Community
☐ Assisted Living
☐ Skilled Nursing Facility
☐ Other (Specify): _____

9. Language to be used for testing the Participant:

- ☐ English
☐ Spanish

10. Participant's Primary Language (If Other, please specify):

- ☐ English
☐ Spanish
☐ Other (specify): _____

11a. Year of onset of Mild Cognitive symptoms (best estimate):

--	--	--	--

11b. Year of onset of Alzheimer's disease symptoms (best estimate):

--	--	--	--

12. Ethnic Category:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino
☐ Unknown

13. Racial Category:

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American
☐ White
☐ More than one race
☐ Unknown



Family History Questionnaire

Page 1 of 2

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

				S					
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Instructions: Ask the participant and study partner about the presence of dementia and Alzheimer's disease for the following biological (blood) relatives. Dementia should be indicated if a relative has a history of senility or progressive memory problems over time. If the participant has siblings, answer "Yes" to question #3 and provide information about his/her history of dementia.

NOTE: Alzheimer's Disease should only be answered when Dementia is answered "Yes."

Information Source

- ☐ Participant Visit
☐ Telephone Call

Indicate below who provided the information collected for this questionnaire:

- ☐ Participant only
☐ Study Partner only
☐ Both Participant and Study Partner

1. Mother

Dementia

- ☐ Yes
☐ No
☐ Don't Know

Alzheimer's Disease

- ☐ Yes
☐ No
☐ Don't Know

2. Father

Dementia

- ☐ Yes
☐ No
☐ Don't Know

Alzheimer's Disease

- ☐ Yes
☐ No
☐ Don't Know



Family History Questionnaire

Page 2 of 2

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

				S			
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3. Does the participant have any siblings? (If yes, please provides additional information below.)

☐ Yes

☐ No

Details: _____

Sibling 1:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Dementia:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Alzheimer's Disease:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
------------	---------	--	-----------	--	----------------------	--

Sibling 2:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Dementia:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Alzheimer's Disease:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
------------	---------	--	-----------	--	----------------------	--

Sibling 3:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Dementia:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Alzheimer's Disease:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
------------	---------	--	-----------	--	----------------------	--

Sibling 4:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Dementia:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Alzheimer's Disease:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
------------	---------	--	-----------	--	----------------------	--

Sibling 5:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Dementia:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Alzheimer's Disease:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
------------	---------	--	-----------	--	----------------------	--

Sibling 6:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Dementia:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Alzheimer's Disease:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
------------	---------	--	-----------	--	----------------------	--

Sibling 7:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Dementia:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Alzheimer's Disease:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
------------	---------	--	-----------	--	----------------------	--

Sibling 8:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Dementia:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Alzheimer's Disease:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
------------	---------	--	-----------	--	----------------------	--

Sibling 9:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Dementia:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Alzheimer's Disease:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
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Medical History

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

INSTRUCTIONS: Please review all significant relevant medical history with the participant and indicate whether the participant has or has had a condition/problem within each system by checking the yes or no box. If **YES** is checked please proceed to the Medical History Supplemental form and provide complete details.

Information Source: ☐ Participant Visit ☐ Telephone Call

REVIEW OF SYSTEMS	YES	NO		YES	NO
1. Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>	14. Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>
2. Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	<i>If Yes to Alcohol Abuse:</i>		
3. Head, Eyes, Ears, Nose, Throat	<input type="checkbox"/>	<input type="checkbox"/>	14a. During period of alcohol abuse, estimate the average number of drinks per day: _____		
4. Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	14b. Duration of abuse (years): _____		
5. Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	14c. Period of time since end of abuse (years): _____		
6. Hepatic	<input type="checkbox"/>	<input type="checkbox"/>	15. Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>
7. Dermatologic-Connective Tissue	<input type="checkbox"/>	<input type="checkbox"/>	16. Smoking	<input type="checkbox"/>	<input type="checkbox"/>
8. Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	<i>If Yes to Smoking:</i>		
9. Endocrine-Metabolic	<input type="checkbox"/>	<input type="checkbox"/>	16a. During periods of smoking, the average number of packs/day: _____		
10. Gastrointestinal	<input type="checkbox"/>	<input type="checkbox"/>	16b. Duration (years): _____		
11. Hematopoietic-Lymphatic	<input type="checkbox"/>	<input type="checkbox"/>	16c. If no longer smoking, provide period of time since stopped smoking (years): _____		
12. Renal-Genitourinary	<input type="checkbox"/>	<input type="checkbox"/>	17. Malignancy	<input type="checkbox"/>	<input type="checkbox"/>
13. Allergies or Drug Sensitivities	<input type="checkbox"/>	<input type="checkbox"/>	18. Major Surgical Procedures	<input type="checkbox"/>	<input type="checkbox"/>
			19. Other	<input type="checkbox"/>	<input type="checkbox"/>
			20. General Comments: _____		



Medical History - Supplemental Form

page ____ of ____
Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

			S				
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

INSTRUCTIONS: Use this form if the participant has indicated a condition or problem in a system on the Medical History form. **Only list ONE condition/problem per line** and provide details for each, including the best estimate of date of onset. If Current condition, indicate whether the problem is **Stable**. If the participant is currently taking medication for a condition, the condition should be recorded below as **Current**. Actual medication should be recorded on the Concurrent Medication Log.

SYSTEM # / SYSTEM [e.g. 1 / Psychiatric]	DETAILS	ONSET DATE	CURRENT?	IF CURRENT, STABLE?	TYPE OF TREATMENT? (If other, please specify)
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medication <input type="checkbox"/> Other _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medication <input type="checkbox"/> Other _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medication <input type="checkbox"/> Other _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medication <input type="checkbox"/> Other _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medication <input type="checkbox"/> Other _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medication <input type="checkbox"/> Other _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medication <input type="checkbox"/> Other _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medication <input type="checkbox"/> Other _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medication <input type="checkbox"/> Other _____



Modified Hachinski

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Instructions: Select "Absent" or "Present" for each of the clinical features of cognitive impairment listed below. Point values for "Present" are given in parentheses.

	Present	Absent
1. Abrupt Onset of Dementia	<input type="checkbox"/> (2)	<input type="checkbox"/>
2. Stepwise Deterioration of Dementia	<input type="checkbox"/> (1)	<input type="checkbox"/>
3. Somatic Complaints	<input type="checkbox"/> (1)	<input type="checkbox"/>
4. Emotional Incontinence	<input type="checkbox"/> (1)	<input type="checkbox"/>
5. History of Hypertension	<input type="checkbox"/> (1)	<input type="checkbox"/>
6. History of Stroke	<input type="checkbox"/> (2)	<input type="checkbox"/>
7. Focal Neurological Symptoms	<input type="checkbox"/> (2)	<input type="checkbox"/>
8. Focal Neurological Signs	<input type="checkbox"/> (2)	<input type="checkbox"/>

Total Score (Range 0-12)
Sum the values assigned to the boxes checked "Present".

--



Key Background Medications Form

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

At this visit, please indicate if participant is on any of the following medications. If none, please check 'None of the above.' Medication must also be entered in Concurrent Medication Log.

- ☐ Aricept
- ☐ Cognex
- ☐ Exelon
- ☐ Namenda
- ☐ Razadyne
- ☐ Anti-depressant medication
- ☐ Other behavioral medication
- ☐ None of the above

Alzheimer's Disease Cooperative Study



Concurrent Medications

page ____ of ____

Check box corresponding to visit of last review/update for EMCI Participants:

☐ SC

☐ BL

☐ M 6

☐ M 12

☐ M 18

ADNI PARTICIPANT NUMBER

 - S -

EXAMINER INITIALS

EXAMINATION DATE

MONTH

DAY

YEAR

Instructions:

List all medications (prescription and over-the-counter, including vitamins and herbal supplements) taken **within three months of Screening**. If medication will be continued, leave "Date Ended" blank. At subsequent visits, review each record and update. This form should be stored in the Participant Binder for future updates. Please see Procedures Manual for more detailed CRF/Worksheet instructions. Under "Reason Prescribed" reasons may include the following: Adverse Event (include event number), Therapeutic Use, and Prophylaxis/non-therapeutic use. If the medications continue at the end of the study, check the "Continuing at Final Follow Up" box.

☐ **No medication 3 months prior to the screening visit**

Medication	Dose/Freq/Route**	Date Began† Month/Day/Year	Date Ended† Month/Day/Year	Reason Prescribed	Continuing at Final Follow Up?
_____	___/___/___	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Adverse Event <input type="checkbox"/> Therapeutic Use <input type="checkbox"/> Prophylaxis/Non-therapeutic Use	<input type="checkbox"/>
Reason Prescribed Details*: _____					
_____	___/___/___	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Adverse Event <input type="checkbox"/> Therapeutic Use <input type="checkbox"/> Prophylaxis/Non-therapeutic Use	<input type="checkbox"/>
Reason Prescribed Details*: _____					
_____	___/___/___	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Adverse Event <input type="checkbox"/> Therapeutic Use <input type="checkbox"/> Prophylaxis/Non-therapeutic Use	<input type="checkbox"/>
Reason Prescribed Details*: _____					
_____	___/___/___	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Adverse Event <input type="checkbox"/> Therapeutic Use <input type="checkbox"/> Prophylaxis/Non-therapeutic Use	<input type="checkbox"/>
Reason Prescribed Details*: _____					

† If exact Month and Day are not known, enter "UNK" for each component. ("UNK" is not acceptable for Year; please ask participant for best estimate)

** See procedures manual for further clarification

* For Clinical Monitor use only. Do not enter into the online CRFs.

Diagnosis Summary and Diagnosis Summary – Baseline Changes Forms

Diagnosis at Screening

There are four key inclusion criteria that define the EMCI cohort: presence of a memory complaint, delayed logical memory recall score (education adjusted cut off scores), Mini Mental State Exam score and Clinical Dementia Rating. Based on the values of these key variables and associated cut off scores, the diagnostic status is determined. *The screening diagnosis is captured in the ARM table.*

Diagnosis Assessment and Conversion

The study clinician is responsible for assessing diagnostic status at the initial / baseline visit and is based on his/her clinical judgment. There are no cut off scores associated with delayed logical memory recall, clinical dementia rating etc. that are required per diagnosis. The baseline diagnostic status is documented in the Diagnosis Summary Worksheet / eCRF (*which may differ from the diagnosis status at screening captured in the ARM table*).

- ADNI GO the table name is DXSUM – Diagnostic Summary
Field is DXCHANGE - Which best describes the participant's change in cognitive status from last visit to current visit?

The study clinician is responsible to re-assess diagnostic status at each in-clinic study visit and determine if a conversion or reversion to a new diagnostic category has occurred via the Diagnosis Summary Worksheet / eCRF.

- ADNI GO the table name is DXSUM – Diagnostic Summary
Field is DXCHANGE - Which best describes the participant's change in cognitive status from last visit to current visit?

Documentation to show support of conversion / reversion / or No Change is through the Diagnosis Summary – Baseline Changes Worksheet / eCRF

- ADNI GO the table name is BLCHANGE – Diagnostic Summary-
Baseline Changes

NOTE: At the baseline visit only questions 13, 14, and 15 on the Diagnosis Summary-Baseline Changes form are administered. Questions 1-12 ask about change in performance on MMSE, ADAS etc. that do not apply at baseline. All subsequent visits after baseline, questions 1-15 are administered.



Diagnostic Summary

Baseline Changes Form

Page 1 of 2

Visit: EMCI Month 6

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

INSTRUCTIONS: This form should be completed by a physician at every in-clinic visit to confirm the participant's current diagnosis and indicate whether a conversion has occurred. Please use the narrative summary field to provide any other information used to support the diagnosis.

Physician's Initials:

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Form Completed:

MONTH		DAY		YEAR			

Pre-visit Diagnosis:

☐ NL ☐ MCI ☐ AD

1. Clinically relevant worsening on ADAS?

☐ Yes ☐ No

2. Clinically relevant worsening on MMSE?

☐ Yes ☐ No

3. Clinically relevant worsening on MMSE recall?

☐ Yes ☐ No

4. Clinically relevant worsening on non-memory MMSE items?

☐ Yes ☐ No

5. Clinically relevant worsening in memory on neuropsych testing?

☐ Yes ☐ No

6. Clinically relevant impairment/worsening in non-memory cognitive domains on neuropsych testing?

☐ Yes ☐ No

7. Clinically relevant worsening in activities of daily living (FAQ)?

☐ Yes ☐ No

8. Clinically relevant deterioration on CDR Sum of Boxes or Overall CDR rating?

☐ Yes ☐ No

9. Clinically relevant depression based on clinical judgement or GDS?

☐ Yes ☐ No



Diagnostic Summary

Baseline Changes Form

Page 2 of 2

Visit: EMCI Month 6

ADNI PARTICIPANT NUMBER

				S				
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10. Did subject have a stroke?

☐ Yes ☐ No

11. Is there evidence of a delirium (medication effect, toxic or metabolic encephalopathy)?

☐ Yes ☐ No

12. Has extenuating circumstance (such as a physical health problem, change in residence, change in support network, death of a family member, etc.) contributed to a change in the subject's cognitive or functional performance?

☐ Yes ☐ No

If yes, describe: _____

13. Is the change in clinical status corroborated by informant report of changes in ADL?

☐ Yes ☐ No ☐ NA/No change in clinical status

14. Is the change in clinical status corroborated by informant report of changes in cognition?

☐ Yes ☐ No ☐ NA/No change in clinical status

15. Narrative Summary: _____



Diagnostic Summary

Page 1 of 4

Visit: EMCI Month 6

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

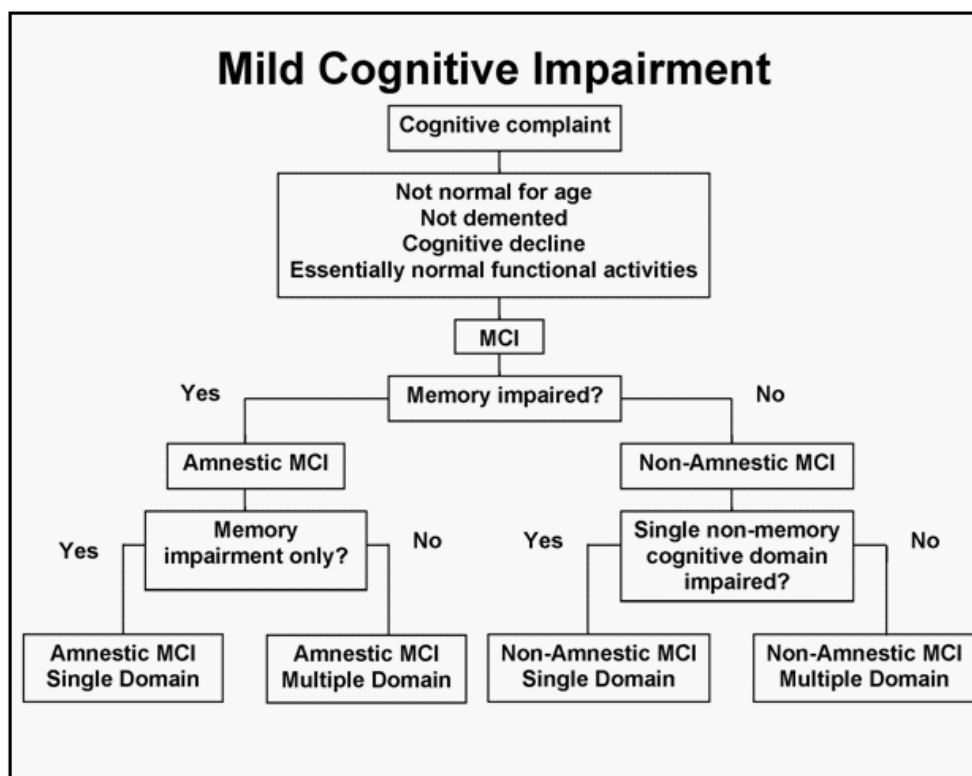
INSTRUCTIONS: This form should be completed by a physician at every in-clinic visit to confirm the participant's current diagnosis and whether a conversion has occurred. If the participant is currently MCI, please use the below chart to assist in making an assessment of whether the participant has MCI with memory features or non-memory features.

Date Form Completed:

MONTH		DAY		YEAR			

Clinician Initials:

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1. Which best describes the participant's cognitive status from last visit to current visit:

- ☐ Stable: NL to NL
- ☐ Stable: MCI to MCI
- ☐ Stable: Dementia to Dementia
- ☐ Conversion: NL to MCI
- ☐ Conversion: MCI to Dementia
- ☐ Conversion: NL to Dementia
- ☐ Reversion: MCI to NL
- ☐ Reversion: Dementia to MCI
- ☐ Reversion: Dementia to NL



Diagnostic Summary

Page 2 of 4

Visit: EMCI Month 6

ADNI PARTICIPANT NUMBER

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2. If current status is MCI, complete the following:

2a. MCI features (select all that apply):

- ☐ MCI - Memory features (amnesic)
- ☐ MCI - Non-memory features (non-amnesic)

If MCI - Memory features, complete the following (Petersen Criteria, see procedures manual for details):

- i. Subjective memory complaint
 - ☐ Yes
 - ☐ No
- ii. Informant memory complaint
 - ☐ Yes
 - ☐ No
- iii. Normal general cognitive function
 - ☐ Yes
 - ☐ No
 - ☐ Marginal
- iv. Normal activities of daily living
 - ☐ Yes
 - ☐ No
 - ☐ Marginal
- v. Objective memory impairment for age and education
 - ☐ Yes
 - ☐ No
- vi. Not demented by diagnostic criteria
 - ☐ Yes
 - ☐ No

2b. Suspected cause of MCI:

- ☐ MCI due to Alzheimer's Disease
- ☐ MCI due to other etiology

If MCI due to other etiology, select box(es) to indicate reason:

- ☐ Fronto-temporal Dementia
- ☐ Parkinson's Disease
- ☐ Huntington's Disease
- ☐ Progressive Supranuclear Palsy
- ☐ Alcoholic-related Dementia
- ☐ NPH
- ☐ Major Depression
- ☐ Corticobasal Degeneration
- ☐ Vascular Dementia
- ☐ Prion-Associated Dementia
- ☐ HIV
- ☐ Primary Progressive Aphasia
- ☐ Posterior Cortical Dysfunction
- ☐ Other (Specify): _____



Diagnostic Summary

Page 3 of 4

Visit: EMCI Month 6

ADNI PARTICIPANT NUMBER

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3. If current diagnosis is dementia, complete the following:

3a. Dementia severity - clinician's impression

- ☐ Mild
☐ Moderate
☐ Severe

3b. Suspected cause of dementia:

- ☐ Dementia due to Alzheimer's Disease
☐ Dementia due to other etiology

If dementia due to Alzheimer's Disease, indicate likelihood:

- ☐ Probable
☐ Possible

If Possible AD, select box(es) to indicate reason:

- ☐ Atypical clinical course or features (Specify): _____
☐ Stroke(s)
☐ Depression
☐ Delirium
☐ Parkinsonism
☐ Metabolic / Toxic Disorder (Specify): _____
☐ Other (Specify): _____

If dementia due to other etiology, select best diagnosis:

- ☐ Frontotemporal Dementia
☐ Parkinson's Disease
☐ Huntington's Disease
☐ Progressive Supranuclear Palsy
☐ Alcoholic-related Dementia
☐ NPH
☐ Major Depression
☐ Corticobasal Degeneration
☐ Vascular Dementia
☐ Prion-Associated Dementia
☐ HIV
☐ Primary Progressive Aphasia
☐ Posterior Cortical Dysfunction
☐ Other (Specify): _____



Diagnostic Summary

Page 4 of 4

Visit: EMCI Month 6

ADNI PARTICIPANT NUMBER

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4. Other conditions:

4a. Depressive Symptoms present?

☐ Yes

☐ No

If yes, please describe: _____

4b. Parkinsonism symptoms present?

☐ Yes

☐ No

If yes, please describe: _____

Baseline Symptoms Checklist was conducted only at the SCREENING visit to obtain a 'baseline' set of symptoms as being present or absent in order to have a benchmark to assess for potential adverse events at subsequent visits.

Diagnosis and Symptoms Checklist was conducted at all subsequent visits (and the list of symptoms/questions are identical to the Baseline Symptoms Checklist). If a new symptom was present (not noted at SCREENING on the Baseline Symptoms Checklist) OR if the condition noted at SCREENING had worsen in chronicity or severity it was to be documented as an adverse event.



Diagnosis and Symptoms Checklist

Visit: EMCI Month 6

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Instructions: The Diagnosis and Symptoms Checklist is completed at each visit **following** the Screening Visit. Complete this with information from both the participant and study partner. If a diagnosis has been made, the diagnosis should be documented under "Other". Do not check symptoms associated with the diagnosis. Please review this checklist along with the Baseline Symptoms Log that was completed at screening. Any new condition/symptom since the screening visit should be reported as an Adverse Event on the AE Log. Additionally, any condition/symptom present at screening that has worsened in chronicity or severity will need to be captured as an Adverse Event on the AE Log and should be closed out on the Baseline Symptoms Log. Lastly, for any condition/symptom that was present at screening that has since resolved, please update the baseline symptom log to reflect this.

Symptom	Absent	Present
1. Nausea	<input type="checkbox"/>	<input type="checkbox"/>
2. Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
3. Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
4. Constipation	<input type="checkbox"/>	<input type="checkbox"/>
5. Abdominal discomfort	<input type="checkbox"/>	<input type="checkbox"/>
6. Sweating	<input type="checkbox"/>	<input type="checkbox"/>
7. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
8. Low energy	<input type="checkbox"/>	<input type="checkbox"/>
9. Drowsiness	<input type="checkbox"/>	<input type="checkbox"/>
10. Blurred Vision	<input type="checkbox"/>	<input type="checkbox"/>
11. Headache	<input type="checkbox"/>	<input type="checkbox"/>
12. Dry Mouth	<input type="checkbox"/>	<input type="checkbox"/>
13. Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>
14. Coughing	<input type="checkbox"/>	<input type="checkbox"/>
15. Palpitations	<input type="checkbox"/>	<input type="checkbox"/>
16. Chest pain	<input type="checkbox"/>	<input type="checkbox"/>
17. Urinary Discomfort (e.g., burning)	<input type="checkbox"/>	<input type="checkbox"/>

Symptom	Absent	Present
18. Urinary frequency	<input type="checkbox"/>	<input type="checkbox"/>
19. Ankle Swelling	<input type="checkbox"/>	<input type="checkbox"/>
20. Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
21. Rash	<input type="checkbox"/>	<input type="checkbox"/>
22. Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
23. Depressed Mood	<input type="checkbox"/>	<input type="checkbox"/>
24. Crying	<input type="checkbox"/>	<input type="checkbox"/>
25. Elevated Mood	<input type="checkbox"/>	<input type="checkbox"/>
26. Wandering	<input type="checkbox"/>	<input type="checkbox"/>
27. Fall	<input type="checkbox"/>	<input type="checkbox"/>
28. Other Symptoms	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____



Baseline Symptoms Checklist

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Instructions: The Baseline Symptoms Checklist is completed at screening. Any condition or symptom present must be entered in the Baseline Symptoms Log which is then reviewed and updated at every visit. Complete this with information from both the participant and study partner. Episodic symptoms associated with medical conditions listed on the Medical History form should also be recorded on this form if they have occurred during the three months prior to the screening visit. If a diagnosis has been made, the diagnosis should be documented under "Other". Do not check symptoms associated with the diagnosis.

Symptom	Absent	Present
1. Nausea	<input type="checkbox"/>	<input type="checkbox"/>
2. Vomiting	<input type="checkbox"/>	<input type="checkbox"/>
3. Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
4. Constipation	<input type="checkbox"/>	<input type="checkbox"/>
5. Abdominal discomfort	<input type="checkbox"/>	<input type="checkbox"/>
6. Sweating	<input type="checkbox"/>	<input type="checkbox"/>
7. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
8. Low energy	<input type="checkbox"/>	<input type="checkbox"/>
9. Drowsiness	<input type="checkbox"/>	<input type="checkbox"/>
10. Blurred Vision	<input type="checkbox"/>	<input type="checkbox"/>
11. Headache	<input type="checkbox"/>	<input type="checkbox"/>
12. Dry Mouth	<input type="checkbox"/>	<input type="checkbox"/>
13. Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>
14. Coughing	<input type="checkbox"/>	<input type="checkbox"/>
15. Palpitations	<input type="checkbox"/>	<input type="checkbox"/>
16. Chest pain	<input type="checkbox"/>	<input type="checkbox"/>
17. Urinary Discomfort (e.g., burning)	<input type="checkbox"/>	<input type="checkbox"/>

Symptom	Absent	Present
18. Urinary frequency	<input type="checkbox"/>	<input type="checkbox"/>
19. Ankle Swelling	<input type="checkbox"/>	<input type="checkbox"/>
20. Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>
21. Rash	<input type="checkbox"/>	<input type="checkbox"/>
22. Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
23. Depressed Mood	<input type="checkbox"/>	<input type="checkbox"/>
24. Crying	<input type="checkbox"/>	<input type="checkbox"/>
25. Elevated Mood	<input type="checkbox"/>	<input type="checkbox"/>
26. Wandering	<input type="checkbox"/>	<input type="checkbox"/>
27. Fall	<input type="checkbox"/>	<input type="checkbox"/>
28. Other Symptoms	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Alzheimer's Disease Cooperative Study



Baseline Symptoms Log

page ____ of ____

Check box corresponding to visit of last review/update for EMCI Participants:

SC
☐BL
☐M 6
☐M 12
☐M 18
☐

ADNI PARTICIPANT NUMBER

				S					
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR					

Instructions: At Screening record all symptoms marked Present on the Baseline Symptoms Checklist. At subsequent visits, the participant should be queried about the status of each symptom. Any new condition/symptom should be reported as an Adverse Event on the AE Log. Additionally, any condition/symptom present at screening that has worsened in chronicity or severity will need to be captured as an Adverse Event on the AE Log and should be closed out on the Baseline Symptoms Log. Lastly, for any condition/symptom that was present at screening that has since resolved, please update the baseline symptom log to reflect this.

☐ No symptoms present at Screening Visit

SYMPTOM NUMBER	DESCRIPTION	SEVERITY	CHRONICITY	DATE OF ONSET	DATE CEASED	CONT'G AT FINAL FOLLOW UP?																																		
<table border="1"><tr><td></td><td></td></tr></table>				1 <input type="checkbox"/> Mild 2 <input type="checkbox"/> Moderate 3 <input type="checkbox"/> Severe	1 <input type="checkbox"/> Single occurrence 2 <input type="checkbox"/> Intermittent 3 <input type="checkbox"/> Persistent	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="2">Month</td> <td colspan="2">Day</td> <td colspan="4">Year</td> </tr> </table>									Month		Day		Year				<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td colspan="2">Month</td> <td colspan="2">Day</td> <td colspan="4">Year</td> </tr> </table>									Month		Day		Year				<input type="checkbox"/>
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Month		Day		Year																																				

General Comments: _____



Sample Collection: Clinical Labs

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR					

ADNI GO PARTICIPANT

Instructions: Refer to the Procedures Manual for detailed instructions.

Test Review Date:

MONTH		DAY		YEAR					

1. Was blood drawn for safety labs?

☐ Yes

☐ No

If No, explain: _____

2. Was a urine sample obtained for safety labs?

☐ Yes

☐ No

If No, explain: _____

3. Are there any clinically significant laboratory abnormalities that would exclude the participant from the study?

NOTE: If Yes, participant may not be included in the study without an exception from the Project Director.

☐ Yes

☐ No

Clinician's Signature: _____ Date: _____



Sample Collection: Biomarker Samples

Page 1 of 4

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S					
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

ADNI GO PARTICIPANT

Instructions: Begin by printing out a PDF of the online Biomarker Samples Form and completing the Sample Identification Labels. The bar code label must be placed on the transfer tube prior to freezing. Fluids should be collected in the following order:

1. Biomarker plain red-top tubes (2 blood collection tubes)
2. Biomarker lavender-top (2 blood collection tubes)
3. CSF Collection(if applicable)

Complete the Biomarker Samples Form online before shipping samples. Include a copy of this worksheet with the shipment. FedEx all biomarker samples the SAME DAY on DRY ICE.

Please refer to the Procedures Manual for more detailed instructions.

This form must be completed ASAP once the FedEx information is available so that the UPENN lab can be notified of the shipment.

Which of the following was collected at this visit?

- ☐ Blood
☐ CSF
☐ None

Was CSF collected on a separate day from Blood Biomarkers? ☐ Yes ☐ No

If yes, Date of Collection:

--	--

--	--

--	--	--	--

 MONTH DAY YEAR

When CSF is collected on a separate date, enter data in the eCRF as a separate record.

If CSF collected, please answer the following: **(ADNI Procedures recommend use of 22g Sprotte Needle with Gravity)**

Needle Used: ☐ Sprotte ☐ Sharp
 Method of Collection: ☐ Gravity ☐ Syringe suction

Overnight fast from midnight? ☐ Yes ☐ No

The exact date and time entered below must be noted on the specimen labels.

Date of Collection

--	--

--	--

--	--	--	--

 Time of Collection

--	--

 :

--	--

 MONTH DAY YEAR

Phlebotomist Initials:

--	--	--

CSF Collector Initials:

--	--	--



Sample Collection: Biomarker Samples

Page 2 of 4

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S				
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2 Tubes of 10 ml PLAIN RED-TOP: Serum Samples

Time Collected

		:		
--	--	---	--	--

 HH : MM

Amount Collected

--	--	--	--	--	--

 mL

Centrifuged Time

		:		
--	--	---	--	--

 HH : MM

Transfer Time

		:		
--	--	---	--	--

 HH : MM

Volume of Serum Transferred

--	--	--	--	--	--

 mL

Time Frozen

		:		
--	--	---	--	--

 HH : MM

2 Tubes of 10 ml LAVENDER-TOP: Plasma Samples

Time Collected

		:		
--	--	---	--	--

 HH : MM

Amount Collected

--	--	--	--	--	--

 mL

Centrifuged Time

		:		
--	--	---	--	--

 HH : MM

Transfer Time

		:		
--	--	---	--	--

 HH : MM

Volume of Plasma Transferred

--	--	--	--	--	--

 mL

Time Frozen

		:		
--	--	---	--	--

 HH : MM

CSF

Time Collected

		:		
--	--	---	--	--

 HH : MM

Amount Collected

--	--	--	--	--	--

 mL

Transfer Time

		:		
--	--	---	--	--

 HH : MM

Volume of CSF Transferred

--	--	--	--	--	--

 mL

Time Frozen

		:		
--	--	---	--	--

 HH : MM

Check if any of the following was performed:

- ☐ Lumbar Puncture Blood Patch
☐ Fluoroscopy
☐ Lumbar Spine Film

Date of Blood Patch:

MONTH		DAY		YEAR			

If a Spine Film or Fluoroscopy procedures was performed please complete the protocol deviation form and select item #14.

Date of Fluoroscopy

Month		Day		Year			

If Fluoroscopy performed, but no CSF was collected, provide explanation



Sample Collection: Biomarker Samples

Page 3 of 4

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S				
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Date of Spine Film

MONTH		DAY		YEAR			

If Spine Film performed, but no CSF was collected, provide explanation:

FedEx Tracking Number: _____

Date FedExed

MONTH		DAY		YEAR			

Please review the following chart regarding the license plate numbers to confirm that the appropriate label was used for the visit that was conducted:

Baseline	VST 2	200000 – 299999
Month 6	VST 3	300000 – 399999
Month 12	VST 4	400000 – 499999
Month 24	VST 6	600000 – 699999
Month 36	VST 7	700000 – 799999
Month 48	VST 8	800000 – 899999
Month 60	VST 9	900000 – 999999
Month 72	VST 10	1000000 – 1099999
Month 84	VST 11	1100000 – 1199999

License Plate Number

from ADNI Barcode Label (NOT from Covance Label) - see Procedures Manual for further clarification



Sample Collection: Biomarker Samples

Page 4 of 4

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S				
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ENTER THE FOLLOWING FIELDS ONLINE USING "METHOD OF CSF COLLECTION" ECRF.

Was CSF collected? ☐ Yes ☐ No

If No, please provide reason why the CSF was not collected:

- ☐ Illness
☐ Participant unavailable
☐ Participant unwilling
☐ Administrative problems
☐ Withdrawn consent
☐ Other (specify): _____

Examination Date

MONTH		DAY		YEAR			

For CSF collected, please answer the following (**ADNI Procedures recommend use of 22g Sprotte Needle with gravity**): Needle used:

- | | |
|--|---|
| <input type="checkbox"/> 18g Quincke (sharp bevelled) needle | <input type="checkbox"/> 18g Sprotte (atraumatic) needle |
| <input type="checkbox"/> 19g Quincke (sharp bevelled) needle | <input type="checkbox"/> 19g Sprotte (atraumatic) needle |
| <input type="checkbox"/> 20g Quincke (sharp bevelled) needle | <input type="checkbox"/> 20g Sprotte (atraumatic) needle |
| <input type="checkbox"/> 21g Quincke (sharp bevelled) needle | <input type="checkbox"/> 21g Sprotte (atraumatic) needle |
| <input type="checkbox"/> 22g Quincke (sharp bevelled) needle | <input type="checkbox"/> 22g Sprotte (atraumatic) needle |
| <input type="checkbox"/> 23g Quincke (sharp bevelled) needle | <input type="checkbox"/> 24g Sprotte (atraumatic) needle |
| <input type="checkbox"/> 24g Quincke (sharp bevelled) needle | |
| <input type="checkbox"/> 25g Quincke (sharp bevelled) needle | |

Only Polypropylene tubes should be used for collection and shipment of CSF. If Polystyrene tubes are used, this is a protocol violation and must be noted in the protocol deviations log.

Type of collection tube used:

- ☐ Polypropylene
☐ Polystyrene (protocol violation)

Type of tube used for shipping:

- ☐ Polypropylene
☐ Polystyrene (protocol violation)

If collected in polystyrene and shipped in polypropylene, please provide estimated amount of time CSF remained in collection tube.

--

 minutes

LP performed at the:

- ☐ L3-L4 Interspace
☐ L2-L3 Interspace
☐ ND/UNK

Patient Position:

- ☐ Sitting, leaned over (preferred)
☐ Lying, curled up on side
☐ ND/UNK



Sample Collection: ApoE/GWAS/RNA Genotyping

Page 1 of 2

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S					
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR					

ADNI GO PARTICIPANT

Instructions: **Collect:** 1 x 10 mL EDTA tube of whole blood for DNA sample collection.

Collect: 3 x 2.5 mL PAXgene Blood RNA tubes of whole blood for RNA sample collection.

If the PAXgene Blood RNA tube is the only tube to be drawn, a small amount of blood should be drawn into the 4.0mL serum discard tube (included in the RNA Blood Sample Kit) prior to drawing blood into the PAXgene Blood RNA tube. **OTHERWISE, the PAXgene Blood RNA tubes should be the last tubes drawn in the phlebotomy procedure.**

The National Cell Repository must receive all whole blood samples within 24 hrs of collection. The whole blood samples must be maintained at room temperature and shipped by Federal Express - Priority Overnight (Monday-Thursday) at ambient temperature. NCRAD will not be able to accept any shipments on Saturday or Sunday. Please see the study procedure manual for directions when a lab draw is performed on Friday.

Include a copy of this form in each shipment (keep original on site).

DAY OF SHIPMENT: PLEASE FAX to (317) 278-1100.

OR

EMAIL A COPY OF THIS FORM TO NCRAD: alzstudy@iupui.edu

Year of Birth

--	--	--	--	--

Gender

☐ Male
☐ Female

Did the participant give consent to DNA testing?

☐ Yes ☐ No

Did the participant give consent to store and share their DNA Sample?

☐ Yes ☐ No

Was DNA sample collected (1 x 10 mL purple top EDTA tube)?

☐ Yes ☐ No

If yes, complete the following:

- Date of DNA collection:

MONTH		DAY		YEAR					

- Time of DNA collection (24hr clock):

		:		
HH		:	MM	

- Phlebotomist Initials

--	--	--	--

Volume of blood drawn into 10mL EDTA tube for DNA testing:

--	--

 mL

Date Fedexed:

MONTH		DAY		YEAR					

FedEx Tracking Number: _____



Sample Collection: ApoE/GWAS/RNA Genotyping

Page 2 of 2

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S					
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR					

Did the participant give consent to RNA testing?

☐ Yes ☐ No

Did the participant give consent to store and share their RNA Sample?

☐ Yes ☐ No

Were the PAXgene Blood RNA tubes the last tubes drawn?

☐ Yes ☐ No
If No, was a discard tube used? ☐ Yes ☐ NoWas RNA sample collected (3 x 2.5 mL PAXgene RNA tubes)? ☐ Yes ☐ No

If yes, complete the following:

- Date of RNA collection:

MONTH		DAY		YEAR			

- Time of RNA collection (24hr clock):

		:		
HH		:	MM	

- Phlebotomist Initials

--	--	--

Volume of blood drawn into 3 x 2.5 mL PAXgene RNA tubes:

--	--

 mLWas the same shipment date and Fedex tracking number used to ship the RNA sample? *If No, please enter shipment date and Fedex tracking number.*
☐ Yes ☐ No

Date Fedexed

MONTH		DAY		YEAR			

FedEx Tracking Number: _____

Sample Collected and Sent By (print full name): _____

Phone and Email address: _____

Comments:

(Document any items to note regarding lab draw, packaging, or shipping. Please ensure these comments are entered in the "Visit Comment" eCRF for this visit)



Sample Collection: Immortalization Cell Collection

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

ADNI GO PARTICIPANT

Instructions: Collect: 2 x 8.5 mL ACD-A tubes of whole blood for cell immortalization samples.

Did the participant give consent to DNA testing?

☐ Yes ☐ No

Did the participant give consent to store and share their DNA Sample?

☐ Yes ☐ No

Was cell immortalization sample collected?

☐ Yes ☐ No

If yes, complete the following:

• Phlebotomist Initials:

--	--	--

• Date of cell immortalization collection:

MONTH		DAY		YEAR			

• Time of cell immortalization collection (24hr clock):

		:		
HH		:	MM	

Date Fedexed:

MONTH		DAY		YEAR			

FedEx Tracking Number: _____

Total volume of blood drawn for Cell Immortalization into 2 x 8.5 mL ACD-A (yellow top tubes):

--	--

 mL

Sample Collected and Sent By (print full name): _____

Phone and Email address: _____

Comments:

(Document any items to note regarding lab draw, packaging, or shipping. Please ensure these comments are entered in the "Visit Comment" eCRF for this visit)

Alzheimer's Disease Cooperative Study



CSF - Local Lab Results

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S					
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Date of Sampling:

Month		Day		Year			

Time of Sample Collection

		:		
HH		:	MM	

Time sent to Local Lab

		:		
HH		:	MM	

White Blood Cell Count

--	--	--	--	--	--

 cells/microliter

Red Blood Cell Count

--	--	--	--	--	--

 cells/microliter

Protein Results (Round to the nearest whole number.)

--	--	--	--	--	--

 mg/dL

Glucose Results (Round to the nearest whole number.)

--	--	--	--	--	--

 mg/dL



3T MRI Scan Information

Page 1 of 4

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

				S					
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR					

To be completed by Study Coordinator:

Study Coordinator Name: _____

Telephone #: _____

ADNI Participant Initials:

--	--	--

Scheduled Date:

MONTH		DAY		YEAR					

To be completed by MRI Technologist (If section above is incomplete please contact study coordinator for subject information):

NOTE: Every visit should have **ORIGINAL** scan data entered before any rescan data is entered.

Was the scan conducted? ☐ Yes ☐ No

If No, please provide reason why the scan was not conducted:

- ☐ Illness
 ☐ Participant unavailable
 ☐ Participant unwilling
 ☐ Administrative problems
☐ Withdrawn consent
☐ Other (specify): _____

Important: It is mandatory that the ADNI GO site qualified scanner be used for ALL participants in the ADNI GO study. It is also mandatory that the same ADNI GO approved sequences are used at all ADNI GO scans. Do NOT adjust protocol values.

MRI Operator Initials

--	--	--

Scan Date

MONTH		DAY		YEAR					

Please follow instructions in the ADNI Technical Manual for positioning the participant in the head coil.

Placed Stereotactic Marker on the patients (RT) temple? ☐ Yes ☐ No

Scan #1: Plane/Tri-Planar Scout (if available, otherwise use an axial scout): Check participant positioning in the head coil, reposition and re-scout if necessary.

Scout Completed? ☐ Yes ☐ No

Comments: _____

Scan #2: Straight Sagittal 3D MP-RAGE/IR-SPGR: DO NOT oblique the scanning FOV to compensate for subject held tilt. Position FOV to avoid nose wrapping into the back of the brain.

MP-RAGE – Completed? ☐ Yes ☐ No

Comments: _____



3T MRI Scan Information

Page 2 of 4

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

				S			
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Scan #3: Sagittal 3D Accelerated MP-RAGE/IR-SPGR: *Please scan in the exact same position as the non-accelerated scan unless repositioning is necessary.*

Repeat MP-RAGE – Completed? ☐ Yes ☐ No

Comments: _____

Complete only for Philips Systems:

Scan #4: Axial Resting State fMRI (Subject should have eyes OPEN):

☐ *Not a Philips*

Was the subject instructed to open their eyes? ☐ Yes ☐ No

Did the subject keep their eyes open? (MRI Tech: ask the subject right after the scan) ☐ Yes ☐ No

*The acquisition stack should be placed just above the most superior point in the brain and should cover inferior as much as possible, if the cerebellum is not covered fully, that is acceptable. Instruct the participant prior to this scan that they should have their eyes open and to hold very still. **DO NOT** oblique the scanning slices.*

fMRI Completed? ☐ Yes ☐ No

Comments: _____

Scan #4: Axial FLAIR:

*Position Slices to cover below cerebellum through the top of the head. **DO NOT** oblique the scanning slices.*

FLAIR Completed? ☐ Yes ☐ No

Comments: _____

Scan #5: Axial T2 Star:

*Position Slices to cover below cerebellum through the top of the head. **DO NOT** oblique the scanning slices.*

T2 Star Completed? ☐ Yes ☐ No

Comments: _____



3T MRI Scan Information

Page 3 of 4

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

				S			
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Siemens Systems Only (with license agreement):**Scan #6: Axial ASL Perfusion Scan (Subject should have eyes OPEN):**

*Siemens Systems Only (with license agreement) Position Slices to cover below cerebellum through the top of the head. **DO NOT** oblique the scanning slices.*

☐ Not a Siemens

Was the subject instructed to open their eyes? ☐ Yes ☐ No

Did the subject keep their eyes open? (MRI Tech: ask the subject right after the scan) ☐ Yes ☐ No

ASL Completed? ☐ Yes ☐ No

Comments: _____

GE Systems Only (with license agreement):**Scan #6: Axial DTI Scan:**

*GE Systems Only (with license agreement) Position Slices to cover below cerebellum through the top of the head. **DO NOT** oblique the scanning slices.*

☐ Not a GE Systems

DTI Completed? ☐ Yes ☐ No

Comments: _____

Scan #7: Phantom QC Scan(s): Position Slices to completely cover the phantom. DO NOT oblique the scanning slices. ADNI phantom scan is required on the day of the ADNI GO subject scan (only one phantom scan is needed even if there are multiple subjects scanned on a single day.)

Phantom Completed? ☐ Yes ☐ No (if No, Why not?)

Comments: _____

Patient Motion Problems: ☐ Yes ☐ No

Comments: _____



3T MRI Scan Information

Page 4 of 4

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

				S				
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Scanner Malfunction: ☐ Yes ☐ No

Comments: _____

Other Protocol Variations: ☐ Yes ☐ No

Comments: _____

Was data transferred to LONI within 24 hours of scan?:

☐ Yes

☐ No

Transfer Date:

MONTH		DAY		YEAR			

Comments: _____

Data Archived Locally? *(If No, please explain under comments.)*

☐ Yes

Archive Medium:

☐ PACS

☐ CD/DVD

☐ MOD

☐ Other: _____

☐ No

Comments: _____

Was a Lumbar Puncture completed prior to the MRI scan? *(To be completed by the Study Coordinator)*

☐ Yes ☐ No

If Yes, What was the interval between LP and MRI?

☐ less than 6 hours

☐ 13-24 hours

☐ 49-72 hours

☐ 6-12 hours

☐ 25-48 hours

☐ more than 72 hours



FDG-Pet Scan Information

Page 1 of 5

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S					
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

To be completed by Study Coordinator:

Study Coordinator Name: _____

Telephone #: _____

ADNI Participant Initials:

--	--	--

Scheduled Date:

MONTH		DAY		YEAR			

Was the scan conducted?

- ☐ Yes
☐ No

Reason why the scan was not conducted:

- ☐ Illness
☐ Participant unavailable
☐ Participant unwilling
☐ Administrative problems
☐ Withdrawn consent
☐ Other (specify) _____

Scan Date:

Month		Day		Year			

Technologist Initials

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Select one of the following scanner vendors and models:

- | | |
|------------------------------------|---|
| <input type="checkbox"/> GE: | <input type="checkbox"/> Advance |
| | <input type="checkbox"/> Discovery LS |
| | <input type="checkbox"/> Discovery ST |
| | <input type="checkbox"/> Discovery RX |
| | <input type="checkbox"/> Discovery STE/VCT |
| <input type="checkbox"/> Siemens: | <input type="checkbox"/> ACCEL/EXACT |
| | <input type="checkbox"/> Biograph (Model 1023/1024) |
| | <input type="checkbox"/> Biograph HiRes (Model 1080) |
| | <input type="checkbox"/> BioGraph TruePoint (Model 1093/1094) |
| | <input type="checkbox"/> BioGraph mCT |
| | <input type="checkbox"/> HR+ |
| | <input type="checkbox"/> HRRT |
| <input type="checkbox"/> Phillips: | <input type="checkbox"/> Allegro |
| | <input type="checkbox"/> Gemini |
| | <input type="checkbox"/> Gemini - GXL |
| | <input type="checkbox"/> Gemini - TF |



FDG-Pet Scan Information

Page 2 of 5

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S			
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Time of today's Scanner QC (Enter '00' for seconds portion of the time if seconds are unavailable.)

		:			:		
--	--	---	--	--	---	--	--

HH:MM:SS

Time of blood glucose measurement (Enter '00' for seconds portion of the time if seconds are unavailable.)

		:			:		
--	--	---	--	--	---	--	--

HH:MM:SS

Blood Glucose (pre-FDG) (Proper Range: < 180 mg/dL)

--	--

mg/dL

Time of FDG dose assay (Enter '00' for seconds portion of the time if seconds are unavailable.)

		:			:		
--	--	---	--	--	---	--	--

HH:MM:SS

FDG dose assay [Corrected for Residual Activity (Proper dose is 4.5 - 5.5 mCi)]

--	--

mCi

FDG Volume

--	--

mL

Time of FDG injection (Enter '00' for seconds portion of the time if seconds are unavailable.)

		:			:		
--	--	---	--	--	---	--	--

HH:MM:SS

Provide an explanation if blood glucose was measured after the FDG injection:

Emission Scan Start Time: Enter '00' for seconds portion of the time if seconds are unavailable.

		:			:		
--	--	---	--	--	---	--	--

HH:MM:SS

Target start time is 30 min FDG post-injection. Provide an explanation if start time is not between **28** and **32** min post-injection.



FDG-Pet Scan Information

Page 3 of 5

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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SECTION II. SCAN PROTOCOL INFORMATION

Any variations from protocol during FDG uptake?

☐ Yes☐ No

If Yes, describe: _____

Predefined Acquisition Protocol ID: _____

Which framing rate was used?

☐ 6 frames, 5 min/frame (6x300s)☐ 2 scans, 15 min each (2 x 900s) (only for BioGraph scanners without list-mode)

If any deviations, describe: _____

Subject motion problems:

☐ Yes☐ No

If Yes, describe: _____

Scanner malfunction

☐ Yes☐ No

If Yes, describe: _____

Other protocol variations:

☐ Yes☐ No

If Yes, describe: _____

SECTION III. SCAN RECONSTRUCTION

Check which of the following reconstructions was used:

☐ FORE/2D - OSEM (Siemens)☐ OSEM3D (Siemens) (If HRRT scanners using OP, please select OSEM3D)☐ 3D Iterative (GE)☐ 3D - Ramla (Philips)☐ 3D Back-projection (GE)



FDG-Pet Scan Information

Page 4 of 5

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S			
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If FORE/2D-OSEM, OSEM3D, or 3D Iterative:

Subsets:

- ☐ 14
☐ 16
☐ 20
☐ Other

If Other, specify: _____

Iterations:

- ☐ 4
☐ 6
☐ Other

If Other, specify: _____

If 3D Ramla, please complete either:

Lambda = _____ (relaxation parameter)

OR

Was "Smooth" parameter set to "Sharp"?

☐ Check here to confirm

If 3D Back-Projection, Ramp filter?

☐ Check here to confirm

If FORE/2D-OSEM select one of the following

- ☐ Brain mode "ON" for PET-only Siemens scanners
☐ TRIM "ON" for PET/CT Siemens scanners (older software versions)
☐ TRIM not available for PET/CT Siemens scanners (new software versions)

If TRIM not available, must reconstruct with a zoom of 2.0 into a 336x366 grid for BioGraph TruePoint or 400x400 grid for BioGraph mCT

No post-process smoothing:

☐ Check here to confirm

Attenuation Correction:

- ☐ CT
☐ Ge - 68 + Segmentation
☐ Cs - 137 + Segmentation



FDG-Pet Scan Information

Page 5 of 5

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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SECTION IV. DATA TRANSFER AND ARCHIVE:

Was data transferred to LONI within 24 hours of scan?

Data must be transmitted to LONI within 24 hours of the PET scan. If your site is unable to complete the transfer with 24 hours please indicate the problem in the "Comments" section below.

☐ Yes

☐ No

Transfer Date:

Month		Day		Year			

Comments:

Was all raw PET data archived locally to be able to do complete reconstruction of PET Scan if needed?

If No, please explain under comments

☐ Yes

☐ No

Archive Medium: _____

Comments:

SECTION V. LUMBAR PUNCTURE DATA:

Was a Lumbar Puncture completed prior to the PET scan?

☐ Yes

☐ No

If Yes, what was the interval between LP and PET?

☐ Less than 6 hours

☐ 6-12 hours

☐ 13-24 hours

☐ 25-48 hours

☐ 49-72 hours

☐ More than 72 hours



AV-45 Pet Scan Information

Page 1 of 5

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S					
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR					

To be completed by Study Coordinator:

Study Coordinator Name: _____

Telephone #: _____

ADNI Participant Initials:

--	--	--

Scheduled Date:

MONTH		DAY		YEAR					

Was the scan conducted?

☐ Yes☐ No

Reason why the scan was not conducted:

☐ Illness☐ Participant unavailable☐ Participant unwilling☐ Administrative problems☐ Withdrawn consent☐ Other (specify) _____**Scan Date:**

MONTH		DAY		YEAR					

Technologist Initials

--	--	--	--

Select one of the following scanner vendors and models:

☐ GE:☐ Advance☐ Discovery LS☐ Discovery ST☐ Discovery RX☐ Discovery STE/VCT☐ Siemens:☐ ACCEL/EXACT☐ Biograph (Model 1023/1024)☐ Biograph HiRes (Model 1080)☐ BioGraph TruePoint (Model 1093/1094)☐ BioGraph mCT☐ HR+☐ HRRT☐ Phillips:☐ Allegro☐ Gemini☐ Gemini - GXL☐ Gemini - TF



AV-45 Pet Scan Information

Page 2 of 5

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S				
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Time of today's Scanner QC (Enter '00' for seconds portion of the time if seconds are unavailable.)

		:			:		
--	--	---	--	--	---	--	--

HH:MM:SS

Time of AV-45 dose assay (Enter '00' for seconds portion of the time if seconds are unavailable.)

		:			:		
--	--	---	--	--	---	--	--

HH:MM:SS

AV-45 dose assay [Corrected for Residual Activity (Proper dose is 8 - 10 mCi)]

--	--

mCi

AV-45 Volume

--	--

mL

Time of AV-45 injection (Enter '00' for seconds portion of the time if seconds are unavailable.)

		:			:		
--	--	---	--	--	---	--	--

HH:MM:SS

Emission Scan Start Time: Enter '00' for seconds portion of the time if seconds are unavailable.

		:			:		
--	--	---	--	--	---	--	--

HH:MM:SS

Target start time is 50 min AV-45 post-injection. Provide an explanation if start time is not between **48** and **52** min post-injection.



AV-45 Pet Scan Information

Page 3 of 5

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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SECTION II. SCAN PROTOCOL INFORMATION

Any variations from protocol during AV-45 uptake?

☐ Yes☐ No

If Yes, describe: _____

Predefined Acquisition Protocol ID: _____

Which framing rate was used?

☐ 4 frames, 5 min/frame (4 x 300s)☐ 2 scans, 10 min each (2 x 600s) (only for BioGraph scanners without list-mode)

If any deviations, describe: _____

Subject motion problems:

☐ Yes☐ No

If Yes, describe: _____

Scanner malfunction

☐ Yes☐ No

If Yes, describe: _____

Other protocol variations:

☐ Yes☐ No

If Yes, describe: _____

SECTION III. SCAN RECONSTRUCTION

Check which of the following reconstructions was used:

☐ FORE/2D - OSEM (Siemens)☐ OSEM3D (Siemens) (If HRRT scanners using OP, please select OSEM3D)☐ 3D Iterative (GE)☐ 3D - Ramla (Philips)☐ 3D Back-projection (GE)



AV-45 Pet Scan Information

Page 4 of 5

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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If FORE/2D-OSEM, OSEM3D, or 3D Iterative:

Subsets:

- ☐ 14
☐ 16
☐ 20
☐ Other

If Other, specify: _____

Iterations:

- ☐ 4
☐ 6
☐ Other

If Other, specify: _____

If 3D Ramla, please complete either:

Lambda = _____ (relaxation parameter)

OR

Was "Smooth" parameter set to "Sharp"?

☐ Check here to confirm

If 3D Back-Projection, Ramp filter?

☐ Check here to confirm

If FORE/2D - OSEM select one of the following

- ☐ Brain mode "ON" for PET-only Siemens scanners
☐ TRIM "ON" for PET/CT Siemens scanners (older software versions)
☐ TRIM not available for PET/CT Siemens scanners (new software versions)

If TRIM not available, must reconstruct with a zoom of 2.0 into a 336x366 grid for BioGraph TruePoint or 400x400 grid for BioGraph mCT

No post-process smoothing:

☐ Check here to confirm

Attenuation Correction:

- ☐ CT
☐ Ge - 68 + Segmentation
☐ Cs - 137 + Segmentation



AV-45 Pet Scan Information

Page 5 of 5

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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SECTION IV. DATA TRANSFER AND ARCHIVE:

Was data transferred to LONI within 24 hours of scan?

Data must be transmitted to LONI within 24 hours of the PET scan. If your site is unable to complete the transfer with 24 hours please indicate the problem in the "Comments" section below.

☐ Yes

☐ No

Transfer Date:

--	--	--	--	--	--	--

Month

Day

Year

Comments:

Was all raw PET data archived locally to be able to do complete reconstruction of PET Scan if needed?

If No, please explain under comments

☐ Yes

☐ No

Archive Medium: _____

Comments:

SECTION V. LUMBAR PUNCTURE DATA:

Was a Lumbar Puncture completed prior to the AV-45 scan?

☐ Yes

☐ No

If Yes, what was the interval between LP and AV-45?

☐ Less than 6 hours

☐ 6-12 hours

☐ 13-24 hours

☐ 25-48 hours

☐ 49-72 hours

☐ More than 72 hours

Alzheimer's Disease Cooperative Study



AV-45 Pre and Post Injection Vitals Form

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S					
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Was scan conducted?

☐ Yes

☐ No

AV-45 Scan date

MONTH		DAY		YEAR			

PRE-INJECTION VITALS: Vital signs will be taken in a supine position immediately prior to administration of AV-45 (within 5 minutes prior to injection).

Heart Rate:

--	--	--

 (bpm)

Respiration:

--	--

 (per min)

Blood Pressure:

--	--	--

 /

--	--	--

 (systolic/diastolic)

Temperature:

--	--	--

 .

--

Temperature Source: ☐ Oral ☐ Tympanic ☐ Other

Units: ☐ Fahrenheit

☐ Celsius

POST-INJECTION VITALS: At the end of the imaging session prior to discharge (approximately 70 minutes after AV-45 administration).

Heart Rate:

--	--	--

 (bpm)

Respiration:

--	--

 (per min)

Blood Pressure:

--	--	--

 /

--	--	--

 (systolic/diastolic)

Temperature:

--	--	--

 .

--

Temperature Source: ☐ Oral ☐ Tympanic ☐ Other

Units: ☐ Fahrenheit

☐ Celsius

Name/Signature of person filling out form

Date

Alzheimer's Disease Cooperative Study



AV-45 24-48 Hour Follow-Up

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

				S					
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Was 24-48 hours post imaging follow-up telephone contact made?

- ☐ Yes
☐ No
☐ N/A - No AV-45 scan conducted

If No, please comment:

If Yes, document below:

Initials of staff who conducted telephone contact:

--	--	--

Date of telephone contact:

MONTH		DAY		YEAR			

Time of telephone contact:

		:		
HH		:	MM	

Person who was contacted:

- ☐ Participant
☐ Study Partner

Were any Adverse Events reported?

- ☐ Yes
☐ No

If any **Adverse Events** are reported, complete the AE eCRF page.



Protocol Deviations Log Form

Page 1 of 2

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

				S					
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Deviation applies to (Any clear deviation from the protocol procedures identified prior to its initiation or implementation will result in the participant being screen failed or discontinued from the study):

- ☐ Protocol Violation: A protocol deviation that was not reviewed by the Project Director/Coordinating Center prior to its initiation or implementation.
- ☐ Protocol Clarification: A potential protocol deviation that requires review and confirmation from the Project Director/Coordinating Center as to whether it is, in fact, a deviation.

Please select the most appropriate description:

1. ☐ Inclusion Criteria (provide item number below)
2. ☐ Exclusion Criteria (provide item number below)
3. ☐ Out of Window Baseline Visit
4. ☐ Initiation/change of cholinesterase inhibitor or memantine
5. ☐ Started Excluded Medication (does not include Cholinesterase Inhibitor or Memantine)
6. ☐ Missed Visit
7. ☐ Missed Vital Signs
8. ☐ Deviation from vitals collection procedures
9. ☐ Missed Screening Laboratory Tests
10. ☐ Screening laboratory tests done outside the protocol-required time
11. ☐ Deviation from blood sample collection procedures (Biomarkers)
12. ☐ Deviation from blood sample collection procedures (ApoE/GWAS/RNA Genotyping)
13. ☐ Deviation from blood sample collection procedures (Cell Immortalization)
14. ☐ Deviation from CSF Collection Procedures
15. ☐ Subject/Study Partner (or legal representative, if applicable) did not sign the initial consent form
16. ☐ Subject/Study Partner (or legal representative, if applicable) did not sign updated/renewal consent form (if applicable)
17. ☐ Subject data reported prior to signed consent
18. ☐ Out-of-window Visit (Does not include out-of-window baseline visit)
19. ☐ Out-of-window MRI
20. ☐ Out-of-window FDG PET
21. ☐ Out-of-window 18F-AV-45 PET
22. ☐ Out of mCi dose range FDG
23. ☐ Out of mCi dose range AV-45
24. ☐ Missed LP Follow-Up Call
25. ☐ Missed AV-45 Follow-Up Call
26. ☐ Other

If Other, Specify: _____



Protocol Deviations Log Form

Page 2 of 2

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

				S			
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If Inclusion/Exclusion Criteria: Item number (*Only applicable to visits prior to Baseline*) _____

Was IRB informed of Protocol Deviation?

☐ Yes

☐ No

If yes, indicate date reported:

MONTH		DAY		YEAR			

Have the rights, safety or well-being of participant been compromised?

☐ Yes

☐ No

Description of Event (For Out of Window Baseline Visit, give the Screening Visit date and the scheduled Baseline Visit date):



Adverse Events and Hospitalizations - Log

Page 1 of 3

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

				S					
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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

The following should be reported as Adverse Events:

- New symptoms
- Baseline symptoms that have worsened in chronicity or severity

If a diagnosis has been made, enter the diagnosis name under Event. Any symptoms associated with the diagnosis should be recorded in the Comments section of this form. Do not record associated symptoms as separate Adverse Events.

Adverse Event Number: _____

Medical term for event (enter diagnosis if possible): _____

Check here if:

- ☐ This symptom was reported on the Baseline Symptoms Checklist, but has worsened in chronicity or severity.

Onset Date (If Month and/or Day are unknown, enter '--' in their place. A valid year must be provided.)

MONTH		DAY		YEAR			

Estimated Onset Time: _____ HH : MM

24 HOUR CLOCK

Is the event ongoing?

- ☐ Yes
☐ No

Cease Date (If Month and/or Day is unknown, enter '--' in their place. A valid year must be provided. If Event is ongoing, leave Cease Date blank.)

MONTH		DAY		YEAR			

Chronicity:

- ☐ Single Occurrence
☐ Intermittent
☐ Persistent

Severity:

- ☐ Mild
☐ Moderate
☐ Severe



Adverse Events and Hospitalizations - Log

Page 2 of 3

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

				S				
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Was AE Serious? (If Yes, complete this form to the best of your ability within 24 hours. Refer to the Procedures Manual for further instructions on submission of SAEs.)

☐ Yes

☐ No

Check here if:

☐ SAE prior to Baseline Visit

Serious Adverse Event Reported By: _____

Reason for Qualifying as Serious Adverse Event: _____

Life-Threatening? (If Yes, Serious must also be answered Yes.)

☐ Yes

☐ No

Related to Imaging Procedure:

☐ Definitely

☐ Possibly

☐ Not Related

Related to Lumbar Puncture:

☐ Definitely

☐ Possibly

☐ Not Related
Investigator Judgment of Relatedness to ¹⁸F-AV-45 (**NOTE:** Only applicable within 48 hours of ¹⁸F-AV-45 injection):
☐ Definitely

☐ Possibly

☐ Not Related

Concurrent Medication Prescribed or Changed (If Yes, update Concurrent Medications Log.)

☐ Yes

☐ No

Did this event occur while the participant was being hospitalized for another event?

☐ Yes

☐ No

If Yes, did this event prolong hospitalization? (If Yes, Serious must also be answered Yes.)

☐ Yes

☐ No

If No, did this event require hospitalization? (If Inpatient, Serious must be answered Yes. NOTE: All medications received during hospitalization must be reported on the Concurrent Medications Log.)

☐ No

☐ Yes - Outpatient

☐ Yes - Inpatient

If Outpatient, provide the date of visit:

MONTH		DAY		YEAR			



Adverse Events and Hospitalizations - Log

Page 3 of 3

Visit: EMCI Screening

ADNI PARTICIPANT NUMBER

				S					
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If hospitalized, Admission Date:

MONTH		DAY		YEAR			

Admit Diagnosis: _____

Discharge Date :

MONTH		DAY		YEAR			

Discharge Diagnosis: _____

Did this event result in death? (If Yes, Serious must also be answered Yes.):

- ☐ Yes
☐ No

Date of death:

MONTH		DAY		YEAR			

Cause of death: _____

Was diagnosis of Alzheimer's confirmed at autopsy?

- ☐ No
☐ Yes
☐ No postmortem brain exam

Comments (Use comments section to clarify vague or problematic symptoms such as dizziness, chest pain, abdominal discomfort or the circumstances surrounding falls and trauma. If the circumstances of a fall or trauma reveal additional AEs or symptoms such as light-headedness, poor balance, visual disturbance, etc., record these as additional AEs and briefly describe the scenario in the comments section under one of the related symptoms):

Clinician's Signature (required) _____ **Date** _____

Alzheimer's Disease Neuroimaging Initiative
Grand Opportunity
ADNI GO

Cognitive Assessments

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SCREEN:

Psychometric Testing:

- ☐ MMSE
- ☐ Logical Memory I
- ☐ Instructional Page
- ☐ Logical Memory II (30-40 minute delay)

BASELINE:

- ☐ Neuropsychological Testing Order of Assessments:
 - ☐ ANART
 - ☐ ADAS-Cog Word List 1
 - ☐ Everyday Cognition - Participant Self-Report
 - ☐ Everyday Cognition - Study Partner Report
 - ☐ Rey Auditory Verbal Learning Test (Trials 1-6)
 - ☐ Montreal Cognitive Assessment (MoCA)
 - ☐ Clock Drawing
 - ☐ Category Fluency (animals)
 - ☐ Trails A & B
 - ☐ Boston Naming Test (30 items)
 - ☐ Rey Auditory Verbal Learning Test (30 minute Delay)

MONTH 6:

- ☐ Neuropsychological Testing Order of Assessments:
 - ☐ ADAS-Cog (Word Recall List 2)
 - ☐ MMSE
 - ☐ Rey Auditory Verbal Learning Test (Trials 1-6) Version B
 - ☐ Montreal Cognitive Assessment (MoCA)
 - ☐ Clock Drawing
 - ☐ Category Fluency (animals)
 - ☐ Trail Making Tests A & B
 - ☐ Boston Naming Test (30 items)
 - ☐ Rey Auditory Verbal Learning Test (30 minute Delay) Version B

MONTH 12:

- ☐ Neuropsychological Testing Order of Assessments:
 - ☐ ADAS-Cog (Word Recall List 1)
 - ☐ MMSE
 - ☐ Logical Memory I
 - ☐ Rey Auditory Verbal Learning Test (Trials 1-6) Version A
 - ☐ Montreal Cognitive Assessment (MoCA)
 - ☐ Clock Drawing
 - ☐ Category Fluency (animals)
 - ☐ Trails Making Test A & B
 - ☐ Boston Naming Test (30 items)
 - ☐ Logical Memory II
 - ☐ Rey Auditory Verbal Learning Test (30 minute Delay) Version A . . .

Cognitive Assessment Placeholder due to Copyright Restrictions

MMSE: Due to copyright restrictions, the MMSE is not included in the worksheet packet. For a copy of the MMSE please contact PAR (<http://www4.parinc.com/Default.aspx>).

Word list - Apple, Penny, Table was used for the immediate and delayed recall at all study visits where MMSE was administered. For the attention section – spelling ‘world’ backwards was administered but not counting backwards from 100.

Logical Memory and Digit Span (forward/backward): Due to copyright restrictions, these assessments are not included in the worksheet packet. Wechsler D. Wechsler Memory Scale-Revised. San Antonio, Texas: Psychological Corporation; 1987. For copy of these assessments please contact Pearson (<http://www.pearsonclinical.com/education.html>)

Logical Memory: Version A – Anna Thompson story was used at all study visits where LM was administered. The Logical Memory II -Delayed Recall was administered at least 30 and no more than 40 minutes after this Logical Memory I – Immediate Recall.

Boston Naming Task: For ADNI, only the odd-numbered items from the full test were administered.



American National Adult Reading Test

Page 1 of 2

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Instructions: Present the subject with the word list (not the tester's worksheet) and say, **"I would like you to read a list of words aloud. Some of the words may be unfamiliar and difficult to pronounce, but do the best you can to pronounce them."**

CORRECT INCORRECT

<input type="checkbox"/>	<input type="checkbox"/>	1.	ache	ĀK
<input type="checkbox"/>	<input type="checkbox"/>	2.	debt	DET
<input type="checkbox"/>	<input type="checkbox"/>	3.	pint	PĪNT
<input type="checkbox"/>	<input type="checkbox"/>	4.	depot	DĒ po
<input type="checkbox"/>	<input type="checkbox"/>	5.	chord	KORD
<input type="checkbox"/>	<input type="checkbox"/>	6.	bouquet	bō KĀ ; bū KĀ
<input type="checkbox"/>	<input type="checkbox"/>	7.	deny	dī NĪ
<input type="checkbox"/>	<input type="checkbox"/>	8.	capon	KĀ pon
<input type="checkbox"/>	<input type="checkbox"/>	9.	heir	ĀR
<input type="checkbox"/>	<input type="checkbox"/>	10.	aisle	ĪL
<input type="checkbox"/>	<input type="checkbox"/>	11.	subtle	SU tl
<input type="checkbox"/>	<input type="checkbox"/>	12.	nausea	NÔ zē ə ; NO sēə ; NO shə
<input type="checkbox"/>	<input type="checkbox"/>	13.	gauge	GĀJ
<input type="checkbox"/>	<input type="checkbox"/>	14.	naive	nā ĒV
<input type="checkbox"/>	<input type="checkbox"/>	15.	thyme	TĪM
<input type="checkbox"/>	<input type="checkbox"/>	16.	courteous	KəR tē əs
<input type="checkbox"/>	<input type="checkbox"/>	17.	algae	AL jē
<input type="checkbox"/>	<input type="checkbox"/>	18.	fetal	FĒ tl
<input type="checkbox"/>	<input type="checkbox"/>	19.	quadruped	KWOD roo ped ; KWOD rə ped
<input type="checkbox"/>	<input type="checkbox"/>	20.	epitome	i PIT ə mē ; ə PID ə mē
<input type="checkbox"/>	<input type="checkbox"/>	21.	superfluous	soo PəR floo əs ; sū PəR floo əs
<input type="checkbox"/>	<input type="checkbox"/>	22.	chamois	SHA mē
<input type="checkbox"/>	<input type="checkbox"/>	23.	papyrus	pə PĪ rəs
<input type="checkbox"/>	<input type="checkbox"/>	24.	asthma	AZ mə
<input type="checkbox"/>	<input type="checkbox"/>	25.	hiatus	hī Ā təs



American National Adult Reading Test

Page 2 of 2

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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CORRECT INCORRECT

<input type="checkbox"/>	<input type="checkbox"/>	26.	simile	SI mə lē
<input type="checkbox"/>	<input type="checkbox"/>	27.	blatant	BLĀ tənt
<input type="checkbox"/>	<input type="checkbox"/>	28.	cellist	CHE list
<input type="checkbox"/>	<input type="checkbox"/>	29.	zealot	ZE lət
<input type="checkbox"/>	<input type="checkbox"/>	30.	abstemious	ab STĒ me əs
<input type="checkbox"/>	<input type="checkbox"/>	31.	meringue	mə RANG
<input type="checkbox"/>	<input type="checkbox"/>	32.	placebo	plə SĒ bō
<input type="checkbox"/>	<input type="checkbox"/>	33.	facade	fə SAD
<input type="checkbox"/>	<input type="checkbox"/>	34.	pugilist	PYOO jə list
<input type="checkbox"/>	<input type="checkbox"/>	35.	virulent	VIR yə lənt ; VIR ə lənt
<input type="checkbox"/>	<input type="checkbox"/>	36.	worsted	WOOS tid ; WəR stid
<input type="checkbox"/>	<input type="checkbox"/>	37.	detente	dā TANT
<input type="checkbox"/>	<input type="checkbox"/>	38.	anise	AN is
<input type="checkbox"/>	<input type="checkbox"/>	39.	sieve	SIV
<input type="checkbox"/>	<input type="checkbox"/>	40.	chassis	SHA sē ; CHA sē
<input type="checkbox"/>	<input type="checkbox"/>	41.	beatify	bē AT ə fī
<input type="checkbox"/>	<input type="checkbox"/>	42.	scion	SI ən
<input type="checkbox"/>	<input type="checkbox"/>	43.	cabal	kə BAL
<input type="checkbox"/>	<input type="checkbox"/>	44.	apropos	a prə PŌ
<input type="checkbox"/>	<input type="checkbox"/>	45.	caprice	kə PRĒS
<input type="checkbox"/>	<input type="checkbox"/>	46.	demesne	dī MĀN ; dī MĒN
<input type="checkbox"/>	<input type="checkbox"/>	47.	imbroglio	im BRŌL yō
<input type="checkbox"/>	<input type="checkbox"/>	48.	hyperbole	hī PəR bə lē
<input type="checkbox"/>	<input type="checkbox"/>	49.	syncope	SIN kə pē ; SING kə pē
<input type="checkbox"/>	<input type="checkbox"/>	50.	prelate	PREL it ; PREL ət

Total Number of Errors (grand total from page 1 and page 2):

ache

debt

pint

depot

chord

bouquet

deny

capon

heir

aisle

subtle

nausea

gauge

naive

thyme

courteous

algae

fetal

quadruped

epitome

superfluous

chamois

papyrus

asthma

hiatus

anise

simile

sieve

blatant

chassis

cellist

beatify

zealot

scion

abstemious

cabal

meringue

apropos

placebo

caprice

facade

demesne

pugilist

imbroglio

virulent

hyperbole

worsted

syncope

detente

prelate



ADAS Cognitive Behavior

Page 1 of 11

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

ADAS Initial Conversation Notes

Instructions:

For specific instructions, refer to the procedures manual. The first 10 minutes are spent in open-ended conversation in order to assess various aspects of expressive and receptive speech. Then the remaining cognitive tests are administered. Language abilities are evaluated throughout the interview and on specific tests. Questions eliciting "yes" and "no" answers assess comprehension on a very basic level. Other questions should require specific information and well-developed communication skills.

Engage the participant in a short conversation about neutral topics (for example: weather, the participant's trip to the clinic, or what the participant had for breakfast). This conversation will help to put the participant at ease before the testing begins and will give the examiner an opportunity to observe how well the participant can use and understand language. There are three clinical ratings of language ability on the cognitive part of the ADAS. Use this page to record your interview notes. Documentation should be evident on this form to support rating of Spoken Language Ability (Item 10), Word Finding Difficulty (Item 11) and Comprehension (Item 12). Any rating of impairment must be supported by notes documented on this page.

Possible Topics:	Appetite	Sleep	Exercise	Other
1) Comprehension				
2) Spoken Language				
3) Word Finding				

Testing Comments: _____



ADAS Cognitive Behavior

Page 2 of 11

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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1. Word-recall (Word Recall List 1)

To begin testing, say: **"I am going to show you some words printed on these white cards. Please read each word out loud and try to remember it, because later I will ask you to try to remember all of the words I have shown you. Ready, read the word and try to remember it."**

Present each word to the participant and ask him/her to say it aloud. After all 10 words have been presented, say: **"Good, now tell me all the words you can remember that were on that list."** Prompt with **"Any others?"** as necessary. For trials 2 and 3 say: **"Now I am going to show you that same list again. Read each word out loud and try to remember it."** Examiner should check "yes" for every word recalled correctly.

Word Recalled?

Trial 1	Yes
1. BUTTER	
2. ARM	
3. SHORE	
4. LETTER	
5. QUEEN	
6. CABIN	
7. POLE	
8. TICKET	
9. GRASS	
10. ENGINE	
Total:	

Word Recalled?

Trial 2	Yes
1. POLE	
2. LETTER	
3. BUTTER	
4. QUEEN	
5. ARM	
6. SHORE	
7. GRASS	
8. CABIN	
9. TICKET	
10. ENGINE	
Total:	

Word Recalled?

Trial 3	Yes
1. SHORE	
2. LETTER	
3. ARM	
4. CABIN	
5. POLE	
6. TICKET	
7. ENGINE	
8. GRASS	
9. BUTTER	
10. QUEEN	
Total:	

TIME ENDED (24hr clock):

		:		
--	--	---	--	--

 HH : MM

If any word-recall trial not administered, check one:

- ☐ Not done (for reasons other than physical/cognitive).
☐ Participant refused.
☐ Participant unable to complete 3 trials for cognitive reasons.



ADAS Cognitive Behavior

Page 3 of 11

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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2. Commands

This item is designed to assess receptive speech. The participant is asked to carry out five separate commands with 1 to 5 steps per command. Each command should be read once. If the participant does not respond or looks confused, or asks for a repetition, the examiner should give the **ENTIRE** command one more time. Then go on to the next command. All commands should be given to every participant.

Examiner should check a response (yes/no) for every command.

To begin testing, say: **"Now I am going to ask you to do a few things. First..."**

		Response correct?	
		Yes	No
a.	"Make a fist."	<input type="checkbox"/>	<input type="checkbox"/>
b.	"Point to the ceiling, and then to the floor."	<input type="checkbox"/>	<input type="checkbox"/>
Line up a pencil, watch and card (in that order) on the table.			
c.	"Put the pencil on top of the card and then put it back."	<input type="checkbox"/>	<input type="checkbox"/>
d.	"Put the watch on the other side of the pencil and then turn over the card."	<input type="checkbox"/>	<input type="checkbox"/>
e.	"Tap each shoulder twice with two fingers, keeping your eyes shut."	<input type="checkbox"/>	<input type="checkbox"/>

If task not administered, check one:

- ☐ Not done (for reasons other than physical/cognitive).
- ☐ Participant refused.
- ☐ Participant unable for physical reasons.
- ☐ Participant unable for cognitive reasons.



ADAS Cognitive Behavior

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Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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3. Constructional Praxis

This test assesses the participant's ability to copy 4 geometric shapes. The shapes should be presented one at a time. If the participant looks confused or dissatisfied with the drawing, or asks to try again, the participant should be allowed **a second attempt** for each shape. If a second attempt is made, ask the participant to indicate which one is better, and score only that attempt.

To begin testing, say: **"On this piece of paper is a shape. Try to draw another one that looks just like this, somewhere on the page."**

Instructions: Please check the appropriate response for each shape. Please note, in a "recognizable attempt", the attempt should show at least one line that might represent a side or portion of the shape

a. Circle: A closed curved shape.

- ☐ Shape drawn correctly.
- ☐ Shape drawn incorrectly (at least one side/section of shape drawn).
- ☐ No recognizable attempt at drawing any side/section of shape

b. Two overlapping rectangles: Each shape must be four-sided and overlap must be similar to presented diagram.

- ☐ Shape drawn correctly.
- ☐ Shape drawn incorrectly (at least one side/section of shape drawn).
- ☐ No recognizable attempt at drawing any side/section of shape

c. Rhombus (Diamond): Shape must be four-sided, oriented so that the points are at the top and bottom, and the sides approximately equal in length (e.g., longest side is not > 1.5 times the length of the shortest side).

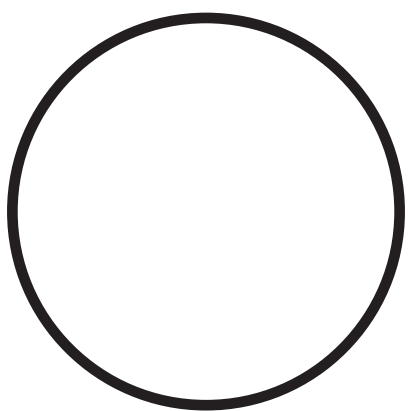
- ☐ Shape drawn correctly.
- ☐ Shape drawn incorrectly (at least one side/section of shape drawn).
- ☐ No recognizable attempt at drawing any side/section of shape

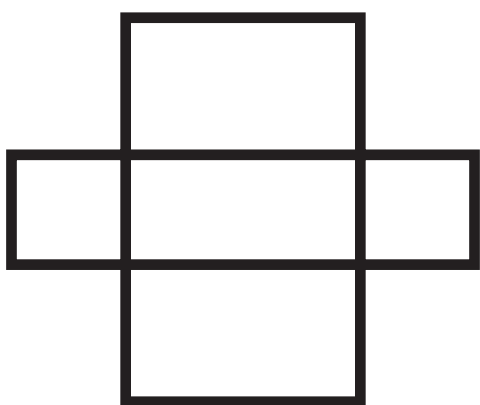
d. Cube: The shape is 3-dimensional, with front face in the correct orientation, internal lines drawn correctly between corners. Opposite sides of faces should be approximately parallel.

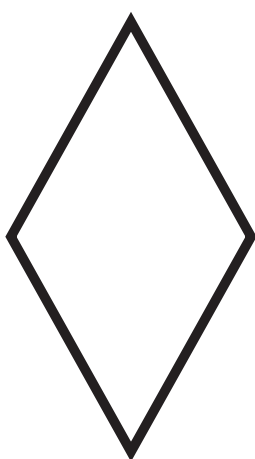
- ☐ Shape drawn correctly.
- ☐ Shape drawn incorrectly (at least one side/section of shape drawn).
- ☐ No recognizable attempt at drawing any side/section of shape

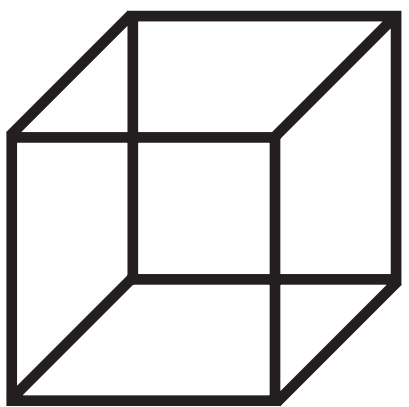
If task not administered, check one:

- ☐ Not done (for reasons other than physical/cognitive).
- ☐ Participant refused.
- ☐ Participant unable for physical reasons.
- ☐ Participant unable for cognitive reasons.











ADAS Cognitive Behavior

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TIME BEGAN (24hr clock):

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HH : MM

4. Delayed Word-recall task (Word Recall List 1)

Ask the participant to recall as many words as possible from the words presented in the Immediate Word Recall task.

To begin testing, say: **"A few minutes ago I had you read some words printed on these cards. (point to word list) Tell me all of the words you can remember that were on the cards."** Prompt with **"Any others?"** as necessary. Discontinue if no response or if the participant indicates he/she cannot recall any more after prompting. *Examiner should check "yes" for every word recalled correctly.*

Word Recalled?

Trial 1	Yes
1. BUTTER	
2. ARM	
3. SHORE	
4. LETTER	
5. QUEEN	
6. CABIN	
7. POLE	
8. TICKET	
9. GRASS	
10. ENGINE	
Total:	

If trial not administered, check one:

- ☐ Not done (for reasons other than physical/cognitive).
☐ Participant refused.
☐ Participant unable cognitive reasons.



ADAS Cognitive Behavior

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ADNI PARTICIPANT NUMBER

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5. Naming Objects / Fingers

In 5A, the participant is asked to name 12 randomly presented real objects. Objects should be presented in random order. Give the participant instructions similar to the following: **"Now I am going to show you some objects. I want you to tell me what their names are. What is this called?"** (present object). If the participant responds with the object's function say: **"Yes, that's what it does, but what is its name?"** If the participant does not respond, the examiner should give the semantic cue for that item (provided below). If the participant still does not respond or makes an error, proceed to the next object. *Examiner should check a response (yes/no) for every object/finger.*

Response correct?

5A: Object Names - (Semantic Cues)	Yes	No
Flower - (grows in a garden)		
Bed - (used for sleeping)		
Whistle - (makes a sound when you blow on it)		
Pencil - (used for writing)		
Rattle - (a baby's toy)		
Mask - (hides your face)		
Scissors - (cuts paper)		
Comb - (used on hair)		
Wallet - (holds your money)		
Harmonica - (a musical instrument)		
Stethoscope - (doctors use it to listen to your heart)		
Tongs - (picks up food)		

In 5B, the participant is asked to name the fingers on his/her dominant hand. Say: **"Please place your right (or left) hand on the table. Now I am going to point to a part of your hand and I want you to tell me what it is called. What is this finger called?"**

Response correct?

5B: Fingers	Yes	No
Thumb		
Middle		
Ring		
Index/Pointer		
Pinky		

If task not administered, check one:

- ☐ Not done (for reasons other than physical/cognitive).
- ☐ Participant refused.
- ☐ Participant unable for cognitive reasons.



ADAS Cognitive Behavior

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6. Ideational Praxis

This item is designed to determine whether the participant can perform a familiar but complex sequence of actions. There are 5 tasks to this item. Place a long envelope, an 8½"× 11" sheet of paper and a pencil in front of the participant.

Give the participant the following instructions: **"I want you to pretend you have written yourself a letter. Take this piece of paper, fold it so that it will fit into the envelope, and then put it into the envelope. Then, seal the envelope, address the envelope to yourself, and show me where the stamp goes."**

If the participant forgets part of the task, or is having difficulty, the examiner should repeat the instruction for the task where the participant is having difficulty. After the complete instruction is given, only ONE additional reminder should be given for each task. *Examiner should check a response (yes/no) for every task.*

Task	Action correct?	
	Yes	No
a. Fold the paper	<input type="checkbox"/>	<input type="checkbox"/>
b. Put the paper in the envelope	<input type="checkbox"/>	<input type="checkbox"/>
c. Seal the envelope	<input type="checkbox"/>	<input type="checkbox"/>
d. Address the envelope to yourself	<input type="checkbox"/>	<input type="checkbox"/>
e. Show me where the stamp goes	<input type="checkbox"/>	<input type="checkbox"/>

If task not administered, check one:

- ☐ Not done (for reasons other than physical/cognitive).
- ☐ Participant refused.
- ☐ Participant unable for physical reasons.
- ☐ Participant unable for cognitive reasons.



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7. Orientation

This item is designed to determine how well oriented the participant is with regard to time and place. Ask the participant for each of these pieces of information **one at a time**. One restatement of each question is allowed (e.g., if participant confuses day and date.) *Examiner should check a response (yes/no) for every question.*

	Response correct?	
	Yes	No
a. Full name (must be exact)	<input type="checkbox"/>	<input type="checkbox"/>
b. Month (must be exact)	<input type="checkbox"/>	<input type="checkbox"/>
c. Date (\pm 1 day)	<input type="checkbox"/>	<input type="checkbox"/>
d. Year (must be exact)	<input type="checkbox"/>	<input type="checkbox"/>
e. Day of the week (must be exact)	<input type="checkbox"/>	<input type="checkbox"/>
f. Season (within 1 week of upcoming season or within 2 weeks of previous season) ...	<input type="checkbox"/>	<input type="checkbox"/>
g. Place (partial names are acceptable, but generic terms are not)	<input type="checkbox"/>	<input type="checkbox"/>
(Say: "Where are we now?" or "What is the name of this place?")		
h. Clock Time (\pm 1 hour)	<input type="checkbox"/>	<input type="checkbox"/>
(Say: "Without looking at your watch, tell me approximately what time it is.")		

If task not administered, check one:

- ☐ Not done (for reasons other than physical/cognitive).
- ☐ Participant refused.
- ☐ Participant unable for cognitive reasons.



ADAS Cognitive Behavior

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8. Word Recognition (List 1)

In the learning portion of this test, the participant is given one trial to learn a list of 12 words. (See procedures manual for instructions on using the stimulus cards.) Say: **"I am going to show you some words printed on these white cards. I want you to read each word out loud and try to remember it."**

In the recognition portion of this test, the examiner should say: **"Now I'm going to show you another set of words. Some of the words were on the list I just showed you and others are new. For each word I want you to tell me whether it is one of the words I just showed you."**

The examiner shows the first word and says either **"Is this one of the words I showed you before, yes or no?"**, or **"Did I show you this word before?"** The same instruction is given before the second test word. For the remaining test words the examiner should say: **"How about this one?"** or **"Just take your best guess."**

Check the **participant's response** to each word **Yes** or **No**. If the participant needs to be reminded of the task during the exam, the examiner should repeat the question and place a check in the reminder column.

Check participant response

Word	Yes	No	*R
1. Nurse			
2. Magazine			
3. Wizard			
4. Van			
5. Leopard			
6. Sale			
7. Sea			
8. Train			
9. Coin			
10. Ship			
11. Institution			
12. Map			
13. Axe			
14. Board			
15. Carrot			
16. Milk			
17. Volume			
18. Forest			
19. Anchor			
20. Gem			
21. Cat			
22. Fund			
23. Edge			
24. Cake			

*R = Reminder given

If task not administered, check one:

- ☐ Not done (for reasons other than physical/cognitive).
☐ Participant refused.
☐ Participant unable for cognitive reasons.



ADAS Cognitive Behavior

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9. Remembering Test Instructions (based **only** on observations during Word Recognition task):

This item evaluates the participant's ability to remember the requirements of the **Word Recognition task**. The number of reminders given on the Word Recognition task are counted to rate this item. If the Word Recognition task was not completed or not attempted, then this item must not be scored. Each instance of memory failure for the test instructions after the first two items is scored.

- ☐ **None** - participant never needs extra reminders of instructions
- ☐ **Very mild** - forgets once
- ☐ **Mild** - must be reminded 2 times
- ☐ **Moderate** - must be reminded 3 or 4 times
- ☐ **Moderately severe** - must be reminded 5 or 6 times
- ☐ **Severe** - must be reminded 7 or more times

10. Comprehension: This item evaluates the participant's ability to understand speech. To rate this item the examiner should consider how well the participant was able to understand the examiner's speech during the opening discussion and during the test session. **Do not include responses to commands.**

- ☐ **None** - no evidence of poor comprehension
- ☐ **Very mild** - one or two instances of misunderstanding
- ☐ **Mild** - 3-5 instances of misunderstanding
- ☐ **Moderate** - requires several repetitions and rephrasing
- ☐ **Moderately severe** - participant only occasionally responds correctly; *i.e.*, yes/no questions
- ☐ **Severe** - participant rarely responds to questions appropriately, not due to poverty of speech

11. Word Finding Difficulty: To rate this item, the examiner must determine whether the participant has difficulty in finding the desired word in spontaneous speech during the interview and test session. **Do not include finger and object naming in this rating.** Documentation should be evident on Page 1 to support any rating above zero. (Refer to the procedures manual for guidelines)

- ☐ **None** - no evidence of word finding difficulty in spontaneous speech
- ☐ **Very mild** - 1 or 2 instances, not clinically significant
- ☐ **Mild** - noticeable circumlocution or synonym substitution
- ☐ **Moderate** - loss of words without compensation on occasion
- ☐ **Moderately severe** - frequent loss of words without compensation
- ☐ **Severe** - nearly total loss of content of words; speech sounds empty; 1-2 word utterances



ADAS Cognitive Behavior

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12. Spoken Language Ability: This item is a global rating of the quality of speech, i.e., clarity, difficulty in making oneself understood. In rating this item the examiner should consider all of the speech produced by the participant in the initial interview and the test session. Documentation should be evident on Page 1 to support any rating above zero. (Refer to the procedures manual for guidelines)

- ☐ **None** - no instances where it is difficult to understand the participant
- ☐ **Very mild** - one instance of lack of understandability
- ☐ **Mild** - participant has difficulty less than 25% of the time
- ☐ **Moderate** - participant has difficulty 25-50% of the time
- ☐ **Moderately severe** - participant has difficulty 50% of the time
- ☐ **Severe** - one or two word utterance; fluent, but empty speech; mute

13. Number Cancellation (Version A)

Instructions for Example:

Place the practice form face up in front of the participant. Say, "**On the top of this page are two numbers. Throughout this page you will find these numbers mixed in with other numbers. I'd like you to begin here...**" (*point to the beginning of the first line*) "**...and going across line by line, cross off each number that matches either of the two numbers at the top of the page. Please work as quickly as you can.**" Discontinue the example after **30** seconds.

Instructions for Task:

Place the form face up in front of the participant and say: "**On the top of this page are two numbers. Throughout this page you will find these numbers mixed in with other numbers. I'd like you to begin here...**" (*point to the beginning of the first line*), "**...and going across line by line, cross off the numbers that match the numbers at the top of the page. Please work as quickly as you can.**"

If the first cancellation done by the participant is incorrect, say: "**These are the correct numbers to cross out,**" and point to the target numbers at the top of the page. If the participant becomes confused or stops while doing the test, repeat the standard instructions as needed. Discontinue the test after **45** seconds.

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13a. Number Cancellation: Number of targets hit

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13b. Number Cancellation: Number of errors

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13c. Number Cancellation: Number of times reminded of task

If Number Cancellation Task not administered, check one:

- ☐ Not done (for reasons other than physical/cognitive).
- ☐ Participant refused.
- ☐ Participant unable for physical reasons.
- ☐ Participant unable for cognitive reasons.

"6" and "1"

1 2 2 4 5 9 5 6 6 9 1 9 6 7 8 3 2 4 3 7 2 1 4 2 2 1 2 6 6 3

Example for use with versions A, B, and C

"2" and "8"

6	2	6	7	2	3	1	3	8	5	5	5	8	1	7	9	1	7	2	7	4	5	7	6	1	3	9	6	2	1
9	4	6	9	5	7	1	8	9	5	6	5	4	2	7	1	5	2	7	9	1	7	1	1	1	4	2	8	5	8
1	9	7	9	7	1	6	7	8	6	5	5	7	2	9	6	5	9	5	4	7	3	2	4	5	6	1	4	3	4
4	6	8	4	1	4	1	7	2	4	7	1	7	6	7	5	4	9	8	7	5	6	2	1	6	9	3	1	4	8
7	8	6	7	1	7	1	3	4	3	9	8	6	5	1	8	3	4	2	6	9	9	6	1	6	4	3	9	3	4
4	9	3	8	7	2	5	4	4	8	7	6	4	1	4	7	2	6	8	7	5	6	3	2	6	4	4	6	8	4
4	8	3	4	7	5	4	4	7	9	7	3	6	8	6	5	4	7	4	3	4	9	2	5	3	5	4	7	3	5
4	9	3	3	8	1	8	4	2	6	5	6	6	1	7	2	4	2	9	7	9	7	6	1	5	1	4	1	9	8

A



Auditory Verbal Learning Test (A.V.L.T.) Immediate - Version A

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Trial 1 Instruction:

Say, "I am going to read a list of words. Listen carefully, for when I stop you are to repeat back as many words as you can remember. It doesn't matter in what order you repeat them, just try to remember as many as you can."

Trial 2-5 Instructions:

Say, "Now I am going to read the same words again, and once again when I stop I want you to tell me as many words as you can remember, including words you said the first time. It doesn't matter in what order you say them, just as many words as you can remember, whether or not you said them before."

List B Instructions:

Say, "Now I'm going to read a second list of words. Listen carefully, for when I stop you are to repeat back as many words as you can remember. It doesn't matter in what order you repeat them, just try to remember as many as you can."

Trial 6 Instructions:

Say, "Now tell me all the words you can remember from the first list, the list I repeated a number of times."

List A	1	2	3	4	5	AFTER B-RECALL 6	List B	List B Recall
Drum							Desk	
Curtain							Ranger	
Bell							Bird	
Coffee							Shoe	
School							Stove	
Parent							Mountain	
Moon							Glasses	
Garden							Towel	
Hat							Cloud	
Farmer							Boat	
Nose							Lamb	
Turkey							Gun	
Color							Pencil	
House							Church	
River							Fish	
Totals								
Intrusions								

Instructions: Begin delay task 30 minutes from completion of List B Recall.



MoCA Administration Instructions

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Indicate with a checkmark in the box underneath each portion of the test only if the subject completed the task correctly. Enter the score for each individual task into the eCRF. No section scores or total score are required for ADNI.

Record verbatim responses so that scoring can be re-checked by the clinical monitor.

For Cube and Clock, the subject may be allowed to use an area other than those provided on the MoCA test sheet to reproduce the items (e.g. an additional blank page, with subject ID and visit date indicated).

Attention Section:

- ➡ Digits: Score as correct only if the entire string of numbers is repeated correctly.
- ➡ List of Letters/Tapping: record the number of errors by the subject (i.e. either a tap on a wrong letter, or failure to tap on an A) by circling any incorrect responses.
- ➡ Serial 7 subtraction: Record subject's verbatim response and score based on subtraction from prior number. Example: If a subject gives an incorrect response, then subsequently correctly subtracts 7 from that number, this is a correct response.

Language Section:

- ➡ Fluency: Record the number of words correctly named by the subject. Use the worksheet provided to write out the subject's verbatim responses.

For additional administration and scoring instructions on the MoCA, please reference the ADNI GO Procedures Manual.



MoCA Fluency

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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The examiner gives the following instruction:

"Tell me as many words as you can think of that begin with a certain letter of the alphabet that I will tell you in a moment. You can say any kind of word you want, except for proper nouns (like Bob or Boston), numbers, or words that begin with the same sound but have a different suffix, for example, love, lover, loving. I will tell you to stop after one minute. Are you ready? [Pause] Now, tell me as many words as you can think of that begin with the letter F. [time for 60 sec]. Stop."

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 21. _____ | 41. _____ |
| 2. _____ | 22. _____ | 42. _____ |
| 3. _____ | 23. _____ | 43. _____ |
| 4. _____ | 24. _____ | 44. _____ |
| 5. _____ | 25. _____ | 45. _____ |
| 6. _____ | 26. _____ | 46. _____ |
| 7. _____ | 27. _____ | 47. _____ |
| 8. _____ | 28. _____ | 48. _____ |
| 9. _____ | 29. _____ | 49. _____ |
| 10. _____ | 30. _____ | 50. _____ |
| 11. _____ | 31. _____ | 51. _____ |
| 12. _____ | 32. _____ | 52. _____ |
| 13. _____ | 33. _____ | 53. _____ |
| 14. _____ | 34. _____ | 54. _____ |
| 15. _____ | 35. _____ | 55. _____ |
| 16. _____ | 36. _____ | 56. _____ |
| 17. _____ | 37. _____ | 57. _____ |
| 18. _____ | 38. _____ | 58. _____ |
| 19. _____ | 39. _____ | 59. _____ |
| 20. _____ | 40. _____ | 60. _____ |

Total Correct: _____



Clock Drawing Test

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

1. Clock Drawing

Instructions: Hand the subject a blank piece of paper and a pencil. Say to the subject: **"Draw the face of a clock showing the numbers and the two hands, set to ten after eleven."** If the subject is confused or asks for another try, allow the subject two attempts to complete the task. If a second attempt is done, ask the subject to indicate which one is better and score only that attempt. If requested, the examiner may remind the subject of the specific time to be shown on the clock face (see procedures manual for examples of correctly scored clock drawings).

Scoring:

CORRECT

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

INCORRECT

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

1. Approximately circular face
2. Symmetry of number placement
3. Correctness of numbers
4. Presence of the two hands
5. Presence of the two hands, set to ten after eleven

Total Correct (Range = 0-5)

Count the number of **CORRECT** responses.

--

2. Clock Copying

Instructions: Immediately after the Clock drawing command condition is completed, present the subject with the response form with the model clock drawn at the top and say, **"Copy this clock..."** (point to the model) **"...in the space provided below."** Allow the subject to work without feedback; interrupt only if the subject starts to scratch out or destroy any of their drawing. If the subject tries to erase or scratch out an error, immediately intervene and gently instruct them to try again. Allow only two attempts on the Clock Copying test (see procedures manual for further instructions on scoring).

Scoring:

CORRECT

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

INCORRECT

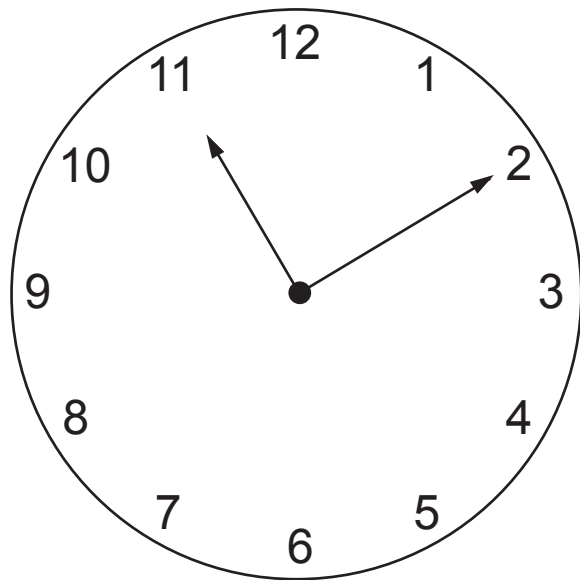
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

1. Approximately circular face
2. Symmetry of number placement
3. Correctness of numbers
4. Presence of the two hands
5. Presence of the two hands, set to ten after eleven

Total Correct (Range = 0-5)

Count the number of **CORRECT** responses.

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Category Fluency (Animals)

Page 1 of 2

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Task Instructions:

Say, **"I am going to give you a category and I want you to name, as fast as you can, all of the things that belong in that category. For example, if I say 'articles of clothing,' you could say, 'shirt,' 'tie,' or 'hat'. Can you think of other articles of clothing?"**

Allow up to 20 seconds for the subject to produce two responses. On the below table, check the responses and read the associated instruction.

Response	Instruction
<input type="checkbox"/> No response	" You could have said 'shoes' or 'coat' since they are articles of clothing."
<input type="checkbox"/> One or more incorrect responses, no correct response.	" No, _____ is (are) not an article of clothing. You could have said 'shoes' or 'coat' since they are articles of clothing."
<input type="checkbox"/> One or more correct responses, no incorrect responses.	" That's right. You could also have said 'shoes' or 'coat'."
<input type="checkbox"/> One or more correct responses, one or more incorrect responses.	" _____ is (are) correct, but _____ is (are) not an article of clothing. You also could have said 'shoes' or 'coat'."
<input type="checkbox"/> Two or more correct responses.	" That's right."

PROCEED TO 'ANIMAL' CATEGORY WORK SHEETS



Category Fluency (Animals)

Page 2 of 2

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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Animal Category:

Say, "Now I want you to name things that belong to another category: Animals. You will have one minute. I want you to tell me all the animals you can think of in one minute. Ready? Begin."

➡ Start timer as you say 'Begin'. Write actual responses as legibly as possible.

➡ Stop the procedure at 60 seconds.

- | | | |
|-----------|-----------|-----------|
| 1. _____ | 21. _____ | 41. _____ |
| 2. _____ | 22. _____ | 42. _____ |
| 3. _____ | 23. _____ | 43. _____ |
| 4. _____ | 24. _____ | 44. _____ |
| 5. _____ | 25. _____ | 45. _____ |
| 6. _____ | 26. _____ | 46. _____ |
| 7. _____ | 27. _____ | 47. _____ |
| 8. _____ | 28. _____ | 48. _____ |
| 9. _____ | 29. _____ | 49. _____ |
| 10. _____ | 30. _____ | 50. _____ |
| 11. _____ | 31. _____ | 51. _____ |
| 12. _____ | 32. _____ | 52. _____ |
| 13. _____ | 33. _____ | 53. _____ |
| 14. _____ | 34. _____ | 54. _____ |
| 15. _____ | 35. _____ | 55. _____ |
| 16. _____ | 36. _____ | 56. _____ |
| 17. _____ | 37. _____ | 57. _____ |
| 18. _____ | 38. _____ | 58. _____ |
| 19. _____ | 39. _____ | 59. _____ |
| 20. _____ | 40. _____ | 60. _____ |

Animal Total: _____

Perseverations: _____

Intrusions: _____



Trail Making Test

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

Part A Instructions: Place the Part A sample form in front of the subject. Read aloud the instructions.

Say, **"There are numbers in circles on this page. Please take the pencil and draw a line from one number to the next, in order. Start at 1 (point to the number), then go to two (point to the number), then go to three (point to the number) and so on. Please try not to lift the pencil as you move from one circle to the next. Work as quickly as you can."**

If the subject makes an error, mark through the line and go back to the point at which the error was made and say, for example, **"You were at number two. What is the next number?"** Wait for the subject's response and say, **"Please start here and continue."**

If the subject completes the sample correctly, go to **TEST A**. Repeat the instructions given for the sample. Start timing as soon as the instruction is given to begin.

- ➡ Stop timing when Trail is completed or stop subject when maximum time is reached.
- ➡ Allow 150 seconds for the test.

Scoring: Part A time to complete: _____
 Part A errors of Commission: _____
 Part A errors of Omission: _____

Part B Instructions: Place the Part B sample form in front of the subject. Read aloud the instructions.

Say, **"There are numbers and letters in circles on this page. Please take the pencil and draw a line, alternating in order between the numbers and letters. Start at number 1 (point to the number), then go to the first letter, A (point to the letter), then go to the next number, 2 (point to the number), and then the next letter, B (point to the letter), and so on. Please try not to lift the pencil as you move from one circle to the next. Work as quickly as you can."**

If the subject makes an error, mark through the line and go back to the point at which the error was made and say, for example, **"You were at number two. What is the next letter?"** Wait for the subject's response and say, **"Please start here and continue."**

If the subject completes the sample correctly, go to **TEST B**. Repeat the instructions given for the sample. Start timing as soon as the instruction is given to begin.

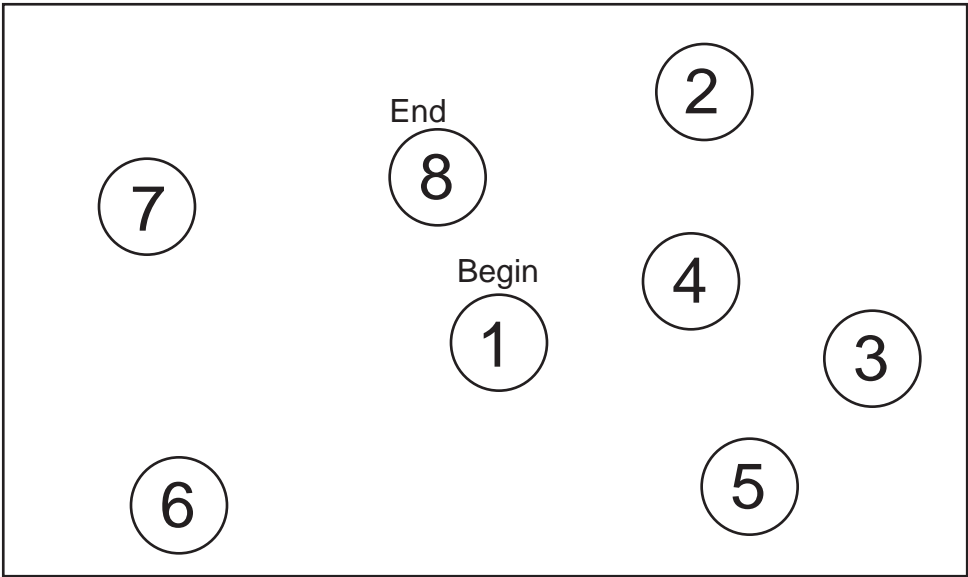
- ➡ Stop timing when Trail is completed or stop subject when maximum time is reached.
- ➡ Allow 300 seconds for the test.

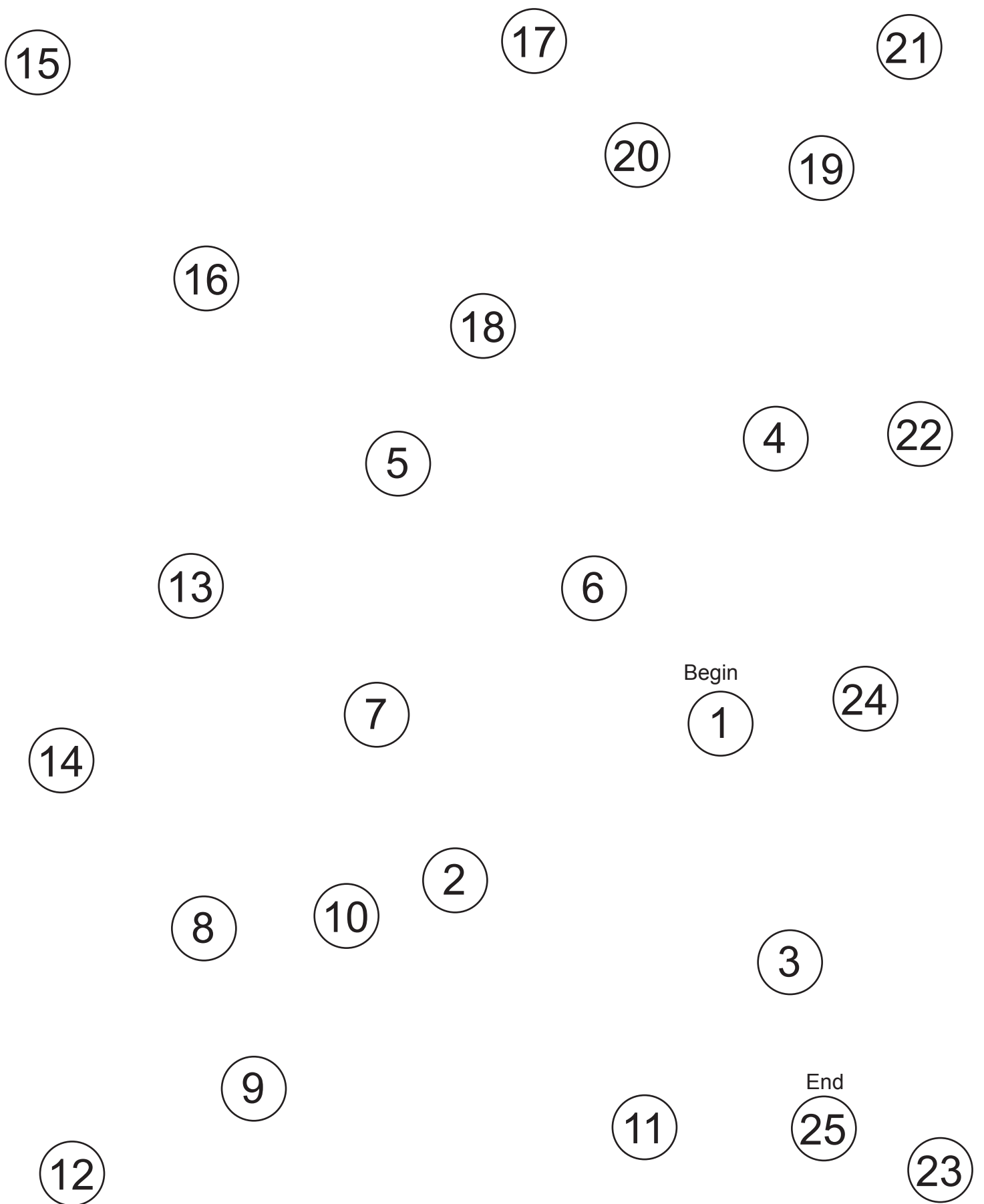
Scoring: Part B time to complete: _____
 Part B errors of Commission: _____
 Part B errors of Omission: _____

TRAIL MAKING

PART A

SAMPLE

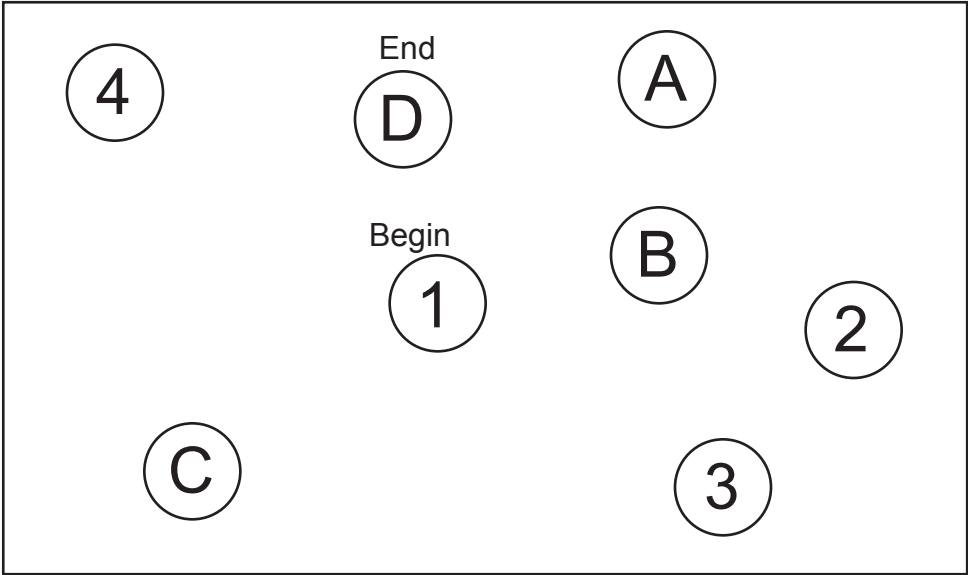


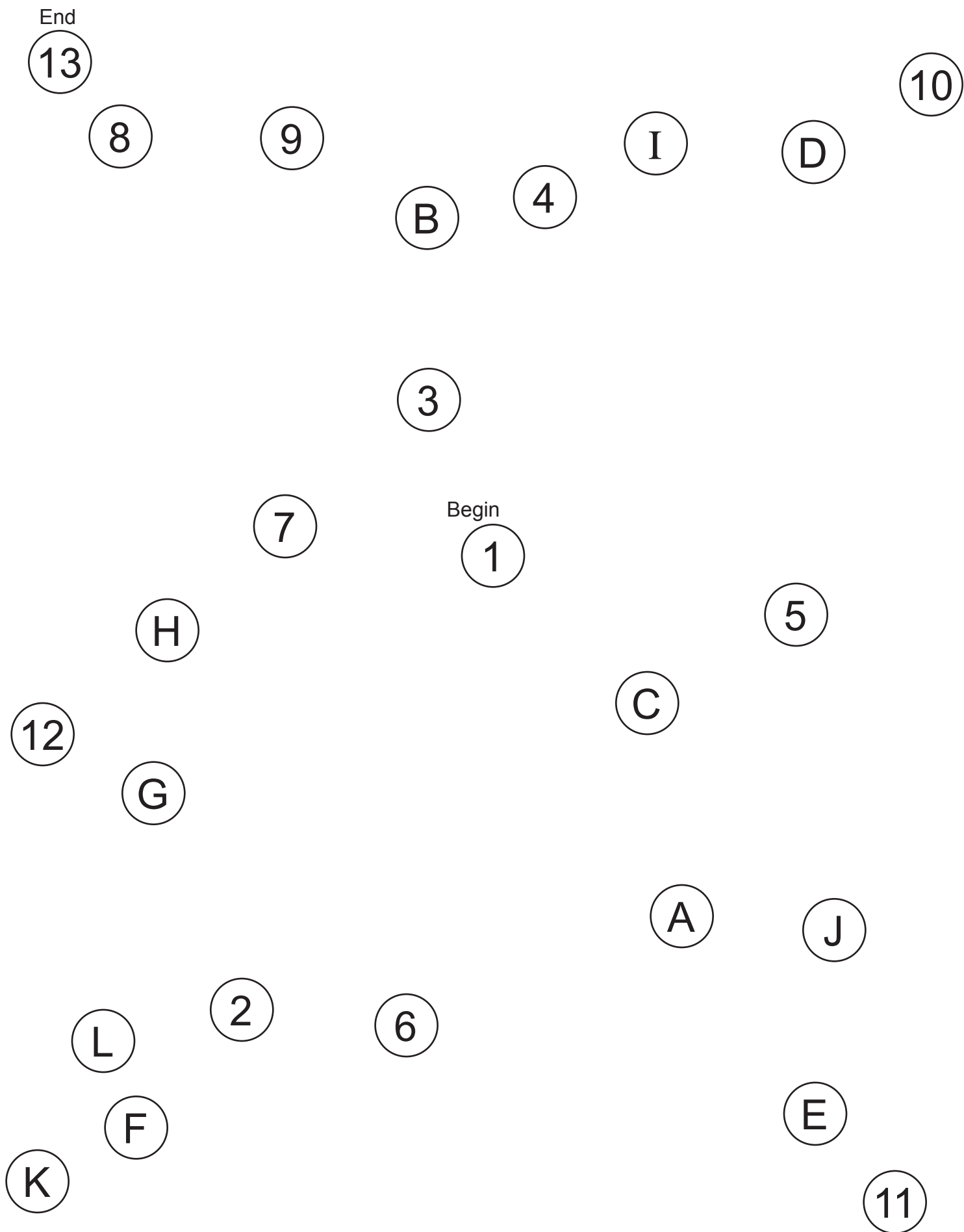


TRAIL MAKING

PART B

SAMPLE





Alzheimer's Disease Cooperative Study



Auditory Verbal Learning Test (A.V.L.T.)

Version A - 30 Minute Delay

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	S	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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EXAMINER INITIALS

<input type="text"/>	<input type="text"/>	<input type="text"/>
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EXAMINATION DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH		DAY		YEAR			

 DELAY:
 (minutes)

30 Minute Delay Instructions:

Say, "Awhile ago I read a list of words to you several times, and you had to repeat back the words. Tell me the words from that list."

IMPORTANT: The words from the original list are NOT read again before recall is elicited on this trial

List A (DO NOT READ)	30 MINUTE DELAY
Drum	
Curtain	
Bell	
Coffee	
School	
Parent	
Moon	
Garden	
Hat	
Farmer	
Nose	
Turkey	
Color	
House	
River	
Totals	
Intrusions	

Recognition Instructions:

Say, "Sometimes people can remember more of the words if they see them. Read all these words and circle the ones that you think were on that first list I read...the list I read 5 times to you."

LIST SCORES:

Recognition: _____ Total Intrusions: _____

Teacher

Coffee

River

Road

Bridge

Hat

Farmer

Turkey

Pen

Minute

Forehead

Nose

Kerchief

School

House

Bell

Moon

Face

Color

Garden

Beet

Classroom

Curtain

Parent

Floor

Children

Soldier

Broomstick

Drum

Gun



Everyday Cognition (ECog) - Participant Self-Report

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR			

ADNI Administration procedures for the ECog:

- Participants and their study partners will each complete this questionnaire independently, within the clinic, at the time of their ADNI in-clinic visit.
- Research assistants will check all ECog forms before the end of the visit to ensure they are completed fully and, if necessary, direct the participant or study partner to complete the form.
- In some cases the participant may be too cognitively impaired to complete the form.
- If the reading level of either the participant or the study partner is low, the research assistant may read the items out loud and record their ratings.
- After the participant finishes the ECog, answer the following questions:

1. How much assistance was needed from the research staff to complete this form?

- ☐ None
 ☐ A little
 ☐ A lot
 ☐ Participant too cognitively impaired to complete

2. Validity of the information collected from the participant (based on research assistant's observations and interactions with the participant while they were completing the ECog):

- ☐ 1 = **APPEARED VALID** - The participant did not express any confusion or ask for any clarification in completing the ECog.
- ☐ 2 = **QUESTIONABLE VALIDITY** - The participant needed to have the instructions repeated, and/or needed help in understanding a few of the items.
- ☐ 3 = **APPEARED INVALID** - The participant was clearly confused about the content of many of the questions or how to complete the form in general).
- ☐ 4 = **NO INFORMATION COLLECTED FROM PARTICIPANT**

EVERYDAY COGNITION

Participant Self Report Form

Page 1 of 3

DIRECTIONS: Please rate your ability to perform certain everyday tasks **NOW, as compared to your ability to do these same tasks 10 years ago**. In other words, try to remember how you were doing 10 years ago and indicate any change in your level of ability. Rate the amount of change on a five-point scale ranging from:

1	There has been no change in my ability or I actually perform better compared to 10 years ago.
2	I occasionally perform the task worse but not all of the time.
3	I consistently perform the task a little worse than 10 years ago.
4	I consistently perform the task much worse than 10 years ago.
9	I don't know.

Circle the number that fits your response.

Before we get started...

Are you concerned that you have a memory or other thinking problem? Yes No

<i>Compared to 10 years ago, has there been any change in...</i>	BETTER OR NO CHANGE	QUESTIONABLE / OCCASIONALLY WORSE	CONSISTENTLY A LITTLE WORSE	CONSISTENTLY MUCH WORSE	I DON'T KNOW
MEMORY					
1. Remembering a few shopping items without a list.	1	2	3	4	9
2. Remembering things that happened recently (such as recent outings, events in the news).	1	2	3	4	9
3. Recalling conversations a few days later.	1	2	3	4	9
4. Remembering where I have placed objects.	1	2	3	4	9
5. Repeating stories and/or questions.	1	2	3	4	9
6. Remembering the current date or day of the week.	1	2	3	4	9
7. Remembering I have already told someone something.	1	2	3	4	9
8. Remembering appointments, meetings, or engagements.	1	2	3	4	9

EVERYDAY COGNITION

Participant Self Report Form

Page 2 of 3

<i>Compared to 10 years ago, has there been any change in...</i>	BETTER OR NO CHANGE	QUESTIONABLE / OCCASIONALLY WORSE	CONSISTENTLY A LITTLE WORSE	CONSISTENTLY MUCH WORSE	I DON'T KNOW
LANGUAGE					
1. Forgetting the names of objects.	1	2	3	4	9
2. Verbally giving instructions to others.	1	2	3	4	9
3. Finding the right words to use in a conversation.	1	2	3	4	9
4. Communicating thoughts in a conversation.	1	2	3	4	9
5. Following a story in a book or on TV.	1	2	3	4	9
6. Understanding the point of what other people are trying to say.	1	2	3	4	9
7. Remembering the meaning of common words.	1	2	3	4	9
8. Describing a program I have watched on TV.	1	2	3	4	9
9. Understanding spoken directions or instructions.	1	2	3	4	9
VISUAL-SPATIAL AND PERCEPTUAL ABILITIES					
1. Following a map to find a new location.	1	2	3	4	9
2. Reading a map and helping with directions when someone else is driving.	1	2	3	4	9
3. Finding my car in a parking lot.	1	2	3	4	9
4. Finding my way back to a meeting spot in the mall or other location.	1	2	3	4	9
5. Finding my way around a familiar neighborhood.	1	2	3	4	9
6. Finding my way around a familiar store.	1	2	3	4	9
7. Finding my way around a house visited many times.	1	2	3	4	9

EVERYDAY COGNITION

Participant Self Report Form

Page 3 of 3

<i>Compared to 10 years ago, has there been any change in...</i>	BETTER OR NO CHANGE	QUESTIONABLE / OCCASIONALLY WORSE	CONSISTENTLY A LITTLE WORSE	CONSISTENTLY MUCH WORSE	I DON'T KNOW
EXECUTIVE FUNCTIONING: PLANNING					
1. Planning a sequence of stops on a shopping trip.	1	2	3	4	9
2. The ability to anticipate weather changes and plan accordingly (i.e., bring a coat or umbrella).	1	2	3	4	9
3. Developing a schedule in advance of anticipated events.	1	2	3	4	9
4. Thinking things through before acting.	1	2	3	4	9
5. Thinking ahead.	1	2	3	4	9
EXECUTIVE FUNCTIONING: ORGANIZATION					
1. Keeping living and work space organized.	1	2	3	4	9
2. Balancing the checkbook without error.	1	2	3	4	9
3. Keeping financial records organized.	1	2	3	4	9
4. Prioritizing tasks by importance.	1	2	3	4	9
5. Keeping mail and papers organized.	1	2	3	4	9
6. Using an organized strategy to manage a medication schedule involving multiple medications.	1	2	3	4	9
EXECUTIVE FUNCTIONING: DIVIDED ATTENTION					
1. The ability to do two things at once.	1	2	3	4	9
2. Returning to a task after being interrupted.	1	2	3	4	9
3. The ability to concentrate on a task without being distracted by external things in the environment.	1	2	3	4	9
4. Cooking or working and talking at the same time.	1	2	3	4	9



Everyday Cognition (ECog) - Study Partner Report

Visit: EMCI Subjects Baseline

ADNI PARTICIPANT NUMBER

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EXAMINER INITIALS

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EXAMINATION DATE

MONTH		DAY		YEAR					

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EVERYDAY COGNITION

Study Partner Report Form

Page 1 of 3

DIRECTIONS: Please rate the participant's ability to perform certain everyday tasks **NOW, as compared to his/her ability to do these same tasks 10 years ago**. In other words, try to remember how he/she was doing 10 years ago and indicate any change you have seen. Rate the amount of change on a five-point scale ranging from:

1	No change or actually performs better than 10 years ago.
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5. Repeating stories and/or questions.	1	2	3	4	9
6. Remembering the current date or day of the week.	1	2	3	4	9
7. Remembering he/she has already told someone something.	1	2	3	4	9
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EVERYDAY COGNITION

Study Partner Report Form

Page 2 of 3

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3. Finding one's car in a parking lot.	1	2	3	4	9
4. Finding the way back to a meeting spot in the mall or other location.	1	2	3	4	9
5. Finding his/her way around a familiar neighborhood.	1	2	3	4	9
6. Finding his/her way around a familiar store.	1	2	3	4	9
7. Finding his/her way around a house visited many times.	1	2	3	4	9

EVERYDAY COGNITION

Study Partner Report Form

Page 3 of 3

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