

Form A5-D2: Participant Health History / Clinician-assessed Medical Conditions

ADRC: _____ PTID: _____ Form date: ____/____/____ Visit #: _____ Examiner's initials: _____

Language: <input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish	Mode: <input type="checkbox"/> 1 In-person <input type="checkbox"/> 2 Remote (reason): ____ <input type="checkbox"/> 1 Telephone <input type="checkbox"/> 2 Video	Key (remote reason): 1=Too cognitively impaired 2=Too physically impaired 3=Homebound or nursing home 4=Refused in-person visit 5=Other
--	---	--

INSTRUCTIONS: This form is to be completed by the clinician or ADRC staff based on the medical history interview with the participant and co-participant, as well as review of any medical records that are available. Any conditions identified during the visit should be included on the form. For additional clarification and examples, see **UDS Coding Guidebook for Form A5/D2**. Check only one box per question, unless otherwise stated.

Section 1 – Cigarette smoking, alcohol, and substance use

Cigarette smoking

1a.	Has the participant smoked more than 100 cigarettes in their life — (IF NO OR UNKNOWN, SKIP TO QUESTION 1f)	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 9 UNK
1b.	Total years smoked (777 = years provided at previous UDS visit, 999 = Unknown)	_____		
1c.	Average number of packs smoked per day:	<input type="checkbox"/> 1 1 cigarette to less than ½ pack <input type="checkbox"/> 2 ½ pack to less than 1 pack <input type="checkbox"/> 3 1 pack to less than 1½ packs	<input type="checkbox"/> 4 1½ packs to less than 2 packs <input type="checkbox"/> 5 2 packs or more <input type="checkbox"/> 9 Unknown	
1d.	Has the participant smoked within the last 30 days?	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 9 UNK
1e.	If the participant quit smoking, specify the age at which they last smoked (i.e., quit) (777 = age provided at previous UDS visit, 888 = N/A, 999 = unknown)	_____		

Alcohol use

1f.	In the past 12 months, how often has the participant had a drink containing alcohol? (IF NEVER OR UNKNOWN, SKIP TO QUESTION 1i)	<input type="checkbox"/> 0 Never <input type="checkbox"/> 1 Monthly or less <input type="checkbox"/> 2 2-4 times a month	<input type="checkbox"/> 3 2-3 times a week <input type="checkbox"/> 4 4 or more times a week <input type="checkbox"/> 9 Unknown
1g.	On a day when the participant drinks alcoholic beverages, how many standard drinks does the participant typically consume? (Standard drink: 12oz of regular beer, 5oz of wine, 1.5oz of distilled spirits)	<input type="checkbox"/> 1 1 or 2 <input type="checkbox"/> 2 3 to 4 <input type="checkbox"/> 3 5 to 6	<input type="checkbox"/> 4 7 to 9 <input type="checkbox"/> 5 10 or more <input type="checkbox"/> 9 Unknown
1h.	In the past 12 months, how often did the participant have six or more drinks containing alcohol in one day?	<input type="checkbox"/> 0 Never <input type="checkbox"/> 1 Less than once a month <input type="checkbox"/> 2 Monthly	<input type="checkbox"/> 3 Weekly <input type="checkbox"/> 4 Daily or almost daily <input type="checkbox"/> 9 Unknown

Substance use

1i.	Has the participant used substances including prescription or recreational drugs that caused significant impairment in one or more of the following areas: work, driving, legal, social, or others.			
1i1.	Within the past 12 months	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 9 UNK
1i2.	Prior to 12 months ago	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 9 UNK
1j.	In the past 12 months, how often has the participant consumed cannabis (edibles, smoked, or vaporized)?	<input type="checkbox"/> 0 Never <input type="checkbox"/> 1 Monthly or less <input type="checkbox"/> 2 2-4 times a month	<input type="checkbox"/> 3 2-3 times a week <input type="checkbox"/> 4 4 or more times a week <input type="checkbox"/> 9 Unknown	

In the following sections (*pages 2-7*) record the presence or absence of a **history of these conditions**, as determined by the clinician's best judgment following the medical history interview with the participant and co-participant, as well as review of any medical records that are available.

A CONDITION SHOULD BE CONSIDERED ...

Absent:	Recent/Active:	Remote/Inactive:	Unknown (UNK)
It has never been present.	It happened within the last year or still requires active management.	It existed or occurred in the past (<i>more than one year ago</i>) but was resolved or there is no treatment currently under way.	There is insufficient information available to assess this condition.

Section 2 – Cardiovascular disease

		ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
2a.	Heart attack (<i>heart artery blockage</i>) — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 2b)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
2a1.	More than one heart attack?	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 9 UNK	
2a2.	Age at most recent heart attack (777 = age provided at previous UDS visit, 999 = Unknown)				___
2b.	Cardiac arrest (heart stopped) — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 2c)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
2b1.	Age at most recent cardiac arrest (777 = age provided at previous UDS visit, 999 = Unknown)				___
2c.	Atrial fibrillation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
2d.	Coronary artery angioplasty / endarterectomy / stenting	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
2e.	Coronary artery bypass procedure — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 2f)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
2e1.	Age at most recent surgery (777 = age provided at previous UDS visit, 999 = Unknown)				___
2f.	Pacemaker and/or defibrillator implantation — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 2g)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
2f1.	Age at first implantation (777 = age provided at previous UDS visit, 999 = Unknown)				___
2g.	Congestive heart failure (including pulmonary edema)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
2h.	Heart valve replacement or repair — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 2i)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
2h1.	Age at most recent procedure (777 = age provided at previous UDS visit, 999 = Unknown)				___
2i.	Other cardiovascular disease (SPECIFY): _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

Section 3 – Cerebrovascular disease

		ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
3a.	Stroke by history, not exam (<i>imaging is not required</i>) — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 3b)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
3a1.	More than one stroke?	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 9 UNK	
3a2.	Age at most recent stroke (777 = age provided at previous UDS visit, 999 = Unknown)				___
		NEVER IMPROVED	PARTIALLY IMPROVED	IMPROVED / BACK TO NORMAL	UNKNOWN
3a3.	What is the status of stroke symptoms?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

Section 3 – Cerebrovascular disease*continued...*

3a4.	Carotid artery surgery or stenting? (IF NO OR UNKNOWN, SKIP TO QUESTION 3b)	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 9 UNK
3a5.	Age at most recent carotid artery surgery or stenting (777 = age provided at previous UDS visit, 999 = Unknown)	____ _		
		ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE
3b.	Transient ischemic attack (TIA) — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 4a)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2
3b1.	Age at most recent TIA (777 = age provided at previous UDS visit, 999 = Unknown)	____ _		

Section 4 – Neurologic conditions

		ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
4a.	Parkinson's disease (PD) — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 4b)	<input type="checkbox"/> 0	<input type="checkbox"/> 1		<input type="checkbox"/> 9
4a1.	Age at estimated PD symptom onset (777 = age provided at previous UDS visit, 999 = Unknown)	____ _			
4b.	Other parkinsonism disorder (e.g., DLB) — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 4c)	<input type="checkbox"/> 0	<input type="checkbox"/> 1		<input type="checkbox"/> 9
4b1.	Age at parkinsonism disorder diagnosis (777 = age provided at previous UDS visit, 999 = Unknown)	____ _			
4c.	Epilepsy and/or history of seizures (excluding childhood febrile seizures) — (IF REMOTE/INACTIVE, SKIP TO QUESTION 4c2, IF ABSENT OR UNKNOWN, SKIP TO QUESTION 4d)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
4c1.	How many seizures has the participant had in the past 12 months?	<input type="checkbox"/> 0 None <input type="checkbox"/> 1 1 or 2 <input type="checkbox"/> 2 3 or more <input type="checkbox"/> 9 Unknown			
4c2.	Age at first seizure (excluding childhood febrile seizures) (777 = age provided at previous UDS visit, 999 = Unknown)	____ _			
4d.	Chronic headaches	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
4e.	Multiple sclerosis	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
4f.	Normal-pressure hydrocephalus	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
4g.	Repetitive head impacts (e.g. from contact sports, intimate partner violence, or military duty), regardless of whether it caused symptoms. (IF NO OR UNKNOWN, SKIP TO QUESTION 4h)	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 9 UNK	
4g1.	Indicate the source(s) of exposure for repeated hits to the head: (Check all that apply)	4g1a. <input type="checkbox"/> 1 American football 4g1b. <input type="checkbox"/> 1 Soccer 4g1c. <input type="checkbox"/> 1 Ice hockey 4g1d. <input type="checkbox"/> 1 Boxing or mixed martial arts 4g1e. <input type="checkbox"/> 1 Other contact sport 4g1f. <input type="checkbox"/> 1 Intimate partner violence 4g1g. <input type="checkbox"/> 1 Military service 4g1h. <input type="checkbox"/> 1 Physical assault 4g1i. <input type="checkbox"/> 1 Other (SPECIFY): _____			
4g2.	Indicate the total length of time in years that the participant was exposed to repeated hits to the head (e.g. playing American football for 7 years) (777 = years provided at previous UDS visit, 999 = Unknown)	____ _			

Section 4 – Neurologic conditions*continued...*

4h.	Head injury (e.g. in a vehicle accident, being hit by an object, in a fall, while playing sports or biking, in an assault, or during military service) that resulted in a period of feeling "dazed or confused," being unable to recall details of the injury, or loss of consciousness (if multiple head injuries, consider most severe episode).	<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 9 UNK
(IF NO OR UNKNOWN, SKIP TO QUESTION 5a)				
4h1.	After a head injury, what was the longest period of time that the participant was unconscious?	<input type="checkbox"/> 0 Less than 5 minutes <input type="checkbox"/> 1 5 minutes to less than 30 minutes <input type="checkbox"/> 2 30 minutes to less than 24 hours <input type="checkbox"/> 3 1 day to less than 7 days	<input type="checkbox"/> 4 7 days or more <input type="checkbox"/> 8 Not applicable, no loss of consciousness <input type="checkbox"/> 9 Unknown duration	
4h2.	After a head injury, what was the longest period that the participant was "dazed or confused" or unable to recall details of the injury?	<input type="checkbox"/> 0 Less than 5 minutes <input type="checkbox"/> 1 5 minutes to less than 30 minutes <input type="checkbox"/> 2 30 minutes to less than 24 hours <input type="checkbox"/> 3 1 day to less than 7 days	<input type="checkbox"/> 4 7 days or more <input type="checkbox"/> 8 Not applicable, never dazed and confused <input type="checkbox"/> 9 Unknown duration	
4h3.	Total number of head injuries in which the participant felt "dazed or confused", unable to recall details of the injury or experienced loss of consciousness?	<input type="checkbox"/> 0 None <input type="checkbox"/> 1 1-2 <input type="checkbox"/> 2 3-5	<input type="checkbox"/> 3 6-12 <input type="checkbox"/> 4 13 or more <input type="checkbox"/> 9 Unknown	
4h4.	Age of <u>first</u> head injury that resulted in a period of feeling "dazed or confused," being unable to recall details of the injury, or loss of consciousness: (777 = age provided at previous UDS visit, 999 = Unknown)	____ _		
4h5.	Age of <u>most recent</u> head injury that resulted in a period of feeling "dazed or confused," being unable to recall details of the injury, or loss of consciousness: (777 = age provided at previous UDS visit, 999 = Unknown)	____ _		

Section 5 – Medical conditions

If any of the conditions still require active management and/or medications, please select "Recent / Active."

	ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
5a. Diabetes — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5b)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5a1. Which type?	<input type="checkbox"/> 1 Type 1 <input type="checkbox"/> 2 Type 2 <input type="checkbox"/> 3 Other (diabetes insipidus, latent autoimmune diabetes/type 1.5, gestational diabetes, prediabetes) <input type="checkbox"/> 9 Unknown			
5a2. Treated with (Check all that apply)	5a2a. <input type="checkbox"/> 1 Insulin 5a2b. <input type="checkbox"/> 1 Oral medications 5a2c. <input type="checkbox"/> 1 GLP-1 receptor agonist 5a2d. <input type="checkbox"/> 1 Other non-insulin, non-GLP-1 receptor agonist injection medication 5a2e. <input type="checkbox"/> 1 Diet 5a2f. <input type="checkbox"/> 1 Unknown			
5a3. Age at diabetes diagnosis (777 = age provided at previous UDS visit, 999 = Unknown)	____ _			
5b. Hypertension (or taking medication for hypertension) — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5c)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5b1. Age at hypertension diagnosis (777 = age provided at previous UDS visit, 999 = Unknown)	____ _			
5c. Hypercholesterolemia (or taking medication for high cholesterol) — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5d)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5c1. Age at hypercholesterolemia diagnosis (777 = age provided at previous UDS visit, 999 = Unknown)	____ _			
5d. B12 deficiency	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5e. Thyroid disease	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

Section 5 – Medical conditions*continued...*

		ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
5f.	Arthritis — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5g)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5f1.	Type of arthritis (Check all that apply)	5f1a. <input type="checkbox"/> 1 Rheumatoid 5f1b. <input type="checkbox"/> 1 Osteoarthritis 5f1c. <input type="checkbox"/> 1 Other (SPECIFY): _____ 5f1d. <input type="checkbox"/> 1 Unknown			
5f2.	Regions affected (Check all that apply)	5f2a. <input type="checkbox"/> 1 Upper extremity 5f2b. <input type="checkbox"/> 1 Lower extremity 5f2c. <input type="checkbox"/> 1 Spine 5f2d. <input type="checkbox"/> 1 Unknown			
5g.	Incontinence — urinary (occurring at least weekly)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5h.	Incontinence — bowel (occurring at least weekly)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5i.	Sleep apnea — (IF ABSENT, REMOTE/INACTIVE, OR UNKNOWN, SKIP TO QUESTION 5j)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5i1.	Typical use of breathing machine (e.g. CPAP) at night over the past 12 months	<input type="checkbox"/> 0 None <input type="checkbox"/> 1 < 4 hours per night <input type="checkbox"/> 2 > 4 hours per night <input type="checkbox"/> 9 Unknown			
5i2.	Typical use of an oral device or implanted breathing pacemaker for sleep apnea at night over the past 12 months?	<input type="checkbox"/> 0 None <input type="checkbox"/> 1 < 4 hours per night <input type="checkbox"/> 2 > 4 hours per night <input type="checkbox"/> 9 Unknown			
5j.	REM sleep behavior disorder (RBD)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5k.	Hyposomnia/Insomnia (occurring at least weekly or requiring medication)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5l.	Other sleep disorder (SPECIFY): _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5m.	Cancer, primary or metastatic — (Report all known diagnoses. Exclude non-melanoma skin cancer. IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5n)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5m1.	Type of cancer	5m1a. <input type="checkbox"/> 1 Primary/non-metastatic 5m1b. <input type="checkbox"/> 1 Metastatic (CHECK ALL THAT APPLY) 5m1b1. <input type="checkbox"/> 1 Metastatic to brain 5m1b2. <input type="checkbox"/> 1 Metastatic to sites other than brain 5m1c. <input type="checkbox"/> 1 Unknown			
5m2.	Primary site of cancer: (Check all that apply)	5m2a. <input type="checkbox"/> 1 Blood 5m2b. <input type="checkbox"/> 1 Breast 5m2c. <input type="checkbox"/> 1 Colon 5m2d. <input type="checkbox"/> 1 Lung 5m2e. <input type="checkbox"/> 1 Prostate 5m2f. <input type="checkbox"/> 1 Other (SPECIFY): _____			
5m3.	Type of cancer treatment (Check all that apply)	5m3a. <input type="checkbox"/> 1 Radiation 5m3b. <input type="checkbox"/> 1 Surgical Resection 5m3c. <input type="checkbox"/> 1 Immunotherapy 5m3d. <input type="checkbox"/> 1 Bone marrow transplant 5m3e. <input type="checkbox"/> 1 Chemotherapy 5m3f. <input type="checkbox"/> 1 Hormone therapy 5m3g. <input type="checkbox"/> 1 Other (SPECIFY): _____			
5m4.	Age at most recent cancer diagnosis (777 = age provided at previous UDS visit, 999 = Unknown)				____

Section 5 – Medical conditions*continued...*

	ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
5n. COVID-19 infection — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5o)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5n1. Requiring hospitalization?	<input type="checkbox"/> 0 No		<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 9 UNK
5o. Asthma/COPD/pulmonary disease	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5p. Chronic kidney disease — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5q)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5p1. Age at diagnosis (777 = age provided at previous UDS visit, 999 = Unknown)	____ _			
5q. Liver disease — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5r)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5q1. Age at diagnosis (777 = age provided at previous UDS visit, 999 = Unknown)	____ _			
5r. Peripheral vascular disease — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5s)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5r1. Age at diagnosis (777 = age provided at previous UDS visit, 999 = Unknown)	____ _			
5s. Human Immunodeficiency Virus (HIV) — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5t)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
5s1. Age at diagnosis (777 = age provided at previous UDS visit, 999 = Unknown)	____ _			
5t. Other medical conditions or procedures (SPECIFY): _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

Section 6 – Psychiatric conditions

*In order to diagnose a disorder, **DSM-5-TR criteria require** that symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. For more guidance see the **UDS Coding Guidebook, Form A5/D2**.

	ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
6a. Depressive disorder				
6a1. Major depressive disorder (DSM-5-TR criteria*)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
6a2. Other specified depressive disorder (DSM-5-TR criteria*)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
6a3. If Recent/Active depressive disorder (Q6a1 or Q6a2), choose if treated or untreated.	<input type="checkbox"/> 0 Untreated <input type="checkbox"/> 1 Treated with medication and/or counseling			
6b. Bipolar disorder (DSM-5-TR criteria*)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
6c. Schizophrenia or other psychosis disorder (DSM-5-TR criteria*)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
6d. Anxiety disorder (DSM-5-TR criteria*) (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 6e)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
6d1. Generalized Anxiety Disorder	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
6d2. Panic Disorder	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
6d3. Obsessive–compulsive disorder (OCD)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
6d4. Other (SPECIFY): _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
6e. Post-traumatic stress disorder (PTSD) (DSM-5-TR criteria*)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

Section 6 – Psychiatric conditions*continued...*

		ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
6f.	Developmental neuropsychiatric disorders (e.g., autism spectrum disorder [ASD], attention-deficit hyperactivity disorder [ADHD], dyslexia)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
6g.	Other psychiatric disorders (SPECIFY): _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

Section 7 – Menstrual and reproductive healthIf questions about menstrual and reproductive health are relevant to this participant, continue to question 7a. Otherwise, **END FORM HERE**.

7a.	How old was the participant when they had their last menstrual period? (777 = age provided at previous UDS visit, 888 = Still menstruating, 999 = Unknown) (IF STILL MENSTRUATING, SKIP TO QUESTION 7c)			____	____	____
7b.	If the participant has stopped having menstrual periods, please indicate the reason. (Check all that apply)	7b1.	<input type="checkbox"/> 1 Natural menopause			
		7b2.	<input type="checkbox"/> 1 Hysterectomy (surgical removal of uterus)			
		7b3.	<input type="checkbox"/> 1 Surgical removal of both ovaries			
		7b4.	<input type="checkbox"/> 1 Chemotherapy for cancer or another condition			
		7b5.	<input type="checkbox"/> 1 Radiation treatment or other damage/injury to reproductive organs			
		7b6.	<input type="checkbox"/> 1 Hormonal supplements (e.g. the Pill, injections, Mirena, HRT)			
		7b7.	<input type="checkbox"/> 1 Anti-estrogen medication such as Tamoxifen, anastrozole (Arimidex), exemestane (Aromasin), or letrozole (Femara)			
		7b8.	<input type="checkbox"/> 1 Unsure			
		7b9.	<input type="checkbox"/> 1 Other (SPECIFY): _____			
7c.	Has the participant taken female hormone replacement pills or patches (e.g. estrogen)? (IF NO OR UNKNOWN, SKIP TO QUESTION 7d)			<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 9 UNK
7c1.	How many years in total? (777 = years provided at previous UDS visit, 999 = Unknown)			____	____	____
7c2.	Age at first use (777 = age provided at previous UDS visit, 999 = Unknown)			____	____	____
7c3.	Age at last use (777 = age provided at previous UDS visit, 888= Still presently using, 999 = Unknown)			____	____	____
7d.	Has the participant ever taken birth control pills? (IF NO OR UNKNOWN, END FORM HERE)			<input type="checkbox"/> 0 No	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 9 UNK
7d1.	How many years in total? (777 = years provided at previous UDS visit, 999 = Unknown)			____	____	____
7d2.	Age at first use (777 = age provided at previous UDS visit, 999 = Unknown)			____	____	____
7d3.	Age at last use (777 = age provided at previous UDS visit, 888= Still presently using, 999 = Unknown)			____	____	____