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

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

Language:
☐1 English
☐2 Spanish

Mode:
☐1 In-person
☐2 Remote *(reason):* ___
☐1 Telephone ☐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)**
☐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 the participant smoked within the last 30 days?
☐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 **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 *(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 the status of stroke symptoms?	☐ 0	☐ 1	☐ 2	☐ 9

Section 3 – Cerebrovascular disease *continued...*

3a4.	Carotid artery surgery or stenting? **(IF NO OR UNKNOWN, SKIP TO QUESTION 3b)**	☐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)**		___ ___ ___		
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)**		___ ___ ___		
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)**	☐0	☐1	☐2	☐9
4c1.	How many seizures has the participant had in the past 12 months?	☐0 None ☐1 1 or 2 ☐2 3 or more ☐9 Unknown			
4c2.	Age at first seizure (excluding childhood febrile seizures) **(999 = Unknown)**		___ ___ ___		
4d.	Chronic headaches	☐0	☐1	☐2	☐9
4e.	Multiple sclerosis	☐0	☐1	☐2	☐9
4f.	Normal–pressure hydrocephalus	☐0	☐1	☐2	☐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)**	☐0 No	☐1 Yes	☐9 UNK

4g1. Indicate the source(s) of exposure for repeated hits to the head:
(Check all that apply)

- **4g1a.** ☐1 American football
- **4g1b.** ☐1 Soccer
- **4g1c.** ☐1 Ice hockey
- **4g1d.** ☐1 Boxing or mixed martial arts
- **4g1e.** ☐1 Other contact sport
- **4g1f.** ☐1 Intimate partner violence
- **4g1g.** ☐1 Military service
- **4g1h.** ☐1 Physical assault
- **4g1i.** ☐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) **(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)*. **(IF NO OR UNKNOWN, SKIP TO QUESTION 5a)** ☐0 No ☐1 Yes ☐9 UNK

4h1. 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

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?
- ☐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

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

4h4. Age of first 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)** ___ ___ ___

4h5. Age of most recent 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, prediabetes)* ☐9 Unknown			
5a2.	Treated with *(Check all that apply)*	**5a2a.** ☐1 Insulin **5a2b.** ☐1 Oral medications **5a2c.** ☐1 GLP-1 receptor agonist **5a2d.** ☐1 Other non-insulin, non-GLP-1 receptor agonist injection medication **5a2e.** ☐1 Diet **5a2f.** ☐1 Unknown			
5a3.	Age at diabetes diagnosis **(999 = 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			
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, REMOTE/INACTIVE, 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 or implanted breathing pacemaker for sleep apnea at night over the past 12 months?	☐0 None ☐1 < 4 hours per night ☐2 > 4 hours per night ☐9 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, primary or metastatic — *(Report all known diagnoses. Exclude non-melanoma skin cancer.* **IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5n)**	☐0	☐1	☐2	☐9
5m1.	Type of cancer *(Check all that apply)*	**5m1a.** ☐1 Primary/non-metastatic **5m1b.** ☐1 Metastatic **(CHECK ALL THAT APPLY)** **5m1b1.** ☐1 Metastatic to brain **5m1b2.** ☐1 Metastatic to sites other than brain **5m1c.** ☐1 Unknown			
5m2.	Primary site of cancer: *(Check all that apply)*	**5m2a.** ☐1 Blood **5m2b.** ☐1 Breast **5m2c.** ☐1 Colon **5m2d.** ☐1 Lung **5m2e.** ☐1 Prostate **5m2f.** ☐1 Other **(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)**	___ ___ ___			

Section 5 – Medical conditions *continued...*

		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
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

*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*)	☐ 0	☐ 1	☐ 2	☐ 9
6a2.	Other specified depressive disorder (DSM-5-TR criteria*)	☐ 0	☐ 1	☐ 2	☐ 9
6a3.	**If Recent/Active depressive disorder (Q6a1 or Q6a2),** choose if treated or untreated.	☐ 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

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)*	☐ 0	☐ 1	☐ 2	☐ 9
6g.	Other psychiatric disorders **(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?
(888 = Never had a menstrual period, 999 = Unknown)
(IF NEVER HAD A MENSTRUAL PERIOD, SKIP TO 7d) ___ ___ ___

7b. How old was the participant when they had their last menstrual period?
(888 = Still menstruating, 999 = 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? **(999 = Unknown)** ___ ___ ___
- **7d2.** Age at first use **(999 = Unknown)** ___ ___ ___
- **7d3.** Age at last use **(888= Still presently using, 999 = 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? **(999 = Unknown)** ___ ___ ___
- **7e2.** Age at first use **(999 = Unknown)** ___ ___ ___
- **7e3.** Age at last use **(888= Still presently using, 999 = Unknown)** ___ ___ ___