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