(NACC

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

ADRC name: _____   Participant ID: _____   Form date: ___ ___ / ___ ___ / ___ ___ ___ ___

Visit #: _____   Examiner's initials: _____

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 new conditions identified during the visit should be included on the form. For additional clarification and examples, see* **UDS Coding Guidebook** *for* **Initial Visit Packet, Form A5/D2**. *Check only* one *box per question, unless otherwise stated.*

Section 1 – Cigarette smoking, alcohol, and substance use

Cigarette smoking

1a.	Has participant smoked <u>more than</u> 100 cigarettes in their life—**(IF NO OR UNKNOWN,SKIP TO QUESTION 1F)**	☐ 0 No	☐ 1 Yes	☐ 9 UNK
1b.	Total years smoked **(99 = Unknown)**	__ __		

1c. Average number of packs smoked per day:
- ☐ 1 1 cigarette to less than ½ pack
- ☐ 2 ½ pack to less than 1 pack
- ☐ 3 1 pack to less than 1½ packs
- ☐ 4 1½ packs to less than 2 packs
- ☐ 5 2 packs or more
- ☐ 9 Unknown

1d.	Has participant smoked within <u>the last 30 days</u>?	☐ 0 No	☐ 1 Yes	☐ 9 UNK
1e.	If the participant quit smoking, specify the age at which they last smoked *(i.e., quit)* **(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)**
- ☐ 0 Never
- ☐ 1 Monthly or less
- ☐ 2 2-4 times a month
- ☐ 3 2-3 times a week
- ☐ 4 4 or more times a week
- ☐ 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)*
- ☐ 1 1 or 2
- ☐ 2 3 to 4
- ☐ 3 5 to 6
- ☐ 4 7 to 9
- ☐ 5 10 or more
- ☐ 9 Unknown

1h. In the past 12 months, how often did the participant have six or more drinks containing alcohol in one day?
- ☐ 0 Never
- ☐ 1 Less than once a month
- ☐ 2 Monthly
- ☐ 3 Weekly
- ☐ 4 Daily or almost daily
- ☐ 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	☐ 0 No	☐ 1 Yes	☐ 9 UNK
1i2.	Prior to 12 months ago	☐ 0 No	☐ 1 Yes	☐ 9 UNK

1j. In the past 12 months, how often has the participant consumed cannabis *(edibles, smoked, or vaporized)*?
- ☐ 0 Never
- ☐ 1 Monthly or less
- ☐ 2 2-4 times a month
- ☐ 3 2-3 times a week
- ☐ 4 4 or more times a week
- ☐ 9 Unknown

In the following sections *(pages 2-7)* record the presence or absence of a <u>history of these conditions</u>, as determined by the clinician's best judgment following the medical history interview with the subject participant and co-participant.
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 *(more than one year ago)* 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 *(heart artery blockage)* — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 2B)	☐ 0	☐ 1	☐ 2	☐ 9
2a1. More than one heart attack?		☐ 0 No	☐ 1 Yes	☐ 9 UNK
2a2. Age at most recent heart attack **(999 = Unknown)**			___ ___ ___	
2b. Cardiac arrest (heart stopped) — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 2C)	☐ 0	☐ 1	☐ 2	☐ 9
2b1. Age at most recent cardiac arrest **(999 = Unknown)**			___ ___ ___	
2c. Atrial fibrillation	☐ 0	☐ 1	☐ 2	☐ 9
2d. Coronary artery angioplasty / endarterectomy / stenting	☐ 0	☐ 1	☐ 2	☐ 9
2e. Coronary artery bypass procedure — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 2F)	☐ 0	☐ 1	☐ 2	☐ 9
2e1. Age at most recent surgery **(999 = Unknown)**			___ ___ ___	
2f. Pacemaker and/or defibrillator implantation — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 2G)	☐ 0	☐ 1	☐ 2	☐ 9
2f1. Age at first implantation **(999 = Unknown)**			___ ___ ___	
2g. Congestive heart failure (including pulmonary edema)	☐ 0	☐ 1	☐ 2	☐ 9
2h. Heart valve replacement or repair — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 2I)	☐ 0	☐ 1	☐ 2	☐ 9
2h1. Age at most recent procedure **(999 = Unknown)**			___ ___ ___	
2i. Other cardiovascular disease (SPECIFY): _____	☐ 0	☐ 1	☐ 2	☐ 9

Section 3 – Cerebrovascular disease

	ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
3a. Stroke by history, not exam *(imaging is not required)* — (IF ABSENT OR UNKNOWN, SKIP TO QUESTION 3B)	☐ 0	☐ 1	☐ 2	☐ 9
3a1. More than one stroke?		☐ 0 No	☐ 1 Yes	☐ 9 UNK
3a2. Age at most recent stroke **(999 = Unknown)**			___ ___ ___	

	NEVER IMPROVED	PARTIALLY IMPROVED	IMPROVED / BACK TO NORMAL	UNKNOWN
3a3. What is status of stroke symptoms?	☐ 0	☐ 1	☐ 2	☐ 9

Section 3 – Cerebrovascular disease   *continued...*

3a4. Carotid artery surgery or stenting?   ☐0 No   ☐1 Yes   ☐9 UNK

3a5. Age at most recent carotid artery surgery or stenting
(999 = Unknown)   ___ ___ ___

	ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
3b. Transient ischemic attack (TIA) — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 4A)**	☐0	☐1	☐2	☐9

3b1. Age at most recent TIA **(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)**	☐0	☐1		☐9

4a1. Age at estimated PD symptom onset **(999 = Unknown)**   ___ ___ ___

	ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
4b. Other parkinsonism disorder *(e.g., DLB)* — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 4C)**	☐0	☐1		☐9

4b1. Age at parkinsonism disorder diagnosis **(999 = Unknown)**   ___ ___ ___

	ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
4c. Seizures (excluding childhood febrile seizures) — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 4D)**	☐0	☐1	☐2	☐9

4c1. Age at first seizure (excluding childhood febrile seizures)
(999 = Unknown)   ___ ___ ___

4c2. How many seizures has the participant had in the past 12 months?
☐0 None
☐1 1 or 2
☐2 3 or more
☐9 Unknown

	ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
4d. Normal–pressure hydrocephalus	☐0	☐1	☐2	☐9

4e. Repetitive head impacts (e.g. from contact sports, intimate partner violence, or military duty), regardless of whether it caused symptoms.   ☐0 No   ☐1 Yes   ☐9 UNK
(IF NO OR UNKNOWN, SKIP TO QUESTION 4F)

4e1. Indicate the source(s) of exposure for repeated hits to the head:
(Check all that apply)

4e1a. ☐1 American football
4e1b. ☐1 Soccer
4e1c. ☐1 Ice hockey
4e1d. ☐1 Boxing or mixed martial arts
4e1e. ☐1 Other contact sport
4e1f. ☐1 Intimate partner violence
4e1g. ☐1 Military service
4e1h. ☐1 Physical assault
4e1i. ☐1 Other **(SPECIFY):** _____

4e2. 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)* **(999 = Unknown)**   ___ ___ ___

4f. 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).* **(IF NO OR UNKNOWN, SKIP TO QUESTION 5A)**   ☐0 No   ☐1 Yes   ☐9 UNK

Section 4 – Neurologic conditions   *continued...*

4f1. After a head injury, what was the longest period of time that the participant was unconscious?

- ☐0 Less than 5 minutes
- ☐1 5 minutes to less than 30 minutes
- ☐2 30 minutes to less than 24 hours
- ☐3 1 day to less than 7 days
- ☐4 7 days or more
- ☐8 Not applicable, no loss of consciousness
- ☐9 Unknown duration

4f2. After a head injury, what was the longest period that the participant was *"dazed or confused"* or unable to recall details of the injury?

- ☐0 Less than 5 minutes
- ☐1 5 minutes to less than 30 minutes
- ☐2 30 minutes to less than 24 hours
- ☐3 1 day to less than 7 days
- ☐4 7 days or more
- ☐8 Not applicable, never dazed and confused
- ☐9 Unknown duration

4f3. 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?

- ☐0 None
- ☐1 1-2
- ☐2 3-5
- ☐3 6-12
- ☐4 13 or more
- ☐9 Unknown

4f4. 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: **(999 = Unknown)**   ___ ___ ___

4f5. 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: **(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)**	☐0	☐1	☐2	☐9

5a1. Which type?

- ☐1 Type 1
- ☐2 Type 2
- ☐3 Other *(diabetes insipidus, latent autoimmune diabetes/type 1.5, gestational diabetes)*
- ☐9 Unknown

5a2. Treated with *(Check all that apply)*

- **5a2a.** ☐1 Insulin
- **5a2b.** ☐1 Oral medications
- **5a2c.** ☐1 Diet
- **5a2d.** ☐1 Unknown

5a3. Age at diabetes diagnosis **(999 = Unknown)**   ___ ___ ___

	ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
5b. Hypertension *(or taking medication for hypertension)* — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5C)**	☐0	☐1	☐2	☐9
5b1. Age at hypertension diagnosis **(999 = Unknown)** ___ ___ ___				
5c. Hypercholesterolemia *(or taking medication for high cholesterol)* — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5D)**	☐0	☐1	☐2	☐9
5c1. Age at hypercholesterolemia diagnosis **(999 = Unknown)** ___ ___ ___				
5d. B12 deficiency	☐0	☐1	☐2	☐9
5e. Thyroid disease	☐0	☐1	☐2	☐9

Section 5 – Medical conditions continued...

	ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
5f. Arthritis — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5G)**	☐ 0	☐ 1	☐ 2	☐ 9

5f1. Type of arthritis *(Check all that apply)*
- **5f1a.** ☐ 1 Rheumatoid
- **5f1b.** ☐ 1 Osteoarthritis
- **5f1c.** ☐ 1 Other (**SPECIFY**): _____
- **5f1d.** ☐ 1 Unknown

5f2. Regions affected *(Check all that apply)*
- **5f2a.** ☐ 1 Upper extremity
- **5f2b.** ☐ 1 Lower extremity
- **5f2c.** ☐ 1 Spine
- **5f2d.** ☐ 1 Unknown

	ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
5g. Incontinence — urinary *(occurring at least weekly)*	☐ 0	☐ 1	☐ 2	☐ 9
5h. Incontinence — bowel *(occurring at least weekly)*	☐ 0	☐ 1	☐ 2	☐ 9
5i. Sleep apnea —**(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5J)**	☐ 0	☐ 1	☐ 2	☐ 9

5i1. Typical use of breathing machine *(e.g. CPAP)* at night over the past 12 months
- ☐ 0 None
- ☐ 1 < 4 hours per night
- ☐ 2 > 4 hours per night
- ☐ 9 Unknown

5i2. Typical use of an oral device for sleep apnea at night over the past 12 months?
- ☐ 0 None
- ☐ 1 < 4 hours per night
- ☐ 2 > 4 hours per night
- ☐ 9 Unknown

	ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
5j. REM sleep behavior disorder (RBD)	☐ 0	☐ 1	☐ 2	☐ 9
5k. Hyposomnia/Insomnia *(occurring at least weekly or requiring medication)*	☐ 0	☐ 1	☐ 2	☐ 9
5l. Other sleep disorder (**SPECIFY**): _____	☐ 0	☐ 1	☐ 2	☐ 9
5m. Cancer *(excluding non-melanoma skin cancer)*, primary or metastatic — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5N)**	☐ 0	☐ 1	☐ 2	☐ 9

5m1. Type of cancer
- ☐ 1 Primary/non-metastatic
- ☐ 2 Metastatic
- ☐ 9 Unknown

5m2. Primary site (**SPECIFY**): _____

5m3. Type of cancer treatment *(Check all that apply)*
- **5m3a.** ☐ 1 Radiation
- **5m3b.** ☐ 1 Surgical Resection
- **5m3c.** ☐ 1 Immunotherapy
- **5m3d.** ☐ 1 Bone marrow transplant
- **5m3e.** ☐ 1 Chemotherapy
- **5m3f.** ☐ 1 Hormone therapy
- **5m3g.** ☐ 1 Other (**SPECIFY**): _____

5m4. Age at most recent cancer diagnosis (**999 = Unknown**)   ___ ___ ___

	ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
5n. COVID-19 infection — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5O)**	☐ 0	☐ 1	☐ 2	☐ 9
5n1. Requiring hospitalization?		☐ 0 No	☐ 1 Yes	☐ 9 UNK

Section 5 – Medical conditions   *continued...*

		ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
5o.	Asthma/COPD/pulmonary disease	☐0	☐1	☐2	☐9
5p.	Chronic kidney disease — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5Q)**	☐0	☐1	☐2	☐9
5p1.	Age at diagnosis **(999 = Unknown)**	__ __ __			
5q.	Liver disease — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5R**	☐0	☐1	☐2	☐9
5q1.	Age at diagnosis **(999 = Unknown)**	__ __ __			
5r.	Peripheral vascular disease — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5S)**	☐0	☐1	☐2	☐9
5r1.	Age at diagnosis **(999 = Unknown)**	__ __ __			
5s.	Human Immunodeficiency Virus (HIV) — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5T)**	☐0	☐1	☐2	☐9
5s1.	Age at diagnosis **(999 = Unknown)**	__ __ __			
5t.	Other medical conditions or procedures **(SPECIFY):** _____	☐0	☐1	☐2	☐9

Section 6 – Psychiatric conditions

		ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
6a.	Major depressive disorder (DSM-5-TR criteria) **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 6B)**	☐0	☐1	☐2	☐9
6a1.	Treatment	☐0 Untreated			
		☐1 Treated with medication and/or counseling			
6b.	Bipolar disorder (DSM-5-TR criteria)	☐0	☐1	☐2	☐9
6c.	Schizophrenia or other psychosis disorder (DSM-5-TR criteria)	☐0	☐1	☐2	☐9
6d.	Anxiety disorder (DSM-5-TR criteria) **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 6E)**	☐0	☐1	☐2	☐9
6d1.	Generalized Anxiety Disorder	☐0	☐1	☐2	☐9
6d2.	Panic Disorder	☐0	☐1	☐2	☐9
6d3.	Obsessive–compulsive disorder (OCD)	☐0	☐1	☐2	☐9
6d4.	Other **(SPECIFY):** _____	☐0	☐1	☐2	☐9
6e.	Post-traumatic stress disorder (PTSD) (DSM-5-TR criteria)	☐0	☐1	☐2	☐9
6f.	Developmental neuropsychiatric disorders *(e.g., autism spectrum disorder [ASD], attention-deficit hyperactivity disorder [ADHD], dyslexia)*	☐0	☐1	☐2	☐9
6g.	Other psychiatric disorders (e.g. mild depression) **(SPECIFY):** _____	☐0	☐1	☐2	☐9

Section 7 – Menstrual and reproductive health

If 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 first menstrual period?
(88 = Never had a menstrual period, 99 = Unknown)
(IF NEVER HAD A MENSTRUAL PERIOD, SKIP TO 7D)   __ __

7b. How old was the participant when they had their last menstrual period?
(88 = Still menstruating, 99 = Unknown)
(IF STILL MENSTRUATING, SKIP TO QUESTION 7D)   __ __

7c. If the participant has stopped having menstrual periods, please indicate the reason.
(Check all that apply)

- **7c1.** ☐₁ Natural menopause
- **7c2.** ☐₁ Hysterectomy (surgical removal of uterus)
- **7c3.** ☐₁ Surgical removal of both ovaries
- **7c4.** ☐₁ Chemotherapy for cancer or another condition
- **7c5.** ☐₁ Radiation treatment or other damage/injury to reproductive organs
- **7c6.** ☐₁ Hormonal supplements (e.g. the Pill, injections, Mirena, HRT)
- **7c7.** ☐₁ Anti-estrogen medication such as Tamoxifen, anostrozole (Arimidex), exemestane (Aromasin), or letrozole (Femara)
- **7c8.** ☐₁ Unsure
- **7c9.** ☐₁ Other **(SPECIFY):** _____

7d. Has the participant taken female hormone replacement pills or patches (e.g. estrogen)?
(IF NO OR UNKNOWN, SKIP TO QUESTION 7E)   ☐₀ No   ☐₁ Yes   ☐₉ UNK

7d1. How many years in total?   **(99 = Unknown)**   __ __

7d2. Age at first use   **(99 = Unknown)**   __ __

7d3. Age at last use   **(88= Still presently using, 99 = Unknown)**   __ __

7e. Has the participant ever taken birth control pills?
(IF NO OR UNKNOWN, END FORM HERE)   ☐₀ No   ☐₁ Yes   ☐₉ UNK

7e1. How many years in total?   **(99 = Unknown)**   __ __

7e2. Age at first use   **(99 = Unknown)**   __ __

7e3. Age at last use   **(88= Still presently using, 99 = Unknown)**   __ __