

MEDICAL HISTORY

ID # _____ COMPLETED: YES..... 1
DATE _____ NO.....2

1. The next few questions are about (NAME's) medical history. First, has (NAME) ever seen a doctor for any of the memory problems we have discussed? (If no memory problems endorsed, ask if subject has seen a doctor for any concerns with her/his memory or thinking?).

YES.....1
NO (GO TO 11). 2
RF(GO TO 11)....7
DK (GO TO 11). 8

2. Name of Doctor: _____ City: _____ State _____

3. Specialty: NEUROLOGIST..... 1
PSYCHIATRIST 2
FAMILY PRACTICE/INTERNAL MED .. 3
Specify:_____ OTHER(specify) 4
RF..... 7
DK..... 8

4. Date of Exam: _____
_____. _____. _____. _____. _____. _____.
MO YEAR
(MO DK=98)
(YEAR DK=9998)

5. What did the doctor say was the cause of the memory trouble?
NORMAL AGING 1
AD 2
STROKES OR TIAS 3
Specify:_____ DEMENTIA..... 4
OTHER(specify) 5
RF..... 7
DK..... 8

6. If doctor in #2 is not a specialist ask 'Did (NAME) ever have an examination with a specialist such as a neurologist or psychiatrist for memory problems?'
YES..... 1
NO (GO TO 10)..... 2
RF 7
DK 8

7. Name of Doctor: _____ City: _____ State _____

8. Specialty: NEUROLOGIST..... 1
PSYCHIATRIST 2
Specify:_____ OTHER(specify) 4
RF..... 7
DK..... 8

Date of Exam: _____
_____. _____. _____. _____. _____. _____.
MO YEAR
(MO DK=98)
(YEAR DK=9998)

9. What diagnosis was given for the cause of the problems?

NORMAL AGING 1
AD2
STROKES OR TIAS3
DEMENTIA..... 4
OTHER(specify) 5
RF.....7
DK.....8

Specify:_____

REMINDER: IF SEEN BY A PHYSICIAN FOR MEMORY PROBLEMS, OBTAIN CONSENT TO RECEIVE RECORDS.

10. If memory evaluation done ask 'Was any lab work (blood work, urinalysis, EEG, etc) done?'

YES..... 1
NO (GO TO 11)..... 2
RF 7
DK8

a) Date of lab work:

. TM . TM . TM . TM . TM .
MO YEAR
(MO DK=98)
(YEAR DK=9998)

b)Name of doctor/hospital:_____ City: _____ State _____

RESULTS:

NORMAL..... 1
ABNORMAL(specify) 2
RF.....3
DK..... 4

Specify:_____

11. Has (s/he) ever had a CT scan or MRI of the head done?

YES..... 1
NO (GO TO 16)..2
RF.....7
DK 8

12. What was the reason (s/he) had this done? _____

13. Date of CT scan or MRI:

. TM . TM . TM . TM . TM .
MO YEAR
(MO DK=98)
(YEAR DK=9998)

14. What were the results of the CT scan or MRI?

NORMAL..... 1
ABNORMAL(specify) 2
RF..... 7
DK.....8

Specify:_____

15. Where was CT scan or MRI done? (Hospital Name, City, State)

Name of doctor/hospital:_____ City: _____ State _____

16. Has doctor ever told (NAME) that (s/he) has Parkinson's Disease? YES.....1
NO (GO TO 25).....2
RF.(GO TO 25)..... 7
DK(GO TO 25) 8
17. How old was (s/he) when (s/he) was told (s/he) had Parkinson's Disease? .TM.TM.TM..
AGE
(DK = 998)
18. Has (s/he) ever taken L-DOPA, Sinemet, Mirapex, Requip, Permax, Amantadine, Symmetrel, Selegiline, Eldepryl, Comtan, or Parlodel? YES1
NO (GO TO 20)..... 2
RF (GO TO 20)7
DK (GO TO 20)..... 8
19. Did the symptoms improve after starting the medicine? YES 1
NO 2
RF 7
DK 8
20. Has (s/he) ever taken any other medications for Parkinson's Disease? YES1
NO (GO TO 23)..... 2
RF (GO TO 23)7
DK (GO TO 23)..... 8
21. Did the symptoms improve after starting the medicine? YES 1
NO 2
RF 7
DK 8
22. Comments: (if informant offers (s/he) had Parkinson like symptoms that doctor said were due to medication, note in comment field and query on when symptoms occurred): _____

23. To the best of your recollection, did the memory problems start before, during or after being told (s/he) has Parkinson's disease? BEFORE 1
DURING..... 2
AFTER..... 3
NA 6
RF 7
DK 8
24. Comments:_____

25. Has (NAME) ever been told by a doctor or a nurse that (s/he) had a stroke? YES1
NO (GO TO 80)..... 2
RF (GO TO 80)7
DK (GO TO 80)..... 8
26. Has (s/he) had more than one stroke? YES1
NO (GO TO 28)..... 2
RF (GO TO 28)7
DK (GO TO 28)..... 8
27. How many strokes? . TM . TM . TM .
(DK = 998)
28. When did the [first] stroke take place? . TM . TM . TM . TM .
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
. TM . TM . TM .
AGE
(DK = 998)
29. Was (s/he) admitted to a hospital for this stroke? YES1
NO (GO TO 31)..... 2
RF (GO TO 31)7
DK (GO TO 31)..... 8
30. Which hospital?

NAME CITY STATE
31. Did one side of (NAME's) body, or one arm/leg become weaker than the other side, as a result of the stroke? YES 1
NO (GO TO 34) 2
RF (GO TO 34) 7
DK (GO TO 34) 8
32. Which side? LEFT 1
RIGHT..... 2
RF..... 7
DK 8
33. How long did the problem last? HOURS.....1
DAYS..... 2
MONTH..... 3
YEARS..... 4
RF..... 7
(DK = 998) DK 8
34. Did (s/he) experience problems with any other part of (her/his) body? YES1
NO (GO TO 37)..... 2
RF (GO TO 37)7
DK (GO TO 37)..... 8

35. Which part? _____
- Specify: _____
- FACE..... 1
ARM..... 2
LEG 3
OTHER(specify) 4
RF 7
DK 8
36. How long did these problems last?
- # _____
(DK = 998)
- HOURS..... 1
DAYS..... 2
MONTH..... 3
YEARS..... 4
RF..... 7
DK 8
37. Did (s/he) experience any speech or language problems (slurring etc.)
- YES 1
NO (GO TO 39)... 2
RF (GO TO 39)... 7
DK (GO TO 39)... 8
38. How long did these problems last?
- # _____
(DK = 998)
- HOURS... 1
DAYS..... 2
MONTH..... 3
YEARS..... 4
RF..... 7
DK 8
39. To the best of your recollection, did the memory problems start before, during, or after the stroke?
- BEFORE..... 1
DURING..... 2
AFTER..... 3
NA..... 6
RF..... 7
DK..... 8
40. Comments:

INTERVIEWER CHECKPOINT DID INFORMANT REPORT MORE THAN ONE STROKE IN #26?	YES (CONTINUE) 1 NO (GO TO 80) 2
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41. When did the second stroke take place?
- _____. _____. _____. _____. _____. _____.
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR

42. Was (s/he) admitted to a hospital for this stroke?
YES..... 1
NO (GO TO 44)..... 2
RF (GO TO 44)..... 7
DK (GO TO 44)..... 8
43. Which hospital?

NAME CITY STATE
44. Did one side of (NAME's) body, or one arm/leg become weaker than the other side, as a result of the stroke?
YES..... 1
NO (GO TO 47)..... 2
RF (GO TO 47)..... 7
DK (GO TO 47)..... 8
45. Which side?
LEFT..... 1
RIGHT..... 2
RF..... 7
DK..... 8
46. How long did the problem last?
HOURS..... 1
DAYS..... 2
MONTH..... 3
YEARS..... 4
RF..... 7
DK..... 8

(DK = 998)
47. Did (s/he) experience problems with any other part of (her/his) body?
YES..... 1
NO (GO TO 50)..... 2
RF (GO TO 50)..... 7
DK (GO TO 50)..... 8
48. Which part?
FACE..... 1
ARM..... 2
LEG..... 3
OTHER(specify)..... 4
RF..... 7
DK..... 8
Specify:_____
49. How long did these problems last?
HOURS..... 1
DAYS..... 2
MONTH..... 3
YEARS..... 4
RF..... 7
DK..... 8

(DK = 998)
50. Did (s/he) experience any speech or language problems (slurring etc.)
YES..... 1
NO (GO TO 52)..... 2
RF (GO TO 52)..... 7
DK (GO TO 52)..... 8

51. How long did these problems last?

(DK = 998)

HOURS 1
DAYS..... 2
MONTH..... 3
YEARS..... 4
RF..... 7
DK..... 8

52. To the best of your recollection, did the memory problems start before, during, or after the stroke?

BEFORE 1
DURING 2
AFTER 3
NA..... 6
RF..... 7
DK..... 8

53. Comments:

INTERVIEWER CHECKPOINT DID I. REPORT MORE THAN TWO STROKES IN #27?

YES (CONTINUE) 1
NO (GO TO 80) 2

54. When did the third stroke take place?

. TM . TM . TM . TM . TM .
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
. TM . TM . TM .
AGE
(DK = 998)

55. Was (s/he) admitted to a hospital for this stroke?

YES.....1
NO (GO TO 57).....2
RF (GO TO 57).....7
DK (GO TO 57).....8

56. Which hospital?

NAME

CITY

STATE

57. Did one side of (NAME's) body, or one arm/leg become weaker than the other side, as a result of the stroke?

YES.....1
NO (GO TO 60).....2

RF (GO TO 60).....7
DK (GO TO 60).....8

58. Which side? LEFT 1
RIGHT 2
RF..... 7
DK..... 8

59. How long did the problem last? HOURS1
DAYS.....2
MONTH.....3
YEARS.....4

(DK = 998) RF..... 7
DK..... 8

60. Did (s/he) experience problems with any other part of (her/his) body? YES.....1
NO (GO TO 63).....2
RF (GO TO 63).....7
DK (GO TO 63).....8

61. Which part? FACE..... 1
ARM..... 2
LEG 3
Specify: _____ OTHER(specify) 4
RF 7
DK 8

62. How long did these problems last? HOURS1
DAYS.....2
MONTH.....3
YEARS.....4

(DK = 998) RF..... 7
DK..... 8

63. Did (s/he) experience any speech or language problems (slurring etc.) YES.....1
NO (GO TO 65) 2
RF (GO TO 65) 7
DK (GO TO 65) 8

64. How long did these problems last? HOURS1
DAYS.....2
MONTH.....3
YEARS.....4

(DK = 998) RF 7
DK..... 8

65. To the best of your recollection, did the memory problems start before, during, or after the stroke? BEFORE 1
DURING 2
AFTER 3
NA..... 6

RF..... 7
 DK..... 8

66. Comments:

INTERVIEWER CHECKPOINT DID I. REPORT MORE THAN THREE STROKES IN #27?	YES (CONTINUE) 1 NO (GO TO 80).....2
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67. When did the fourth stroke take place?

. TM . TM . TM . TM . TM .
 MO YEAR
 (MO DK=98)
 (YEAR DK=9998)

OR
 . TM . TM . TM .
 AGE
 (DK = 998)

68. Was (s/he) admitted to a hospital for this stroke?

YES.....1
 NO (GO TO 70).....2
 RF (GO TO 70).....7
 DK (GO TO 70).....8

69. Which hospital?

NAME CITY STATE

70. Did one side of (NAME's) body, or one arm/leg become weaker than the other side, as a result of the stroke?

YES.....1
 NO (GO TO 73).....2
 RF (GO TO 73).....7
 DK (GO TO 73).....8

71. Which side?

LEFT 1
 RIGHT 2
 RF..... 7
 DK..... 8

72. How long did the problem last?

HOURS1
 DAYS..... 2
 MONTH..... 3
 YEARS.....4
 RF 7
 DK..... 8

 (DK = 998)

73. Did (s/he) experience problems with any other part of(her/his) body?

YES 1
 NO (GO TO 76)... 2
 RF (GO TO 76).... 7
 DK (GO TO 76)... 8

74. Which part?

FACE..... 1
 ARM..... 2
 LEG 3

Specify: _____

OTHER(specify) 4
RF 7
DK 8

75. How long did these problems last?

(DK = 998)

HOURS 1
DAYS 2
MONTH 3
YEARS 4
RF 7
DK 8

76. Did (s/he) experience any speech or language problems (slurring etc.)?

YES 1
NO (GO TO 78) 2
RF (GO TO 78) 7
DK (GO TO 78) 8

77. How long did these problems last?

(DK = 998)

HOURS 1
DAYS 2
MONTH 3
YEARS 4
RF 7
DK 8

78. To the best of your recollection, did the memory problems start before, during, or after the stroke?

BEFORE 1
DURING 2
AFTER 3
NA 6
RF 7
DK 8

79. Comments:

80. Has (s/he) ever had problems walking?

YES 1
NO (GO TO 83) 2
RF (GO TO 83) 7
DK (GO TO 83) 8

81. When did this start?

|_|_|_| |_|_|_|_|_|
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
|_|_|_|_|_|
AGE
(DK = 998)

82. COMMENTS: _____
(note type of problem, e.g., difficulty initiating, gait, length, balance, etc)

83. Has (her/his) gait (pattern of walking) changed in recent years?

YES 1
NO (GO TO 87) 2

RF (GO TO 87) 7
DK (GO TO 87) 8

84. Has a doctor said what might have caused the change?
YES.....1
NO (GO TO 87).....2
RF (GO TO 87).....7
DK (GO TO 87).....8

85. What did the doctor say was the cause?_____

86. Comments:

87. Has (NAME) ever had problems with falling?
YES.....1
NO (GO TO 93).....2
RF (GO TO 93).....7
DK (GO TO 93).....8

88. How frequently does (s/he) fall?
MORE THAN 1/ MONTH..... 1
1/ MONTH OR LESS THAN 1/ MONTH..... 2
LESS THAN 1 / YEAR..... 3
RF..... 7
DK..... 8

89. When did this falling problem start?
|_|_|_|_|_|_|_|_|_|
MO YEAR
(MO DK=98)
(YEAR DK=9998)

OR
.TM.TM.TM..
AGE
(DK = 998)

90. Has a doctor said what might be causing the falls?
YES.....1
NO (GO TO 93).....2
RF (GO TO 93).....7
DK (GO TO 93).....8

91. What did the doctor say was the cause?_____

92. Comments:

93. Has (NAME) ever had a blow to the head, a head injury or head trauma that was severe enough to require medical attention, to cause loss of consciousness or memory loss for a period of time?

YES.....1
NO (GO TO 139).....2
RF (GO TO 139).....7
DK (GO TO 139).....8

94. How many times has this happened? # OF TIMES.....TM.TM.TM..

(DK = 998)

95. Now I want you to think about (her/his) (last) head injury or trauma. How old was (s/he) at that time?

TM, TM, TM,

AGE

(DK = 998)

96. Could you please describe the injury to me.

RECORD: _____

97. Did (NAME) see a doctor or go to a hospital?
- | | |
|---------------------------------------|---|
| SAW DOCTOR (RECORD)..... | 1 |
| WENT HOSPITAL (RECORD)..... | 2 |
| NO DOCTOR OR HOSPITAL (GO TO 99)..... | 3 |
| RF (GO TO 99)..... | 7 |
| DK (GO TO 99)..... | 8 |

98. RECORD NAME AND ADDRESS OF DOCTOR OR HOSPITAL

NAME: _____

CITY/ST: _____

99. Did (NAME) lose consciousness?
- | | |
|---------------------|---|
| YES..... | 1 |
| NO (GO TO 101)..... | 2 |
| RF (GO TO 101)..... | 7 |
| DK (GO TO 101)..... | 8 |

100. How long was (s/he) unconscious? (if DK, read choices)
- | | |
|------------------|---|
| < 5 MINS | 1 |
| 5-29 MINS | 2 |
| 30-59 MINS | 3 |
| 1-24 HRS | 4 |
| > 1 DAY | 5 |
| RF | 7 |
| DK | 8 |

101. Sometimes, after a head injury, people experience amnesia or loss of memory.
Did (NAME) have a period of amnesia after the injury?

YES.....	1
NO (GO TO 103).....	2
RF (GO TO 103).....	7
DK (GO TO 103).....	8

102. How long did (s/he) have this memory loss?

1-24 HRS.....	1
2-6 DAY.....	2
RF.....	7
DK.....	8

103. At the time of this injury was there any penetration of the skull to the brain?
(e.g., such as from shrapnel, a bullet wound, or other object)

YES	1
NO	2
RF	7

DK 8

104. To the best of your recollection, did the memory problems start before, during or after the head injury?

BEFORE 1
DURING 2
AFTER 3
NA 6
RF 7
DK 8

105. Comments:

INTERVIEWER CHECKPOINT DID I. REPORT MORE THAN
ONE HEAD INJURY IN #94?

YES (CONTINUE) 1
NO (GO TO 139). 2

106. Now, I want you to think about the previous head injury or head trauma. How old was (NAME) at that time?

..TM..TM..TM..
AGE
(DK = 998)

107. Would you please describe the injury to me.

RECORD: _____

108. Did (NAME) see a doctor or go to a hospital?

SAW DOCTOR (RECORD).....1
WENT HOSPITAL (RECORD)2
NO DOCTOR OR HOSPITAL (GO TO 110)3
RF (GO TO 110)7
DK (GO TO 110)8

109. RECORD NAME AND ADDRESS OF DOCTOR OR HOSPITAL

NAME: _____

CITY/ST: _____

110. Did (s/he) lose consciousness?

YES.....1
NO (GO TO 112).....2
RF (GO TO 112).....7
DK (GO TO 112).....8

111. How long was (NAME) unconscious? (if DK, read choices)

< 5 MINS 1
5-29 MINS 2
30-59 MINS 3
1-24 HRS 4
> 1 DAY 5
RF 7

DK 8

112. Sometimes, after a head injury, people experience amnesia or loss of memory
Did (s/he) have a period of amnesia after the injury?
YES.....1
NO (GO TO 114).....2
RF (GO TO 114).....7
DK (GO TO 114).....8

113. How long did (NAME) have this memory loss?
1-24 HRS 1
2-6 DAYS 2
≥ 1 WEEK 3
RF 7
DK 8

114. At the time of this injury was there any penetration of the skull to the brain?
(e.g., such as from shrapnel, a bullet wound, or other object)
YES 1
NO 2
RF 7
DK 8

115. To the best of your recollection, did the memory problems start before, during or after the head injury?
BEFORE 1
DURING 2
AFTER..... 3
NA..... 6
RF..... 7
DK..... 8

116. Comments:

INTERVIEWER CHECKPOINT DID I. REPORT MORE THAN TWO HEAD INJURIES IN #94?	YES (CONTINUE) 1 NO (GO TO 139) 2
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117. Now, I want you to think about the previous head injury or head trauma. How old was (NAME) at that time?

..TM TM TM..
AGE
(DK = 998)

118. Could you please describe the injury to me?

RECORD:

119. Did (NAME) see a doctor or go to a hospital?
SAW DOCTOR (RECORD).....1
WENT HOSPITAL (RECORD).....2
NO DOCTOR OR HOSPITAL (GO TO 121)3
RF (GO TO 121)7
DK (GO TO 121).....8

120. RECORD NAME AND ADDRESS OF DOCTOR OR HOSPITAL

NAME: _____

CITY/ST: _____

121. Did (s/he) lose consciousness? YES.....1
NO (GO TO 123).....2
RF (GO TO 123).....7
DK (GO TO 123).....8

122. How long was (s/he) unconscious? (if DK, read choices) < 5 MINS 1
5-29 MINS 2
30-59 MINS 3
1-24 HRS 4
> 1 DAY 5
RF 7
DK 8

123. Sometimes, after a head injury, people experience amnesia or loss of memory.
Did (NAME) have a period of amnesia after the injury? YES.....1
NO (GO TO 125).....2
RF (GO TO 125).....7
DK (GO TO 125).....8

124. How long did (NAME) have this memory loss? 1-24 HRS 1
2-6 DAYS 2
≥ 1 WEEK 3
RF 7
DK 8

125. At the time of this injury was there any penetration of the skull to the brain?
(e.g such as from shrapnel, a bullet wound, or other object) YES 1
NO 2
RF 7
DK 8

126. To the best of your recollection, did the memory problems start before, during or after the head injury?
BEFORE 1
DURING 2
AFTER..... 3
NA..... 6
RF..... 7
DK..... 8

127. Comments:

INTERVIEWER CHECKPOINT: DID I. REPORT MORE THAN
THREE HEAD INJURIES IN #94?

YES (CONTINUE) 1
NO (GO TO 139) 2

128. Now, I want you to think about the previous head injury or head trauma. How old was (NAME) at that time?

..TM..TM..TM..
AGE
(DK = 998)

129. Would you please describe the injury to me?

RECORD: _____

130. Did (s/he) see a doctor or go to a hospital?

SAW DOCTOR (RECORD).....1
WENT HOSPITAL (RECORD)2
NO DOCTOR OR HOSPITAL (GO TO 132)3
RF (GO TO 132)7
DK (GO TO 132)8

131. RECORD NAME AND ADDRESS OF DOCTOR OR HOSPITAL

NAME: _____

CITY/ST: _____

132. Did (NAME) lose consciousness?

YES.....1
NO (GO TO 134).....2
RF (GO TO 134).....7
DK (GO TO 134).....8

133. How long was (s/he) unconscious? (if DK, read choices)

< 5 MINS 1
5-29 MINS 2
30-59 MINS 3
1-24 HRS 4
> 1 DAY 5
RF 7
DK 8

134. Sometimes, after a head injury, people experience amnesia or loss of memory. Did (NAME) have a period of amnesia after the injury?

YES 1
NO (GO TO 136). 2
RF (GO TO 136).. 7
DK (GO TO 136). 8

135. How long did (s/he) have this memory loss?

1-24 HRS..... 1
2-6 DAYS 2
≥1 WEEK..... 3
RF..... 7
DK..... 8

136. At the time of this injury was there any penetration of the skull to the brain? (e.g., such as from shrapnel, a bullet wound, or other object)

YES 1
NO 2
RF 7
DK 8

137. To the best of your recollection, did the memory problems start before, during or after the head injury?

BEFORE 1
DURING 2
AFTER 3
NA 6
RF 7
DK 8

138. Comments:

139. Has (NAME) ever had any other brain injury such as a blast injury or hematoma (bleed or blood clot on the brain)?

YES 1
NO (GO TO 144) 2
RF (GO TO 144) 7
DK (GO TO 144) 8

140. What type of injury?

BLAST INJURY 1
HEMATOMA 2
ANEURYSM 3
OTHER(specify) 4

Specify: _____

141. How old was (s/he) when this happened?

..TM..TM..TM..
AGE
(DK = 998)

142. Comments: (Description of brain injury)

143. To the best of your recollection, did the memory problems start before, during, or after the brain injury?

BEFORE 1
DURING 2
AFTER 3
NA 6
RF 7
DK 8

144. Has (s/he) ever had epileptic seizures or fits?

YES 1
NO (GO TO 150) 2
RF (GO TO 150) 7
DK (GO TO 150) 8

145. How old was (NAME) when (s/he) had (her/his) first seizure?

..TM..TM..TM..
AGE

(DK = 998)

146. Did (s/he) take medication for this? YES.....1
NO (GO TO 148).....2
RF (GO TO 148).....7
DK (GO TO 148).....8
147. How long was (NAME) on the seizure medication? MONTHS.....1
_____ YEARS2
(DK = 998) RF7
DK.....8
148. To the best of your recollection, did the memory problems start before, during, or after the seizures or fits?
BEFORE 1
DURING 2
AFTER..... 3
NA..... 6
RF..... 7
DK..... 8
149. Comments: (any details on seizures such as isolated occurrence)
150. Has (NAME) ever been told by medical personnel YES.....1
that (s/he) had high blood pressure or hypertension? NO (GO TO 154).....2
RF (GO TO 154).....7
DK (GO TO 154).....8
151. How old was (NAME) when medical personnel first told (her/him) that (s/he) had high blood pressure?
..™™™..
AGE
(DK = 998)
152. Did a doctor prescribe medication for the high blood pressure? YES.....1
NO (GO TO 154).....2
RF (GO TO 154).....7
DK (GO TO 154).....8
153. Is (NAME) currently being treated for high blood pressure? YES 1
NO 2
RF 7
DK 8
154. Has [NAME] ever been told by medical personnel that (s/he) YES.....1
has high cholesterol or high triglycerides? NO (GO TO 156).....2
RF (GO TO 156).....7
DK (GO TO 156).....8

155. How old was (s/he) when first told (s/he) had has high cholesterol or high triglycerides? . TM . TM . TM .
AGE
(DK = 998)
156. Has (NAME) ever had a heart attack, a myocardial infarction, or a coronary thrombosis?
YES.....1
NO (GO TO 162).....2
RF (GO TO 162).....7
DK (GO TO 162).....8
157. How many heart attacks has (s/he) had? #HEART ATTACKS..... . TM . TM . TM .
(DK = 998)
158. How old was (NAME) when (s/he) had (her/his) (first) heart attack (coronary)? . TM . TM . TM .
AGE
(DK = 998)
159. If more than one, how old was (NAME) when (s/he) had (her/his) last heart attack (coronary)? . TM . TM . TM .
AGE
(DK = 998)
160. To the best of your recollection, did the memory problems start before, during, or after the heart attack(s)?
BEFORE 1
DURING 2
AFTER 3
NA 6
RF 7
DK 8
161. Comments:
162. Has (NAME) ever had other heart problems? YES.....1
NO (GO TO 172).....2
RF (GO TO 172).....7
DK (GO TO 172).....8
163. What type of problems:
(Circle all that apply)
- ANGINA.....1
ATRIAL FIBRILLATION 2
VENTRICULAR FIBRILLATION 3
ARRHYTHMIA DUE TO UNCLEAR ETIOLOGY 4
CABG 5
ANGIOPLASTY OR STENT PLACEMENT 6
CHF 9
BRADYCARDIA 10
TACHYCARDIA 11
OTHER (specify) 12
RF 7
DK 8
- Specify: _____

DATA ENTRY: IF CIRCLED = YES, OTHERWISE = NO

164. [If endorses above], how old was (s/he) when (s/he) was told (s/he) had _____ [or when the _____ was done]?

CONDITION CODE _____

AGE.....TM.TM.TM.
(DK = 998)

165. To the best of your recollection, did the memory problems start before, during, or after the [condition or procedure]?

CONDITION CODE _____

BEFORE 1
DURING 2
AFTER 3
NA 6
RF 7
DK 8

166. [If endorses above], how old was (s/he) when (s/he) was told (s/he) had _____ [or when the _____ was done]?

CONDITION CODE _____

AGE.....TM.TM.TM.
(DK = 998)

167. To the best of your recollection, did the memory problems start before, during, or after the [condition or procedure]?

CONDITION CODE _____

BEFORE 1
DURING 2
AFTER 3
NA 6
RF 7
DK 8

168. [If endorses above], how old was (s/he) when (s/he) was told (s/he) had _____ [or when the _____ was done]?

CONDITION CODE _____

AGE.....TM.TM.TM.
(DK = 998)

169. To the best of your recollection, did the memory problems start before, during, or after the [condition or procedure]?

CONDITION CODE _____

BEFORE 1
DURING 2
AFTER 3
NA 6
RF 7
DK 8

170. [If endorses above], how old was (s/he) when (s/he) was told (s/he) had _____ [or when the _____ was done]?

CONDITION CODE _____

AGE.....TM.TM.TM.
(DK = 998)

171. To the best of your recollection, did the memory problems start before, during, or after the [condition or procedure]?

CONDITION CODE _____

BEFORE 1
DURING 2
AFTER 3
NA 6
RF 7
DK 8

172. Has (NAME) ever had a carotid endarterectomy or surgery on the arteries in her/his neck?

YES 1
NO (GO TO 174) 2
RF (GO TO 174) 7
DK (GO TO 174) 8

173. If yes, how old was (NAME) when (s/he)/she first had carotid endarterectomy ?

AGE TM TM TM ..
(DK=998)

174. Has (s/he) ever been told by a doctor that (s/he) has diabetes?

YES 1
NO (GO TO 180) 2
RF (GO TO 180) 7
DK (GO TO 180) 8

175. How old was (NAME) when (s/he) first learned (s/he) had diabetes?

AGE TM TM TM ..
(DK = 998)

176. Did a doctor prescribe a treatment for the diabetes?

YES, DIET 1
YES, PILLS 2
YES, INSULIN 3
NO 4
RF 7
DK 8

177. Does (s/he) still have diabetes now?

YES 1
NO 2
RF 7
DK 8

178. To the best of your recollection, did the memory problems start before, during, or after (s/he) was told (s/he) had diabetes?

BEFORE 1
DURING 2
AFTER 3
NA 6
RF 7
DK 8

179. Comments:

180. Has a doctor ever told [NAME] that (s/he) has thyroid disease? YES 1
NO(GO TO 183)..... 2
RF (GO TO 183)..... 7
DK (GO TO 183)..... 8
181. How old was [NAME] when the doctor first told (her/him) that (s/he) had thyroid disease?
AGE..... .TM.TM.TM..
(DK = 998)
182. To the best of your recollection, did the memory problems start before, during, or after (s/he) was told (s/he) had thyroid disease?
BEFORE 1
DURING 2
AFTER 3
NA 6
RF 7
DK 8
183. Has [name] ever had chronic respiratory problems? YES 1
NO (GO TO 187)..... 2
RF (GO TO 187)..... 7
DK (GO TO 187)..... 8
184. What type of problems:
(CIRCLE ALL THAT APPLY) ASTHMA..... 1
CHRONIC BRONCHITIS..... 2
COPD..... 3
EMPHYSEMA..... 4
COUGH (NO SPECIFIC DIAGNOSIS)..... 5
WHEEZING (NO SPECIFIC DIAGNOSIS) 6
DYSPNEA (NO SPECIFIC DIAGNOSIS)... 9
OTHER (specify)..... 10
RF..... 7
DK..... 8
- Specify _____

DATA ENTRY: IF CIRCLED = YES, OTHERWISE = NO

185. Is (s/he) on oxygen for her/his respiratory problems? YES1
NO (GO TO 187)..... 2
RF (GO TO 187)..... 7
DK (GO TO 187)..... 8
- a. If yes, O2 # _____ HOURS/DAY1
NIGHT ONLY2
186. How old was (s/he) when (s/he) starting taking this treatment? .TM.TM.TM..
AGE
(DK = 998)
187. Has a doctor ever told [NAME] that (s/he) has sleep apnea? YES1

NO (GO TO 189)..... 2
 RF (GO TO 189).....7
 DK (GO TO 189)..... 8

188. How old was (s/he) when (s/he) was diagnosed with sleep apnea? . TM TM TM ..
 AGE
 (DK = 998)

189. Does (s/he) have a lot of difficulty staying awake during the daytime? YES 1
 NO 2
 RF 7
 DK 8

190. Has (s/he) ever been diagnosed with any type of cancer? YES 1
 NO 2
 RF 7
 DK 8

IF FEMALE: IF NO, RF or DK, THEN GO TO 196; IF MALE: IF NO, RF or DK, THEN GO TO 204

191. What type:
 (CIRCLE ALL THAT APPLY) PROSTATE.....1
 LUNG.....2
 BREAST.....3
 COLON4
 OVARIAN.....5
 BLADDER.....6
 LYMPH.....9
 UTERUS10
 SKIN.....11
 BRAIN12
 OTHER (specify)13

Specify: _____

DATA ENTRY: IF CIRCLED = YES, OTHERWISE = NO

192. How old was (s/he) when (s/he) was told (s/he) had _____[type of cancer]?
 CODE: _____
 . TM TM TM ..
 AGE
 (DK = 998)

193. What type of treatment did (s/he) have for _____?
 CODE _____
 RADIATION.....1
 CHEMOTHERAPY2
 SURGERY3
 OTHER MEDICATION4
 NONE.....5

Specify: _____

OTHER (specify)6
RF7
DK8

194. How old was (s/he) when (s/he) was told (s/he) had _____ [type of cancer]?

CODE: _____
.....
AGE
(DK = 998)

195. What type of treatment did (s/he) have for _____?

CODE _____

RADIATION1
CHEMOTHERAPY2
SURGERY3
OTHER MEDICATION4
NONE5
OTHER (specify)6
RF7
DK8

Specify: _____

FOR WOMEN ONLY:

196. Has (NAME) ever had a hysterectomy?

YES1
NO (GO TO 198)2
RF (GO TO 198)7
DK (GO TO 198)8

197. When did she have a hysterectomy?

.....
AGE
(DK = 998)

198. During the menopausal change, women may experience many symptoms, such as hot flashes, night sweats, sleep problems, trouble concentrating, and being irritable or ill-tempered. Do you recall whether these symptoms were very bothersome to her or only slightly or somewhat bothersome?

SLIGHTLY/SOMEWHAT BOTHERSOME1
VERY BOTHERSOME2
RF7
DK8

199. About what age did (NAME) go through menopause or the change of life?

.....
AGE
(DK = 998)

200. Has she ever used estrogen supplements (medication)?

YES1
NO (GO TO 204)2
RF (GO TO 204)7
DK (GO TO 204)8

201. How old was she when she started taking estrogen supplements (medication)?

.....

AGE
(DK = 998)

202. Is she still taking it? YES (GO TO 204)..... 1
NO 2
RF 7
DK 8

203. If no, how old was she when she stopped taking the estrogen supplements (medication)? .TM.TM.TM..
AGE
(DK = 998)

204. To your knowledge, has a doctor ever told (NAME) that (s/he) tested positive for syphilis? YES 1
NO 2
RF 7
DK 8

205. Has (NAME) ever drunk alcohol? YES1
NO (GO TO 220)..... 2
RF (GO TO 220).....7
DK (GO TO 220)..... 8

206. Has (NAME) ever had a problem drinking more alcohol than (s/he) should? YES1
NO (GO TO 220)..... 2
RF (GO TO 220).....7
DK (GO TO 220)..... 8

207. How old was (s/he) when (s/he) started having a problem drinking more alcohol than (s/he) should? .TM.TM.TM..
AGE
(DK = 998)

208. Is (s/he) still drinking more alcohol then (s/he) should? YES (GO TO 210)1
NO2
RF.....7
DK.....8

209. If not, how old was (s/he) when (s/he) stopped drinking more alcohol than (s/he) should? .TM.TM.TM..
AGE
(DK = 998)

210. During the time when (s/he) was drinking more alcohol than (s/he) should, how much did (s/he) typically drink?

Drinks _____ DAY 1
(DK = 998) WEEK 2
MONTH 3
RF 7
DK 8

211. Has (s/he) (s/he) ever received treatment for drinking more alcohol than (s/he) should?
YES 1
NO 2
RF 7
DK 8
212. Has (s/he) ever been charged with driving while under the influence of alcohol?
YES 1
NO 2
RF 7
DK 8
213. When (s/he) was drinking more than (s/he) should, did (her/his) drinking cause (her/him) to miss work?
YES 1
NO 2
RF 7
DK 8
214. When (s/he) was drinking more than (s/he) should, did her/his drinking cause (her/him) to have problems with family members or friends?
YES 1
NO 2
RF 7
DK 8
215. Comments: (RECORD ANY COMMENTS REGARDING ALCOHOL HISTORY).
216. To the best of your recollection, did the memory problems start before, during, or after (her/his) drinking more alcohol than (s/he) should?
BEFORE 1
DURING 2
AFTER 3
NA 6
RF 7
DK 8
217. Comments:
218. Did her/his memory improve, stay the same or get worse after (s/he) stopped using more alcohol then (s/he) should?
IMPROVE 1
STAY SAME ... 2
GET WORSE... 3
NA 6
RF 7
DK 8
219. Comments:

220. Has (s/he) ever smoked cigarettes or cigars? YES 1
NO (GO TO 224) ...2
RF (GO TO 224)7
DK (GO TO 224) ...8
221. How old was (s/he) when (s/he) started smoking cigarettes or cigars? . TM . TM . TM ..
AGE
(DK = 998)
222. Is (s/he) still smoking cigarettes or cigars? YES (GO TO 224)1
NO2
RF7
DK8
223. If no, when did (s/he) stop smoking cigarettes or cigars? . TM . TM . TM ..
AGE
(DK = 998)

SECTION F: DEPRESSION

Now I am going to ask you a few questions about (NAME's) mood:

224. In (her/his) lifetime, has (NAME) ever had a period of two weeks or more when, nearly every day, (s/he) felt sad, blue or depressed? YES 1
NO 2
RF 7
DK 8
225. Comments: _____
226. In (her/his) lifetime, has (NAME) ever had a period of two weeks or more when, nearly every day, (s/he) lost all interest and pleasure in things that (s/he) usually cared about or enjoyed? YES 1
NO 2
RF 7
DK 8
227. Comments: _____
228. In (her/his) lifetime, has (NAME) ever had a period of two weeks or more when, nearly every day, (s/he) felt unusually cross or irritable? YES 1
NO 2
RF 7
DK 8

Comments: _____

INTERVIEWER CHECK POINT: IF #224 or #226 or #228 = YES, THEN PROCEED; IF #224 AND #226 AND #228 = NO or RF or DK, THEN GO TO 236

229. At present, is (NAME) still experiencing this episode of sadness, loss of interest, or irritability?

YES 1
NO 2
RF 7
DK 8

230. In (her/his) life, how many episodes of two weeks or more of sadness, loss of interest or irritability has (NAME) had?

EPISODES _____
(DK = 998)

231. Comments: _____

232. How old was (NAME) when (s/he) had (her/his) first episode of two weeks or more of sadness, loss of interest or irritability?

.. TM TM TM ..
AGE
(DK = 998)

233. You said (NAME) has had X (from #230) period(s) of sadness, loss of interest and pleasure, or irritability. With (this episode)/(these previous episodes), did (s/he) typically experience problems with

	YES	NO	RF	DK
APPETITE	1	2	7	8
SLEEP	1	2	7	8
FEELING SLOWED DOWN, RESTLESS OR FIDGETY	1	2	7	8
HER/HIS ENERGY LEVEL	1	2	7	8
FEELINGS OF WORTHLESSNESS OR GUILT	1	2	7	8
CONCENTRATION	1	2	7	8
OR THOUGHTS ABOUT DEATH OR SUICIDE	1	2	7	8

234. Did (NAME) ever receive any of the following treatments for depressed mood, clinical depression, or for any of the above symptoms?

a. Counseling YES 1
NO 2
RF 7
DK 8

b. Medicines YES 1
NO 2
RF 7
DK 8

c. Electric Shock or EST, or electric convulsive therapy or ECT YES 1
NO 2
RF 7
DK 8

235. Has (NAME) ever been hospitalized for depressed mood, clinical depression, or any of the symptoms we've just discussed?

YES 1
 NO 2
 RF 7
 DK 8

236. Has (NAME) ever had mood swings in which (s/he) goes from being extremely depressed to being excessively happy & energetic?

YES 1
 NO 2
 RF 7
 DK 8

Comments:

237. Has a doctor ever told (her/him) that (s/he) has a bipolar disorder or manic-depressive illness?

YES 1
 NO (GO TO 242)..... 2
 RF (GO TO 242)..... 7
 DK (GO TO 242)..... 8

238. How old was (s/he) when (s/he) was told (s/he) had bipolar disorder or manic-depressive illness?

.. TM TM TM ..
 AGE
 (DK = 998)

239. Did (s/he) receive treatment for bipolar disorder or manic-depressive illness?

YES 1
 NO 2
 RF 7
 DK 8

240. To the best of your recollection, did the memory problems start before, during or after the mood swings?

BEFORE 1
 DURING 2
 AFTER 3
 NA 6
 RF 7
 DK 8

241. Comments:

242. Has a doctor ever told (her/him) that (s/he) had schizophrenia?

YES 1
 NO (GO TO 245)..... 2
 RF (GO TO 245)..... 7
 DK (GO TO 245)..... 8

243. How old was (s/he) when a doctor told (her/him) that (s/he) had schizophrenia?

.. TM TM TM ..
 AGE

(DK = 998)

244. Did (s/he) receive treatment for schizophrenia? YES 1
NO 2
RF 7
DK 8
245. Has (s/he) ever had hallucinations or delusions? YES, hallucinations only 1
YES, delusions only (GO TO 247) 2
YES, both 3
NO (GO TO 249) 4
RF (GO TO 249) 7
DK (GO TO 249) 8
246. Were the hallucinations visual, auditory or both? VISUAL ONLY 1
AUDITORY 2
BOTH 3
RF 7
DK 8
247. When did this start? | | | | |
MO YEAR
(MO DK=98)
(YEAR DK=998)
- OR
. . .
AGE
(DK = 998)
248. Comments:

MEDICAL CONTACTS (if applicable)

INTERVIEWER CHECK POINT: ONLY ASK IF ENDORSED PSYCHIATRIC DISORDER

249. Can you tell me the name and address of the doctor (NAME) has seen for the problem with [psychiatric condition]?

NAME _____

CITY _____ STATE _____

DATE : ____/____/____

250. Can you give me the name and address of the hospital for the [psychiatric condition]?

HOSPITAL NAME _____

CITY _____ STATE _____

DATE: ____/____/____

251. Does (NAME) have any other important medical problems we have not talked about?

1. _____
2. _____
3. _____
4. _____
5. _____

252. To the best of your recollection, did the memory problems start before, during or after the medical problems?

CONDITION CODE_____

BEFORE 1
DURING 2
AFTER 3
NA 6
RF..... 7
DK..... 8

253. To the best of your recollection, did the memory problems start before, during or after the medical problems?

CONDITION CODE_____

BEFORE 1
DURING 2
AFTER 3
NA 6
RF..... 7
DK..... 8

254. To the best of your recollection, did the memory problems start before, during or after the medical problems?

CONDITION CODE_____

BEFORE 1
DURING 2
AFTER 3
NA 6
RF..... 7
DK..... 8

255. To the best of your recollection, did the memory problems start before, during or after the medical problems?

CONDITION CODE_____

BEFORE 1
DURING 2
AFTER 3
NA 6

RF..... 7
DK..... 8

256. To the best of your recollection, did the memory problems start before, during or after the medical problems?

CONDITION CODE_____

BEFORE 1
DURING 2
AFTER 3
NA 6
RF 7
DK 8

257. Comments: