

INITIAL VISIT PACKET NACC UNIFORM DATA SET (UDS) **DOWN SYNDROME MODULE**

Form A1D: Participant Health History

ADC name: _____ Subject ID: _____ Form date: ____ / ____ / ____

Visit #: _____ Examiner's initials: _____

INSTRUCTIONS: This form is to be completed by intake interviewer based on ADC scheduling records, subject interview, medical records, and proxy co-participant report (as needed). For additional clarification and examples, see **Down Syndrome Module Coding Guidebook for Initial Visit Packet, Form A1D**. Check only one box per question.

1. What are the participant's weekday activities?	
1a. Day program	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown
1b. Workshops	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown
1c. Stays at home	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown
1d. Community paid job	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown
1e. Other (SPECIFY): _____	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown
2. Age of participant's mother at participant's birth	____ (999 = unknown)
3. Congenital heart disease — atrial septal defect	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Present — resolved <input type="checkbox"/> 2 Present — repaired <input type="checkbox"/> 3 Present — unrepaired <input type="checkbox"/> 9 Unknown
4. Congenital heart disease — ventricular septal defect	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Present — resolved <input type="checkbox"/> 2 Present — repaired <input type="checkbox"/> 3 Present — unrepaired <input type="checkbox"/> 9 Unknown

5. Congenital heart disease — atrioventricular (AV) canal defect	<input type="checkbox"/> 0 Absent <input type="checkbox"/> Present — resolved <input type="checkbox"/> 2 Present — repaired <input type="checkbox"/> 3 Present — unrepaired <input type="checkbox"/> 9 Unknown
6. Congenital heart disease — tetralogy of Fallot	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Present — resolved <input type="checkbox"/> 2 Present — repaired <input type="checkbox"/> 3 Present — unrepaired <input type="checkbox"/> 9 Unknown
7. Congenital heart disease — other (SPECIFY): _____	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Present — resolved <input type="checkbox"/> 2 Present — repaired <input type="checkbox"/> 3 Present — unrepaired <input type="checkbox"/> 9 Unknown
8. Cardiovascular disease — hypotension	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Recent/active <input type="checkbox"/> 2 Remote/inactive <input type="checkbox"/> 9 Unknown
9. Cardiovascular disease — syncope	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Recent/active <input type="checkbox"/> 2 Remote/inactive <input type="checkbox"/> 9 Unknown
10. Pulmonary disease — pneumonia/aspiration	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Recent/active <input type="checkbox"/> 2 Remote/inactive <input type="checkbox"/> 9 Unknown
11. Hepatic conditions	<input type="checkbox"/> 1 Hepatitis B carrier <input type="checkbox"/> 2 Hepatitis B infected <input type="checkbox"/> 3 Hepatitis B immune <input type="checkbox"/> 4 Had hepatitis B vaccine <input type="checkbox"/> 9 Unknown

12. Dermatologic conditions — rosacea	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Recent/active <input type="checkbox"/> 2 Remote/inactive <input type="checkbox"/> 9 Unknown
13. Dermatologic conditions — alopecia	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Recent/active <input type="checkbox"/> 2 Remote/inactive <input type="checkbox"/> 9 Unknown
14. Dermatologic conditions — psoriasis	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Recent/active <input type="checkbox"/> 2 Remote/inactive <input type="checkbox"/> 9 Unknown
15. Musculoskeletal conditions — osteoporosis/ osteopenia	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Recent/active <input type="checkbox"/> 2 Remote/inactive <input type="checkbox"/> 9 Unknown
16. Musculoskeletal conditions — gout	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Recent/active <input type="checkbox"/> 2 Remote/inactive <input type="checkbox"/> 9 Unknown
17. Musculoskeletal conditions — atlanto-axial subluxation	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Present <input type="checkbox"/> 9 Unknown
18. Musculoskeletal conditions — fractures in the past five years	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes (SPECIFY): _____ <input type="checkbox"/> 9 Unknown
19. Endocrine/metabolic conditions — hypothyroidism	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Recent/active <input type="checkbox"/> 2 Remote/inactive <input type="checkbox"/> 9 Unknown

20. Endocrine/metabolic conditions — Hashimoto's thyroiditis	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Recent/active <input type="checkbox"/> 2 Remote/inactive <input type="checkbox"/> 9 Unknown
21. Endocrine/metabolic conditions — hyperthyroidism	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Recent/active <input type="checkbox"/> 2 Remote/inactive <input type="checkbox"/> 9 Unknown
22. Endocrine/metabolic conditions — currently on thyroid replacement medication	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes (SPECIFY): _____ <input type="checkbox"/> 9 Unknown
23. Endocrine/metabolic conditions — vitamin D deficiency	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Recent/active <input type="checkbox"/> 2 Remote/inactive <input type="checkbox"/> 9 Unknown
24. Menstrual history — has the participant ever menstruated?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes, active <input type="checkbox"/> 2 Yes, menopausal <input type="checkbox"/> 9 Unknown/not applicable
25. Menstrual history — age of onset of menses	____ _ (888 = not applicable; 999 = unknown)
26. Menstrual history — age of onset of menopause	____ _ (888 = not applicable; 999 = unknown)
27. Hormone replacement therapy — has the participant received HRT?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown
28. Hormone replacement therapy — at what age did HRT begin?	____ _ (888 = not applicable; 999 = unknown)
29. Hormone replacement therapy — how many years has the participant been on HRT?	<input type="checkbox"/> 1 1 – 3 years <input type="checkbox"/> 2 4 – 6 years <input type="checkbox"/> 3 >6 years <input type="checkbox"/> 9 Unknown/not applicable

30. Gastrointestinal conditions — celiac disease	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Recent/active <input type="checkbox"/> 2 Remote/inactive <input type="checkbox"/> 9 Unknown
31. Hematopoietic/lymphatic disease — anemia with iron deficiency	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Recent/active <input type="checkbox"/> 2 Remote/inactive <input type="checkbox"/> 9 Unknown
32. Hematopoietic/lymphatic disease — anemia with folate deficiency	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Recent/active <input type="checkbox"/> 2 Remote/inactive <input type="checkbox"/> 9 Unknown
33. Autoimmune conditions — lupus	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Recent/active <input type="checkbox"/> 2 Remote/inactive <input type="checkbox"/> 9 Unknown
34. Autoimmune conditions — chronic neutropenia	<input type="checkbox"/> 0 Absent <input type="checkbox"/> 1 Recent/active <input type="checkbox"/> 2 Remote/inactive <input type="checkbox"/> 9 Unknown
35. Cancer — solid tumor	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes (SPECIFY PRIMARY SITE): <hr/> <input type="checkbox"/> 9 Unknown
36. Cancer — leukemia	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes, childhood transient myeloproliferative disorder <input type="checkbox"/> 2 Yes, childhood leukemia <input type="checkbox"/> 3 Yes, adult onset leukemia <input type="checkbox"/> 9 Unknown
37. Major surgical procedures — congenital heart-defect repair	<input type="checkbox"/> 0 No (SKIP TO QUESTION 38) <input type="checkbox"/> 1 Yes (SPECIFY): (CONTINUE) <hr/> <input type="checkbox"/> 9 Unknown (SKIP TO QUESTION 38)

37a. Year of most recent congenital heart-defect repair	____ _ (9999 = unknown)
38. Major surgical procedures — adult cardiac surgery	<input type="checkbox"/> 0 No (SKIP TO QUESTION 39) <input type="checkbox"/> 1 Yes (SPECIFY): (CONTINUE) _____ <input type="checkbox"/> 9 Unknown (SKIP TO QUESTION 39)
38a. Year of most recent adult cardiac surgery	____ _ (9999 = unknown)
39. Major surgical procedures — spinal surgery	<input type="checkbox"/> 0 No (SKIP TO QUESTION 40) <input type="checkbox"/> 1 Yes (SPECIFY): (CONTINUE) _____ <input type="checkbox"/> 9 Unknown (SKIP TO QUESTION 40)
39a. Year of most recent spinal surgery	____ _ (9999 = unknown)
40. Major surgical procedures — lower-extremity orthopedic surgery	<input type="checkbox"/> 0 No (SKIP TO QUESTION 41) <input type="checkbox"/> 1 Yes (SPECIFY): (CONTINUE) _____ <input type="checkbox"/> 9 Unknown (SKIP TO QUESTION 41)
40a. Year of most recent lower-extremity orthopedic surgery	____ _ (9999 = unknown)
41. Major surgical procedures — upper-extremity orthopedic surgery	<input type="checkbox"/> 0 No (SKIP TO QUESTION 42) <input type="checkbox"/> 1 Yes (SPECIFY): (CONTINUE) _____ <input type="checkbox"/> 9 Unknown (SKIP TO QUESTION 42)
41a. Year of most recent upper-extremity orthopedic surgery	____ _ (9999 = unknown)
42. Major surgical procedures — thyroid surgery	<input type="checkbox"/> 0 No (SKIP TO QUESTION 43) <input type="checkbox"/> 1 Yes (SPECIFY): (CONTINUE) _____ <input type="checkbox"/> 9 Unknown (SKIP TO QUESTION 43)

42a. Year of most recent thyroid surgery	____ _ (9999 = unknown)
43. Major surgical procedures — oncology surgery	<input type="checkbox"/> 0 No (SKIP TO QUESTION 44) <input type="checkbox"/> 1 Yes (SPECIFY): (CONTINUE) _____ <input type="checkbox"/> 9 Unknown (SKIP TO QUESTION 44)
43a. Year of most recent oncology surgery	____ _ (9999 = unknown)
44. Major surgical procedures — other surgery	<input type="checkbox"/> 0 No (END FORM HERE) <input type="checkbox"/> 1 Yes (SPECIFY): (CONTINUE) _____ <input type="checkbox"/> 9 Unknown (END FORM HERE)
44a. Year of most recent other surgery	____ _ (9999 = unknown)