



WADRC Supplemental Data Forms Data Element Definitions

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Form	Item No	Description	Field Name	length	type	limits/variables
WADRC IVA1		WADRC Initial Visit Form A1: Supplemental Subject Demographics	SV_CDI_WADRC_IVA1			
	Header	Subject ID	SUBJID	9	character / numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	Does the subject believe they have memory problems?	MEMPROB	1	numeric	0=No,1=Yes,9=Unknown
	1.2	Has the subject been seen by a specialist or undergone a memory evaluation (e.g. Memory clinic, Neurology clinic, Neuropsychology clinic)?	MEMEVAL	1	numeric	0=No,1=Yes,9=Unknown
	1.3	Was subject diagnosed with a memory disorder?	MEMDX	1	numeric	0=No,1=Yes,9=Unknown
	1.3.1	If yes, what diagnosis?	MEMDXTXT	30	character	
	2	Did the subject ever repeat a grade in school?	REPEATGRD	1	numeric	0=No,1=Yes,9=Unknown
	2.1	If yes, what grade(s)? Grade _____	GRD1	2	numeric	1,2,3,4,5,6,7,8,9,10,11,12
	2.2	Reason:	GRD1REAS	1	numeric	1=Medical Illness, 2=Learning problem, 3=Other
	2.2.1	Other (<i>specify</i>)	GRD1REASOTHER	30	character	
	2.3	Grade _____	GRD2	2	numeric	1,2,3,4,5,6,7,8,9,10,11,12
	2.4	Reason:	GRD2REAS	1	numeric	1=Medical Illness, 2=Learning problem, 3=Other
	2.4.1	Other (<i>specify</i>)	GRD2REASOTHER	30	character	
	2.5	Grade _____	GRD3	2	numeric	1,2,3,4,5,6,7,8,9,10,11,12
	2.6	Reason:	GRD3REAS	1	numeric	1=Medical Illness, 2=Learning problem, 3=Other
	2.6.1	Other (<i>specify</i>)	GRD3REASOTHER	30	character	
	3	Did the subject have to work harder than classmates on school tasks (e.g., spend more time on homework)?	SCHWRK	1	numeric	0=No,1=Yes,9=Unknown
	4	Did the subject have more trouble with school work than their brothers and sisters?	SCHWRKTRBL	1	numeric	0=No,1=Yes,9=Unknown
	5	Did the subject need any special help (e.g., remedial reading classes or tutoring) because of a learning problem?	SCHWRKHELP	1	numeric	0=No,1=Yes,9=Unknown
	5.1	If yes, what subject(s)?	HELPSBJ	1	numeric	1=Math, 2=Reading, 3=Other, 4=Writing

Form	Item No	Description	Field Name	length	type	limits/variables
	5.1.1	Other (<i>specify</i>)	HELPSUBJOTHER	30	character	
	6	Did anyone else in the subject's family (e.g., parent, sibling) have learning problems?	FAMLRNGPROB	1	numeric	0=No,1=Yes,9=Unknown
	7	Have any of the subject's children or other younger relatives been diagnosed with a learning disability, attention deficit or ADHD?	LRNGDISDX	1	numeric	0=No,1=Yes,9=Unknown

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC IVA3		WADRC Initial Visit Form A3: Supplemental Subject Family History	SV_CDI_WADRC_IVA3			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	Parkinson's disease	PRKDIS	1	numeric	0=No,1=Yes,9=Unknown
	1.1	Relative 1	PRKDISREL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	1.1.a	Relative 1 other	PRKDISREL1OTH	30	character	
	1.2	Relative 2	PRKDISREL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	1.2.a	Relative 2 other	PRKDISREL2OTH	30	character	
	1.3	Relative 3	PRKDISREL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	1.3.a	Relative 3 other	PRKDISREL3OTH	30	character	
	1.4	Relative 4	PRKDISREL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	1.4.a	Relative 4 other	PRKDISREL4OTH	30	character	
	1.5	Relative 5	PRKDISREL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	1.5.a	Relative 5 other	PRKDISREL5OTH	30	character	
	2		STRK	1	numeric	0=No,1=Yes,9=Unknown
	2.1	Relative 1	STRKREL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	2.1.a	Relative 1 other	STRKREL1OTH	30	character	
	2.2	Relative 2	STRKREL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	2.2.a	Relative 2 other	STRKREL2OTH	30	character	
	2.3	Relative 3	STRKREL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	2.3.a	Relative 3 other	STRKREL3OTH	30	character	
	2.4	Relative 4	STRKREL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	2.4.a	Relative 4 other	STRKREL4OTH	30	character	
	2.5	Relative 5	STRKREL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	2.5.a	Relative 5 other	STRKREL5OTH	30	character	
	3	Heart Disease	HRTDIS	1	numeric	0=No,1=Yes,9=Unknown

Form	Item No	Description	Field Name	length	type	limits/variables
	3.1	Relative 1	HRTDISREL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	3.1.a	Relative 1 other	HRTDISREL1OTH	30	character	
	3.2	Relative 2	HRTDISREL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	3.2.a	Relative 2 other	HRTDISREL2OTH	30	character	
	3.3	Relative 3	HRTDISREL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	3.3.a	Relative 3 other	HRTDISREL3OTH	30	character	
	3.4	Relative 4	HRTDISREL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	3.4.a	Relative 4 other	HRTDISREL4OTH	30	character	
	3.5	Relative 5	HRTDISREL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	3.5.a	Relative 5 other	HRTDISREL5OTH	30	character	
	4	Diabetes	DM	1	numeric	0=No,1=Yes,9=Unknown
	4.1	Relative 1	DMREL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	4.1.a	Relative 1 other	DMREL1OTH	30	character	
	4.2	Relative 2	DMREL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	4.2.a	Relative 2 other	DMREL2OTH	30	character	
	4.3	Relative 3	DMREL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	4.3.a	Relative 3 other	DMREL3OTH	30	character	
	4.4	Relative 4	DMREL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	4.4.a	Relative 4 other	DMREL4OTH	30	character	
	4.5	Relative 5	DMREL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	4.5.a	Relative 5 other	DMREL5OTH	30	character	
	5	Cancer	CA	1	numeric	0=No,1=Yes,9=Unknown
	5.1	Relative 1	CAREL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	5.1.a	Relative 1 other	CAREL1OTH	30	character	
	5.2	Relative 2	CAREL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	5.2.a	Relative 2 other	CAREL2OTH	30	character	
	5.3	Relative 3	CAREL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	5.3.a	Relative 3 other	CAREL3OTH	30	character	

Form	Item No	Description	Field Name	length	type	limits/variables
	5.4	Relative 4	CAREL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	5.4.a	Relative 4 other	CAREL4OTH	30	character	
	5.5	Relative 5	CAREL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	5.5.a	Relative 5 other	CAREL5OTH	30	character	
	6	Other major health problem (1)	OTHDIS1	1	numeric	0=No,1=Yes,9=Unknown
	6.a	Specify problem	OTHDIS1TXT	30	character	
	6.1	Relative 1	OTHDIS1REL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	6.1.a	Relative 1 other	OTHDIS1REL1OTH	30	character	
	6.2	Relative 2	OTHDIS1REL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	6.2.a	Relative 2 other	OTHDIS1REL2OTH	30	character	
	6.3	Relative 3	OTHDIS1REL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	6.3.a	Relative 3 other	OTHDIS1REL3OTH	30	character	
	6.4	Relative 4	OTHDIS1REL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	6.4.a	Relative 4 other	OTHDIS1REL4OTH	30	character	
	6.5	Relative 5	OTHDIS1REL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	6.5.a	Relative 5 other	OTHDIS1REL5OTH	30	character	
	7	Other major health problem (2)	OTHDIS2	1	numeric	0=No,1=Yes,9=Unknown
	7.a	Specify problem	OTHDIS2TXT	30	character	
	7.1	Relative 1	OTHDIS2REL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	7.1.a	Relative 1 other	OTHDIS2REL1OTH	30	character	
	7.2	Relative 2	OTHDIS2REL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	7.2.a	Relative 2 other	OTHDIS2REL2OTH	30	character	
	7.3	Relative 3	OTHDIS2REL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	7.3.a	Relative 3 other	OTHDIS2REL3OTH	30	character	
	7.4	Relative 4	OTHDIS2REL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	7.4.a	Relative 4 other	OTHDIS2REL4OTH	30	character	
	7.5	Relative 5	OTHDIS2REL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	7.5.a	Relative 5 other	OTHDIS2REL5OTH	30	character	
	8	Other major health problem (3)	OTHDIS3	1	numeric	0=No,1=Yes,9=Unknown

Form	Item No	Description	Field Name	length	type	limits/variables
	8.a	Specify problem	OTHDIS3TXT	30	character	
	8.1	Relative 1	OTHDIS3REL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	8.1.a	Relative 1 other	OTHDIS3REL1OTH	30	character	
	8.2	Relative 2	OTHDIS3REL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	8.2.a	Relative 2 other	OTHDIS3REL2OTH	30	character	
	8.3	Relative 3	OTHDIS3REL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	8.3.a	Relative 3 other	OTHDIS3REL3OTH	30	character	
	8.4	Relative 4	OTHDIS3REL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	8.4.a	Relative 4 other	OTHDIS3REL4OTH	30	character	
	8.5	Relative 5	OTHDIS3REL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	8.5.a	Relative 5 other	OTHDIS3REL5OTH	30	character	
	9	Other major health problem (4)	OTHDIS4	1	numeric	0=No,1=Yes,9=Unknown
	9.a	Specify problem	OTHDIS4TXT	30	character	
	9.1	Relative 1	OTHDIS4REL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	9.1.a	Relative 1 other	OTHDIS4REL1OTH	30	character	
	9.2	Relative 2	OTHDIS4REL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	9.2.a	Relative 2 other	OTHDIS4REL2OTH	30	character	
	9.3	Relative 3	OTHDIS4REL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	9.3.a	Relative 3 other	OTHDIS4REL3OTH	30	character	
	9.4	Relative 4	OTHDIS4REL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	9.4.a	Relative 4 other	OTHDIS4REL4OTH	30	character	
	9.5	Relative 5	OTHDIS4REL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	9.5.a	Relative 5 other	OTHDIS4REL5OTH	30	character	

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC FVA3		WADRC Follow-Up Visit Form A3: Supplemental Subject Family History	SV_CDI_WADRC_FVA3			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	G1	Have there been changes since last visit?	WA3CHG	1	numeric	0=No,1=Yes,9=Unknown
	1	Parkinson's disease	PRKDIS	1	numeric	0=No,1=Yes,9=Unknown
	1.1	Relative 1	PRKDISREL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	1.1.a	Relative 1 other	PRKDISREL1OTH	30	character	
	1.2	Relative 2	PRKDISREL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	1.2.a	Relative 2 other	PRKDISREL2OTH	30	character	
	1.3	Relative 3	PRKDISREL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	1.3.a	Relative 3 other	PRKDISREL3OTH	30	character	
	1.4	Relative 4	PRKDISREL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	1.4.a	Relative 4 other	PRKDISREL4OTH	30	character	
	1.5	Relative 5	PRKDISREL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	1.5.a	Relative 5 other	PRKDISREL5OTH	30	character	
	2		STRK	1	numeric	0=No,1=Yes,9=Unknown
	2.1	Relative 1	STRKREL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	2.1.a	Relative 1 other	STRKREL1OTH	30	character	
	2.2	Relative 2	STRKREL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	2.2.a	Relative 2 other	STRKREL2OTH	30	character	
	2.3	Relative 3	STRKREL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	2.3.a	Relative 3 other	STRKREL3OTH	30	character	
	2.4	Relative 4	STRKREL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	2.4.a	Relative 4 other	STRKREL4OTH	30	character	
	2.5	Relative 5	STRKREL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	2.5.a	Relative 5 other	STRKREL5OTH	30	character	
	3	Heart Disease	HRTDIS	1	numeric	0=No,1=Yes,9=Unknown

Form	Item No	Description	Field Name	length	type	limits/variables
	3.1	Relative 1	HRTDISREL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	3.1.a	Relative 1 other	HRTDISREL1OTH	30	character	
	3.2	Relative 2	HRTDISREL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	3.2.a	Relative 2 other	HRTDISREL2OTH	30	character	
	3.3	Relative 3	HRTDISREL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	3.3.a	Relative 3 other	HRTDISREL3OTH	30	character	
	3.4	Relative 4	HRTDISREL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	3.4.a	Relative 4 other	HRTDISREL4OTH	30	character	
	3.5	Relative 5	HRTDISREL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	3.5.a	Relative 5 other	HRTDISREL5OTH	30	character	
	4	Diabetes	DM	1	numeric	0=No,1=Yes,9=Unknown
	4.1	Relative 1	DMREL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	4.1.a	Relative 1 other	DMREL1OTH	30	character	
	4.2	Relative 2	DMREL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	4.2.a	Relative 2 other	DMREL2OTH	30	character	
	4.3	Relative 3	DMREL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	4.3.a	Relative 3 other	DMREL3OTH	30	character	
	4.4	Relative 4	DMREL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	4.4.a	Relative 4 other	DMREL4OTH	30	character	
	4.5	Relative 5	DMREL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	4.5.a	Relative 5 other	DMREL5OTH	30	character	
	5	Cancer	CA	1	numeric	0=No,1=Yes,9=Unknown
	5.1	Relative 1	CAREL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	5.1.a	Relative 1 other	CAREL1OTH	30	character	
	5.2	Relative 2	CAREL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	5.2.a	Relative 2 other	CAREL2OTH	30	character	
	5.3	Relative 3	CAREL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	5.3.a	Relative 3 other	CAREL3OTH	30	character	

Form	Item No	Description	Field Name	length	type	limits/variables
	5.4	Relative 4	CAREL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	5.4.a	Relative 4 other	CAREL4OTH	30	character	
	5.5	Relative 5	CAREL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	5.5.a	Relative 5 other	CAREL5OTH	30	character	
	6	Other major health problem (1)	OTHDIS1	1	numeric	0=No,1=Yes,9=Unknown
	6.a	Specify problem	OTHDIS1TXT	30	character	
	6.1	Relative 1	OTHDIS1REL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	6.1.a	Relative 1 other	OTHDIS1REL1OTH	30	character	
	6.2	Relative 2	OTHDIS1REL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	6.2.a	Relative 2 other	OTHDIS1REL2OTH	30	character	
	6.3	Relative 3	OTHDIS1REL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	6.3.a	Relative 3 other	OTHDIS1REL3OTH	30	character	
	6.4	Relative 4	OTHDIS1REL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	6.4.a	Relative 4 other	OTHDIS1REL4OTH	30	character	
	6.5	Relative 5	OTHDIS1REL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	6.5.a	Relative 5 other	OTHDIS1REL5OTH	30	character	
	7	Other major health problem (2)	OTHDIS2	1	numeric	0=No,1=Yes,9=Unknown
	7.a	Specify problem	OTHDIS2TXT	30	character	
	7.1	Relative 1	OTHDIS2REL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	7.1.a	Relative 1 other	OTHDIS2REL1OTH	30	character	
	7.2	Relative 2	OTHDIS2REL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	7.2.a	Relative 2 other	OTHDIS2REL2OTH	30	character	
	7.3	Relative 3	OTHDIS2REL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	7.3.a	Relative 3 other	OTHDIS2REL3OTH	30	character	
	7.4	Relative 4	OTHDIS2REL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	7.4.a	Relative 4 other	OTHDIS2REL4OTH	30	character	
	7.5	Relative 5	OTHDIS2REL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	7.5.a	Relative 5 other	OTHDIS2REL5OTH	30	character	
	8	Other major health problem (3)	OTHDIS3	1	numeric	0=No,1=Yes,9=Unknown

Form	Item No	Description	Field Name	length	type	limits/variables
	8.a	Specify problem	OTHDIS3TXT	30	character	
	8.1	Relative 1	OTHDIS3REL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	8.1.a	Relative 1 other	OTHDIS3REL1OTH	30	character	
	8.2	Relative 2	OTHDIS3REL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	8.2.a	Relative 2 other	OTHDIS3REL2OTH	30	character	
	8.3	Relative 3	OTHDIS3REL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	8.3.a	Relative 3 other	OTHDIS3REL3OTH	30	character	
	8.4	Relative 4	OTHDIS3REL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	8.4.a	Relative 4 other	OTHDIS3REL4OTH	30	character	
	8.5	Relative 5	OTHDIS3REL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	8.5.a	Relative 5 other	OTHDIS3REL5OTH	30	character	
	9	Other major health problem (4)	OTHDIS4	1	numeric	0=No,1=Yes,9=Unknown
	9.a	Specify problem	OTHDIS4TXT	30	character	
	9.1	Relative 1	OTHDIS4REL1	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	9.1.a	Relative 1 other	OTHDIS4REL1OTH	30	character	
	9.2	Relative 2	OTHDIS4REL2	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	9.2.a	Relative 2 other	OTHDIS4REL2OTH	30	character	
	9.3	Relative 3	OTHDIS4REL3	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	9.3.a	Relative 3 other	OTHDIS4REL3OTH	30	character	
	9.4	Relative 4	OTHDIS4REL4	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	9.4.a	Relative 4 other	OTHDIS4REL4OTH	30	character	
	9.5	Relative 5	OTHDIS4REL5	1	numeric	1=Mother, 2=Father, 3=Sibling, 4=Child, 5=Other
	9.5.a	Relative 5 other	OTHDIS4REL5OTH	30	character	

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC IVA4		WADRC Initial Visit Form A4: Supplemental Subject Allergies	SV_CDI_WADRC_IVA4			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	Does the subject have any known allergies?	ALLRG	1	numeric	0=No,1=Yes,9=Unknown
	2	Drugs/Medications?	RXALLRG	1	numeric	0=No,1=Yes
	2.1	Agent 1	RXALRAGNT1	50	character	
	2.1.1	Agent 1 Reaction 1	RXALRG1RXN1	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.1.2	Agent 1 Reaction 2	RXALRG1RXN2	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.1.3	Agent 1 Reaction 3	RXALRG1RXN3	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.1.4	Agent 1 Reaction 4	RXALRG1RXN4	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.1.5	Other reaction	RXALRG1RXNOTH	50	character	
	2.2	Agent 2	RXALRAGNT2	50	character	
	2.2.1	Agent 2 Reaction 1	RXALRG2RXN1	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.2.2	Agent 2 Reaction 2	RXALRG2RXN2	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.2.3	Agent 2 Reaction 3	RXALRG2RXN3	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.2.4	Agent 2 Reaction 4	RXALRG2RXN4	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.2.5	Other reaction	RXALRG2RXNOTH	50	character	
	2.3	Agent 3	RXALRAGNT3	50	character	
	2.3.1	Agent 3 Reaction 1	RXALRG3RXN1	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.3.2	Agent 3 Reaction 2	RXALRG3RXN2	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.3.3	Agent 3 Reaction 3	RXALRG3RXN3	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.3.4	Agent 3 Reaction 4	RXALRG3RXN4	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.3.5	Other reaction	RXALRG3RXNOTH	50	character	

Form	Item No	Description	Field Name	length	type	limits/variables
	3	Foods	FDALLRG	1	numeric	0=No,1=Yes
	3.1	Shellfish	SHLFSH	1	numeric	0=No,1=Yes
	3.1.1	Shellfish Reaction 1	SHLFSHRXN1	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	3.1.2	Shellfish Reaction 2	SHLFSHRXN2	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	3.1.3	Shellfish Reaction 3	SHLFSHRXN3	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	3.1.4	Shellfish Reaction 4	SHLFSHRXN4	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	3.1.5	Shellfish other reaction	SHLFSHRXNOTH	50	character	
	3.2	Other food	OTRFD	1	numeric	0=No,1=Yes
	3.2.a	Specify Other food	OTRFDDAGT	50	character	
	3.2.1	Other food Reaction 1	OTRFDRXN1	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	3.2.2	Other food Reaction 2	OTRFDRXN2	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	3.2.3	Other food Reaction 3	OTRFDRXN3	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	3.2.4	Other food Reaction 4	OTRFDRXN4	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	3.2.5	Other reaction	OTRFDRXNOTH	50	character	
	4	Chemicals	CHALLRG	1	numeric	0=No,1=Yes
	4.1	Latex	LTXALL	1	numeric	0=No,1=Yes
	4.1.1	Latex Reaction 1	LTXRXN1	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.1.2	Latex Reaction 2	LTXRXN2	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.1.3	Latex Reaction 3	LTXRXN3	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.1.4	Latex Reaction 4	LTXRXN4	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.1.5	Latex Other Reaction	LTXRXNOTH	50	character	
	4.2	Gadolinium	GADALL	1	numeric	0=No,1=Yes
	4.2.1	Gadolinium Reaction 1	GADRXN1	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.2.2	Gadolinium Reaction 2	GADRXN2	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.2.3	Gadolinium Reaction 3	GADRXN3	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other

Form	Item No	Description	Field Name	length	type	limits/variables
	4.2.4	Gadolinium Reaction 4	GADR4	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.2.5	Gadolinium Other Reaction	GADR4NOTH	50	character	
	4.3	Other chemical	OTRCH	1	numeric	0=No,1=Yes
	4.3.a	Specify Other chemical	OTRCHAGT	50	character	
	4.3.1	Other chemical Reaction 1	OTRCHR1	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.3.2	Other chemical Reaction 2	OTRCHR2	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.3.3	Other chemical Reaction 3	OTRCHR3	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.3.4	Other chemical Reaction 4	OTRCHR4	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.3.5	Other chemical Other Reaction	OTRCHRNOTH	50	character	
	5	Comments on subject allergies	ALLRGC	60	character	

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC FVA4		WADRC Follow-Up Visit Form A4: Supplemental Subject Allergies	SV_CDI_WADRC_FVA4			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	G1	Have there been changes since last visit?	WA4CHG	1	numeric	0=No,1=Yes,9=Unknown
	1	Does the subject have any known allergies?	ALLRG	1	numeric	0=No,1=Yes,9=Unknown
	2	Drugs/Medications?	RXALLRG	1	numeric	0=No,1=Yes
	2.1	Agent 1	RXALRAGNT1	50	character	
	2.1.1	Agent 1 Reaction 1	RXALRG1RXN1	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.1.2	Agent 1 Reaction 2	RXALRG1RXN2	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.1.3	Agent 1 Reaction 3	RXALRG1RXN3	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.1.4	Agent 1 Reaction 4	RXALRG1RXN4	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.1.5	Other reaction	RXALRG1RXNOTH	50	character	
	2.2	Agent 2	RXALRAGNT2	50	character	
	2.2.1	Agent 2 Reaction 1	RXALRG2RXN1	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.2.2	Agent 2 Reaction 2	RXALRG2RXN2	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.2.3	Agent 2 Reaction 3	RXALRG2RXN3	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.2.4	Agent 2 Reaction 4	RXALRG2RXN4	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.2.5	Other reaction	RXALRG2RXNOTH	50	character	
	2.3	Agent 3	RXALRAGNT3	50	character	
	2.3.1	Agent 3 Reaction 1	RXALRG3RXN1	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.3.2	Agent 3 Reaction 2	RXALRG3RXN2	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.3.3	Agent 3 Reaction 3	RXALRG3RXN3	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.3.4	Agent 3 Reaction 4	RXALRG3RXN4	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	2.3.5	Other reaction	RXALRG3RXNOTH	50	character	

Form	Item No	Description	Field Name	length	type	limits/variables
	3	Foods	FDALLRG	1	numeric	0=No,1=Yes
	3.1	Shellfish	SHLFSH	1	numeric	0=No,1=Yes
	3.1.1	Shellfish Reaction 1	SHLFSHRXN1	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	3.1.2	Shellfish Reaction 2	SHLFSHRXN2	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	3.1.3	Shellfish Reaction 3	SHLFSHRXN3	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	3.1.4	Shellfish Reaction 4	SHLFSHRXN4	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	3.1.5	Shellfish other reaction	SHLFSHRXNOTH	50	character	
	3.2	Other food	OTRFD	1	numeric	0=No,1=Yes
	3.2.a	Specify Other food	OTRFDDAGT	50	character	
	3.2.1	Other food Reaction 1	OTRFDRXN1	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	3.2.2	Other food Reaction 2	OTRFDRXN2	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	3.2.3	Other food Reaction 3	OTRFDRXN3	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	3.2.4	Other food Reaction 4	OTRFDRXN4	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	3.2.5	Other reaction	OTRFDRXNOTH	50	character	
	4	Chemicals	CHALLRG	1	numeric	0=No,1=Yes
	4.1	Latex	LTXALL	1	numeric	0=No,1=Yes
	4.1.1	Latex Reaction 1	LTXRXN1	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.1.2	Latex Reaction 2	LTXRXN2	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.1.3	Latex Reaction 3	LTXRXN3	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.1.4	Latex Reaction 4	LTXRXN4	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.1.5	Latex Other Reaction	LTXRXNOTH	50	character	
	4.2	Gadolinium	GADALL	1	numeric	0=No,1=Yes
	4.2.1	Gadolinium Reaction 1	GADRXN1	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.2.2	Gadolinium Reaction 2	GADRXN2	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.2.3	Gadolinium Reaction 3	GADRXN3	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.2.4	Gadolinium Reaction 4	GADRXN4	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other

Form	Item No	Description	Field Name	length	type	limits/variables
	4.2.5	Gadolinium Other Reaction	GADRXNOTH	50	character	
	4.3	Other chemical	OTRCH	1	numeric	0=No,1=Yes
	4.3.a	Specify Other chemical	OTRCHAGT	50	character	
	4.3.1	Other chemical Reaction 1	OTRCHRXN1	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.3.2	Other chemical Reaction 2	OTRCHRXN2	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.3.3	Other chemical Reaction 3	OTRCHRXN3	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.3.4	Other chemical Reaction 4	OTRCHRXN4	1	numeric	1=Rash/Hives, 2=Breathing trouble, 3=Anaphylaxis, 4=Other
	4.3.5	Other chemical Other Reaction	OTRCHRXNOTH	50	character	
	5	Comments on subject allergies	ALLRGCOM	60	character	

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC IVA5-1		WADRC Initial Visit Form A5-1: Supplemental Subject Medical/Surgical History	SV_CDI_WADRC_IVA5_1			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	Subject ever had any medical/metabolic conditions?	MEDCND	1	numeric	0=No,1=Yes,9=Unknown
	1.1	Condition 1	MEDCND1	50	character	
	1.1.1	Year	MEDCND1YR	4	numeric	yyyy 9999=year unknown
	1.2	Condition 2	MEDCND2	50	character	
	1.2.1	Year	MEDCND2YR	4	numeric	yyyy 9999=year unknown
	1.3	Condition 3	MEDCND3	50	character	
	1.3.1	Year	MEDCND3YR	4	numeric	yyyy 9999=year unknown
	1.4	Condition 4	MEDCND4	50	character	
	1.4.1	Year	MEDCND4YR	4	numeric	yyyy 9999=year unknown
	1.5	Condition 5	MEDCND5	50	character	
	1.5.1	Year	MEDCND5YR	4	numeric	yyyy 9999=year unknown
	1.6	Condition 6	MEDCND6	50	character	
	1.6.1	Year	MEDCND6YR	4	numeric	yyyy 9999=year unknown
	1.7	Condition 7	MEDCND7	50	character	
	1.7.1	Year	MEDCND7YR	4	numeric	yyyy 9999=year unknown
	1.8	Condition 8	MEDCND8	50	character	
	1.8.1	Year	MEDCND8YR	4	numeric	yyyy 9999=year unknown
	2	Subject ever had any major surgeries or procedures?	SURG	1	numeric	0=No,1=Yes,9=Unknown
	2.1	Tonsillectomy	TON	1	numeric	0=No,1=Yes
	2.1.1	Year	TONYR	4	numeric	yyyy 9999=year unknown
	2.2	Prostate surgery	PROST	1	numeric	0=No,1=Yes
	2.2.1	Year	PROSTYR	4	numeric	yyyy 9999=year unknown
	2.3	Appendectomy	APPY	1	numeric	0=No,1=Yes
	2.3.1	Year	APPYYR	4	numeric	yyyy 9999=year unknown
	2.4	Gall Bladder surgery	GALL	1	numeric	0=No,1=Yes
	2.4.1	Year	GALLYR	4	numeric	yyyy 9999=year unknown
	2.5	Hysterectomy	HYSTMY	1	numeric	0=No,1=Yes
	2.5.1	Year	HYSTMYR	4	numeric	yyyy 9999=year unknown
	2.6	Heart Bypass surgery	HRTBYS	1	numeric	0=No,1=Yes
	2.6.1	Year	HRTBYSYR	4	numeric	yyyy 9999=year unknown
	2.7	Heart valve replacement surgery	HRTVLV	1	numeric	0=No,1=Yes

Form	Item No	Description	Field Name	length	type	limits/variables
	2.7.1	Year	HRTVLVYR	4	numeric	yyyy 9999=year unknown
	2.8	Carotid artery endarterectomy	CAE	1	numeric	0=No,1=Yes
	2.8.1	Year	CAEYR	4	numeric	yyyy 9999=year unknown
	2.8.2	specify Side	CAEST	1	numeric	1=Left, 2=Right, 3=Both
	2.9	Carpal Tunnel surgery	CARP	1	numeric	0=No,1=Yes
	2.9.1	Year	CARPYR	4	numeric	yyyy 9999=year unknown
	2.10.	Hernia repair	HERN	1	numeric	0=No,1=Yes
	2.10.1	Year	HERNYR	4	numeric	yyyy 9999=year unknown
	2.11	Abdominal Aortic Aneurysm repair	AAA	1	numeric	0=No,1=Yes
	2.11.1	Year	AAAYR	4	numeric	yyyy 9999=year unknown
	2.12	Total Joint replacement	JTRPL	1	numeric	0=No,1=Yes
	2.12.1	Year	JTRPLYR	4	numeric	yyyy 9999=year unknown
	2.13	Knee surgery	KNEE	1	numeric	0=No,1=Yes
	2.13.1	Year	KNEEYR	4	numeric	yyyy 9999=year unknown
	2.14	Shoulder surgery	SHOULD	1	numeric	0=No,1=Yes
	2.14.1	Year	SHOULDYR	4	numeric	yyyy 9999=year unknown
	2.15	Other Bone/Joint	BNJT	1	numeric	0=No,1=Yes
	2.15.1	Year	BNJTYR	4	numeric	yyyy 9999=year unknown
	2.15.2	specify bone/joint	BNJTXT	50	character	
	2.16	Other surgery (1)	OTHSURG1	50	character	
	2.16.1	Year	OTHSURG1YR	4	numeric	yyyy 9999=year unknown
	2.17	Other surgery (2)	OTHSURG2	50	character	
	2.17.1	Year	OTHSURG2YR	4	numeric	yyyy 9999=year unknown
	2.18	Other surgery (3)	OTHSURG3	50	character	
	2.18.1	Year	OTHSURG3YR	4	numeric	yyyy 9999=year unknown
	2.19	Other surgery (4)	OTHSURG4	50	character	
	2.19.1	Year	OTHSURG4YR	4	numeric	yyyy 9999=year unknown
	3	Comments on health and surgery history	MEDSURGCOM	60	character	

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC FVA5-1		WADRC Follow-Up Visit Form A5-1: Subject Medical/Surgical History	SV_CDI_WADRC_FVA5_1			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	Subject had any medical/metabolic conditions diagnosed since last visit?	NEWMEDCND	1	numeric	0=No,1=Yes,9=Unknown
	1.1	Condition 1	MEDCND1	50	character	
	1.2	Condition 2	MEDCND2	50	character	
	1.3	Condition 3	MEDCND3	50	character	
	1.4	Condition 4	MEDCND4	50	character	
	1.5	Condition 5	MEDCND5	50	character	
	1.6	Condition 6	MEDCND6	50	character	
	1.7	Condition 7	MEDCND7	50	character	
	1.8	Condition 8	MEDCND8	50	character	
	2	Subject had any major surgeries or procedures in past 12 months?	NEWSURG	1	numeric	0=No,1=Yes,9=Unknown
	2.1	Tonsillectomy	TON	1	numeric	0=No,1=Yes
	2.2	Prostate surgery	PROST	1	numeric	0=No,1=Yes
	2.3	Appendectomy	APPY	1	numeric	0=No,1=Yes
	2.4	Gall Bladder surgery	GALL	1	numeric	0=No,1=Yes
	2.5	Hysterectomy	HYSTMY	1	numeric	0=No,1=Yes
	2.6	Heart Bypass surgery	HRTBYS	1	numeric	0=No,1=Yes
	2.7	Heart valve replacement surgery	HRTVLV	1	numeric	0=No,1=Yes
	2.8	Carotid artery endarterectomy	CAE	1	numeric	0=No,1=Yes
	2.8.1	specify Side	CAEST	1	numeric	1=Left, 2=Right, 3=Both
	2.9	Carpal Tunnel surgery	CARP	1	numeric	0=No,1=Yes
	2.10.	Hernia repair	HERN	1	numeric	0=No,1=Yes
	2.11	Abdominal Aortic Aneurysm repair	AAA	1	numeric	0=No,1=Yes
	2.12	Total Joint replacement	JTRPL	1	numeric	0=No,1=Yes
	2.13	Knee surgery	KNEE	1	numeric	0=No,1=Yes
	2.14	Shoulder surgery	SHOULD	1	numeric	0=No,1=Yes
	2.15	Other Bone/Joint	BNJT	1	numeric	0=No,1=Yes
	2.15.1	specify bone/joint	BNJTXT	50	character	
	2.16	Other surgery	OTHSURG	1	numeric	0=No,1=Yes
	2.16.1	Other surgery (1)	OTHSURG1	50	character	
	2.16.2	Other surgery (2)	OTHSURG2	50	character	
	2.16.3	Other surgery (3)	OTHSURG3	50	character	
	3	Comments on health and surgery history	MEDSURGCOM	60	character	

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC IVA5-2		WADRC Initial Visit Form A5-2: Supplemental Subject Health History	SV_CDI_WADRC_IVA5_2			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	Fever / chills	FEVER	1	numeric	0=No,1=Yes,9=Not sure
	2	Extreme tiredness / fatigue	FATGUE	1	numeric	0=No,1=Yes,9=Not sure
	3	Trouble sleeping	TRBLSLP	1	numeric	0=No,1=Yes,9=Not sure
	4	Trouble swallowing (choking/coughing during or after eating or drinking)	TRBLSWL	1	numeric	0=No,1=Yes,9=Not sure
	5	Changes in taste or smell	CHGTAST	1	numeric	0=No,1=Yes,9=Not sure
	6	Falls in past 12 months	FALLS	1	numeric	0=No,1=Yes,9=Not sure
	6.1	If yes, how many falls?	FALLSNUM	3	numeric	1-999
	7	Balance problems	BALPRB	1	numeric	0=No,1=Yes,9=Not sure
	8	Use walking assistive device (walker, cane, wheelchair)	WLKAST	1	numeric	0=No,1=Yes,9=Not sure
	8.1	If yes, which types?	WLKASTTYP	30	character	
	9	Joint pain / arthritis	JNTPAIN	1	numeric	0=No,1=Yes,9=Not sure
	10	Headaches	HDACH	1	numeric	0=No,1=Yes,9=Not sure
	11	Loss of consciousness	LOC	1	numeric	0=No,1=Yes,9=Not sure
	11.1	If yes, year	LOCYR	4	numeric	yyyy 9999=year unknown
	12	Fainting spells (syncope)	FAINT	1	numeric	0=No,1=Yes,9=Not sure
	13	Tremors	TREM	1	numeric	0=No,1=Yes,9=Not sure
	14	Localized numbness or weakness	NUMWK	1	numeric	0=No,1=Yes,9=Not sure
	15	Heart valve problems	HRTVLVPRB	1	numeric	0=No,1=Yes,9=Not sure
	16	Chest pain	CHSTPN	1	numeric	0=No,1=Yes,9=Not sure
	17	Shortness of breath	SHRTBREATH	1	numeric	0=No,1=Yes,9=Not sure
	18	Ankle swelling / edema	SWLNG	1	numeric	0=No,1=Yes,9=Not sure
	19	Cough	COUGH	1	numeric	0=No,1=Yes,9=Not sure
	20	COPD / emphysema / asthma	COPD	1	numeric	0=No,1=Yes,9=Not sure
	21	Other lung disease	LUNGDIS	1	numeric	0=No,1=Yes,9=Not sure
	22	Liver disease (jaundice, hepatitis)	LIVDIS	1	numeric	0=No,1=Yes,9=Not sure
	23	Kidney problems	KIDPRB	1	numeric	0=No,1=Yes,9=Not sure
	24	Cancer	CADX	1	numeric	0=No,1=Yes,9=Not sure
	24.1	Cancer type (1)	CADX1	30	character	
	24.1.1	Year	CADXYR1	4	numeric	yyyy 9999=year unknown
	24.2	Cancer type (2)	CADX2	30	character	
	24.2.1	Year	CADXYR2	4	numeric	yyyy 9999=year unknown
	24.3	Cancer type (3)	CADX3	30	character	

Form	Item No	Description	Field Name	length	type	limits/variables
	24.3.1	Year	CADXYR3	4	numeric	yyyy 9999=year unknown
	24.4	Cancer type (4)	CADX4	30	character	
	24.4.1	Year	CADXYR4	4	numeric	yyyy 9999=year unknown
	25	Blood clots	BLDCLT	1	numeric	0=No,1=Yes,9=Not sure
	26	Sleep apnea	APNEA	1	numeric	0=No,1=Yes,9=Not sure
	27	Chronic pain	CHRPN	1	numeric	0=No,1=Yes,9=Not sure
	28	Infection in the brain (meningitis, encephalitis)	BRAININF	1	numeric	0=No,1=Yes,9=Not sure
	28.1	If yes, year	BRAININFYR	4	numeric	yyyy 9999=year unknown
	29	Syphilis	SYPH	1	numeric	0=No,1=Yes,9=Not sure
	30	Tuberculosis	TB	1	numeric	0=No,1=Yes,9=Not sure
	31	Problems with immune system	IMMPRB	1	numeric	0=No,1=Yes,9=Not sure
	32	Other condition (1)	OTHCOND1	1	numeric	0=No,1=Yes
	32.1	specify	OTHCOND1TXT	30	character	
	33	Other condition (2)	OTHCOND2	1	numeric	0=No,1=Yes
	33.1	specify	OTHCOND2TXT	30	character	
	34	Health history comments	HLTHHISTCOM	60	character	
	35	Charlson Co-morbidity index	CHARLSON	2	numeric	0-33

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC FVA5-2		WADRC Follow-Up Visit Form A5-2: Supplemental Subject Health History	SV_CDI_WADRC_FVA5_2			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	Extreme tiredness / fatigue	FATGUE	1	numeric	0=No,1=Yes,9=Not sure
	2	Trouble sleeping	TRBLSLP	1	numeric	0=No,1=Yes,9=Not sure
	3	Trouble swallowing (choking/coughing during or after eating or drinking)	TRBLSWL	1	numeric	0=No,1=Yes,9=Not sure
	4	Changes in taste or smell	CHGTAST	1	numeric	0=No,1=Yes,9=Not sure
	5	Falls in past 12 months	FALLS	1	numeric	0=No,1=Yes,9=Not sure
	5.1	If yes, how many falls?	FALLSNUM	3	numeric	1-999
	6	Balance problems	BALPRB	1	numeric	0=No,1=Yes,9=Not sure
	7	Use walking assistive device (walker, cane, wheelchair)	WLKAST	1	numeric	0=No,1=Yes,9=Not sure
	7.1	If yes, which types?	WLKASTTYP	30	character	
	8	Joint pain / arthritis	JNTPAIN	1	numeric	0=No,1=Yes,9=Not sure
	9	Loss of consciousness	LOC	1	numeric	0=No,1=Yes,9=Not sure
	10	Fainting spells (syncope)	FAINT	1	numeric	0=No,1=Yes,9=Not sure
	11	Tremors	TREM	1	numeric	0=No,1=Yes,9=Not sure
	12	Localized numbness or weakness	NUMWK	1	numeric	0=No,1=Yes,9=Not sure
	13	Kidney problems	KIDPRB	1	numeric	0=No,1=Yes,9=Not sure
	14	Sleep apnea	APNEA	1	numeric	0=No,1=Yes,9=Not sure
	15	Infection in the brain (meningitis, encephalitis)	BRAININF	1	numeric	0=No,1=Yes,9=Not sure
	16	Syphilis	SYPH	1	numeric	0=No,1=Yes,9=Not sure
	17	Problems with immune system	IMMPRB	1	numeric	0=No,1=Yes,9=Not sure
	18	Other condition (1)	OTHCOND1	1	numeric	0=No,1=Yes
	18.1	specify	OTHCOND1TXT	30	character	
	19	Other condition (2)	OTHCOND2	1	numeric	0=No,1=Yes
	19.1	specify	OTHCOND2TXT	30	character	
	20	Health history comments	HLTHHISTCOM	60	character	
	21	Charlson Co-morbidity index	CHARLSON	2	numeric	0-33

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC B4		WADRC Form B4: Supplemental Clinical Dementia Rating (CDR) Worksheet	SV_CDI_WADRC_B4			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
Informant	1.1	Does subject have a problem with memory and/or thinking?	INMEMPR	1	numeric	0=No,1=Yes, 9=Unknown
	1.1.a	If yes, is this a consistent problem?	CONSPR	1	numeric	0=No,1=Yes, 9=Unknown
	1.1.b	What was the onset of the problem like?	ONSPR	1	numeric	1=sudden,2=gradual, 9=Unknown, 8=N/A
	1.1.c	Since onset, how have the memory problems changed?	CHGDPR	1	numeric	1=worse, 2=better, 3=stable, 9=Unknown, 8=N/A
	1.1.d	If worse, progression has been:	PRPRG	1	numeric	1=rapid, 2=steady, 3=stepwise, 4=variable, 8=N/A
	1.2	Can the subject recall recent events?	EVRCL	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	1.3	Can the subject remember a short list of items (shopping list)?	SHRLST	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	1.3.a	Repeat questions/statements	RPTQS	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	1.3.b	Misplace items	MSPL	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	1.3.c	Forget events and/or conversations	FORGTEV	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	1.3.d	Forget to complete tasks	FORGTSK	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	1.3.e	Trouble finding words	WRDTBL	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	1.3.f	Trouble expressing self; broken/nonsensical speech	EXPRTBL	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	1.3.g	Trouble concentrating or paying attention	ATTNTBL	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	1.4	Some decline in memory in the past year?	MEMDCL	1	numeric	0=No,1=Yes, 9=Unknown
	1.5	Is their memory impaired such that it would have interfered with activities of daily life a few years ago?	MEMADL	1	numeric	0=No,1=Yes, 9=Unknown
	1.6	Does subject completely forget a major event(e.g., trip, party, family wedding) within a few weeks of the event?	MAJEV	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown

Form	Item No	Description	Field Name	length	type	limits/variables
	1.7	Does the subject forget pertinent details of the major event?	EVTDTL	1	numeric	1=usually,2=sometimes,3=rarely,9=Unknown
	1.8	Does the subject completely forget important information of the distant past (e.g., birth date, wedding date, jobs)?	DSTPST	1	numeric	1=usually,2=sometimes,3=rarely,9=Unknown
	2.1	Date of the Month	EXDOM	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	2.2	Month	EXMO	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	2.3	Year	EXYR	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	2.4	Day of the Week	EXDOW	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	2.5	Does the subject have difficulty with time relationships (when events happened in relation to each other)?	EVTREL	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	2.6	Can the subject find his/her way about familiar streets?	FAMSTR	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	2.7	How often does the subject know how to get from one place to another outside his/her neighborhood?	PLTOPL	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	2.8	How often can the subject find his/her way about indoors?	FNDIND	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	3.1	Solve problems at the present time?	SLVPR	1	numeric	1=no loss, 2=some loss, 3=severe loss, 9=Unknown
	3.2	Cope with small sums of money (e.g., make change, leave a small tip)?	MKCHG	1	numeric	1=no loss, 2=some loss, 3=severe loss, 9=Unknown
	3.3	Handle financial or business transactions (e.g., balance check-book, pay bills)?	FINTRN	1	numeric	1=no loss, 2=some loss, 3=severe loss, 9=Unknown
	3.4	Handle a household emergency (e.g., plumbing leak, small fire)?	HSHLDEM	1	numeric	1=as well, 2=worse, 3=worse(other)
	3.5	Can the subject understand situations or explanations?	UNDSTD	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	3.6	Does the subject behave appropriately (usual, premorbid manner) in social situations, interactions with other people?	BEHV	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown
	4.1	Is the subject still working?	STLWRK	1	numeric	0=No, 1=Yes, 8=N/A
	4.2	Did memory or thinking problems contribute to subject's decision to retire?	RETDEC	1	numeric	0=No, 1=Yes, 8=N/A
	4.3	Does the subject have significant difficulty in his/her job because of problems with memory or thinking?	JOBDF	1	numeric	1=usually, 2=sometimes, 3=rarely, 9=Unknown

Form	Item No	Description	Field Name	length	type	limits/variables
	4.4	Did the subject ever drive a car?	EVRDRV	1	numeric	0=No,1=Yes
	4.4.a.	Does the subject drive a car now?	STLDRV	1	numeric	0=No,1=Yes
	4.4.a.1	If no, is it because of memory or thinking problems?	DRVPB	1	numeric	0=No,1=Yes
	4.5	If the subject is still driving, are there problems or risks because of poor thinking?	DRVRSK	1	numeric	0=No,1=Yes
	4.5.1	Accidents	ACC	1	numeric	0=No, 1=Yes, 8=N/A
	4.5.2	Tickets	TKTS	1	numeric	0=No, 1=Yes, 8=N/A
	4.5.3	Getting Lost	GTLST	1	numeric	0=No, 1=Yes, 8=N/A
	4.6	Is the subject able to independently shop for their needs?	SHOP	1	numeric	1=usually,2=sometimes,3=rarely, 9=Unknown
	4.7	Is the subject able to independently carry out activities outside the home?	OTSACT	1	numeric	1=usually,2=sometimes,3=rarely, 9=Unknown
	4.8	Is the subject taken to social functions outside of a family home?	SOCFNC	1	numeric	0=No,1=Yes
	4.9	Would a casual observer of the subject's behavior think the subject was ill?	SBJIL	1	numeric	0=No,1=Yes
	4.10.	f in nursing home, does the subject participate well in social functions (thinking)?	SOCprt	1	numeric	0=No,1=Yes
	5.1	Ability to perform household tasks	HSHTSK	1	numeric	0=no loss,0.5, 1=severe loss
	5.2	Is the subject able to perform household chores at the level of	TSKLVl	1	numeric	0=normal, 1=not usual level, 2=some, 3=limited, 4=none
	6.1	Dressing	DRSG	1	numeric	0=unaided, 1=occasional, 2=wrong sequence, 3=unable
	6.2	Washing, grooming	GRMG	1	numeric	0=unaided,1=needs prompt,2=sometimes help,3=always needs help
	6.3	Eating habits	EATG	1	numeric	0=cleanly, 1=messily, 2=simple solids, 3=has to be fed
	6.4	Sphincter control	SPHNT	1	numeric	0=normal, 1=occasional, 2=frequent, 3=doubly incontinent
Subject	7.1	Do you have problems with memory or thinking?	SUMEMPB	1	numeric	0=No, 1=Yes, 9=Unknown
	7.2.1	Within 1 week	ONEWK	1	numeric	1.0=largely correct, 0.5, 0.0=largely incorrect
	7.2.2	Within 1 month	ONEMO	1	numeric	1.0=largely correct, 0.5, 0.0=largely incorrect
	7.3.1	Max number of elements repeated	ELMRCL	1	numeric	0, 1, 2, 3, 4, 5
	7.3.2	Number of trials required	TRLRQD	1	numeric	1, 2, 3

Form	Item No	Description	Field Name	length	type	limits/variables
	7.4	Number of elements recalled	ELMRCL2	1	numeric	0, 1, 2, 3, 4, 5
	8.1	What is the date today?	DTTDY	1	numeric	0=correct, 1=incorrect
	8.2	What day of the week is it?	DOWTDY	1	numeric	0=correct, 1=incorrect
	8.3	What is the month?	MOTDY	1	numeric	0=correct, 1=incorrect
	8.4	What is the year?	YRTDY	1	numeric	0=correct, 1=incorrect
	8.5	What is the name of this place?	PLNAM	1	numeric	0=correct, 1=incorrect
	8.6	What town or city are we in?	TWNCTY	1	numeric	0=correct, 1=incorrect
	8.7	What time is it?	TIMNOW	1	numeric	0=correct, 1=incorrect
	8.8	Does the subject know who the informant is?	INKNOW	1	numeric	0=correct, 1=incorrect
	9.1	How alike: turnip / cauliflower	VGALK	1	numeric	0=vegetables, 1=edible foods, 2=not pertinent
	9.2	How alike: desk / bookcase	FRNALK	1	numeric	0=furniture, 1=wooden, 2=not pertinent
	9.3	How different: lie / mistake	LIEDIF	1	numeric	0=deliberate/unintentional 1=good/bad, 2=anything else
	9.4	How different: river / canal	RVRDIF	1	numeric	0=natural/artificial, 1=anything else
	9.5	How many nickels in a dollar?	NCKDLR	1	numeric	0=correct, 1=incorrect
	9.6	How many quarters in \$6.75?	QTRS	1	numeric	0=correct, 1=incorrect
	9.7	Subtract 3 from 20 and keep subtracting 3 from each new number	SUBTR	1	numeric	0=correct, 1=incorrect
	9.8	Upon arriving in a strange city, how would you locate friend that you wished to see?	FNDFRD	1	numeric	0=try telephone book, directory, 1=call police, operator, 2=no clear response
	9.9	Subject's assessment of disability and station in life and understanding of why she/she is present at the examination	SBJINS	1	numeric	1=good insight,2=partial insight,3=little insight

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC B6-1		WADRC Form B6-1: Supplemental Subject Insight Self-Assessment	SV_CDI_WADRC_B6_1			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	IQCODE-SF completed	SIQCODECOMP	1	numeric	0=Not completed, 1=Completed
	1.0	Not completed Reason code	SIQCODEREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	1.1	Average self-rating score	SIQCODESCR	3	numeric	1.00 - 5.00

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC B6-2		WADRC Form B6-2: IMPACT Supplemental Subject Self-Assessment Questionnaires	SV_CDI_WADRC_B6_2			
	Header	Subject ID	SUBJID	9	character/numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	Subject MFQ Completed	SMFQCOMP	1	numeric	0=Not completed, 1=Completed
	1.0	Not completed Reason code	SMFQREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	1.1.a	SMFQ1a	SMFQ1A	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.1.b	SMFQ1b	SMFQ1B	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.1.c	SMFQ1c	SMFQ1C	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.1.d	SMFQ1d	SMFQ1D	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.1.e	SMFQ1e	SMFQ1E	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.2.	SMFQ2	SMFQ2	1	numeric	1, 2, 3, 4, 5, 6
	1.3.a	SMFQ3a	SMFQ3a	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.3.b	SMFQ3b	SMFQ3b	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.4	SMFQ4	SMFQ4	1	numeric	1, 2, 3, 4, 5, 6
	1.5.a	SMFQ5a	SMFQ5a	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.5.b	SMFQ5b	SMFQ5b	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.5.c	SMFQ5c	SMFQ5c	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.6.a	SMFQ6a	SMFQ6a	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.6.b	SMFQ6b	SMFQ6b	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.7.a	SMFQ7a	SMFQ7a	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.7.b	SMFQ7b	SMFQ7b	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.7.c	SMFQ7c	SMFQ7c	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.7.d	SMFQ7d	SMFQ7d	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.7.e	SMFQ7e	SMFQ7e	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.8.a	SMFQ8a	SMFQ8a	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.8.b	SMFQ8b	SMFQ8b	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.8.c	SMFQ8c	SMFQ8c	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.8.d	SMFQ8d	SMFQ8d	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.8.e	SMFQ8e	SMFQ8e	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.9.a	SMFQ9a	SMFQ9A	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.9.b	SMFQ9b	SMFQ9B	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.9.c	SMFQ9c	SMFQ9C	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.9.d	SMFQ9d	SMFQ9D	1	numeric	1, 2, 3, 4, 5, 6, 7

Form	Item No	Description	Field Name	length	type	limits/variables
	1.9.e	SMFQ9e	SMFQ9E	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.9.f	SMFQ9f	SMFQ9F	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.9.g	SMFQ9g	SMFQ9G	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.9.h	SMFQ9h	SMFQ9H	1	numeric	1, 2, 3, 4, 5, 6, 7
	1.10.	SMFQ10	SMFQ10	1	numeric	1, 2, 3, 4, 5, 6, 7
	2	Subject AES Completed	SAESCOMP	1	numeric	0=Not completed, 1=Completed
	2.0	Not completed Reason code	SAESREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	2.1	SAES1	SAES1	1	numeric	1, 2, 3, 4
	2.2	SAES2	SAES2	1	numeric	1, 2, 3, 4
	2.3	SAES3	SAES3	1	numeric	1, 2, 3, 4
	2.4	SAES4	SAES4	1	numeric	1, 2, 3, 4
	2.5	SAES5	SAES5	1	numeric	1, 2, 3, 4
	2.6	SAES6	SAES6	1	numeric	1, 2, 3, 4
	2.7	SAES7	SAES7	1	numeric	1, 2, 3, 4
	2.8	SAES8	SAES8	1	numeric	1, 2, 3, 4
	2.9	SAES9	SAES9	1	numeric	1, 2, 3, 4
	2.10	SAES10	SAES10	1	numeric	1, 2, 3, 4
	2.11	SAES11	SAES11	1	numeric	1, 2, 3, 4
	2.12	SAES12	SAES12	1	numeric	1, 2, 3, 4
	2.13	SAES13	SAES13	1	numeric	1, 2, 3, 4
	2.14	SAES14	SAES14	1	numeric	1, 2, 3, 4
	2.15	SAES15	SAES15	1	numeric	1, 2, 3, 4
	2.16	SAES16	SAES16	1	numeric	1, 2, 3, 4
	2.17	SAES17	SAES17	1	numeric	1, 2, 3, 4
	2.18	SAES18	SAES18	1	numeric	1, 2, 3, 4
	2.19	Subject AES Total score	SAESTOT	2	numeric	18-72
	3	CES-D Completed	CESDCOMP	1	numeric	0=Not completed, 1=Completed
	3.0	CES-D Not completed Reason code	CESDREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	3.1	CESD1	CESD1	1	numeric	0, 1, 2, 3
	3.2	CESD2	CESD2	1	numeric	0, 1, 2, 3
	3.3	CESD3	CESD3	1	numeric	0, 1, 2, 3
	3.4	CESD4	CESD4	1	numeric	0, 1, 2, 3
	3.5	CESD5	CESD5	1	numeric	0, 1, 2, 3
	3.6	CESD6	CESD6	1	numeric	0, 1, 2, 3
	3.7	CESD7	CESD7	1	numeric	0, 1, 2, 3
	3.8	CESD8	CESD8	1	numeric	0, 1, 2, 3

Form	Item No	Description	Field Name	length	type	limits/variables
	3.9	CESD9	CESD9	1	numeric	0, 1, 2, 3
	3.10	CESD10	CESD10	1	numeric	0, 1, 2, 3
	3.11	CESD11	CESD11	1	numeric	0, 1, 2, 3
	3.12	CESD12	CESD12	1	numeric	0, 1, 2, 3
	3.13	CESD13	CESD13	1	numeric	0, 1, 2, 3
	3.14	CESD14	CESD14	1	numeric	0, 1, 2, 3
	3.15	CESD15	CESD15	1	numeric	0, 1, 2, 3
	3.16	CESD16	CESD16	1	numeric	0, 1, 2, 3
	3.17	CESD17	CESD17	1	numeric	0, 1, 2, 3
	3.18	CESD18	CESD18	1	numeric	0, 1, 2, 3
	3.19	CESD19	CESD19	1	numeric	0, 1, 2, 3
	3.20	CESD20	CESD20	1	numeric	0, 1, 2, 3
	3.21	CES-D Total score	CESDTOT	2	numeric	0-60
	4	PDSQ Completed	PDSQCOMP	1	numeric	0=Not completed, 1=Completed
	4.0	PDSQ Not completed Reason code	PDSQREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	4.1.1	Major Depressive Disorder	MDD	2	numeric	0-21
	4.1.2	Major Depressive Disorder T-score	MDDT	2	numeric	33-80
	4.1.3	MDD T-score > 80	MDDT80	1	numeric	0=No, 1=Yes
	4.2.1	Posttraumatic Stress Disorder	PTSD	2	numeric	0-15
	4.2.2	Posttraumatic Stress Disorder T-score	PTSDT	2	numeric	33-80
	4.2.3	PTSD T-score > 80	PTSDT80	1	numeric	0=No, 1=Yes
	4.3.1	Bulimia/Binge-eating Disorder	BULIMIA	2	numeric	0-10
	4.3.2	Bulimia/Binge-eating Disorder T-score	BULIMIAT	2	numeric	33-80
	4.3.3	Bulimia T-score > 80	BULIMIAT80	1	numeric	0=No, 1=Yes
	4.4.1	Obsessive-Compulsive Disorder	OCD	2	numeric	0-7
	4.4.2	Obsessive-Compulsive Disorder T-score	OCDT80	2	numeric	33-80
	4.4.3	OCD T-score > 80	OCDT80	1	numeric	0=No, 1=Yes
	4.5.1	Panic Disorder	PANIC	2	numeric	0-8
	4.5.2	Panic Disorder T-score	PANICT	2	numeric	33-80
	4.5.3	Panic T-score > 80	PANICT80	1	numeric	0=No, 1=Yes
	4.6.1	Psychosis	PSYCHOSIS	2	numeric	0-6
	4.6.2	Psychosis T-score	PSYCHOSIST	2	numeric	33-80
	4.6.3	Psychosis T-score > 80	PSYCHOSIST80	1	numeric	0=No, 1=Yes
	4.7.1	Agoraphobia	AGORA	2	numeric	0-11
	4.7.2	Agoraphobia T-score	AGORAT	2	numeric	33-80
	4.7.3	Agoraphobia T-score > 80	AGORAT80	1	numeric	0=No, 1=Yes
	4.8.1	Social Phobia	SOCPHOB	2	numeric	0-15
	4.8.2	Social Phobia T-score	SOCPHOBT	2	numeric	33-80
	4.8.3	Social Phobia T-score > 80	SOCPHOBT80	1	numeric	0=No, 1=Yes

Form	Item No	Description	Field Name	length	type	limits/variables
	4.9.1	Alcohol Abuse/Dependence	ALCOHOL	2	numeric	0-6
	4.9.2	Alcohol Abuse/Dependence T-score	ALCOHOLT	2	numeric	33-80
	4.9.3	Alcohol T-score > 80	ALCOHOLT80	1	numeric	0=No, 1=Yes
	4.10.1	Drug Abuse/Dependence	DRGABUSE	2	numeric	0-6
	4.10.2	Drug Abuse/Dependence T-score	DRGABUSET	2	numeric	33-80
	4.10.3	Drug Abuse T-score > 80	DRGABUSET80	1	numeric	0=No, 1=Yes
	4.11.1	Generalized Anxiety Disorder	GNLANXTY	2	numeric	0-10
	4.11.2	Generalized Anxiety Disorder T-score	GNLANXTYT	2	numeric	33-80
	4.11.3	Anxiety T-score > 80	GNLANXTYT80	1	numeric	0=No, 1=Yes
	4.12.1	Somatization Disorder	SOMATIZ	2	numeric	0-5
	4.12.2	Somatization Disorder T-score	SOMATIZT	2	numeric	33-80
	4.12.3	Somatization T-score > 80	SOMATIZT80	1	numeric	0=No, 1=Yes
	4.13.1	Hypochondriasis	HYPOCHOND	2	numeric	0-5
	4.13.2	Hypochondriasis T-score	HYPOCHONDT	2	numeric	33-80
	4.13.3	Hypochondriasis T-score > 80	HYPOCHONDT80	1	numeric	0=No, 1=Yes
	4.14.1	PDSQ Total score	PDSQSCR	3	numeric	0-125
	4.14.2	PDSQ Total T-score	PDSQT	2	numeric	33-80
	4.14.3	PDSQ T-score > 80	PDSQT80	1	numeric	0=No, 1=Yes

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC B7-1		WADRC Form B7-1: Supplemental Informant Insight Assessment	SV_CDI_WADRC_B7_1			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	IQCODE-IN completed	INIQCDECOMP	1	numeric	0=Not completed, 1=Completed
	1.0	Not completed Reason code	INIQCDEEREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	1.1	Average rating score	INIQCDESCR	3	numeric	1.00 - 5.00

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC B7-2		WADRC Form B7-2: IMPACT Supplemental Informant Questionnaires	SV_CDI_WADRC_B7_2			
	Header	Subject ID	SUBJID	9	character/numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	Informant MFQ Completed	IMFQCOMP	1	numeric	0=Not completed, 1=Completed
	1.0	Not completed Reason code	IMFQREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	1.1.a	IMFQ1a	IMFQ1A	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.1.b	IMFQ1b	IMFQ1B	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.1.c	IMFQ1c	IMFQ1C	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.1.d	IMFQ1d	IMFQ1D	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.1.e	IMFQ1e	IMFQ1E	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.2.	IMFQ2	IMFQ2	1	numeric	0, 1, 2, 3, 4, 5, 6
	1.3.a	IMFQ3a	IMFQ3a	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.3.b	IMFQ3b	IMFQ3b	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.4	IMFQ4	IMFQ4	1	numeric	0, 1, 2, 3, 4, 5, 6
	1.5.a	IMFQ5a	IMFQ5a	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.5.b	IMFQ5b	IMFQ5b	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.5.c	IMFQ5c	IMFQ5c	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.6.a	IMFQ6a	IMFQ6a	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.6.b	IMFQ6b	IMFQ6b	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.7.a	IMFQ7a	IMFQ7a	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.7.b	IMFQ7b	IMFQ7b	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.7.c	IMFQ7c	IMFQ7c	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.7.d	IMFQ7d	IMFQ7d	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.7.e	IMFQ7e	IMFQ7e	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.8.a	IMFQ8a	IMFQ8a	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.8.b	IMFQ8b	IMFQ8b	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.8.c	IMFQ8c	IMFQ8c	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.8.d	IMFQ8d	IMFQ8d	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.8.e	IMFQ8e	IMFQ8e	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.9.a	IMFQ9a	IMFQ9A	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.9.b	IMFQ9b	IMFQ9B	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.9.c	IMFQ9c	IMFQ9C	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.9.d	IMFQ9d	IMFQ9D	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.9.e	IMFQ9e	IMFQ9E	1	numeric	0, 1, 2, 3, 4, 5, 6, 7

Form	Item No	Description	Field Name	length	type	limits/variables
	1.9.f	IMFQ9f	IMFQ9F	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.9.g	IMFQ9g	IMFQ9G	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.9.h	IMFQ9h	IMFQ9H	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	1.10.	IMFQ10	IMFQ10	1	numeric	0, 1, 2, 3, 4, 5, 6, 7
	2	Informant AES Completed	IAESCOMP	1	numeric	0=Not completed, 1=Completed
	2.0	Not completed Reason code	IAESREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	2.1	IAES1	IAES1	1	numeric	1, 2, 3, 4
	2.2	IAES2	IAES2	1	numeric	1, 2, 3, 4
	2.3	IAES3	IAES3	1	numeric	1, 2, 3, 4
	2.4	IAES4	IAES4	1	numeric	1, 2, 3, 4
	2.5	IAES5	IAES5	1	numeric	1, 2, 3, 4
	2.6	IAES6	IAES6	1	numeric	1, 2, 3, 4
	2.7	IAES7	IAES7	1	numeric	1, 2, 3, 4
	2.8	IAES8	IAES8	1	numeric	1, 2, 3, 4
	2.9	IAES9	IAES9	1	numeric	1, 2, 3, 4
	2.10	IAES10	IAES10	1	numeric	1, 2, 3, 4
	2.11	IAES11	IAES11	1	numeric	1, 2, 3, 4
	2.12	IAES12	IAES12	1	numeric	1, 2, 3, 4
	2.13	IAES13	IAES13	1	numeric	1, 2, 3, 4
	2.14	IAES14	IAES14	1	numeric	1, 2, 3, 4
	2.15	IAES15	IAES15	1	numeric	1, 2, 3, 4
	2.16	IAES16	IAES16	1	numeric	1, 2, 3, 4
	2.17	IAES17	IAES17	1	numeric	1, 2, 3, 4
	2.18	IAES18	IAES18	1	numeric	1, 2, 3, 4
	2.19	Informant AES Total score	IAESTOT	2	numeric	18-72

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC B8-1		WADRC Form B8-1: Brief Physical Exam	SV_CDI_WADRC_B8_1			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	General Appearance	GNLAPP	1	numeric	0=normal, 1=abnormal
	1.1	General Appearance comments	GNLAPPCOM	30	character	if abnormal
	2	HEENT	HEENT	1	numeric	0=normal, 1=abnormal
	2.1	HEENT comments	HEENTCOM	30	character	if abnormal
	3	Neck	NECK	1	numeric	0=normal, 1=abnormal
	3.1	Neck comments	NECKCOM	30	character	if abnormal
	4	Chest	CHEST	1	numeric	0=normal, 1=abnormal
	4.1	Chest comments	CHESTCOM	30	character	if abnormal
	5	Heart	HEART	1	numeric	0=normal, 1=abnormal
	5.1	Heart comments	HEARTCOM	30	character	if abnormal
	6	Abdomen	ABDMN	1	numeric	0=normal, 1=abnormal
	6.1	Abdomen comments	ABDMNCOM	30	character	if abnormal
	7	Extremities	EXTRM	1	numeric	0=normal, 1=abnormal
	7.1	Extremities comments	EXTRMCOM	30	character	if abnormal
	8	Edema	EDEMA	1	numeric	0=normal, 1=abnormal
	8.1	Edema comments	EDEMACOM	30	character	if abnormal
	9	Peripheral Vascular	PERPHVASC	1	numeric	0=normal, 1=abnormal
	9.1	Peripheral Vascular comments	PERPHVASC.COM	30	character	if abnormal
	10	Skin and Appendages	SKIN	1	numeric	0=normal, 1=abnormal
	10.1	Skin and Appendages comments	SKINCOM	30	character	if abnormal
	11	Musculoskeletal	MSCLSKLTL	1	numeric	0=normal, 1=abnormal
	11.1	Musculoskeletal comments	MSCLSKLTL.COM	30	character	if abnormal
	12	Back	BACK	1	numeric	0=normal, 1=abnormal
	12.1	Back comments	BACKCOM	30	character	if abnormal
	13	Other	PHYSOTHER	1	numeric	0=normal, 1=abnormal
	13.1	Other comments	PEOTHR.COM	30	character	if abnormal
	13.2	Other specify	PEOTHR	30	character	

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC B8-2		WADRC Form B8-2: Brief Neurological Exam	SV_CDI_WADRC_B8_2			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	Tremor	TREMOR	1	numeric	0=absent, 1=present
	1.1	Tremor comments	TREMORCOM	30	character	if present
	2	Level of Consciousness	LVLCNS	1	numeric	0=normal, 1=abnormal
	2.1	Level of Consciousness comments	LVLCNSCOM	30	character	if abnormal
	3	Cranial Nerves	CRANRV	1	numeric	0=normal, 1=abnormal
	3.1	Cranial Nerves comments	CRANRVCOM	30	character	if abnormal
	4	Motor Strength	MOTRSTR	1	numeric	0=normal, 1=abnormal
	4.1	Motor Strength comments	MOTRSTRCOM	30	character	if abnormal
	5	Cerebellar: Finger-to-Nose	FNGTNSE	1	numeric	0=normal, 1=abnormal
	5.1	Cerebellar: Finger-to-Nose comments	FNGTNSECOM	30	character	if abnormal
	6	Cerebellar: Heel-to-Shin	HLTSHN	1	numeric	0=normal, 1=abnormal
	6.1	Cerebellar: Heel-to-Shin comments	HLTSHNCOM	30	character	if abnormal
	7	Sensory	SENSORY	1	numeric	0=normal, 1=abnormal
	7.1	Sensory comments	SENSORYCOM	30	character	if abnormal
	8	Deep Tendon Reflexes	DPTNDRFLX	1	numeric	0=normal, 1=abnormal
	8.1	Deep Tendon Reflexes comments	DPTNDRFLXCOM	30	character	if abnormal
	9	Plantar Reflexes	PLTRFLX	1	numeric	0=normal, 1=abnormal
	9.1	Plantar Reflexes comments	PLTRFLXCOM	30	character	if abnormal
	10	Gait	GAIT	1	numeric	0=normal, 1=abnormal
	10.1	Gait comments	GAITCOM	30	character	if abnormal
	11	Other	NEOTHER	1	numeric	0=normal, 1=abnormal
	11.1	Other comments	NEUROTHRCOM	30	character	if abnormal
	11.2	Other specify	NEUROTHR	30	character	

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC C1-1		WADRC Form C1-1: Supplemental Neuropsychological Exam Summary	SV_CDI_WADRC_C1_1			
	Header	Subject ID	SUBJID	9	character/numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	Logical Memory completed	LGMEMCOMP	1	numeric	0=Not completed, 1=Completed
	1.0	Not completed Reason code	LGMEMREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	1.1.1	Immediate Recall Raw score	IMRCL	2	numeric	0-25
	1.1.2	Immediate Recall Scaled score	IMSCL	2	numeric	0-19
	1.1.3	Immediate Recall Percentile rank	IMEPCT	4	numeric	0-100 percentile; 1 decimal place
	1.2.1	Delayed Recall Raw score	DLYRCL	2	numeric	0-25
	1.2.2	Delayed Recall Scaled score	DLYSCL	2	numeric	0-19
	1.2.3	Delayed Recall Percentile rank	DLYPCT	4	numeric	0-100 percentile; 1 decimal place
	2	WAIS Digit Span completed	DGTSPNCOMP	1	numeric	0=Not completed, 1=Completed
	2.0	Not completed Reason code	DGTSPNREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	2.1	WAIS Digit Span Total Span score	SPNSCR	2	numeric	0-15
	2.2	WAIS Digit Span Est. Total scaled score	IQDSPS	2	numeric	0-19
	2.3	WAIS Digit Span Percentile rank	WAISPCT	4	numeric	0-100 percentile; 1 decimal place
	3	Category Fluency completed	CTFLCOMP	1	numeric	0=Not completed, 1=Completed
	3.0	Not completed Reason code	CTFLREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	3.1	Animals Scaled score	ANSCL	2	numeric	0-19
	3.2	Animals Percentile rank	ANPCT	4	numeric	0-100 percentile; 1 decimal place
	4	Trail Making-Part A completed	TRLACOMP	1	numeric	0=Not completed, 1=Completed
	4.0	Not completed Reason code	TRLAREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	4.1	Trail Making-Part A Scaled score	TRLASS	2	numeric	0-19
	4.2	Trail Making-Part A Percentile rank	TRLAPCT	4	numeric	0-100 percentile; 1 decimal place
	4.3	Trail Making-Part A number of errors	TRLAERR	2	numeric	0-99

Form	Item No	Description	Field Name	length	type	limits/variables
	5	Trail Making-Part B completed	TRLBCOMP	1	numeric	0=Not completed, 1=Completed
	5.0	Not completed Reason code	TRLBREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	5.1	Trail Making-Part B Scaled score	TRLBSS	2	numeric	0-19
	5.2	Trail Making-Part B Percentile rank	TRLBPCT	4	numeric	0-100 percentile; 1 decimal place
	5.3	Trail Making-Part B number of errors	TRLBERR	2	numeric	0-99
	6	WAIS-R Digit Symbol completed	DGTSYCOMP	1	numeric	0=Not completed, 1=Completed
	6.0	Not completed Reason code	DGTSYMREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	6.1	WAIS-R Digit Symbol Scaled score	SGTSCL	2	numeric	0-19
	6.2	WAIS-R Digit Symbol Percentile rank	DGTPCT	4	numeric	0-100 percentile; 1 decimal place
	7	Boston Naming completed	BOSCOMP	1	numeric	0=Not completed, 1=Completed
	7.0	Not completed Reason code	BOSREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	7.1	Boston Naming Est. score	BOSCR	2	numeric	0-60
	7.2	Boston Naming Est. Scaled score	BOSCL	2	numeric	0-19
	7.3	Boston Naming Est. Percentile rank	BOSPCT	4	numeric	0-100 percentile; 1 decimal place
	8	RAVLT completed	REYCOMP	1	numeric	0=Not completed, 1=Completed
	8.0	Not completed Reason code	REYREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	8.1	RAVLT version number	REYVER	1	numeric	1, 2, 3, 4, 5, 6, 7
	8.1.1	Learning Trial A1: raw score	T1RAW	2	numeric	0-15
	8.1.2	Learning Trial A1: scaled score	T1SS	2	numeric	0-19
	8.1.3	Learning Trial A1: percentile rank	T1PT	4	numeric	0-100 percentile; 1 decimal place
	8.2.1	Learning Trial A2: raw score	T2RAW	2	numeric	0-15
	8.2.2	Learning Trial A2: scaled score	T2SS	2	numeric	0-19
	8.2.3	Learning Trial A2: percentile rank	T2PT	4	numeric	0-100 percentile; 1 decimal place
	8.3.1	Learning Trial A3: raw score	T3RAW	2	numeric	0-15
	8.3.2	Learning Trial A3: scaled score	T3SS	2	numeric	0-19
	8.3.3	Learning Trial A3: percentile rank	T3PT	4	numeric	0-100 percentile; 1 decimal place
	8.4.1	Learning Trial A4: raw score	T4RAW	2	numeric	0-15
	8.4.2	Learning Trial A4 scaled score	T4SS	2	numeric	0-19
	8.4.3	Learning Trial A4: percentile rank	T4PT	4	numeric	0-100 percentile; 1 decimal place
	8.5.1	Learning Trial A5: raw score	T5RAW	2	numeric	0-15

Form	Item No	Description	Field Name	length	type	limits/variables
	8.5.2	Learning Trial A5: scaled score	T5SS	2	numeric	0-19
	8.5.3	Learning Trial A5: percentile rank	T5PT	4	numeric	0-100 percentile; 1 decimal place
	8.6.1	Learning Trial Total: raw score	TOTRAW	2	numeric	0-75
	8.6.2	Learning Trial Total: scaled score	TOTSS	2	numeric	0-19
	8.6.3	Learning Trial Total: percentile rank	TOTPT	4	numeric	0-100 percentile; 1 decimal place
	8.7.1	B1: Distractor raw score	LBRAW	2	numeric	0-15
	8.7.2	B1: Distractor scaled score	LBSS	2	numeric	0-19
	8.7.3	B1: Distractor percentile rank	LBPT	4	numeric	0-100 percentile; 1 decimal place
	8.8.1	Delay A6: raw score	T6RAW	2	numeric	0-15
	8.8.2	Delay A6: scaled score	T6SS	2	numeric	0-19
	8.8.3	Delay A6: percentile rank	T6PT	4	numeric	0-100 percentile; 1 decimal place
	8.9.1	Delay A7: raw score	DRRAW	2	numeric	0-15
	8.9.2	Delay A7: scaled score	DRSS	2	numeric	0-19
	8.9.3	Delay A7: percentile rank	DRPT	4	numeric	0-100 percentile; 1 decimal place
	8.10.1	True Positives raw score	RECRAW	2	numeric	0-45
	8.10.2	True Positives scaled score	RECSS	2	numeric	0-19
	8.10.3	True Positives percentile rank	RECPT	4	numeric	0-100 percentile; 1 decimal place
	8.11	True Negative raw score	TRNEG	2	numeric	0-45

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC C1-2		WADRC Form C1-2: Supplemental Neuropsychological Exam RAVLT Recall Order Summary	SV_CDI_WADRC_C1_2			
	Header	Subject ID	SUBJID	9	character/numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	A1.1	Trial 1 recall order 1	A11	2	numeric	1-15; blank if no recall
	A1.2	Trial 1 recall order 2	A12	2	numeric	1-15; blank if no recall
	A1.3	Trial 1 recall order 3	A13	2	numeric	1-15; blank if no recall
	A1.4	Trial 1 recall order 4	A14	2	numeric	1-15; blank if no recall
	A1.5	Trial 1 recall order 5	A15	2	numeric	1-15; blank if no recall
	A1.6	Trial 1 recall order 6	A16	2	numeric	1-15; blank if no recall
	A1.7	Trial 1 recall order 7	A17	2	numeric	1-15; blank if no recall
	A1.8	Trial 1 recall order 8	A18	2	numeric	1-15; blank if no recall
	A1.9	Trial 1 recall order 9	A19	2	numeric	1-15; blank if no recall
	A1.10	Trial 1 recall order 10	A110	2	numeric	1-15; blank if no recall
	A1.11	Trial 1 recall order 11	A111	2	numeric	1-15; blank if no recall
	A1.12	Trial 1 recall order 12	A112	2	numeric	1-15; blank if no recall
	A1.13	Trial 1 recall order 13	A113	2	numeric	1-15; blank if no recall
	A1.14	Trial 1 recall order 14	A114	2	numeric	1-15; blank if no recall
	A1.15	Trial 1 recall order 15	A115	2	numeric	1-15; blank if no recall
	A1.T	Trial 1 total number recalled	A1TOT	2	numeric	0-15
	A2.1	Trial 2 recall order 1	A21	2	numeric	1-15; blank if no recall
	A2.2	Trial 2 recall order 2	A22	2	numeric	1-15; blank if no recall
	A2.3	Trial 2 recall order 3	A23	2	numeric	1-15; blank if no recall
	A2.4	Trial 2 recall order 4	A24	2	numeric	1-15; blank if no recall
	A2.5	Trial 2 recall order 5	A25	2	numeric	1-15; blank if no recall
	A2.6	Trial 2 recall order 6	A26	2	numeric	1-15; blank if no recall
	A2.7	Trial 2 recall order 7	A27	2	numeric	1-15; blank if no recall
	A2.8	Trial 2 recall order 8	A28	2	numeric	1-15; blank if no recall
	A2.9	Trial 2 recall order 9	A29	2	numeric	1-15; blank if no recall
	A2.10	Trial 2 recall order 10	A210	2	numeric	1-15; blank if no recall
	A2.11	Trial 2 recall order 11	A211	2	numeric	1-15; blank if no recall
	A2.12	Trial 2 recall order 12	A212	2	numeric	1-15; blank if no recall
	A2.13	Trial 2 recall order 13	A213	2	numeric	1-15; blank if no recall
	A2.14	Trial 2 recall order 14	A214	2	numeric	1-15; blank if no recall
	A2.15	Trial 2 recall order 15	A215	2	numeric	1-15; blank if no recall
	A2.T	Trial 2 total number recalled	A2TOT	2	numeric	0-15
	A3.1	Trial 3 recall order 1	A31	2	numeric	1-15; blank if no recall

Form	Item No	Description	Field Name	length	type	limits/variables
	A3.2	Trial 3 recall order 2	A32	2	numeric	1-15; blank if no recall
	A3.3	Trial 3 recall order 3	A33	2	numeric	1-15; blank if no recall
	A3.4	Trial 3 recall order 4	A34	2	numeric	1-15; blank if no recall
	A3.5	Trial 3 recall order 5	A35	2	numeric	1-15; blank if no recall
	A3.6	Trial 3 recall order 6	A36	2	numeric	1-15; blank if no recall
	A3.7	Trial 3 recall order 7	A37	2	numeric	1-15; blank if no recall
	A3.8	Trial 3 recall order 8	A38	2	numeric	1-15; blank if no recall
	A3.9	Trial 3 recall order 9	A39	2	numeric	1-15; blank if no recall
	A3.10	Trial 3 recall order 10	A310	2	numeric	1-15; blank if no recall
	A3.11	Trial 3 recall order 11	A311	2	numeric	1-15; blank if no recall
	A3.12	Trial 3 recall order 12	A312	2	numeric	1-15; blank if no recall
	A3.13	Trial 3 recall order 13	A313	2	numeric	1-15; blank if no recall
	A3.14	Trial 3 recall order 14	A314	2	numeric	1-15; blank if no recall
	A3.15	Trial 3 recall order 15	A315	2	numeric	1-15; blank if no recall
	A3.T	Trial 3 total number recalled	A3TOT	2	numeric	0-15
	A4.1	Trial 4 recall order 1	A41	2	numeric	1-15; blank if no recall
	A4.2	Trial 4 recall order 2	A42	2	numeric	1-15; blank if no recall
	A4.3	Trial 4 recall order 3	A43	2	numeric	1-15; blank if no recall
	A4.4	Trial 4 recall order 4	A44	2	numeric	1-15; blank if no recall
	A4.5	Trial 4 recall order 5	A45	2	numeric	1-15; blank if no recall
	A4.6	Trial 4 recall order 6	A46	2	numeric	1-15; blank if no recall
	A4.7	Trial 4 recall order 7	A47	2	numeric	1-15; blank if no recall
	A4.8	Trial 4 recall order 8	A48	2	numeric	1-15; blank if no recall
	A4.9	Trial 4 recall order 9	A49	2	numeric	1-15; blank if no recall
	A4.10	Trial 4 recall order 10	A410	2	numeric	1-15; blank if no recall
	A4.11	Trial 4 recall order 11	A411	2	numeric	1-15; blank if no recall
	A4.12	Trial 4 recall order 12	A412	2	numeric	1-15; blank if no recall
	A4.13	Trial 4 recall order 13	A413	2	numeric	1-15; blank if no recall
	A4.14	Trial 4 recall order 14	A414	2	numeric	1-15; blank if no recall
	A4.15	Trial 4 recall order 15	A415	2	numeric	1-15; blank if no recall
	A4.T	Trial 4 total number recalled	A4TOT	2	numeric	0-15
	A5.1	Trial 5 recall order 1	A51	2	numeric	1-15; blank if no recall
	A5.2	Trial 5 recall order 2	A52	2	numeric	1-15; blank if no recall
	A5.3	Trial 5 recall order 3	A53	2	numeric	1-15; blank if no recall
	A5.4	Trial 5 recall order 4	A54	2	numeric	1-15; blank if no recall
	A5.5	Trial 5 recall order 5	A55	2	numeric	1-15; blank if no recall
	A5.6	Trial 5 recall order 6	A56	2	numeric	1-15; blank if no recall
	A5.7	Trial 5 recall order 7	A57	2	numeric	1-15; blank if no recall
	A5.8	Trial 5 recall order 8	A58	2	numeric	1-15; blank if no recall
	A5.9	Trial 5 recall order 9	A59	2	numeric	1-15; blank if no recall
	A5.10	Trial 5 recall order 10	A510	2	numeric	1-15; blank if no recall
	A5.11	Trial 5 recall order 11	A511	2	numeric	1-15; blank if no recall

Form	Item No	Description	Field Name	length	type	limits/variables
	A5.12	Trial 5 recall order 12	A512	2	numeric	1-15; blank if no recall
	A5.13	Trial 5 recall order 13	A513	2	numeric	1-15; blank if no recall
	A5.14	Trial 5 recall order 14	A514	2	numeric	1-15; blank if no recall
	A5.15	Trial 5 recall order 15	A515	2	numeric	1-15; blank if no recall
	A5.T	Trial 5 total number recalled	A5TOT	2	numeric	0-15
	B1.1	Trial B recall order 1	B11	2	numeric	1-15; blank if no recall
	B1.2	Trial B recall order 2	B12	2	numeric	1-15; blank if no recall
	B1.3	Trial B recall order 3	B13	2	numeric	1-15; blank if no recall
	B1.4	Trial B recall order 4	B14	2	numeric	1-15; blank if no recall
	B1.5	Trial B recall order 5	B15	2	numeric	1-15; blank if no recall
	B1.6	Trial B recall order 6	B16	2	numeric	1-15; blank if no recall
	B1.7	Trial B recall order 7	B17	2	numeric	1-15; blank if no recall
	B1.8	Trial B recall order 8	B18	2	numeric	1-15; blank if no recall
	B1.9	Trial B recall order 9	B19	2	numeric	1-15; blank if no recall
	B1.10	Trial B recall order 10	B110	2	numeric	1-15; blank if no recall
	B1.11	Trial B recall order 11	B111	2	numeric	1-15; blank if no recall
	B1.12	Trial B recall order 12	B112	2	numeric	1-15; blank if no recall
	B1.13	Trial B recall order 13	B113	2	numeric	1-15; blank if no recall
	B1.14	Trial B recall order 14	B114	2	numeric	1-15; blank if no recall
	B1.15	Trial B recall order 15	B115	2	numeric	1-15; blank if no recall
	B1.T	Trial B total number recalled	B1TOT	2	numeric	0-15
	A6.1	Trial 6 recall order 1	A61	2	numeric	1-15; blank if no recall
	A6.2	Trial 6 recall order 2	A62	2	numeric	1-15; blank if no recall
	A6.3	Trial 6 recall order 3	A63	2	numeric	1-15; blank if no recall
	A6.4	Trial 6 recall order 4	A64	2	numeric	1-15; blank if no recall
	A6.5	Trial 6 recall order 5	A65	2	numeric	1-15; blank if no recall
	A6.6	Trial 6 recall order 6	A66	2	numeric	1-15; blank if no recall
	A6.7	Trial 6 recall order 7	A67	2	numeric	1-15; blank if no recall
	A6.8	Trial 6 recall order 8	A68	2	numeric	1-15; blank if no recall
	A6.9	Trial 6 recall order 9	A69	2	numeric	1-15; blank if no recall
	A6.10	Trial 6 recall order 10	A610	2	numeric	1-15; blank if no recall
	A6.11	Trial 6 recall order 11	A611	2	numeric	1-15; blank if no recall
	A6.12	Trial 6 recall order 12	A612	2	numeric	1-15; blank if no recall
	A6.13	Trial 6 recall order 13	A613	2	numeric	1-15; blank if no recall
	A6.14	Trial 6 recall order 14	A614	2	numeric	1-15; blank if no recall
	A6.15	Trial 6 recall order 15	A615	2	numeric	1-15; blank if no recall
	A6.T	Trial 6 total number recalled	A6TOT	2	numeric	0-15
	A7.1	Trial 6 recall order 1	A71	2	numeric	1-15; blank if no recall
	A7.2	Trial 7 recall order 2	A72	2	numeric	1-15; blank if no recall
	A7.3	Trial 7 recall order 3	A73	2	numeric	1-15; blank if no recall
	A7.4	Trial 7 recall order 4	A74	2	numeric	1-15; blank if no recall
	A7.5	Trial 7 recall order 5	A75	2	numeric	1-15; blank if no recall

Form	Item No	Description	Field Name	length	type	limits/variables
	A7.6	Trial 7 recall order 6	A76	2	numeric	1-15; blank if no recall
	A7.7	Trial 7 recall order 7	A77	2	numeric	1-15; blank if no recall
	A7.8	Trial 7 recall order 8	A78	2	numeric	1-15; blank if no recall
	A7.9	Trial 7 recall order 9	A79	2	numeric	1-15; blank if no recall
	A7.10	Trial 7 recall order 10	A710	2	numeric	1-15; blank if no recall
	A7.11	Trial 7 recall order 11	A711	2	numeric	1-15; blank if no recall
	A7.12	Trial 7 recall order 12	A712	2	numeric	1-15; blank if no recall
	A7.13	Trial 7 recall order 13	A713	2	numeric	1-15; blank if no recall
	A7.14	Trial 7 recall order 14	A714	2	numeric	1-15; blank if no recall
	A7.15	Trial 7 recall order 15	A715	2	numeric	1-15; blank if no recall
	A7.T	Trial 7 total number recalled	A7TOT	2	numeric	0-15

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC C2-1		WADRC Form C2-1: IMPACT Supplemental Neuropsychological Battery	SV_CDI_WADRC_C2_1			
	Header	Subject ID	SUBJID	9	character/numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	WAIS-3 Letter-No. Sequencing completed	LNSCOMP	1	numeric	0=Not completed, 1=Completed
	1.0	Not completed Reason code	LNSREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	1.1	WAIS-3 raw score	IQLNSR	2	numeric	0-21
	1.2	WAIS-3 scaled score	IQLNSS	2	numeric	0-19
	1.3	WAIS-3 percentile rank	IQLNPT	4	numeric	0-100 percentile; 1 decimal place
	2	WRAT-3 completed	WRT3COMP	1	numeric	0=Not completed, 1=Completed
	2.0	Not completed Reason code	WRT3REAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	2.1	WRAT-3 raw score	READRAW	2	numeric	0-57
	2.2	WRAT-3 standard score	READSTN	3	numeric	45-155
	2.3	WRAT-3 percentile rank	READPT	4	numeric	0-100 percentile; 1 decimal place
	2.4	WRAT-3 education level	READED	4	character	
	3	WASI completed	WASICOMP	1	numeric	0=Not completed, 1=Completed
	3.0	Not completed Reason code	WASIREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	3.1.1	WASI Matrix raw score	IQMRR	2	numeric	0-35
	3.1.2	WASI Matrix scaled score	IQMRS	2	numeric	20-80
	3.1.3	WASI Matrix percentile rank	IQMPT	4	numeric	0-100 percentile; 1 decimal place
	3.2.1	WASI Vocabulary raw score	IQVOCR	2	numeric	0-80
	3.2.2	WASI Vocabulary scaled score	IQVOCS	2	numeric	20-80
	3.2.3	WASI Vocabulary percentile rank	IQVOPT	4	numeric	0-100 percentile; 1 decimal place
	4	COWAT CFL completed	CFLCOMP	1	numeric	0=Not completed, 1=Completed
	4.0	Not completed Reason code	CFLREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled

Form	Item No	Description	Field Name	length	type	limits/variables
	4.1	C, F, L total raw score	FLUTOT	3	numeric	0-150
	4.1.1	C raw score	FLUC	2	numeric	0-50
	4.1.2	F raw score	FLUF	2	numeric	0-50
	4.1.3	L raw score	FLUL	2	numeric	0-50
	4.2	CFL total scaled score	FLUSS	3	numeric	0-150
	4.3	CFL percentile rank	FLUPER	4	numeric	0-100 percentile; 1 decimal place
	5	Boston Naming completed	BOSNCOMP	1	numeric	0=Not completed, 1=Completed
	5.0	Not completed Reason code	BOSNREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	5.1	Boston Naming raw score	BTNSPON	2	numeric	0-60
	5.2	Boston Naming scaled score	BOSNSCL	2	numeric	0-19
	5.3	Boston Naming percentile rank	BOSNPCT	4	numeric	0-100 percentile; 1 decimal place
	6	Stroop Word/Color-Word completed	STRCOMP	1	numeric	0=Not completed, 1=Completed
	6.0	Not completed Reason code	STRREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	6.1.1	Word raw score	STRRAW	3	numeric	0-300
	6.2.1	Color-word raw score	STROOC	3	numeric	0-300
	6.2.2	Color-word scaled score	STROOCW	2	numeric	0-19
	6.2.3	Color-word percentile rank	STROOCP	4	numeric	0-100 percentile; 1 decimal place
	7	Judgment of Line Orientation completed	JLOCOMP	1	numeric	0=Not completed, 1=Completed
	7.0	Not completed reason code	JLOREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	7.1	Benton raw score	JOLOBENT	2	numeric	0-30
	8	WAIS-III Digit Span completed	IQDSCOMP	1	numeric	0=Not completed, 1=Completed
	8.0	Not completed Reason code	IQDSREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	8.1.1	Forward span length	IQDSLGF	2	numeric	0-30
	8.1.2	Forward raw score	IQDSPF	2	numeric	0-30
	8.2.1	Backward span length	IQDSLGB	2	numeric	0-30
	8.2.2	Backward raw score	IQDSPB	2	numeric	0-30
	8.3.1	Total span length	IQDSLGTOT	2	numeric	0-60
	8.3.2	Total raw score	IQDSPR	2	numeric	0-60
	8.3.3	Total scaled score	IQDSPS	2	numeric	0-19
	8.3.4	Total percentile rank	IQDSPT	4	numeric	0-100 percentile; 1 decimal place

Form	Item No	Description	Field Name	length	type	limits/variables
	9	RAVLT completed	REYCOMP	1	numeric	0=Not completed, 1=Completed
	9.0	Not completed Reason code	REYREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	9.1	RAVLT version number	REYVER	1	numeric	1, 2, 3, 4, 5, 6, 7
	9.1.1	Learning Trial A1: raw score	T1RAW	2	numeric	0-15
	9.1.2	Learning Trial A1: scaled score	T1SS	2	numeric	0-19
	9.1.3	Learning Trial A1: percentile rank	T1PT	4	numeric	0-100 percentile; 1 decimal place
	9.2.1	Learning Trial A2: raw score	T2RAW	2	numeric	0-15
	9.2.2	Learning Trial A2: scaled score	T2SS	2	numeric	0-19
	9.2.3	Learning Trial A2: percentile rank	T2PT	4	numeric	0-100 percentile; 1 decimal place
	9.3.1	Learning Trial A3: raw score	T3RAW	2	numeric	0-15
	9.3.2	Learning Trial A3: scaled score	T3SS	2	numeric	0-19
	9.3.3	Learning Trial A3: percentile rank	T3PT	4	numeric	0-100 percentile; 1 decimal place
	9.4.1	Learning Trial A4: raw score	T4RAW	2	numeric	0-15
	9.4.2	Learning Trial A4 scaled score	T4SS	2	numeric	0-19
	9.4.3	Learning Trial A4: percentile rank	T4PT	4	numeric	0-100 percentile; 1 decimal place
	9.5.1	Learning Trial A5: raw score	T5RAW	2	numeric	0-15
	9.5.2	Learning Trial A5: scaled score	T5SS	2	numeric	0-19
	9.5.3	Learning Trial A5: percentile rank	T5PT	4	numeric	0-100 percentile; 1 decimal place
	9.6.1	Learning Trial Total: raw score	TOTRAW	2	numeric	0-75
	9.6.2	Learning Trial Total: scaled score	TOTSS	2	numeric	0-19
	9.6.3	Learning Trial Total: percentile rank	TOTPT	4	numeric	0-100 percentile; 1 decimal place
	9.7.1	B1: Distractor raw score	LBRAW	2	numeric	0-15
	9.7.2	B1: Distractor scaled score	LBSS	2	numeric	0-19
	9.7.3	B1: Distractor percentile rank	LBPT	4	numeric	0-100 percentile; 1 decimal place
	9.8.1	Delay A6: raw score	T6RAW	2	numeric	0-15
	9.8.2	Delay A6: scaled score	T6SS	2	numeric	0-19
	9.8.3	Delay A6: percentile rank	T6PT	4	numeric	0-100 percentile; 1 decimal place
	9.9.1	Delay A7: raw score	DRRAW	2	numeric	0-15
	9.9.2	Delay A7: scaled score	DRSS	2	numeric	0-19
	9.9.3	Delay A7: percentile rank	DRPT	4	numeric	0-100 percentile; 1 decimal place
	9.10.1	True Positives raw score	RECRAW	2	numeric	0-45
	9.10.2	True Positives scaled score	RECSS	2	numeric	0-19
	9.10.3	True Positives percentile rank	RECPT	4	numeric	0-100 percentile; 1 decimal place
	9.11	True Negative raw score	TRNEG	2	numeric	0-45
	10	Trail Making-Part A completed	TRLACOMP	1	numeric	0=Not completed, 1=Completed
	10.0	Not completed Reason code	TRLAREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled

Form	Item No	Description	Field Name	length	type	limits/variables
	10.1	Trail Making-Part A time to complete	TRLA	3	numeric	0-150
	10.2	Trail Making-Part A number of errors	TRLAERR	2	numeric	0-99
	10.3	Trail Making-Part A scaled score	TRLASS	2	numeric	0-19
	10.4	Trail Making-Part A percentile rank	TRLAPT	4	numeric	0-100 percentile; 1 decimal place
	11	Trail Making-Part B completed	TRLBCOMP	1	numeric	0=Not completed, 1=Completed
	11.0	Not completed Reason code	TRLBREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	11.1	Trail Making-Part B time to complete	TRLB	3	numeric	0-300
	11.2	Trail Making-Part B number of errors	TRLBERR	2	numeric	0-99
	11.3	Trail Making-Part B scaled score	TRLBSS	2	numeric	0-19
	11.4	Trail Making-Part B percentile rank	TRLBPT	4	numeric	0-100 percentile; 1 decimal place

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC C3		WADRC Form C3: Intake Supplemental Neuropsychological Battery	SV_CDI_WADRC_C3			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	Mini-Mental Status Exam completed	WMMSECOMP	1	numeric	0=Not completed, 1=Completed
	1.0	Not completed Reason code	WMMSEREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	1.1	MMSE Time score	WMMSEORDA	1	numeric	0-5
	1.2	MMSE Place score	WMMSEORLD	1	numeric	0-5
	1.3	MMSE Intersecting pentagon score	WPENTAGON	1	numeric	0, 1
	1.4	MMSE D-L-R-O-W total score	WMMSE	2	numeric	0-30
	2	WRAT-3 Reading completed	WRTCOMP	1	numeric	0=Not completed, 1=Completed
	2.0	Not completed Reason code	WRTREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	2.1	WRAT-3 Reading raw score	WRTSCR	2	numeric	0-57
	2.2	WRAT-3 Reading standard score	WRTSTDSCR	3	numeric	45-120
	2.3	WRAT-3 Reading percentile rank	WRTPCT	3	numeric	0-100 percentile
	2.4	WRAT-3 Reading education level	WRTEDLVL	2	numeric	0-12
	2.4.1	WRAT-3 Reading education level > 12	WRTEPL	1		greater than 12 indicator
	3	Clock Drawing completed	CLKCOMP	1	numeric	0=Not completed, 1=Completed
	3.0	Not completed Reason code	CLKREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	3.1	Clock Drawing score	CLKDW	1	numeric	0=Fail, 1=Pass
	4	Verbal Fluency-Animals completed	VFLCOMP	1	numeric	0=Not completed, 1=Completed
	4.0	Not completed Reason code	VFLREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	4.1	Verbal Fluency-Animals raw score	VFLSCR	2	numeric	0-77
	4.2	Verbal Fluency-Animals scaled score	VFLSCLSCR	2	numeric	0-19
	4.3	Verbal Fluency-Animals percentile rank	VFLPCT	3	numeric	0-100 percentile

Form	Item No	Description	Field Name	length	type	limits/variables
	5	Trail Making Part A completed	TLACOMP	1	numeric	0=Not completed, 1=Completed
	5.0	Not completed reason code	TLAREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	5.1	Trail Making Part A Time	TRLATIM	3	numeric	0-150
	5.2	Trail Making Part A errors	TRLAER	2	numeric	0-10
	5.3	Trail Making Part A Correct lines	TRLACRT	2	numeric	0-24
	5.4	Trail Making Part A T-score	TRLAT	2	numeric	20-80
	5.5	Trail Making Part A scaled score	TRLASCL	2	numeric	0-19
	5.6	Trail Making Part A percentile rank	TRLAPCT	3	numeric	0-100 percentile
	6	Trail Making Part B completed	TLBCOMP	1	numeric	0=Not completed, 1=Completed
	6.0	Not completed reason code	TLBREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	6.1	Trail Making Part B Time	TRLBTIM	3	numeric	0-150
	6.2	Trail Making Part B errors	TRLBER	2	numeric	0-10
	6.3	Trail Making Part B Correct lines	TRLBCRT	2	numeric	0-24
	6.4	Trail Making Part B T-score	TRLBT	2	numeric	20-80
	6.5	Trail Making Part B scaled score	TRLBSCL	2	numeric	0-19
	6.6	Trail Making Part B percentile rank	TRLBPCT	3	numeric	0-100 percentile
	7	RBANS completed	RBANSCOMP	1	numeric	0=Not completed, 1=Completed
	7.0	Not completed Reason code	RBANSREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	7.1.1	List Learning total score	IMTS	2	numeric	0-40
	7.1.2	Story memory total score	SMTS	2	numeric	0-24
	7.1.3	Immediate Memory Index score	IMIS	3	numeric	40-160
	7.1.4	Immediate Memory percentile rank	IMPCT	3	numeric	0-100 percentile
	7.2.1	Figure copy total score	VCTS	2	numeric	0-20
	7.2.2	Line orientation total score	LOTS	2	numeric	0-20
	7.2.3	Visuospatial Index score	VCIS	3	numeric	40-160
	7.2.4	Visuospatial percentile rank	VCPCT	3	numeric	0-100 percentile
	7.3.1	Picture Naming total score	LTS	2	numeric	0-10
	7.3.2	Semantic fluency total score	SFTS	2	numeric	0-40
	7.3.3	Language Index score	LIS	3	numeric	40-160
	7.3.4	Language percentile rank	LPCT	3	numeric	0-100 percentile
	7.4.1	Digit span total score	ATS	2	numeric	0-16
	7.4.2	Coding total score	CTS	2	numeric	0-89

Form	Item No	Description	Field Name	length	type	limits/variables
	7.4.3	Attention Index score	AIS	3	numeric	40-160
	7.4.4	Attention percentile rank	APCT	3	numeric	0-100 percentile
	7.5.1	List recall total score	DMTS	2	numeric	0-10
	7.5.2	List recognition total score	LRTS	2	numeric	0-20
	7.5.3	Story recall total score	SRTS	2	numeric	0-12
	7.5.4	Figure recall total score	FRTS	2	numeric	0-20
	7.5.5	List + Story + Figure recall total score	LSFRTS	2	numeric	0-42
	7.5.6	Delayed memory Index score	DMIS	3	numeric	40-160
	7.5.7	Delayed memory percentile rank	DMPCT	3	numeric	0-100 percentile
	7.6.1	Sum of Index scores	TSIS	3	numeric	200-800
	7.6.2	Total percentile rank	TSTS	3	numeric	40-160
	7.6.3	Total scaled score	TSPCT	3	numeric	0-100 percentile
	8	Cognistat (NCSE) completed	NCSECOMP	1	numeric	0=Not completed, 1=Completed
	8.0	Not completed Reason code	NCSEREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	8.1	Orientation score	ORNT	2	numeric	0-12
	8.2	Attention score	ATTN	1	numeric	0-9
	8.3	Language COMP score	COMP	1	numeric	0-6
	8.4	Language REP score	REP	2	numeric	0-12
	8.5	Language NAM score	NAM	1	numeric	0-8
	8.6	CONST score	CONST	1	numeric	0-6
	8.7	MEM score	MEM	2	numeric	0-12
	8.8	CALC score	CALC	1	numeric	0-4
	8.9	Reasoning SIM score	SIM	1	numeric	0-8
	8.10	Reasoning JUD score	RSJUD	1	numeric	0-6
	9	CERAD completed	CERADCOMP	1	numeric	0=Not completed, 1=Completed
	9.0	Not completed Reason code	CERADREAS	2	numeric	95=physical problems, 96=cognitive/behavior problems, 97=other problem, 98=verbal refusal, 99=not scheduled
	9.1	Learning Trial 1: raw score	LT1	2	numeric	0-10
	9.2	Learning Trial 1: percentile rank	LT1PCT	3	numeric	0-100 percentile
	9.3	Learning Trial 2: raw score	LT2	2	numeric	0-10
	9.4	Learning Trial 2: percentile rank	LT2PCT	3	numeric	0-100 percentile
	9.5	Learning Trial 3: raw score	LT3	2	numeric	0-10
	9.6	Learning Trial 3: percentile rank	LT3PCT	3	numeric	0-100 percentile
	9.7	Delayed Recall: raw score	DRCL	2	numeric	0-10
	9.8	Delayed Recall: percentile rank	DRPCT	3	numeric	0-100 percentile

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC D1		WADRC Form D1: Supplemental Clinical Core Status	SV_CDI_WADRC_D1			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1.1	AD/MCI/Older Adult control cohort	ADOLDR	1	numeric	0=No, 1=Yes
	1.2	If Yes, what diagnosis?	ADOLDRDX	1	numeric	1=Cognitively health older adult control, 2=AD, 3=MCI, 4=other cognitive impairment, 9=Unknown
	1.2.1	If other cognitive impairment, specify	ADOLDRDXOTR	30	character	
	1.3	IMPACT cohort	IMPACT	1	numeric	0=No, 1=Yes
	1.4	If Yes, which group?	IMPACTDX	1	numeric	1=negative parental history, 2=positive parental history, 9=Unknown
	2	Imaging completed	MRICMPLTD	1	numeric	0=No, 1=Yes, 8=Not eligible
	2.1	If not eligible, reason	MRINOTELG	1	numeric	1=pacemaker, 2=claustrophobia, 3=metal in body, 4=other
	2.1.1	If other, specify	MRINOTELGOTR	30	character	
	2.2	If not completed, Approached?	MRIAPPR	1	numeric	0=No, 1=Yes
	2.2.1	If Yes, response	MRIAPPRREAS	1	numeric	1=undecided/follow-up in future, 2=refused/not interested; do not follow-up, 3=other
	2.2.1.1	If other, specify	MRIAPPROTR	30	character	
	2.3	Follow-up needed	MRIFU	1	numeric	0=No, 1=Yes
	3	Biospecimen completed	LPCMPLTD	1	numeric	0=No, 1=Yes, 8=Not eligible
	3.1	If not eligible, reason	LPNOTELG	1	numeric	1=spinal/vertebrae condition, 2=medication, 3=other
	3.1.1	If other, specify	LPNOTELGOTR	30	character	
	3.2	If not completed, Approached?	LPAPPR	1	numeric	0=No, 1=Yes
	3.2.1	If Yes, response	LPAPPRREAS	1	numeric	1=undecided/follow-up in future, 2=refused/not interested; do not follow-up, 3=other
	3.2.1.1	If other, specify	LPAPPROTR	30	character	
	3.3	Follow-up needed	LPFU	1	numeric	0=No, 1=Yes

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC E1		WADRC Form E1: Supplemental Imaging / Lab Data	SV_CDI_WADRC_E1			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1.1	Image (1) type	IMG1	1	numeric	1=CT, 2-MRI
	1.2	Date of image (1)	IMG1DT	6	numeric	mmddyyyy
	1.3	Facility (1)	IMG1FAC	1	numeric	1=UWHC, 2=MCW, 3=other
	1.4	If other facility, specify	IMG1FACOTR	15	character	
	1.5	Imaging report (1)	IMG1RPT	1	numeric	0=normal, 1=abnormal
	1.6	Imaging report (1) remarks	IMG1RMRK	30	character	
	1.7	Image (2) type	IMG2	1	numeric	1=CT, 2-MRI
	1.8	Date of image (2)	IMG2DT	6	numeric	mmddyyyy
	1.9	Facility (2)	IMG2FAC	1	numeric	1=UWHC, 2=MCW, 3=other
	1.10	If other facility, specify	IMG2FACOTR	15	character	
	1.11	Imaging report (2)	IMG2RPT	1	numeric	0=normal, 1=abnormal
	1.12	Imaging report (2) remarks	IMG2RMRK	30	character	
	2	Was subject fasting prior to lab test?	LABFST	1	numeric	0=No, 1=Yes, 9=Unknown
	2.1	If yes, how many hours?	FSTHRS	1	numeric	1=<8, 2=8-12, 3=>12, 9=Unkown
	2.2	Basic Metabolic Profile (BMP)	BMP1	1	numeric	0=No, 1=Yes
	2.2.1	Date of BMP	BMP1DT	6	numeric	mmddyyyy
	2.2.2	Facility	BMP1FAC	1	numeric	1=UWHC, 2=CUPH, 3=MCW
	2.2.3	Sodium	BMP1NA	3	numeric	mmol/L
	2.2.4	Potassium	BMP1K	2	numeric	mmol/L
	2.2.5	Chloride	BMP1CL	3	numeric	mmol/L
	2.2.6	CO2	BMP1CO2	2	numeric	mmol/L
	2.2.7	BUN	BMP1BUN	2	numeric	mg/dL
	2.2.8	Creatinine	BMP1CR	2	numeric	mg/dL
	2.2.9	Glucose	BMP1GL	3	numeric	mg/dL
	2.2.10	Calcium	BMP1CA	3	numeric	mg/dL
	2.3	Complete Blood Count (CBC)	CBC1	1	numeric	0=No, 1=Yes
	2.3.1	Date of CBC	CBC1DT	6	numeric	mmddyyyy
	2.3.2	Facility	CBC1FAC	1	numeric	1=UWHC, 2=CUPH, 3=MCW
	2.3.3	White blood cells (WBC)	CBC1WBC	3	numeric	K/uL
	2.3.4	Hemoglobin (Hgb)	CBC1HGB	3	numeric	gm/dL
	2.3.5	Hematocrit (HCT)	CBC1HCT	3	numeric	%
	2.3.6	MCV	CBC1MCV	3	numeric	fL
	2.3.7	RDW	CBC1RDW	2	numeric	%
	2.3.8	Platelets	CBC1PLT	3	numeric	K/uL

Form	Item No	Description	Field Name	length	type	limits/variables
	2.4	Lipid Profile	LPD1	1	numeric	0=No, 1=Yes
	2.4.1	Date of lipid profile	LPD1DT	6	numeric	mmddyyyy
	2.4.2	Facility	LPD1FAC	1	numeric	1=UWHC, 2=CUPH, 3=MCW
	2.4.3	Total cholesterol	LPD1TOT	3	numeric	mg/dL
	2.4.4	Triglycerides	LPD1TRGL	3	numeric	mg/dL
	2.4.5	HDL cholesterol	LPD1HDL	3	numeric	mg/dL
	2.4.6	LDL cholesterol	LPD1LDL	3	numeric	mg/dL
	2.5	High-sensitivity c-reactive protein	CRP1	1	numeric	0=No, 1=Yes
	2.5.1	hs-CRP date	CRP1DT	6	numeric	mmddyyyy
	2.5.2	Facility	CRP1FAC	1	numeric	1=UWHC, 2=CUPH, 3=MCW
	2.5.3	hs-CRP date	HSCR1	3	numeric	mg/dL
	2.5.4	hs-CRP other	HSCR2	15	character	
	2.6	Other lab test (1)	OURLAB1	1	numeric	0=No, 1=Yes
	2.6.0	Other lab test (1) specify	OURLAB1TXT	30	character	
	2.6.1	Other lab test (1) date	OURLAB1DT	6	numeric	mmddyyyy
	2.6.2	Other lab test (1) report	OURLAB1RPT	1	numeric	0=normal, 1=abnormal
	2.7	Other lab test(2)	OURLAB2	1	numeric	0=No, 1=Yes
	2.7.0	Other lab test(2) specify	OURLAB2TXT	30	character	
	2.7.1	Other lab test(2) date	OURLAB2DT	6	numeric	mmddyyyy
	2.7.2	Other lab test(2) report	OURLAB2RPT	1	numeric	0=normal, 1=abnormal
	3.1	Waist circumference (cm)	WSTCIR	4	numeric	0-999.9
	3.2	Hip circumference (cm)	HIPCIR	4	numeric	0-999.9
	4	Lab data remarks	LAB1RMRKS	30	character	

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC E2		WADRC Form E2: Intake Imaging / Lab Data	SV_CDI_WADRC_E2			
	Header	Subject ID	SUBJID	9	character/numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1.1	Image (1) type	IMG1	1	numeric	1=CT, 2-MRI
	1.2	Date of image (1)	IMG1DT	6	numeric	mmddyyyy
	1.3	Facility (1)	IMG1FAC	1	numeric	1=UWHC, 2=MCW, 3=other
	1.4	If other facility, specify	IMG1FACOTR	15	character	
	1.5	Imaging report (1)	IMG1RPT	1	numeric	0=normal, 1=abnormal no clinical significance, 3=abnormal some clinical concerns
	1.6	Imaging report (1) remarks	IMG1RMRK	30	character	
	1.7	Image (2) type	IMG2	1	numeric	1=CT, 2-MRI
	1.8	Date of image (2)	IMG2DT	6	numeric	mmddyyyy
	1.9	Facility (2)	IMG2FAC	1	numeric	1=UWHC, 2=MCW, 3=other
	1.1	If other facility, specify	IMG2FACOTR	15	character	
	1.11	Imaging report (2)	IMG2RPT	1	numeric	0=normal, 1=abnormal no clinical significance, 3=abnormal some clinical concerns
	1.12	Imaging report (2) remarks	IMG2RMRK	30	character	
	2.1	Basic Metabolic Profile (BMP)	BMP2	1	numeric	0=No, 1=Yes
	2.1.1	Date of BMP	BMP2DT	6	numeric	mmddyyyy
	2.1.2	Facility	BMP2FAC	1	numeric	1=UWHC, 2=CUPH, 3=MCW
	2.1.3	Glucose	BMP2GL	3	numeric	mg/dL
	2.1.4	Calcium	BMP2CA	3	numeric	mg/dL
	2.1.5	Electrolytes	BMP2ELYT	3	numeric	mEq/L
	2.1.6	BUN	BMP2BUN	3	numeric	Mg/dL
	2.1.7	Creatinine	BMP2PCR	3	numeric	mg/dL
	2.2	Complete Blood Count (CBC)	CBC2	1	numeric	0=No, 1=Yes
	2.2.1	Date of CBC	CBC2DT	6	numeric	mmddyyyy
	2.2.2	Facility	CBC2FAC	1	numeric	1=UWHC, 2=CUPH, 3=MCW
	2.2.3	WBC	CBC2WBC	3	numeric	K/uL
	2.2.4	RBC	CBC2RBC	3	numeric	K/uL
	2.2.5	Hgb	CBC2HGB	3	numeric	gm/dL
	2.2.6	HCT	CBC2HCT	3	numeric	%
	2.2.7	MCV	CBC2MCV	3	numeric	fL
	2.2.8	MCH	CBC2MCH	3	numeric	pg/cell
	2.2.9	MCHC	CBC2MCHC	3	numeric	g/dL

Form	Item No	Description	Field Name	length	type	limits/variables
	2.2.10	RDW	CBC2RDW	3	numeric	%
	2.2.11	PLT	CBC2PLT	3	numeric	K/uL
	2.2.12	MPV	CBC2MPV	3	numeric	fL
	2.3	Thyroid Stimulating Hormone (TSH)	TSH	1	numeric	0=No, 1=Yes
	2.3.1	Date of TSH	TSHDT	6	numeric	mmddyyyy
	2.3.2	Facility	TSHFAC	1	numeric	1=UWHC, 2=CUPH, 3=MCW
	2.3.3	TSH	TSHVAL	3	numeric	μIU/mL
	2.4	Vitamin B12	VITB12	1	numeric	0=No, 1=Yes
	2.4.1	Date of Vitamin B12 test	VITB12DT	6	numeric	mmddyyyy
	2.4.2	Facility	VITB12FAC	1	numeric	1=UWHC, 2=CUPH, 3=MCW
	2.4.3	B-12	B12	3	numeric	ng/L
	2.5	Other lab (1)	OTRLAB1	1	numeric	0=No, 1=Yes
	2.5.0	Specify other lab (1)	OTRLAB1TXT	30	character	
	2.5.1	Date of other lab (1)	OTRLAB1DT	6	numeric	mmddyyyy
	2.5.2	Lab (1) value	OTRLAB1VAL	3	numeric	
	2.6	Other lab (2)	OTRLAB2	1	numeric	0=No, 1=Yes
	2.6.0	Specify other lab (2)	OTRLAB2TXT	30	character	
	2.6.1	Date of other lab (2)	OTRLAB2DT	6	numeric	mmddyyyy
	2.6.2	Lab (2) value	OTRLAB2VAL	3	numeric	
	3	Lab data remarks	LABRMRKS	30	character	

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC E3		WADRC Form E3: Biomarker Visit-MRI	SV_CDI_WADRC_E3			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	MRI procedure date	MRIDT	6	numeric	mmddyyyy
	2	Pre-procedure fasting	MRIFAST	1	numeric	0=No, 1=Yes, 9=unknown
	2.1	If fasting, how long?	MRIFASTTIM	4	numeric	1=<4 hours, 2=4-8 hours, 3=>8 hours, 9=unknown
	3	RMR number	RMRNO	12	character/ numeric	
	4	Exam number	EXMNO	8	numeric	
	5	MRI Facility	MRIFAC	1	numeric	1=WIMR, 2=UWHC, 3=Waisman, 4=MCW, 5=HERI
	6	MRI report	MRIRPT	1	numeric	0=normal, 1=abnormal, no follow- up required, 2=abnormal, follow- up recommended
	7	MRI procedure remarks	MRIRMRKS	30	character	
	8	MRI technician name	MRITECH	30	character	

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC E4		WADRC Form E4: Biomarker Visit - LP	SV_CDI_WADRC_E4			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	LP procedure date	LPDT	6	numeric	mmddyyyy
	2.1	Blood pressure-systolic	BPSYS	3	numeric	999=unknown
	2.2	Blood pressure-diastolic	BPDIAS	3	numeric	999=unknown
	2.3	Resting heart rate	PULSE	3	numeric	999=unknown
	3	Pre-procedure fasting	LPFAST	1	numeric	0=No, 1=Yes, 9=unknown
	3.1	If fasting, how long?	LPFASTTIM	4	numeric	1=<8 hours, 2=8-12 hours, 3=>12 hours, 9=unknown
	4.1	Amount of CSF collected	LPAMT	3	numeric	0-22 ml
	4.2	Gauge of needle	NDLGA	2	numeric	22-25
	4.3	Length of needle	NDLLNGTH	3	numeric	3.0-10.0
	4.4	Position: sitting	LPSIT	1	numeric	0=No, 1=Yes
	4.5	Position: decubitus	LPDECUB	1	numeric	0=No, 1=Yes
	5.1	Significant post-LP headache	HDACHE	1	numeric	0=No, 1=Yes
	5.1.1	If Yes, date resolved	HDACHERSLV	6	numeric	mmddyyyy
	5.2	Significant post-LP low back pain	LWBKPAIN.	1	numeric	0=No, 1=Yes
	5.2.1	If Yes, date resolved	LWBKPAINRSLV	6	numeric	mmddyyyy
	5.3	LP procedure remarks	LPRMRKS	30	character	
	6.1	Nucleated cells	NCELCNT	2	numeric	uL
	6.1.1	Nucleated cells other	NCELOTR	15	character	
	6.2	Red cells	RCELCNT	2	numeric	uL
	6.2.1	Red cells other	RCELOTR	15	character	
	6.3	Cell count remarks	CELCNTRMRK	30	character	
	7	Practitioner name	LPMD	30	character	

Form	Item No	Description	Field Name	length	type	limits/variables
NACC IVA4-1		NACC Initial Visit Form IVA4-1: Subject Medications	SV_CDI_NACC_IVA4_1			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	Subject medications	ANYMEDS	1	numeric	0=No, 1=Yes
	2.1	NACC drug ID	DRUGID	6	character/ numeric	a n n n n n
	2.2	Total daily dosage	Total Daily Dose	5	numeric	99999=unknown
	2.3	Dose units	Dose Units	2	numeric	1=g,2=mg,3=µg,4=L 5=mL,6=IU, 7=U,8=tab,9=cap,10=other
	2.4	Schedule/frequency	Schedule/Frequency	2	numeric	1=QD, 2=BID, 3=TID, 4=QID, 5=QM, 6=QOM, 7=QH, 8=AC, 9=PC, 10=HS, 11=PRN, 12=QOD
	2.5	Indication	Indication	30	character	
	2.6	Start date	Start date	8	numeric	mmddyyyy
	2.7	End date	End date	8	numeric	mmddyyyy
NACC IVA4-2		NACC Initial Visit Form IVA4-2: Supplemental Subject Medications	SV_CDI_NACC_IVA4_2			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1.0.	Medication/Non--drug therapy name	RXNAME	30	character	
	2.0.	Subject medication	ANYMEDS	1	numeric	0=No, 1=Yes
	2.1	NACC drug ID	DRUGID	6	character/ numeric	a n n n n n
	2.2	Total daily dosage	Total Daily Dose	5	numeric	99999=unknown
	2.3	Dose units	Dose Units	2	numeric	1=g,2=mg,3=µg,4=L,5=mL,6=IU, 7=U,8=tab,9=cap,10=other
	2.4	Schedule/frequency	Schedule/Frequency	2	numeric	1=QD, 2=BID, 3=TID, 4=QID, 5=QM, 6=QOM, 7=QH, 8=AC, 9=PC, 10=HS, 11=PRN, 12=QOD
	2.5	Indication	Indication	30	character	
	2.6	Start date	Start date	8	numeric	mmddyyyy
	2.7	End date	End date	8	numeric	mmddyyyy

Form	Item No	Description	Field Name	length	type	limits/variables
NACC FVA4-1		NACC Follow-Up Visit Form FVA4-1: Subject Medications	SV_CDI_NACC_FVA4_1			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	Subject medications	ANYMEDS	1	numeric	0=No, 1=Yes
	2.1	NACC drug ID	DRUGID	6	character/ numeric	a n n n n n
	2.2	Total daily dosage	Total Daily Dose	5	numeric	99999=unknown
	2.3	Dose units	Dose Units	2	numeric	1=g,2=mg,3=µg,4=L,5=mL 6=IU, 7=U,8=tab,9=cap,10=other
	2.4	Schedule/frequency	Schedule/Frequency	2	numeric	1=QD, 2=BID, 3=TID, 4=QID, 5=QM, 6=QOM, 7=QH, 8=AC, 9=PC, 10=HS, 11=PRN, 12=QOD
	2.5	Indication	Indication	30	character	
	2.6	Start date	Start date	8	numeric	mmddyyyy
	2.7	End date	End date	8	numeric	mmddyyyy
NACC FVA4-2		NACC Follow-Up Visit Form FVA4-2: Supplemental Subject Medications	SV_CDI_NACC_FVA4_2			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1.0.	Medication/Non--drug therapy name	RXNAME	30	character	
	2.0.	Subject medication	ANYMEDS	1	numeric	0=No, 1=Yes
	2.1	NACC drug ID	DRUGID	6	character/ numeric	a n n n n n
	2.2	Total daily dosage	Total Daily Dose	5	numeric	99999=unknown
	2.3	Dose units	Dose Units	2	numeric	1=g,2=mg,3=µg,4=L,5=mL,6=IU, 7=U,8=tab,9=cap,10=other
	2.4	Schedule/frequency	Schedule/Frequency	2	numeric	1=QD, 2=BID, 3=TID, 4=QID, 5=QM, 6=QOM, 7=QH, 8=AC, 9=PC, 10=HS, 11=PRN, 12=QOD
	2.5	Indication	Indication	30	character	
	2.6	Start date	Start date	8	numeric	mmddyyyy
	2.7	End date	End date	8	numeric	mmddyyyy

Form	Item No	Description	Field Name	length	type	limits/variables
NACC TFA4-1		NACC Telephone Follow-Up Form TFA4-1: Subject Medications	SV_CDI_NACC_TFA4_1			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1	Subject medications	ANYMEDS	1	numeric	0=No, 1=Yes
	2.1	NACC drug ID	DRUGID	6	character/ numeric	a n n n n n
	2.2	Total daily dosage	Total Daily Dose	5	numeric	99999=unknown
	2.3	Dose units	Dose Units	2	numeric	1=g,2=mg,3=µg,4=L,5=mL,6=IU, 7=U,8=tab,9=cap,10=other
	2.4	Schedule/frequency	Schedule/Frequency	2	numeric	1=QD, 2=BID, 3=TID, 4=QID, 5=QM, 6=QOM, 7=QH, 8=AC, 9=PC, 10=HS, 11=PRN, 12=QOD
	2.5	Indication	Indication	30	character	
	2.6	Start date	Start date	8	numeric	mmddyyyy
	2.7	End date	End date	8	numeric	mmddyyyy
NACC TFA4-2		NACC Telephone Follow-Up Form TFA4-2: Supplemental Subject Medications	SV_CDI_NACC_TFA4_2			
	Header	Subject ID	SUBJID	9	character/ numeric	adrcnnnnnn
	Header	Form Date	FORMDATE	8	numeric	mmddyyyy
	Header	ADRC Visit #	ADRCVISITNUMB	3	numeric	1-999
	Header	Examiner Initials	EXAMINERINITIALS	3	character	
	1.0.	Medication/Non--drug therapy name	RXNAME	30	character	
	2.0.	Subject medication	ANYMEDS	1	numeric	0=No, 1=Yes
	2.1	NACC drug ID	DRUGID	6	character/ numeric	a n n n n n
	2.2	Total daily dosage	Total Daily Dose	5	numeric	99999=unknown
	2.3	Dose units	Dose Units	2	numeric	1=g,2=mg,3=µg,4=L,5=mL, 6=IU, 7=U,8=tab,9=cap,10=other
	2.4	Schedule/frequency	Schedule/Frequency	2	numeric	1=QD, 2=BID, 3=TID, 4=QID, 5=QM, 6=QOM, 7=QH, 8=AC, 9=PC, 10=HS, 11=PRN, 12=QOD
	2.5	Indication	Indication	30	character	
	2.6	Start date	Start date	8	numeric	mmddyyyy
	2.7	End date	End date	8	numeric	mmddyyyy

Form	Item No	Description	Field Name	length	type	limits/variables
WADRC Scr		WADRC Screening form	SV_CDI_WADRC_SCR			
		Date screened	SCRDAT	8	numeric	mmddyyyy
	1	Participant diagnosed with memory problem?	SCRDDX	1	numeric	0=No, 1=Yes, 9=unknown
	1.1	If Yes, what diagnosis	SCRDXTXT	30	character	
	2	Participant seen by specialist or had memory evaluation?	MEMCLIN	1	numeric	0=No, 1=Yes, 9=unknown
	2.1	If Yes, where?	MEMCLINLOC	30	character	
	3	Currently treated for memory disorder?	MEMTX	1	numeric	0=No, 1=Yes, 9=unknown
	3.1	If Yes, what medication?	MEMMED	30	character	
	3.1A	Medication dosage	MEMMEDDOS	30	character	
	3.1B	Medication start date	MEMMEDDAT	8	numeric	mmddyyyy
	4	If not diagnosed, is participant concerned about memory?	MEMCON	1	numeric	0=No, 1=Yes, 9=unknown
	4.1	If Yes, have they talked with PCP?	PCPTALK	1	numeric	0=No, 1=Yes, 9=unknown
	5	Do they have a parental history of memory disorder, dementia, AD?	PRTHIST	1	numeric	0=No, 1=Yes, 9=unknown
	5.1	If Yes, which parent?	PRTHISTWHO	30	character	
	5.2	Parent's diagnosis	PRTDX	30	character	
	6	Do they have a family history of memory disorder, dementia, AD?	FAMHIST	1	numeric	0=No, 1=Yes, 9=unknown
	6.1	If Yes, what family members?	FAMHISTWHO	30	character	
	6.2	Family member's diagnosis	FAMDX	30	character	
	7	Is the participant over 45 years old?	OVER45	1	numeric	0=No, 1=Yes, 9=unknown
	8	Are they able to fast for 12 hours?	FAST12	1	numeric	0=No, 1=Yes, 9=unknown
	9	Are they enrolled in WRAP?	WRAP	1	numeric	0=No, 1=Yes, 9=unknown
	10	History of stroke	SCRSTROKE	1	numeric	0=No, 1=Yes, 9=unknown
	11	History of TIAs	SCRRTIA	1	numeric	0=No, 1=Yes, 9=unknown
	12	Seizure disorder requiring medication	SCRSEIZ	1	numeric	0=No, 1=Yes, 9=unknown
	13	History of brain surgery	BRAINSRG	1	numeric	0=No, 1=Yes, 9=unknown
	14	Major neuro disorders (MS, ALS, etc.)	OTRNEURO	1	numeric	0=No, 1=Yes, 9=unknown
	15	Schizophrenia, bipolar, other psychosis	PSYCHOTIC	1	numeric	0=No, 1=Yes, 9=unknown
	16	Current/recent psychiatric condition	CURPSYCH	1	numeric	0=No, 1=Yes, 9=unknown
	17	Severe untreated obstructive sleep apnea	OBSAPNEA	1	numeric	0=No, 1=Yes, 9=unknown
	18	History of kidney problems/injuries requiring hemodialysis	KIDNEYPRB	1	numeric	0=No, 1=Yes, 9=unknown
	19	Lumbar spine surgery	SPINESRG	1	numeric	0=No, 1=Yes, 9=unknown
	20	History of bleeding disorder	BLEDDIS	1	numeric	0=No, 1=Yes, 9=unknown
	21	Congestive heart failure	SCRCHF	1	numeric	0=No, 1=Yes, 9=unknown
	22	If FEMALE, currently or planning pregnancy	SCRPREG	1	numeric	0=No, 1=Yes, 9=unknown

Form	Item No	Description	Field Name	length	type	limits/variables
	23	>3 serving of alcohol/day or illicit drug use	DRINK	1	numeric	0=No, 1=Yes, 9=unknown
	24	Using coumadin/warfarin	ANTICOAG	1	numeric	0=No, 1=Yes, 9=unknown
	25	Had MRI w/complications / can't have MRI	NOMRI	1	numeric	0=No, 1=Yes, 9=unknown
	26	MRI showing stroke or aneurysm	MRIBLED	1	numeric	0=No, 1=Yes, 9=unknown
	27	Medical attention for metal in eyes	EYEMETAL	1	numeric	0=No, 1=Yes, 9=unknown
	28	Metal removed from eyes	METALREM	1	numeric	0=No, 1=Yes, 9=unknown
	29	Struck by gunshot, BB or shrapnel	SHRAPNEL	1	numeric	0=No, 1=Yes, 9=unknown
	30	Worked as metal grinder/metal hobby	GRIND	1	numeric	0=No, 1=Yes, 9=unknown
	31	Any devices implanted	IMPLANT	1	numeric	0=No, 1=Yes, 9=unknown
	32	Able to lie still for 45 minutes	LIE45	1	numeric	0=No, 1=Yes, 9=unknown
	33	Piercings or metal implants	PIERCE	1	numeric	0=No, 1=Yes, 9=unknown
	34.1	If Yes, removable?	PIERCEREM	1	numeric	0=No, 1=Yes, 9=unknown
	35	Participant weight	WT300	3	numeric	0-999
	36	Wear dentures	DENTURE	1	numeric	0=No, 1=Yes, 9=unknown
	37	Currently taking many medications?	CURMED	1	numeric	0=No, 1=Yes, 9=unknown
	37.1	If Yes, able to not take medications for 12 hrs prior to procedures?	MED12	1	numeric	0=No, 1=Yes, 9=unknown
	38	Permanent makeup/tattoos upper body	TATTOO	1	numeric	0=No, 1=Yes, 9=unknown
	39	Skin patch that can't be removed	PATCH	1	numeric	0=No, 1=Yes, 9=unknown
	40	Other medical problems	MEDPRB	1	numeric	0=No, 1=Yes, 9=unknown
	40.1	If Yes, describe	OTRMEDPRB	30	character	
	41	Currently participating in other medical research	OTRRES	1	numeric	0=No, 1=Yes, 9=unknown
	41.1	If Yes, does it involve medication?	OTRRESMED	1	numeric	0=No, 1=Yes, 9=unknown
	1a	Current medication (1)	MED1	30	character	
	1b	Current medication (1) dosage	DOS1	30	character	
	1c	Current medication (1) indication	INDIC1	30	character	
	2a	Current medication (2)	MED2	30	character	
	2b	Current medication (2) dosage	DOS2	30	character	
	2c	Current medication (2) indication	INDIC2	30	character	
	3a	Current medication (3)	MED3	30	character	
	3b	Current medication (3) dosage	DOS3	30	character	
	3c	Current medication (3) indication	INDIC3	30	character	
	4a	Current medication (4)	MED4	30	character	
	4b	Current medication (4) dosage	DOS4	30	character	
	4c	Current medication (4) indication	INDIC4	30	character	
	5a	Current medication (5)	MED5	30	character	
	5b	Current medication (5) dosage	DOS5	30	character	
	5c	Current medication (5) indication	INDIC5	30	character	
	6a	Current medication (6)	MED6	30	character	
	6b	Current medication (6) dosage	DOS6	30	character	
	6c	Current medication (6) indication	INDIC6	30	character	

Form	Item No	Description	Field Name	length	type	limits/variables
	7a	Current medication (7)	MED7	30	character	
	7b	Current medication (7) dosage	DOS7	30	character	
	7c	Current medication (7) indication	INDIC7	30	character	
	8a	Current medication (8)	MED8	30	character	
	8b	Current medication (8) dosage	DOS8	30	character	
	8c	Current medication (8) indication	INDIC8	30	character	
		Obtain verbal consent	CONSENT	1	numeric	1=telephone, 2= in-person
		Subject eligible for this study	ELIG	1	numeric	0=No, 1=Yes, 9=unknown
		Wishes to be considered for this study	INTEREST	1	numeric	0=No, 1=Yes, 9=unknown
		Primary contact name	SCRNAM	40	character	
		Primary contact relationship to participant	RELAT	1	numeric	1=self,2=spouse/partner,3=adult son,4=adult daughter, 5=brother,6=sister,7=friend, 8=other,9=unknown,10=refused
		If other, specify	OTRRELAT	30	character	
		Street address	STREET	30	character	
		City	CITY	30	character	
		State	STATE	2	character	
		Zip code	ZIP	5	numeric	00000-99999
		Telephone number	PHONE	30	character	
		email address	EMAIL	30	character	
		Participant name (if not primary contact)	SUBJNAM	30	character	
		Participant date of birth	DOB	8	numeric	mmddyyyy
		UW MRN or last 4 digits of SSN	MRN	10	numeric	0000-9999999999
		Participant living situation	LIVSIT	1	numeric	1=lives alone, 2=spouse/partner, 3=relative/friend, 4=other
		If other, specify	OTRLIVSIT	30	character	
		Where Participant living	LIVFAC	1	numeric	1=single family home, 2=retirement community, 3=assisted living/adult family home, 4=SNF/nursing home, 5=other
		If other, specify	OTRLIVFAC	30	character	
		Study partner (1)	STPART1	1	numeric	1=spouse/partner, 2=adult daughter, 3=adult son, 4=sister, 5=brother, 6=friend, 7=other relative, 8=other
		Study partner (2)	STPART2	1	numeric	1=spouse/partner,2=adult daughter,3=adult son,4=sister, 5=brother,6=friend,7=other relative,8=other

Form	Item No	Description	Field Name	length	type	limits/variables
		Study partner (3)	STPART3	1	numeric	1=spouse/partner,2=adult daughter,3=adult son,4=sister,5=brother,6=friend,7=other relative,8=other
		Study partner (4)	STPART4	1	numeric	1=spouse/partner,2=adult daughter,3=adult son,4=sister,5=brother,6=friend,7=other relative,8=other
		If other, specify	OTRSTPART	30	character	
		Primary Care Practitioner name	PCPNAME	30	character	
		Primary Care Practitioner telephone	PCPNUM	30	character	