

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, 99 = 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) | | | ____ | ____ | ____ |