

Protocol ID: _____

Study Name: _____

Site: _____

Event Name: _____

Event Date: _____

Study Subject ID: _____

Interviewer Name: _____

Interview Date: _____

BLSA Cog State - Ver 1.0**Section Title: Cog State**

Date Completed

☐ Blank

Tester ID

Randomization Number:

1) Does the participant have physical hand problems, such as arthritis, contractures, etc.?

☐ No ☐ Yes [Click to deselect entry](#)

2) Was Cog State protocol completed?

☐ Yes ☐ No [Click to deselect entry](#)2a) Reason test not performed, or
unsatisfactory:

- ☐ Physical problems
- ☐ Mental problems
- ☐ Physical and mental problems
- ☐ Refused
- ☐ Technical problems (includes no time or no tester)
- ☐ Other (please specify)

Other (please specify)