



Oregon Health & Science University  
Oregon Clinical and Translational Research Institute

## OCTRI 5793 Internet-based Conversational Engagement Clinical Trial (I-CONNECT) \*\*MAIN\*\* CURRENT\_01.28.19

PID 3560

Codebook ▾

### Data Dictionary Codebook

08/23/2021 7:26pm

[^ Collapse all instruments](#)

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)						
Instrument: <b>Study ID</b> (study_id) <div>^ Collapse</div>									
1	ts_sub_id	Subject ID	text, Required						
2	study_id_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: <b>AE Logging Form</b> (ae_logging_form) <div>^ Collapse</div>									
3	ae_med  Show the field ONLY if: [ae_hx] = "2"	Section Header: <i>Adverse Event: [ae_term]</i>  This AE has been reviewed and has been determined to be Medical History. No updates are needed.  If this situation changes to meet the definition of an SAE, please create a new AE report in REDCap.	descriptive						
4	ae_log	Study Staff Initials of first report <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3						
5	ae_dat	Date form was last updated	text (date_mdy, Min: 2017-01-01, Max: 2027-01-01), Required Custom alignment: LV						
6	ae_dum	Please complete this form by the end of the day for each participant chat, call, or visit where you learn of:  - A Serious Adverse Event (SAE): life threatening events, hospitalizations, or deaths - Physical health symptoms caused by our study  Please edit the original report form if you need to update an ongoing event.  After completing the form, please remember to send an email to I-CONNECTReportable@ohsu.edu. (See red box at bottom of form.)	descriptive						
7	ae_h	Adverse Event Report	descriptive						
8	ae_term	AE Term <i>Short title for AE, e.g. "Upper Respiratory Infection" or "Arthritis"</i>	text						
9	ae_ev	Describe the event.	notes, Required, Identifier Custom alignment: LV						
10	ae_sr	When did it start?	text, Required, Identifier Custom alignment: LV						
11	ae_tn	Date Adverse Event was Initially Discovered	text (date_mdy), Required Custom alignment: LV						

12	ae_ex	How bad was it? How was the participant affected? Did the event impact their daily activities?	notes, Required, Identifier Custom alignment: LV										
13	ae_tr	Did they do anything to treat the Adverse Event, like taking medication, resting, or going to the doctor? Please explain. (If they went to the hospital, were they admitted?)	notes, Required, Identifier Custom alignment: LV										
14	ae_ca	What caused the Adverse Event? Was it caused by the study or something else (if known)?	notes, Required, Identifier Custom alignment: LV										
15	ae_ch	Is this new since the study started? Or is this part of an older condition that the subject had before joining the study (for example, chronic/ongoing arthritis or seasonal allergies that escalated to an SAE)? Please explain.	notes, Required, Identifier Custom alignment: LV										
16	ae_ou	What was the outcome? Has the issue resolved, or is it still ongoing? When did it stop, if resolved?	notes, Required, Identifier Custom alignment: LV										
17	ae_ae	Was the subject able to participate in the study as normal, or did this event affect their participation? (For example, making them late for a chat or missing a health call, etc.)	notes, Required, Identifier Custom alignment: LV										
18	ae_int	Please email I-CONNECTReportable@ohsu.edu immediately upon completing this form.  *Please title the subject line "Reportable Event: Subject C#### [Event Name]". The event name is in REDCap, such as W24 Tel or W16D3 VC. Please summarize information from this form in the email.*	descriptive										
19	ae_hx	Section Header: ADMIN USE ONLY - Do not complete section below. Adverse Event vs. Medical Hx	dropdown <table><tr><td>1</td><td>AE</td></tr><tr><td>2</td><td>Medical History</td></tr></table> Custom alignment: LH	1	AE	2	Medical History						
1	AE												
2	Medical History												
20	ae_sae	SAE	dropdown <table><tr><td>1</td><td>Yes, SAE</td></tr><tr><td>2</td><td>No, non-serious</td></tr></table> Custom alignment: LH	1	Yes, SAE	2	No, non-serious						
1	Yes, SAE												
2	No, non-serious												
21	ae_rel	Relatedness	dropdown <table><tr><td>1</td><td>Related</td></tr><tr><td>2</td><td>Possibly Related</td></tr><tr><td>3</td><td>Not Related</td></tr></table> Custom alignment: LH	1	Related	2	Possibly Related	3	Not Related				
1	Related												
2	Possibly Related												
3	Not Related												
22	ae_exp	Expected?	dropdown <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	2	No						
1	Yes												
2	No												
23	ae_sev	Severity	dropdown <table><tr><td>1</td><td>Mild</td></tr><tr><td>2</td><td>Moderate</td></tr><tr><td>3</td><td>Severe</td></tr><tr><td>4</td><td>Life-threatening</td></tr><tr><td>5</td><td>Death</td></tr></table> Custom alignment: LH	1	Mild	2	Moderate	3	Severe	4	Life-threatening	5	Death
1	Mild												
2	Moderate												
3	Severe												
4	Life-threatening												
5	Death												
24	ae_up	Is this event an Unanticipated Problem?	dropdown (autocomplete) <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	2	No						
1	Yes												
2	No												

25	ae_out	Outcome	<div>dropdown</div> <table><tr><td>1</td><td>Resolved</td></tr><tr><td>2</td><td>Resolved with sequelae</td></tr><tr><td>3</td><td>Ongoing</td></tr><tr><td>4</td><td>Worsening</td></tr><tr><td>5</td><td>Death</td></tr><tr><td>6</td><td>Unknown</td></tr></table> <div>Custom alignment: LV</div>	1	Resolved	2	Resolved with sequelae	3	Ongoing	4	Worsening	5	Death	6	Unknown														
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26	ae_startm	<div>Section Header: <i>AE Start Date</i></div> <div>Month</div>	<div>dropdown (autocomplete)</div> <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr><tr><td>13</td><td>Unknown</td></tr></table> <div>Custom alignment: LV</div>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December	13	Unknown
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27	ae_startd	Day	<div>dropdown</div> <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr><tr><td>31</td><td>31</td></tr><tr><td>32</td><td>Unknown</td></tr></table> <div>Custom alignment: LV</div>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	Unknown
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28	ae_starty	Year	<div>text</div> <div>Custom alignment: LV</div> <div>Field Annotation: @DEFAULT='Unknown" Please enter YYYY or "Unknown"</div>																																																																



29	ae_endm	<div>Section Header: AE End Date</div> <div>Month</div>	<div>dropdown (autocomplete)</div> <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr><tr><td>13</td><td>Unknown</td></tr></table> <div>Custom alignment: LV</div>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December	13	Unknown
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32	ae_st	Please mark this form as: "Unverified" (Yellow) if you have made any entries or updates.	<div>descriptive</div>																																																																
33	ae_logging_form_complete	<div>Section Header: <i>Form Status</i></div> <div>Complete?</div>	<div>dropdown</div> <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																																										
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34	pre_ins	<div>Study Staff Initials</div> <div>3 letters, ex: ABC</div>	<div>text, Required, Identifier</div> <div>Custom alignment: LV</div> <div>Field Annotation: @CHARLIMIT=3</div>																																																																

35	pre_dat	Date	text (date_mdy), Required, Identifier Custom alignment: LV												
36	pre_ad	Was the PANAS-Pre Questionnaire administered today?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No								
1	Yes														
0	No														
37	pre_n Show the field ONLY if: [pre_ad] = '0'	Why was it not completed?	dropdown, Required, Identifier <table><tr><td>1</td><td>Technical Difficulties</td></tr><tr><td>2</td><td>Staff Mistake</td></tr><tr><td>3</td><td>Holiday</td></tr><tr><td>4</td><td>Planned Participant Cancellation</td></tr><tr><td>5</td><td>Unplanned Participant Cancellation</td></tr><tr><td>6</td><td>Other</td></tr></table> Custom alignment: LV	1	Technical Difficulties	2	Staff Mistake	3	Holiday	4	Planned Participant Cancellation	5	Unplanned Participant Cancellation	6	Other
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38	pre_nx Show the field ONLY if: [pre_n]= '6'	Please Explain <i>If SAE: Include more detailed information in Intervention Reportable Event Form.</i>	text, Required Custom alignment: LV												
39	pre_des Show the field ONLY if: [pre_ad] = '1'	This scale consists of a number of words that describe different feelings and emotions. Read each item, and indicate to what extent did you feel this way right now, at this present moment? Respond using the following scale.	descriptive												
40	pre_1 Show the field ONLY if: [pre_ad] = '1'	upset	radio (Matrix), Required <table><tr><td>1</td><td>very slightly or not at all</td></tr><tr><td>2</td><td>a little</td></tr><tr><td>3</td><td>moderately</td></tr><tr><td>4</td><td>quite a bit</td></tr><tr><td>5</td><td>extremely</td></tr></table>	1	very slightly or not at all	2	a little	3	moderately	4	quite a bit	5	extremely		
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41	pre_2 Show the field ONLY if: [pre_ad] = '1'	hostile	radio (Matrix), Required <table><tr><td>1</td><td>very slightly or not at all</td></tr><tr><td>2</td><td>a little</td></tr><tr><td>3</td><td>moderately</td></tr><tr><td>4</td><td>quite a bit</td></tr><tr><td>5</td><td>extremely</td></tr></table>	1	very slightly or not at all	2	a little	3	moderately	4	quite a bit	5	extremely		
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42	pre_3 Show the field ONLY if: [pre_ad] = '1'	alert	radio (Matrix), Required <table><tr><td>1</td><td>very slightly or not at all</td></tr><tr><td>2</td><td>a little</td></tr><tr><td>3</td><td>moderately</td></tr><tr><td>4</td><td>quite a bit</td></tr><tr><td>5</td><td>extremely</td></tr></table>	1	very slightly or not at all	2	a little	3	moderately	4	quite a bit	5	extremely		
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43	pre_4 Show the field ONLY if: [pre_ad] = '1'	ashamed	radio (Matrix), Required <table><tr><td>1</td><td>very slightly or not at all</td></tr><tr><td>2</td><td>a little</td></tr><tr><td>3</td><td>moderately</td></tr><tr><td>4</td><td>quite a bit</td></tr><tr><td>5</td><td>extremely</td></tr></table>	1	very slightly or not at all	2	a little	3	moderately	4	quite a bit	5	extremely		
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44	pre_5 Show the field ONLY if: [pre_ad] = '1'	inspired	radio (Matrix), Required 1 very slightly or not at all 2 a little 3 moderately 4 quite a bit 5 extremely
45	pre_6 Show the field ONLY if: [pre_ad] = '1'	nervous	radio (Matrix), Required 1 very slightly or not at all 2 a little 3 moderately 4 quite a bit 5 extremely
46	pre_7 Show the field ONLY if: [pre_ad] = '1'	determined	radio (Matrix), Required 1 very slightly or not at all 2 a little 3 moderately 4 quite a bit 5 extremely
47	pre_8 Show the field ONLY if: [pre_ad] = '1'	attentive	radio (Matrix), Required 1 very slightly or not at all 2 a little 3 moderately 4 quite a bit 5 extremely
48	pre_9 Show the field ONLY if: [pre_ad] = '1'	afraid	radio (Matrix), Required 1 very slightly or not at all 2 a little 3 moderately 4 quite a bit 5 extremely
49	pre_10 Show the field ONLY if: [pre_ad] = '1'	active	radio (Matrix), Required 1 very slightly or not at all 2 a little 3 moderately 4 quite a bit 5 extremely
50	pre_pos Show the field ONLY if: [pre_ad] = '1'	Positive affect	calc Calculation: [pre_3]+[pre_5]+[pre_7]+[pre_8]+[pre_10] Custom alignment: LV Field Annotation: @HIDDEN
51	pre_neg Show the field ONLY if: [pre_ad] = '1'	Negative affect	calc Calculation: [pre_11]+[pre_2]+[pre_4]+[pre_6]+[pre_9] Custom alignment: LV Field Annotation: @HIDDEN
52	pre_hij	REMINDER: Start Audio Hijack recording	descriptive
53	pre_src Show the field ONLY if: [pre_ad] = '1'	Source:  Karim, J., Weisz, R., & Rehman, S. U. (2011). International positive and negative affect schedule short-form (I-PANAS-SF): Testing for factorial invariance across cultures. Procedia-Social and Behavioral Sciences, 15, 2016-2022.	descriptive

54	pre_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive												
55	pre_vc_panas_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
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57	pos_dat	Date	text (date_mdy), Required, Identifier Custom alignment: LV												
58	pos_ad	Was the PANAS-Post Questionnaire administered today?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No								
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3	Holiday														
4	Planned Participant Cancellation														
5	Unplanned Participant Cancellation														
6	Other														
60	pos_nx Show the field ONLY if: [pos_n] = '6'	Please Explain <i>If SAE: Include more detailed information in Intervention Reportable Event Form.</i>	text Custom alignment: LV												
61	pos_hij	REMINDER: Stop Audio Hijack recording	descriptive												
62	pos_des Show the field ONLY if: [pos_ad] = '1'	This scale consists of a number of words that describe different feelings and emotions. Read each item, and indicate to what extent do you feel this way right now, at this present moment? Respond using the following scale.	descriptive												
63	pos_1 Show the field ONLY if: [pos_ad] = '1'	upset	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>very slightly or not at all</td></tr> <tr><td>2</td><td>a little</td></tr> <tr><td>3</td><td>moderately</td></tr> <tr><td>4</td><td>quite a bit</td></tr> <tr><td>5</td><td>extremely</td></tr> </table>	1	very slightly or not at all	2	a little	3	moderately	4	quite a bit	5	extremely		
1	very slightly or not at all														
2	a little														
3	moderately														
4	quite a bit														
5	extremely														
64	pos_2 Show the field ONLY if: [pos_ad] = '1'	hostile	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>very slightly or not at all</td></tr> <tr><td>2</td><td>a little</td></tr> <tr><td>3</td><td>moderately</td></tr> <tr><td>4</td><td>quite a bit</td></tr> <tr><td>5</td><td>extremely</td></tr> </table>	1	very slightly or not at all	2	a little	3	moderately	4	quite a bit	5	extremely		
1	very slightly or not at all														
2	a little														
3	moderately														
4	quite a bit														
5	extremely														

65	pos_3 Show the field ONLY if: [pos_ad] = '1'	alert	radio (Matrix), Required 1 very slightly or not at all 2 a little 3 moderately 4 quite a bit 5 extremely
66	pos_4 Show the field ONLY if: [pos_ad] = '1'	ashamed	radio (Matrix), Required 1 very slightly or not at all 2 a little 3 moderately 4 quite a bit 5 extremely
67	pos_5 Show the field ONLY if: [pos_ad] = '1'	inspired	radio (Matrix), Required 1 very slightly or not at all 2 a little 3 moderately 4 quite a bit 5 extremely
68	pos_6 Show the field ONLY if: [pos_ad] = '1'	nervous	radio (Matrix), Required 1 very slightly or not at all 2 a little 3 moderately 4 quite a bit 5 extremely
69	pos_7 Show the field ONLY if: [pos_ad] = '1'	determined	radio (Matrix), Required 1 very slightly or not at all 2 a little 3 moderately 4 quite a bit 5 extremely
70	pos_8 Show the field ONLY if: [pos_ad] = '1'	attentive	radio (Matrix), Required 1 very slightly or not at all 2 a little 3 moderately 4 quite a bit 5 extremely
71	pos_9 Show the field ONLY if: [pos_ad] = '1'	afraid	radio (Matrix), Required 1 very slightly or not at all 2 a little 3 moderately 4 quite a bit 5 extremely
72	pos_10 Show the field ONLY if: [pos_ad] = '1'	active	radio (Matrix), Required 1 very slightly or not at all 2 a little 3 moderately 4 quite a bit 5 extremely

73	pos_pos Show the field ONLY if: [pos_ad] = '1'	Positive affect	calc Calculation: [pos_3]+[pos_5]+[pos_7]+[pos_8]+ [pos_10] Custom alignment: LV Field Annotation: @HIDDEN						
74	pos_neg Show the field ONLY if: [pos_ad] = '1'	Negative affect	calc Calculation: [pos_1]+[pos_2]+[pos_4]+[pos_6]+[pos_9] Custom alignment: LV Field Annotation: @HIDDEN						
75	pos_src Show the field ONLY if: [pos_ad] = '1'	Source:  Karim, J., Weisz, R., & Rehman, S. U. (2011). International positive and negative affect schedule short-form (I-PANAS-SF): Testing for factorial invariance across cultures. Procedia-Social and Behavioral Sciences, 15, 2016-2022.	descriptive						
76	pos_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive						
77	post_vc_panas_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Video Chat Daily Form** (video\_chat\_daily\_form)[^ Collapse](#)

78	vcd_ext	Extension Study Timepoint:	dropdown	
			1	Not Extended
			2	Week A D1
			3	Week A D2
			4	Week A D3
			5	Week A D4
			6	Week B D1
			7	Week B D2
			8	Week B D3
			9	Week B D4
			10	Week C D1
			11	Week C D2
			12	Week C D3
			13	Week C D4
			14	Week D D1
			15	Week D D2
			16	Week D D3
			17	Week D D4
			18	Week E D1
			19	Week E D2
			20	Week E D3
			21	Week E D4
			22	Week F D1
			23	Week F D2
			24	Week F D3
			25	Week F D4
			26	Week G D1
27	Week G D2			

28	Week G D3
29	Week G D4
30	Week H D1
31	Week H D2
32	Week H D3
33	Week H D4
34	Week I D1
35	Week I D2
36	Week I D3
37	Week I D4
38	Week J D1
39	Week J D2
40	Week J D3
41	Week J D4
42	Week K D1
43	Week K D2
44	Week K D3
45	Week K D4
46	Week L D1
47	Week L D2
48	Week L D3
49	Week L D4
50	Week M D1
51	Week M D2
52	Week M D3
53	Week M D4
54	Week N D1
55	Week N D2
56	Week N D3
57	Week N D4
58	Week O D1
59	Week O D2
60	Week O D3
61	Week O D4
62	Week 49 D1
63	Week 49 D2
64	Week 50 D1
65	Week 50 D2
66	Week 51 D1
67	Week 51 D2
68	Week 52 D1
69	Week 52 D2
70	Week 53 D1
71	Week 53 D2
72	Week 54 D1
73	Week 54 D2
74	Week 55 D1
75	Week 55 D2



76	Week 56 D1
77	Week 56 D2
78	Week 57 D1
79	Week 57 D2
80	Week 58 D1
81	Week 58 D2
82	Week 59 D1
83	Week 59 D2
84	Week 60 D1
85	Week 60 D2
86	Week 61 D1
87	Week 61 D2
88	Week 62 D1
89	Week 62 D2
90	Week 63 D1
91	Week 63 D2
92	Week P D1
93	Week P D2
94	Week P D3
95	Week P D4
96	Week Q D1
97	Week Q D2
98	Week Q D3
99	Week Q D4
100	Week R D1
101	Week R D2
102	Week R D3
103	Week R D4
104	Week S D1
105	Week S D2
106	Week S D3
107	Week S D4
108	Week T D1
109	Week T D2
110	Week T D3
111	Week T D4
112	Week U D1
113	Week U D2
114	Week U D3
115	Week U D4
116	Week V D1
117	Week V D2
118	Week V D3
119	Week V D4
120	Week W D1
121	Week W D2
122	Week W D3
123	Week W D4

			<table><tr><td>124</td><td>Week X D1</td></tr><tr><td>125</td><td>Week X D2</td></tr><tr><td>126</td><td>Week X D3</td></tr><tr><td>127</td><td>Week X D4</td></tr><tr><td>128</td><td>Week Y D1</td></tr><tr><td>129</td><td>Week Y D2</td></tr><tr><td>130</td><td>Week Y D3</td></tr><tr><td>131</td><td>Week Y D4</td></tr><tr><td>132</td><td>Week Z D1</td></tr><tr><td>133</td><td>Week Z D2</td></tr><tr><td>134</td><td>Week Z D3</td></tr><tr><td>135</td><td>Week Z D4</td></tr><tr><td>136</td><td>Week 64 D1</td></tr><tr><td>137</td><td>Week 64 D2</td></tr><tr><td>138</td><td>Week 65 D1</td></tr><tr><td>139</td><td>Week 65 D2</td></tr><tr><td>140</td><td>Week 66 D1</td></tr><tr><td>141</td><td>Week 66 D2</td></tr><tr><td>142</td><td>Week 67 D1</td></tr><tr><td>143</td><td>Week 67 D2</td></tr><tr><td>144</td><td>Week 68 D1</td></tr><tr><td>145</td><td>Week 68 D2</td></tr><tr><td>146</td><td>Week 69 D1</td></tr><tr><td>147</td><td>Week 69 D2</td></tr><tr><td>148</td><td>Week 70 D1</td></tr><tr><td>149</td><td>Week 70 D2</td></tr><tr><td>150</td><td>Week 71 D1</td></tr><tr><td>151</td><td>Week 71 D2</td></tr><tr><td>152</td><td>Week 72 D1</td></tr><tr><td>153</td><td>Week 72 D2</td></tr><tr><td>154</td><td>Week 73 D1</td></tr><tr><td>155</td><td>Week 73 D2</td></tr><tr><td>156</td><td>Week 74 D1</td></tr><tr><td>157</td><td>Week 74 D2</td></tr></table> <div>Custom alignment: LV</div>	124	Week X D1	125	Week X D2	126	Week X D3	127	Week X D4	128	Week Y D1	129	Week Y D2	130	Week Y D3	131	Week Y D4	132	Week Z D1	133	Week Z D2	134	Week Z D3	135	Week Z D4	136	Week 64 D1	137	Week 64 D2	138	Week 65 D1	139	Week 65 D2	140	Week 66 D1	141	Week 66 D2	142	Week 67 D1	143	Week 67 D2	144	Week 68 D1	145	Week 68 D2	146	Week 69 D1	147	Week 69 D2	148	Week 70 D1	149	Week 70 D2	150	Week 71 D1	151	Week 71 D2	152	Week 72 D1	153	Week 72 D2	154	Week 73 D1	155	Week 73 D2	156	Week 74 D1	157	Week 74 D2
124	Week X D1																																																																						
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155	Week 73 D2																																																																						
156	Week 74 D1																																																																						
157	Week 74 D2																																																																						
79	vcd_ins	<div>Section Header: Participant's Name[scrn_tel_arm_1][ts_prn] [scrn_tel_arm_1][ts_pfn] [scrn_tel_arm_1][ts_lln] Participant Telephone Number(s) Primary [scrn_tel_arm_1][ts_tp1]Secondary [scrn_tel_arm_1][ts_t2b] Audio Option Installed: [tech_install_arm_1][tnt_12]</div> <div>Study Staff Initials 3 letters, ex: ABC</div>	<div>text, Required, Identifier</div> <div>Custom alignment: LV</div> <div>Field Annotation: @CHARLIMIT=3</div>																																																																				
80	vcd_dat	Date	<div>text (date_mdy), Required, Identifier</div> <div>Custom alignment: LV</div>																																																																				
81	vcd_tpc	<div>Today's Topic</div> <div>Link to Video Chat Stimuli</div>	<div>text, Required</div> <div>Custom alignment: LV</div>																																																																				
82	vcd_cmp	Was this chat completed?	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No																																																																
1	Yes																																																																						
0	No																																																																						

83	<div>vcd_mth</div> <div>Show the field ONLY if: [vcd_cmp] = '1'</div>	<div>Was it completed via video or phone?</div>	<div>radio, Required</div> <table><tr><td>0</td><td>Video</td></tr><tr><td>1</td><td>Phone</td></tr></table> <div>Custom alignment: LV</div>	0	Video	1	Phone								
0	Video														
1	Phone														
84	<div>vcd_n</div> <div>Show the field ONLY if: [vcd_cmp] = '0'</div>	<div>Why was it not completed?</div>	<div>dropdown, Required</div> <table><tr><td>1</td><td>Technical Difficulties</td></tr><tr><td>2</td><td>Staff Mistake</td></tr><tr><td>3</td><td>Holiday</td></tr><tr><td>4</td><td>Planned Participant Cancellation</td></tr><tr><td>5</td><td>Unplanned Participant Cancellation</td></tr><tr><td>6</td><td>Other</td></tr></table> <div>Custom alignment: LV</div>	1	Technical Difficulties	2	Staff Mistake	3	Holiday	4	Planned Participant Cancellation	5	Unplanned Participant Cancellation	6	Other
1	Technical Difficulties														
2	Staff Mistake														
3	Holiday														
4	Planned Participant Cancellation														
5	Unplanned Participant Cancellation														
6	Other														
85	<div>vcd_nx</div> <div>Show the field ONLY if: [vcd_n] = '6'</div>	<div>Please explain</div> <div>If SAE: Include more detailed information in Intervention Reportable Event Form.</div>	<div>text, Required</div> <div>Custom alignment: LV</div>												
86	<div>vcd_hlt</div> <div>Show the field ONLY if: [vcd_n] = '4' or [vcd_n] = '5' or [vcd_n] = '6'</div>	<div>Was this cancellation related to the participant's health?</div> <div>If SAE: Include more detailed information in Intervention Reportable Event Form.</div>	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No								
1	Yes														
0	No														
87	<div>vcd_str</div> <div>Show the field ONLY if: [vcd_cmp] = '1'</div>	<div>Exact Call Start Time</div> <div>Military HH:MM</div>	<div>text (time), Required</div> <div>Custom alignment: LV</div>												
88	<div>vcd_ed</div> <div>Show the field ONLY if: [vcd_cmp] = '1'</div>	<div>Exact Call End Time</div> <div>Military HH:MM</div>	<div>text (time), Required</div> <div>Custom alignment: LV</div>												
89	<div>vcd_tim</div> <div>Show the field ONLY if: [vcd_cmp] = '1'</div>	<div>Total Minutes</div>	<div>calc</div> <div>Calculation: datediff([vcd_ed], [vcd_str], "m", "mdy")</div> <div>Custom alignment: LV</div>												
90	<div>vcd_1</div> <div>Show the field ONLY if: [vcd_cmp] = '1'</div>	<div>Section Header: Engagement</div> <div>Conversation Balance</div>	<div>radio, Required</div> <table><tr><td>1</td><td>1 Interviewer spoke most of the time</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3 Even talk time</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Participant spoke most of the time</td></tr></table> <div>Custom alignment: LV</div>	1	1 Interviewer spoke most of the time	2	2	3	3 Even talk time	4	4	5	5 Participant spoke most of the time		
1	1 Interviewer spoke most of the time														
2	2														
3	3 Even talk time														
4	4														
5	5 Participant spoke most of the time														
91	<div>vcd_2</div> <div>Show the field ONLY if: [vcd_cmp] = '1' and [vcd_mth] = '0'</div>	<div>Visual Engagement</div>	<div>radio, Required</div> <table><tr><td>1</td><td>1 Participant looked toward the computer hardly at all</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3 Participant looked toward the computer about half the time</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5 Participant looked toward the computer most of the time</td></tr></table> <div>Custom alignment: LV</div>	1	1 Participant looked toward the computer hardly at all	2	2	3	3 Participant looked toward the computer about half the time	4	4	5	5 Participant looked toward the computer most of the time		
1	1 Participant looked toward the computer hardly at all														
2	2														
3	3 Participant looked toward the computer about half the time														
4	4														
5	5 Participant looked toward the computer most of the time														

92	vcd_3 Show the field ONLY if: [vcd_cmp] = '1'	Verbal Engagement	radio, Required <table border="1"> <tr><td>1</td><td>1 Participant appeared to have extreme difficulty following along and contributing to the conversation</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3 Halfway engaged</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5 Participant appeared to be following along and contributing most of the time</td></tr> </table> Custom alignment: LV	1	1 Participant appeared to have extreme difficulty following along and contributing to the conversation	2	2	3	3 Halfway engaged	4	4	5	5 Participant appeared to be following along and contributing most of the time
1	1 Participant appeared to have extreme difficulty following along and contributing to the conversation												
2	2												
3	3 Halfway engaged												
4	4												
5	5 Participant appeared to be following along and contributing most of the time												
93	vcd_4 Show the field ONLY if: [vcd_cmp] = '1'	Section Header: <i>Interviewer Experience of Closeness</i> Do you feel close to them AND do they feel close to you? Take into account whether they seem to be saying what is on their mind or holding back. Also take body language and facial expressions into account--are they guarded or open?	radio, Required <table border="1"> <tr><td>1</td><td>Not close at all</td></tr> <tr><td>2</td><td>A little close</td></tr> <tr><td>3</td><td>Moderately close</td></tr> <tr><td>4</td><td>Very close</td></tr> <tr><td>5</td><td>Extremely close</td></tr> </table> Custom alignment: LV	1	Not close at all	2	A little close	3	Moderately close	4	Very close	5	Extremely close
1	Not close at all												
2	A little close												
3	Moderately close												
4	Very close												
5	Extremely close												
94	vcd_rem	REMINDER: Upload AudioHijack Files to this folder.  Please review the audio naming conventions here.	descriptive										
95	vcd_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive										
96	video_chat_daily_form_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: <b>Social Question</b> (social_question)			<a href="#">^ Collapse</a>										
97	sqx_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3										
98	sqx_dat	Date Administered	text (date_mdy), Required, Identifier Custom alignment: LV										
99	sqx_ist	This question is intended to be asked during the W24 Tel and W48 Tel calls conducted by conversation staff. If the weekly call cannot be completed in weeks 24 or 48, this question needs to be asked at the next telephone contact with the participant.	descriptive										
100	sqx_sc	"I would like to ask you about your frequency of social interactions."	descriptive Field Annotation: @HIDDEN										
101	sqx_30m	"In a typical week, how often do you have a conversation that lasts for 30 minutes or longer?" <i>This does NOT include conversations with I-CONNECT study staff, such as video chats.</i>	radio, Required <table border="1"> <tr><td>0</td><td>Almost never</td></tr> <tr><td>1</td><td>Once or twice</td></tr> <tr><td>2</td><td>Three to five times</td></tr> <tr><td>3</td><td>Almost daily</td></tr> </table> Custom alignment: LV	0	Almost never	1	Once or twice	2	Three to five times	3	Almost daily		
0	Almost never												
1	Once or twice												
2	Three to five times												
3	Almost daily												

102	sqx_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive						
103	social_question_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **I-CONNECT Weekly Questionnaire** (iconect\_weekly\_questionnaire)[^ Collapse](#)

104	wkq_ext	Extension Study Timepoint	<div>dropdown</div> <table><tr><td>1</td><td>Not Extended</td></tr><tr><td>2</td><td>Week A</td></tr><tr><td>3</td><td>Week B</td></tr><tr><td>4</td><td>Week C</td></tr><tr><td>5</td><td>Week D</td></tr><tr><td>6</td><td>Week E</td></tr><tr><td>7</td><td>Week F</td></tr><tr><td>8</td><td>Week G</td></tr><tr><td>9</td><td>Week H</td></tr><tr><td>10</td><td>Week I</td></tr><tr><td>11</td><td>Week J</td></tr><tr><td>12</td><td>Week K</td></tr><tr><td>13</td><td>Week L</td></tr><tr><td>14</td><td>Week M</td></tr><tr><td>15</td><td>Week N</td></tr><tr><td>16</td><td>Week O</td></tr><tr><td>17</td><td>Week 49</td></tr><tr><td>18</td><td>Week 50</td></tr><tr><td>19</td><td>Week 51</td></tr><tr><td>20</td><td>Week 52</td></tr><tr><td>21</td><td>Week 53</td></tr><tr><td>22</td><td>Week 54</td></tr><tr><td>23</td><td>Week 55</td></tr><tr><td>24</td><td>Week 56</td></tr><tr><td>25</td><td>Week 57</td></tr><tr><td>26</td><td>Week 58</td></tr><tr><td>27</td><td>Week 59</td></tr><tr><td>28</td><td>Week 60</td></tr><tr><td>29</td><td>Week 61</td></tr><tr><td>30</td><td>Week 62</td></tr><tr><td>31</td><td>Week 63</td></tr><tr><td>32</td><td>Week P</td></tr><tr><td>33</td><td>Week Q</td></tr><tr><td>34</td><td>Week R</td></tr><tr><td>35</td><td>Week S</td></tr><tr><td>36</td><td>Week T</td></tr><tr><td>37</td><td>Week U</td></tr><tr><td>38</td><td>Week V</td></tr><tr><td>39</td><td>Week W</td></tr></table>	1	Not Extended	2	Week A	3	Week B	4	Week C	5	Week D	6	Week E	7	Week F	8	Week G	9	Week H	10	Week I	11	Week J	12	Week K	13	Week L	14	Week M	15	Week N	16	Week O	17	Week 49	18	Week 50	19	Week 51	20	Week 52	21	Week 53	22	Week 54	23	Week 55	24	Week 56	25	Week 57	26	Week 58	27	Week 59	28	Week 60	29	Week 61	30	Week 62	31	Week 63	32	Week P	33	Week Q	34	Week R	35	Week S	36	Week T	37	Week U	38	Week V	39	Week W
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			<table><tr><td>40</td><td>Week X</td></tr><tr><td>41</td><td>Week Y</td></tr><tr><td>42</td><td>Week Z</td></tr><tr><td>43</td><td>Week 64</td></tr><tr><td>44</td><td>Week 65</td></tr><tr><td>45</td><td>Week 66</td></tr><tr><td>46</td><td>Week 67</td></tr><tr><td>47</td><td>Week 68</td></tr><tr><td>48</td><td>Week 69</td></tr><tr><td>49</td><td>Week 70</td></tr><tr><td>50</td><td>Week 71</td></tr><tr><td>51</td><td>Week 72</td></tr><tr><td>52</td><td>Week 73</td></tr><tr><td>53</td><td>Week 74</td></tr></table> <div>Custom alignment: LV</div>	40	Week X	41	Week Y	42	Week Z	43	Week 64	44	Week 65	45	Week 66	46	Week 67	47	Week 68	48	Week 69	49	Week 70	50	Week 71	51	Week 72	52	Week 73	53	Week 74
40	Week X																														
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51	Week 72																														
52	Week 73																														
53	Week 74																														
105	wkq_log	<div>Section Header: <i>Participant's Name [scrn_tel_arm_1][ts_prn] [scrn_tel_arm_1][ts_pfn] [scrn_tel_arm_1][ts_lln] Participant Telephone Number(s) Primary [scrn_tel_arm_1][ts_tp1] Secondary [scrn_tel_arm_1][ts_t2b]</i></div> <div>Study Staff Initials</div> <div>3 letters, ex: ABC</div>	<div>text, Required, Identifier</div> <div>Custom alignment: LV</div> <div>Field Annotation: @CHARLIMIT=3</div>																												
106	wkq_loc	Subject Location	<div>radio, Required</div> <table><tr><td>1</td><td>OHSU</td></tr><tr><td>2</td><td>UM</td></tr></table> <div>Custom alignment: LV</div>	1	OHSU	2	UM																								
1	OHSU																														
2	UM																														
107	wkq_dat	Today's Date	<div>text (date_mdy), Required, Identifier</div> <div>Custom alignment: LV</div>																												
108	wkq_des	<div>Directions</div> <div>Prior to calling, review the previous week's I-CONNECT Weekly Questionnaire and check Outlook for the day and time of the next scheduled study activity (chat or call) to remind the participant at the end of today's call. Calls will be conducted via Cisco Meeting and recorded with Audio Hijack. Audio files will be stored on Box.com.</div> <div>Please call participants at their scheduled weekly time to conduct the I-CONNECT Weekly Questionnaire. If the participant does not answer, leave a voicemail stating your name, the study, reason for calling, and that you will call them again in 10 minutes. On the second attempt, if the participant still does not answer, leave another voicemail stating your name, the study, a reminder of the participant's call time and the I-CONNECT phone number (OHSU 503.494.9043 or UM 1.833.426.6328) if they need to change the regularly scheduled time for future weeks</div>	<div>descriptive</div>																												
109	wkq_cmp	Was this call completed?	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No																								
1	Yes																														
0	No																														

110	<div>wkq_n</div> <div>Show the field ONLY if: [wkq_cmp] = '0'</div>	Why was this call not completed?	<div>dropdown</div> <table><tr><td>1</td><td>Technical Difficulties</td></tr><tr><td>2</td><td>Staff Mistake</td></tr><tr><td>3</td><td>Holiday</td></tr><tr><td>4</td><td>Planned Participant Cancellation</td></tr><tr><td>5</td><td>Unplanned Participant Cancellation</td></tr><tr><td>6</td><td>Other</td></tr></table> <div>Custom alignment: LV</div>	1	Technical Difficulties	2	Staff Mistake	3	Holiday	4	Planned Participant Cancellation	5	Unplanned Participant Cancellation	6	Other
1	Technical Difficulties														
2	Staff Mistake														
3	Holiday														
4	Planned Participant Cancellation														
5	Unplanned Participant Cancellation														
6	Other														
111	<div>wkq_nx</div> <div>Show the field ONLY if: [wkq_n] = '6' and [wkq_cmp] = '1'</div>	<div>Please Explain</div> <div>If SAE: Include more detailed information in Intervention Reportable Event Form.</div>	<div>text</div> <div>Custom alignment: LV</div>												
112	<div>wkq_str</div> <div>Show the field ONLY if: [wkq_cmp] = '1'</div>	Call Start Time	<div>text (time), Required</div> <div>Custom alignment: LV</div>												
113	<div>wkq_aud</div> <div>Show the field ONLY if: [wkq_cmp] = '1'</div>	REMINDER: Start Audio Hijack recording	descriptive												
114	<div>wkq_de2</div> <div>Show the field ONLY if: [wkq_cmp] = '1'</div>	<div>Script</div> <div>Participant Name: [scrn_tel_arm_1][ts_prn] [scrn_tel_arm_1] [ts_pfn] [scrn_tel_arm_1][ts_lln]</div> <div>Greet participant. Include reason for calling, name of the study, and study site: [wkq_loc].</div> <div>Make sure participant has time to complete the call. If not, determine a good time to call back.</div>	descriptive												
115	<div>wkq_1</div> <div>Show the field ONLY if: [wkq_cmp] = '1'</div>	<div>[At Staff Discretion:] First, I'm going to ask about your health. I will read five options. Please tell me which best describes your health, in general.</div> <div>So, would you say your health is...?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Excellent</td></tr><tr><td>2</td><td>Very good</td></tr><tr><td>3</td><td>Good</td></tr><tr><td>4</td><td>Fair</td></tr><tr><td>5</td><td>Poor</td></tr></table> <div>Custom alignment: LV</div>	1	Excellent	2	Very good	3	Good	4	Fair	5	Poor		
1	Excellent														
2	Very good														
3	Good														
4	Fair														
5	Poor														
116	<div>wkq_2</div> <div>Show the field ONLY if: [wkq_cmp] = '1'</div>	In the past week, have you had any falls, injuries or accidents?	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No								
1	Yes														
0	No														
117	<div>wkq_2a</div> <div>Show the field ONLY if: [wkq_2] = '1' and [wkq_cmp] = '1'</div>	What was the date of your fall, injury or accident?	<div>text (date_mdy), Required</div> <div>Custom alignment: LV</div>												
118	<div>wkq_fal</div> <div>Show the field ONLY if: [wkq_2] = '1' and [wkq_cmp] = '1'</div>	Was it a fall?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No								
1	Yes														
0	No														
119	<div>wkq_2b</div> <div>Show the field ONLY if: [wkq_2] = '1' and [wkq_cmp] = '1'</div>	<div>Please describe this injury or accident.</div> <div>If SAE: Include in a Reportable Event form</div>	<div>notes, Required, Identifier</div> <div>Custom alignment: LV</div>												

120	wkq_3  Show the field ONLY if: [wkq_cmp] = '1'	Did you have any doctor, hospital or emergency room visits in the past week? <i>If multiple visits, select "Yes" for the question about OTHER visits and repeat follow-up questions.</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
121	wkq_3a  Show the field ONLY if: [wkq_3] = '1' and [wkq_cmp] = '1'	What was the (start) date of your visit?	text (date_mdy), Required, Identifier Custom alignment: LV				
122	wkq_3b  Show the field ONLY if: [wkq_3] = '1' and [wkq_cmp] = '1'	Was the visit planned?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
123	wkq_3c  Show the field ONLY if: [wkq_3] = '1' and [wkq_cmp] = '1'	Did you visit the emergency room as part of your visit?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
124	wkq_3d  Show the field ONLY if: [wkq_3] = '1' and [wkq_cmp] = '1'	Were you admitted to the hospital as part of this visit? <i>Note: Hospitalization needs to be reported as an SAE</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
125	wkq_3e  Show the field ONLY if: [wkq_3] = '1' and [wkq_cmp] = '1'	Did you stay overnight in the hospital?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
126	wkq_3f  Show the field ONLY if: [wkq_3e] = '1' and [wkq_cmp] = '1'	What date did you leave the hospital?	text (date_mdy), Required, Identifier Custom alignment: LV				
127	wkq_3g  Show the field ONLY if: [wkq_3] = '1' and [wkq_cmp] = '1'	What were you treated for? <i>Please ask AE questions if this event is an SAE</i>	notes, Required, Identifier Custom alignment: LV				
128	wkq_3h  Show the field ONLY if: [wkq_3] = '1' and [wkq_cmp] = '1'	Please describe any other important information about this visit.	notes, Identifier Custom alignment: LV				
129	wkq_23  Show the field ONLY if: [wkq_3] = '1' and [wkq_cmp] = '1'	Did you have any OTHER doctor, hospital or emergency room visits in the past week? <i>If multiple visits, select "Yes" for the question about OTHER visits and repeat follow-up questions.</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
130	wkq_23a  Show the field ONLY if: [wkq_23] = '1' and [wkq_cmp] = '1'	What was the (start) date of your visit?	text (date_mdy), Required, Identifier Custom alignment: LV				
131	wkq_23b  Show the field ONLY if: [wkq_23] = '1' and [wkq_cmp] = '1'	Was the visit planned?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						



132	wkq_23c  Show the field ONLY if: [wkq_23] = '1' and [wkq_cmp] = '1'	Did you visit the emergency room as part of your visit?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
133	wkq_23d  Show the field ONLY if: [wkq_23] = '1' and [wkq_cmp] = '1'	Were you admitted to the hospital as part of this visit? <i>Note: Hospitalization needs to be reported as an SAE</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
134	wkq_23e  Show the field ONLY if: [wkq_23] = '1' and [wkq_cmp] = '1'	Did you stay overnight in the hospital?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
135	wkq_23f  Show the field ONLY if: [wkq_23e] = '1' and [wkq_cm p] = '1'	What date did you leave the hospital?	text (date_mdy), Required, Identifier Custom alignment: LV				
136	wkq_23g  Show the field ONLY if: [wkq_23] = '1' and [wkq_cmp] = '1'	What were you treated for? <i>Please ask AE questions if this event is an SAE</i>	notes, Required, Identifier Custom alignment: LV				
137	wkq_23h  Show the field ONLY if: [wkq_23] = '1' and [wkq_cmp] = '1'	Please describe any other important information about this visit.	notes, Identifier Custom alignment: LV				
138	wkq_33  Show the field ONLY if: [wkq_23] = '1' and [wkq_cmp] = '1'	Did you have any OTHER doctor, hospital or emergency room visits in the past week? <i>If multiple visits, select "Yes" for the question about OTHER visits and repeat follow-up questions.</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
139	wkq_33a  Show the field ONLY if: [wkq_33] = '1' and [wkq_cmp] = '1'	What was the (start) date of your visit?	text (date_mdy), Required, Identifier Custom alignment: LV				
140	wkq_33b  Show the field ONLY if: [wkq_33] = '1' and [wkq_cmp] = '1'	Was the visit planned?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
141	wkq_33c  Show the field ONLY if: [wkq_33] = '1' and [wkq_cmp] = '1'	Did you visit the emergency room as part of your visit?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
142	wkq_33d  Show the field ONLY if: [wkq_33] = '1' and [wkq_cmp] = '1'	Were you admitted to the hospital as part of this visit? <i>Note: Hospitalization needs to be reported as an SAE</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
143	wkq_33e  Show the field ONLY if: [wkq_33] = '1' and [wkq_cmp] = '1'	Did you stay overnight in the hospital?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						

144	wkq_33f  Show the field ONLY if: [wkq_33e] = '1' and [wkq_cmp] = '1'	What date did you leave the hospital?	text (date_mdy), Required, Identifier Custom alignment: LV				
145	wkq_33g  Show the field ONLY if: [wkq_33] = '1' and [wkq_cmp] = '1'	What were you treated for? <i>Please ask AE questions if this event is an SAE</i>	notes, Required, Identifier Custom alignment: LV				
146	wkq_33h  Show the field ONLY if: [wkq_33] = '1' and [wkq_cmp] = '1'	Please describe any other important information about this visit.	notes, Identifier Custom alignment: LV				
147	wkq_4  Show the field ONLY if: [wkq_cmp] = '1'	In the past week, has your physical health limited you more than usual? For instance, did illness, pain, or arthritis keep you in bed or cause you to be less active?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
148	wkq_4a  Show the field ONLY if: [wkq_4] = '1' and [wkq_cmp] = '1'	Please describe how your health has been limiting this week.	notes, Required, Identifier Custom alignment: LV				
149	wkq_5  Show the field ONLY if: [wkq_cmp] = '1'	(Week 1 Only) Do you live alone in your home?  -or-  (All other weeks) Are the same people living in your home since our last weekly call?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
150	wkq_5a  Show the field ONLY if: [wkq_5] = '0' and [wkq_cmp] = '1'	How many people, other than yourself, live with you now?	text (integer), Required Custom alignment: LV				
151	wkq_5b  Show the field ONLY if: [wkq_5] = '0' and [wkq_cmp] = '1'	Who lives with you in your home now (i.e. relatives, friends, caretakers, etc.)?	text, Required Custom alignment: LV				
152	wkq_6  Show the field ONLY if: [wkq_cmp] = '1'	In the past week, have you had visitors who stayed with you in your home for a night or more?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
153	wkq_6a  Show the field ONLY if: [wkq_6] = '1' and [wkq_cmp] = '1'	How many nights?	text (integer), Required Custom alignment: LV				
154	wkq_7  Show the field ONLY if: [wkq_cmp] = '1'	Section Header: <i>[At Staff Discretion:] The following questions will ask you to estimate how much time you spent interacting with people in the last week. It is okay if you do not know exactly how much time you spent in these activities, your best guess is fine.</i>  In the past week, have you been away from home overnight?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
155	wkq_7a  Show the field ONLY if: [wkq_7] = '1' and [wkq_cmp] = '1'	How many nights?	text (integer), Required Custom alignment: LV				

156	wkq_6b Show the field ONLY if: [wkq_cmp] = '1'	How long, in total number of minutes or hours, were you out of your home during the past week? <i>Read a couple options, if needed, and clarify responses that could fit more than one category, i.e., 1, 2, 3, or 4 hours.</i>	radio, Required <table border="1"> <tr><td>1</td><td>I did not go out this week</td></tr> <tr><td>2</td><td>&lt; 30 minutes</td></tr> <tr><td>3</td><td>30 minutes to 1 hour</td></tr> <tr><td>4</td><td>1-2 hours</td></tr> <tr><td>5</td><td>2-3 hours</td></tr> <tr><td>6</td><td>3-4 hours</td></tr> <tr><td>7</td><td>4-5 hours</td></tr> <tr><td>8</td><td>More than 5 hours</td></tr> </table> Custom alignment: LV	1	I did not go out this week	2	< 30 minutes	3	30 minutes to 1 hour	4	1-2 hours	5	2-3 hours	6	3-4 hours	7	4-5 hours	8	More than 5 hours
1	I did not go out this week																		
2	< 30 minutes																		
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4	1-2 hours																		
5	2-3 hours																		
6	3-4 hours																		
7	4-5 hours																		
8	More than 5 hours																		
157	wkq_8 Show the field ONLY if: [wkq_cmp] = '1'	Section Header: <i>[At Staff Discretion:] Next, I would like to ask about any contact that you have had with your family.</i> Did you have any contact with family this week?  [At Staff Discretion:] Our definition of family includes the people you are related to by birth, marriage, adoption, etc. and our definition of contact includes in person, by phone or video chat, or in writing, such as emails, texts or letter writing.	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No												
1	Yes																		
0	No																		
158	wkq_8a Show the field ONLY if: [wkq_8] = '1' and [wkq_cmp] = '1'	Did you spend time with any family members in person this week?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No												
1	Yes																		
0	No																		
159	wkq_8b Show the field ONLY if: [wkq_8a] = '1' and [wkq_cmp] = '1'	In total, all combined, how long did you meet with family, counted in minutes or hours? <i>Read a couple options, if needed, and clarify responses that could fit more than one category, i.e., 1, 2, 3, or 4 hours.</i>	radio, Required <table border="1"> <tr><td>1</td><td>&lt; 30 minutes</td></tr> <tr><td>2</td><td>30 minutes to 1 hour</td></tr> <tr><td>3</td><td>1-2 hours</td></tr> <tr><td>4</td><td>2-3 hours</td></tr> <tr><td>5</td><td>3-4 hours</td></tr> <tr><td>6</td><td>4-5 hours</td></tr> <tr><td>7</td><td>More than 5 hours</td></tr> </table> Custom alignment: LV	1	< 30 minutes	2	30 minutes to 1 hour	3	1-2 hours	4	2-3 hours	5	3-4 hours	6	4-5 hours	7	More than 5 hours		
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6	4-5 hours																		
7	More than 5 hours																		
160	wkq_8c Show the field ONLY if: [wkq_8] = '1' and [wkq_cmp] = '1'	Did you spend time talking with any family members on the phone or by video chat this week?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No												
1	Yes																		
0	No																		
161	wkq_8d Show the field ONLY if: [wkq_8c] = '1' and [wkq_cmp] = '1'	In total, all combined, how long did you talk with family, counted in minutes or hours? <i>Read a couple options, if needed, and clarify responses that could fit more than one category, i.e., 1, 2, 3, or 4 hours.</i>	radio, Required <table border="1"> <tr><td>1</td><td>&lt; 30 minutes</td></tr> <tr><td>2</td><td>30 minutes to 1 hour</td></tr> <tr><td>3</td><td>1-2 hours</td></tr> <tr><td>4</td><td>2-3 hours</td></tr> <tr><td>5</td><td>3-4 hours</td></tr> <tr><td>6</td><td>4-5 hours</td></tr> <tr><td>7</td><td>More than 5 hours</td></tr> </table> Custom alignment: LV	1	< 30 minutes	2	30 minutes to 1 hour	3	1-2 hours	4	2-3 hours	5	3-4 hours	6	4-5 hours	7	More than 5 hours		
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3	1-2 hours																		
4	2-3 hours																		
5	3-4 hours																		
6	4-5 hours																		
7	More than 5 hours																		
162	wkq_8e Show the field ONLY if: [wkq_8] = '1' and [wkq_cmp] = '1'	Did you spend time communicating with any family members in writing, such as email, text or letter writing this week? <i>Note: Time spent using social media qualifies if it is back-and-forth written communication, such as messaging.</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No												
1	Yes																		
0	No																		

163	<div>wkq_8f</div> <div>Show the field ONLY if: [wkq_8e] = '1' and [wkq_cmp] = '1'</div>	<div>In total, all combined, how long did you spend communicating with family by writing, counted in minutes or hours? <i>Read a couple options, if needed, and clarify responses that could fit more than one category, i.e., 1, 2, 3, or 4 hours.</i></div>	<div>radio, Required</div> <table><tr><td>1</td><td>&lt; 30 minutes</td></tr><tr><td>2</td><td>30 minutes to 1 hour</td></tr><tr><td>3</td><td>1-2 hours</td></tr><tr><td>4</td><td>2-3 hours</td></tr><tr><td>5</td><td>3-4 hours</td></tr><tr><td>6</td><td>4-5 hours</td></tr><tr><td>7</td><td>More than 5 hours</td></tr></table> <div>Custom alignment: LV</div>	1	< 30 minutes	2	30 minutes to 1 hour	3	1-2 hours	4	2-3 hours	5	3-4 hours	6	4-5 hours	7	More than 5 hours
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4	2-3 hours																
5	3-4 hours																
6	4-5 hours																
7	More than 5 hours																
164	<div>wkq_9</div> <div>Show the field ONLY if: [wkq_cmp] = '1'</div>	<div>Section Header: <i>[At Staff Discretion:] Next, I would like to ask about any contact that you have had with your friends.</i></div> <div>Did you have any contact with friends this week?</div> <div><i>[At Staff Discretion:] Our definition of friends also include those who live in your neighborhood and our definition of contact includes in-person, by phone or video chat, or in writing, such as emails, texts or letter writing.</i></div>	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No										
1	Yes																
0	No																
165	<div>wkq_9a</div> <div>Show the field ONLY if: [wkq_9] = '1' and [wkq_cmp] = '1'</div>	<div>Did you spend time talking with any friends in person this week?</div>	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No										
1	Yes																
0	No																
166	<div>wkq_9b</div> <div>Show the field ONLY if: [wkq_9a] = '1' and [wkq_cmp] = '1'</div>	<div>In total, all combined, how long did you meet with friends, counted in minutes or hours? <i>Read a couple options, if needed, and clarify responses that could fit more than one category, i.e., 1, 2, 3, or 4 hours.</i></div>	<div>radio, Required</div> <table><tr><td>1</td><td>&lt; 30 minutes</td></tr><tr><td>2</td><td>30 minutes to 1 hour</td></tr><tr><td>3</td><td>1-2 hours</td></tr><tr><td>4</td><td>2-3 hours</td></tr><tr><td>5</td><td>3-4 hours</td></tr><tr><td>6</td><td>4-5 hours</td></tr><tr><td>7</td><td>More than 5 hours</td></tr></table> <div>Custom alignment: LV</div>	1	< 30 minutes	2	30 minutes to 1 hour	3	1-2 hours	4	2-3 hours	5	3-4 hours	6	4-5 hours	7	More than 5 hours
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4	2-3 hours																
5	3-4 hours																
6	4-5 hours																
7	More than 5 hours																
167	<div>wkq_9c</div> <div>Show the field ONLY if: [wkq_9] = '1' and [wkq_cmp] = '1'</div>	<div>Did you spend time talking with any friends on the phone or by video chat this week?</div>	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No										
1	Yes																
0	No																
168	<div>wkq_9d</div> <div>Show the field ONLY if: [wkq_9c] = '1' and [wkq_cmp] = '1'</div>	<div>In total, all combined, how long did you talk with friends, counted in minutes or hours? <i>Read a couple options, if needed, and clarify responses that could fit more than one category, i.e., 1, 2, 3, or 4 hours.</i></div>	<div>radio, Required</div> <table><tr><td>1</td><td>&lt; 30 minutes</td></tr><tr><td>2</td><td>30 minutes to 1 hour</td></tr><tr><td>3</td><td>1-2 hours</td></tr><tr><td>4</td><td>2-3 hours</td></tr><tr><td>5</td><td>3-4 hours</td></tr><tr><td>6</td><td>4-5 hours</td></tr><tr><td>7</td><td>More than 5 hours</td></tr></table> <div>Custom alignment: LV</div>	1	< 30 minutes	2	30 minutes to 1 hour	3	1-2 hours	4	2-3 hours	5	3-4 hours	6	4-5 hours	7	More than 5 hours
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4	2-3 hours																
5	3-4 hours																
6	4-5 hours																
7	More than 5 hours																
169	<div>wkq_9e</div> <div>Show the field ONLY if: [wkq_9] = '1' and [wkq_cmp] = '1'</div>	<div>Did you spend time communicating with any friends in writing, such as email, text or letter writing this week? <i>Note: Time spent using social media qualifies if it is back-and-forth written communication, such as messaging.</i></div>	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No										
1	Yes																
0	No																

170	wkq_9f  Show the field ONLY if: [wkq_9e] = '1' and [wkq_cmp] = '1'	In total, all combined, how long did you spend communicating with friends by writing, counted in minutes or hours? <i>Read a couple options, if needed, and clarify responses that could fit more than one category, i.e., 1, 2, 3, or 4 hours.</i>	radio, Required <table><tr><td>1</td><td>&lt; 30 minutes</td></tr><tr><td>2</td><td>30 minutes to 1 hour</td></tr><tr><td>3</td><td>1-2 hours</td></tr><tr><td>4</td><td>2-3 hours</td></tr><tr><td>5</td><td>3-4 hours</td></tr><tr><td>6</td><td>4-5 hours</td></tr><tr><td>7</td><td>More than 5 hours</td></tr></table> Custom alignment: LV	1	< 30 minutes	2	30 minutes to 1 hour	3	1-2 hours	4	2-3 hours	5	3-4 hours	6	4-5 hours	7	More than 5 hours
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4	2-3 hours																
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6	4-5 hours																
7	More than 5 hours																
171	wkq_10  Show the field ONLY if: [wkq_cmp] = '1'	Did you meet with anyone else in-person this week? For example, volunteers, health-care providers, business people, or other hired help?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No										
1	Yes																
0	No																
172	wkq_10a  Show the field ONLY if: [wkq_10] = '1' and [wkq_cmp] = '1'	In total, all combined, how long did you meet with them, counted in minutes or hours? <i>Read a couple options, if needed, and clarify responses that could fit more than one category, i.e., 1, 2, 3, or 4 hours.</i>	radio, Required <table><tr><td>1</td><td>&lt; 30 minutes</td></tr><tr><td>2</td><td>30 minutes to 1 hour</td></tr><tr><td>3</td><td>1-2 hours</td></tr><tr><td>4</td><td>2-3 hours</td></tr><tr><td>5</td><td>3-4 hours</td></tr><tr><td>6</td><td>4-5 hours</td></tr><tr><td>7</td><td>More than 5 hours</td></tr></table> Custom alignment: LV	1	< 30 minutes	2	30 minutes to 1 hour	3	1-2 hours	4	2-3 hours	5	3-4 hours	6	4-5 hours	7	More than 5 hours
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4	2-3 hours																
5	3-4 hours																
6	4-5 hours																
7	More than 5 hours																
173	wkq_blu  Show the field ONLY if: [wkq_cmp] = '1'	Have you felt downhearted or blue for 3 or more days in the past week?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No										
1	Yes																
0	No																
174	wkq_wry  Show the field ONLY if: [wkq_blu] = '1' and [wkq_cmp] = '1'	Are you concerned or worried about how down you have been feeling? <i>Note: If you are concerned about this participant's safety, please let your coordinators know immediately.</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No										
1	Yes																
0	No																
175	wkq_cnt  Show the field ONLY if: [wkq_wry] = '1' and [wkq_cm p] = '1'	Section Header: <i>[At staff discretion, if asked for additional support:] Unfortunately, I am not a medical professional and we in research are very limited in what we can provide, but if you are having any mental or physical health concerns, I strongly recommend that you reach out to your primary care doctor or health care provider.</i>  Would you like to be contacted by study staff to discuss how we may be able to help? <i>If Yes, inform the participant that someone will contact them soon (and also inform your coordinators).</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	1	Yes	0	No										
1	Yes																
0	No																
176	wkq_qx  Show the field ONLY if: [wkq_loc]='1' and [wkq_cmp] = '1'	Do you have any questions or concerns about using the Vitamin C Pillbox?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	1	Yes	0	No										
1	Yes																
0	No																
177	wkq_qxa  Show the field ONLY if: [wkq_loc]='1' and [wkq_cmp] = '1'	Please include any questions or concerns below. <i>This includes all Vitamin C Pillbox-related participant comments throughout the call, including any reported pillbox data abnormalities. Please note that Vitamin C Pillbox data abnormalities are NOT considered reportable events.</i>	notes, Required, Identifier Custom alignment: LV Field Annotation: @HIDDEN														

178	wkq_sc2  Show the field ONLY if: [wkq_cmp] = '1'	Indicate that you are finished and share the fun fact, if the participant is interested.	descriptive						
179	wkq_ff	This Week's Fun Fact:	notes, Required Custom alignment: LV						
180	wkq_sc3  Show the field ONLY if: [wkq_cmp] = '1'	Thank the participant for their time and end the call.	descriptive						
181	wkq_ed  Show the field ONLY if: [wkq_cmp] = '1'	Call End Time	text (time), Required Custom alignment: LV						
182	wkq_clc  Show the field ONLY if: [wkq_cmp] = '1'	Length of Call <i>Minutes</i>	calc Calculation: datediff([wkq_str], [wkq_ed], "m") Custom alignment: LV						
183	wkq_hij  Show the field ONLY if: [wkq_cmp] = '1'	REMINDER: Stop Audio Hijack recording	descriptive						
184	wkq_not	Section Header: <i>General Notes</i> Please include any information that was not captured above. <i>Please do not include any information about Reportable Events in this field; this data should go in the designated field and form.</i>	notes, Identifier Custom alignment: LV						
185	wkq_rem  Show the field ONLY if: [wkq_cmp] = '1'	REMINDER: Upload AudioHijack Files to this folder.  Please review the audio naming conventions here.	descriptive						
186	wkq_chx	Safety Review	radio <table><tr><td>1</td><td>Reviewed</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	1	Reviewed				
1	Reviewed								
187	wkq_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive						
188	iconect_weekly_questionnaire_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Telephone Screening** (telephone\_screening)[^ Collapse](#)

189	ts_sid	Screening ID	text, Required
190	ts_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3
191	ts_dat	Telephone Screening Date <i>If conducted in multiple sessions, on more than one date, please include in General Notes box</i>	text (date_mdy), Required, Identifier Custom alignment: LV
192	ts_str	Start Time <i>Captured in realtime, not approximate or scheduled time; if conducted in multiple sessions, record additional start and end times in General Notes box</i>	text (time), Required Custom alignment: LV
193	ts_lfn	Section Header: <i>Basic Contact Information</i> *Collect in case screening is interrupted.* First Name <i>Legal name</i>	text, Required, Identifier Custom alignment: LV
194	ts_pfn	Preferred First Name <i>May be same as legal name</i>	text, Required, Identifier Custom alignment: LV
195	ts_mi	Middle Name or Initial <i>Not required</i>	text, Identifier Custom alignment: LV

196	ts_lfn	Last Name <i>Legal name</i>	text, Required, Identifier Custom alignment: LV						
197	ts_gdr	Gender	radio, Required <table><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr></table> Custom alignment: LV	1	Male	2	Female		
1	Male								
2	Female								
198	ts_prn	Select Mr. for male and Ms. for female	radio, Required <table><tr><td>1</td><td>Mr.</td></tr><tr><td>2</td><td>Ms.</td></tr></table> Custom alignment: LV	1	Mr.	2	Ms.		
1	Mr.								
2	Ms.								
199	ts_tp1	Primary Telephone Number	text (phone), Required, Identifier Custom alignment: LV						
200	ts_t1b	Primary Telephone Type	dropdown, Required <table><tr><td>1</td><td>Landline</td></tr><tr><td>2</td><td>Cell Phone</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	Landline	2	Cell Phone	3	Other
1	Landline								
2	Cell Phone								
3	Other								
201	ts_t1c Show the field ONLY if: [ts_t1b] = '3'	Other: Please describe primary telephone type.	text, Required Custom alignment: LV						
202	ts_tp2	"Is there another telephone number you would like us to have on file?"	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
203	ts_t2b Show the field ONLY if: [ts_tp2] = '1'	Secondary Telephone Number	text (phone), Required, Identifier Custom alignment: LV						
204	ts_t2c Show the field ONLY if: [ts_tp2] = '1'	Secondary Telephone Type	dropdown, Required <table><tr><td>1</td><td>Landline</td></tr><tr><td>2</td><td>Cell Phone</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	Landline	2	Cell Phone	3	Other
1	Landline								
2	Cell Phone								
3	Other								
205	ts_t2d Show the field ONLY if: [ts_t2c] = '3'	Other: Please describe secondary telephone type.	text Custom alignment: LV						
206	ts_mth	How did the potential participant hear about the study?	text, Required, Identifier Custom alignment: LV						

207	ts_sin	<p>Section Header: <i>Introductory Script</i></p> <p>*Greet potential participant, identify yourself and institution.*</p> <p>*Inform them that you are calling about a research study and that the call will take approximately 30 min.*</p> <p>I-CONNECT STUDY DESCRIPTION</p> <p>"I'll start by telling you a little bit about the study. We are doing this study to learn whether talking with others could improve memory or prevent dementia in older adults. Our study is called the 'Internet-based Conversational Engagement Clinical Trial,' or I-CONNECT for short.</p> <p>Study participation lasts about a year, and everyone's participation is voluntary.</p> <p>Half of the people in the study will receive video chats. Video chats are conversations conducted over the computer, so you are able to see and hear the other person.</p> <p>These chats are 30 minutes long, and will happen 4 times per week, for 6 months. After that, chats will happen twice a week for the following 6 months. We will provide all of the equipment needed for these video chats, which are intended to be fun and engaging.</p> <p>All participants will receive about 9 phone calls during the study. Most of these calls will be to collect study information (for example, information about your health and memory), and will include activities like filling out surveys, and completing problem-solving tasks. Due to COVID-19 restrictions that prevent our staff from visiting your home, two of the phone calls are for assisting you with installing and uninstalling your study equipment (this involves just a few cables). You would also receive an electronic pillbox that tracks when you take a daily low-dose Vitamin C pill.</p> <p>You will also receive a brief weekly telephone call that includes a survey about your health and social interactions.</p> <p>[At staff discretion]: If you are safely and comfortably able to have an MRI, you will also receive two MRI brain scans.</p> <p>Compensation will be given out after 3 of the phone appointments and both of the MRIs, if you receive MRIs. You can receive up to \$175 if you do not complete MRI scans, and up to \$375 if you do complete MRI scans.</p> <p>[At staff discretion]: In addition, if we have to use your personal internet for the video chat device, you will be compensated \$35 a month for each month you are chatting, for a total of \$420. This will be given along with your other compensation at month 6 and month 12.</p> <p>At this point, do you have any questions about the study?"</p> <p>*Answer questions.*</p>	descriptive				
208	ts_pyn	<p>"Do you think you might be interested in participating?"</p>	<p>yesno, Required</p> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <p>Custom alignment: LV</p>	1	Yes	0	No
1	Yes						
0	No						
209	ts_pye Show the field ONLY if: [ts_pyn]='1'	<p>"In that case, I would like to ask you some questions to see if you are eligible to participate. Is that ok?"</p> <p>*If yes, proceed. If no, select "No" to the next question, and inquire about rescheduling.*</p>	descriptive				



210	<div>ts_seg</div> <div>Show the field ONLY if: [ts_pyn]='1'</div>	<div>ELIGIBILITY SECTION</div> <div>"In research studies it is important that we say the same thing to all our participants, so for that reason, I need to read a script for conducting this call; but please feel free to interrupt me at any time if you have questions or if you decide that you are not interested."</div> <div>"Before we move on to the eligibility questions, I need to explain a bit about your rights as a research subject.</div> <div>The main risk of answering my questions here today is loss of confidentiality. However, we will do our best to keep your information safe by storing data on password-protected computers and secure storage servers. If you are not eligible or decide that you are not interested, we will destroy the data we collect here today at the end of the study. If you do decide to join the study, the data we collect here today, as well as all study data, will be stored in a data bank. This information will be stored indefinitely and may be used and disclosed for future research.</div> <div>You don't have to answer my questions, and you can choose to stop at any time--this is entirely voluntary. If you have questions about the study, you can call us at the following number (would you like to write it down?): 503-494-9043. If you have questions about your rights as a research subject or research-related injuries, you can call the Research Integrity Office at the following number (would you like to write it down?): 503-494-7887.</div> <div>Also, I just want to let you know that because this is research, if we determine you are not eligible to participate, we may not be able to disclose the reason why."</div>	<div>descriptive</div>
211	<div>ts_eyn</div> <div>Show the field ONLY if: [ts_pyn]='1'</div>	<div>"May I go ahead with the eligibility questions?"</div>	<div>yesno, Required</div> <div><div><div>1</div><div>Yes</div></div><div><div>0</div><div>No</div></div></div> <div>Custom alignment: LV</div>
212	<div>ts_nav</div> <div>Show the field ONLY if: [ts_eyn]='0'</div>	<div>*Inquire whether potential participant would like to reschedule the remainder of the call for another time. If interested, reschedule. If no, thank them for their time and end call.*</div>	<div>descriptive</div>
213	<div>ts_eyes</div> <div>Show the field ONLY if: [ts_eyn]='1'</div>	<div>Basic Eligibility Questions</div> <div>"I'm going to start with a few basic eligibility questions."</div>	<div>descriptive</div>
214	<div>ts_b1</div> <div>Show the field ONLY if: [ts_eyn]='1'</div>	<div>"Are you age 75 or older?"</div> <div><i>Inclusion Criterion #1: Age 75 or older</i></div>	<div>radio, Required</div> <div><div><div>1</div><div>Yes</div></div><div><div>0</div><div>No</div></div></div> <div>Custom alignment: LV</div>
215	<div>ts_b4</div> <div>Show the field ONLY if: [ts_b1]= '1'</div>	<div>"Do you anticipate a major change in your living arrangement within the upcoming year?"</div> <div><i>Exclusion Criterion #2: Anticipating major change in living arrangement within the upcoming year.</i></div>	<div>radio, Required</div> <div><div><div>1</div><div>Yes</div></div><div><div>0</div><div>No</div></div></div> <div>Custom alignment: LV</div>
216	<div>ts_b5</div> <div>Show the field ONLY if: [ts_b4]='1'</div>	<div>Please explain anticipated changes.</div> <div><i>Considerations: Do they have concrete plans for this change? How major is this change? Is this change truly anticipated or just a possibility?</i></div>	<div>notes, Required, Identifier</div> <div>Custom alignment: LV</div>

217	ts_mch  Show the field ONLY if: [ts_b4]='1'	Study Staff: Considering description of anticipated major change, do you think the potential participant is eligible?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Unsure</td></tr></table> Custom alignment: LV	1	Yes	0	No	2	Unsure						
1	Yes														
0	No														
2	Unsure														
218	ts_fsi  Show the field ONLY if: [ts_mch]='1' or [ts_mch]='2' or [ts_b4]='0'	"Next I would like to ask you about your frequency of social interactions."	descriptive												
219	ts_30m  Show the field ONLY if: [ts_mch]='1' or [ts_mch]='2' or [ts_b4]='0'	"In a typical week, how often do you have a conversation that lasts for 30 minutes or longer?" <i>Inclusion Criterion #3. Socially isolated, defined by at least one of the following: (i) Scores ≤ 12 on LSNS-6 (next questionnaire below) OR (ii) Engages in conversations lasting 30 minutes or longer no more than twice per week OR (iii) Answers "Often" to at least one question from the 3-Item Loneliness Scale, per subject self-report</i>	radio, Required <table><tr><td>1</td><td>Almost never</td></tr><tr><td>2</td><td>Once or twice</td></tr><tr><td>3</td><td>Three to five times</td></tr><tr><td>4</td><td>Almost daily</td></tr></table> Custom alignment: LV	1	Almost never	2	Once or twice	3	Three to five times	4	Almost daily				
1	Almost never														
2	Once or twice														
3	Three to five times														
4	Almost daily														
220	ts_lfm  Show the field ONLY if: [ts_mch]='1' or [ts_mch]='2' or [ts_b4]='0'	"Family: Considering the people to whom you are related by birth, marriage, adoption, etc..."	descriptive												
221	ts_lb1  Show the field ONLY if: [ts_mch]='1' or [ts_mch]='2' or [ts_b4]='0'	1. "How many relatives do you see or hear from at least once a month?"	radio (Matrix), Required <table><tr><td>0</td><td>none</td></tr><tr><td>1</td><td>one</td></tr><tr><td>2</td><td>two</td></tr><tr><td>3</td><td>three or four</td></tr><tr><td>4</td><td>five thru eight</td></tr><tr><td>5</td><td>nine or more</td></tr></table>	0	none	1	one	2	two	3	three or four	4	five thru eight	5	nine or more
0	none														
1	one														
2	two														
3	three or four														
4	five thru eight														
5	nine or more														
222	ts_lb2  Show the field ONLY if: [ts_mch]='1' or [ts_mch]='2' or [ts_b4]='0'	2. "How many relatives do you feel at ease with that you can talk about private matters?"	radio (Matrix), Required <table><tr><td>0</td><td>none</td></tr><tr><td>1</td><td>one</td></tr><tr><td>2</td><td>two</td></tr><tr><td>3</td><td>three or four</td></tr><tr><td>4</td><td>five thru eight</td></tr><tr><td>5</td><td>nine or more</td></tr></table>	0	none	1	one	2	two	3	three or four	4	five thru eight	5	nine or more
0	none														
1	one														
2	two														
3	three or four														
4	five thru eight														
5	nine or more														
223	ts_lb3  Show the field ONLY if: [ts_mch]='1' or [ts_mch]='2' or [ts_b4]='0'	3. "How many relatives do you feel close to such that you could call on them for help?"	radio (Matrix), Required <table><tr><td>0</td><td>none</td></tr><tr><td>1</td><td>one</td></tr><tr><td>2</td><td>two</td></tr><tr><td>3</td><td>three or four</td></tr><tr><td>4</td><td>five thru eight</td></tr><tr><td>5</td><td>nine or more</td></tr></table>	0	none	1	one	2	two	3	three or four	4	five thru eight	5	nine or more
0	none														
1	one														
2	two														
3	three or four														
4	five thru eight														
5	nine or more														
224	ts_lfr  Show the field ONLY if: [ts_mch]='1' or [ts_mch]='2' or [ts_b4]='0'	"Friendships: Considering all of your friends, including those who live in your neighborhood..."	descriptive												

225	ts_lb4  Show the field ONLY if: [ts_mch]='1' or [ts_mch]='2' or [ts_b4]='0'	4. "How many of your friends do you see or hear from at least once a month?"	radio (Matrix), Required <table><tr><td>0</td><td>none</td></tr><tr><td>1</td><td>one</td></tr><tr><td>2</td><td>two</td></tr><tr><td>3</td><td>three or four</td></tr><tr><td>4</td><td>five thru eight</td></tr><tr><td>5</td><td>nine or more</td></tr></table>	0	none	1	one	2	two	3	three or four	4	five thru eight	5	nine or more
0	none														
1	one														
2	two														
3	three or four														
4	five thru eight														
5	nine or more														
226	ts_lb5  Show the field ONLY if: [ts_mch]='1' or [ts_mch]='2' or [ts_b4]='0'	5. "How many friends do you feel at ease with that you can talk about private matters?"	radio (Matrix), Required <table><tr><td>0</td><td>none</td></tr><tr><td>1</td><td>one</td></tr><tr><td>2</td><td>two</td></tr><tr><td>3</td><td>three or four</td></tr><tr><td>4</td><td>five thru eight</td></tr><tr><td>5</td><td>nine or more</td></tr></table>	0	none	1	one	2	two	3	three or four	4	five thru eight	5	nine or more
0	none														
1	one														
2	two														
3	three or four														
4	five thru eight														
5	nine or more														
227	ts_lb6  Show the field ONLY if: [ts_mch]='1' or [ts_mch]='2' or [ts_b4]='0'	6. "How many friends do you feel close to such that you could call on them for help?"	radio (Matrix), Required <table><tr><td>0</td><td>none</td></tr><tr><td>1</td><td>one</td></tr><tr><td>2</td><td>two</td></tr><tr><td>3</td><td>three or four</td></tr><tr><td>4</td><td>five thru eight</td></tr><tr><td>5</td><td>nine or more</td></tr></table>	0	none	1	one	2	two	3	three or four	4	five thru eight	5	nine or more
0	none														
1	one														
2	two														
3	three or four														
4	five thru eight														
5	nine or more														
228	ts_lt  Show the field ONLY if: [ts_mch]='1' or [ts_mch]='2' or [ts_b4]='0'	Total Autocalculation	calc Calculation: [ts_lb1]+[ts_lb2]+[ts_lb3]+[ts_lb4]+ [ts_lb5]+[ts_lb6] Custom alignment: LV												
229	ts_soc  Show the field ONLY if: [ts_mch]='1' or [ts_mch]='2' or [ts_b4]='0'	Study Staff: Did potential participant score ≤12 on the Lubben Social Network Scale?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No								
1	Yes														
0	No														
230	ts_lon	Loneliness Questions	descriptive												
231	ts_lo1	"How often do you feel that you lack companionship?"	radio, Required <table><tr><td>1</td><td>Hardly ever</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Often</td></tr></table> Custom alignment: LV	1	Hardly ever	2	Some of the time	3	Often						
1	Hardly ever														
2	Some of the time														
3	Often														
232	ts_lo2	"How often do you feel left out?"	radio, Required <table><tr><td>1</td><td>Hardly ever</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Often</td></tr></table> Custom alignment: LV	1	Hardly ever	2	Some of the time	3	Often						
1	Hardly ever														
2	Some of the time														
3	Often														
233	ts_lo3	"How often do you feel isolated from others?"	radio, Required <table><tr><td>1</td><td>Hardly ever</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Often</td></tr></table> Custom alignment: LV	1	Hardly ever	2	Some of the time	3	Often						
1	Hardly ever														
2	Some of the time														
3	Often														

234	ts_she  Show the field ONLY if: [ts_30m]='1' or [ts_30m]='2' or [ts_soc]='1'	Health Questions  "Next, I have a few questions about your health. Please simply respond 'yes' or 'no' to the following brief questions about your health."  *If at any point a potential participant fails an eligibility criterion, end call immediately.*	descriptive				
235	ts_h1  Show the field ONLY if: [ts_30m]='1' or [ts_30m]='2' or [ts_soc]='1'	1. "Have you had more than one overnight hospital stay within the last 3 months?" <i>Exclusion Criterion #11: More than one overnight hospital stay within 3 months of screening visit</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
236	ts_h1b  Show the field ONLY if: [ts_h1] = '1'	1a. "When, for how long, and for what reason?" <i>Potentially consider scheduling home screening visit for after the 3-month time lapse post hospitalization</i>	notes, Required, Identifier Custom alignment: LV				
237	ts_h2  Show the field ONLY if: [ts_30m]='1' or [ts_30m]='2' or [ts_soc]='1'	2. "Do you have any major health problems that require you to visit the doctor more than once a month?"	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
238	ts_hb  Show the field ONLY if: [ts_h2] = '1'	2a. "What are your most significant present health concerns?"	notes, Required, Identifier Custom alignment: LV				
239	ts_h3  Show the field ONLY if: [ts_30m]='1' or [ts_30m]='2' or [ts_soc]='1'	3. "Have you had any surgeries within the past 6 months that required sedation?" <i>Exclusion Criterion #10: Surgery that required full sedation with intubation within 6 months of screening (sedation for minor procedures is acceptable)</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
240	ts_h3b  Show the field ONLY if: [ts_h3]='1'	3a. "Please explain."	notes, Required, Identifier Custom alignment: LV				
241	ts_h4  Show the field ONLY if: [ts_30m]='1' or [ts_30m]='2' or [ts_soc]='1'	4. "Are you able to see well enough to read a newspaper, wearing glasses if needed but NOT using a magnifying glass?" <i>Inclusion Criterion #4ii: See well enough to read a newspaper, wearing glasses if needed, but not using a magnifying glass</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
242	ts_h6  Show the field ONLY if: [ts_30m]='1' or [ts_30m]='2' or [ts_soc]='1'	5. "Do you feel you have more problems with memory than most?"	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
243	ts_h6a  Show the field ONLY if: [ts_h6] = '1'	5a. "What are your concerns?"	notes, Required, Identifier Custom alignment: LV				
244	ts_h7  Show the field ONLY if: [ts_30m]='1' or [ts_30m]='2' or [ts_soc]='1'	6. "Have you been diagnosed with a disease related to memory and thinking, such as dementia, including dementia due to Alzheimer's Disease, vascular dementia, Lewy body dementia, frontotemporal dementia, normal pressure hydrocephalus, or Parkinson's disease?" <i>Exclusion Criterion #1i: Self-reported diseases associated with dementia, such as Alzheimer's disease, vascular dementia, Lewy body dementia, frontotemporal dementia, normal pressure hydrocephalus, or Parkinson's disease</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
245	ts_h7a  Show the field ONLY if: [ts_h7] = '1'	6a. "What is the diagnosis and how is it being treated?"	notes, Required, Identifier Custom alignment: LV				

246	<div>ts_h8</div> <div>Show the field ONLY if: [ts_30m]='1' or [ts_30m]='2' or [ts_soc]='1'</div>	<div>7. "Do you or have you ever had any disease of the central nervous system, such as a brain tumor, seizure disorder, subdural hematoma, or significant stroke?"</div> <div>Exclusion Criterion #4: Significant disease of the central nervous system, such as brain tumor, seizure disorder, subdural hematoma, or significant stroke, per subject report</div>	<div>radio, Required</div> <div><div><div>1</div><div>Yes</div></div><div><div>0</div><div>No</div></div></div> <div>Custom alignment: LV</div>
247	<div>ts_h8a</div> <div>Show the field ONLY if: [ts_h8] = '1'</div>	<div>7a. "What is the diagnosis and how is it being treated?"</div>	<div>notes, Required, Identifier</div> <div>Custom alignment: LV</div>
248	<div>ts_h9</div> <div>Show the field ONLY if: [ts_30m]='1' or [ts_30m]='2' or [ts_soc]='1'</div>	<div>8. "Have you had an alcohol or substance abuse disorder within the past 2 years?"</div> <div>Exclusion Criterion #5: Current (within 2 years of screening) alcohol or substance abuse</div>	<div>radio, Required</div> <div><div><div>1</div><div>Yes</div></div><div><div>0</div><div>No</div></div></div> <div>Custom alignment: LV</div>
249	<div>ts_h9a</div> <div>Show the field ONLY if: [ts_h9] = '1'</div>	<div>8a. "What substance, what is the current status, and how is it being treated?"</div>	<div>notes, Required, Identifier</div> <div>Custom alignment: LV</div>
250	<div>ts_h10</div> <div>Show the field ONLY if: [ts_30m]='1' or [ts_30m]='2' or [ts_soc]='1'</div>	<div>9. "Have you received any diagnoses related to a symptomatic psychiatric disorder, such as major depression, schizophrenia, posttraumatic stress disorder, or bipolar disorder?"</div> <div>Exclusion Criterion #6: Unstable or significantly symptomatic psychiatric disorder, such as major depression, schizophrenia, posttraumatic stress disorder, or bipolar disorder</div>	<div>radio, Required</div> <div><div><div>1</div><div>Yes</div></div><div><div>0</div><div>No</div></div></div> <div>Custom alignment: LV</div>
251	<div>ts_10a</div> <div>Show the field ONLY if: [ts_h10] = '1'</div>	<div>9a. "What is the diagnosis and how is it being treated?"</div>	<div>notes, Required, Identifier</div> <div>Custom alignment: LV</div>
252	<div>ts_h11</div> <div>Show the field ONLY if: [ts_30m]='1' or [ts_30m]='2' or [ts_soc]='1'</div>	<div>10. "Have you had active systemic cancer within the past 5 years?"</div> <div>Exclusion Criterion #9: Active systemic cancer within 5 years of the screening visit (Gleason Grade &lt; 3 prostate cancer and non-metastatic skin cancers are acceptable)</div>	<div>radio, Required</div> <div><div><div>1</div><div>Yes</div></div><div><div>0</div><div>No</div></div></div> <div>Custom alignment: LV</div>
253	<div>ts_11a</div> <div>Show the field ONLY if: [ts_h11] = '1'</div>	<div>10a. "Please describe type of cancer, treatment, and current status."</div>	<div>notes, Required, Identifier</div> <div>Custom alignment: LV</div>
254	<div>ts_h13</div> <div>Show the field ONLY if: [ts_30m]='1' or [ts_30m]='2' or [ts_soc]='1'</div>	<div>11. "Have you been diagnosed with an unstable or significantly symptomatic cardiovascular disease, such as coronary artery disease with frequent angina, or congestive heart failure with shortness of breath at rest?"</div> <div>Exclusion Criterion #7: Unstable or significantly symptomatic cardiovascular disease, such as coronary artery disease with frequent angina, or congestive heart failure with shortness of breath at rest</div>	<div>radio, Required</div> <div><div><div>1</div><div>Yes</div></div><div><div>0</div><div>No</div></div></div> <div>Custom alignment: LV</div>
255	<div>ts_13a</div> <div>Show the field ONLY if: [ts_h13] = '1'</div>	<div>11a. "What was the diagnosis and how is it being treated?"</div>	<div>notes, Required, Identifier</div> <div>Custom alignment: LV</div>
256	<div>ts_h14</div> <div>Show the field ONLY if: [ts_30m]='1' or [ts_30m]='2' or [ts_soc]='1'</div>	<div>12. "Do you have diabetes?"</div> <div>Exclusion Criterion #8: Unstable insulin-dependent diabetes mellitus, defined as meeting any of the following criteria. (Questions will appear below only if "Yes" is selected.)</div>	<div>radio, Required</div> <div><div><div>1</div><div>Yes</div></div><div><div>0</div><div>No</div></div></div> <div>Custom alignment: LV</div>
257	<div>ts_14a</div> <div>Show the field ONLY if: [ts_h14]='1'</div>	<div>12a. "Have you been diagnosed with Type 1 Diabetes?"</div> <div>Exclusion Criterion #8i: Received a diagnosis of Type 1 Diabetes</div>	<div>radio, Required</div> <div><div><div>1</div><div>Yes</div></div><div><div>0</div><div>No</div></div></div> <div>Custom alignment: LV</div>

258	ts_14b  Show the field ONLY if: [ts_h14]='1'	12b. "Have you started taking insulin within the past 3 months?" <i>Exclusion Criterion #8ii: Started taking insulin within 3 months of the screening visit</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
259	ts_14c  Show the field ONLY if: [ts_h14]='1'	12c. "Have you been hospitalized for hypoglycemia within the past year?" <i>Exclusion Criterion #8iii: Been hospitalized for hypoglycemia within one year of screening</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
260	ts_15	Intervention Schedule	descriptive						
261	ts_16	13. [Suggested language:] "As I mentioned before, half of the people in the study will receive video chats. Would you be available for this time commitment? It's Monday through Thursday every week, for 30 minutes each day.  If you join the study are asked to be in the video chat group, which of the following times of day would you be available every day, Monday through Thursday?"  OHSU: 10 a.m., 11 a.m., noon, or 1:00 p.m. (PST) UM: 1 p.m., 2 p.m., 3 p.m., or 4 p.m. (EST)	descriptive						
262	ts_eh  Show the field ONLY if: [ts_30m]='1' or [ts_30m]='2' or [ts_soc]='1'	Study Staff: Could the potential participant hear well enough to complete the telephone screening? <i>Inclusion Criterion #5i: Able to hear well enough to complete the telephone screening</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
263	ts_heh  Show the field ONLY if: [ts_30m]='1' or [ts_30m]='2' or [ts_soc]='1'	Study Staff: Does potential participant meet the above health criteria?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Unsure</td></tr></table> Custom alignment: LV	1	Yes	0	No	2	Unsure
1	Yes								
0	No								
2	Unsure								
264	ts_ev  Show the field ONLY if: [ts_30m]='1' or [ts_30m]='2' or [ts_soc]='1'	Study Staff: Was the potential participant's English speaking and comprehension skills adequate to complete the telephone screening? <i>Inclusion Criterion #6: Sufficient ability to understand English in order to complete protocol-required testing</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
265	ts_neg  Show the field ONLY if: [ts_b1]='0' or [ts_pyn]='0' or [ts_mch]='0' or ([ts_30m]='3' or [ts_30m]='4') and [ts_soc]='0' or [ts_heh]='0' or [ts_eh]='0' or [ts_ev]='0' or [ts_elg]='0'	*If applicable, inform potential participant they are not eligible. Thank them for their time and interest. End call.*	descriptive						
266	ts_elg	Study Staff: Do you think the participant is eligible to participate? <i>Eligibility also includes interest in participation.</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>2</td><td>Unsure</td></tr></table> Custom alignment: LV	1	Yes	0	No	2	Unsure
1	Yes								
0	No								
2	Unsure								
267	ts_sco_2  Show the field ONLY if: [ts_elg]='1' or [ts_elg]='2'	*Inform participant that their responses thus far indicate that they MAY be eligible to participate, so you would like to continue and collect more information, then you'll provide information about next steps.*	descriptive						

268	ts_sco  Show the field ONLY if: [ts_elg]= '1' or [ts_elg]= '2'	Contact Information  *Collect potential participant's mailing address to send them information about the study (i.e. consent form).*	descriptive, Identifier				
269	ts_sr1  Show the field ONLY if: [ts_elg]= '1' or [ts_elg]= '2'	Mailing Street Address	text, Required, Identifier Custom alignment: LV				
270	ts_ct1  Show the field ONLY if: [ts_elg]= '1' or [ts_elg]= '2'	City	text, Required, Identifier Custom alignment: LV				
271	ts_st1  Show the field ONLY if: [ts_elg]= '1' or [ts_elg]= '2'	State <i>i.e. OR, WA</i>	text, Required Custom alignment: LV Field Annotation: @CHARLIMIT=2				
272	ts_zp1  Show the field ONLY if: [ts_elg]= '1' or [ts_elg]= '2'	ZIP Code	text (zipcode), Required Custom alignment: LV				
273	ts_ad  Show the field ONLY if: [ts_elg]= '1' or [ts_elg]= '2'	Is potential participant's physical address the same as the mailing address?	radio, Required <table border="1"><tr><td>0</td><td>Same as Mailing Address</td></tr><tr><td>1</td><td>Different from Mailing Address</td></tr></table> Custom alignment: LV	0	Same as Mailing Address	1	Different from Mailing Address
0	Same as Mailing Address						
1	Different from Mailing Address						
274	ts_sc2  Show the field ONLY if: [ts_ad] = '1'	Collect physical street address (needed for study home visits)	descriptive				
275	ts_sr2  Show the field ONLY if: [ts_ad] = '1'	Physical Street Address	text, Required, Identifier Custom alignment: LV				
276	ts_ct2  Show the field ONLY if: [ts_ad] = '1'	City	text, Required, Identifier Custom alignment: LV				
277	ts_st2  Show the field ONLY if: [ts_ad] = '1'	State <i>i.e. OR, WA</i>	text, Required Custom alignment: LV Field Annotation: @CHARLIMIT=2				
278	ts_zp2  Show the field ONLY if: [ts_ad] = '1'	ZIP Code	text (zipcode), Required Custom alignment: LV				
279	ts_sdm  Show the field ONLY if: [ts_elg]= '1' or [ts_elg]= '2'	Demographic Information  "Next, I would like to collect basic demographic information."	descriptive, Identifier				
280	ts_dob  Show the field ONLY if: [ts_elg]= '1' or [ts_elg]= '2'	Date of Birth	text (date_mdy), Required, Identifier Custom alignment: LV Field Annotation: @HIDEBUTTON				
281	ts_age  Show the field ONLY if: [ts_elg]= '1' or [ts_elg]= '2'	Age <i>Inclusion Criterion #1: Age 75 or older</i>	calc, Identifier Calculation: round(datediff([ts_dob], [ts_dat], "y", "mdy"), 1) Custom alignment: LV				

282	ts_mar Show the field ONLY if: [ts_elg]= '1' or [ts_elg]= '2'	Current Marital Status	radio, Required <table border="1"> <tr><td>1</td><td>Married</td></tr> <tr><td>2</td><td>Widowed</td></tr> <tr><td>3</td><td>Divorced</td></tr> <tr><td>4</td><td>Separated</td></tr> <tr><td>5</td><td>Never married (or marriage was annulled)</td></tr> <tr><td>6</td><td>Living as married/domestic partner</td></tr> <tr><td>9</td><td>Unknown</td></tr> </table> Custom alignment: LV	1	Married	2	Widowed	3	Divorced	4	Separated	5	Never married (or marriage was annulled)	6	Living as married/domestic partner	9	Unknown		
1	Married																		
2	Widowed																		
3	Divorced																		
4	Separated																		
5	Never married (or marriage was annulled)																		
6	Living as married/domestic partner																		
9	Unknown																		
283	ts_eth Show the field ONLY if: [ts_elg]= '1' or [ts_elg]= '2'	Identify as having Hispanic or Latino ethnicity? <i>i.e., having origins from a mainly Spanish-speaking Latin American country</i>	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>9</td><td>Unknown</td></tr> </table> Custom alignment: LV	0	No	1	Yes	9	Unknown										
0	No																		
1	Yes																		
9	Unknown																		
284	ts_etx Show the field ONLY if: [ts_eth]='1'	If yes, what are the potential participant's reported origins?	radio, Required <table border="1"> <tr><td>1</td><td>Mexican, Chicano, or Mexican-American</td></tr> <tr><td>2</td><td>Puerto Rican</td></tr> <tr><td>3</td><td>Cuban</td></tr> <tr><td>4</td><td>Dominican</td></tr> <tr><td>5</td><td>Central American</td></tr> <tr><td>6</td><td>South American</td></tr> <tr><td>50</td><td>Other</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> Custom alignment: LV	1	Mexican, Chicano, or Mexican-American	2	Puerto Rican	3	Cuban	4	Dominican	5	Central American	6	South American	50	Other	99	Unknown
1	Mexican, Chicano, or Mexican-American																		
2	Puerto Rican																		
3	Cuban																		
4	Dominican																		
5	Central American																		
6	South American																		
50	Other																		
99	Unknown																		
285	ts_rc Show the field ONLY if: [ts_elg]= '1' or [ts_elg]= '2'	What does the potential participant report as their race? (Prompt that they may report one or more.)	radio, Required <table border="1"> <tr><td>1</td><td>White</td></tr> <tr><td>2</td><td>Black or African American</td></tr> <tr><td>3</td><td>American Indian or Alaska Native</td></tr> <tr><td>4</td><td>Native Hawaiian or other Pacific Islander</td></tr> <tr><td>5</td><td>Asian</td></tr> <tr><td>50</td><td>Other</td></tr> <tr><td>51</td><td>Multiple races</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> Custom alignment: LV	1	White	2	Black or African American	3	American Indian or Alaska Native	4	Native Hawaiian or other Pacific Islander	5	Asian	50	Other	51	Multiple races	99	Unknown
1	White																		
2	Black or African American																		
3	American Indian or Alaska Native																		
4	Native Hawaiian or other Pacific Islander																		
5	Asian																		
50	Other																		
51	Multiple races																		
99	Unknown																		
286	ts_rc2 Show the field ONLY if: [ts_rc] = '50' or [ts_rc] = '51'	Specify race(s).	text, Required Custom alignment: LV																
287	ts_lg Show the field ONLY if: [ts_elg]= '1' or [ts_elg]= '2'	What language has the potential participant spoken most often in day-to-day life in the past year?	radio, Required <table border="1"> <tr><td>1</td><td>English</td></tr> <tr><td>2</td><td>Spanish</td></tr> <tr><td>3</td><td>Mandarin</td></tr> <tr><td>4</td><td>Cantonese</td></tr> <tr><td>5</td><td>Russian</td></tr> <tr><td>6</td><td>Japanese</td></tr> <tr><td>8</td><td>Other primary language</td></tr> <tr><td>9</td><td>Unknown</td></tr> </table> Custom alignment: LV	1	English	2	Spanish	3	Mandarin	4	Cantonese	5	Russian	6	Japanese	8	Other primary language	9	Unknown
1	English																		
2	Spanish																		
3	Mandarin																		
4	Cantonese																		
5	Russian																		
6	Japanese																		
8	Other primary language																		
9	Unknown																		



288	ts_lg2 Show the field ONLY if: [ts_lg]='8'	Other: Specify primary language.	text, Required Custom alignment: LV
289	ts_clo Show the field ONLY if: [ts_elg] = '1'	<p>Mailing Consent &amp; Scheduling Follow-up</p> <p>*Explain that the next step is to mail them more information about the study.*</p> <p>*Confirm mailing address.*</p> <p>Mailing address (collected above): [ts_sr1] [ts_ct1], [ts_st1] [ts_zp1]</p> <p>"Once you receive the information, please take some time to read through the details. You do not need to sign anything at this point, this is just for you to learn more about our study and decide if you are interested in participating. I would like to schedule a time to follow up with you by phone after you have received and reviewed the information. During this follow-up call, I will answer any questions you may have, see if you are still interested, and talk with you about next steps."</p> <p>*Schedule a Consent Follow-up Call, allowing potential participant time to receive and read the consent*</p>	descriptive, Identifier
290	ts_clo_2 Show the field ONLY if: [ts_elg] = '2'	<p>Mailing Consent &amp; Scheduling Follow-up</p> <p>*Inform potential participant that based on their responses, you do not know whether or not they are eligible to participate. Let them know you will need to check with study staff about their eligibility.*</p> <p>*Explain that in the meantime, you would like to mail them the consent so they can learn more about the study.*</p> <p>*Confirm mailing address.*</p> <p>Mailing address (collected above): [ts_sr1] [ts_ct1], [ts_st1] [ts_zp1]</p> <p>"Once you receive the information, please take some time to read through the details. You do not need to sign anything at this point, this is just for you to learn more about our study and decide if you are interested in participating. I would like to schedule a time to follow up with you by phone after you have received and reviewed the information. During this follow-up call, I will answer any questions you may have, see if you are still interested, and talk with you about next steps."</p> <p>*Remind potential participant that during the Consent Follow-up Call, you will also let them know whether or not they are eligible to participate in the study.*</p> <p>*Schedule a Consent Follow-up Call, allowing potential participant time to receive and read the consent.*</p>	descriptive, Identifier
291	ts_cdt Show the field ONLY if: [ts_elg] = '1' or [ts_elg] = '2'	Scheduled Consent Follow-up Call Date	text (date_mdy), Required, Identifier Custom alignment: LV
292	ts_ctm Show the field ONLY if: [ts_elg] = '1' or [ts_elg] = '2'	Scheduled Consent Follow-up Call Time	text, Required Custom alignment: LV

293	ts_sc3  Show the field ONLY if: [ts_elg] = '1' or [ts_elg] = '2'	*Confirm potential participant has the study contact phone number and your name, in case of questions.*  *Thank participant for their time and interest. End call.*	descriptive															
294	ts_en  Show the field ONLY if: [ts_elg]='0'	Reason(s) for ineligibility	checkbox, Required <table><tr><td>1</td><td>ts_en__1</td><td>Medical/Health</td></tr><tr><td>2</td><td>ts_en__2</td><td>Social</td></tr><tr><td>3</td><td>ts_en__3</td><td>Not Interested</td></tr><tr><td>4</td><td>ts_en__4</td><td>Age</td></tr><tr><td>5</td><td>ts_en__5</td><td>Other</td></tr></table> Custom alignment: LV	1	ts_en__1	Medical/Health	2	ts_en__2	Social	3	ts_en__3	Not Interested	4	ts_en__4	Age	5	ts_en__5	Other
1	ts_en__1	Medical/Health																
2	ts_en__2	Social																
3	ts_en__3	Not Interested																
4	ts_en__4	Age																
5	ts_en__5	Other																
295	ts_en2  Show the field ONLY if: [ts_en(5)] = '1'	Please explain.	text, Required Custom alignment: LV															
296	ts_ent	General Notes	notes, Identifier Custom alignment: LV															
297	ts_end	End Time <i>Captured in realtime</i>	text (time), Required Custom alignment: LV															
298	ts_clc	Length of Telephone Screen <i>If ≥45 minutes total, include in reportable event form</i>	calc Calculation: datediff([ts_str], [ts_end], "m") Custom alignment: LV															
299	ts_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive															
300	telephone_screening_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete									
0	Incomplete																	
1	Unverified																	
2	Complete																	

Instrument: **Consent Admin Form** (consent\_admin\_form)[^ Collapse](#)

301	con_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required Custom alignment: LV Field Annotation: @CHARLIMIT=3				
302	con_dtc	Section Header: <i>By completing this form, I confirm that the following processes were followed in the course of collecting informed consent: Study staff explained the consent process and study procedures in lay terms, and confirmed subject comprehension. The subject was given ample time to review the consent form and questions were answered prior to consent. Consent was obtained prior to any other study procedures at Screening. If consent was collected remotely over the phone, subject signature to document informed consent was not obtained. Informed consent was documented by the study staff on the consent form. Staff signed the consent form to indicate that informed consent was obtained from the subject. A copy of the consent form will be provided to the subject. If there are any deviations from these procedures, a note will be added on this form.</i>  Date of Consent	text (date_mdy), Required, Identifier Custom alignment: LV				
303	con_up	Scan the paper Consent and Authorization form, and upload here. Please remember to verify scan quality and certify the uploaded copy using your paper Copy Certification Log.  File Naming Convention: SubID_CON_SC_MMDDYY	file, Required, Identifier Custom alignment: LV				
304	con_dtv	Consent Version Date <i>Date in IRB Approval Stamp</i>	text (date_mdy), Required Custom alignment: LV				
305	con_fr	Did participant consent to be contacted for future study participation?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						

306	con_sal	Did participant consent to APOE saliva collection and NCRAD banking?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
307	con_not	General Notes	notes, Identifier Custom alignment: LV						
308	con_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive						
309	consent_admin_form_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: <b>Compensation First</b> (compensation_first) <span>^ Collapse</span>									
310	cmp_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required Custom alignment: LV Field Annotation: @CHARLIMIT=3						
311	cmp_dat	Date	text (date_mdy), Required, Identifier Custom alignment: LV						
312	cmp_1	Was the compensation process followed per protocol for this visit?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
313	cmp_1a Show the field ONLY if: [cmp_1] = '0'	Why not? <i>Include a more detailed description in the reportable event form for this visit.</i>	text, Required, Identifier Custom alignment: LV						
314	cmp_des	<p>*Complete the remainder of this form after compensating the participant the appropriate amount and collecting the fully signed compensation paperwork.</p> <p>*If the participant refuses to receive compensation: Ask if they would like the money donated back into the study, and if yes, document this on receipt and have the participant sign for "\$0".</p> <p>Compensation amounts and timing, per protocol:</p> <p>Home Screening Visit: \$50 -Immediately after consent Baseline MRI Visit: \$100 -Immediately upon arrival 6-Month Assessment Visit 2: \$50 -End of visit 6-Month MRI Visit: \$100 -Immediately upon arrival 12-Month Assessment Visit 2: \$75 -End of visit</p>	descriptive						
315	cmp_not	General Notes <i>Optional</i>	notes, Identifier Custom alignment: LV						
316	cmp_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive						

317	compensation_first_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete														
0	Incomplete																						
1	Unverified																						
2	Complete																						
Instrument: <b>Pre-Visit Stability Screening</b> (previsit_stability_screening) <a href="#">^ Collapse</a>																							
318	stb_ins	Section Header: <i>Reminder: Confirm participant has hearing aids and glasses, as applicable, consistent with previous visits.</i> Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required Custom alignment: LV Field Annotation: @CHARLIMIT=3																				
319	stb_dat	Date Administered	text (date_mdy), Required, Identifier Custom alignment: LV																				
320	stb_h1	Section Header: <i>At each assessment home visit, subject stability will be assessed prior to testing. Suggested language is as follows, but wording may be modified by individual assessors to facilitate naturalistic conversation. "In order to collect good quality data, it's best if you feel more or less "normal" for study visits. - How are you feeling today? Are you experiencing any unusual pain or feeling ill today? - Have you followed your normal medication routine today? Any unusual medications in the last 24 hours? - Any unusual alcohol or substance use in the last 24 hours? - Have you followed your normal routines for sleeping and eating? - What about coffee, cigarettes, anything else you might usually do? - Has it been a pretty normal day?" Confirm that subject feels ready for the assessments and is happy to continue with the visit. If subject has not had their coffee yet, needs a snack etc. encourage them to address unmet needs before continuing with the visit assessments. If the subject's responses lead you to believe the subject's data will be unreliable or invalid, reschedule the visit. If there are notable responses, but the subject wishes to continue with the visit AND you believe testing would still be valid, continue with the visit but document any potential issues in the notes section below. (e.g. "Subject slept very poorly but felt OK to complete the visit today.")</i>  "What is your pain level right now, on a scale from 1-10, where 1 is no pain and 10 is the worst pain possible?"	dropdown, Required <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table> Custom alignment: LV Field Annotation: @HIDDEN	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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6	6																						
7	7																						
8	8																						
9	9																						
10	10																						
321	stb_h2	"Within the past month, what is your typical pain level at this time of day, on average?"	dropdown, Required <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> </table> Custom alignment: LV Field Annotation: @HIDDEN	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10
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4	4																						
5	5																						
6	6																						
7	7																						
8	8																						
9	9																						
10	10																						
322	stb_h3	"Are you currently experiencing any cold or flu symptoms, such as a cough, sore throat, fever, or any other discomfort?"	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV Field Annotation: @HIDDEN	1	Yes	0	No																
1	Yes																						
0	No																						
323	stb_h3a Show the field ONLY if: [stb_h3]='1'	"Please describe."	notes, Required, Identifier Custom alignment: LV Field Annotation: @HIDDEN																				
324	stb_r1	"How many total hours of sleep did you get last night?"	text (number, Min: 0, Max: 20), Required Custom alignment: LV Field Annotation: @HIDDEN																				
325	stb_r2	"Within the past month, how many total hours of sleep do you get on a typical night, on average?"	text (number, Min: 0, Max: 20), Required Custom alignment: LV Field Annotation: @HIDDEN																				

326	stb_r3	"Today have you eaten as much as you typically eat on an average day?"	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	1	Yes	0	No
1	Yes						
0	No						
327	stb_r3a Show the field ONLY if: [stb_r3]='0'	"Are you currently hungry?" <i>If yes, encourage subject to get a quick snack before testing begins</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	1	Yes	0	No
1	Yes						
0	No						
328	stb_s1	"Have you consumed any caffeine today?"	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	1	Yes	0	No
1	Yes						
0	No						
329	stb_s1a Show the field ONLY if: [stb_s1]='1'	"Please describe the type and amount of caffeine you have consumed."	text, Required Custom alignment: LV Field Annotation: @HIDDEN				
330	stb_s2	"Within the past month, how much caffeine have you typically consumed, on average, by this time of day?" <i>If subject reports a significant difference between today and average, ask whether they are currently experiencing any symptoms of caffeine withdrawal. If appropriate, encourage them to consume caffeine, in accordance with their typical habit.</i>	text, Required Custom alignment: LV Field Annotation: @HIDDEN				
331	stb_s3	"Have you taken any medications or other substances in the past 12 hours that you don't normally take on a daily basis?"	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	1	Yes	0	No
1	Yes						
0	No						
332	stb_s3a Show the field ONLY if: [stb_s3]='1'	"Please describe medication or substance type, amount, and timing."	notes, Required, Identifier Custom alignment: LV Field Annotation: @HIDDEN				
333	stb_s3b Show the field ONLY if: [stb_s3]='1'	"Are you experiencing any side effects from those medications at this time (e.g., sedation from pain medication)?"	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	1	Yes	0	No
1	Yes						
0	No						
334	stb_s3c Show the field ONLY if: [stb_s3b]='1'	"Please describe the side effects you are experiencing."	notes, Required, Identifier Custom alignment: LV Field Annotation: @HIDDEN				
335	stb_s4	"Have you consumed any alcohol in the past 24 hours?"	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	1	Yes	0	No
1	Yes						
0	No						
336	stb_s4a Show the field ONLY if: [stb_s4]='1'	"How many drinks have you consumed in the past 24 hours?"	text, Required, Identifier Custom alignment: LV Field Annotation: @HIDDEN				
337	stb_s5	"In the past month, how much alcohol have you typically consumed in a 24-hour period, on average?" <i>If subject reports a significantly more drinks in the past 24 hours than usual, ask whether they are currently experiencing symptoms of a hangover.</i>	text, Required Custom alignment: LV Field Annotation: @HIDDEN				

338	stb_s6	"Do you smoke cigarettes or use tobacco products?"	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	1	Yes	0	No
1	Yes						
0	No						
339	stb_s6a Show the field ONLY if: [stb_s6]='1'	"What quantity have you smoked/used today?"	text, Required, Identifier Custom alignment: LV Field Annotation: @HIDDEN				
340	stb_s6b Show the field ONLY if: [stb_s6]='1'	"In the past month, how much tobacco have you typically consumed, on average, by this time of day?" <i>If subject reports fewer cigarettes than usual, ask if they are experiencing withdrawal symptoms, and possibly ask if subject will need to take a cigarette break before and/or during the visit?</i>	text, Required Custom alignment: LV Field Annotation: @HIDDEN				
341	stb_s8	"Can you think of any other factors that may affect your ability to complete the assessment session today?"	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	1	Yes	0	No
1	Yes						
0	No						
342	stb_s8a Show the field ONLY if: [stb_s8]='1'	"Please describe."	notes, Required, Identifier Custom alignment: LV Field Annotation: @HIDDEN				
343	stb_a1	In your opinion, based on the responses above, can reasonably reliable data be collected from the participant today?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	1	Yes	0	No
1	Yes						
0	No						
344	stb_a1a Show the field ONLY if: [stb_a1]='0'	Is it feasible to reschedule the visit? <i>If yes, reschedule.</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	1	Yes	0	No
1	Yes						
0	No						
345	stb_a1b Show the field ONLY if: [stb_a1a]= '1'	Date of Rescheduled Visit	text (date_mdy), Required, Identifier Custom alignment: LV Field Annotation: @HIDDEN				
346	stb_a1c Show the field ONLY if: [stb_a1a]= '1'	Time of Rescheduled Visit <i>Please use military time</i>	text (time), Required Custom alignment: LV Field Annotation: @HIDDEN				
347	stb_a2	In your opinion, is there any reason to flag the data collected today for possible exclusion from analysis?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	1	Yes	0	No
1	Yes						
0	No						
348	stb_a2a Show the field ONLY if: [stb_a2]='1'	Please describe.	notes, Required, Identifier Custom alignment: LV Field Annotation: @HIDDEN				
349	stb_not	Please include notes about any potential issues with subject stability here. <i>Optional</i>	notes Custom alignment: LV				

350	stb_ehp	Was this instrument administered using an Emergency Hardcopy form?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No				
1	Yes										
0	No										
351	stb_shp Show the field ONLY if: [stb_ehp] = '1'	Scan the Emergency Hardcopy forms that were used to administer this test, and upload here. Please remember to verify scan quality and certify the uploaded copy using your paper Copy Certification Log.  File Naming Convention: SubID_EHP_PRE_Timepoint_Date. Ex. "C1001_EHP_PRE_BL_010121". See this chart for time points.	file, Required, Identifier Custom alignment: LV								
352	stb_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive								
353	previsit_stability_screening_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
Instrument: <b>PCP/Contact Info</b> (pcpcontact_info) <a href="#">^ Collapse</a>											
354	em_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3								
355	em_dat	Date of Administration	text (date_mdy), Required, Identifier Custom alignment: LV								
356	em_ec	Would the participant like to provide an Emergency Contact?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	2	No				
1	Yes										
2	No										
357	em_hd Show the field ONLY if: [em_ec]='1'	Collect information for a friend or family member whom we can contact if the study team cannot reach the participant for more than two days after a scheduled appointment	descriptive								
358	em_fn Show the field ONLY if: [em_ec] = '1'	First Name	text, Required, Identifier Custom alignment: LV								
359	em_ln Show the field ONLY if: [em_ec] = '1'	Last Name	text, Required, Identifier Custom alignment: LV								
360	em_tp Show the field ONLY if: [em_ec] = '1'	Telephone Number #1	text (phone), Required, Identifier Custom alignment: LV								
361	em_tp1 Show the field ONLY if: [em_ec] = '1'	Type of Phone Number	dropdown, Required <table border="1"> <tr><td>1</td><td>Home</td></tr> <tr><td>2</td><td>Cell</td></tr> <tr><td>3</td><td>Work</td></tr> <tr><td>4</td><td>Other</td></tr> </table> Custom alignment: LV	1	Home	2	Cell	3	Work	4	Other
1	Home										
2	Cell										
3	Work										
4	Other										
362	em_t1b Show the field ONLY if: [em_tp1] = '4'	Please specify.	text, Required Custom alignment: LV								

363	em_tp2  Show the field ONLY if: [em_ec] = '1'	Secondary telephone number for the emergency contact, if applicable.	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No				
1	Yes										
0	No										
364	em_t2b  Show the field ONLY if: [em_ec] = '1' and [em_tp2] = '1'	Telephone Number #2	text (phone), Required, Identifier Custom alignment: LV								
365	em_t2c  Show the field ONLY if: [em_ec] = '1' and [em_tp2] = '1'	Type of Phone Number	dropdown, Required <table><tr><td>1</td><td>Home</td></tr><tr><td>2</td><td>Cell</td></tr><tr><td>3</td><td>Work</td></tr><tr><td>4</td><td>Other</td></tr></table> Custom alignment: LV	1	Home	2	Cell	3	Work	4	Other
1	Home										
2	Cell										
3	Work										
4	Other										
366	em_t2d  Show the field ONLY if: [em_ec] = '1' and [em_tp2] = '1' and [em_t2c] = '4'	Please specify.	text, Required Custom alignment: LV								
367	em_ec2  Show the field ONLY if: [em_ec]='1'	Was a secondary contact friend/family member's information provided?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No				
1	Yes										
0	No										
368	em_efn  Show the field ONLY if: [em_ec2] = '1'	First Name	text, Required, Identifier Custom alignment: LV								
369	em_eln  Show the field ONLY if: [em_ec2] = '1'	Last Name	text, Required, Identifier Custom alignment: LV								
370	em_et1  Show the field ONLY if: [em_ec2] = '1'	Telephone Number #1	text (phone), Required, Identifier Custom alignment: LV								
371	em_etb  Show the field ONLY if: [em_ec2] = '1'	Type of Phone Number	dropdown, Required <table><tr><td>1</td><td>Home</td></tr><tr><td>2</td><td>Cell</td></tr><tr><td>3</td><td>Work</td></tr><tr><td>4</td><td>Other</td></tr></table> Custom alignment: LV	1	Home	2	Cell	3	Work	4	Other
1	Home										
2	Cell										
3	Work										
4	Other										
372	em_etc  Show the field ONLY if: [em_etb] = '4'	Please specify.	text, Required Custom alignment: LV								
373	em_et2  Show the field ONLY if: [em_ec2] = '1'	Secondary telephone number, if applicable.	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No				
1	Yes										
0	No										
374	em_etd  Show the field ONLY if: [em_et2] = '1'	Telephone Number #2	text (phone), Required, Identifier Custom alignment: LV								



375	em_ete  Show the field ONLY if: [em_et2] = '1'	Type of Phone Number	dropdown, Required <table><tr><td>1</td><td>Home</td></tr><tr><td>2</td><td>Cell</td></tr><tr><td>3</td><td>Work</td></tr><tr><td>4</td><td>Other</td></tr></table> Custom alignment: LV	1	Home	2	Cell	3	Work	4	Other
1	Home										
2	Cell										
3	Work										
4	Other										
376	em_etf  Show the field ONLY if: [em_ec2] = '1' and [em_ete] = '4'	Please specify.	text, Required Custom alignment: LV								
377	em_pyn	Would the participant like to provide a telephone number for their Primary Care Physician?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No				
1	Yes										
0	No										
378	em_pcf  Show the field ONLY if: [em_pyn] = "1"	First Name	text, Required, Identifier Custom alignment: LV								
379	em_pcl  Show the field ONLY if: [em_pyn] = "1"	Last Name	text, Required, Identifier Custom alignment: LV								
380	em_pcp  Show the field ONLY if: [em_pyn] = "1"	Telephone Number	text (phone), Required, Identifier Custom alignment: LV								
381	em_pct  Show the field ONLY if: [em_pyn] = "1"	Type of Phone Number	dropdown, Required, Identifier <table><tr><td>1</td><td>Home</td></tr><tr><td>2</td><td>Cell</td></tr><tr><td>3</td><td>Work</td></tr><tr><td>4</td><td>Other</td></tr></table> Custom alignment: LV	1	Home	2	Cell	3	Work	4	Other
1	Home										
2	Cell										
3	Work										
4	Other										
382	em_not	General Notes	notes, Identifier Custom alignment: LV								
383	em_ehp	Was this instrument administered using an Emergency Hardcopy form?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No				
1	Yes										
0	No										
384	em_shp  Show the field ONLY if: [em_ehp] = '1'	Scan the Emergency Hardcopy forms that were used to administer this test, and upload here. Please remember to verify scan quality and certify the uploaded copy using your paper Copy Certification Log.  File Naming Convention: SubID_EHP_CON_Timepoint_Date. Ex. "C1001_EHP_CON_SC_010121". See this chart for time points.	file, Required, Identifier Custom alignment: LV								
385	em_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive								
386	pcpcontact_info_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: <b>Social Isolation Assessment</b> (social_isolation_assessment)				<div>^ Collapse</div>												
387	Isn_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3													
388	Isn_dat	Date Administered	text (date_mdy), Required, Identifier Custom alignment: LV													
389	Isn_sc	"I would like to ask you about your frequency of social interactions."	descriptive Field Annotation: @HIDDEN													
390	Isn_30m	"In a typical week, how often do you have a conversation that lasts for 30 minutes or longer?"  NOTE: Assessors should not ask this question at the 6m and 12m home visit.	radio, Required <table><tr><td>0</td><td>Almost never</td></tr><tr><td>1</td><td>Once or twice</td></tr><tr><td>2</td><td>Three to five times</td></tr><tr><td>3</td><td>Almost daily</td></tr></table> Custom alignment: LV		0	Almost never	1	Once or twice	2	Three to five times	3	Almost daily				
0	Almost never															
1	Once or twice															
2	Three to five times															
3	Almost daily															
391	Isn_1	Section Header: <i>"I would like to ask you about your frequency of social interactions. I have 6 brief questions." "Family: Considering the people to whom you are related by birth, marriage, adoption, etc..."</i>  1. "How many relatives do you see or hear from at least once a month?"	radio (Matrix), Required <table><tr><td>0</td><td>none</td></tr><tr><td>1</td><td>one</td></tr><tr><td>2</td><td>two</td></tr><tr><td>3</td><td>three or four</td></tr><tr><td>4</td><td>five thru eight</td></tr><tr><td>5</td><td>nine or more</td></tr></table>		0	none	1	one	2	two	3	three or four	4	five thru eight	5	nine or more
0	none															
1	one															
2	two															
3	three or four															
4	five thru eight															
5	nine or more															
392	Isn_2	2. "How many relatives do you feel at ease with that you can talk about private matters?"	radio (Matrix), Required <table><tr><td>0</td><td>none</td></tr><tr><td>1</td><td>one</td></tr><tr><td>2</td><td>two</td></tr><tr><td>3</td><td>three or four</td></tr><tr><td>4</td><td>five thru eight</td></tr><tr><td>5</td><td>nine or more</td></tr></table>		0	none	1	one	2	two	3	three or four	4	five thru eight	5	nine or more
0	none															
1	one															
2	two															
3	three or four															
4	five thru eight															
5	nine or more															
393	Isn_3	3. "How many relatives do you feel close to such that you could call on them for help?"	radio (Matrix), Required <table><tr><td>0</td><td>none</td></tr><tr><td>1</td><td>one</td></tr><tr><td>2</td><td>two</td></tr><tr><td>3</td><td>three or four</td></tr><tr><td>4</td><td>five thru eight</td></tr><tr><td>5</td><td>nine or more</td></tr></table>		0	none	1	one	2	two	3	three or four	4	five thru eight	5	nine or more
0	none															
1	one															
2	two															
3	three or four															
4	five thru eight															
5	nine or more															
394	Isn_4	Section Header: <i>"Friendships: Considering all of your friends, including those who live in your neighborhood..."</i>  4. "How many of your friends do you see or hear from at least once a month?"	radio (Matrix), Required <table><tr><td>0</td><td>none</td></tr><tr><td>1</td><td>one</td></tr><tr><td>2</td><td>two</td></tr><tr><td>3</td><td>three or four</td></tr><tr><td>4</td><td>five thru eight</td></tr><tr><td>5</td><td>nine or more</td></tr></table>		0	none	1	one	2	two	3	three or four	4	five thru eight	5	nine or more
0	none															
1	one															
2	two															
3	three or four															
4	five thru eight															
5	nine or more															

395	Isn_5	5. "How many friends do you feel at ease with that you can talk about private matters?"	radio (Matrix), Required <table><tr><td>0</td><td>none</td></tr><tr><td>1</td><td>one</td></tr><tr><td>2</td><td>two</td></tr><tr><td>3</td><td>three or four</td></tr><tr><td>4</td><td>five thru eight</td></tr><tr><td>5</td><td>nine or more</td></tr></table>	0	none	1	one	2	two	3	three or four	4	five thru eight	5	nine or more
0	none														
1	one														
2	two														
3	three or four														
4	five thru eight														
5	nine or more														
396	Isn_6	6. "How many friends do you feel close to such that you could call on them for help?"	radio (Matrix), Required <table><tr><td>0</td><td>none</td></tr><tr><td>1</td><td>one</td></tr><tr><td>2</td><td>two</td></tr><tr><td>3</td><td>three or four</td></tr><tr><td>4</td><td>five thru eight</td></tr><tr><td>5</td><td>nine or more</td></tr></table>	0	none	1	one	2	two	3	three or four	4	five thru eight	5	nine or more
0	none														
1	one														
2	two														
3	three or four														
4	five thru eight														
5	nine or more														
397	Isn_tot	Total:	calc Calculation: [Isn_1]+[Isn_2]+[Isn_3]+[Isn_4]+[Isn_5]+[Isn_6] Custom alignment: LV												
398	Isn_lon	Loneliness Questions	descriptive												
399	Isn_lo1	"How often do you feel that you lack companionship?"	radio, Required <table><tr><td>1</td><td>Hardly ever</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Often</td></tr></table> Custom alignment: LV	1	Hardly ever	2	Some of the time	3	Often						
1	Hardly ever														
2	Some of the time														
3	Often														
400	Isn_lo2	"How often do you feel left out?"	radio, Required <table><tr><td>1</td><td>Hardly ever</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Often</td></tr></table> Custom alignment: LV	1	Hardly ever	2	Some of the time	3	Often						
1	Hardly ever														
2	Some of the time														
3	Often														
401	Isn_lo3	"How often do you feel isolated from others?"	radio, Required <table><tr><td>1</td><td>Hardly ever</td></tr><tr><td>2</td><td>Some of the time</td></tr><tr><td>3</td><td>Often</td></tr></table> Custom alignment: LV	1	Hardly ever	2	Some of the time	3	Often						
1	Hardly ever														
2	Some of the time														
3	Often														
402	Isn_not	General Notes	notes, Identifier Custom alignment: LV												
403	Isn_ehp	Was this instrument administered using an Emergency Hardcopy form?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No								
1	Yes														
0	No														
404	Isn_shp Show the field ONLY if: [Isn_ehp] = '1'	Scan the Emergency Hardcopy forms that were used to administer this test, and upload here. Please remember to verify scan quality and certify the uploaded copy using your paper Copy Certification Log.  File Naming Convention: SubID_EHP_ISO_Timepoint_Date. Ex. "C1001_EHP_ISO_SC_010121". See this chart for time points.	file, Required, Identifier Custom alignment: LV												

405	lsn_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive																
406	social_isolation_assessment_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete										
0	Incomplete																		
1	Unverified																		
2	Complete																		
Instrument: <b>Demographics (NACC A1)</b> (demographics_nacc_a1)			<a href="#">^ Collapse</a>																
407	dem_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3																
408	dem_dat	Date Administered	text (date_mdy), Required, Identifier Custom alignment: LV																
409	dem_des	INSTRUCTIONS:  For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A1.  Check only one box per question.	descriptive																
410	nac_sex	Subject's Sex <i>Telephone Screening response: [scrn_tel_arm_1][ts_gdr]</i>	radio, Required <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> </table> Custom alignment: LV	1	Male	2	Female												
1	Male																		
2	Female																		
411	nac_a1_dob	Subject's DOB <i>Telephone Screening response: [scrn_tel_arm_1][ts_dob]</i>	text (date_mdy), Required, Identifier Custom alignment: LV Field Annotation: @HIDEBUTTON																
412	nac_a1_age	Subject's Age	calc, Identifier Calculation: round( datediff([nac_a1_dob], [dem_dat], "y", "mdy"), 1) Custom alignment: LV																
413	nac_hispanic	8. Does the subject report being of Hispanic/Latino ethnicity (i.e. having origins from a mainly Spanish-speaking Latin American country), regardless of race? <i>Telephone Screening response: [scrn_tel_arm_1][ts_eth]</i>	radio, Required <table border="1"> <tr><td>0</td><td>No</td></tr> <tr><td>1</td><td>Yes</td></tr> <tr><td>9</td><td>Unknown</td></tr> </table> Custom alignment: LV	0	No	1	Yes	9	Unknown										
0	No																		
1	Yes																		
9	Unknown																		
414	nac_hispor Show the field ONLY if: [nac_hispanic] = '1'	8a. If yes, what are the subject's reported origins? <i>Telephone Screening response: [scrn_tel_arm_1][ts_etx]</i>	radio, Required <table border="1"> <tr><td>1</td><td>Mexican, Chicano, or Mexican-American</td></tr> <tr><td>2</td><td>Puerto Rican</td></tr> <tr><td>3</td><td>Cuban</td></tr> <tr><td>4</td><td>Dominican</td></tr> <tr><td>5</td><td>Central American</td></tr> <tr><td>6</td><td>South American</td></tr> <tr><td>50</td><td>Other</td></tr> <tr><td>99</td><td>Unknown</td></tr> </table> Custom alignment: LV	1	Mexican, Chicano, or Mexican-American	2	Puerto Rican	3	Cuban	4	Dominican	5	Central American	6	South American	50	Other	99	Unknown
1	Mexican, Chicano, or Mexican-American																		
2	Puerto Rican																		
3	Cuban																		
4	Dominican																		
5	Central American																		
6	South American																		
50	Other																		
99	Unknown																		
415	nac_hisporx Show the field ONLY if: [nac_hispor] = '50'	8a1. Other (specify subjects reported origins) <i>Telephone Screening response: [scrn_tel_arm_1][ts_etx]</i>	text, Required Custom alignment: LV																

416	nac_race	9. What does subject report as his or her race? <i>Telephone Screening response: [scrn_tel_arm_1][ts_rc]</i>	radio, Required <table><tr><td>1</td><td>White</td></tr><tr><td>2</td><td>Black or African American</td></tr><tr><td>3</td><td>American Indian or Alaska Native</td></tr><tr><td>4</td><td>Native Hawaiian or other Pacific Islander</td></tr><tr><td>5</td><td>Asian</td></tr><tr><td>50</td><td>Other</td></tr><tr><td>99</td><td>Unknown</td></tr></table> Custom alignment: LV	1	White	2	Black or African American	3	American Indian or Alaska Native	4	Native Hawaiian or other Pacific Islander	5	Asian	50	Other	99	Unknown		
1	White																		
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3	American Indian or Alaska Native																		
4	Native Hawaiian or other Pacific Islander																		
5	Asian																		
50	Other																		
99	Unknown																		
417	nac_racex  Show the field ONLY if: [nac_race] = '50'	9a. Other (specify subjects race)	text, Required Custom alignment: LV																
418	nac_racesec	10. What additional race does subject report?	radio, Required <table><tr><td>1</td><td>White</td></tr><tr><td>2</td><td>Black or African American</td></tr><tr><td>3</td><td>American Indian or Alaska Native</td></tr><tr><td>4</td><td>Native Hawaiian or other Pacific Islander</td></tr><tr><td>5</td><td>Asian</td></tr><tr><td>50</td><td>Other</td></tr><tr><td>88</td><td>None Reported</td></tr><tr><td>99</td><td>Unknown</td></tr></table> Custom alignment: LV	1	White	2	Black or African American	3	American Indian or Alaska Native	4	Native Hawaiian or other Pacific Islander	5	Asian	50	Other	88	None Reported	99	Unknown
1	White																		
2	Black or African American																		
3	American Indian or Alaska Native																		
4	Native Hawaiian or other Pacific Islander																		
5	Asian																		
50	Other																		
88	None Reported																		
99	Unknown																		
419	nac_racesecx  Show the field ONLY if: [nac_racesec] = '50'	10a. Other (specify subject's additional race)	text, Required Custom alignment: LV																
420	nac_raceter	11. What additional race, beyond what was indicated above in questions 9 and 10, does subject report?	radio, Required <table><tr><td>1</td><td>White</td></tr><tr><td>2</td><td>Black or African American</td></tr><tr><td>3</td><td>American Indian or Alaska Native</td></tr><tr><td>4</td><td>Native Hawaiian or Other Pacific Islander</td></tr><tr><td>5</td><td>Asian</td></tr><tr><td>50</td><td>Other</td></tr><tr><td>88</td><td>None Reported</td></tr><tr><td>99</td><td>Unknown</td></tr></table> Custom alignment: LV	1	White	2	Black or African American	3	American Indian or Alaska Native	4	Native Hawaiian or Other Pacific Islander	5	Asian	50	Other	88	None Reported	99	Unknown
1	White																		
2	Black or African American																		
3	American Indian or Alaska Native																		
4	Native Hawaiian or Other Pacific Islander																		
5	Asian																		
50	Other																		
88	None Reported																		
99	Unknown																		
421	nac_raceterx  Show the field ONLY if: [nac_raceter] = '50'	11a. Other (specify subject's additional race beyond questions 9 and 10)	text, Required Custom alignment: LV																
422	nac_primlang	12. Subject's Primary Language	radio, Required <table><tr><td>1</td><td>English</td></tr><tr><td>2</td><td>Spanish</td></tr><tr><td>3</td><td>Mandarin</td></tr><tr><td>4</td><td>Cantonese</td></tr><tr><td>5</td><td>Russian</td></tr><tr><td>6</td><td>Japanese</td></tr><tr><td>8</td><td>Other primary language</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LV	1	English	2	Spanish	3	Mandarin	4	Cantonese	5	Russian	6	Japanese	8	Other primary language	9	Unknown
1	English																		
2	Spanish																		
3	Mandarin																		
4	Cantonese																		
5	Russian																		
6	Japanese																		
8	Other primary language																		
9	Unknown																		

423	<div>nac_primlanx</div> <div>Show the field ONLY if: [nac_primlang] = '8'</div>	12a. Other (specify subject's primary language)	text, Required Custom alignment: LV																																																																												
424	<div>nac_educ</div>	<div>13. Subject's years of education: Use the codes below to report the level achieved; if an attempted level is not completed, enter the number of years completed.</div> <div>For Reference: 12 = High school or GED 16 = Bachelor's degree 18 = Master's degree 20 = Doctorate 99 = Unknown</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr><tr><td>31</td><td>31</td></tr><tr><td>32</td><td>32</td></tr><tr><td>33</td><td>33</td></tr><tr><td>34</td><td>34</td></tr><tr><td>35</td><td>35</td></tr><tr><td>36</td><td>36</td></tr><tr><td>99</td><td>99</td></tr></table> <div>Custom alignment: LV</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32	33	33	34	34	35	35	36	36	99	99
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425	nac_maristat	14. Subject's current marital status <i>Telephone Screening response: [scrn_tel_arm_1][ts_mar]</i>	radio, Required <table><tr><td>1</td><td>Married</td></tr><tr><td>2</td><td>Widowed</td></tr><tr><td>3</td><td>Divorced</td></tr><tr><td>4</td><td>Separated</td></tr><tr><td>5</td><td>Never married (or marriage was annulled)</td></tr><tr><td>6</td><td>Living as married/domestic partner</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LV	1	Married	2	Widowed	3	Divorced	4	Separated	5	Never married (or marriage was annulled)	6	Living as married/domestic partner	9	Unknown
1	Married																
2	Widowed																
3	Divorced																
4	Separated																
5	Never married (or marriage was annulled)																
6	Living as married/domestic partner																
9	Unknown																
426	nac_livsitua	15. What is the subject's living situation?	radio, Required <table><tr><td>1</td><td>Lives alone</td></tr><tr><td>2</td><td>Lives with one other person: a spouse or partner</td></tr><tr><td>3</td><td>Lives with one other person: a relative, friend, or roommate</td></tr><tr><td>4</td><td>Lives with caregiver who is not spouse/partner, relative, or friend</td></tr><tr><td>5</td><td>Lives with a group (related or not related) in a private residence</td></tr><tr><td>6</td><td>Lives in group home (e.g., assisted living, nursing home, convent)</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LV	1	Lives alone	2	Lives with one other person: a spouse or partner	3	Lives with one other person: a relative, friend, or roommate	4	Lives with caregiver who is not spouse/partner, relative, or friend	5	Lives with a group (related or not related) in a private residence	6	Lives in group home (e.g., assisted living, nursing home, convent)	9	Unknown
1	Lives alone																
2	Lives with one other person: a spouse or partner																
3	Lives with one other person: a relative, friend, or roommate																
4	Lives with caregiver who is not spouse/partner, relative, or friend																
5	Lives with a group (related or not related) in a private residence																
6	Lives in group home (e.g., assisted living, nursing home, convent)																
9	Unknown																
427	nac_independ	16. What is the subject's level of independence?	radio, Required <table><tr><td>1</td><td>Able to live independently</td></tr><tr><td>2</td><td>Requires some assistance with complex activities</td></tr><tr><td>3</td><td>Requires some assistance with basic activities</td></tr><tr><td>4</td><td>Completely dependent</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LV	1	Able to live independently	2	Requires some assistance with complex activities	3	Requires some assistance with basic activities	4	Completely dependent	9	Unknown				
1	Able to live independently																
2	Requires some assistance with complex activities																
3	Requires some assistance with basic activities																
4	Completely dependent																
9	Unknown																
428	nac_residenc	17. What is the subject's primary type of residence?	radio, Required <table><tr><td>1</td><td>Single - or multi-family private residence (apartment, condo, house)</td></tr><tr><td>2</td><td>Retirement community or independent group living</td></tr><tr><td>3</td><td>Assisted living, adult family home, or boarding home</td></tr><tr><td>4</td><td>Skilled nursing facility, nursing home, hospital, or hospice</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LV	1	Single - or multi-family private residence (apartment, condo, house)	2	Retirement community or independent group living	3	Assisted living, adult family home, or boarding home	4	Skilled nursing facility, nursing home, hospital, or hospice	9	Unknown				
1	Single - or multi-family private residence (apartment, condo, house)																
2	Retirement community or independent group living																
3	Assisted living, adult family home, or boarding home																
4	Skilled nursing facility, nursing home, hospital, or hospice																
9	Unknown																
429	dem_cxl	18. Does the subject expect to have any major changes in your living arrangement within the upcoming year? <i>Telephone Screen: [scrn_tel_arm_1][ts_b4]</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No										
1	Yes																
0	No																
430	dem_cxe  Show the field ONLY if: [dem_cxl] = '1'	Please explain.	notes, Required, Identifier Custom alignment: LV														

431	nac_handed	19. Is the subject left- or right- handed (for example, which hand would s/he normally use to write or throw a ball)?	radio, Required <table><tr><td>1</td><td>Left-handed</td></tr><tr><td>2</td><td>Right-handed</td></tr><tr><td>3</td><td>Ambidextrous</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LV	1	Left-handed	2	Right-handed	3	Ambidextrous	9	Unknown
1	Left-handed										
2	Right-handed										
3	Ambidextrous										
9	Unknown										
432	dem_not	General Notes	notes, Identifier Custom alignment: LV								
433	dem_ehp	Was this instrument administered using an Emergency Hardcopy form?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No				
1	Yes										
0	No										
434	dem_shp Show the field ONLY if: [dem_ehp] = '1'	Scan the Emergency Hardcopy forms that were used to administer this test, and upload here. Please remember to verify scan quality and certify the uploaded copy using your paper Copy Certification Log.  File Naming Convention: SubID_EHP_DEMO_Timepoint_Date. Ex. "C1001_EHP_DEMO_SC_010121". See this chart for time points.	file, Required, Identifier Custom alignment: LV								
435	nac_copyright_a1	Adapted with permission. Copyright © 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976 - Walter A. Kukull, PhD, Director). All rights reserved.	descriptive								
436	nac_footer_a1	National Alzheimer's Coordinating Center   (206) 543-8637   fax: (206) 616-5927   naccmail@uw.edu   www.alz.washington.edu UDS (V3.0, March 2015) Initial Visit Form A1: Subject Demographics	descriptive								
437	dem_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive								
438	demographics_nacc_a1_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: **Geriatric Depression Scale** (nacc\_b6\_depression\_scale)

^ Collapse

439	b6_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3
440	b6_dat	Date Administered	text (date_mdy), Required, Identifier Custom alignment: LV
441	b6_des	INSTRUCT THE SUBJECT:  "In the next part of this interview, I will ask you questions about your feelings.  Some of the questions I will ask you may not apply, and some may make you feel uncomfortable.  For each question, please answer 'yes' or 'no,' depending on how you have been feeling in the past WEEK, including today."	descriptive



442	nac_gds1satisfied	1. "Are you basically satisfied with your life?"	radio, Required <div>0 Yes</div> <div>1 No</div> Custom alignment: LV
443	nac_gds2dropact	2. "Have you dropped many of your activities and interests?"	radio, Required <div>1 Yes</div> <div>0 No</div> Custom alignment: LV
444	nac_gds3empty	3. "Do you feel that your life is empty?"	radio, Required <div>1 Yes</div> <div>0 No</div> Custom alignment: LV
445	nac_gds4bored	4. "Do you often get bored?"	radio, Required <div>1 Yes</div> <div>0 No</div> Custom alignment: LV
446	nac_gds5spirits	5. "Are you in good spirits most of the time?"	radio, Required <div>0 Yes</div> <div>1 No</div> Custom alignment: LV
447	nac_gds6afraid	6. "Are you afraid that something bad is going to happen to you?"	radio, Required <div>1 Yes</div> <div>0 No</div> Custom alignment: LV
448	nac_gds7happy	7. "Do you feel happy most of the time?"	radio, Required <div>0 Yes</div> <div>1 No</div> Custom alignment: LV
449	nac_gds8helpless	8. "Do you often feel helpless?"	radio, Required <div>1 Yes</div> <div>0 No</div> Custom alignment: LV
450	nac_gds9stayhome	9. "Do you prefer to stay at home, rather than going out and doing new things?"	radio, Required <div>1 Yes</div> <div>0 No</div> Custom alignment: LV
451	nac_gds10memprob	10. "Do you feel you have more problems with memory than most?"	radio, Required <div>1 Yes</div> <div>0 No</div> Custom alignment: LV
452	nac_gds11wonderful	11. "Do you think it is wonderful to be alive now?"	radio, Required <div>0 Yes</div> <div>1 No</div> Custom alignment: LV

453	nac_gds12worthless	12. "Do you feel pretty worthless the way you are now?"	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
454	nac_gds13energy	13. "Do you feel full of energy?"	radio, Required <table><tr><td>0</td><td>Yes</td></tr><tr><td>1</td><td>No</td></tr></table> Custom alignment: LV	0	Yes	1	No
0	Yes						
1	No						
455	nac_gds14hopeless	14. "Do you feel that your situation is hopeless?"	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
456	nac_gds15better	15. "Do you think that most people are better off than you are?"	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
457	nac_gdstotal	GDS Total Score	calc Calculation: sum([nac_gds1satisfied],[nac_gds2dropact],[nac_gds3empty],[nac_gds4bored],[nac_gds5spirits],[nac_gds6afraid],[nac_gds7happy],[nac_gds8helpless],[nac_gds9stayhome],[nac_gds10memprob],[nac_gds11wonderful],[nac_gds12worthless],[nac_gds13energy],[nac_gds14hopeless],[nac_gds15better]) Custom alignment: LV				
458	gds_sis	GDS Suicide Ideation Screening Score <i>If participant score 2 or more, be sure to administer the Depression Safety Assessment.</i>	calc Calculation: sum([nac_gds3empty],[nac_gds7happy],[nac_gds11wonderful],[nac_gds12worthless],[nac_gds14hopeless]) Custom alignment: LV				
459	b6_not	General Notes	notes, Identifier Custom alignment: LV				
460	b6_ehp	Was this instrument administered using an Emergency Hardcopy form?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
461	b6_shp Show the field ONLY if: [b6_ehp] = '1'	Scan the Emergency Hardcopy forms that were used to administer this test, and upload here. Please remember to verify scan quality and certify the uploaded copy using your paper Copy Certification Log.  File Naming Convention: SubID_EHP_GDS_Timepoint_Date. Ex. "C1001_EHP_GDS_SC_010121". See this chart for time points.	file, Required Custom alignment: LV				
462	nac_reference_b6	[1] Sheikh JI, Yesavage JA. Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. Clinical Gerontology: A Guide to Assessment and Intervention 165-173, NY: The Haworth Press, 1986. Reproduced by permission of the publisher.	descriptive Custom alignment: LV				
463	nac_coyright_b6_2	Adapted with permission. Copyright © 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976 )	descriptive Custom alignment: LV				

464	nac_footer_b6	National Alzheimer's Coordinating Center   (206) 543-8637   fax: (206) 616-5927   naccmail@uw.edu   www.alz.washington.edu UDS (V3.0, March 2015) Initial Visit Form B6: BEHAVIORAL ASSESSMENT - Geriatric Depression Scale	descriptive						
465	b6_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive						
466	nacc_b6_depression_scale_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Depression Safety Assessment** (depression\_safety\_assessment)[^ Collapse](#)

467	dsa_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required Custom alignment: LV Field Annotation: @CHARLIMIT=3				
468	dsa_dat	Date of Assessment	text (date_mdy), Required, Identifier Custom alignment: LV				
469	dsa_yn	Did the participant score 2 or more on the GDS Suicide Ideation Screening? (GDS Score=[event-name][gds_sis]) <i>Total of GDS Questions 3, 7, 11, 12, 14</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
470	dsa_end Show the field ONLY if: [dsa_yn]='0'	Depression Safety Assessment is complete.	descriptive				
471	dsa_des Show the field ONLY if: [dsa_yn]='1'	Overview  The Depression Safety Assessment addresses Suicidal Ideation and intent.  Severity of Suicidal Ideation in the past one month will prompt relevant follow up actions. The Safety Assessment Flowchart below may assist in visualizing this assessment.	descriptive				
472	dsa_doc Show the field ONLY if: [dsa_yn]='1'	Safety Assessment Flowchart (For Reference)	descriptive				
473	dsa_si Show the field ONLY if: [dsa_yn]='1'	Suicidal Ideation Ask questions 1 and 2. If both are negative, the assessment will finish. If the answer to question 2 is "yes", the form will ask questions 3, 4 and 5.	descriptive				
474	dsa_s1 Show the field ONLY if: [dsa_yn]='1'	1. "Over the past month, have you wished you were dead or wish you could go to sleep and not wake up?" <i>Safety Assessment: WISH TO DIE</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
475	dsa_s2 Show the field ONLY if: [dsa_yn]='1'	2. "Over the past month, have you actually had any thoughts of killing yourself?" <i>Safety Assessment: IDEATION</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
476	dsa_s3 Show the field ONLY if: [dsa_yn]='1' and [dsa_s2]='1'	3. "Have you been thinking about how you might do this?" <i>Safety Assessment: RECENT METHOD</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						

477	dsa_s3a  Show the field ONLY if: [dsa_s3]='1'	"Please describe."	notes, Required, Identifier Custom alignment: LV						
478	dsa_s4  Show the field ONLY if: [dsa_s2]='1'	4. "Have you had these thoughts and had some intentions of acting on them?" <i>Safety Assessment: RECENT INTENT</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
479	dsa_s4a  Show the field ONLY if: [dsa_s4]='1'	"Please describe."	notes, Required, Identifier Custom alignment: LV						
480	dsa_s5  Show the field ONLY if: [dsa_s2]='1'	5. "Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?" <i>Safety Assessment: INTENT W/ A SPECIFIC PLAN</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
481	dsa_s5a  Show the field ONLY if: [dsa_s5]='1'	"Please describe."	notes, Required, Identifier Custom alignment: LV						
482	dsa_fu  Show the field ONLY if: [dsa_s4]='1' or [dsa_s5]='1'	Guidelines for Follow-up:  Urgent psychiatric assessment required at this time. Call the Suicide Hotline at 1-800-273-8255. If the participant refuses, call 911 to receive immediate supportive care. Provide local community resources to the participant for support with depression. In addition, refer the participant to their PCP.	descriptive						
483	dsa_fu2  Show the field ONLY if: [dsa_s2]= '1' and [dsa_s4]='0' and [dsa_s5]='0' and ([dsa_s3]= '1' or [dsa_s3]='0')	Guidelines for Follow-up:  Immediate care is not necessarily required at this time. Provide local community resources to the participant for support with depression. In addition, refer the participant to their PCP.	descriptive						
484	dsa_nfu  Show the field ONLY if: [dsa_s2]='0'	Guidelines for Follow-up:  Immediate care is not necessarily required at this time. Return to GDS to assess severity of depression for trial eligibility.	descriptive						
485	dsa_not	General Notes	notes, Identifier Custom alignment: LV						
486	dsa_ehp	Was this instrument administered using an Emergency Hardcopy form?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
487	dsa_shp  Show the field ONLY if: [dsa_ehp] = '1'	Scan the Emergency Hardcopy forms that were used to administer this test, and upload here. Please remember to verify scan quality and certify the uploaded copy using your paper Copy Certification Log.  File Naming Convention: SubID_EHP_SAFE_Timepoint_Date. Ex. "C1001_EHP_SAFE_SC_010121". See this chart for time points.	file, Required Custom alignment: LV						
488	dsa_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive						
489	depression_safety_assessment_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: <b>MRI Safety/Eligibility Screening</b> (mri_safetyeligibility_screening) <a href="#">^ Collapse</a>									
490	mrp_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required Custom alignment: LV Field Annotation: @charlimit=3						
491	mrp_dat	Date Safety Assessment Administered	text (date_mdy), Required, Identifier Custom alignment: LV						
492	mrp_saf	Was the site's local MRI eligibility and safety assessment completed?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
493	mrp_no Show the field ONLY if: [mrp_saf]='0'	Please explain why this was not done.	notes, Required, Identifier Custom alignment: LV						
494	mrp_shp Show the field ONLY if: [mrp_saf] = '1'	Scan your site's MRI safety/eligibility form, and upload here. Please remember to verify scan quality and certify the uploaded copy using your paper Copy Certification Log.  File Naming Convention: SubID_MRI_SC_MMDDYY	file, Required, Identifier Custom alignment: LV						
495	mrp_yn Show the field ONLY if: [mrp_saf] = '1'	Per site screening process, is the participant eligible to receive an MRI? <i>If determination is pending, mark form status as incomplete.</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>2</td><td>Determination Pending</td></tr> </table> Custom alignment: LV	1	Yes	0	No	2	Determination Pending
1	Yes								
0	No								
2	Determination Pending								
496	mrp_not	General Notes	notes, Identifier Custom alignment: LV						
497	mrp_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive						
498	mri_safetyeligibility_screening_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: <b>Health History (NACC A5)</b> (health_history_nacc_a5) <a href="#">^ Collapse</a>									
499	a5_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3						
500	a5_dat	Date of Administration	text (date_mdy), Required, Identifier Custom alignment: LV						
501	a5_des	INSTRUCTIONS:  For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A5. Check only one box per question.	descriptive						
502	nac_tobac30	Section Header: <i>1. History of Substance Use Cigarette Smoking</i> 1a. Has subject smoked within the last 30 days?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>9</td><td>Unknown</td></tr> </table> Custom alignment: LH	1	Yes	0	No	9	Unknown
1	Yes								
0	No								
9	Unknown								

503	nac_tobac100	1b. Has subject smoked more than 100 cigarettes in his/her life?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Unknown						
1	Yes														
0	No														
9	Unknown														
504	nac_smokys Show the field ONLY if: [nac_tobac100] = '1'	1c. Total years smoked <i>0-87, 99 = Unknown</i>	text (integer, Min: 0, Max: 99), Required Custom alignment: LV												
505	nac_packsper Show the field ONLY if: [nac_tobac100]='1'	1d. Average number of packs smoked per day	radio, Required <table><tr><td>1</td><td>1 cigarette to less then 1/2 pack</td></tr><tr><td>2</td><td>1/2 pack to less than 1 pack</td></tr><tr><td>3</td><td>1 pack to less than 1 1/2 packs</td></tr><tr><td>4</td><td>1 1/2 packs to less than 2 packs</td></tr><tr><td>5</td><td>2 packs or more</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LV	1	1 cigarette to less then 1/2 pack	2	1/2 pack to less than 1 pack	3	1 pack to less than 1 1/2 packs	4	1 1/2 packs to less than 2 packs	5	2 packs or more	9	Unknown
1	1 cigarette to less then 1/2 pack														
2	1/2 pack to less than 1 pack														
3	1 pack to less than 1 1/2 packs														
4	1 1/2 packs to less than 2 packs														
5	2 packs or more														
9	Unknown														
506	nac_quitsmok Show the field ONLY if: [nac_tobac100]='1'	1e. If the subject quit smoking, specify the age at which he/she last smoked (i.e., quit) <i>8 - 110, 888 = N/A, 999 = Unknown</i>	text (integer, Min: 8, Max: 999), Required Custom alignment: LV												
507	nac_alcoccas	Section Header: <i>Alcohol Use</i> 1f. In the past three months, has the subject consumed any alcohol?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Unknown						
1	Yes														
0	No														
9	Unknown														
508	nac_alcfreq Show the field ONLY if: [nac_alcoccas] = '1'	1g. During the past three months, how often did the subject have at least one drink of any alcoholic beverage such as wine, beer, malt liquor, or spirits?	radio, Required <table><tr><td>0</td><td>Less than once a month</td></tr><tr><td>1</td><td>About once a month</td></tr><tr><td>2</td><td>About once a week</td></tr><tr><td>3</td><td>A few times a week</td></tr><tr><td>4</td><td>Daily or almost daily</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LV	0	Less than once a month	1	About once a month	2	About once a week	3	A few times a week	4	Daily or almost daily	9	Unknown
0	Less than once a month														
1	About once a month														
2	About once a week														
3	A few times a week														
4	Daily or almost daily														
9	Unknown														
509	a5_drn Show the field ONLY if: [nac_alcoccas] = '1'	On days when the subject drank alcohol (during the past 3 months), approximately how many beverages per day?	text, Required Custom alignment: LH												
510	a5_bin	During the past one month, on how many days did the subject have (women=4; men=5) alcoholic beverages within a 2-hour timespan?	radio <table><tr><td>1</td><td>Less than 5 days</td></tr><tr><td>2</td><td>5 or more days</td></tr></table> Custom alignment: LV	1	Less than 5 days	2	5 or more days								
1	Less than 5 days														
2	5 or more days														

511	nac_sec2_7_inst	<p>Section Header: <i>FOR SECTIONS 2-7, BELOW, Record the presence or absence of a history of these conditions at this visit, as determined by the assessor's best judgment following the medical history interview with the subject.</i></p> <p>A CONDITION SHOULD BE CONSIDERED ...</p> <p>Absent IF...it is not indicated by information obtained from the subject.</p> <p>Recent/Active IF...a medical event happened within the last year or the condition still requires medication or active management, such as a device (i.e., stent or pacemaker) implanted &gt;1 year ago that is still in place.</p> <p>Remote/ Inactive IF...it existed or occurred in the past (more than one year ago) but was resolved or there is no treatment currently under way.</p> <p>Unknown IF...there is insufficient information available from the subject.</p>	descriptive								
512	nac_cvhatt	<p>Section Header: <i>2. Cardiovascular Disease</i></p> <p>2a. Heart attack / cardiac arrest</p>	<p>radio, Required</p> <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> <p>Custom alignment: LH</p>	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
513	nac_hattmult  Show the field ONLY if: [nac_cvhatt] = '1' or [nac_cvhatt] = '2'	2a1. More than one heart attack?	<p>radio, Required</p> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> <p>Custom alignment: LH</p>	1	Yes	0	No	9	Unknown		
1	Yes										
0	No										
9	Unknown										
514	nac_hattyear  Show the field ONLY if: [nac_cvhatt] = '1' or [nac_cvhatt] = '2'	2a2. Year of most recent heart attack <i>1900 - current year, 9999 = Unknown</i>	<p>text (integer, Min: 1900, Max: 9999), Required</p> <p>Custom alignment: LV</p>								
515	nac_cvafib	2b. Atrial fibrillation	<p>radio, Required</p> <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> <p>Custom alignment: LH</p>	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
516	a5_fb  Show the field ONLY if: [nac_cvafib] = '1' and [nac_cvafib] = '2'	2b1. Year of diagnosis	<p>text, Required</p> <p>Custom alignment: LV</p>								
517	a5_fb2  Show the field ONLY if: [nac_cvafib] = '1' and [nac_cvafib] = '2'	2b2. Is the subject taking medication to treat it?	<p>radio, Required</p> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> <p>Custom alignment: LH</p>	1	Yes	2	No	9	Unknown		
1	Yes										
2	No										
9	Unknown										

518	nac_cvangio	2c. Angioplasty / endarterectomy / stent	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
519	a5_an  Show the field ONLY if: [nac_cvangio] = '1' and [nac_cvangio] = '2'	2c1. Year of the procedure	text (number), Required Custom alignment: LV								
520	nac_cvbypass	2d. Cardiac bypass procedure	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
521	a5_by  Show the field ONLY if: [nac_cvbypass] = '1' and [nac_cvbypass] = '2'	2d1. Year of the procedure	text (number), Required Custom alignment: LV								
522	nac_cvpacdef	2e. Pacemaker and/or defibrillator	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
523	a5_pd  Show the field ONLY if: [nac_cvpacdef] = '1' and [nac_cvpacdef] = '2'	2e1. Year of the procedure	text (number), Required Custom alignment: LV								
524	nac_cvchf	2f. Congestive heart failure	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
525	a5_hf  Show the field ONLY if: [nac_cvchf] = '1' and [nac_cvchf] = '2'	2f1. Year of diagnosis	text, Required Custom alignment: LV								
526	a5_hf2  Show the field ONLY if: [nac_cvchf] = '1' and [nac_cvchf] = '2'	2f2. Is the subject taking medication to treat it?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	2	No	9	Unknown		
1	Yes										
2	No										
9	Unknown										



527	nac_cvangina	2g. Angina	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
528	a5_ag  Show the field ONLY if: [nac_cvangina] = '1' and [nac_cvangina] = '2'	2g1. Year of diagnosis	text, Required Custom alignment: LV								
529	a5_ag2  Show the field ONLY if: [nac_cvangina] = '1' and [nac_cvangina] = '2'	2g2. Is the subject taking medication to treat it?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	2	No	9	Unknown		
1	Yes										
2	No										
9	Unknown										
530	nac_cvhvalve	2h. Heart valve replacement or repair	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
531	a5_hv  Show the field ONLY if: [nac_cvhvalve] = '1' and [nac_cvhvalve] = '2'	2h1. Year of the procedure	text (number), Required Custom alignment: LV								
532	nac_cvothr	2i. Other cardiovascular disease	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
533	nac_cvothrx  Show the field ONLY if: [nac_cvothr] = '1' or [nac_cvot hr] = '2'	2i1. Other cardiovascular disease (specify)	text, Required Custom alignment: LV								
534	nac_cbstroke	Section Header: 3. Cerebrovascular disease  3a. Stroke by history <i>Consider: Did event occur within the last year?</i>	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
535	nac_strokmul  Show the field ONLY if: [nac_cbstroke] = '1' or [nac_cb stroke] = '2'	3a1. More than one stroke?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Unknown		
1	Yes										
0	No										
9	Unknown										

536	<div><div>nac_strokyr</div><div>Show the field ONLY if: [nac_cbstroke] = '1' or [nac_cbstroke] = '2'</div></div>	<div><div>3a2. Year of most recent stroke</div><div>1900 - current year, 9999 = Unknown</div></div>	<div>text (integer, Min: 1900, Max: 9999), Required</div> <div>Custom alignment: LV</div>								
537	<div><div>a5_st</div><div>Show the field ONLY if: [nac_cbstroke] = '1' or [nac_cbstroke] = '2'</div></div>	<div><div>3a3. Symptoms experienced as a result of the stroke, both past and present</div></div>	<div>notes, Required</div> <div>Custom alignment: LV</div>								
538	<div><div>nac_cbtia</div></div>	<div><div>3b. Transient ischemic attack (TIA)</div></div>	<div>radio, Required</div> <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> <div>Custom alignment: LH</div>	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
539	<div><div>nac_tiamult</div><div>Show the field ONLY if: [nac_cbtia] = '1' or [nac_cbtia] = '2'</div></div>	<div><div>3b1. More than one TIA?</div></div>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	9	Unknown		
1	Yes										
0	No										
9	Unknown										
540	<div><div>nac_tiayear</div><div>Show the field ONLY if: [nac_cbtia] = '1' or [nac_cbtia] = '2'</div></div>	<div><div>3b2. Year of most recent TIA</div><div>1900 - current year, 9999 = Unknown</div></div>	<div>text (integer, Min: 1900, Max: 9999), Required</div> <div>Custom alignment: LV</div>								
541	<div><div>a5_ti</div><div>Show the field ONLY if: [nac_cbtia] = '1' or [nac_cbtia] = '2'</div></div>	<div><div>3b3. Symptoms experienced as a result of the TIA, both past and present</div></div>	<div>notes, Required</div> <div>Custom alignment: LV</div>								
542	<div><div>nac_pd</div></div>	<div><div>Section Header: 4. Neurologic Conditions</div><div>4a. Parkinson's Disease (PD)</div></div>	<div>radio, Required</div> <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>9</td><td>Unknown</td></tr></table> <div>Custom alignment: LH</div>	0	Absent	1	Recent/Active	9	Unknown		
0	Absent										
1	Recent/Active										
9	Unknown										
543	<div><div>nac_pdyr</div><div>Show the field ONLY if: [nac_pd] = '1'</div></div>	<div><div>4a1. Year of PD diagnosis</div><div>1900 - current year, 9999 = Unknown</div></div>	<div>text (integer, Min: 1900, Max: 9999), Required</div> <div>Custom alignment: LV</div>								
544	<div><div>nac_pdothr</div></div>	<div><div>4b. Other parkinsonism disorder (e.g., PSP, CBD)</div></div>	<div>radio, Required</div> <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>9</td><td>Unknown</td></tr></table> <div>Custom alignment: LH</div>	0	Absent	1	Recent/Active	9	Unknown		
0	Absent										
1	Recent/Active										
9	Unknown										
545	<div><div>nac_pdothryr</div><div>Show the field ONLY if: [nac_pdothr] = '1'</div></div>	<div><div>4b1. Year of parkinsonism disorder diagnosis</div><div>1900 - current year, 9999 = Unknown</div></div>	<div>text (integer, Min: 1900, Max: 9999), Required</div> <div>Custom alignment: LV</div>								
546	<div><div>nac_seizures</div></div>	<div><div>4c. Seizures</div></div>	<div>radio, Required</div> <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> <div>Custom alignment: LH</div>	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										

547	a5_sz  Show the field ONLY if: [nac_seizures] = '1' or [nac_seizures] = '2'	4c1. Do you have a diagnosis for the cause of the seizures?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	2	No	9	Unknown		
1	Yes										
2	No										
9	Unknown										
548	a5_sz2  Show the field ONLY if: [nac_seizures] = '1' or [nac_seizures] = '2'	4c2. Diagnosis	text, Required Custom alignment: LV								
549	a5_sz1  Show the field ONLY if: [nac_seizures] = '1' or [nac_seizures] = '2'	4c3. How often do you have seizures?	text, Required Custom alignment: LV								
550	nac_tbi	4d. Traumatic brain injury (TBI)	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
551	nac_tbibrief  Show the field ONLY if: [nac_tbi] = '1' or [nac_tbi] = '2'	4d1. TBI with brief loss of consciousness (< 5 minutes)	radio, Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Single</td></tr><tr><td>2</td><td>Repeated/multiple</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	No	1	Single	2	Repeated/multiple	9	Unknown
0	No										
1	Single										
2	Repeated/multiple										
9	Unknown										
552	nac_tbiexten  Show the field ONLY if: [nac_tbi] = '1' or [nac_tbi] = '2'	4d2. TBI with extended loss of consciousness (> 5 minutes)	radio, Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Single</td></tr><tr><td>2</td><td>Repeated/multiple</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	No	1	Single	2	Repeated/multiple	9	Unknown
0	No										
1	Single										
2	Repeated/multiple										
9	Unknown										
553	a5_tb	4d2a. Has the subject had multiple/repeated TBIs with extended loss of consciousness (based on answer above)?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LH	1	Yes	0	No				
1	Yes										
0	No										
554	nac_tbiwololos  Show the field ONLY if: [nac_tbi] = '1' or [nac_tbi] = '2'	4d3. TBI without loss of consciousness (as might result from military detonations or sports injuries)?	radio, Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Single</td></tr><tr><td>2</td><td>Repeated/multiple</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	No	1	Single	2	Repeated/multiple	9	Unknown
0	No										
1	Single										
2	Repeated/multiple										
9	Unknown										
555	a5_tb2  Show the field ONLY if: [nac_tbibrief] = '2' or [nac_tbiexten] = '2' or [nac_tbiwololos] = '2'	4d4. How many TBIs within the last 5 years?	text (integer), Required Custom alignment: LV								

556	<div>nac_tbiyear</div> <div>Show the field ONLY if: [nac_tbi] = '1' or [nac_tbi] = '2'</div>	<div>4d5. Year of most recent TBI</div> <div>1900 - current year, 9999 = Unknown</div>	<div>text (integer, Min: 1900, Max: 9999), Required</div> <div>Custom alignment: LV</div>								
557	<div>nac_med_con_inst</div>	<div>Section Header: 5. Medical conditions</div> <div>If any of the conditions still require active management and/or medications, please select "Recent/active."</div>	<div>descriptive</div>								
558	<div>nac_diabetes</div>	<div>5a. Diabetes</div>	<div>radio, Required</div> <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> <div>Custom alignment: LH</div>	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
559	<div>nac_diabtype</div> <div>Show the field ONLY if: [nac_diabetes] = '1' or [nac_diabetes] = '2'</div>	<div>5a1. If Recent/active or Remote/inactive, which type?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Type 1</td></tr><tr><td>2</td><td>Type 2</td></tr><tr><td>3</td><td>Other type (diabetes insipidus, latent autoimmune diabetes/type 1.5, gestational diabetes)</td></tr><tr><td>9</td><td>Unknown</td></tr></table> <div>Custom alignment: LV</div>	1	Type 1	2	Type 2	3	Other type (diabetes insipidus, latent autoimmune diabetes/type 1.5, gestational diabetes)	9	Unknown
1	Type 1										
2	Type 2										
3	Other type (diabetes insipidus, latent autoimmune diabetes/type 1.5, gestational diabetes)										
9	Unknown										
560	<div>a5_db</div> <div>Show the field ONLY if: [nac_diabetes] = '1' or [nac_diabetes] = '2'</div>	<div>5a2. Did subject start taking insulin less than 3 months ago?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	9	Unknown		
1	Yes										
0	No										
9	Unknown										
561	<div>a5_db2</div> <div>Show the field ONLY if: [nac_diabetes] = '1' or [nac_diabetes] = '2'</div>	<div>5a3. Has subject been hospitalized for hypoglycemia within the past year?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> <div>Custom alignment: LH</div>	1	Yes	0	No	9	Unknown		
1	Yes										
0	No										
9	Unknown										
562	<div>a5_db3</div> <div>Show the field ONLY if: [nac_diabetes] = '1' or [nac_diabetes] = '2'</div>	<div>5a4. How is the subject currently managing their diabetes?</div>	<div>text, Required</div> <div>Custom alignment: LV</div>								
563	<div>nac_hyperten</div>	<div>5b. Hypertension</div>	<div>radio, Required</div> <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> <div>Custom alignment: LH</div>	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
564	<div>nac_hypercho</div>	<div>5c. Hypercholesterolemia</div>	<div>radio, Required</div> <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> <div>Custom alignment: LH</div>	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										

565	nac_b12def	5d. B12 deficiency	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
566	nac_thyroid	5e. Thyroid disease	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
567	nac_arthrit	5f. Arthritis	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
568	nac_arthtype Show the field ONLY if: [nac_arthrit] = '1' or [nac_arthrit] = '2'	5f1. Type of arthritis <i>If both rheumatoid and osteo arthritis are present, select rheumatoid arthritis.</i>	radio, Required <table><tr><td>1</td><td>Rheumatoid</td></tr><tr><td>2</td><td>Osteoarthritis</td></tr><tr><td>3</td><td>Other</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Rheumatoid	2	Osteoarthritis	3	Other	9	Unknown
1	Rheumatoid										
2	Osteoarthritis										
3	Other										
9	Unknown										
569	nac_arthtypx Show the field ONLY if: [nac_arthtype] = '3'	5f1a. Other arthritis (specify)	text, Required Custom alignment: LV								
570	nac_note_a5 Show the field ONLY if: [nac_arthrit] = '1' or [nac_arthrit] = '2'	5f2. Region(s) affected (check all that apply):	descriptive Custom alignment: LV								
571	nac_arthupez Show the field ONLY if: [nac_arthrit] = '1' or [nac_arthrit] = '2'		radio <table><tr><td>1</td><td>Upper Extremity</td></tr></table> Custom alignment: LV	1	Upper Extremity						
1	Upper Extremity										
572	nac_arthloex Show the field ONLY if: [nac_arthrit] = '1' or [nac_arthrit] = '2'		radio <table><tr><td>1</td><td>Lower Extremity</td></tr></table> Custom alignment: LV	1	Lower Extremity						
1	Lower Extremity										
573	nac_arthspin Show the field ONLY if: [nac_arthrit] = '1' or [nac_arthrit] = '2'		radio <table><tr><td>1</td><td>Spine</td></tr></table> Custom alignment: LV	1	Spine						
1	Spine										
574	nac_arthunk Show the field ONLY if: [nac_arthrit] = '1' or [nac_arthrit] = '2'		radio <table><tr><td>1</td><td>Unknown</td></tr></table> Custom alignment: LV	1	Unknown						
1	Unknown										

575	nac_incontu	5g. Incontinence -- Urinary	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
576	nac_incontf	5h. Incontinence -- Bowel	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
577	nac_apnea	5i. Sleep apnea	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
578	a5_cpp Show the field ONLY if: [nac_apnea]='1' or [nac_apnea]='2'	5i1. Is the subject currently using a CPAP machine?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Unknown		
1	Yes										
0	No										
9	Unknown										
579	nac_rbd	5j. REM sleep behavior disorder (RBD)	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
580	nac_insomn	5k. Hyposomnia/insomnia	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
581	nac_othsleep	5l. Other sleep disorder	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
582	nac_othsleepx Show the field ONLY if: [nac_othsleep] = '1' or [nac_othsleep] = '2'	5l1. Other sleep disorder (specify)	text, Required Custom alignment: LV								

583	a5_cnc	5m. Has subject had active systemic cancer within the past 5 years?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LV	1	Yes	0	No	9	Unknown		
1	Yes										
0	No										
9	Unknown										
584	a5_cnf  Show the field ONLY if: [a5_cnc]='1' or [a5_cnc]= '9'	5m1. Describe type of cancer, treatment, and current status.	notes, Required Custom alignment: LV								
585	nac_alcohol	Section Header: 6. Substance Abuse  6a. Alcohol abuse: clinically significant impairment occurring over a 12-month period manifested in one of the following areas: work, driving, legal, or social.	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
586	nac_abusothr	6b. Other abused substances: Clinically significant impairment occurring over a 12-month period manifested in one of the following areas: work, driving, legal, or social.	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
587	nac_abusx  Show the field ONLY if: [nac_abusothr] = '1' or [nac_a busothr] = '2'	6b1. If recent/active or remote/inactive, specify abused substance:	text, Required Custom alignment: LV								
588	nac	Section Header: 7. Psychiatric conditions, diagnosed or treated by a physician  7a. Post-traumatic stress disorder (PTSD) <i>When determining if Recent/Active, consider prompting: Have you experienced past traumatic life events that may impact your present stress levels? Have you ever been diagnosed with PTSD by a healthcare provider? Symptoms of PTSD might include nightmares or sleep problems, an exaggerated startle response, or avoiding thoughts or feelings associated with the trauma. Important note: Please do NOT allow the participant to share traumatic stories, as recalling these memories could be upsetting or harmful to them.</i>	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
589	a5_pts  Show the field ONLY if: [nac]='1' or [nac]='2'	7a1. Is the subject taking medication to treat it?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	2	No	9	Unknown		
1	Yes										
2	No										
9	Unknown										
590	a5_pt2  Show the field ONLY if: [nac]='1' or [nac]='2'	7a2. What treatments has the subject received, if any? <i>If eligibility is questionable due to PTSD, you may consider explaining and including in the Notes field at the end of the form: This study involves conversations about memories of past experiences; we will encourage you to share positive memories, and it is of course up to you what you do and don't want to share. Do you have any concerns about sharing memories?</i>	notes, Required Custom alignment: LV								
591	nac_bipolar	7b. Bipolar disorder	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										

592	a5_bp  Show the field ONLY if: [nac_bipolar]='1' or [nac_bipo lar]='2'	7b1. Is the subject taking medication to treat it?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	2	No	9	Unknown		
1	Yes										
2	No										
9	Unknown										
593	a5_bp2  Show the field ONLY if: [nac_bipolar]='1' or [nac_bipo lar]='2'	7b2. What treatments has the subject received, if any?	notes, Required Custom alignment: LV								
594	nac_schiz	7c. Schizophrenia	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
595	a5_sch  Show the field ONLY if: [nac_schiz]='1' or [nac_schiz] ='2'	7c1. Is the subject taking medication to treat it?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	2	No	9	Unknown		
1	Yes										
2	No										
9	Unknown										
596	a5_sc2  Show the field ONLY if: [nac_schiz]='1' or [nac_schiz] ='2'	7c2. What treatments has the subject received, if any?	notes, Required Custom alignment: LV								
597	nac_dep2yrs	Section Header: 7d. Depression 7d1. Active depression in the last two years	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Unknown		
1	Yes										
0	No										
9	Unknown										
598	nac_depothr	7d2. Depression episodes more than two years ago	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Unknown		
1	Yes										
0	No										
9	Unknown										
599	a5_dp  Show the field ONLY if: [nac_dep2yrs] = '1' or [nac_de pothr] = '1'	7d3. Is the subject taking medication to treat it?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	2	No	9	Unknown		
1	Yes										
2	No										
9	Unknown										
600	a5_dp2  Show the field ONLY if: [nac_dep2yrs] = '1' or [nac_de pothr] = '1'	7d4. What treatments has the subject received, if any?	notes, Required Custom alignment: LV								



601	nac_anxiety	7e. Anxiety	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
602	a5_ax  Show the field ONLY if: [nac_anxiety]='1' or [nac_anxiety]='2'	7e1. Is the subject taking medication to treat it?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Unknown		
1	Yes										
0	No										
9	Unknown										
603	a5_ax2  Show the field ONLY if: [nac_anxiety]='1' or [nac_anxiety]='2'	7e2. What treatments has the subject received, if any?	notes, Required Custom alignment: LV								
604	nac OCD	7f. Obsessive-compulsive disorder (OCD)	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
605	a5 OCD  Show the field ONLY if: [nac OCD]='1' or [nac OCD]='2'	7f1. Is the subject taking medication to treat it?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Unknown		
1	Yes										
0	No										
9	Unknown										
606	a5 OCD2  Show the field ONLY if: [nac OCD]='1' or [nac OCD]='2'	7f2. What treatments has the subject received, if any?	notes, Required Custom alignment: LV								
607	nac_npsydev	7g. Developmental neuropsychiatric disorders (e.g., autism spectrum disorder [ASD], attention-deficit hyperactivity disorder [ADHD], dyslexia)	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
608	a5_nd  Show the field ONLY if: [nac_npsydev]='1' or [nac_npsydev]='2'	7g1. Is the subject taking medication to treat it?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Unknown		
1	Yes										
0	No										
9	Unknown										
609	a5_nd2  Show the field ONLY if: [nac_npsydev]='1' or [nac_npsydev]='2'	7g2. What treatments has the subject received, if any?	notes, Required Custom alignment: LV								

610	nac_psydis	7h. Other psychiatric disorders	radio, Required <table><tr><td>0</td><td>Absent</td></tr><tr><td>1</td><td>Recent/Active</td></tr><tr><td>2</td><td>Remote/Inactive</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	0	Absent	1	Recent/Active	2	Remote/Inactive	9	Unknown
0	Absent										
1	Recent/Active										
2	Remote/Inactive										
9	Unknown										
611	nac_psydisx  Show the field ONLY if: [nac_psydis] = '1' or [nac_psydis] = '2'	7h1. If recent/active or remote/inactive, specify disorder:	text, Required Custom alignment: LV								
612	a5_psy  Show the field ONLY if: [nac_psydis] = '1' or [nac_psydis] = '2'	7h2. Is the subject taking any medication to treat it?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table> Custom alignment: LH	1	Yes	0	No	9	Unknown		
1	Yes										
0	No										
9	Unknown										
613	a5_ps2  Show the field ONLY if: [nac_psydis] = '1' or [nac_psydis] = '2'	7h3. What treatments has the subject received, if any?	notes, Required Custom alignment: LV								
614	a5_not	Notes:Please include any relevant notes in addition to what was recorded above. <i>(optional)</i>	notes, Identifier Custom alignment: LV								
615	a5_ehp	Was this instrument administered using an Emergency Hardcopy form?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No				
1	Yes										
0	No										
616	a5_shp  Show the field ONLY if: [a5_ehp] = '1'	Scan the Emergency Hardcopy forms that were used to administer this test, and upload here. Please remember to verify scan quality and certify the uploaded copy using your paper Copy Certification Log.  File Naming Convention: SubID_EHP_A5_Timepoint_Date. Ex. "C1001_EHP_A5_SC_010121". See this chart for time points.	file, Required Custom alignment: LV								
617	nac_copyright_a5	Adapted with permission. Copyright © 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976 - Walter A. Kukull, PhD, Director). All rights reserved.	descriptive Custom alignment: LV								
618	nac_footer_a5	National Alzheimer's Coordinating Center   (206) 543-8637   fax: (206) 616-5927   naccmail@uw.edu   www.alz.washington.edu UDS (V3.0, March 2015) Initial Visit Form A5: Subject Health History	descriptive								
619	a5_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive								
620	health_history_nacc_a5_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: **Medication Assessment** (medication\_assessment)

^ Collapse

Instrument: **Medication Assessment** (medication\_assessment)[^ Collapse](#)

621	rx_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3				
622	rx_dat	Date of Administration	text (date_mdy), Required, Identifier Custom alignment: LV				
623	rx_des	<div>Directions: Please include all prescription, over-the-counter medications, and supplements that the participant is currently taking. This includes medications and supplements that are taken regularly and as-needed.</div>	descriptive				
624	rx_dly	Section Header: <i>General Questions about Medications and Supplements</i> 1. Do you take any of your medications/supplements consistently, on a daily basis?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
625	rx_tim Show the field ONLY if: [rx_dly]='1'	1a. For medications/supplements that you take daily, is there a specific time that you need to take them?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
626	rx_pb	2. Do you use a pillbox to take your medications/supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
627	rx_pb2 Show the field ONLY if: [rx_pb]='1'	2ai. How many (total number of) different medications/supplements do you regularly put into a pillbox?	text (integer, Min: 1, Max: 99), Required Custom alignment: LV				
628	rx_pb3 Show the field ONLY if: [rx_pb]='1'	2aii. Do you use your pillbox to take medications/supplements at more than one time point each day?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
629	rx_m1	Section Header: <i>Medication List</i> 1. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
630	rx_p1	1a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
631	rx_a1	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
632	rx_m2 Show the field ONLY if: [rx_a1] = '1'	2. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						

633	rx_p2  Show the field ONLY if: [rx_a1] = '1'	2a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
634	rx_a2  Show the field ONLY if: [rx_a1] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
635	rx_m3  Show the field ONLY if: [rx_a2] = '1'	3. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
636	rx_p3  Show the field ONLY if: [rx_a2] = '1'	3a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
637	rx_a3  Show the field ONLY if: [rx_a2] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
638	rx_m4  Show the field ONLY if: [rx_a3] = '1'	4. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
639	rx_p4  Show the field ONLY if: [rx_a3] = '1'	4a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
640	rx_a4  Show the field ONLY if: [rx_a3] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
641	rx_m5  Show the field ONLY if: [rx_a4] = '1'	5. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
642	rx_p5  Show the field ONLY if: [rx_a4] = '1'	5a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
643	rx_a5  Show the field ONLY if: [rx_a4] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
644	rx_m6  Show the field ONLY if: [rx_a5] = '1'	6. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						

645	rx_p6  Show the field ONLY if: [rx_a5] = '1'	6a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
646	rx_a6  Show the field ONLY if: [rx_a5] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
647	rx_m7  Show the field ONLY if: [rx_a6] = '1'	7. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
648	rx_p7  Show the field ONLY if: [rx_a6] = '1'	7a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
649	rx_a7  Show the field ONLY if: [rx_a6] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
650	rx_m8  Show the field ONLY if: [rx_a7] = '1'	8. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
651	rx_p8  Show the field ONLY if: [rx_a7] = '1'	8a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
652	rx_a8  Show the field ONLY if: [rx_a7] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
653	rx_m9  Show the field ONLY if: [rx_a8] = '1'	9. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
654	rx_p9  Show the field ONLY if: [rx_a8] = '1'	9a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
655	rx_a9  Show the field ONLY if: [rx_a8] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
656	rx_m10  Show the field ONLY if: [rx_a9] = '1'	10. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						

657	rx_p10  Show the field ONLY if: [rx_a9] = '1'	10a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
658	rx_a10  Show the field ONLY if: [rx_a9] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
659	rx_m11  Show the field ONLY if: [rx_a10] = '1'	11. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
660	rx_p11  Show the field ONLY if: [rx_a10] = '1'	11a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
661	rx_a11  Show the field ONLY if: [rx_a10] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
662	rx_m12  Show the field ONLY if: [rx_a11] = '1'	12. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
663	rx_p12  Show the field ONLY if: [rx_a11] = '1'	12a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
664	rx_a12  Show the field ONLY if: [rx_a11] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
665	rx_m13  Show the field ONLY if: [rx_a12] = '1'	13. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
666	rx_p13  Show the field ONLY if: [rx_a12] = '1'	13a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
667	rx_a13  Show the field ONLY if: [rx_a12] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
668	rx_m14  Show the field ONLY if: [rx_a13] = '1'	14. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						

669	rx_p14  Show the field ONLY if: [rx_a13] = '1'	14a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
670	rx_a14  Show the field ONLY if: [rx_a13] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
671	rx_m15  Show the field ONLY if: [rx_a14] = '1'	15. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
672	rx_p15  Show the field ONLY if: [rx_a14] = '1'	15a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
673	rx_a15  Show the field ONLY if: [rx_a14] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
674	rx_m16  Show the field ONLY if: [rx_a15] = '1'	16. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
675	rx_p16  Show the field ONLY if: [rx_a15] = '1'	16a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
676	rx_a16  Show the field ONLY if: [rx_a15] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
677	rx_m17  Show the field ONLY if: [rx_a16] = '1'	17. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
678	rx_p17  Show the field ONLY if: [rx_a16] = '1'	17a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
679	rx_a17  Show the field ONLY if: [rx_a16] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
680	rx_m18  Show the field ONLY if: [rx_a17] = '1'	18. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						

681	rx_p18  Show the field ONLY if: [rx_a17] = '1'	18a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
682	rx_a18  Show the field ONLY if: [rx_a17] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
683	rx_m19  Show the field ONLY if: [rx_a18] = '1'	19. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
684	rx_p19  Show the field ONLY if: [rx_a18] = '1'	19a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
685	rx_a19  Show the field ONLY if: [rx_a18] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
686	rx_m20  Show the field ONLY if: [rx_a19] = '1'	20. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
687	rx_p20  Show the field ONLY if: [rx_a19] = '1'	20a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
688	rx_a20  Show the field ONLY if: [rx_a19] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
689	rx_m21  Show the field ONLY if: [rx_a20] = '1'	20. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
690	rx_p21  Show the field ONLY if: [rx_a20] = '1'	20a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
691	rx_a21  Show the field ONLY if: [rx_a20] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
692	rx_m22  Show the field ONLY if: [rx_a21] = '1'	20. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						



693	rx_p22  Show the field ONLY if: [rx_a21] = '1'	20a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
694	rx_a22  Show the field ONLY if: [rx_a21] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
695	rx_m23  Show the field ONLY if: [rx_a22] = '1'	20. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
696	rx_p23  Show the field ONLY if: [rx_a22] = '1'	20a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
697	rx_a23  Show the field ONLY if: [rx_a22] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
698	rx_m24  Show the field ONLY if: [rx_a23] = '1'	20. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
699	rx_p24  Show the field ONLY if: [rx_a23] = '1'	20a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
700	rx_a24  Show the field ONLY if: [rx_a23] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
701	rx_m25  Show the field ONLY if: [rx_a24] = '1'	20. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
702	rx_p25  Show the field ONLY if: [rx_a24] = '1'	20a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
703	rx_a25  Show the field ONLY if: [rx_a24] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
704	rx_m26  Show the field ONLY if: [rx_a25] = '1'	20. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						

705	rx_p26  Show the field ONLY if: [rx_a25] = '1'	20a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
706	rx_a26  Show the field ONLY if: [rx_a25] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
707	rx_m27  Show the field ONLY if: [rx_a26] = '1'	20. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
708	rx_p27  Show the field ONLY if: [rx_a26] = '1'	20a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
709	rx_a27  Show the field ONLY if: [rx_a26] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
710	rx_m28  Show the field ONLY if: [rx_a27] = '1'	20. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
711	rx_p28  Show the field ONLY if: [rx_a27] = '1'	20a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
712	rx_a28  Show the field ONLY if: [rx_a27] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
713	rx_m29  Show the field ONLY if: [rx_a28] = '1'	20. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						
714	rx_p29  Show the field ONLY if: [rx_a28] = '1'	20a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
715	rx_a29  Show the field ONLY if: [rx_a28] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
716	rx_m30  Show the field ONLY if: [rx_a29] = '1'	20. Please enter medication or supplement:	text, Required <table><tr><td>BIOPORTAL:RXNORM</td><td>BIOPORTAL:RXNORM</td></tr></table> Custom alignment: LV	BIOPORTAL:RXNORM	BIOPORTAL:RXNORM		
BIOPORTAL:RXNORM	BIOPORTAL:RXNORM						

717	rx_p30  Show the field ONLY if: [rx_a29] = '1'	20a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
718	rx_a30  Show the field ONLY if: [rx_a29] = '1'	Do you take any additional medications or supplements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
719	rx_yn	Is the participant taking any medications or supplements not included in Rx Norm Ontology?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
720	rx_m31  Show the field ONLY if: [rx_yn]='1'	1. Name of medication or supplement:	text, Required Custom alignment: LV				
721	rx_p31  Show the field ONLY if: [rx_yn]='1'	1a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
722	rx_a31  Show the field ONLY if: [rx_yn]='1'	Are there any other medications or supplements to report that are not included in the RX Norm Ontology?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
723	rx_m32  Show the field ONLY if: [rx_a31]='1'	2. Name of medication or supplement:	text, Required Custom alignment: LV				
724	rx_p32  Show the field ONLY if: [rx_a31]='1'	2a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
725	rx_a32  Show the field ONLY if: [rx_a31]='1'	Are there any other medications or supplements to report that are not included in the RX Norm Ontology?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
726	rx_m33  Show the field ONLY if: [rx_a32]='1'	3. Name of medication or supplement:	text, Required Custom alignment: LV				
727	rx_p33  Show the field ONLY if: [rx_a32]='1'	3a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
728	rx_a33  Show the field ONLY if: [rx_a32]='1'	Are there any other medications or supplements to report that are not included in the RX Norm Ontology?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						

729	rx_m34  Show the field ONLY if: [rx_a33]='1'	4. Name of medication or supplement	text, Required Custom alignment: LV				
730	rx_p34  Show the field ONLY if: [rx_a33]='1'	4a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
731	rx_a34  Show the field ONLY if: [rx_a33]='1'	Are there any other medications or supplements to report that are not included in the RX Norm Ontology?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
732	rx_m35  Show the field ONLY if: [rx_a34]='1'	5. Name of medication or supplement:	text, Required Custom alignment: LV				
733	rx_p35  Show the field ONLY if: [rx_a34]='1'	5a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
734	rx_a35  Show the field ONLY if: [rx_a34]='1'	Are there any other medications or supplements to report that are not included in the RX Norm Ontology?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
735	rx_m36  Show the field ONLY if: [rx_a35]='1'	5. Name of medication or supplement:	text, Required Custom alignment: LV				
736	rx_p36  Show the field ONLY if: [rx_a35]='1'	5a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
737	rx_a36  Show the field ONLY if: [rx_a35]='1'	Are there any other medications or supplements to report that are not included in the RX Norm Ontology?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
738	rx_m37  Show the field ONLY if: [rx_a36]='1'	5. Name of medication or supplement:	text, Required Custom alignment: LV				
739	rx_p37  Show the field ONLY if: [rx_a36]='1'	5a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
740	rx_a37  Show the field ONLY if: [rx_a36]='1'	Are there any other medications or supplements to report that are not included in the RX Norm Ontology?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
741	rx_m38  Show the field ONLY if: [rx_a37]='1'	5. Name of medication or supplement:	text, Required Custom alignment: LV				

742	rx_p38  Show the field ONLY if: [rx_a37]='1'	5a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
743	rx_a38  Show the field ONLY if: [rx_a37]='1'	Are there any other medications or supplements to report that are not included in the RX Norm Ontology?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
744	rx_m39  Show the field ONLY if: [rx_a38]='1'	5. Name of medication or supplement:	text, Required Custom alignment: LV						
745	rx_p39  Show the field ONLY if: [rx_a38]='1'	5a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
746	rx_a39  Show the field ONLY if: [rx_a38]='1'	Are there any other medications or supplements to report that are not included in the RX Norm Ontology?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
747	rx_m40  Show the field ONLY if: [rx_a39]='1'	5. Name of medication or supplement:	text, Required Custom alignment: LV						
748	rx_p40  Show the field ONLY if: [rx_a39]='1'	5a. Is this a prescription medication? <i>Do you have a prescription from your doctor and get it from a pharmacy?</i>	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
749	rx_not	General Notes <i>Optional - Record any additional medications if necessary</i>	notes, Identifier Custom alignment: LV						
750	rx_ehp	Was this instrument administered using an Emergency Hardcopy form?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
751	rx_shp  Show the field ONLY if: [rx_ehp] = '1'	Scan the Emergency Hardcopy forms that were used to administer this test, and upload here. Please remember to verify scan quality and certify the uploaded copy using your paper Copy Certification Log.  File Naming Convention: SubID_EHP_RX_Timepoint_Date. Ex. "C1001_EHP_RX_SC_010121". See this chart for time points.	file, Required Custom alignment: LV						
752	rx_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive						
753	medication_assessment_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Neuropsych Battery (NACC C2)** (neuropsych\_battery\_nacc\_c2)

^ Collapse

Instrument: **Neuropsych Battery (NACC C2)** (neuropsych\_battery\_nacc\_c2)[^ Collapse](#)

754	c2_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3				
755	c2_dat	Date C2 Neuropsychological Battery Administered <i>If MoCA administered separately, this date is for C2 Sections 3-12</i>	text (date_mdy), Required, Identifier Custom alignment: LV				
756	c2_tgc	What this assessment done over the telephone (T-COG)?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
757	c2_mcd	Date MoCA Administered	text (date_mdy), Required, Identifier Custom alignment: LV				
758	nac_mocavis_moca_only	Staff: Was subject unable to complete one or more sections of the MoCA due to visual impairment?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
759	nac_mocahear_moca_only	Staff: Was subject unable to complete one or more sections of the MoCA due to hearing impairment?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
760	c2_up	Section Header: <i>**The remainder of this REDCap form is to be entered post-visit**</i>  Scan the paper C2 Neuropsych Battery, and upload here. Double check the quality of the scan to make sure it can be read clearly.  File Naming Convention: SubID_C2_TP_MMDDYY TP (Timepoint): _SC, _06, _12	file, Required Custom alignment: LV				
761	c2_des	INSTRUCTIONS:  For test administration and scoring, see Instructions for Neuropsychological Battery Form C2. Link to C2 Instructions .  KEY: If the subject cannot complete any of the following exams, please give the reason by entering one of the following codes:  95=Physical problem  96=Cognitive/behavior problem  97=Other problem  98=Verbal refusal	descriptive				
762	c2_dex	Enter the following participant info into the UDS Norms spreadsheet:  Cell B2 Gender: [scrn_v_arm_1][nac_sex] Cell B3 Age: Enter birthdate below for current calculated age. Cell B4 Education: [scrn_v_arm_1][nac_educ] Cell B5 Total MoCA Score: just administered  Once data is entered, upload spreadsheet to the Clinician Diagnosis (NACC D1) form.	descriptive				
763	c2_dob	Subject's DOB <i>NACC A1 DOB: [scrn_v_arm_1][nac_a1_dob]</i>	text (date_mdy), Required Custom alignment: LV				
764	c2_age	Subject's current age	calc Calculation: round(datediff([c2_dob], [c2_dat], "y", "mdy"),1) Custom alignment: LV				

765	nac_mocatots_moca_only	<div>Section Header: 1. Montreal Cognitive Assessment (MoCA)</div> <div>1f. TOTAL RAW SCORE - UNCORRECTED (Not corrected for education or visual/hearing impairment) (Enter 88 if any of the following MoCA items were not administered: 1g-1l, 1n-1t, 1w-1bb)</div> <div>(0-30, 88)</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr><tr><td>88</td><td>88 Item(s) or whole test not administered</td></tr></table> <div>Custom alignment: LV</div> <div>Field Annotation: @HIDDEN</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	88	88 Item(s) or whole test not administered
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766	tcg_mocatots_moca_only	1f. TOTAL RAW SCORE - UNCORRECTED (Not corrected for education or visual/hearing impairment) (Enter 88 if any of the following MoCA items were not administered: 1g-1i, 1n-1t, 1w-1bb) (0-22, 88)	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>88 Item(s) or whole test not administered</td></tr></table> <div>Custom alignment: LV</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	88 Item(s) or whole test not administered
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767	nac_mocatrai_moca_only	1g. Visuospatial/executive -- Trails (0-1, 95-98)	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> <div>Custom alignment: LV Field Annotation: @HIDDEN</div>	0	0	1	1	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal																																				
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768	nac_mocacube_moca_only	1h. Visuospatial/executive -- Cube (0-1, 95-98)	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> <div>Custom alignment: LV Field Annotation: @HIDDEN</div>	0	0	1	1	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal																																				
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769	nac_mocacloc_moca_only	1i. Visuospatial/executive -- Clock contour <i>(0-1, 95-98)</i>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> <div>Custom alignment: LV Field Annotation: @HIDDEN</div>	0	0	1	1	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal				
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770	nac_mocaclon_moca_only	1j. Visuospatial/executive -- Clock numbers <i>(0-1, 95-98)</i>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> <div>Custom alignment: LV Field Annotation: @HIDDEN</div>	0	0	1	1	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal				
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771	nac_mocacloh_moca_only	1k. Visuospatial/executive -- Clock hands <i>(0-1, 95-98)</i>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> <div>Custom alignment: LV Field Annotation: @HIDDEN</div>	0	0	1	1	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal				
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772	nac_mocanami_moca_only	1l. Language -- Naming <i>(0-3, 95-98)</i>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> <div>Custom alignment: LV Field Annotation: @HIDDEN</div>	0	0	1	1	2	2	3	3	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal
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773	nac_mocaregi_moca_only	1m. Memory -- Registration (two trials) <i>(0-10, 95-98)</i>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> <div>Custom alignment: LV Field Annotation: @HIDDEN</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal
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774	tcg_mocaregi_moca_only	1m. Memory -- Registration (two trials) <i>(0-10, 95-98)</i>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> <div>Custom alignment: LV</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal
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775	nac_mocadigi_moca_only	1n. Attention -- Digits <i>(0-2, 95-98)</i>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> <div>Custom alignment: LV Field Annotation: @HIDDEN</div>	0	0	1	1	2	2	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal																
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777	nac_mocalett_moca_only	1o. Attention -- Letter A (0-1, 95-98)	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	0	0	1	1	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal				
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779	nac_mocaser7_moca_only	1p. Attention -- Serial 7s (0-3, 95-98)	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	0	0	1	1	2	2	3	3	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal
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781	nac_mocarepe_moca_only	1q. Language -- Repetition (0-2, 95-98)	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	0	0	1	1	2	2	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal
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783	nac_mocaflue_moca_only	1r. Language -- Fluency (0-1, 95-98)	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	0	0	1	1	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal		
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789	nac_mocarecc_moca_only	1u. Delayed recall -- Category cue (0-5; 88=not applicable)	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>88</td><td>88 = Not applicable</td></tr></table> <div>Custom alignment: LV</div> <div>Field Annotation: @HIDDEN</div>	0	0	1	1	2	2	3	3	4	4	5	5	88	88 = Not applicable						
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793	nac_mocaordt_moca_only	1w. Orientation -- Date <i>(0-1, 95-98)</i>	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	0	0	1	1	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal		
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795	nac_mocaormo_moca_only	1x. Orientation -- Month <i>(0-1, 95-98)</i>	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	0	0	1	1	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal
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797	nac_mocaoryr_moca_only	1y. Orientation -- Year <i>(0-1, 95-98)</i>	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	0	0	1	1	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal
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798	tcg_mocaoryr_moca_only	1y. Orientation -- Year <i>(0-1, 95-98)</i>	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> Custom alignment: LV	0	0	1	1	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal
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800	tcg_mocaordy_moca_only	1z. Orientation -- Day (0-1, 95-98)	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> Custom alignment: LV	0	0	1	1	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal
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801	nac_mocaorpl_moca_only	1aa. Orientation -- Place (0-1, 95-98)	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	0	0	1	1	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal
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803	nac_mocaorct_moca_only	1bb. Orientation -- City (0-1, 95-98)	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	0	0	1	1	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal
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804	tcg_mocaorct_moca_only	1bb. Orientation -- City (0-1, 95-98)	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> Custom alignment: LV	0	0	1	1	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal
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805	nac_craftvrs	Section Header: 3. Craft Story 21 Recall (Immediate) 3a. Total story units recalled, verbatim scoring (0-44, 95-98)	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr></table>	0	0	1	1	2	2	3	3				
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806	<p>nac_craftvrs</p> <p>Show the field ONLY if: [nac_craftvrs] = '0' or [nac_craftvrs] = '1' or [nac_craftvrs] = '2' or [nac_craftvrs] = '3' or [nac_craftvrs] = '4' or [nac_craftvrs] = '5' or [nac_craftvrs] = '6' or [nac_craftvrs] = '7' or [nac_craftvrs] = '8' or [nac_craftvrs] = '9' or [nac_craftvrs] = '10' or [nac_craftvrs] = '11' or [nac_craftvrs] = '12' or [nac_craftvrs] = '13' or [nac_craftvrs] = '14' or [nac_craftvrs] = '15' or [nac_craftvrs] = '16' or [nac_craftvrs] = '17' or [nac_craftvrs] = '18' or [nac_craftvrs] = '19' or [nac_craftvrs] = '20' or [nac_craftvrs] = '21' or [nac_craftvrs] = '22' or [nac_craftvrs] = '23' or [nac_craftvrs] = '24' or [nac_craftvrs] = '25' or [nac_craftvrs] = '26' or [nac_craftvrs] = '27' or [nac_craftvrs] = '28' or [nac_craftvrs] = '29' or [nac_craftvrs] = '30' or [nac_craftvrs] = '31' or [nac_craftvrs] = '32' or [nac_craftvrs] = '33' or [nac_craftvrs] = '34' or [nac_craftvrs] = '35' or [nac_craftvrs] = '36' or [nac_craftvrs] = '37' or [nac_craftvrs] = '38' or [nac_craftvrs] = '39' or [nac_craftvrs] = '40' or [nac_craftvrs] = '41' or [nac_craftvrs] = '42' or [nac_craftvrs] = '43' or [nac_craftvrs] = '44'</p>	<p>3b. Total story units recalled, paraphrase scoring (0-25)</p>	<p>dropdown, Required</p> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr></table> <p>Custom alignment: LV</p>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25
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807	nac_udsbentc	<div>Section Header: 4. Benson Complex Figure Copy</div> <div>4a. Total score for copy of Benson figure</div> <div>(0-17, 95-98)</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> <div>Custom alignment: LV</div> <div>Field Annotation: @HIDDEN</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal
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808	nac_digfortc	<div>Section Header: 5. Number Span Test: Forward</div> <div>5a. Number of correct trials</div> <div>(0-14, 95-98)</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> <div>Custom alignment: LV</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal						
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809	<p>nac_digforsl</p> <p>Show the field ONLY if:  [nac_digfortc] = '0' or [nac_digfortc] = '1' or [nac_digfortc] = '2' or [nac_digfortc] = '3' or [nac_digfortc] = '4' or [nac_digfortc] = '5' or [nac_digfortc] = '6' or [nac_digfortc] = '7' or [nac_digfortc] = '8' or [nac_digfortc] = '9' or [nac_digfortc] = '10' or [nac_digfortc] = '11' or [nac_digfortc] = '12' or [nac_digfortc] = '13' or [nac_digfortc] = '14'</p>	<p>5b. Longest span forward</p> <p>0, 3-9</p>	<p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> </table> <p>Custom alignment: LV</p>	0	0	3	3	4	4	5	5	6	6	7	7	8	8	9	9																						
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810	<p>nac_digbacct</p>	<p>Section Header: 6. Number Span Test: Backward</p> <p>6a. Number of correct trials</p> <p>(0-14, 95-98)</p>	<p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> <tr><td>9</td><td>9</td></tr> <tr><td>10</td><td>10</td></tr> <tr><td>11</td><td>11</td></tr> <tr><td>12</td><td>12</td></tr> <tr><td>13</td><td>13</td></tr> <tr><td>14</td><td>14</td></tr> <tr><td>95</td><td>95 = Physical problem</td></tr> <tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr> <tr><td>97</td><td>97 = Other problem</td></tr> <tr><td>98</td><td>98 = Verbal refusal</td></tr> </table> <p>Custom alignment: LV</p>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal
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811	<p>nac_digbacsl</p> <p>Show the field ONLY if:  [nac_digbacct] = '0' or [nac_digbacct] = '1' or [nac_digbacct] = '2' or [nac_digbacct] = '3' or [nac_digbacct] = '4' or [nac_digbacct] = '5' or [nac_digbacct] = '6' or [nac_digbacct] = '7' or [nac_digbacct] = '8' or [nac_digbacct] = '9' or [nac_digbacct] = '10' or [nac_digbacct] = '11' or [nac_digbacct] = '12' or [nac_digbacct] = '13' or [nac_digbacct] = '14'</p>	<p>6b. Longest span backward</p> <p>0, 2-8</p>	<p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>8</td></tr> </table> <p>Custom alignment: LV</p>	0	0	2	2	3	3	4	4	5	5	6	6	7	7	8	8																						
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812	<p>nac_animals_c2</p>	<p>Section Header: 7. Category Fluency</p> <p>7a. Animals: Total number of animals named in 60 seconds</p> <p>0-77, 95-98</p>	<p>dropdown, Required</p> <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> </table>	0	0	1	1	2	2	3	3	4	4																												
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Custom alignment: LV

813 nac\_veg\_c2

7b. Vegetables: Total number of vegetables named in 60 seconds  
*0-77, 95-98*

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95	95 = Physical problem
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98	98 = Verbal refusal

Custom alignment: LV

814 nac\_traila\_c2

Section Header: 8. Oral Trail Making Test

8a. PART A: Total number of seconds to complete

(if not finished by 150 seconds, enter 150)

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996	996 = Cognitive/behavior problem
997	997 = Other problem
998	998 = Verbal refusal

Custom alignment: LV  
Field Annotation: @HIDDEN

815 tcg\_traila\_c2

8a. PART A: Total number of seconds to complete

(if not finished by 150 seconds, enter 150)  
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995	995 = Physical problem
996	996 = Cognitive/behavior problem
997	997 = Other problem
998	998 = Verbal refusal

Custom alignment: LV

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nac\_trailarr\_c2

Show the field ONLY if:

8a1. Number of commission errors

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817	<div>tcg_trailarr_c2</div> <div>Show the field ONLY if: [tcg_traila_c2] &lt; 151 and [tcg_traila_c2] &lt;&gt; ""</div>	<div>8a1. Number of commission errors</div> <div>0-40</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr><tr><td>31</td><td>31</td></tr><tr><td>32</td><td>32</td></tr><tr><td>33</td><td>33</td></tr><tr><td>34</td><td>34</td></tr><tr><td>35</td><td>35</td></tr><tr><td>36</td><td>36</td></tr><tr><td>37</td><td>37</td></tr><tr><td>38</td><td>38</td></tr><tr><td>39</td><td>39</td></tr><tr><td>40</td><td>40</td></tr></table> <div>Custom alignment: LV</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32	33	33	34	34	35	35	36	36	37	37	38	38	39	39	40	40
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818	<div>nac_trailali_c2</div> <div>Show the field ONLY if: [nac_traila_c2] = '0' or [nac_traila_c2] = '1' or [nac_traila_c2] = '2' or [nac_traila_c2] = '3' or [nac_traila_c2] = '4' or [nac_traila_c2] = '5' or [nac_traila_c2]</div>	<div>8a2. Total number of correct lines</div> <div>0-24: Will always equal 24 unless participant did not finish in 150 seconds.</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr></table>	0	0	1	1	2	2	3	3																																																																										
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Custom alignment: LV  
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or [nac_traila_c2] = '97' or [nac_traila_c2] = '98' or [nac_traila_c2] = '99' or [nac_traila_c2] = '100' or [nac_traila_c2] = '101' or [nac_traila_c2] = '102' or [nac_traila_c2] = '103' or [nac_traila_c2] = '104' or [nac_traila_c2] = '105' or [nac_traila_c2] = '106' or [nac_traila_c2] = '107' or [nac_traila_c2] = '108' or [nac_traila_c2] = '109' or [nac_traila_c2] = '110' or [nac_traila_c2] = '111' or [nac_traila_c2] = '112' or [nac_traila_c2] = '113' or [nac_traila_c2] = '114' or [nac_traila_c2] = '115' or [nac_traila_c2] = '116' or [nac_traila_c2] = '117' or [nac_traila_c2] = '118' or [nac_traila_c2] = '119' or [nac_traila_c2] = '120' or [nac_traila_c2] = '121' or [nac_traila_c2] = '122' or [nac_traila_c2] = '123' or [nac_traila_c2] = '124' or [nac_traila_c2] = '125' or [nac_traila_c2] = '126' or [nac_traila_c2] = '127' or [nac_traila_c2] = '128' or [nac_traila_c2] = '129' or [nac_traila_c2] = '130' or [nac_traila_c2] = '131' or [nac_traila_c2] = '132' or [nac_traila_c2] = '133' or [nac_traila_c2] = '134' or [nac_traila_c2] = '135' or [nac_traila_c2] = '136' or [nac_traila_c2] = '137' or [nac_traila_c2] = '138' or [nac_traila_c2] = '139' or [nac_traila_c2] = '140' or [nac_traila_c2] = '141' or [nac_traila_c2] = '142' or [nac_traila_c2] = '143' or [nac_traila_c2] = '144' or [nac_traila_c2] = '145' or [nac_traila_c2] = '146' or [nac_traila_c2] = '147' or [nac_traila_c2] = '148' or [nac_traila_c2] = '149' or [nac_traila_c2] = '150'		
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819	tcg_trailali_c2  Show the field ONLY if: [tcg_traila_c2] < 151 and [tcg_traila_c2] <> ""	8a2. Total number correct <i>0-25: Will always equal 25 unless participant did not finish in 150 seconds.</i>	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr></table> Custom alignment: LV	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25
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820	nac_trailb_c2	8b. PART B: Total number of seconds to complete  (if not finished by 300 seconds, enter 300) <i>0-300, 995-998</i>	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18														
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995	995 = Physical problem
996	996 = Cognitive/behavior problem
997	997 = Other problem
998	998 = Verbal refusal

Custom alignment: LV  
Field Annotation: @HIDDEN

821 tcg\_trailb\_c2

8b. PART B: Total number of seconds to complete

(if not finished by 300 seconds, enter 300)

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995	995 = Physical problem
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997	997 = Other problem
998	998 = Verbal refusal

Custom alignment: LV

822 nac\_trailbrr\_c2

Show the field ONLY if:

[nac\_trailb\_c2] = '0' or [nac\_trailb\_c2] = '1' or [nac\_trailb\_c2] = '2' or [nac\_trailb\_c2] = '3' or [nac\_trailb\_c2] = '4' or [nac\_trailb\_c2] = '5' or [nac\_trailb\_c2] = '6' or [nac\_trailb\_c2] = '7' or [nac\_trailb\_c2] = '8' or [nac\_trailb\_c2] = '9' or [nac\_trailb\_c2] = '10' or [nac\_trailb\_c2] = '11' or [nac\_trailb\_c2] = '12' or [nac\_trailb\_c2] = '13' or [nac\_trailb\_c2] = '14' or [nac\_trailb\_c2] = '15' or [nac\_trailb\_c2] = '16' or [nac\_trailb\_c2] = '17' or [nac\_trailb\_c2] = '18' or [nac\_trailb\_c2] = '19' or [nac\_trailb\_c2] = '20' or [nac\_trailb\_c2] = '21' or [nac\_trailb\_c2] = '22' or [nac\_trailb\_c2] = '23' or [nac\_trailb\_c2] = '24' or [nac\_trailb\_c2] = '25' or [nac\_trailb\_c2] = '26' or [nac\_trailb\_c2] = '27' or [nac\_trailb\_c2] = '28' or [nac\_trailb\_c2] = '29' or [nac\_trailb\_c2] = '30' or [nac\_trailb\_c2] = '31' or [nac\_trailb\_c2] = '32' or [nac\_trailb\_c2] = '33' or [nac\_trailb\_c2] = '34' or [nac\_trailb\_c2] = '35' or [nac\_trailb\_c2] = '36' or [nac\_trailb\_c2] = '37' or [nac\_trailb\_c2] = '38' or [nac\_trailb\_c2] = '39' or [nac\_trailb\_c2] = '40' or [nac\_trailb\_c2] = '41' or [nac\_trailb\_c2] = '42' or [nac\_trailb\_c2] = '43' or [nac\_trailb\_c2] = '44' or [nac\_trailb\_c2] = '45' or [nac\_trailb\_c2] = '46' or [nac\_trailb\_c2] = '47' or [nac\_trailb\_c2] = '48' or [nac\_trailb\_c2] = '49' or [nac\_trailb\_c2]

8b1. Number of commission errors

0-40

dropdown, Required

0	0
1	1
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4	4
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19	19
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23	23
24	24
25	25
26	26
27	27

= '50' or [nac\_trailb\_c2] = '51'  
or [nac\_trailb\_c2] = '52' or [na  
c\_trailb\_c2] = '53' or [nac\_trail  
b\_c2] = '54' or [nac\_trailb\_c2]  
= '55' or [nac\_trailb\_c2] = '56'  
or [nac\_trailb\_c2] = '57' or [na  
c\_trailb\_c2] = '58' or [nac\_trail  
b\_c2] = '59' or [nac\_trailb\_c2]  
= '60' or [nac\_trailb\_c2] = '61'  
or [nac\_trailb\_c2] = '62' or [na  
c\_trailb\_c2] = '63' or [nac\_trail  
b\_c2] = '64' or [nac\_trailb\_c2]  
= '65' or [nac\_trailb\_c2] = '66'  
or [nac\_trailb\_c2] = '67' or [na  
c\_trailb\_c2] = '68' or [nac\_trail  
b\_c2] = '69' or [nac\_trailb\_c2]  
= '70' or [nac\_trailb\_c2] = '71'  
or [nac\_trailb\_c2] = '72' or [na  
c\_trailb\_c2] = '73' or [nac\_trail  
b\_c2] = '74' or [nac\_trailb\_c2]  
= '75' or [nac\_trailb\_c2] = '76'  
or [nac\_trailb\_c2] = '77' or [na  
c\_trailb\_c2] = '78' or [nac\_trail  
b\_c2] = '79' or [nac\_trailb\_c2]  
= '80' or [nac\_trailb\_c2] = '81'  
or [nac\_trailb\_c2] = '82' or [na  
c\_trailb\_c2] = '83' or [nac\_trail  
b\_c2] = '84' or [nac\_trailb\_c2]  
= '85' or [nac\_trailb\_c2] = '86'  
or [nac\_trailb\_c2] = '87' or [na  
c\_trailb\_c2] = '88' or [nac\_trail  
b\_c2] = '89' or [nac\_trailb\_c2]  
= '90' or [nac\_trailb\_c2] = '91'  
or [nac\_trailb\_c2] = '92' or [na  
c\_trailb\_c2] = '93' or [nac\_trail  
b\_c2] = '94' or [nac\_trailb\_c2]  
= '95' or [nac\_trailb\_c2] = '96'  
or [nac\_trailb\_c2] = '97' or [na  
c\_trailb\_c2] = '98' or [nac\_trail  
b\_c2] = '99' or [nac\_trailb\_c2]  
= '100' or [nac\_trailb\_c2] = '10  
1' or [nac\_trailb\_c2] = '102' or  
[nac\_trailb\_c2] = '103' or [nac\_  
trailb\_c2] = '104' or [nac\_trailb  
\_c2] = '105' or [nac\_trailb\_c2]  
= '106' or [nac\_trailb\_c2] = '10  
7' or [nac\_trailb\_c2] = '108' or  
[nac\_trailb\_c2] = '109' or [nac\_  
trailb\_c2] = '110' or [nac\_trailb  
\_c2] = '111' or [nac\_trailb\_c2]  
= '112' or [nac\_trailb\_c2] = '11  
3' or [nac\_trailb\_c2] = '114' or  
[nac\_trailb\_c2] = '115' or [nac\_  
trailb\_c2] = '116' or [nac\_trailb  
\_c2] = '117' or [nac\_trailb\_c2]  
= '118' or [nac\_trailb\_c2] = '11  
9' or [nac\_trailb\_c2] = '120' or  
[nac\_trailb\_c2] = '121' or [nac\_  
trailb\_c2] = '122' or [nac\_trailb  
\_c2] = '123' or [nac\_trailb\_c2]  
= '124' or [nac\_trailb\_c2] = '12  
5' or [nac\_trailb\_c2] = '126' or  
[nac\_trailb\_c2] = '127' or [nac\_  
trailb\_c2] = '128' or [nac\_trailb  
\_c2] = '129' or [nac\_trailb\_c2]  
= '130' or [nac\_trailb\_c2] = '13  
1' or [nac\_trailb\_c2] = '132' or  
[nac\_trailb\_c2] = '133' or [nac\_  
trailb\_c2] = '134' or [nac\_trailb  
\_c2] = '135' or [nac\_trailb\_c2]  
= '136' or [nac\_trailb\_c2] = '13  
7' or [nac\_trailb\_c2] = '138' or

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39	39
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Custom alignment: LV  
Field Annotation: @HIDDEN

[nac\_trailb\_c2] = '139' or [nac\_trailb\_c2] = '140' or [nac\_trailb\_c2] = '141' or [nac\_trailb\_c2] = '142' or [nac\_trailb\_c2] = '143' or [nac\_trailb\_c2] = '144' or [nac\_trailb\_c2] = '145' or [nac\_trailb\_c2] = '146' or [nac\_trailb\_c2] = '147' or [nac\_trailb\_c2] = '148' or [nac\_trailb\_c2] = '149' or [nac\_trailb\_c2] = '150' or [nac\_trailb\_c2] = '151' or [nac\_trailb\_c2] = '152' or [nac\_trailb\_c2] = '153' or [nac\_trailb\_c2] = '154' or [nac\_trailb\_c2] = '155' or [nac\_trailb\_c2] = '156' or [nac\_trailb\_c2] = '157' or [nac\_trailb\_c2] = '158' or [nac\_trailb\_c2] = '159' or [nac\_trailb\_c2] = '160' or [nac\_trailb\_c2] = '161' or [nac\_trailb\_c2] = '162' or [nac\_trailb\_c2] = '163' or [nac\_trailb\_c2] = '164' or [nac\_trailb\_c2] = '165' or [nac\_trailb\_c2] = '166' or [nac\_trailb\_c2] = '167' or [nac\_trailb\_c2] = '168' or [nac\_trailb\_c2] = '169' or [nac\_trailb\_c2] = '170' or [nac\_trailb\_c2] = '171' or [nac\_trailb\_c2] = '172' or [nac\_trailb\_c2] = '173' or [nac\_trailb\_c2] = '174' or [nac\_trailb\_c2] = '175' or [nac\_trailb\_c2] = '176' or [nac\_trailb\_c2] = '177' or [nac\_trailb\_c2] = '178' or [nac\_trailb\_c2] = '179' or [nac\_trailb\_c2] = '180' or [nac\_trailb\_c2] = '181' or [nac\_trailb\_c2] = '182' or [nac\_trailb\_c2] = '183' or [nac\_trailb\_c2] = '184' or [nac\_trailb\_c2] = '185' or [nac\_trailb\_c2] = '186' or [nac\_trailb\_c2] = '187' or [nac\_trailb\_c2] = '188' or [nac\_trailb\_c2] = '189' or [nac\_trailb\_c2] = '190' or [nac\_trailb\_c2] = '191' or [nac\_trailb\_c2] = '192' or [nac\_trailb\_c2] = '193' or [nac\_trailb\_c2] = '194' or [nac\_trailb\_c2] = '195' or [nac\_trailb\_c2] = '196' or [nac\_trailb\_c2] = '197' or [nac\_trailb\_c2] = '198' or [nac\_trailb\_c2] = '199' or [nac\_trailb\_c2] = '200' or [nac\_trailb\_c2] = '201' or [nac\_trailb\_c2] = '202' or [nac\_trailb\_c2] = '203' or [nac\_trailb\_c2] = '204' or [nac\_trailb\_c2] = '205' or [nac\_trailb\_c2] = '206' or [nac\_trailb\_c2] = '207' or [nac\_trailb\_c2] = '208' or [nac\_trailb\_c2] = '209' or [nac\_trailb\_c2] = '210' or [nac\_trailb\_c2] = '211' or [nac\_trailb\_c2] = '212' or [nac\_trailb\_c2] = '213' or [nac\_trailb\_c2] = '214' or [nac\_trailb\_c2] = '215' or [nac\_trailb\_c2] = '216' or [nac\_trailb\_c2] = '217' or [nac\_trailb\_c2] = '218' or [nac\_trailb\_c2] = '219' or [nac\_trailb\_c2] = '220' or [nac\_trailb\_c2] = '221' or [nac\_trailb\_c2] = '222' or [nac\_trailb\_c2] = '223' or [nac\_trailb\_c2] = '224' or [nac\_trailb\_c2]

_c2] = '225' or [nac_trailb_c2] = '226' or [nac_trailb_c2] = '22 7' or [nac_trailb_c2] = '228' or [nac_trailb_c2] = '229' or [nac_ trailb_c2] = '230' or [nac_trailb _c2] = '231' or [nac_trailb_c2] = '232' or [nac_trailb_c2] = '23 3' or [nac_trailb_c2] = '234' or [nac_trailb_c2] = '235' or [nac_ trailb_c2] = '236' or [nac_trailb _c2] = '237' or [nac_trailb_c2] = '238' or [nac_trailb_c2] = '23 9' or [nac_trailb_c2] = '240' or [nac_trailb_c2] = '241' or [nac_ trailb_c2] = '242' or [nac_trailb _c2] = '243' or [nac_trailb_c2] = '244' or [nac_trailb_c2] = '24 5' or [nac_trailb_c2] = '246' or [nac_trailb_c2] = '247' or [nac_ trailb_c2] = '248' or [nac_trailb _c2] = '249' or [nac_trailb_c2] = '250' or [nac_trailb_c2] = '25 1' or [nac_trailb_c2] = '252' or [nac_trailb_c2] = '253' or [nac_ trailb_c2] = '254' or [nac_trailb _c2] = '255' or [nac_trailb_c2] = '256' or [nac_trailb_c2] = '25 7' or [nac_trailb_c2] = '258' or [nac_trailb_c2] = '259' or [nac_ trailb_c2] = '260' or [nac_trailb _c2] = '261' or [nac_trailb_c2] = '262' or [nac_trailb_c2] = '26 3' or [nac_trailb_c2] = '264' or [nac_trailb_c2] = '265' or [nac_ trailb_c2] = '266' or [nac_trailb _c2] = '267' or [nac_trailb_c2] = '268' or [nac_trailb_c2] = '26 9' or [nac_trailb_c2] = '270' or [nac_trailb_c2] = '271' or [nac_ trailb_c2] = '272' or [nac_trailb _c2] = '273' or [nac_trailb_c2] = '274' or [nac_trailb_c2] = '27 5' or [nac_trailb_c2] = '276' or [nac_trailb_c2] = '277' or [nac_ trailb_c2] = '278' or [nac_trailb _c2] = '279' or [nac_trailb_c2] = '280' or [nac_trailb_c2] = '28 1' or [nac_trailb_c2] = '282' or [nac_trailb_c2] = '283' or [nac_ trailb_c2] = '284' or [nac_trailb _c2] = '285' or [nac_trailb_c2] = '286' or [nac_trailb_c2] = '28 7' or [nac_trailb_c2] = '288' or [nac_trailb_c2] = '289' or [nac_ trailb_c2] = '290' or [nac_trailb _c2] = '291' or [nac_trailb_c2] = '292' or [nac_trailb_c2] = '29 3' or [nac_trailb_c2] = '294' or [nac_trailb_c2] = '295' or [nac_ trailb_c2] = '296' or [nac_trailb _c2] = '297' or [nac_trailb_c2] = '298' or [nac_trailb_c2] = '29 9' or [nac_trailb_c2] = '300'		
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823	<div>tcg_trailbrr_c2</div> <div>Show the field ONLY if: [tcg_trailb_c2] &lt; 301 and [tcg_trailb_c2] &lt;&gt; ""</div>	<div>8b1. Number of commission errors</div> <div>0-40</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr><tr><td>31</td><td>31</td></tr><tr><td>32</td><td>32</td></tr><tr><td>33</td><td>33</td></tr><tr><td>34</td><td>34</td></tr><tr><td>35</td><td>35</td></tr><tr><td>36</td><td>36</td></tr><tr><td>37</td><td>37</td></tr><tr><td>38</td><td>38</td></tr><tr><td>39</td><td>39</td></tr><tr><td>40</td><td>40</td></tr></table> <div>Custom alignment: LV</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32	33	33	34	34	35	35	36	36	37	37	38	38	39	39	40	40
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824	<div>nac_trailbli_c2</div> <div>Show the field ONLY if: [nac_trailb_c2] = '0' or [nac_trailb_c2] = '1' or [nac_trailb_c2] = '2' or [nac_trailb_c2] = '3' or [nac_trailb_c2] = '4' or [nac_trailb_c2] = '5' or [nac_trailb_c2]</div>	<div>8b2. Total number of correct lines</div> <div>0-24: Will always equal 24 unless participant did not finish in 300 seconds.</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr></table>	0	0	1	1	2	2	3	3																																																																										
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= '6' or [nac\_trailb\_c2] = '7' or [nac\_trailb\_c2] = '8' or [nac\_trailb\_c2] = '9' or [nac\_trailb\_c2] = '10' or [nac\_trailb\_c2] = '11' or [nac\_trailb\_c2] = '12' or [nac\_trailb\_c2] = '13' or [nac\_trailb\_c2] = '14' or [nac\_trailb\_c2] = '15' or [nac\_trailb\_c2] = '16' or [nac\_trailb\_c2] = '17' or [nac\_trailb\_c2] = '18' or [nac\_trailb\_c2] = '19' or [nac\_trailb\_c2] = '20' or [nac\_trailb\_c2] = '21' or [nac\_trailb\_c2] = '22' or [nac\_trailb\_c2] = '23' or [nac\_trailb\_c2] = '24' or [nac\_trailb\_c2] = '25' or [nac\_trailb\_c2] = '26' or [nac\_trailb\_c2] = '27' or [nac\_trailb\_c2] = '28' or [nac\_trailb\_c2] = '29' or [nac\_trailb\_c2] = '30' or [nac\_trailb\_c2] = '31' or [nac\_trailb\_c2] = '32' or [nac\_trailb\_c2] = '33' or [nac\_trailb\_c2] = '34' or [nac\_trailb\_c2] = '35' or [nac\_trailb\_c2] = '36' or [nac\_trailb\_c2] = '37' or [nac\_trailb\_c2] = '38' or [nac\_trailb\_c2] = '39' or [nac\_trailb\_c2] = '40' or [nac\_trailb\_c2] = '41' or [nac\_trailb\_c2] = '42' or [nac\_trailb\_c2] = '43' or [nac\_trailb\_c2] = '44' or [nac\_trailb\_c2] = '45' or [nac\_trailb\_c2] = '46' or [nac\_trailb\_c2] = '47' or [nac\_trailb\_c2] = '48' or [nac\_trailb\_c2] = '49' or [nac\_trailb\_c2] = '50' or [nac\_trailb\_c2] = '51' or [nac\_trailb\_c2] = '52' or [nac\_trailb\_c2] = '53' or [nac\_trailb\_c2] = '54' or [nac\_trailb\_c2] = '55' or [nac\_trailb\_c2] = '56' or [nac\_trailb\_c2] = '57' or [nac\_trailb\_c2] = '58' or [nac\_trailb\_c2] = '59' or [nac\_trailb\_c2] = '60' or [nac\_trailb\_c2] = '61' or [nac\_trailb\_c2] = '62' or [nac\_trailb\_c2] = '63' or [nac\_trailb\_c2] = '64' or [nac\_trailb\_c2] = '65' or [nac\_trailb\_c2] = '66' or [nac\_trailb\_c2] = '67' or [nac\_trailb\_c2] = '68' or [nac\_trailb\_c2] = '69' or [nac\_trailb\_c2] = '70' or [nac\_trailb\_c2] = '71' or [nac\_trailb\_c2] = '72' or [nac\_trailb\_c2] = '73' or [nac\_trailb\_c2] = '74' or [nac\_trailb\_c2] = '75' or [nac\_trailb\_c2] = '76' or [nac\_trailb\_c2] = '77' or [nac\_trailb\_c2] = '78' or [nac\_trailb\_c2] = '79' or [nac\_trailb\_c2] = '80' or [nac\_trailb\_c2] = '81' or [nac\_trailb\_c2] = '82' or [nac\_trailb\_c2] = '83' or [nac\_trailb\_c2] = '84' or [nac\_trailb\_c2] = '85' or [nac\_trailb\_c2] = '86' or [nac\_trailb\_c2] = '87' or [nac\_trailb\_c2] = '88' or [nac\_trailb\_c2] = '89' or [nac\_trailb\_c2] = '90' or [nac\_trailb\_c2] = '91' or [nac\_trailb\_c2] = '92' or [nac\_trailb\_c2] = '93' or [nac\_trailb\_c2] = '94' or [nac\_trailb\_c2] = '95' or [nac\_trailb\_c2] = '96'

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Custom alignment: LV  
Field Annotation: @HIDDEN

[https://octri.ohsu.edu/redcap/redcap\\_v11.1.1/Design/data\\_dictionary\\_codebook.php?pid=3560](https://octri.ohsu.edu/redcap/redcap_v11.1.1/Design/data_dictionary_codebook.php?pid=3560)

\_c2] = '183' or [nac\_trailb\_c2]  
 = '184' or [nac\_trailb\_c2] = '18  
 5' or [nac\_trailb\_c2] = '186' or  
 [nac\_trailb\_c2] = '187' or [nac\_  
 trailb\_c2] = '188' or [nac\_trailb  
 \_c2] = '189' or [nac\_trailb\_c2]  
 = '190' or [nac\_trailb\_c2] = '19  
 1' or [nac\_trailb\_c2] = '192' or  
 [nac\_trailb\_c2] = '193' or [nac\_  
 trailb\_c2] = '194' or [nac\_trailb  
 \_c2] = '195' or [nac\_trailb\_c2]  
 = '196' or [nac\_trailb\_c2] = '19  
 7' or [nac\_trailb\_c2] = '198' or  
 [nac\_trailb\_c2] = '199' or [nac\_  
 trailb\_c2] = '200' or [nac\_trailb  
 \_c2] = '201' or [nac\_trailb\_c2]  
 = '202' or [nac\_trailb\_c2] = '20  
 3' or [nac\_trailb\_c2] = '204' or  
 [nac\_trailb\_c2] = '205' or [nac\_  
 trailb\_c2] = '206' or [nac\_trailb  
 \_c2] = '207' or [nac\_trailb\_c2]  
 = '208' or [nac\_trailb\_c2] = '20  
 9' or [nac\_trailb\_c2] = '210' or  
 [nac\_trailb\_c2] = '211' or [nac\_  
 trailb\_c2] = '212' or [nac\_trailb  
 \_c2] = '213' or [nac\_trailb\_c2]  
 = '214' or [nac\_trailb\_c2] = '21  
 5' or [nac\_trailb\_c2] = '216' or  
 [nac\_trailb\_c2] = '217' or [nac\_  
 trailb\_c2] = '218' or [nac\_trailb  
 \_c2] = '219' or [nac\_trailb\_c2]  
 = '220' or [nac\_trailb\_c2] = '22  
 1' or [nac\_trailb\_c2] = '222' or  
 [nac\_trailb\_c2] = '223' or [nac\_  
 trailb\_c2] = '224' or [nac\_trailb  
 \_c2] = '225' or [nac\_trailb\_c2]  
 = '226' or [nac\_trailb\_c2] = '22  
 7' or [nac\_trailb\_c2] = '228' or  
 [nac\_trailb\_c2] = '229' or [nac\_  
 trailb\_c2] = '230' or [nac\_trailb  
 \_c2] = '231' or [nac\_trailb\_c2]  
 = '232' or [nac\_trailb\_c2] = '23  
 3' or [nac\_trailb\_c2] = '234' or  
 [nac\_trailb\_c2] = '235' or [nac\_  
 trailb\_c2] = '236' or [nac\_trailb  
 \_c2] = '237' or [nac\_trailb\_c2]  
 = '238' or [nac\_trailb\_c2] = '23  
 9' or [nac\_trailb\_c2] = '240' or  
 [nac\_trailb\_c2] = '241' or [nac\_  
 trailb\_c2] = '242' or [nac\_trailb  
 \_c2] = '243' or [nac\_trailb\_c2]  
 = '244' or [nac\_trailb\_c2] = '24  
 5' or [nac\_trailb\_c2] = '246' or  
 [nac\_trailb\_c2] = '247' or [nac\_  
 trailb\_c2] = '248' or [nac\_trailb  
 \_c2] = '249' or [nac\_trailb\_c2]  
 = '250' or [nac\_trailb\_c2] = '25  
 1' or [nac\_trailb\_c2] = '252' or  
 [nac\_trailb\_c2] = '253' or [nac\_  
 trailb\_c2] = '254' or [nac\_trailb  
 \_c2] = '255' or [nac\_trailb\_c2]  
 = '256' or [nac\_trailb\_c2] = '25  
 7' or [nac\_trailb\_c2] = '258' or  
 [nac\_trailb\_c2] = '259' or [nac\_  
 trailb\_c2] = '260' or [nac\_trailb  
 \_c2] = '261' or [nac\_trailb\_c2]  
 = '262' or [nac\_trailb\_c2] = '26  
 3' or [nac\_trailb\_c2] = '264' or  
 [nac\_trailb\_c2] = '265' or [nac\_  
 trailb\_c2] = '266' or [nac\_trailb  
 \_c2] = '267' or [nac\_trailb\_c2]  
 = '268' or [nac\_trailb\_c2] = '26



	9' or [nac_trailb_c2] = '270' or [nac_trailb_c2] = '271' or [nac_trailb_c2] = '272' or [nac_trailb_c2] = '273' or [nac_trailb_c2] = '274' or [nac_trailb_c2] = '275' or [nac_trailb_c2] = '276' or [nac_trailb_c2] = '277' or [nac_trailb_c2] = '278' or [nac_trailb_c2] = '279' or [nac_trailb_c2] = '280' or [nac_trailb_c2] = '281' or [nac_trailb_c2] = '282' or [nac_trailb_c2] = '283' or [nac_trailb_c2] = '284' or [nac_trailb_c2] = '285' or [nac_trailb_c2] = '286' or [nac_trailb_c2] = '287' or [nac_trailb_c2] = '288' or [nac_trailb_c2] = '289' or [nac_trailb_c2] = '290' or [nac_trailb_c2] = '291' or [nac_trailb_c2] = '292' or [nac_trailb_c2] = '293' or [nac_trailb_c2] = '294' or [nac_trailb_c2] = '295' or [nac_trailb_c2] = '296' or [nac_trailb_c2] = '297' or [nac_trailb_c2] = '298' or [nac_trailb_c2] = '299' or [nac_trailb_c2] = '300'																																																						
825	tcg_trailbli_c2  Show the field ONLY if: [tcg_trailb_c2] < 301 and [tcg_trailb_c2] <> ""	8b2. Total number correct <i>0-25: Will always equal 25 unless participant did not finish in 300 seconds.</i>	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr></table> Custom alignment: LV	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25
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826	nac_trailnotes	Notes <i>Include notes about Trails.</i>	notes Custom alignment: LV Field Annotation: @HIDDEN																																																				

827	tcg_trailnotes	Notes Include notes about Trails.	notes Custom alignment: LV																																																																																												
828	nac_craftdvr	Section Header: 9. Craft Story 21 recall (Delayed) 9a. Total story units recalled, verbatim scoring (0-44, 95-98)	dropdown, Required <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr><tr><td>31</td><td>31</td></tr><tr><td>32</td><td>32</td></tr><tr><td>33</td><td>33</td></tr><tr><td>34</td><td>34</td></tr><tr><td>35</td><td>35</td></tr><tr><td>36</td><td>36</td></tr><tr><td>37</td><td>37</td></tr><tr><td>38</td><td>38</td></tr><tr><td>39</td><td>39</td></tr><tr><td>40</td><td>40</td></tr><tr><td>41</td><td>41</td></tr><tr><td>42</td><td>42</td></tr><tr><td>43</td><td>43</td></tr><tr><td>44</td><td>44</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr></table>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32	33	33	34	34	35	35	36	36	37	37	38	38	39	39	40	40	41	41	42	42	43	43	44	44	95	95 = Physical problem
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44	44																																																																																														
95	95 = Physical problem																																																																																														

96	96 = Cognitive/behavior problem
97	97 = Other problem
98	98 = Verbal refusal

Custom alignment: LV

829 nac\_craftdre

Show the field ONLY if:  
 [nac\_craftdvr] = '0' or [nac\_craftdvr] = '1' or [nac\_craftdvr] = '2' or [nac\_craftdvr] = '3' or [nac\_craftdvr] = '4' or [nac\_craftdvr] = '5' or [nac\_craftdvr] = '6' or [nac\_craftdvr] = '7' or [nac\_craftdvr] = '8' or [nac\_craftdvr] = '9' or [nac\_craftdvr] = '10' or [nac\_craftdvr] = '11' or [nac\_craftdvr] = '12' or [nac\_craftdvr] = '13' or [nac\_craftdvr] = '14' or [nac\_craftdvr] = '15' or [nac\_craftdvr] = '16' or [nac\_craftdvr] = '17' or [nac\_craftdvr] = '18' or [nac\_craftdvr] = '19' or [nac\_craftdvr] = '20' or [nac\_craftdvr] = '21' or [nac\_craftdvr] = '22' or [nac\_craftdvr] = '23' or [nac\_craftdvr] = '24' or [nac\_craftdvr] = '25' or [nac\_craftdvr] = '26' or [nac\_craftdvr] = '27' or [nac\_craftdvr] = '28' or [nac\_craftdvr] = '29' or [nac\_craftdvr] = '30' or [nac\_craftdvr] = '31' or [nac\_craftdvr] = '32' or [nac\_craftdvr] = '33' or [nac\_craftdvr] = '34' or [nac\_craftdvr] = '35' or [nac\_craftdvr] = '36' or [nac\_craftdvr] = '37' or [nac\_craftdvr] = '38' or [nac\_craftdvr] = '39' or [nac\_craftdvr] = '40' or [nac\_craftdvr] = '41' or [nac\_craftdvr] = '42' or [nac\_craftdvr] = '43' or [nac\_craftdvr] = '44'

9b. Total story units recalled, paraphrase scoring  
 (0-25)

dropdown, Required

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14	14
15	15
16	16
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18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25

Custom alignment: LV

830 nac\_craftdti

Show the field ONLY if:  
 [nac\_craftdvr] = '0' or [nac\_craftdvr] = '1' or [nac\_craftdvr] = '2' or [nac\_craftdvr] = '3' or [nac\_craftdvr] = '4' or [nac\_craftdvr] = '5' or [nac\_craftdvr] = '6' or [nac\_craftdvr] = '7' or [nac\_craftdvr] = '8' or [nac\_craftdvr] = '9' or [nac\_craftdvr] = '10' or [nac\_craftdvr] = '11' or [nac\_craftdvr] = '12' or [nac\_craftdvr] = '13' or [nac\_craftdvr] = '14' or [nac\_craftdvr] = '15' or [nac\_craftdvr] = '16' or [nac\_craftdvr] = '17' or [nac\_craftdvr] = '18' or [nac\_craftdvr] = '19' or [nac\_craftdvr] = '20' or [nac\_craftdvr] = '21' or [nac\_craftdvr] = '22' or [nac\_craftdvr] = '23' or [nac\_craftdvr] = '24' or [nac\_craftdvr] = '25' or [nac\_craftdvr] = '26' or [nac\_craftdvr] = '27' or [nac\_craftdvr] = '28' or [nac\_craftdvr] = '29' or [nac\_craftdvr] = '30' or [nac\_craftdvr] = '31' or [nac\_craftdvr] = '32' or [nac\_craftdvr] = '33' or [nac\_craftdvr] = '34' or [nac\_craftdvr] = '35' or [nac\_craftdvr] = '36' or [nac\_craftdvr] = '37' or [nac\_craftdvr] = '38' or [nac\_craftdvr] = '39' or [nac\_craftdvr] = '40' or [nac\_craftdvr] = '41' or [nac\_craftdvr] = '42' or [nac\_craftdvr] = '43' or [nac\_craftdvr] = '44'

9c. Delay time (minutes)  
 0-85 minutes 99=Unknown

dropdown, Required

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11	11
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831	<p>nac_craftcue</p> <p>Show the field ONLY if: [nac_craftdvr] = '0' or [nac_craftdvr] = '1' or [nac_craftdvr] = '2' or [nac_craftdvr] = '3' or [nac_craftdvr] = '4' or [nac_craftdvr] = '5' or [nac_craftdvr] = '6' or [nac_craftdvr] = '7' or [nac_craftdvr] = '8' or [nac_craftdvr] = '9' or [nac_craftdvr] = '10' or [nac_craftdvr] = '11' or [nac_craftdvr] = '12' or [nac_craftdvr] = '13' or [nac_craftdvr] = '14' or [nac_craftdvr] = '15' or [nac_craftdvr] = '16' or [nac_craftdvr] = '17' or [nac_craftdvr] = '18' or [nac_craftdvr] = '19' or [nac_craftdvr] = '20' or [nac_craftdvr] = '21' or [nac_craftdvr] = '22' or [nac_craftdvr] = '23' or [nac_craftdvr] = '24' or [nac_craftdvr] = '25' or [nac_craftdvr] = '26' or [nac_craftdvr] = '27' or [nac_craftdvr] = '28' or [nac_craftdvr] = '29' or [nac_craftdvr] = '30' or [nac_craftdvr] = '31' or [nac_craftdvr] = '32' or [nac_craftdvr] = '33' or [nac_craftdvr] = '34' or [nac_craftdvr] = '35' or [nac_craftdvr] = '36' or [nac_craftdvr] = '37' or [nac_craftdvr] = '38' or [nac_craftdvr] = '39' or [nac_craftdvr] = '40' or [nac_craftdvr] = '41' or [nac_craftdvr] = '42' or [nac_craftdvr] = '43' or [nac_craftdvr] = '44'</p>	9d. Cue ("boy") needed	<p>radio, Required</p> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <p>Custom alignment: LV</p>	1	Yes	0	No
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832	nac_udsbentd	<div>Section Header: 10. Benson Complex Figure Recall</div> <div>10a. Total score for drawing of Benson figure following 10- to 15-minute delay</div> <div>(0-17, 95-98)</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> <div>Custom alignment: LV</div> <div>Field Annotation: @HIDDEN</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal
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833	<div>nac_udsbenrs</div> <div>Show the field ONLY if:</div> <div>[nac_udsbentd] = '0' or [nac_udsbentd] = '1' or [nac_udsbentd] = '2' or [nac_udsbentd] = '3' or [nac_udsbentd] = '4' or [nac_udsbentd] = '5' or [nac_udsbentd] = '6' or [nac_udsbentd] = '7' or [nac_udsbentd] = '8' or [nac_udsbentd] = '9' or [nac_udsbentd] = '10' or [nac_udsbentd] = '11' or [nac_udsbentd] = '12' or [nac_udsbentd] = '13' or [nac_udsbentd] = '14' or [nac_udsbentd] = '15' or [nac_udsbentd] = '16' or [nac_udsbentd] = '17'</div>	<div>10b. Recognized original stimulus from among four options?</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div> <div>Field Annotation: @HIDDEN</div>	1	Yes	0	No																																								
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834	nac_minttots	<div>Section Header: 11. Multilingual Naming Test (MINT)</div> <div>11a. Total score</div> <div>0-32, 95-98: Total score = 11b +11d.</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr><tr><td>31</td><td>31</td></tr><tr><td>32</td><td>32</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> <div>Custom alignment: LV</div> <div>Field Annotation: @HIDDEN</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal
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835	<div><div>nac_minttotw</div><div>Show the field ONLY if: [nac_minttots] = '0' or [nac_minttots] = '1' or [nac_minttots] = '2' or [nac_minttots] = '3' or [nac_minttots] = '4' or [nac_minttots] = '5' or [nac_minttots] = '6' or [nac_minttots] = '7' or [nac_minttots] = '8' or [nac_minttots] = '9' or [nac_minttots] = '10' or [nac_minttots] = '11' or [nac_minttots] = '12' or [nac_minttots] = '13' or [nac_minttots] = '14' or [nac_minttots] = '15' or [nac_minttots] = '16' or [nac_minttots] = '17' or [nac_minttots] = '18' or [nac_minttots] = '19' or [nac_minttots] = '20' or [nac_minttots] = '21' or [nac_minttots] = '22' or [nac_minttots] = '23' or [nac_minttots] = '24' or [nac_minttots] = '25' or [nac_minttots] = '26' or [nac_minttots] = '27' or [nac_minttots] = '28' or [nac_minttots] = '29' or [nac_minttots] = '30' or [nac_minttots] = '31' or [nac_minttots] = '32'</div></div>	<div>11b. Total correct without semantic cue</div> <div>0-32</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr><tr><td>31</td><td>31</td></tr><tr><td>32</td><td>32</td></tr></table> <div>Custom alignment: LV</div> <div>Field Annotation: @HIDDEN</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32
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836	<div><div>nac_mintscng</div><div>Show the field ONLY if: [nac_minttots] = '0' or [nac_minttots] = '1' or [nac_minttots] = '2' or [nac_minttots] = '3' or [nac_minttots] = '4' or [nac_minttots] = '5' or [nac_minttots] = '6' or [nac_minttots] = '7' or [nac_minttots] = '8' or [nac_minttots] = '9' or [nac_minttots] = '10' or [nac_minttots] = '11' or [nac_minttots] = '12' or [nac_minttots] = '13' or [nac_minttots] = '14' or [nac_minttots] = '15' or [nac_minttots] = '16' or [nac_minttots] = '17' or [nac_minttots] = '18' or [nac_minttots] = '19' or [nac_minttots] = '20' or [nac_minttots] = '21' or [nac_minttots] = '22' or [nac_minttots] = '23' or [nac_minttots] = '24' or [nac_minttots] = '25' or [nac_minttots] = '26' or [nac_minttots] = '27' or [nac_minttots] = '28' or [nac_minttots] = '29' or [nac_minttots] = '30' or [nac_minttots] = '31' or [nac_minttots] = '32'</div></div>	<div>11c. Semantic cues: Number given</div> <div>0-32</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr><tr><td>31</td><td>31</td></tr><tr><td>32</td><td>32</td></tr></table> <div>Custom alignment: LV Field Annotation: @HIDDEN</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32
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843	<div>nac_udsverfnf</div> <div>Show the field ONLY if: [nac_udsverfc] = '0' or [nac_udsverfc] = '1' or [nac_udsverfc] = '2' or [nac_udsverfc] = '3' or [nac_udsverfc] = '4' or [nac_udsverfc] = '5' or [nac_udsverfc] = '6' or [nac_udsverfc] = '7' or [nac_udsverfc] = '8' or [nac_udsverfc] = '9' or [nac_udsverfc] = '10' or [nac_udsverfc] = '11' or [nac_udsverfc] = '12' or [nac_udsverfc] = '13' or [nac_udsverfc] = '14' or [nac_udsverfc] = '15' or [nac_udsverfc] = '16' or [nac_udsverfc] = '17' or [nac_udsverfc] = '18' or [nac_udsverfc] = '19' or [nac_udsverfc] = '20' or [nac_udsverfc] = '21' or [nac_udsverfc] = '22' or [nac_udsverfc] = '23' or [nac_udsverfc] = '24' or [nac_udsverfc] = '25' or [nac_udsverfc] = '26' or [nac_udsverfc] = '27' or [nac_udsverfc] = '28' or [nac_udsverfc] = '29' or [nac_udsverfc] = '30' or [nac_udsverfc] = '31' or [nac_udsverfc] = '32' or [nac_udsverfc] = '33' or [nac_udsverfc] = '34' or [nac_udsverfc] = '35' or [nac_udsverfc] = '36' or [nac_udsverfc] = '37' or [nac_udsverfc] = '38' or [nac_udsverfc] = '39' or [nac_udsverfc] = '40'</div>	12c. Number of non-F-words and rule violation errors in 1 minute <div>0-15</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr></table> <div>Custom alignment: LV</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15
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844	nac_note_c2_2	Notes <i>Include notes about F-word section of testing.</i>	notes Custom alignment: LV
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845	nac_udsverlc	12d. Number of correct L-words generated in 1 minute 0-40, 95-98	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr><tr><td>23</td><td>23</td></tr><tr><td>24</td><td>24</td></tr><tr><td>25</td><td>25</td></tr><tr><td>26</td><td>26</td></tr><tr><td>27</td><td>27</td></tr><tr><td>28</td><td>28</td></tr><tr><td>29</td><td>29</td></tr><tr><td>30</td><td>30</td></tr><tr><td>31</td><td>31</td></tr><tr><td>32</td><td>32</td></tr><tr><td>33</td><td>33</td></tr><tr><td>34</td><td>34</td></tr><tr><td>35</td><td>35</td></tr><tr><td>36</td><td>36</td></tr><tr><td>37</td><td>37</td></tr><tr><td>38</td><td>38</td></tr><tr><td>39</td><td>39</td></tr><tr><td>40</td><td>40</td></tr><tr><td>95</td><td>95 = Physical problem</td></tr><tr><td>96</td><td>96 = Cognitive/behavior problem</td></tr><tr><td>97</td><td>97 = Other problem</td></tr><tr><td>98</td><td>98 = Verbal refusal</td></tr></table> <div>Custom alignment: LV</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22	23	23	24	24	25	25	26	26	27	27	28	28	29	29	30	30	31	31	32	32	33	33	34	34	35	35	36	36	37	37	38	38	39	39	40	40	95	95 = Physical problem	96	96 = Cognitive/behavior problem	97	97 = Other problem	98	98 = Verbal refusal
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846	<div>nac_udsverlr</div> <div>Show the field ONLY if: [nac_udsverlc] = '0' or [nac_u dsverlc] = '1' or [nac_udsverlc] = '2' or [nac_udsverlc] = '3' or [nac_udsverlc] = '4' or [nac_u dsverlc] = '5' or [nac_udsverlc] = '6' or [nac_udsverlc] = '7' or [nac_udsverlc] = '8' or [nac_u dsverlc] = '9' or [nac_udsverlc] = '10' or [nac_udsverlc] = '11' or [nac_udsverlc] = '12' or [na c_udsverlc] = '13' or [nac_uds verlc] = '14' or [nac_udsverlc] = '15' or [nac_udsverlc] = '16' or [nac_udsverlc] = '17' or [na c_udsverlc] = '18' or [nac_uds verlc] = '19' or [nac_udsverlc] = '20' or [nac_udsverlc] = '21' or [nac_udsverlc] = '22' or [na c_udsverlc] = '23' or [nac_uds verlc] = '24' or [nac_udsverlc] = '25' or [nac_udsverlc] = '26' or [nac_udsverlc] = '27' or [na c_udsverlc] = '28' or [nac_uds verlc] = '29' or [nac_udsverlc] = '30' or [nac_udsverlc] = '31' or [nac_udsverlc] = '32' or [na c_udsverlc] = '33' or [nac_uds verlc] = '34' or [nac_udsverlc] = '35' or [nac_udsverlc] = '36' or [nac_udsverlc] = '37' or [na c_udsverlc] = '38' or [nac_uds verlc] = '39' or [nac_udsverlc] = '40'</div>	<div>12e. Number of L-words repeated in 1 minute</div> <div>0-15</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr></table> <div>Custom alignment: LV</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15
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847	<div>nac_udsverln</div> <div>Show the field ONLY if: [nac_udsverlc] = '0' or [nac_u dsverlc] = '1' or [nac_udsverlc] = '2' or [nac_udsverlc] = '3' or [nac_udsverlc] = '4' or [nac_u dsverlc] = '5' or [nac_udsverlc] = '6' or [nac_udsverlc] = '7' or [nac_udsverlc] = '8' or [nac_u dsverlc] = '9' or [nac_udsverlc] = '10' or [nac_udsverlc] = '11' or [nac_udsverlc] = '12' or [na c_udsverlc] = '13' or [nac_uds verlc] = '14' or [nac_udsverlc] = '15' or [nac_udsverlc] = '16' or [nac_udsverlc] = '17' or [na c_udsverlc] = '18' or [nac_uds verlc] = '19' or [nac_udsverlc] = '20' or [nac_udsverlc] = '21' or [nac_udsverlc] = '22' or [na c_udsverlc] = '23' or [nac_uds verlc] = '24' or [nac_udsverlc] = '25' or [nac_udsverlc] = '26' or [nac_udsverlc] = '27' or [na c_udsverlc] = '28' or [nac_uds verlc] = '29' or [nac_udsverlc] = '30' or [nac_udsverlc] = '31' or [nac_udsverlc] = '32' or [na c_udsverlc] = '33' or [nac_uds verlc] = '34' or [nac_udsverlc] = '35' or [nac_udsverlc] = '36' or [nac_udsverlc] = '37' or [na c_udsverlc] = '38' or [nac_uds verlc] = '39' or [nac_udsverlc] = '40'</div>	<div>12f. Number of non-L-words and rule violation errors in 1 minute</div> <div>0-15</div>	<div>dropdown, Required</div> <table><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr></table> <div>Custom alignment: LV</div>	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15
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848	nac_note_c2_3	Notes Include notes about L-word section of testing.	notes Custom alignment: LV						
849	nac_udsvertn	12g. TOTAL number of correct F-words and L-words 0-80	calc Calculation: [nac_udsverfc]+[nac_udsverlc] Custom alignment: LV						
850	nac_udsverte	12h. TOTAL number of F-words and L-words repetition errors 0-30	calc Calculation: [nac_udsverfn]+[nac_udsverlr] Custom alignment: LV						
851	nac_udsverti	12i. TOTAL number of non-F/L words and rule violation errors 0-30	calc Calculation: [nac_udsvernfn]+[nac_udsverln] Custom alignment: LV						
852	c2_not	General Notes	notes Custom alignment: LV						
853	nac_copyright_c2	Adapted with permission. Copyright © 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976 - Walter A. Kukull, PhD, Director). All rights reserved.	descriptive Custom alignment: LV						
854	nac_footer_c2	National Alzheimer's Coordinating Center   (206) 543-8637   fax: (206) 616-5927   naccmail@uw.edu   www.alz.washington.edu UDS (V3.0, March 2015) Initial Visit Form C2: Neuropsychological Battery Scores	descriptive						
855	c2_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive						
856	neuropsych_battery_nacc_c2_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
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1	Unverified								
2	Complete								
Instrument: <b>CDR (NACC B4)</b> (cdr_nacc_b4) <div>^ Collapse</div>									
857	cdr_ins	Study Staff Initials 3 letters, ex: ABC	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3						
858	cdr_dat	Date of Administration	text (date_mdy), Required, Identifier Custom alignment: LV						
859	cdr_up	Scan the paper NACC B4 CDR Worksheet, and upload here. Please remember to verify scan quality and certify the uploaded copy using your paper Copy Certification Log.  File Naming Convention: SubID_CDR_TP_MMDDYY TP (Timepoint): SC, 06, or 12	file, Required, Identifier Custom alignment: LV						
860	cdr_des	INSTRUCTIONS:  For information on the required online CDR training, see UDS Coding Guidebook for Initial Visit Packet, Form B4. This form is to be completed by the trained assessor. The assessor should complete this form using all available information and his/her best clinical judgement. Score only as decline from previous level due to cognitive loss, not impairment due to other factors, such as physical disability. For further information, see UDS Coding Guidebook for Initial Visit Packet, Form B4  Link to NACC Coding Guidebook	descriptive						

861	nac_memory	Section Header: <i>SECTION 1: STANDARD CDR[1]</i> 1. MEMORY	radio, Required <table><tr><td>0</td><td>None - 0No memory loss, or slight inconsistent forgetfulness.</td></tr><tr><td>0.5</td><td>Questionable - 0.5 Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness.</td></tr><tr><td>1</td><td>Mild - 1 Moderate memory loss, more marked for recent events; defect interferes with everyday activities.</td></tr><tr><td>2</td><td>Moderate - 2 Severe memory loss; only highly learned material retained; new material rapidly lost.</td></tr><tr><td>3</td><td>Severe - 3 Severe memory loss; only fragments remain.</td></tr></table> Custom alignment: LV	0	None - 0No memory loss, or slight inconsistent forgetfulness.	0.5	Questionable - 0.5 Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness.	1	Mild - 1 Moderate memory loss, more marked for recent events; defect interferes with everyday activities.	2	Moderate - 2 Severe memory loss; only highly learned material retained; new material rapidly lost.	3	Severe - 3 Severe memory loss; only fragments remain.
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3	Severe - 3 Severe memory loss; only fragments remain.												
862	nac_memory_n	Memory notes	notes Custom alignment: LV										
863	nac_orient	2. ORIENTATION	radio, Required <table><tr><td>0</td><td>None - 0 Fully oriented</td></tr><tr><td>0.5</td><td>Questionable - 0.5 Fully oriented except for slight difficulty with time relationships.</td></tr><tr><td>1</td><td>Mild - 1 Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere.</td></tr><tr><td>2</td><td>Moderate - 2 Severe difficulty with time relationships; usually disoriented to time, often to place.</td></tr><tr><td>3</td><td>Severe - 3 Oriented to person only.</td></tr></table> Custom alignment: LV	0	None - 0 Fully oriented	0.5	Questionable - 0.5 Fully oriented except for slight difficulty with time relationships.	1	Mild - 1 Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere.	2	Moderate - 2 Severe difficulty with time relationships; usually disoriented to time, often to place.	3	Severe - 3 Oriented to person only.
0	None - 0 Fully oriented												
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3	Severe - 3 Oriented to person only.												
864	nac_orient_n	Orientation Notes	notes Custom alignment: LV										
865	nac_judgment	3. JUDGMENT & PROBLEM SOLVING	radio, Required <table><tr><td>0</td><td>None - 0 Solves everyday problems, handles business &amp; financial affairs well; judgment good in relation to past performance.</td></tr><tr><td>0.5</td><td>Questionable - 0.5 Slight impairment in solving problems, similarities, and differences.</td></tr><tr><td>1</td><td>Mild - 1 Moderate difficulty in handling problems, similarities, and differences; social judgment usually maintained.</td></tr><tr><td>2</td><td>Moderate - 2 Severely impaired in handling problems, similarities, and differences; social judgment usually impaired.</td></tr><tr><td>3</td><td>Severe - 3 Unable to make judgments or solve problems.</td></tr></table> Custom alignment: LV	0	None - 0 Solves everyday problems, handles business & financial affairs well; judgment good in relation to past performance.	0.5	Questionable - 0.5 Slight impairment in solving problems, similarities, and differences.	1	Mild - 1 Moderate difficulty in handling problems, similarities, and differences; social judgment usually maintained.	2	Moderate - 2 Severely impaired in handling problems, similarities, and differences; social judgment usually impaired.	3	Severe - 3 Unable to make judgments or solve problems.
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2	Moderate - 2 Severely impaired in handling problems, similarities, and differences; social judgment usually impaired.												
3	Severe - 3 Unable to make judgments or solve problems.												
866	nac_judgement_n	Judgement & Problem Solving Notes	notes Custom alignment: LV										

867	nac_commun	4. COMMUNITY AFFAIRS	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>0</td><td>None - 0 Independent function at usual level in job, shopping, volunteer and social groups.</td></tr><tr><td>0.5</td><td>Questionable - 0.5 Slight impairment in these activities.</td></tr><tr><td>1</td><td>Mild - 1 Unable to function independently at these activities, although may still be engaged in some; appears normal to casual inspection.</td></tr><tr><td>2</td><td>Moderate - 2 No pretense of independent function outside the home; appears well enough to be taken to functions outside the family home.</td></tr><tr><td>3</td><td>Severe - 3 No pretense of independent function outside the home; appears too ill to be taken to functions outside the family home.</td></tr></table> <div>Custom alignment: LV</div>	radio, Required		0	None - 0 Independent function at usual level in job, shopping, volunteer and social groups.	0.5	Questionable - 0.5 Slight impairment in these activities.	1	Mild - 1 Unable to function independently at these activities, although may still be engaged in some; appears normal to casual inspection.	2	Moderate - 2 No pretense of independent function outside the home; appears well enough to be taken to functions outside the family home.	3	Severe - 3 No pretense of independent function outside the home; appears too ill to be taken to functions outside the family home.
radio, Required															
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0.5	Questionable - 0.5 Slight impairment in these activities.														
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2	Moderate - 2 No pretense of independent function outside the home; appears well enough to be taken to functions outside the family home.														
3	Severe - 3 No pretense of independent function outside the home; appears too ill to be taken to functions outside the family home.														
868	nac_commun_n	Community Affairs Notes	<div>notes</div> <div>Custom alignment: LV</div>												
869	nac_homehobb	5. HOME & HOBBIES	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>0</td><td>None - 0 Life at home, hobbies, and intellectual interests well maintained.</td></tr><tr><td>0.5</td><td>Questionable - 0.5 Life at home, hobbies, and intellectual interests slightly impaired.</td></tr><tr><td>1</td><td>Mild - 1 Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned.</td></tr><tr><td>2</td><td>Moderate - 2 Only simple chores preserved; very restricted interests, poorly maintained.</td></tr><tr><td>3</td><td>Severe - 3 No significant function in the home.</td></tr></table> <div>Custom alignment: LV</div>	radio, Required		0	None - 0 Life at home, hobbies, and intellectual interests well maintained.	0.5	Questionable - 0.5 Life at home, hobbies, and intellectual interests slightly impaired.	1	Mild - 1 Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned.	2	Moderate - 2 Only simple chores preserved; very restricted interests, poorly maintained.	3	Severe - 3 No significant function in the home.
radio, Required															
0	None - 0 Life at home, hobbies, and intellectual interests well maintained.														
0.5	Questionable - 0.5 Life at home, hobbies, and intellectual interests slightly impaired.														
1	Mild - 1 Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned.														
2	Moderate - 2 Only simple chores preserved; very restricted interests, poorly maintained.														
3	Severe - 3 No significant function in the home.														
870	nac_homehobb_n	Home & Hobbies Notes	<div>notes</div> <div>Custom alignment: LV</div>												
871	nac_perscare	6. PERSONAL CARE	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>0</td><td>None / Questionable - 0Fully capable of self-care (=0).</td></tr><tr><td>1</td><td>Mild - 1 Needs prompting.</td></tr><tr><td>2</td><td>Moderate - 2 Requires assistance in dressing, hygiene, keeping of personal effects.</td></tr><tr><td>3</td><td>Severe - 3 Requires much help with personal care; frequent incontinence.</td></tr></table> <div>Custom alignment: LV</div>	radio, Required		0	None / Questionable - 0Fully capable of self-care (=0).	1	Mild - 1 Needs prompting.	2	Moderate - 2 Requires assistance in dressing, hygiene, keeping of personal effects.	3	Severe - 3 Requires much help with personal care; frequent incontinence.		
radio, Required															
0	None / Questionable - 0Fully capable of self-care (=0).														
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2	Moderate - 2 Requires assistance in dressing, hygiene, keeping of personal effects.														
3	Severe - 3 Requires much help with personal care; frequent incontinence.														
872	nac_perscare_notes	Personal Care Notes	<div>notes</div> <div>Custom alignment: LV</div>												
873	nac_cdrsum	7. CDR SUM OF BOXES	<div>calc</div> <div>Calculation: sum([nac_memory],[nac_orient],[nac_judgment],[nac_commun],[nac_homehobb],[nac_perscare])</div> <div>Custom alignment: LV</div>												

874	nac_cdrglob	8. GLOBAL CDR	<div>radio, Required</div> <table><tr><td>0</td><td>0.0 = No Impairment</td></tr><tr><td>0.5</td><td>0.5 = Questionable impariment</td></tr><tr><td>1</td><td>1.0 = Mild impairment</td></tr><tr><td>2</td><td>2.0 = Moderate impairment</td></tr><tr><td>3</td><td>3.0 = Severe impairment</td></tr></table> <div>Custom alignment: LV</div>	0	0.0 = No Impairment	0.5	0.5 = Questionable impariment	1	1.0 = Mild impairment	2	2.0 = Moderate impairment	3	3.0 = Severe impairment
0	0.0 = No Impairment												
0.5	0.5 = Questionable impariment												
1	1.0 = Mild impairment												
2	2.0 = Moderate impairment												
3	3.0 = Severe impairment												
875	cdr_clc	<div>Link to online CDR Global Calculator:</div> <div>CDR Global Calculator</div>	<div>descriptive</div>										
876	nac_comport	<div>Section Header: <i>SECTION 2: SUPPLEMENTAL CDR</i></div> <div>9. BEHAVIOR, COMPORTMENT AND PERSONALITY [2]</div>	<div>radio, Required</div> <table><tr><td>0</td><td>None - 0Socially appropriate behavior.</td></tr><tr><td>0.5</td><td>Questionable - 0.5Questionable changes in comportment, empathy, appropriateness of actions.</td></tr><tr><td>1</td><td>Mild - 1Mild but definite changes in behavior.</td></tr><tr><td>2</td><td>Moderate - 2Moderate behavioral changes, affecting interpersonal relationships and interactions in a significant manner.</td></tr><tr><td>3</td><td>Severe - 3Severe behavioral changes, making interpersonal interactions all unidirectional.</td></tr></table> <div>Custom alignment: LV</div>	0	None - 0Socially appropriate behavior.	0.5	Questionable - 0.5Questionable changes in comportment, empathy, appropriateness of actions.	1	Mild - 1Mild but definite changes in behavior.	2	Moderate - 2Moderate behavioral changes, affecting interpersonal relationships and interactions in a significant manner.	3	Severe - 3Severe behavioral changes, making interpersonal interactions all unidirectional.
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3	Severe - 3Severe behavioral changes, making interpersonal interactions all unidirectional.												
877	cnac_omport_n	Behavior, Comportment and Personality Notes	<div>notes</div> <div>Custom alignment: LV</div>										
878	nac_cdrlang	10. LANGUAGE [3]	<div>radio, Required</div> <table><tr><td>0</td><td>None - 0 No language difficulty or occasional mild tip-of-the-tongue.</td></tr><tr><td>0.5</td><td>Questionable - 0.5Consistent mild word finding difficulties; simplification of word choice; circumlocution; decreased phrase length; and/or mild comprehension difficulties.</td></tr><tr><td>1</td><td>Mild - 1Moderate word finding difficulty in speech; cannot name objects in environment; reduced phrase length and/or agrammatical speech; and/or reduced comprehension in conversation and reading.</td></tr><tr><td>2</td><td>Moderate - 2Moderate to severe impairments in either speech or comprehension; has difficulty communicating thoughts; writing may be slightly more effective.</td></tr><tr><td>3</td><td>Severe - 3Severe comprehension deficits; no intelligible speech.</td></tr></table> <div>Custom alignment: LV</div>	0	None - 0 No language difficulty or occasional mild tip-of-the-tongue.	0.5	Questionable - 0.5Consistent mild word finding difficulties; simplification of word choice; circumlocution; decreased phrase length; and/or mild comprehension difficulties.	1	Mild - 1Moderate word finding difficulty in speech; cannot name objects in environment; reduced phrase length and/or agrammatical speech; and/or reduced comprehension in conversation and reading.	2	Moderate - 2Moderate to severe impairments in either speech or comprehension; has difficulty communicating thoughts; writing may be slightly more effective.	3	Severe - 3Severe comprehension deficits; no intelligible speech.
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3	Severe - 3Severe comprehension deficits; no intelligible speech.												
879	nac_lang_notes	Language Notes	<div>notes</div> <div>Custom alignment: LV</div>										

880	cdr_scr	<p>Global CDR Scoring Rules:</p> <p>The global CDR is derived from the scores in each of the six categories as follows: Memory (M) is the primary category and all others (O, JPS, CA, HH, PC) are considered secondary categories. The global CDR scoring rules are as follows:</p> <p>- The global CDR score = M score if at least three secondary categories receive the same score as M.</p> <p>- If 3+ secondary categories receive a score greater or less than M, the the global CDR score = the score of the majority of secondary categories or whichever side of M has the greater number of secondary categories.</p> <p>- If 3 secondary categories are scored on one side of M and 2 secondary categories are scored on the other side of M, then the global CDR core = M.</p> <p>- When M = 0.5, the the global CDR score = 1 if at least three of the other categories are scored 1 or greater.</p> <p>- If M = 0.5, then the global CDR score CANNOT = 0, it can only be 0.5 or 1.</p> <p>- If M = 0, the the global CDR score is 0, unless there is impairment (0.5+) in two or more secondary categories, in which case the global CDR score = 0.5.</p> <p>- With tied scores in the secondary categories on one side of M, choose the tied score closest to M score for the global CDR score.</p> <p>- When only one or two secondary categories are given the same score as M, the global CDR score = M as long as no more than two secondary categories are on either side of M.</p>	descriptive						
881	nac_copyright_b4	<p>[1] Morris JC. The Clinical Dementia Rating (CDR): Current version and scoring rules. Neurology 43(11):2412-4, 1993. Copyright Lippincott, Williams &amp; Wilkins. Reproduced by permission.</p> <p>[2] Excerpted from the Frontotemporal Dementia Multicenter Instrument &amp; MR Study (Mayo Clinic, UCSF, UCLA, UW).</p> <p>[3] Excerpted from the PPA-CRD: A modification of the CDR for assessing dementia severity in patients with Primary Progressive Aphasia (Johnson N, Weintraub S, Mesulam MM), 2002.</p>	descriptive						
882	nac_copyright_b4_2	Adapted with permission. Copyright © 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976	descriptive Custom alignment: LV						
883	nac_footer_b4	National Alzheimer's Coordinating Center   (206) 543-8637   fax: (206) 616-5927   naccmail@uw.edu   www.alz.washington.edu UDS (V3.0, March 2015) Initial Visit Form B4: Global Staging CDR	descriptive						
884	cdr_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive						
885	cdr_nacc_b4_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Re-Screening Form** (rescreening\_form)

^ Collapse

886	res_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required Custom alignment: LV Field Annotation: @CHARLIMIT=3				
887	res_dtc	Date of Form Completion	text (date_mdy), Required, Identifier Custom alignment: LV				
888	res_yn	Was this participant re-screened?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
889	res_ptc  Show the field ONLY if: [res_yn]='1'	General Guidance about Re-screening:  -Subjects who are re-screened will keep the same subject identification code. A new code will not be assigned.  -Informed consent will be repeated at re-screening.  -Subjects will not receive additional compensation for re-screening.	descriptive				
890	res_c2  Show the field ONLY if: [res_yn]='1'	Did the subject complete the NACC C2 Neuropsychological Battery and the CDR at the initial screening?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
891	res_inl_2  Show the field ONLY if: [res_c2]='0'	Re-screening Instructions:  Use the Repeat Instrument (+) button to make a new version of every needed Screening Instrument. These new versions will be used at the re-screening visit(s).  In general, the new versions of forms must be completed fully. Use your best judgement for simpler forms such as the demographics, emergency contacts, etc. Review this info with the subject, and if it hasn't changed, you may leave these as is and not create a new version.  If in doubt, re-fill it out.	descriptive				
892	res_idt  Show the field ONLY if: [res_c2]='1'	What date did the subject first complete the NACC C2 Neuropsychological Battery and the CDR?	text (date_mdy), Required, Identifier Custom alignment: LV				
893	res_rdt  Show the field ONLY if: [res_c2]='1'	On what date is the re-screening visit scheduled?	text (date_mdy), Required, Identifier Custom alignment: LV				
894	res_dxf  Show the field ONLY if: [res_c2]='1'	Months between Screening and Re-screening	calc Calculation: datediff ([res_idt], [res_rdt], "M", "mdy") Custom alignment: LV Field Annotation: @HIDDEN				
895	res_dif  Show the field ONLY if: [res_c2]='1'	Months between Screening and Re-screening	calc Calculation: round([res_dxf],2) Custom alignment: LV				



896	res_inl_3  Show the field ONLY if: [res_c2] = '1'	<p>Re-screening Instructions:</p> <p>If fewer than 6 months have elapsed since the last cognitive assessments, the neuropsychological battery and CDR will not be repeated due to possible learning effects. Instructions:</p> <p>Use the Repeat Instrument (+) button to make a new version of the Screening instruments. These new versions will be used at the re-screening visit(s). You will need a new version of everything with the (+) button except the following:</p> <p>-Neuropsych Battery (NACC C2) -CDR (NACC B4) -Clinician Diagnosis (NACC D1)</p> <p>(Since it has been less than 6 months since the initial screening, you will not repeat the cognitive testing. Therefore you do not need new versions of these forms.)</p> <p>If 6 months or more have elapsed since the last cognitive assessments, the battery and CDR should be re-administered. Instructions:</p> <p>Use the Repeat Instrument (+) button to make a new version of the Screening instruments (including the Clinician Diagnosis). These new versions will be used at the re-screening visit(s).</p> <p>In all cases of re-screening, the new versions of forms must be completed fully, even if the data have not changed from the initial screening. However, the Trial Eligibility Assessment doesn't have a (+) button. The form should simply be updated to reflect the data collected at re-screening. If a participant was previously ineligible, please describe why they were previously ineligible in the General Notes box on the Trial Eligibility Assessment form.</p>	descriptive										
897	con_not_v2	General Notes	notes, Identifier Custom alignment: LV										
898	con_stt_v2	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive										
899	rescreening_form_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: <b>Clinician Diagnosis (NACC D1)</b> (clinician_diagnosis_nacc_d1) <div>^ Collapse</div>													
900	d1_ins	Study Neuropsychologist Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3										
901	d1_dat	Date of Clinician Diagnosis	text (date_mdy), Required, Identifier Custom alignment: LV										
902	d1_zsc	Participant Data in NACC UDS Norms Calculator	file, Required Custom alignment: LV										
903	nac_cogstat_c3	<p>Section Header: <i>NACC Uniform Data Set (UDS) - INITIAL VISIT PACKET FORM C2: Neuropsychological Battery (Question #13 Only)</i></p> <p>Per the clinician (e.g., neuropsychologist, behavioral neurologist, or other suitably qualified clinician), based on the UDS Neuropsychological examination, the subject's cognitive status is deemed:</p> <p>FOR REFERENCE: Participant Age at Screening = [scrn_v_arm_1][nac_a1_age][last-instance], Screening Date = [scrn_v_arm_1][dem_dat][last-instance], Education = [scrn_v_arm_1][nac_educ][last-instance], years, and Sex = [scrn_v_arm_1][nac_sex][last-instance]</p>	<p>radio, Required</p> <table><tr><td>1</td><td>Better than normal for age</td></tr><tr><td>2</td><td>Normal for age</td></tr><tr><td>3</td><td>One or two test scores are abnormal</td></tr><tr><td>4</td><td>Three or more scores are abnormal or lower than expected</td></tr><tr><td>0</td><td>Clinician unable to render opinion</td></tr></table> <p>Custom alignment: LV</p>	1	Better than normal for age	2	Normal for age	3	One or two test scores are abnormal	4	Three or more scores are abnormal or lower than expected	0	Clinician unable to render opinion
1	Better than normal for age												
2	Normal for age												
3	One or two test scores are abnormal												
4	Three or more scores are abnormal or lower than expected												
0	Clinician unable to render opinion												

904	d1_des	<p>Section Header: <i>FORM D1: Clinician Diagnosis Section 1</i></p> <p>Status: <i>Normal cognition/MCI/dementia and dementia syndrome</i></p> <p>INSTRUCTIONS:</p> <p>This form is to be completed by a Clinical Neuropsychologist. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form D1. Link to NACC Coding Guidebook . Check only one box per question.</p>	descriptive				
905	nac_normcog	<p>1. Does the subject have normal cognition (global CDR=0 and/or neuropsychological testing within normal range) and normal behavior (i.e., the subject does not exhibit behavior sufficient to diagnose MCI or dementia due to FTLD or LBD)?</p>	<p>radio, Required</p> <table><tr><td>1</td><td>Yes (Participant Eligible for I-CONECT)</td></tr><tr><td>0</td><td>No (CONTINUE TO QUESTION 2)</td></tr></table> <p>Custom alignment: LV</p>	1	Yes (Participant Eligible for I-CONECT)	0	No (CONTINUE TO QUESTION 2)
1	Yes (Participant Eligible for I-CONECT)						
0	No (CONTINUE TO QUESTION 2)						
906	<p>nac_note_d1_2</p> <p>Show the field ONLY if: [nac_normcog] = '0'</p>	<p>ALL-CAUSE DEMENTIA</p> <p>The subject has cognitive or behavioral (neuropsychiatric) symptoms that meet all of the following criteria:</p> <p>- Interfere with ability to function as before at work or at usual activities?- Represent a decline from previous levels of functioning?- Are not explained by delirium or major psychiatric disorder?- Include cognitive impairment detected and diagnosed through a combination of 1) history-taking and 2) objective cognitive assessment (bedside or neuropsychological testing)?</p> <p>AND</p> <p>Impairment in one* or more of the following domains.</p> <p>- Impaired ability to acquire and remember new information - Impaired reasoning and handling of complex tasks, poor judgment - Impaired visuospatial abilities - Impaired language functions - Changes in personality, behavior, or comportment</p> <p>*In the event of single-domain impairment (e.g., language in PPA, behavior in bvFTD, posterior cortical atrophy), the subject must not fulfill criteria for MCI.</p>	descriptive				
907	<p>nac_demented</p> <p>Show the field ONLY if: [nac_normcog] = '0'</p>	<p>2. Does the subject meet the criteria for dementia?</p>	<p>radio, Required</p> <table><tr><td>1</td><td>Yes (Participant ineligible for I-CONECT)</td></tr><tr><td>0</td><td>No (CONTINUE TO QUESTION 3)</td></tr></table> <p>Custom alignment: LV</p>	1	Yes (Participant ineligible for I-CONECT)	0	No (CONTINUE TO QUESTION 3)
1	Yes (Participant ineligible for I-CONECT)						
0	No (CONTINUE TO QUESTION 3)						
908	<p>nac_note_d1_6</p> <p>Show the field ONLY if: [nac_demented]='0'</p>	<p>3. If the subject does not have normal cognition or behavior and is not clinically demented, indicate the type of cognitive impairment below.</p> <p>MCI CORE CLINICAL CRITERIA</p> <p>- Is the subject, the co-participant, or a clinician concerned about a change in cognition compared to the subject's previous level?</p> <p>- Is there impairment in one or more cognitive domains (memory, language, executive function, attention, and visuospatial skills)?</p> <p>- Is there largely preserved independence in functional abilities (no change from prior manner of functioning or uses minimal aids or assistance)?</p>	descriptive				

909	<div>nac_note_d1_7</div> <div>Show the field ONLY if: [nac_demented]='0'</div>	For 3a-3e, select ALL BUT ONE as being Not Present. Then select ONE syndrome from 3a-3e as being Present, and fill out any additional questions that appear. If you select MCI below, participant should meet the MCI core clinical criteria outlined above.	descriptive				
910	<div>nac_mciamem</div> <div>Show the field ONLY if: [nac_demented]='0'</div>	3a. Amnestic MCI, single domain (aMCI SD)	<div>radio, Required</div> <table><tr><td>1</td><td>Present</td></tr><tr><td>0</td><td>Not Present</td></tr></table> <div>Custom alignment: LV</div>	1	Present	0	Not Present
1	Present						
0	Not Present						
911	<div>nac_mciaplus</div> <div>Show the field ONLY if: [nac_demented]='0'</div>	3b. Amnestic MCI, multiple domains (aMCI MD)	<div>radio, Required</div> <table><tr><td>1</td><td>Present</td></tr><tr><td>0</td><td>Not Present</td></tr></table> <div>Custom alignment: LV</div>	1	Present	0	Not Present
1	Present						
0	Not Present						
912	<div>nac_note_d1_8</div> <div>Show the field ONLY if: [nac_mciaplus] = '1'</div>	CHECK YES for at least one additional domain (besides memory). CHECK NO for unaffected domains.	descriptive				
913	<div>nac_mciaplan</div> <div>Show the field ONLY if: [nac_mciaplus] = '1'</div>	3b1. Language	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No
1	Yes						
0	No						
914	<div>nac_mciapatt</div> <div>Show the field ONLY if: [nac_mciaplus] = '1'</div>	3b2. Attention	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No
1	Yes						
0	No						
915	<div>nac_mciapex</div> <div>Show the field ONLY if: [nac_mciaplus] = '1'</div>	3b3. Executive	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No
1	Yes						
0	No						
916	<div>nac_mciapvis</div> <div>Show the field ONLY if: [nac_mciaplus] = '1'</div>	3b4. Visuospatial	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No
1	Yes						
0	No						
917	<div>nac_mcinon1</div> <div>Show the field ONLY if: [nac_demented]='0'</div>	3c. Non-amnestic MCI, single domain (naMCI SD)	<div>radio, Required</div> <table><tr><td>1</td><td>Present</td></tr><tr><td>0</td><td>Not Present</td></tr></table> <div>Custom alignment: LV</div>	1	Present	0	Not Present
1	Present						
0	Not Present						
918	<div>nac_note_d1_9</div> <div>Show the field ONLY if: [nac_mcinon1]= '1'</div>	CHECK YES to indicate the affected domain. CHECK NO for unaffected domains.	descriptive				
919	<div>nac_mcin1lan</div> <div>Show the field ONLY if: [nac_mcinon1]= '1'</div>	3c1. Language	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No
1	Yes						
0	No						
920	<div>nac_mcin1att</div> <div>Show the field ONLY if: [nac_mcinon1]= '1'</div>	3c2. Attention	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No
1	Yes						
0	No						

921	<div>nac_mcin1ex</div> <div>Show the field ONLY if: [nac_mcinon1]='1'</div>	3c3. Executive	<div>radio, Required</div> <div><div>1 Yes</div><div>0 No</div></div> <div>Custom alignment: LV</div>
922	<div>nac_mcin1vis</div> <div>Show the field ONLY if: [nac_mcinon1]='1'</div>	3c4. Visuospatial	<div>radio, Required</div> <div><div>1 Yes</div><div>0 No</div></div> <div>Custom alignment: LV</div>
923	<div>nac_mcinon2</div> <div>Show the field ONLY if: [nac_demented]='0'</div>	3d. Non-amnestic MCI, multiple domains (naMCI MD)	<div>radio, Required</div> <div><div>1 Present</div><div>0 Not Present</div></div> <div>Custom alignment: LV</div>
924	<div>nac_note_d1_10</div> <div>Show the field ONLY if: [nac_mcinon2]='1'</div>	CHECK YES for at least two domains. CHECK NO for unaffected domains.	descriptive
925	<div>nac_mcin2lan</div> <div>Show the field ONLY if: [nac_mcinon2]='1'</div>	3d1. Language	<div>radio, Required</div> <div><div>1 Yes</div><div>0 No</div></div> <div>Custom alignment: LV</div>
926	<div>nac_mcin2att</div> <div>Show the field ONLY if: [nac_mcinon2]='1'</div>	3d2. Attention	<div>radio, Required</div> <div><div>1 Yes</div><div>0 No</div></div> <div>Custom alignment: LV</div>
927	<div>nac_mcin2ex</div> <div>Show the field ONLY if: [nac_mcinon2]='1'</div>	3d3. Executive	<div>radio, Required</div> <div><div>1 Yes</div><div>0 No</div></div> <div>Custom alignment: LV</div>
928	<div>nac_mcin2vis</div> <div>Show the field ONLY if: [nac_mcinon2]='1'</div>	3d4. Visuospatial	<div>radio, Required</div> <div><div>1 Yes</div><div>0 No</div></div> <div>Custom alignment: LV</div>
929	<div>nac_impnomci</div> <div>Show the field ONLY if: [nac_demented]='0'</div>	3e. Cognitively impaired, not MCI	<div>radio</div> <div><div>1 Present</div><div>0 Not Present</div></div> <div>Custom alignment: LV</div>
930	nac_copyright_d1	Adapted with permission. Copyright © 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976 - Walter A. Kukull, PhD, Director). All rights reserved.	<div>descriptive</div> <div>Custom alignment: LV</div>
931	nac_footer_d1	National Alzheimer's Coordinating Center   (206) 543-8637   fax: (206) 616-5927   naccmail@uw.edu   www.alz.washington.edu UDS (V3.0, March 2015) Initial Visit Form D1: Clinical Diagnosis	<div>descriptive</div> <div>Custom alignment: LV</div>
932	nac_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	<div>descriptive</div>

933	clinician_diagnosis_nacc_d1_c complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: <b>Trial Eligibility Assessment</b> (trial_eligibility_assessment) <a href="#">^ Collapse</a>									
934	elg_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3						
935	elg_dat	Date of Study Eligibility Determination	text (date_mdy), Required, Identifier Custom alignment: LV						
936	elg_iso_2	Section Header: <i>Inclusion Criteria</i> 1. Age	descriptive						
937	elg_80	Is the participant 75 years old or above? <i>NACC A1 Demographic Form: [scrn_v_arm_1][nac_a1_age][last-instance] years old</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
938	elg_con	Section Header: <i>2. Consent</i> Did the participant consent to participate in the study, and (if applicable) to receive MRI scans, if safely and comfortably able to receive MRI? <i>Please check consent form for signature</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
939	elg_soc	Section Header: <i>3. Social Isolation</i> Is the participant socially isolated, as defined by at least one of the following:  i. Scoring < 12 on the 6-item Lubben Social Network Scale (LSNS-6)?  ii. Engaging in conversations lasting 30 minutes or longer no more than twice per week?  iii. Answers "Often" to at least one question on the Hughes et al. Three-Item Loneliness Scale. <i>Home Screening Visit: LSN:[scrn_v_arm_1][lsn_tot][last-instance]Weekly Conversations: [scrn_v_arm_1][lsn_30m][last-instance]Three-Item Loneliness: #1: [scrn_v_arm_1][lsn_lo1][last-instance] #2: [scrn_v_arm_1][lsn_lo2][last-instance] #3: [scrn_v_arm_1][lsn_lo3][last-instance]</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
940	elg_vis	Section Header: <i>4. Vision</i> Does the participant have adequate vision to use study technology and complete all neuropsychological tests throughout the study, as defined by the following:  i. Seeing well enough to read a newspaper, wearing glasses if needed, but not using a magnifying glass?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
941	elg_hr	Section Header: <i>5. Hearing</i> Does the participant have adequate hearing to use study technology and complete all neuropsychological tests throughout the study, as defined by the following:  i. Hearing well enough to complete the telephone screening?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
942	elg_lan	Section Header: <i>6. Language</i> Does participant have sufficient ability to understand English in order to complete protocol-required testing?	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								

943	elg_cog	<div>Section Header: 7. Normal Cognition or Early-Stage Mild Cognitive Impairment (MCI)</div> <div>Does the participant have normal cognition or mild cognitive impairment (MCI), as assessed by the trial neuropsychologist?</div>	<div>radio, Required</div> <div><div>1 Yes</div><div>0 No</div></div> <div>Custom alignment: LV</div>
944	elg_com	<div>Section Header: 8. Compliance</div> <div>In the opinion of the site PI, is the participant able to sufficiently comply with protocol assessments and procedures?</div>	<div>radio, Required</div> <div><div>1 Yes</div><div>0 No</div></div> <div>Custom alignment: LV</div>
945	elg_dex	<div>Section Header: Exclusion Criteria</div> <div>1. Dementia Diagnosis</div>	<div>descriptive</div>
946	elg_dem	<div>Was the participant identified as having dementia based on either of the following:</div> <div>i. Self reported diseases associated with dementia, such as Alzheimer's disease, vascular dementia, Lewy body dementia, frontotemporal dementia, normal pressure hydrocephalus, or Parkinson's Disease?</div> <div>ii. Diagnosis of dementia by trial neuropsychologist?</div>	<div>radio, Required</div> <div><div>1 Yes</div><div>0 No</div></div> <div>Custom alignment: LV</div>
947	elg_sc	<div>Section Header: 2. Living Situation</div> <div>Does the participant anticipate a major change in living arrangement within the upcoming year?</div>	<div>radio, Required</div> <div><div>1 Yes</div><div>0 No</div></div> <div>Custom alignment: LV</div>
948	elg_gds	<div>Section Header: 3. Depression</div> <div>Is the participant severely depressed, defined as a 15-item GDS score &gt; 7?</div> <div>GDS: [scrn_v_arm_1][nac_gdstotal][last-instance]</div>	<div>radio, Required</div> <div><div>1 Yes</div><div>0 No</div></div> <div>Custom alignment: LV</div>
949	elg_cns	<div>Section Header: 4. Disease of the Central Nervous System</div> <div>Does the participant report having a significant disease of the central nervous system (ex. brain tumor, seizure disorder, subdural hematoma, or significant stroke)?</div>	<div>radio, Required</div> <div><div>1 Yes</div><div>0 No</div></div> <div>Custom alignment: LV</div>
950	elg_sub	<div>Section Header: 5. Alcohol or Substance Abuse Disorder</div> <div>Is the participant experiencing current (within 2 years of of screening) alcohol or substance abuse?</div>	<div>radio, Required</div> <div><div>1 Yes</div><div>0 No</div></div> <div>Custom alignment: LV</div>
951	elg_psy	<div>Section Header: 6. Psychiatric Disorder</div> <div>Does the participant have an unstable or significantly symptomatic psychiatric disorder (ex. major depression, schizophrenia, posttraumatic stress disorder, or bipolar disorder)?</div>	<div>radio, Required</div> <div><div>1 Yes</div><div>0 No</div></div> <div>Custom alignment: LV</div>
952	elg_car	<div>Section Header: 7. Cardiovascular Disease</div> <div>Does the participant have an unstable or significantly symptomatic cardiovascular disease (ex. coronary artery disease with frequent angina, or congestive heart failure with shortness of breath at rest)?</div>	<div>radio, Required</div> <div><div>1 Yes</div><div>0 No</div></div> <div>Custom alignment: LV</div>
953	elg_db	<div>Section Header: 8. Diabetes</div> <div>Has the participant received a diagnosis of Type 1 Diabetes?</div>	<div>radio, Required</div> <div><div>1 Yes</div><div>0 No</div></div> <div>Custom alignment: LV</div>

954	elg_db2	Has the participant started taking insulin within within three months of the screening visit?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
955	elg_db3	Has the participant been hospitalized for hypoglycemia within one year of the screening visit?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
956	elg_cnc	Section Header: 9. Cancer Has the participant had active systemic cancer within 5 years of the screening visit? (Note: Gleason Grade < 3 prostate cancer and non-metastatic skin cancers are acceptable)	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
957	elg_sed	Section Header: 10. Recent Sedation Has the participant had a surgery that required full sedation with intubation within 6 months of the screening visit (sedation for minor procedures is acceptable)?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
958	elg_hsp	Section Header: 11. Recent Hospitalization Has the participant had more than one overnight hospital stay within 3 months of the screening visit?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
959	elg_msc	Section Header: 12. Rights & Safety Is there any other condition that, in the opinion of the investigator, is severe enough to cause study participation to have a negative impact on participant or study team rights or wellbeing?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
960	elg_not	Section Header: Assessor Notes Please include any additional comments about the participant's eligibility. If this subject was rescreened, please describe this history and the reason(s) for previous screen failures.	notes Custom alignment: LV				
961	elg_yn	Section Header: Study Eligibility Determination In the opinion of the PI, is this participant eligible to participate?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
962	elg_er1	WARNING: Participant appears to be eligible based on the responses above. Please double-check your entries before proceeding.  Show the field ONLY if: [elg_80] = '1' and [elg_con] = '1' and [elg_soc] = '1' and [elg_vis] = '1' and [elg_hr] = '1' and [elg_lan] = '1' and [elg_cog] = '1' and [elg_com] = '1' and [elg_dem] = '0' and [elg_sc] = '0' and [elg_gds] = '0' and [elg_cn] = '0' and [elg_sub] = '0' and [elg_psy] = '0' and [elg_car] = '0' and [elg_db] = '0' and [elg_db2] = '0' and [elg_db3] = '0' and [elg_cnc] = '0' and [elg_sed] = '0' and [elg_hsp] = '0' and [elg_msc] = '0' and [elg_yn] = '0'	descriptive				

963	elg_er2 Show the field ONLY if: ([elg_80] = "0" or [elg_con] = "0" or [elg_soc] = "0" or [elg_viss] = "0" or [elg_hr] = "0" or [elg_lan] = "0" or [elg_cog] = "0" or [elg_com] = "0" or [elg_dem] = "1" or [elg_sc] = "1" or [elg_gds] = "1" or [elg_cns] = "1" or [elg_sub] = "1" or [elg_psy] = "1" or [elg_car] = "1" or [elg_db] = "1" or [elg_db2] = "1" or [elg_db3] = "1" or [elg_cnc] = "1" or [elg_sed] = "1" or [elg_hsp] = "1" or [elg_msc] = "1") and [elg_yn] = "1"	WARNING: Participant appears to be ineligible based on the responses above. Please double-check your entries before proceeding.	descriptive										
964	elg_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive										
965	trial_eligibility_assessment_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
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Instrument: <b>NEO-FFI Personality Inventory</b> (neoffi_personality_inventory) <a href="#">^ Collapse</a>													
966	neo_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3										
967	neo_dat	Date NEO-FFI was completed by participant	text (date_mdy), Required, Identifier Custom alignment: LV										
968	neo_up	Section Header: <i>**The remainder of this REDCap form is to be entered post-visit**</i>  Scan the paper forms used to administer the NEO-FFI, and upload here. Please remember to verify scan quality and certify the uploaded copy using your paper Copy Certification Log.  File Naming Convention: SubID_NEO_TP_MMDDYY TP (Timepoint): BL, 06, or 12	file, Required, Identifier Custom alignment: LV										
969	neo_q01	1. I am not a worrier.	radio, Required <table border="1"> <tr><td>4</td><td>SD</td></tr> <tr><td>3</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>1</td><td>A</td></tr> <tr><td>0</td><td>SA</td></tr> </table> Custom alignment: LV	4	SD	3	D	2	N	1	A	0	SA
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2	N												
1	A												
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970	neo_q02	2. I like to have a lot of people around me.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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1	D												
2	N												
3	A												
4	SA												



971	neo_q03	3. I enjoy concentrating on a fantasy or daydream and exploring all its possibilities, letting it grow and develop.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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1	D												
2	N												
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4	SA												
972	neo_q04	4. I try to be courteous to everyone I meet.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
0	SD												
1	D												
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3	A												
4	SA												
973	neo_q05	5. I keep my belongings neat and clean.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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974	neo_q06	6. At times I have felt bitter and resentful.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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3	A												
4	SA												
975	neo_q07	7. I laugh easily.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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3	A												
4	SA												
976	neo_q08	8. I think it's interesting to learn and develop new hobbies.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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1	D												
2	N												
3	A												
4	SA												

977	neo_q09	9. At times I bully or flatter people into doing what I want them to.	radio, Required <table><tr><td>4</td><td>SD</td></tr><tr><td>3</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>1</td><td>A</td></tr><tr><td>0</td><td>SA</td></tr></table> Custom alignment: LV	4	SD	3	D	2	N	1	A	0	SA
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3	D												
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1	A												
0	SA												
978	neo_q10	10. I'm pretty good about pacing myself so as to get things done on time.	radio, Required <table><tr><td>0</td><td>SD</td></tr><tr><td>1</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>3</td><td>A</td></tr><tr><td>4</td><td>SA</td></tr></table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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2	N												
3	A												
4	SA												
979	neo_q11	11. When I'm under a great deal of stress, sometimes I feel like I'm going to pieces.	radio, Required <table><tr><td>0</td><td>SD</td></tr><tr><td>1</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>3</td><td>A</td></tr><tr><td>4</td><td>SA</td></tr></table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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2	N												
3	A												
4	SA												
980	neo_q12	12. I prefer jobs that let me work alone without being bothered by other people.	radio, Required <table><tr><td>4</td><td>SD</td></tr><tr><td>3</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>1</td><td>A</td></tr><tr><td>0</td><td>SA</td></tr></table> Custom alignment: LV	4	SD	3	D	2	N	1	A	0	SA
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2	N												
1	A												
0	SA												
981	neo_q13	13. I am intrigued by the patterns I find in art and nature.	radio, Required <table><tr><td>0</td><td>SD</td></tr><tr><td>1</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>3</td><td>A</td></tr><tr><td>4</td><td>SA</td></tr></table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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2	N												
3	A												
4	SA												
982	neo_q14	14. Some people think I'm selfish and egotistical.	radio, Required <table><tr><td>4</td><td>SD</td></tr><tr><td>3</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>1</td><td>A</td></tr><tr><td>0</td><td>SA</td></tr></table> Custom alignment: LV	4	SD	3	D	2	N	1	A	0	SA
4	SD												
3	D												
2	N												
1	A												
0	SA												

983	neo_q15	15. I often come into situations without being fully prepared.	radio, Required <table border="1"> <tr><td>4</td><td>SD</td></tr> <tr><td>3</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>1</td><td>A</td></tr> <tr><td>0</td><td>SA</td></tr> </table> Custom alignment: LV	4	SD	3	D	2	N	1	A	0	SA
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3	D												
2	N												
1	A												
0	SA												
984	neo_q16	16. I rarely feel lonely or blue.	radio, Required <table border="1"> <tr><td>4</td><td>SD</td></tr> <tr><td>3</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>1</td><td>A</td></tr> <tr><td>0</td><td>SA</td></tr> </table> Custom alignment: LV	4	SD	3	D	2	N	1	A	0	SA
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3	D												
2	N												
1	A												
0	SA												
985	neo_q17	17. I really enjoy talking to people.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
0	SD												
1	D												
2	N												
3	A												
4	SA												
986	neo_q18	18. I believe letting students hear controversial speakers can only confuse and mislead them.	radio, Required <table border="1"> <tr><td>4</td><td>SD</td></tr> <tr><td>3</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>1</td><td>A</td></tr> <tr><td>0</td><td>SA</td></tr> </table> Custom alignment: LV	4	SD	3	D	2	N	1	A	0	SA
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987	neo_q19	19. If someone starts a fight, I'm ready to fight back.	radio, Required <table border="1"> <tr><td>4</td><td>SD</td></tr> <tr><td>3</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>1</td><td>A</td></tr> <tr><td>0</td><td>SA</td></tr> </table> Custom alignment: LV	4	SD	3	D	2	N	1	A	0	SA
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988	neo_q20	20. I try to perform all the tasks assigned to me conscientiously.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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989	neo_q21	21. I often feel tense and jittery.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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990	neo_q22	22. I like to be where the action is.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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991	neo_q23	23. Poetry has little or no effect on me.	radio, Required <table border="1"> <tr><td>4</td><td>SD</td></tr> <tr><td>3</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>1</td><td>A</td></tr> <tr><td>0</td><td>SA</td></tr> </table> Custom alignment: LV	4	SD	3	D	2	N	1	A	0	SA
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992	neo_q24	24. I'm better than most people, and I know it.	radio, Required <table border="1"> <tr><td>4</td><td>SD</td></tr> <tr><td>3</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>1</td><td>A</td></tr> <tr><td>0</td><td>SA</td></tr> </table> Custom alignment: LV	4	SD	3	D	2	N	1	A	0	SA
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993	neo_q25	25. I have a clear set of goals and work toward them in an orderly fashion.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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994	neo_q26	26. Sometimes I feel completely worthless.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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995	neo_q27	27. I shy away from crowds of people.	<div>radio, Required</div> <table><tr><td>4</td><td>SD</td></tr><tr><td>3</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>1</td><td>A</td></tr><tr><td>0</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	4	SD	3	D	2	N	1	A	0	SA
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996	neo_q28	28. I would have difficulty just letting my mind wander without control or guidance.	<div>radio, Required</div> <table><tr><td>4</td><td>SD</td></tr><tr><td>3</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>1</td><td>A</td></tr><tr><td>0</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	4	SD	3	D	2	N	1	A	0	SA
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997	neo_q29	29. When I've been insulted, I just try to forgive and forget.	<div>radio, Required</div> <table><tr><td>0</td><td>SD</td></tr><tr><td>1</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>3</td><td>A</td></tr><tr><td>4</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	0	SD	1	D	2	N	3	A	4	SA
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998	neo_q30	30. I waste a lot of time before settling down to work.	<div>radio, Required</div> <table><tr><td>4</td><td>SD</td></tr><tr><td>3</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>1</td><td>A</td></tr><tr><td>0</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	4	SD	3	D	2	N	1	A	0	SA
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999	neo_q31	31. I rarely feel fearful or anxious.	<div>radio, Required</div> <table><tr><td>4</td><td>SD</td></tr><tr><td>3</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>1</td><td>A</td></tr><tr><td>0</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	4	SD	3	D	2	N	1	A	0	SA
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1000	neo_q32	32. I often feel as if I'm bursting with energy.	<div>radio, Required</div> <table><tr><td>0</td><td>SD</td></tr><tr><td>1</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>3</td><td>A</td></tr><tr><td>4</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	0	SD	1	D	2	N	3	A	4	SA
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1001	neo_q33	33. I seldom notice the moods or feelings that different environments produce.	radio, Required <table border="1"> <tr><td>4</td><td>SD</td></tr> <tr><td>3</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>1</td><td>A</td></tr> <tr><td>0</td><td>SA</td></tr> </table> Custom alignment: LV	4	SD	3	D	2	N	1	A	0	SA
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1002	neo_q34	34. I tend to assume the best about people.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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1003	neo_q35	35. I work hard to accomplish my goals.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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1004	neo_q36	36. I often get angry at the way people treat me.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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1005	neo_q37	37. I am a cheerful, high-spirited person.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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1006	neo_q38	38. I experience a wide range of emotions or feelings.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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1007	neo_q39	39. Some people think of me as cold and calculating.	<div>radio, Required</div> <table><tr><td>4</td><td>SD</td></tr><tr><td>3</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>1</td><td>A</td></tr><tr><td>0</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	4	SD	3	D	2	N	1	A	0	SA
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1008	neo_q40	40. When I make a commitment, I can always be counted on to follow through.	<div>radio, Required</div> <table><tr><td>0</td><td>SD</td></tr><tr><td>1</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>3</td><td>A</td></tr><tr><td>4</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	0	SD	1	D	2	N	3	A	4	SA
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1009	neo_q41	41. Too often, when things go wrong, I get discouraged and feel like giving up.	<div>radio, Required</div> <table><tr><td>0</td><td>SD</td></tr><tr><td>1</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>3</td><td>A</td></tr><tr><td>4</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	0	SD	1	D	2	N	3	A	4	SA
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1010	neo_q42	42. I don't get much pleasure from chatting with people.	<div>radio, Required</div> <table><tr><td>4</td><td>SD</td></tr><tr><td>3</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>1</td><td>A</td></tr><tr><td>0</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	4	SD	3	D	2	N	1	A	0	SA
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1011	neo_q43	43. Sometimes when I am reading poetry or looking at a work of art, I feel a chill or wave of excitement.	<div>radio, Required</div> <table><tr><td>0</td><td>SD</td></tr><tr><td>1</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>3</td><td>A</td></tr><tr><td>4</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	0	SD	1	D	2	N	3	A	4	SA
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1012	neo_q44	44. I have no sympathy for beggars.	<div>radio, Required</div> <table><tr><td>4</td><td>SD</td></tr><tr><td>3</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>1</td><td>A</td></tr><tr><td>0</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	4	SD	3	D	2	N	1	A	0	SA
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1013	neo_q45	45. Sometimes I'm not as dependable or reliable as I should be.	<div>radio, Required</div> <table><tr><td>4</td><td>SD</td></tr><tr><td>3</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>1</td><td>A</td></tr><tr><td>0</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	4	SD	3	D	2	N	1	A	0	SA
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1014	neo_q46	46. I am seldom sad or depressed.	<div>radio, Required</div> <table><tr><td>4</td><td>SD</td></tr><tr><td>3</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>1</td><td>A</td></tr><tr><td>0</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	4	SD	3	D	2	N	1	A	0	SA
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1015	neo_q47	47. My life is fast-paced.	<div>radio, Required</div> <table><tr><td>0</td><td>SD</td></tr><tr><td>1</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>3</td><td>A</td></tr><tr><td>4</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	0	SD	1	D	2	N	3	A	4	SA
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1016	neo_q48	48. I have little interest in speculating on the nature of the universe or the human condition.	<div>radio, Required</div> <table><tr><td>4</td><td>SD</td></tr><tr><td>3</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>1</td><td>A</td></tr><tr><td>0</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	4	SD	3	D	2	N	1	A	0	SA
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1017	neo_q49	49. I generally try to be thoughtful and considerate.	<div>radio, Required</div> <table><tr><td>0</td><td>SD</td></tr><tr><td>1</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>3</td><td>A</td></tr><tr><td>4</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	0	SD	1	D	2	N	3	A	4	SA
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1018	neo_q50	50. I am a productive person who always gets the job done.	<div>radio, Required</div> <table><tr><td>0</td><td>SD</td></tr><tr><td>1</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>3</td><td>A</td></tr><tr><td>4</td><td>SA</td></tr></table> <div>Custom alignment: LV</div>	0	SD	1	D	2	N	3	A	4	SA
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1019	neo_q51	51. I often feel helpless and want someone else to solve my problems.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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1020	neo_q52	52. I am a very active person.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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1021	neo_q53	53. I have a lot of intellectual curiosity.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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1022	neo_q54	54. If I don't like people, I let them know it.	radio, Required <table border="1"> <tr><td>4</td><td>SD</td></tr> <tr><td>3</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>1</td><td>A</td></tr> <tr><td>0</td><td>SA</td></tr> </table> Custom alignment: LV	4	SD	3	D	2	N	1	A	0	SA
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0	SA												
1023	neo_q55	55. I never seem to be able to get organized.	radio, Required <table border="1"> <tr><td>4</td><td>SD</td></tr> <tr><td>3</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>1</td><td>A</td></tr> <tr><td>0</td><td>SA</td></tr> </table> Custom alignment: LV	4	SD	3	D	2	N	1	A	0	SA
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1024	neo_q56	56. At times I have been so ashamed I just wanted to hide.	radio, Required <table border="1"> <tr><td>0</td><td>SD</td></tr> <tr><td>1</td><td>D</td></tr> <tr><td>2</td><td>N</td></tr> <tr><td>3</td><td>A</td></tr> <tr><td>4</td><td>SA</td></tr> </table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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1025	neo_q57	57. I would rather go my own way than be a leader of others.	radio, Required <table><tr><td>4</td><td>SD</td></tr><tr><td>3</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>1</td><td>A</td></tr><tr><td>0</td><td>SA</td></tr></table> Custom alignment: LV	4	SD	3	D	2	N	1	A	0	SA
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2	N												
1	A												
0	SA												
1026	neo_q58	58. I often enjoy playing with theories or abstract ideas.	radio, Required <table><tr><td>0</td><td>SD</td></tr><tr><td>1</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>3</td><td>A</td></tr><tr><td>4</td><td>SA</td></tr></table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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1027	neo_q59	59. If necessary, I am willing to manipulate people to get what I want.	radio, Required <table><tr><td>4</td><td>SD</td></tr><tr><td>3</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>1</td><td>A</td></tr><tr><td>0</td><td>SA</td></tr></table> Custom alignment: LV	4	SD	3	D	2	N	1	A	0	SA
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1028	neo_q60	60. I strive for excellence in everything I do.	radio, Required <table><tr><td>0</td><td>SD</td></tr><tr><td>1</td><td>D</td></tr><tr><td>2</td><td>N</td></tr><tr><td>3</td><td>A</td></tr><tr><td>4</td><td>SA</td></tr></table> Custom alignment: LV	0	SD	1	D	2	N	3	A	4	SA
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3	A												
4	SA												
1029	neo_a	A. Have you responded to all of the statements?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No						
1	Yes												
0	No												
1030	neo_b	B. Have you entered your responses across the rows?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No						
1	Yes												
0	No												
1031	neo_c	C. Have you responded accurately and honestly?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No						
1	Yes												
0	No												
1032	neo_not	General Notes	notes, Identifier Custom alignment: LV										

1033	neo_ns	Score for Neuroticism:	calc Calculation: [neo_q01]+[neo_q06]+[neo_q11]+[neo_q16]+[neo_q21]+[neo_q26]+[neo_q31]+[neo_q36]+[neo_q41]+[neo_q46]+[neo_q51]+[neo_q56] Custom alignment: LV Field Annotation: @HIDDEN						
1034	neo_es	Score for Extraversion:	calc Calculation: [neo_q02]+[neo_q07]+[neo_q12]+[neo_q17]+[neo_q22]+[neo_q27]+[neo_q32]+[neo_q37]+[neo_q42]+[neo_q47]+[neo_q52]+[neo_q57] Custom alignment: LV Field Annotation: @HIDDEN						
1035	neo_os	Score for Openness:	calc Calculation: [neo_q03]+[neo_q08]+[neo_q13]+[neo_q18]+[neo_q23]+[neo_q28]+[neo_q33]+[neo_q38]+[neo_q43]+[neo_q48]+[neo_q53]+[neo_q58] Custom alignment: LV Field Annotation: @HIDDEN						
1036	neo_as	Score for Agreeableness:	calc Calculation: [neo_q04]+[neo_q09]+[neo_q14]+[neo_q19]+[neo_q24]+[neo_q29]+[neo_q34]+[neo_q39]+[neo_q44]+[neo_q49]+[neo_q54]+[neo_q59] Custom alignment: LV Field Annotation: @HIDDEN						
1037	neo_cs	Score for Conscientiousness:	calc Calculation: [neo_q05]+[neo_q10]+[neo_q15]+[neo_q20]+[neo_q25]+[neo_q30]+[neo_q35]+[neo_q40]+[neo_q45]+[neo_q50]+[neo_q55]+[neo_q60] Custom alignment: LV Field Annotation: @HIDDEN						
1038	neo_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive						
1039	neoffi_personality_inventory_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: <b>NIH Toolbox</b> (nih_toolbox) <div>^ Collapse</div>									
1040	nih_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required Custom alignment: LV						
1041	nih_dat	Date Administered <i>Date the participant provided the data.</i>	text (date_mdy), Required, Identifier Custom alignment: LV						
1042	nih_tcg	Was this NIH Toolbox assessment administered remotely?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1043	nih_up_dat Show the field ONLY if: [nih_tcg] = '1'	Date of NIH Toolbox emotional hardcopy data upload to iPad <i>Note: This may not be the same date as the actual administration.</i>	text (date_mdy), Required Custom alignment: LV						
1044	nihemo_up Show the field ONLY if: [nih_tcg] = '1'	NIH Toolbox Emotional Hardcopy Upload <i>Naming convention: SubID_NIHEMO_Timepoint_MMDDYY</i>	file, Required Custom alignment: LV						

1045	nih_con	Were there any validity concerns in the administration of this assessment?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
1046	nih_ex Show the field ONLY if: [nih_con] = '1'	Please Explain	notes, Required, Identifier Custom alignment: LV				
1047	nih_note Show the field ONLY if: [nih_tcg] = '1'	Data was transferred manually from hardcopy to iPad, the below 'time' and 'duration' data does not reflect actual administration.	descriptive				
1048	language	Section Header: <i>**The remainder of this REDCap form is to be entered post-visit after data processing**</i> NIH Toolbox Scores Language	text				
1049	date	Date	text, Identifier				
1050	pictvoc_rs	Picture Vocab Raw Score	text				
1051	pictvoc_theta	Picture Vocab Theta	text				
1052	pictvoc_tscore	Picture Vocab T-Score	text				
1053	pictvoc_se	Picture Vocab Standard Error	text				
1054	pictvoc_itmcnt	Picture Vocab Item Count	text				
1055	pictvoc_cs	Picture Vocab Computed Score	text				
1056	pictvoc_uss	Picture Vocab Uncorrected Standard Score	text				
1057	pictvoc_acss	Picture Vocab Age Corrected Standard Score	text				
1058	pictvoc_fct	Picture Vocab Fully Corrected T Score	text				
1059	pictvoc_time	Picture Vocab Time	text				
1060	pictvoc_duration	Picture Vocab Duration	text				
1061	flanker_rs	Flanker Raw Score	text				
1062	flanker_theta	Flanker Theta	text				
1063	flanker_tscore	Flanker T-Score	text				
1064	flanker_se	Flanker Standard Error	text				
1065	flanker_itmcnt	Flanker Item Count	text				
1066	flanker_cs	Flanker Computed Score	text				
1067	flanker_uss	Flanker Uncorrected Standard Score	text				
1068	flanker_acss	Flanker Age Corrected Standard Score	text				
1069	flanker_fct	Flanker Fully Corrected T-Score	text				
1070	flanker_time	Flanker Time	text				
1071	flanker_duration	Flanker Duration	text				
1072	lists_rs	List Sorting Working Memory Raw Score	text				
1073	lists_theta	List Sorting Working Memory Theta	text				
1074	lists_tscore	List Sorting Working Memory T-Score	text				
1075	lists_se	List Sorting Working Memory Standard Error	text				
1076	lists_itmcnt	List Sorting Working Memory Item Count	text				
1077	lists_cs	List Sorting Working Memory Computed Score	text				
1078	lists_uss	List Sorting Working Memory Uncorrected Standard Score	text				
1079	lists_acss	List Sorting Working Memory Age Corrected Standard Score	text				
1080	lists_fct	List Sorting Working Memory Fully Corrected T-Score	text				
1081	lists_time	List Sorting Working Memory Time	text				
1082	lists_duration	List Sorting Working Memory Duration	text				
1083	dimensionc_rs	Dimentional Change Card Sort Task Raw Score	text				
1084	dimensionc_theta	Dimentional Change Card Sort Task Theta	text				

1085	dimensionc_tscore	Dimentional Change Card Sort Task T-Score	text
1086	dimensionc_se	Dimentional Change Card Sort Task Standard Error	text
1087	dimensionc_itmcnt	Dimentional Change Card Sort Item Count	text
1088	dimensionc_cs	Dimentional Change Card Sort Computed Score	text
1089	dimensionc_uss	Dimentional Change Card Sort Uncorrected Standard Score	text
1090	dimensionc_acss	Dimentional Change Card Sort Age Corrected Standard Score	text
1091	dimensionc_fct	Dimentional Change Card Sort Fully Corrected T-Score	text
1092	dimensionc_time	Dimentional Change Card Sort Time	text
1093	dimensionc_duration	Dimentional Change Card Sort Duration	text
1094	patternc_rs	Pattern ComparisonTask Raw Score	text
1095	patternc_theta	Pattern ComparisonTask Theta	text
1096	patternc_tscore	Pattern ComparisonTask T-Score	text
1097	patternc_se	Pattern ComparisonTask Standard Error	text
1098	patternc_itmcnt	Pattern Comparison Item count	text
1099	patternc_cs	Pattern Comparison Computed Score	text
1100	patternc_uss	Pattern Comparison Uncorrected Standard Score	text
1101	patternc_acss	Pattern Comparison Age Corrected Standard Score	text
1102	patternc_fct	Pattern Comparison Fully Corrected T-Score	text
1103	patternc_time	Pattern Comparison Time	text
1104	patternc_duration	Pattern Comparison Duration	text
1105	pictmem_rs	Picture Sequence Memory Raw Score	text
1106	pictmem_theta	Picture Sequence Memory Theta	text
1107	pictmem_tscore	Picture Sequence Memory T-Score	text
1108	pictmem_se	Picture Sequence Memory Standard Error	text
1109	pictmem_itmcnt	Picture Sequence Memory Item Count	text
1110	pictmem_cs	Picture Sequence Memory Computed Score	text
1111	pictmem_uss	Picture Sequence Memory Uncorrected Standard Score	text
1112	pictmem_acss	Picture Sequence Memory Age Corrected Standard Score	text
1113	pictmem_fct	Picture Sequence Memory Fully Corrected T-Score	text
1114	pictmem_time	Picture Sequence Memory Time	text
1115	pictmem_duration	Picture Sequence Memory Duration	text
1116	oralrr_rs	Oral Reading Recognition Raw Score	text
1117	oralrr_theta	Oral Reading Recognition Theta	text
1118	oralrr_tscore	Oral Reading Recognition T-Score	text
1119	oralrr_se	Oral Reading Recognition Standard Error	text
1120	oralrr_itmcnt	Oral Reading Recognition Item Count	text
1121	oralrr_cs	Oral Reading Recognition Computed Score	text
1122	oralrr_uss	Oral Reading Recognition Uncorrected Standard Score	text
1123	oralrr_acss	Oral Reading Recognition Age Corrected Standard Score	text
1124	oralrr_fct	Oral Reading Recognition Fully Corrected T-Score	text
1125	oralrr_time	Oral Reading Recognition Time	text
1126	oralrr_duration	Oral Reading Recognition Duration	text
1127	cryst_uss	Cognition Crystalized Composite Uncorrected Standard Score	text
1128	cryst_acss	Cognition Crystalized Composite Age Corrected Standard Score	text
1129	cryst_fct	Cognition Crystalized Composite Fully Corrected T-Score	text
1130	fluid_uss	Cognition Fluid Composite Uncorrected Standard Score	text
1131	fluid_acss	Cognition Fluid Composite Age Corrected Standard Score	text
1132	fluid_fct	Cognition Fluid Composite Fully Corrected T-Score	text

1133	totalcomp_uss	Cognition Total Composite Uncorrected Standard Score	text
1134	totalcomp_acss	Cognition Total Composite Age Corrected Standard Score	text
1135	totalcomp_fct	Cognition Total Composite Fully Corrected T-Score	text
1136	totalcompchild_uss	Early Childhood Total Composite Uncorrected Standard Score	text
1137	totalcompchild_acss	Early Childhood Total Composite Age Corrected Standard Score	text
1138	totalcompchild_fct	Early Childhood Total Composite Fully Corrected T-Score	text
1139	paffect_rs	Positive Affect Raw Score	text
1140	paffect_theta	Positive Affect Theta	text
1141	paffect_tscore	Positive Affect T-Score	text
1142	paffect_se	Positive Affect Standard Error	text
1143	paffect_itmcnt	Positive Affect Item Count	text
1144	paffect_time	Positive Affect Time	text
1145	paffect_duration	Positive Affect Duration	text
1146	gsatis_rs	General Life Satisfaction Raw Score	text
1147	gsatis_theta	General Life Satisfaction Theta	text
1148	gsatis_tscore	General Life Satisfaction T-Score	text
1149	gsatis_se	General Life Satisfaction Standard Error	text
1150	gsatis_itmcnt	General Life Satisfaction Item Count	text
1151	gsatis_time	General Life Satisfaction Time	text
1152	gsatis_duration	General Life Satisfaction Duration	text
1153	meaning_rs	Meaning and Purpose Raw Score	text
1154	meaning_theta	Meaning and Purpose Theta	text
1155	meaning_tscore	Meaning and Purpose T-Score	text
1156	meaning_se	Meaning and Purpose Standard Error	text
1157	meaning_itmcnt	Meaning and Purpose Item Count	text
1158	meaning_time	Meaning and Purpose Time	text
1159	meaning_duration	Meaning and Purpose Duration	text
1160	esupport_rs	Emotional Support Raw Score	text
1161	esupport_theta	Emotional Support Theta	text
1162	esupport_tscore	Emotional Support T-Score	text
1163	esupport_se	Emotional Support Standard Error	text
1164	esupport_itmcnt	Emotional Support Item Count	text
1165	esupport_time	Emotional Support Time	text
1166	esupport_duration	Emotional Support Duration	text
1167	isupport_rs	Instrumental Support Raw Score	text
1168	isupport_theta	Instrumental Support Theta	text
1169	isupport_tscore	Instrumental Support T-Score	text
1170	isupport_se	Instrumental Support Standard Error	text
1171	isupport_itmcnt	Instrumental Support Item Count	text
1172	isupport_time	Instrumental Support Time	text
1173	isupport_duration	Instrumental Support Duration	text
1174	friendff_rs	Friendship Raw Score	text
1175	friendff_theta	Friendship Theta	text
1176	friendff_tscore	Friendship T-Score	text
1177	friendff_se	Friendship Standard Error	text
1178	friendff_itmcnt	Friendship Item Count	text
1179	friendff_time	Friendship Time	text
1180	friendff_duration	Friendship Duration	text

1181	loneliff_rs	Loneliness Raw Score	text
1182	loneliff_theta	Loneliness Theta	text
1183	loneliff_tscore	Loneliness T-Score	text
1184	loneliff_se	Loneliness Standard Error	text
1185	loneliff_itmcnt	Loneliness Item Count	text
1186	loneliff_time	Loneliness Time	text
1187	loneliff_duration	Loneliness Duration	text
1188	preject_rs	Perceived Hostility Raw Score	text
1189	preject_theta	Perceived Hostility Theta	text
1190	preject_tscore	Perceived Hostility T-Score	text
1191	preject_se	Perceived Hostility Standard Error	text
1192	preject_itmcnt	Perceived Hostility Item Count	text
1193	preject_time	Perceived Hostility Time	text
1194	preject_duration	Perceived Hostility Duration	text
1195	phostility_rs	Perceived Hostility Raw Score	text
1196	phostility_theta	Perceived Hostility Theta	text
1197	phostility_tscore	Perceived Hostility T-Score	text
1198	phostility_se	Perceived Hostility Standard Error	text
1199	phostility_itmcnt	Perceived Hostility Item Count	text
1200	phostility_time	Perceived Hostility Time	text
1201	phostility_duration	Perceived Hostility Duration	text
1202	sefficity_rs	Self-Efficacy Raw Score	text
1203	sefficity_theta	Self-Efficacy Theta	text
1204	sefficity_tscore	Self-Efficacy T-Score	text
1205	sefficity_se	Self-Efficacy Standard Error	text
1206	sefficity_itmcnt	Self-Efficacy Item Count	text
1207	sefficity_time	Self-Efficacy Time	text
1208	sefficity_duration	Self-Efficacy Duration	text
1209	pstress_rs	Perceived Stress Raw Score	text
1210	pstress_theta	Perceived Stress Theta	text
1211	pstress_tscore	Perceived Stress T-Score	text
1212	pstress_se	Perceived Stress Standard Error	text
1213	pstress_itmcnt	Perceived Stress Item Count	text
1214	pstress_time	Perceived Stress Time	text
1215	pstress_duration	Perceived Stress Duration	text
1216	faffect_rs	Fear Affect Raw Score	text
1217	faffect_theta	Fear Affect Theta	text
1218	faffect_tscore	Fear Affect T-Score	text
1219	faffect_se	Fear Affect Standard Error	text
1220	faffect_itmcnt	Fear Affect Item Count	text
1221	faffect_time	Fear Affect Time	text
1222	faffect_duration	Fear Affect Duration	text
1223	fsomatic_rs	Fear-Somatic Arousal Raw Score	text
1224	fsomatic_theta	Fear-Somatic Arousal Theta	text
1225	fsomatic_tscore	Fear-Somatic Arousal T-Score	text
1226	fsomatic_se	Fear-Somatic Arousal Standard Error	text
1227	fsomatic_itmcnt	Fear-Somatic Arousal Item Count	text
1228	fsomatic_time	Fear-Somatic Arousal Time	text

1229	fsomatic_duration	Fear-Somatic Arousal Duration	text						
1230	sadnessff_rs	Sadness Raw Score	text						
1231	sadnessff_theta	Sadness Theta	text						
1232	sadnessff_tscore	Sadness T-Score	text						
1233	sadnessff_se	Sadness Standard Error	text						
1234	sadnessff_itmcnt	Sadness Item Count	text						
1235	sadnessff_time	Sadness Time	text						
1236	sadnessff_duration	Sadness Duration	text						
1237	angera_rs	Anger Affect Raw Score	text						
1238	angera_theta	Anger Affect Theta	text						
1239	angera_tscore	Anger Affect T-Score	text						
1240	angera_se	Anger Affect Standard Error	text						
1241	angera_itmcnt	Anger Affect Item Count	text						
1242	angera_time	Anger Affect Time	text						
1243	angera_duration	Anger Affect Duration	text						
1244	angerh_rs	Anger-Hostility Raw Score	text						
1245	angerh_theta	Anger-Hostility Theta	text						
1246	angerh_tscore	Anger-Hostility T-Score	text						
1247	angerh_se	Anger-Hostility Standard Error	text						
1248	angerh_itmcnt	Anger-Hostility Item Count	text						
1249	angerh_time	Anger-Hostility Time	text						
1250	angerh_duration	Anger-Hostility Duration	text						
1251	angerp_rs	Anger-Physical Aggression Raw Score	text						
1252	angerp_theta	Anger-Physical Aggression Theta	text						
1253	angerp_tscore	Anger-Physical Aggression T-Score	text						
1254	angerp_se	Anger-Physical Aggression Standard Error	text						
1255	angerp_itmcnt	Anger-Physical Aggression Item Count	text						
1256	angerp_time	Anger-Physical Aggression Time	text						
1257	angerp_duration	Anger-Physical Aggression Duration	text						
1258	gripst_itmcnt	Grip Strength Item Count	text						
1259	gripst_usd	Grip Strength Uncorrected Score dominant Uncorrected Standard Score	text						
1260	gripst_acsd	Grip Strength Age corrected score dominant Age Corrected Standard Score	text						
1261	gripst_fctd	Grip Strength Fully corrected T score dominant	text						
1262	gripst_usn	Grip Strength Uncorrected score non-dominant	text						
1263	gripst_acsn	Grip Strength age Corrected score non-dominant hand	text						
1264	gripst_fctnd	Grip Strength fully Corrected T-score non-dominant hand	text						
1265	gripst_ds	Grip Strength Dominant Score (pounds of force)	text						
1266	gripst_nds	Grip Strength Non-Dominant Score (pounds of force)	text						
1267	gripst_time	Grip Strength Time	text						
1268	gripst_duration	Grip Strength Duration	text						
1269	nih_toolbox_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **OTDL-R Administration** (otdlr\_administration)[^ Collapse](#)



1270	otd_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3						
1271	otd_dat	Date of Administration	text (date_mdy), Required, Identifier Custom alignment: LV						
1272	otd_up	Scan the paper OTDL-R forms, and upload here. Please remember to verify scan quality and certify the uploaded copy using your paper Copy Certification Log.  File Naming Convention: SubID_OTDLR_TP_MMDDYY TP (Timepoint): BL, 06, or 12	file, Required, Identifier Custom alignment: LV						
1273	otd_id	Section Header: <i>Instructions for Tester: "Everything for you to SAY is blue, italicized, and in quotations" *Everything for you to DO is green and marked with asterisks* PROMPTING INSTRUCTIONS For ALL of the following questions, if the subject does not respond for at least 15 seconds, or says "I don't know," then provide the subject with the prompt instructions for that question. Prompts should be coded as "Yes" if given as directed or if tester had to answer a question about how to solve the item. SCRATCH PAPER RULE Code use of scratch paper as "Yes" when subject request or uses extra paper to work out figures, or when subject writes in the margins of the booklet.</i> A1. Subject ID	text, Required Custom alignment: LV						
1274	form_v	A3. Form Version	text Custom alignment: LV Field Annotation: @HIDDEN						
1275	visit	A2. Time Point	radio, Required <table border="1"><tr><td>1</td><td>Baseline</td></tr><tr><td>2</td><td>6-Month</td></tr><tr><td>3</td><td>12-Month</td></tr></table> Custom alignment: LV	1	Baseline	2	6-Month	3	12-Month
1	Baseline								
2	6-Month								
3	12-Month								
1276	inits	A4. Tester ID * Enter initials *	text, Required Custom alignment: LV Field Annotation: @HIDDEN						
1277	comp_d	A5. Date Completed	text (date_mdy), Required, Identifier Custom alignment: LV						
1278	time_s	A6. Record OTDL Start Time Now <i>HH:MM</i>	text (time), Required Custom alignment: LV						
1279	ampm_s	A7. OTDL Start Time AM or PM	dropdown <table border="1"><tr><td>1</td><td>AM</td></tr><tr><td>2</td><td>PM</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	1	AM	2	PM		
1	AM								
2	PM								
1280	inst2_otdlr_del	Tester begins by reading introductory script:  "Now, I am going to show you some tasks most older adults have to do in their daily life. These tasks have to do with taking one's medications, using the telephone, and using money to pay for things. For each of these tasks, I will show you certain items--for example, some medicine bottles or a utility bill--and I will ask you to look at these materials for a while so that you can understand what they are about. Then I will ask you a question and I want you to tell me the correct answer. There is always one best answer, and I would like you to answer the questions as best as you can. Are you ready to begin?"	descriptive						

1281	inst_b1_b2_del	<p>Section Header: <i>Section B - Taking Medications Task 1</i></p> <p>*Present 2.5"x 2.0" medicine bottles for three prescriptions with pharmacy labels facing the subject.*</p> <p>TESTER SAYS:</p> <p>"Here are the three medicine bottles for an elderly man. His name is Bill Reese. Please look at the labels on these medicine bottles for a moment and then answer the questions that you see here on this index card."</p> <p>*Tester hands participant CARD 1*</p>	descriptive				
1282	inst_card1_del	CARD 1: How many days will a refill of Tagamet last for Bill?	descriptive				
1283	tag	B1. Subject finds/points to/examines Tagamet bottle.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
1284	tag_del Show the field ONLY if: [tag] = '0'	If no, explain: <i>e.g., Pointed to/picked up another bottle.</i>	text, Required Custom alignment: LV				
1285	tagp	B1a. Prompt given? "Please look at the medicine bottles. Which of the medicines is Tagamet" <i>See PROMPT INSTRUCTIONS at top of page</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	2	No
1	Yes						
2	No						
1286	days	B2. Subject says: "30 Days" OR "1 Month"	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
1287	days_del Show the field ONLY if: [days] = '0'	If no, explain: <i>e.g., Said "60 Days"</i>	text, Required Custom alignment: LV				
1288	daysp	B2a. Prompt given? "Please read the card and answer the question. How many days will a refill of Tagamet last for Bill?" <i>See PROMPT INSTRUCTIONS at top of page</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	2	No
1	Yes						
2	No						

1289	inst_b3_del	<p>*Tester removes CARD 1 and hands participant CARD 2*</p> <p>TESTER SAYS:</p> <p>"Please answer this question now."</p>	descriptive						
1290	inst_card2_del	CARD 2: Bill has been feeling sleepy after his medications. Can you tell me what might be causing his sleepiness?	descriptive						
1291	indo	B3. Subject finds/points to/examines Indocin or Motrin bottle.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1292	indo_del Show the field ONLY if: [indo] = '0'	If no, explain: <i>e.g., Didn't see bottle</i>	text, Required Custom alignment: LV						
1293	indop	B3a. Prompt given? "Please look at the medicine bottles." <i>See PROMPT INSTRUCTIONS at top of page</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	2	No		
1	Yes								
2	No								
1294	mot	B4. Subject finds/points to/examines Motrin or Indocin bottle.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1295	mot_del Show the field ONLY if: [mot] = '0'	If no, explain: <i>e.g., Didn't see bottle</i>	text, Required Custom alignment: LV						
1296	motp	B4a. Prompt given? "Please look at all the medicine bottles." <i>See PROMPT INSTRUCTIONS at top of page</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	2	No		
1	Yes								
2	No								
1297	im	B5. Subject says: "Indocin and Motrin may cause drowsiness"	radio, Required <table><tr><td>2</td><td>Yes, gives names of both medications</td></tr><tr><td>1</td><td>No - "Indocin" only OR "Motrin" only</td></tr><tr><td>0</td><td>No - Neither "Motrin" nor "Indocin"</td></tr></table> Custom alignment: LV	2	Yes, gives names of both medications	1	No - "Indocin" only OR "Motrin" only	0	No - Neither "Motrin" nor "Indocin"
2	Yes, gives names of both medications								
1	No - "Indocin" only OR "Motrin" only								
0	No - Neither "Motrin" nor "Indocin"								
1298	im_del Show the field ONLY if: [im] = '1'	If no, explain: <i>e.g., Said "Indocin only" OR "Motrin only"</i>	text, Required Custom alignment: LV						
1299	imp	B5a. Prompt given? "Is there any information about drowsiness or dizziness on the medicine bottles?" <i>See PROMPT INSTRUCTIONS at top of page</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	2	No		
1	Yes								
2	No								

1300	task1b_remove_del	<p>*Tester removes all stimuli from table*</p>	descriptive				
1301	inst_b6_del	<p>Section Header: <i>Task 2</i></p> <p>*Present the package insert from an over-the-counter aspirin product*</p> <p>TESTER SAYS:</p> <p>"This is the package insert from an aspirin product that you can buy over the counter. A person may use this product when he or she has some minor pain. Please look at this package insert for a moment and then read the following questions."</p> <p>*Tester hands participant CARD 3*</p>	descriptive				
1302	inst_card3_del	CARD 3: According to this package insert, how many tablets of asprin can a person take within 24 hours?	descriptive				
1303	tabs	B6. Subject says: "Up to 8 tablets."	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
1304	tabs_del Show the field ONLY if: [tabs] = '0'	If no, explain: <i>e.g., Said "4 tablets"</i>	text, Required Custom alignment: LV				
1305	tabsp	B6a. Prompt given? "Is there any information about how many tablets a person can take in 24 hours?" <i>See PROMPT INSTRUCTIONS at top of page</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	2	No
1	Yes						
2	No						
1306	inst_b7_del	<p>*Tester removes CARD 3 and hands participant CARD 4.*</p> <p>TESTER SAYS:</p> <p>"Now please answer this question."</p>	descriptive				
1307	inst_card4_del	CARD 4: According to this package insert, in what time intervals can the person take the tablets?	descriptive				

1308	ever	B7. Subject says "In 4 hour intervals" OR "Every 4 hours" <i>"4 hours" is the critical piece</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
1309	ever_del Show the field ONLY if: [ever] = '0'	If no, explain: <i>e.g., Said "Every 8 hours"</i>	text, Required Custom alignment: LV				
1310	everp	B7a. Prompt given? "Do the directions say anything about a time interval in which one can take the pills over again?" (See PROMPT INSTRUCTIONS at top of page)	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	2	No
1	Yes						
2	No						
1311	inst_b8_del	<p>*Tester removes CARD 4 and hands participant CARD 5.*</p> <p>TESTER SAYS:</p> <p>"Now please answer this question."</p>	descriptive				
1312	inst_card5_del	CARD 5: An older woman fell about two weeks ago and has been taking these aspirin tablets because her back has been hurting her ever since. According to this leaflet, what should this woman do?	descriptive Custom alignment: LV				
1313	cons	B8. Subject says: "She should contact her physician immediately"	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
1314	cons_del Show the field ONLY if: [cons] = '0'	If no, explain: <i>e.g., Said "Do nothing"</i>	text, Required Custom alignment: LV				
1315	consp	B8a. Prompt given? "Do the instructions say anything about what a person should do if the pain lasts for a longer period of time?" <i>See PROMPT INSTRUCTIONS at top of page</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	2	No
1	Yes						
2	No						
1316	task2b_remove_del	<p>*Tester removes all stimuli from table*</p>	descriptive				

1317	inst_b9_del	<p>Section Header: <i>Task 3</i></p> <p>*Present Patient Record to the subject, along with a pencil*</p> <p>TESTER SAYS:</p> <p>"A man named Mr. Dowd is going to a new doctor. This is the form that patients usually have to fill out when they see a new doctor. Please take a moment to look at this patient record, and then complete the following activity."</p> <p>*Tester hands participant CARD 6*</p>	descriptive				
1318	inst_card6_del	<p>CARD 6: Where on this form would Mr. Dowd write that he is covered by Blue Cross Health Insurance? Write it now.</p>	descriptive				
1319	blue	<p>B9. Subject writes: "Blue Cross Health Insurance" or abbreviation (BCBS, Blue Cross) in the insurance section of the form.</p>	<p>radio, Required</p> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <p>Custom alignment: LV</p>	1	Yes	0	No
1	Yes						
0	No						
1320	blue_del Show the field ONLY if: [blue] = '0'	<p>If no, explain: <i>e.g., Wrote nothing</i></p>	<p>text, Required</p> <p>Custom alignment: LV</p>				
1321	bluep	<p>B9a. Prompt given? "Do you see any space for insurance information?"</p> <p><i>See PROMPT INSTRUCTIONS at top of page</i></p>	<p>radio, Required</p> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> <p>Custom alignment: LV</p>	1	Yes	2	No
1	Yes						
2	No						
1322	inst_b10_del	<p>*Tester removes CARD 6 and hands participant CARD 7*</p> <p>TESTER SAYS:</p> <p>"Please answer this question now."</p>	descriptive				
1323	inst_card7_del	<p>CARD 7: Mr. Dowd had unstable blood pressure the last time he had anesthesia. Where on the form would he indicate this? Write it now.</p>	<p>descriptive</p> <p>Custom alignment: LV</p>				

1324	comp	B10a. Subject marks/checks "Yes" next to the question "Have you ever had any complications with anesthesia?"	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
1325	comp_del Show the field ONLY if: [comp] = '0'	If no, explain: <i>e.g., Checked another area</i>	text, Required Custom alignment: LV				
1326	unblp	B10b. Subject writes "Unstable Blood Pressure" in the "please describe" section.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
1327	unblp_del Show the field ONLY if: [unblp] = '0'	If no, explain: <i>e.g., Wrote nothing</i>	text, Required Custom alignment: LV				
1328	comp	B10c. Prompt given? "Where on this form does it ask about anesthesia?" <i>See PROMPT INSTRUCTIONS at top of page</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	2	No
1	Yes						
2	No						
1329	task3b_remove_del	   <					

1332	hous	C1. Subject finds/points to/examines housing section	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
1333	hous_del Show the field ONLY if: [hous] = '0'	If no, explain: <i>e.g., Pointed to another area</i>	text, Required Custom alignment: LV				
1334	housp	C1a. Prompt given? "Can you see any information on this page that refers to housing?" <i>See PROMPT INSTRUCTIONS at top of page</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	2	No
1	Yes						
2	No						
1335	numa	C2. Subject dials and says "471-2096"	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
1336	numa_del Show the field ONLY if: [numa] = '0'	If no, explain: <i>e.g., Dialed 470-1196</i>	text, Required Custom alignment: LV				
1337	numap	C2a. Prompt given? "Please let me see you dial the number." <i>See PROMPT INSTRUCTIONS at top of page</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	2	No
1	Yes						
2	No						
1338	task1c_remove_del	   <					



1340	inst_card9_del	CARD 9: What number would you dial if you wanted to have one of your prescriptions filled at a hospital pharmacy? You may use a pencil eraser to find the number on this page. Please dial and say the number.	descriptive				
1341	phar	C3. Subject finds/points to/examines hospital pharmacy advertisement.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
1342	phar_del Show the field ONLY if: [phar] = '0'	If no, explain: <i>e.g., Pointed to another area</i>	text, Required Custom alignment: LV				
1343	pharp	C3a. Prompt given? "Can you show me the advertisement for the hospital pharmacy?" <i>See PROMPT INSTRUCTIONS at top of page</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	2	No
1	Yes						
2	No						
1344	numb	C4. Subject dials and says "776-5486"	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
1345	numb_del Show the field ONLY if: [numb] = '0'	If no, explain: <i>e.g., Dialed 776-5012</i>	text, Required Custom alignment: LV				
1346	numbp	C4a. Prompt given? "Please let me see you dial the number." <i>See PROMPT INSTRUCTIONS at top of page</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	2	No
1	Yes						
2	No						
1347	task2c_remove_del	*Tester removes all stimuli from table*	descriptive				
1348	inst_c6_c7_del	Section Header: <i>Task 3</i>  *Present the Rate Discount Chart for long distance calls, along with a pencil.*  TESTER SAYS:  "This is the rate discount chart from a phone book. Please look at this chart for a moment and then complete the activity shown on the index card."  *Tester hands participant CARD 10*	descriptive				

1349	inst_card10_del	CARD 10: If you make a long-distance call on a Sunday night from 10:30pm until 11:00pm, which long-distance charge applies? You may use a pencil eraser to find the location on this page. Please tell me which rate you think applies.	descriptive				
1350	part	C5. Subject finds/points to/examines correct ("Discount from Full Rate") time period on the rate chart.	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
1351	part_del Show the field ONLY if: [part] = '0'	If no, explain: <i>e.g., Points to another period</i>	text, Required Custom alignment: LV				
1352	partp	C5a. Prompt given? "Where on the chart do you see the days of the week and the time of day?" <i>See PROMPT INSTRUCTIONS at top of page</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	2	No
1	Yes						
2	No						
1353	disc	C6. Subject says "The Discount from Full Rate Charge"	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						
1354	disc_del Show the field ONLY if: [disc] = '0'	If no, explain: <i>e.g., Said "Largest discount"</i>	text, Required Custom alignment: LV				
1355	discp	C6a. Prompt given? "Please show me the rate that applies." <i>See PROMPT INSTRUCTIONS at top of page</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	2	No
1	Yes						
2	No						
1356	task3c_remove_del	*Tester removes all stimuli from table*	descriptive				

1357	inst_d1_del	<p>Section Header: <i>Section D - Managing finances Task 1</i></p> <p>*Present Lunch Check from the Healthy Way Deli and the amount of \$6.00 in four \$1.00 bills and the remaining \$2.00 in coins consisting of 6 quarters, 3 dimes, and 4 nickels.*</p> <p>TESTER SAYS:</p> <p>"This is the lunch check that a person had to pay. Here also is some change. Please look at this check and then complete the activity shown on this index card."</p> <p>*Tester hands the participant CARD 11*</p>	descriptive				
1358	inst_card11_del	CARD 11: Please count the exact change that this customer would get back on this lunch check if she paid with a \$10.00 bill.	descriptive Custom alignment: LV				
1359	mona	<p>Section Header: <i>For D1a - D1e: If subject correctly counts \$3.15, select "Yes" for ONE of the items and "No" for the rest. If subject does NOT count \$3.15, select "No" for ALL of the items.</i></p> <p>D1a. 3-\$1.00 bills+ 1 dime + 1 nickel</p>	<p>radio, Required</p> <table><tr><td>4</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <p>Custom alignment: LV</p>	4	Yes	0	No
4	Yes						
0	No						
1360	monb	D1b. 3-\$1.00 bills + 3 nickels	<p>radio, Required</p> <table><tr><td>4</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <p>Custom alignment: LV</p>	4	Yes	0	No
4	Yes						
0	No						
1361	monc	D1c. 2-\$1.00 bills + 4 quarters + 3 nickels	<p>radio, Required</p> <table><tr><td>4</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <p>Custom alignment: LV</p>	4	Yes	0	No
4	Yes						
0	No						
1362	mond	D1d. 2-\$1.00 bills + 4 quarters + 1 dime + 1 nickel	<p>radio, Required</p> <table><tr><td>4</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <p>Custom alignment: LV</p>	4	Yes	0	No
4	Yes						
0	No						
1363	mone	D1e. Other Combination that equals \$3.15	<p>radio, Required</p> <table><tr><td>4</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <p>Custom alignment: LV</p>	4	Yes	0	No
4	Yes						
0	No						
1364	monap	<p>D1f. Prompt given? "What was the amount or size bill that the person paid this lunch check with?"</p> <p><i>See PROMPT INSTRUCTIONS at top of page</i></p>	<p>radio, Required</p> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> <p>Custom alignment: LV</p>	1	Yes	2	No
1	Yes						
2	No						

1365	mons	D1g. Did the subject use scratch paper? <i>See SCRATCH PAPER RULE at top of page</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	2	No
1	Yes						
2	No						
1366	task1d_remove_del	  					

1372	withd	D3ab. WITHDRAWAL SECOND Subject writes \$29.21 in debit/withdrawal column and comes up with a final balance of \$752.29. OR DEPOSIT SECOND Subject writes in \$50.00 in credit/deposit column and comes up with a final balance of \$752.29	<div>radio, Required</div> <table><tr><td>2</td><td>Yes</td></tr><tr><td>1</td><td>No, but either (a) Balance is Correct or (b) Column Entry is Correct</td></tr><tr><td>0</td><td>No, neither balance nor column entry is correct</td></tr></table> <div>Custom alignment: LV</div>	2	Yes	1	No, but either (a) Balance is Correct or (b) Column Entry is Correct	0	No, neither balance nor column entry is correct
2	Yes								
1	No, but either (a) Balance is Correct or (b) Column Entry is Correct								
0	No, neither balance nor column entry is correct								
1373	withd_del  Show the field ONLY if: [withd] = '0'	If no, explain: <i>DEPOSIT SECOND e.g., "Recorded \$29.21 correctly but arithmetic wrong--balance was \$701.72" or "Didn't put \$29.21 in correct column, but balance was correct" WITHDRAWAL FIRST e.g., "Recorded \$50.00 correctly, but arithmetic wrong--balance was \$701.72" or "Didn't put \$50.00 in SECOND column, but balance was correct"</i>	<div>text, Required</div> <div>Custom alignment: LV</div>						
1374	withdp	D3c. Prompt given? "Which amount is paid out?" <i>See PROMPT INSTRUCTIONS at top of page</i>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	2	No		
1	Yes								
2	No								
1375	withs	D3d. Did the subject use scratch paper or write in margins for D2 or D3? <i>See SCRATCH PAPER RULE at top of page</i>	<div>radio, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	2	No		
1	Yes								
2	No								
1376	task2d_remove_del	  <							

1380	pay	D4b. Subject writes in pay to the order field: "Grand City Edison"	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No				
1	Yes										
0	No										
1381	pay_del Show the field ONLY if: [pay] = '0'	If no, explain: <i>e.g., "Named different co."</i>	text, Required Custom alignment: LV								
1382	twenty	D4c. Subject writes amount in numbers "\$29.21"	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No				
1	Yes										
0	No										
1383	twenty_del Show the field ONLY if: [twenty] = '0'	If no, explain: <i>e.g., "Wrote \$27.21"</i>	text, Required Custom alignment: LV								
1384	twentyb	D4d. Subject writes amount in words "Twenty-nine and 21/100" <i>Acceptable alternative is "Twenty-nine and 21"</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No				
1	Yes										
0	No										
1385	twentyb_del Show the field ONLY if: [twentyb] = '0'	If no, explain: <i>e.g., "Left blank"</i>	text, Required Custom alignment: LV								
1386	sign	D4e. Subject signs own name at signature line <i>Any signature, even a fictitious one, receives "1"</i>	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No				
1	Yes										
0	No										
1387	sign_del Show the field ONLY if: [sign] = '0'	If no, explain: <i>e.g., "Left blank"</i>	text, Required Custom alignment: LV								
1388	addr	D4f. Subject writes utility address on envelope: "Grand City Edison, P.O. Box 7150, Grand City, US, 12345"	radio, Required <table><tr><td>3</td><td>Yes</td></tr><tr><td>2</td><td>No, but two (2) lines are written</td></tr><tr><td>1</td><td>No, but one (1) line is written</td></tr><tr><td>0</td><td>No, None of the lines are written</td></tr></table> Custom alignment: LV	3	Yes	2	No, but two (2) lines are written	1	No, but one (1) line is written	0	No, None of the lines are written
3	Yes										
2	No, but two (2) lines are written										
1	No, but one (1) line is written										
0	No, None of the lines are written										
1389	addr_del Show the field ONLY if: [addr] = '0'	If no, explain: <i>e.g., "Only wrote co. name"</i>	text, Required Custom alignment: LV								
1390	raddr	D4g. Subject writes in return address: "Name Street/Apt City, State, Zip Code" <i>Fictitious return address receives full credit, but saying "I would write an address here" or "I would use a stamp" receives "0"</i>	radio, Required <table><tr><td>3</td><td>Yes</td></tr><tr><td>2</td><td>No, but two (2) lines are written</td></tr><tr><td>1</td><td>No, but one (1) line is written</td></tr><tr><td>0</td><td>No, None of the lines are written</td></tr></table> Custom alignment: LV	3	Yes	2	No, but two (2) lines are written	1	No, but one (1) line is written	0	No, None of the lines are written
3	Yes										
2	No, but two (2) lines are written										
1	No, but one (1) line is written										
0	No, None of the lines are written										
1391	raddr_del Show the field ONLY if: [raddr] = '0'	If no, explain: <i>e.g. "Indicated they would use label here"</i>	text, Required Custom alignment: LV								

1392	stuff	D4h. Subject tears return portion of bill and places check and return portion of bill into envelope and seals it. <i>Subjects who say "I would seal it," but don't seal, still get credit</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	2	No														
1	Yes																				
2	No																				
1393	stuff_del Show the field ONLY if: [stuff] = '0'	If no, explain: <i>e.g., "Forgot return portion of bill" or "Didn't seal envelope"</i>	text, Required Custom alignment: LV																		
1394	billp	D4i. Prompt given? "Please show me all the steps that are involved in paying this bill properly and getting it ready to mail." <i>See PROMPT INSTRUCTIONS at top of page</i>	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	2	No														
1	Yes																				
2	No																				
1395	hoften	D4j. How often was prompt given? (Select '0' if no prompt was given.) <i>See PROMPT INSTRUCTIONS at top of page</i>	radio, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> <tr><td>7</td><td>7</td></tr> <tr><td>8</td><td>Other</td></tr> </table> Custom alignment: LV	0	0	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	Other
0	0																				
1	1																				
2	2																				
3	3																				
4	4																				
5	5																				
6	6																				
7	7																				
8	Other																				
1396	hoften_del Show the field ONLY if: [hoften] = '8'	If other, please specify:	text, Required Custom alignment: LV																		
1397	time_e	D5. Record OTDL End Time Now <i>HH:MM</i>	text (time), Required Custom alignment: LV																		
1398	ampm_e	D6. OTDL End Time AM or PM	dropdown, Required <table border="1"> <tr><td>1</td><td>AM</td></tr> <tr><td>2</td><td>PM</td></tr> </table> Custom alignment: LV Field Annotation: @HIDDEN	1	AM	2	PM														
1	AM																				
2	PM																				
1399	otd_not	General Notes	notes Custom alignment: LV																		
1400	otd_ehp	Was this instrument administered using an Emergency Hardcopy form?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No														
1	Yes																				
0	No																				
1401	otd_shp Show the field ONLY if: [otd_ehp] = '1'	Scan the Emergency Hardcopy forms that were used to administer this test, and upload here. Please remember to verify scan quality and certify the uploaded copy using your paper Copy Certification Log.  File Naming Convention: SubID_EHP_OTDLR_Timepoint_Date. Ex. "C1001_EHP_OTDLR_BL_010121". See this chart for time points.	file, Required, Identifier Custom alignment: LV																		

1402	otdlr_source_del	Paper-based data collection forms adapted for REDCap with publisher permission.  Source:Diehl, M., Marsiske, M., Horgas, A. L., Rosenberg, A., Saczynski, J. S., & Willis, S. L. (2005). The revised observed tasks of daily living: A performance-based assessment of everyday problem solving in older adults. Journal of Applied Gerontology, 24(3), 211-230.	descriptive						
1403	otdlr_administration_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: <b>OTDL-R Composite Scores</b> (otdlr_composite_scores) <div>^ Collapse</div>									
1404	otc_dat	Date of OTDL-R Administration: Baseline: [bl_v_arm_1][otd_dat] 6 Month: [06_v_arm_1][otd_dat]	descriptive, Identifier						
1405	admin_x	Were there any validity concerns in the administration of this assessment?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1406	admin_x2 Show the field ONLY if: [admin_x] = '1'	Please Explain	notes, Required, Identifier Custom alignment: LV						
1407	otc_q1a	Section Header: <i>**The remainder of this REDCap form is to be entered post-visit** Three-Factor Model of Scoring</i> 1a. Medication Labels	text, Required Custom alignment: LV						
1408	otc_q1b	1b. Aspirin Leaflet	text, Required Custom alignment: LV						
1409	otc_q1c	1c. Patient Record	text, Required Custom alignment: LV						
1410	otc_q2a	2a. Senior Resources	text, Required Custom alignment: LV						
1411	otc_q2b	2b. Yellow Pages	text, Required Custom alignment: LV						
1412	otc_q2c	2c. Rate Chart	text, Required Custom alignment: LV						
1413	otc_q3a	3a. Making Change	text, Required Custom alignment: LV						
1414	otc_q3b	3b. Balancing Checkbook	text, Required Custom alignment: LV						
1415	otc_q3c	3c. Utility Bill	text, Required Custom alignment: LV						
1416	otc_m	Section Header: <i>Summary Scores</i> Medication Use	calc Calculation: sum([otc_q1a],[otc_q1b],[otc_q1c]) Custom alignment: LV						
1417	otc_t	Telephone Use	calc Calculation: sum([otc_q2a],[otc_q2b],[otc_q2c]) Custom alignment: LV						
1418	otc_f	Financial Management	calc Calculation: sum([otc_q3a],[otc_q3b],[otc_q3c]) Custom alignment: LV						
1419	otc_s	OTDL-R Summary Score	calc Calculation: sum([otc_q1a],[otc_q1b],[otc_q1c],[otc_q2a],[otc_q2b],[otc_q2c],[otc_q3a],[otc_q3b],[otc_q3c]) Custom alignment: LV						



1420	otc_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive								
1421	otdlr_composite_scores_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										
Instrument: <b>Family History Of Dementia</b> (family_history_of_dementia) <a href="#">^ Collapse</a>											
1422	fhd_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3								
1423	fhd_dat	Date Administered	text (date_mdy), Required, Identifier Custom alignment: LV								
1424	fhd_rel	"Do you have any biological relatives (related by blood) who have developed dementia, or significant memory problems?"	radio, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>Don't Know</td></tr> </table> Custom alignment: LV	1	Yes	2	No	3	Don't Know		
1	Yes										
2	No										
3	Don't Know										
1425	fhd_des Show the field ONLY if: [fhd_rel]='1'	"I am going to read a list of relatives. Please tell me whether they developed dementia or significant memory problems, if they received a diagnosis, and if so, what the diagnosis was."	descriptive								
1426	fhd_mom Show the field ONLY if: [fhd_rel] = '1'	Section Header: <i>Who developed dementia, or significant memory problems?</i> <i>Do you know what the diagnosis was?</i> Mother	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes, No AD Dx</td></tr> <tr><td>2</td><td>Yes &amp; AD Dx</td></tr> <tr><td>3</td><td>No</td></tr> <tr><td>4</td><td>Don't know</td></tr> </table>	1	Yes, No AD Dx	2	Yes & AD Dx	3	No	4	Don't know
1	Yes, No AD Dx										
2	Yes & AD Dx										
3	No										
4	Don't know										
1427	fhd_dad Show the field ONLY if: [fhd_rel] = '1'	Father	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes, No AD Dx</td></tr> <tr><td>2</td><td>Yes &amp; AD Dx</td></tr> <tr><td>3</td><td>No</td></tr> <tr><td>4</td><td>Don't know</td></tr> </table>	1	Yes, No AD Dx	2	Yes & AD Dx	3	No	4	Don't know
1	Yes, No AD Dx										
2	Yes & AD Dx										
3	No										
4	Don't know										
1428	fhd_bro Show the field ONLY if: [fhd_rel] = '1'	Brother	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes, No AD Dx</td></tr> <tr><td>2</td><td>Yes &amp; AD Dx</td></tr> <tr><td>3</td><td>No</td></tr> <tr><td>4</td><td>Don't know</td></tr> </table>	1	Yes, No AD Dx	2	Yes & AD Dx	3	No	4	Don't know
1	Yes, No AD Dx										
2	Yes & AD Dx										
3	No										
4	Don't know										
1429	fhd_sis Show the field ONLY if: [fhd_rel] = '1'	Sister	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes, No AD Dx</td></tr> <tr><td>2</td><td>Yes &amp; AD Dx</td></tr> <tr><td>3</td><td>No</td></tr> <tr><td>4</td><td>Don't know</td></tr> </table>	1	Yes, No AD Dx	2	Yes & AD Dx	3	No	4	Don't know
1	Yes, No AD Dx										
2	Yes & AD Dx										
3	No										
4	Don't know										
1430	fhd_mgm Show the field ONLY if: [fhd_rel] = '1'	Maternal Grandmother	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes, No AD Dx</td></tr> <tr><td>2</td><td>Yes &amp; AD Dx</td></tr> <tr><td>3</td><td>No</td></tr> <tr><td>4</td><td>Don't know</td></tr> </table>	1	Yes, No AD Dx	2	Yes & AD Dx	3	No	4	Don't know
1	Yes, No AD Dx										
2	Yes & AD Dx										
3	No										
4	Don't know										

1431	<div>fhd_mgp</div> <div>Show the field ONLY if: [fhd_rel] = '1'</div>	Maternal Grandfather	<div>radio (Matrix), Required</div> <div><div>1</div><div>Yes, No AD Dx</div></div> <div><div>2</div><div>Yes &amp; AD Dx</div></div> <div><div>3</div><div>No</div></div> <div><div>4</div><div>Don't know</div></div>
1432	<div>fhd_pgm</div> <div>Show the field ONLY if: [fhd_rel] = '1'</div>	Paternal Grandmother	<div>radio (Matrix), Required</div> <div><div>1</div><div>Yes, No AD Dx</div></div> <div><div>2</div><div>Yes &amp; AD Dx</div></div> <div><div>3</div><div>No</div></div> <div><div>4</div><div>Don't know</div></div>
1433	<div>fhd_ggp</div> <div>Show the field ONLY if: [fhd_rel] = '1'</div>	Paternal Grandfather	<div>radio (Matrix), Required</div> <div><div>1</div><div>Yes, No AD Dx</div></div> <div><div>2</div><div>Yes &amp; AD Dx</div></div> <div><div>3</div><div>No</div></div> <div><div>4</div><div>Don't know</div></div>
1434	<div>fhd_oth</div> <div>Show the field ONLY if: [fhd_rel] = '1'</div>	Other	<div>radio (Matrix), Required</div> <div><div>1</div><div>Yes, No AD Dx</div></div> <div><div>2</div><div>Yes &amp; AD Dx</div></div> <div><div>3</div><div>No</div></div> <div><div>4</div><div>Don't know</div></div>
1435	<div>fhd_sc</div>	"How old were your biological parents when they passed away?"	descriptive
1436	<div>fhd_dm</div>	<div>Biological mother:</div> <div><i>If exact age is not known, approximation is fine. If approximation is not possible, i.e., bio parent unknown, enter code 970=unknown, and include relevant details in General Notes box.</i></div>	<div>text (integer), Required</div> <div>Custom alignment: LV</div>
1437	<div>fhd_dd</div>	<div>Biological father:</div> <div><i>If exact age is not known, approximation is fine. If approximation is not possible, i.e., bio parent unknown, enter code 970=unknown, and include relevant details in General Notes box.</i></div>	<div>text (integer), Required</div> <div>Custom alignment: LV</div>
1438	<div>fhd_not</div>	General Notes	<div>notes, Identifier</div> <div>Custom alignment: LV</div>
1439	<div>fhd_ehp</div>	Was this instrument administered using an Emergency Hardcopy form?	<div>yesno, Required</div> <div><div><div>1</div><div>Yes</div></div><div><div>0</div><div>No</div></div></div> <div>Custom alignment: LV</div>
1440	<div>fhd_shp</div> <div>Show the field ONLY if: [fhd_ehp] = '1'</div>	<div>Scan the Emergency Hardcopy forms that were used to administer this test, and upload here. Please remember to verify scan quality and certify the uploaded copy using your paper Copy Certification Log.</div> <div>File Naming Convention: SubID_EHP_FAM_Timepoint_Date. Ex. "C1001_EHP_FAM_BL_010121". See this chart for time points.</div>	<div>file, Required, Identifier</div> <div>Custom alignment: LV</div>
1441	<div>fhd_stt</div>	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive
1442	<div>family_history_of_dementia_complete</div>	<div>Section Header: <i>Form Status</i></div> <div>Complete?</div>	<div>dropdown</div> <div><div><div>0</div><div>Incomplete</div></div><div><div>1</div><div>Unverified</div></div><div><div>2</div><div>Complete</div></div></div>

Instrument: **Physical Evaluation (NACC B1)** (physical\_evaluation\_nacc\_b1)

^ Collapse

Instrument: **Physical Evaluation (NACC B1)** (physical\_evaluation\_nacc\_b1)[^ Collapse](#)

1443	phy_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3																																																														
1444	phy_dat	Date of Administration	text (date_mdy), Required, Identifier Custom alignment: LV																																																														
1445	phy_des	INSTRUCTIONS:  For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B1. Check only one box per question.  Link to NACC Coding Guidebook	descriptive																																																														
1446	nac_height	Section Header: <i>Subject physical measurements</i> 1. Subject height (inches) <i>(36.0-87.9; 88.8 = Not Assessed)</i>	text (number, Min: 36, Max: 88.8), Required Custom alignment: LV																																																														
1447	nac_weight	2. Subject weight (lbs.) <i>(888 = Not Assessed)</i>	text (number, Min: 65, Max: 999), Required Custom alignment: LV																																																														
1448	phy_bp	Take Blood Pressure 2 times, and enter results below.	descriptive																																																														
1449	phy_bp1	3a. Subject blood pressure at initial reading (sitting), systolic <i>(70-230; 888 = Not Assessed)</i>	dropdown, Required <table><tr><td>70</td><td>70</td></tr><tr><td>71</td><td>71</td></tr><tr><td>72</td><td>72</td></tr><tr><td>73</td><td>73</td></tr><tr><td>74</td><td>74</td></tr><tr><td>75</td><td>75</td></tr><tr><td>76</td><td>76</td></tr><tr><td>77</td><td>77</td></tr><tr><td>78</td><td>78</td></tr><tr><td>79</td><td>79</td></tr><tr><td>80</td><td>80</td></tr><tr><td>81</td><td>81</td></tr><tr><td>82</td><td>82</td></tr><tr><td>83</td><td>83</td></tr><tr><td>84</td><td>84</td></tr><tr><td>85</td><td>85</td></tr><tr><td>86</td><td>86</td></tr><tr><td>87</td><td>87</td></tr><tr><td>88</td><td>88</td></tr><tr><td>89</td><td>89</td></tr><tr><td>90</td><td>90</td></tr><tr><td>91</td><td>91</td></tr><tr><td>92</td><td>92</td></tr><tr><td>93</td><td>93</td></tr><tr><td>94</td><td>94</td></tr><tr><td>95</td><td>95</td></tr><tr><td>96</td><td>96</td></tr><tr><td>97</td><td>97</td></tr><tr><td>98</td><td>98</td></tr><tr><td>99</td><td>99</td></tr><tr><td>100</td><td>100</td></tr></table>	70	70	71	71	72	72	73	73	74	74	75	75	76	76	77	77	78	78	79	79	80	80	81	81	82	82	83	83	84	84	85	85	86	86	87	87	88	88	89	89	90	90	91	91	92	92	93	93	94	94	95	95	96	96	97	97	98	98	99	99	100	100
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228	228
229	229
230	230
888	888

Custom alignment: LV

1450 phy\_bp2

3b. Subject blood pressure at initial reading (sitting), diastolic  
*(30-140; 888 = Not Assessed)*

dropdown, Required

30	30
31	31
32	32
33	33
34	34
35	35
36	36
37	37
38	38
39	39
40	40

41	41
42	42
43	43
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137	137
138	138
139	139
140	140
888	888

Custom alignment: LV

1451 phy\_bp3

3c. Subject blood pressure at second reading (sitting), systolic  
(70-230; 888 = Not Assessed)

dropdown, Required

70	70
71	71
72	72
73	73
74	74
75	75
76	76
77	77
78	78
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80	80
81	81
82	82
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229	229
230	230
888	888

Custom alignment: LV

1452 phy\_bp4

3d. Subject blood pressure at second reading (sitting), diastolic  
(30-140; 888 = Not Assessed)

dropdown, Required

30	30
31	31
32	32
33	33
34	34
35	35
36	36
37	37
38	38
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1453	nac_bpsys	Subject average Systolic reading	calc Calculation: mean([phy_bp1],[phy_bp3]) Custom alignment: LV																																																																																						

1454	nac_bpdias	Subject average Diastolic reading	calc Calculation: mean([phy_bp2], [phy_bp4]) Custom alignment: LV																																																																																										
1455	nac_hrate	4. Subject resting heart rate (pulse) <i>(33-160; 888 = Not Assessed)</i>	dropdown, Required <table><tr><td>33</td><td>33</td></tr><tr><td>34</td><td>34</td></tr><tr><td>35</td><td>35</td></tr><tr><td>36</td><td>36</td></tr><tr><td>37</td><td>37</td></tr><tr><td>38</td><td>38</td></tr><tr><td>39</td><td>39</td></tr><tr><td>40</td><td>40</td></tr><tr><td>41</td><td>41</td></tr><tr><td>42</td><td>42</td></tr><tr><td>43</td><td>43</td></tr><tr><td>44</td><td>44</td></tr><tr><td>45</td><td>45</td></tr><tr><td>46</td><td>46</td></tr><tr><td>47</td><td>47</td></tr><tr><td>48</td><td>48</td></tr><tr><td>49</td><td>49</td></tr><tr><td>50</td><td>50</td></tr><tr><td>51</td><td>51</td></tr><tr><td>52</td><td>52</td></tr><tr><td>53</td><td>53</td></tr><tr><td>54</td><td>54</td></tr><tr><td>55</td><td>55</td></tr><tr><td>56</td><td>56</td></tr><tr><td>57</td><td>57</td></tr><tr><td>58</td><td>58</td></tr><tr><td>59</td><td>59</td></tr><tr><td>60</td><td>60</td></tr><tr><td>61</td><td>61</td></tr><tr><td>62</td><td>62</td></tr><tr><td>63</td><td>63</td></tr><tr><td>64</td><td>64</td></tr><tr><td>65</td><td>65</td></tr><tr><td>66</td><td>66</td></tr><tr><td>67</td><td>67</td></tr><tr><td>68</td><td>68</td></tr><tr><td>69</td><td>69</td></tr><tr><td>70</td><td>70</td></tr><tr><td>71</td><td>71</td></tr><tr><td>72</td><td>72</td></tr><tr><td>73</td><td>73</td></tr><tr><td>74</td><td>74</td></tr><tr><td>75</td><td>75</td></tr><tr><td>76</td><td>76</td></tr><tr><td>77</td><td>77</td></tr></table>	33	33	34	34	35	35	36	36	37	37	38	38	39	39	40	40	41	41	42	42	43	43	44	44	45	45	46	46	47	47	48	48	49	49	50	50	51	51	52	52	53	53	54	54	55	55	56	56	57	57	58	58	59	59	60	60	61	61	62	62	63	63	64	64	65	65	66	66	67	67	68	68	69	69	70	70	71	71	72	72	73	73	74	74	75	75	76	76	77	77
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Custom alignment: LV

1456	nac_vision	5. Without corrective lenses, is the subject's vision functionally normal?	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table>	1	Yes	0	No	9	Unknown
1	Yes								
0	No								
9	Unknown								
1457	nac_viscorr	6. Does the subject usually wear corrective lenses?	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9</td><td>Unknown</td></tr></table>	1	Yes	0	No	9	Unknown
1	Yes								
0	No								
9	Unknown								

1458	nac_viswcorr Show the field ONLY if: [nac_viscorr] = '1'	6a. If yes, is the subject's vision functionally normal with corrective lenses?	radio (Matrix), Required 1 Yes 0 No 9 Unknown
1459	nac_hearing	7. Without a hearing aid(s), is the subject's hearing functionally normal?	radio (Matrix), Required 1 Yes 0 No 9 Unknown
1460	nac_hearaid	8. Does the subject usually wear a hearing aid(s)?	radio (Matrix), Required 1 Yes 0 No 9 Unknown
1461	nac_hearwaid Show the field ONLY if: [nac_hearaid] = '1'	8a. If yes, is the subject's hearing functionally normal with a hearing aid(s)?	radio (Matrix), Required 1 Yes 0 No 9 Unknown
1462	phy_ehp	Was this instrument administered using an Emergency Hardcopy form?	yesno, Required 1 Yes 0 No  Custom alignment: LV
1463	phy_shp Show the field ONLY if: [phy_ehp] = '1'	Scan the Emergency Hardcopy forms that were used to administer this test, and upload here. Please remember to verify scan quality and certify the uploaded copy using your paper Copy Certification Log.  File Naming Convention: SubID_EHP_PHYS_Timepoint_Date. Ex. "C1001_EHP_PHYS_SC_010121". See this chart for time points.	file, Required, Identifier Custom alignment: LV
1464	nac_copyright_b1	Adapted with permission. Copyright © 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976 - Walter A. Kukull, PhD, Director). All rights reserved.	descriptive Custom alignment: LV
1465	nac_footer_b1	National Alzheimer's Coordinating Center   (206) 543-8637   fax: (206) 616-5927   naccmail@uw.edu   www.alz.washington.edu UDS (V3.0, March 2015) Initial Visit Form B1: Evaluation Form - Physical	descriptive
1466	phy_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive
1467	physical_evaluation_nacc_b1_complete	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete
Instrument: <b>Physical Evaluation SF (NACC B1)</b> (physical_evaluation_sf_nacc_b1)			<a href="#">^ Collapse</a>
1468	bp_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3
1469	bp_dat	Date of Administration	text (date_mdy), Required, Identifier Custom alignment: LV

1470	bp_des	<p>INSTRUCTIONS:</p> <p>For additional clarification and examples, see UDS Coding Guidebook for Follow-up Visit Packet, Form B1.</p> <p>Link to NACC Coding Guidebook</p> <p>Check only one box per question.</p>	descriptive																																																																															
1471	bp_chart	<p>Section Header: <i>Subject physical measurements</i></p> <p>Take Blood Pressure 2 times, and enter below.</p>	descriptive																																																																															
1472	bp_bp1	<p>Subject blood pressure at initial reading (sitting), systolic <i>(70-230; 888 = Not Assessed)</i></p>	<p>dropdown, Required</p> <table><tr><td>70</td><td>70</td></tr><tr><td>71</td><td>71</td></tr><tr><td>72</td><td>72</td></tr><tr><td>73</td><td>73</td></tr><tr><td>74</td><td>74</td></tr><tr><td>75</td><td>75</td></tr><tr><td>76</td><td>76</td></tr><tr><td>77</td><td>77</td></tr><tr><td>78</td><td>78</td></tr><tr><td>79</td><td>79</td></tr><tr><td>80</td><td>80</td></tr><tr><td>81</td><td>81</td></tr><tr><td>82</td><td>82</td></tr><tr><td>83</td><td>83</td></tr><tr><td>84</td><td>84</td></tr><tr><td>85</td><td>85</td></tr><tr><td>86</td><td>86</td></tr><tr><td>87</td><td>87</td></tr><tr><td>88</td><td>88</td></tr><tr><td>89</td><td>89</td></tr><tr><td>90</td><td>90</td></tr><tr><td>91</td><td>91</td></tr><tr><td>92</td><td>92</td></tr><tr><td>93</td><td>93</td></tr><tr><td>94</td><td>94</td></tr><tr><td>95</td><td>95</td></tr><tr><td>96</td><td>96</td></tr><tr><td>97</td><td>97</td></tr><tr><td>98</td><td>98</td></tr><tr><td>99</td><td>99</td></tr><tr><td>100</td><td>100</td></tr><tr><td>101</td><td>101</td></tr><tr><td>102</td><td>102</td></tr><tr><td>103</td><td>103</td></tr><tr><td>104</td><td>104</td></tr><tr><td>105</td><td>105</td></tr><tr><td>106</td><td>106</td></tr><tr><td>107</td><td>107</td></tr><tr><td>108</td><td>108</td></tr></table>		70	70	71	71	72	72	73	73	74	74	75	75	76	76	77	77	78	78	79	79	80	80	81	81	82	82	83	83	84	84	85	85	86	86	87	87	88	88	89	89	90	90	91	91	92	92	93	93	94	94	95	95	96	96	97	97	98	98	99	99	100	100	101	101	102	102	103	103	104	104	105	105	106	106	107	107	108	108
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Custom alignment: LV

1473 bp\_bp2

Subject blood pressure at initial reading (sitting), diastolic  
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Custom alignment: LV

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Custom alignment: LV

1475 bp\_bp4

3d. Subject blood pressure at second reading (sitting), diastolic  
(30-140; 888 = Not Assessed)

dropdown, Required

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Custom alignment: LV

1476	nac_fu_bpsys	Subject average Systolic reading	calc Calculation: mean([bp_bp1],[bp_bp3]) Custom alignment: LV												
1477	nac_fu_bpdias	Subject average Diastolic reading	calc Calculation: mean([bp_bp2], [bp_bp4]) Custom alignment: LV												
1478	nac_fu_hrte	Subject resting heart rate (pulse) <i>(33-160; 888 = Not Assessed)</i>	dropdown, Required <table><tr><td>33</td><td>33</td></tr><tr><td>34</td><td>34</td></tr><tr><td>35</td><td>35</td></tr><tr><td>36</td><td>36</td></tr><tr><td>37</td><td>37</td></tr><tr><td>38</td><td>38</td></tr></table>	33	33	34	34	35	35	36	36	37	37	38	38
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1479	bp_ehp	Was this instrument administered using an Emergency Hardcopy form?	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No																																																		
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1480	bp_shp Show the field ONLY if: [bp_ehp] = '1'	Scan the Emergency Hardcopy forms that were used to administer this test, and upload here. Please remember to verify scan quality and certify the uploaded copy using your paper Copy Certification Log.  File Naming Convention: SubID_EHP_BP_Timepoint_Date. Ex. "C1001_EHP_BP_BL_010121". See this chart for time points.	file, Required, Identifier Custom alignment: LV																																																						
1481	nac_fu_copyright_b1	Adapted with permission. Copyright © 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976 - Walter A. Kukull, PhD, Director). All rights reserved.	descriptive Custom alignment: LV																																																						
1482	nac_fu_footer_b1	National Alzheimer's Coordinating Center   (206) 543-8637   fax: (206) 616-5927   naccmail@uw.edu   www.alz.washington.edu UDS (V3.0, March 2015) Follow-Up Visit Form B1: Evaluation Form - Physical	descriptive Custom alignment: LV																																																						
1483	bp_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive																																																						

1484	physical_evaluation_sf_nacc_b1_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
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Instrument: <b>APOE4 Saliva Collection</b> (apoe4_saliva_collection)			<a href="#">^ Collapse</a>												
1485	ap_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required Custom alignment: LV Field Annotation: @CHARLIMIT=3												
1486	ap_con	Did subject consent to APOE saliva collection? [scrn_v_arm_1] [con_sal]	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No								
1	Yes														
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1487	ap_dat Show the field ONLY if: [ap_con]= '1'	Saliva Collection Date	text (date_mdy), Required, Identifier Custom alignment: LV												
1488	ap_des Show the field ONLY if: [ap_con]= '1'	Image for Saliva sample collection  *Refer to NCRAD Manual for more details*	descriptive, Identifier												
1489	ap_dts Show the field ONLY if: [ap_con]= '1'	Date Saliva Sample Shipped:	text (date_mdy), Required Custom alignment: LV												
1490	ap_ru Show the field ONLY if: [ap_con]= '1'	Upload scan of I-CONECT Biological Sample and Shipment Notification form here:  File Naming Convention: SubID_APOE_BL_MMDDYY	file, Required, Identifier Custom alignment: LV												
1491	ap_not	Notes	notes Custom alignment: LV												
1492	ap_dtr Show the field ONLY if: [ap_con]= '1'	Date results received from NCRAD	text (date_mdy), Required Custom alignment: LV												
1493	ap_res Show the field ONLY if: [ap_con]= '1'	Results of APOE test	radio, Required <table border="1"> <tr><td>0</td><td>ApoE2, 2</td></tr> <tr><td>1</td><td>ApoE2, 3</td></tr> <tr><td>2</td><td>ApoE2, 4</td></tr> <tr><td>3</td><td>ApoE3, 3</td></tr> <tr><td>4</td><td>ApoE3, 4</td></tr> <tr><td>5</td><td>ApoE4, 4</td></tr> </table> Custom alignment: LV	0	ApoE2, 2	1	ApoE2, 3	2	ApoE2, 4	3	ApoE3, 3	4	ApoE3, 4	5	ApoE4, 4
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1	ApoE2, 3														
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3	ApoE3, 3														
4	ApoE3, 4														
5	ApoE4, 4														

1494	<p>ap_int</p> <p>Show the field ONLY if: [ap_con]= '1'</p>	<p>Collection and Shipping Tips:</p> <p>The Saliva sample should be collected at Baseline Visit 2. Each site will be responsible for ordering and maintaining a steady supply of kits from NCRAD. Be sure to check your supplies and order additional materials before you run out or before supplies expire so you are prepared for study visits. Please go to <a href="https://is.gd/ICONET">https://is.gd/ICONET</a> to request additional kits and follow the prompts to request the desired supplies. Options include ordering a specific number of kits or simply ordering the desired amount of extra supplies.</p> <p>Labeling Instructions In order to ensure the label adheres properly and remains on the tube, please follow these instructions:</p> <p>Using a fine point sharpie, fill-in label before placing on the tube.</p> <p>The tube label contains a 2D barcode on the left hand side of the label. Place this barcode toward the tube cap.</p> <p>Place label horizontally on the tube just below the "fill to" line and place so as not to cover the tube information.</p> <p>Place label before sample collection. This should help to ensure the label properly adheres to the tube before exposure to moisture or handling.</p> <p>Be sure to place completed label on the tube. Please send the samples to NCRAD as soon as 5 kits have accumulated or at least quarterly, whichever is sooner.</p> <p>Please fill in the date of sample collection where indicated on the I-CONNECT Biological Sample and Shipment Notification Form. Please also fill in your contact information on this form so we can ensure your record remains updated. Place this form into the padded shipping envelope. Place the specimen bag, with the saliva tube sealed separately inside, into the padded shipping envelope. Place the completed I-CONNECT Biological Sample and Shipment Notification Form into the padded shipping envelope.</p> <p>Notes about shipment dates:</p> <p>Holidays observed by Indiana University:</p> <p>January 1- New Year's Day 3rd Monday in January- Martin Luther King, Jr Day 4th Monday in May- Memorial Day July 4- Independence Day (observed) 1st Monday in September- Labor Day 4th Thursday in November- Thanksgiving 4th Friday in November- Friday after Thanksgiving December 25- Christmas Day</p> <p>Between December 24th and January 2nd, Indiana University will be open Monday through Friday for essential operations ONLY and will re-open for normal operations on January 2nd. If possible, biological specimens for submission to Indiana University should NOT be shipped to Indiana University between December 24th and January 2nd. Saliva samples are very stable after collection. Therefore, all samples should be able to be stored and shipped after this holiday period. However, should it be absolutely necessary to ship samples for DNA extraction to Indiana University during this period, please contact the Indiana University staff before December 24th by e-mailing <a href="mailto:alzstudy@iu.edu">alzstudy@iu.edu</a>, so that they can arrange to have staff available to receive incoming samples.</p>	descriptive
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1495	ap_stt	Please mark this form status as: "Incomplete" (Red) if the saliva has been collected but not shipped "Unverified" (Yellow) if saliva sample has been shipped, or "Complete" (Green) if results from NCRAD have been received and logged.	descriptive						
1496	apoe4_saliva_collection_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
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1	Unverified								
2	Complete								
Instrument: <b>MRI Collection Form</b> (mri_collection_form) <a href="#">^ Collapse</a>									
1497	mcf_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required Custom alignment: LV Field Annotation: @CHARLIMIT=3						
1498	mcf_dat	Date of Form Completion	text (date_mdy), Required, Identifier Custom alignment: LV						
1499	mcf_yn	Is participant eligible to receive an MRI? [scrn_v_arm_1] [mrp_yn]	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1500	mcf_1 Show the field ONLY if: [mcf_yn]='1'	Was subject MRI eligibility re-assessed by qualified MRI personnel immediately prior to the scan? <i>If No, please explain in the Reportable Event Form.</i>	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1501	mcf_frm Show the field ONLY if: [mcf_1]='1'	Please upload site's MRI Safety Screening Form that was administered immediately prior to the scan.	file, Required Custom alignment: LV						
1502	mcf_com Show the field ONLY if: [mcf_yn]='1'	Did participant undergo MRI scan?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1503	mcf_3 Show the field ONLY if: [mcf_yn] = '1' and [mcf_com] = '1'	Scan Date	text (date_mdy), Required, Identifier Custom alignment: LV						
1504	mcf_seq Show the field ONLY if: [mcf_com] = '1'	Was the MRI completed per protocol, including all sequences in the proper order, etc? <i>Confirm with MRI Operator</i>	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1505	mcf_wnh Show the field ONLY if: [mcf_seq] = '0'	Please Explain <i>What happened, and why?</i>	notes, Required, Identifier Custom alignment: LV						
1506	mcf_not	General Notes	notes, Identifier Custom alignment: LV						
1507	mcf_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive						

1508	mri_collection_form_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: <b>Compensation Last</b> (compensation_last)			<a href="#">^ Collapse</a>						
1509	cml_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required Custom alignment: LV Field Annotation: @CHARLIMIT=3						
1510	cml_dat	Date <i>Date compensation should have been administered.</i>	text (date_mdy), Required, Identifier Custom alignment: LV						
1511	cml_1	Was the compensation process followed per protocol for this visit?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1512	cml_1a Show the field ONLY if: [cml_1] = '0'	Why not? <i>Include a more detailed description in the reportable event form for this visit.</i>	text, Required, Identifier Custom alignment: LV						
1513	cml_des	<p>*Complete the remainder of this form after compensating the participant the appropriate amount and collecting the fully signed compensation paperwork.</p> <p>*If the participant refuses to receive compensation: Ask if they would like the money donated back into the study, and if yes, document this on receipt and have the participant sign for "\$0".</p> <p>Compensation amounts and timing, per protocol:</p> <p>Home Screening Visit: \$50 -Immediately after consent</p> <p>Baseline MRI Visit: \$100-Immediately upon arrival</p> <p>6-Month Assessment Visit 2: \$50-End of visit</p> <p>6-Month MRI Visit: \$100 -Immediately upon arrival</p> <p>12-Month Assessment Visit 2: \$75 -End of visit</p>	descriptive						
1514	cml_not	General Notes <i>Optional</i>	notes, Identifier Custom alignment: LV						
1515	cml_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive						
1516	compensation_last_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
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1	Unverified								
2	Complete								
Instrument: <b>Qualitative Evaluation</b> (qualitative_evaluation)			<a href="#">^ Collapse</a>						
1517	ql_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3						
1518	ql_dat	Date	text (date_mdy), Required, Identifier Custom alignment: LV						

1519	ql_12m	Is this the 6 or 12 month assessment?	radio, Required <table border="1"> <tr> <td>0</td> <td>6 Month</td> </tr> <tr> <td>1</td> <td>12 Month</td> </tr> </table> Custom alignment: LV	0	6 Month	1	12 Month		
0	6 Month								
1	12 Month								
1520	ql_im	Section Header: Audio and video of the conversation will be recorded. Staff will ask questions and actively listen to participant responses, as well as ask follow-up questions. After the interview, staff will use the recording to take detailed notes of participant responses in the text boxes below. Please allow approximately 30 minutes for participants to respond to the following questions - about 4-5 minutes per question. Please make sure any Yes/No or extremely brief answers are explained. Some suggested prompts include: "What do you mean?", "Why?" and "Tell me more." REMINDER: Start NEW Audio Hijack recording  What impact has this study had on your life in general?	notes, Required Custom alignment: LV						
1521	ql_mn	Was participating in this study meaningful to you?	notes, Required Custom alignment: LV						
1522	ql_mtv	What aspects of the study, if any, did you find to be especially motivating, or helped you to want to continue to participate?	notes, Required, Identifier Custom alignment: LV						
1523	ql_int	What did you like about your interactions with staff? What didn't you like?	notes, Required, Identifier Custom alignment: LV						
1524	ql_eqp	What was your experience using the equipment?	notes, Required Custom alignment: LV						
1525	ql_sug	Is there anything you would change about the study?	notes, Required Custom alignment: LV						
1526	ql_4v2 Show the field ONLY if: [ql_12m] = '1'	Did you prefer video chats 4 times a week or 2 times a week?	radio, Required <table border="1"> <tr> <td>1</td> <td>4 times/week</td> </tr> <tr> <td>2</td> <td>2 times/week</td> </tr> </table> Custom alignment: LV	1	4 times/week	2	2 times/week		
1	4 times/week								
2	2 times/week								
1527	ql_4x Show the field ONLY if: [ql_12m] = '1'	Why?	notes, Required Custom alignment: LV						
1528	ql_bld Show the field ONLY if: [ql_12m]=0	Blinding Plan:  Please discuss the following plan which the technology coordinator setup with the participant in preparation for the 6 month assessment visit:"[tech_install_arm_1][vtc_bp]"	descriptive						
1529	ql_rem	REMINDER: Upload AudioHijack Files to this folder.  Please review the audio naming conventions here.	descriptive						
1530	ql_stt	Please mark this form status as: "Incomplete" (Red) if data collection is incomplete, "Unverified" (Yellow) if data collection is complete and data is ready to be verified, or "Complete" (Green) and locked if data has been verified.	descriptive						
1531	qualitative_evaluation_complete	Section Header: Form Status Complete?	dropdown <table border="1"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: <b>Tech Install Form</b> (tech_install_form) <span style="float: right;">^ Collapse</span>									
1532	tnt_ins	Study Staff Initials 3 letters, ex: ABC	text, Required Custom alignment: LV Field Annotation: @CHARLIMIT=3						
1533	tnt_grp	Randomization: [admin_arm_1][ran_grp]	radio, Required <table border="1"> <tr> <td>1</td> <td>Experimental</td> </tr> <tr> <td>2</td> <td>Control</td> </tr> </table> Custom alignment: LV	1	Experimental	2	Control		
1	Experimental								
2	Control								

1534	tnt_loc	Study Location	radio, Required <table><tr><td>1</td><td>OHSU</td></tr><tr><td>2</td><td>UM</td></tr></table> Custom alignment: LV	1	OHSU	2	UM
1	OHSU						
2	UM						
1535	tnt_add	Participant's Name [scrn_tel_arm_1][ts_prn] [scrn_tel_arm_1][ts_pfn] [scrn_tel_arm_1][ts_lln]  Address Mailing: [scrn_tel_arm_1][ts_sr1] [scrn_tel_arm_1][ts_ct1], [scrn_tel_arm_1][ts_st1] [scrn_tel_arm_1][ts_zp1] Physical (if different): [scrn_tel_arm_1][ts_sr2] [scrn_tel_arm_1][ts_ct2], [scrn_tel_arm_1][ts_st2] [scrn_tel_arm_1][ts_zp2]  Participant Telephone Number(s) Primary [scrn_tel_arm_1][ts_tp1] Secondary [scrn_tel_arm_1][ts_t2b]	descriptive, Identifier				
1536	tnt_dat  Show the field ONLY if: ([tnt_loc] = '1' and ([tnt_grp] = '1' or [tnt_grp] = '2')) or ([tnt_loc] = '2' and [tnt_grp] = '1')	Date of Installation	text (date_mdy), Required, Identifier Custom alignment: LV				
1537	tnt_1  Show the field ONLY if: ([tnt_loc] = '1' and [tnt_grp] = '1') or ([tnt_loc] = '2' and [tnt_grp] = '1')	Section Header: <i>Equipment List Was the following installed?</i> Video Chat Device & Power Cord	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No
1	Yes						
2	No						
1538	tnt_3  Show the field ONLY if: ([tnt_loc] = '1' and [tnt_grp] = '1') or ([tnt_loc] = '2' and [tnt_grp] = '1')	Video Chat Device Cover	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No
1	Yes						
2	No						
1539	tnt_4  Show the field ONLY if: ([tnt_loc] = '1' and [tnt_grp] = '1') or ([tnt_loc] = '2' and [tnt_grp] = '1')	Video Chat Device Instructions	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No
1	Yes						
2	No						
1540	tnt_5  Show the field ONLY if: ([tnt_loc] = '1' and [tnt_grp] = '1') or ([tnt_loc] = '2' and [tnt_grp] = '1')	Video Chat Device Lock	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No
1	Yes						
2	No						
1541	tnt_15  Show the field ONLY if: [tnt_loc] = '1' and ([tnt_grp] = '1' or [tnt_grp] = '2')	Vitamin C Pillbox	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No
1	Yes						
2	No						
1542	tnt_20  Show the field ONLY if: [tnt_loc] = '1' and ([tnt_grp] = '1' or [tnt_grp] = '2')	Vitamin C Pillbox Instructions	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No
1	Yes						
2	No						
1543	tnt_21  Show the field ONLY if: [tnt_loc] = '1' and ([tnt_grp] = '1' or [tnt_grp] = '2')	Vitamin C	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No
1	Yes						
2	No						
1544	tnt_16  Show the field ONLY if: [tnt_loc] = '1' and ([tnt_grp] = '1' or [tnt_grp] = '2')	Raspberry Pi & Power Cord	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No
1	Yes						
2	No						

1545	<div>tnt_13</div> <div>Show the field ONLY if: [tnt_loc] = '1' and ([tnt_grp] = '1' or [tnt_grp] = '2')</div>	Data Provider Device & Power Cord	radio (Matrix), Required <div><div>1</div><div>Yes</div></div> <div><div>2</div><div>No</div></div>
1546	<div>tnt_6</div> <div>Show the field ONLY if: ([tnt_loc] = '1' and [tnt_grp] = '1') or ([tnt_loc] = '2' and [tnt_grp] = '1')</div>	Ethernet Adapter	radio (Matrix), Required <div><div>1</div><div>Yes</div></div> <div><div>2</div><div>No</div></div>
1547	<div>tnt_7</div> <div>Show the field ONLY if: ([tnt_loc] = '1' and ([tnt_grp] = '1' or [tnt_grp] = '2')) or ([tnt_loc] = '2' and [tnt_grp] = '1')</div>	Ethernet Cable	radio (Matrix), Required <div><div>1</div><div>Yes</div></div> <div><div>2</div><div>No</div></div>
1548	<div>tnt_10</div> <div>Show the field ONLY if: ([tnt_loc] = '1' and ([tnt_grp] = '1' or [tnt_grp] = '2')) or ([tnt_loc] = '2' and [tnt_grp] = '1')</div>	Power Strip	radio (Matrix), Required <div><div>1</div><div>Yes</div></div> <div><div>2</div><div>No</div></div>
1549	<div>tnt_11</div> <div>Show the field ONLY if: ([tnt_loc] = '1' and ([tnt_grp] = '1' or [tnt_grp] = '2')) or ([tnt_loc] = '2' and [tnt_grp] = '1')</div>	Outlet Adapter	radio (Matrix), Required <div><div>1</div><div>Yes</div></div> <div><div>2</div><div>No</div></div>
1550	<div>tnt_12</div> <div>Show the field ONLY if: ([tnt_loc] = '1' and [tnt_grp] = '1') or ([tnt_loc] = '2' and [tnt_grp] = '1')</div>	Audio Option	dropdown, Required <div><div><div>1</div><div>Headphones</div></div><div><div>2</div><div>Earbuds</div></div><div><div>3</div><div>External Speakers</div></div><div><div>4</div><div>Participant's Headphones</div></div><div><div>5</div><div>Participant's Speakers</div></div><div><div>6</div><div>None</div></div></div> <div>Custom alignment: LV</div>
1551	<div>tnt_1a</div> <div>Show the field ONLY if: [tnt_1] = '1'</div>	Video Chat Device Serial Number	text, Required Custom alignment: LV
1552	<div>tnt_12b</div> <div>Show the field ONLY if: [tnt_loc] = '2' and ([tnt_12] = '1' or [tnt_12] = '2' or [tnt_12] = '3' or [tnt_12] = '4')</div>	Audio Device Serial Number <i>Headphones or Speakers</i>	text, Required Custom alignment: LV
1553	<div>tnt_15a</div> <div>Show the field ONLY if: [tnt_15] = '1'</div>	Vitamin C Pillbox Serial Number	text, Required Custom alignment: LV
1554	<div>tnt_16a</div> <div>Show the field ONLY if: [tnt_16] = '1'</div>	Raspberry Pi Serial Number	text, Required Custom alignment: LV
1555	<div>tnt_13a</div> <div>Show the field ONLY if: [tnt_13] = '1'</div>	Data Provider Device Serial Number	text, Required Custom alignment: LV
1556	<div>tnt_9a</div> <div>Show the field ONLY if: [tnt_6] = '1' or [tnt_7] = "1"</div>	Ethernet Cording Details <i>Quantity, length, etc.</i>	text, Required Custom alignment: LV
1557	<div>tnt_tar</div> <div>Show the field ONLY if: [tnt_15] = '1'</div>	Pillbox Target Times	descriptive



1558	vtc_tgt Show the field ONLY if: [tnt_15] = '1'	Subject's preferred target time: Format using Military Time/24hr Clock	text (time), Required Custom alignment: LV Field Annotation: @HIDEBUTTON														
1559	vtc_rf Show the field ONLY if: [tnt_15] = '1'	Subject's preferred day to refill pillbox:	dropdown, Required <table border="1"> <tr><td>1</td><td>Sunday</td></tr> <tr><td>2</td><td>Monday</td></tr> <tr><td>3</td><td>Tuesday</td></tr> <tr><td>4</td><td>Wednesday</td></tr> <tr><td>5</td><td>Thursday</td></tr> <tr><td>6</td><td>Friday</td></tr> <tr><td>7</td><td>Saturday</td></tr> </table> Custom alignment: LV	1	Sunday	2	Monday	3	Tuesday	4	Wednesday	5	Thursday	6	Friday	7	Saturday
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5	Thursday																
6	Friday																
7	Saturday																
1560	vtc_pre	Participants Preferred Weekly Call Time	text Custom alignment: LV														
1561	vtc_bp Show the field ONLY if: [tnt_grp] = '1'	Blinding Plan	notes, Required Custom alignment: LV														
1562	vtc_not	Notes	notes Custom alignment: LV														
1563	tnt_stt	Please mark this form status (Green) if complete.	descriptive														
1564	tech_install_form_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: <b>Tech Support Form</b> (tech_support_form) <a href="#">^ Collapse</a>																	
1565	trb_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required Custom alignment: LV Field Annotation: @CHARLIMIT=3														
1566	trb_dat	Date of Tech Support	text (date_mdy), Required, Identifier Custom alignment: LV														
1567	trb_re	Reason for Visit	checkbox, Required <table border="1"> <tr><td>1</td><td>trb_re__1</td><td>Troubleshooting</td></tr> <tr><td>2</td><td>trb_re__2</td><td>Equipment Replacement</td></tr> <tr><td>3</td><td>trb_re__3</td><td>Other</td></tr> </table> Custom alignment: LV	1	trb_re__1	Troubleshooting	2	trb_re__2	Equipment Replacement	3	trb_re__3	Other					
1	trb_re__1	Troubleshooting															
2	trb_re__2	Equipment Replacement															
3	trb_re__3	Other															
1568	trb_reb Show the field ONLY if: [trb_re(3)] = '1'	If other, please specify.	text, Required Custom alignment: LV														

1569	trb_rp1  Show the field ONLY if: [trb_re(2)] = '1'	What was replaced? <i>Update serial numbers in Tech Install Form, if needed.</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>VCD</td></tr> <tr><td>2</td><td>VCD Power Cord</td></tr> <tr><td>3</td><td>VCD Cover</td></tr> <tr><td>4</td><td>Instructions or Stylus</td></tr> <tr><td>5</td><td>VCD Lock</td></tr> <tr><td>6</td><td>Power Strip</td></tr> <tr><td>7</td><td>Outlet Adapter</td></tr> <tr><td>8</td><td>Headphones</td></tr> <tr><td>9</td><td>External Speakers</td></tr> <tr><td>10</td><td>Ethernet Adapter</td></tr> <tr><td>11</td><td>Ethernet Hub</td></tr> <tr><td>12</td><td>Ethernet Hub Power Cord</td></tr> <tr><td>13</td><td>Ethernet Cable(s)</td></tr> <tr><td>14</td><td>Data Provider Device</td></tr> <tr><td>15</td><td>Data Provider Power Cord</td></tr> <tr><td>16</td><td>Vitamin C Pillbox</td></tr> <tr><td>17</td><td>Pillbox Instructions</td></tr> <tr><td>18</td><td>Vitamin C Pills</td></tr> <tr><td>19</td><td>AAA Batteries</td></tr> <tr><td>20</td><td>Raspberry Pi</td></tr> <tr><td>21</td><td>Raspberry Pi Power Cord</td></tr> </table> Custom alignment: LV	1	VCD	2	VCD Power Cord	3	VCD Cover	4	Instructions or Stylus	5	VCD Lock	6	Power Strip	7	Outlet Adapter	8	Headphones	9	External Speakers	10	Ethernet Adapter	11	Ethernet Hub	12	Ethernet Hub Power Cord	13	Ethernet Cable(s)	14	Data Provider Device	15	Data Provider Power Cord	16	Vitamin C Pillbox	17	Pillbox Instructions	18	Vitamin C Pills	19	AAA Batteries	20	Raspberry Pi	21	Raspberry Pi Power Cord
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1570	trb_ar1  Show the field ONLY if: [trb_re(2)] = '1'	Was anything else replaced?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No																																						
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1571	trb_r2  Show the field ONLY if: [trb_ar1] = '1'	What was replaced? <i>Update serial numbers in Tech Install Form, if needed.</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>VCD</td></tr> <tr><td>2</td><td>VCD Power Cord</td></tr> <tr><td>3</td><td>VCD Cover</td></tr> <tr><td>4</td><td>Instructions or Stylus</td></tr> <tr><td>5</td><td>VCD Lock</td></tr> <tr><td>6</td><td>Power Strip</td></tr> <tr><td>7</td><td>Outlet Adapter</td></tr> <tr><td>8</td><td>Headphones</td></tr> <tr><td>9</td><td>External Speakers</td></tr> <tr><td>10</td><td>Ethernet Adapter</td></tr> <tr><td>11</td><td>Ethernet Hub</td></tr> <tr><td>12</td><td>Ethernet Hub Power Cord</td></tr> <tr><td>13</td><td>Ethernet Cable(s)</td></tr> <tr><td>14</td><td>Data Provider Device</td></tr> <tr><td>15</td><td>Data Provider Power Cord</td></tr> <tr><td>16</td><td>Vitamin C Pillbox</td></tr> <tr><td>17</td><td>Pillbox Instructions</td></tr> <tr><td>18</td><td>Vitamin C Pills</td></tr> <tr><td>19</td><td>AAA Batteries</td></tr> <tr><td>20</td><td>Raspberry Pi</td></tr> <tr><td>21</td><td>Raspberry Pi Power Cord</td></tr> </table> Custom alignment: LV	1	VCD	2	VCD Power Cord	3	VCD Cover	4	Instructions or Stylus	5	VCD Lock	6	Power Strip	7	Outlet Adapter	8	Headphones	9	External Speakers	10	Ethernet Adapter	11	Ethernet Hub	12	Ethernet Hub Power Cord	13	Ethernet Cable(s)	14	Data Provider Device	15	Data Provider Power Cord	16	Vitamin C Pillbox	17	Pillbox Instructions	18	Vitamin C Pills	19	AAA Batteries	20	Raspberry Pi	21	Raspberry Pi Power Cord
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1572	trb_ar2  Show the field ONLY if: [trb_ar1] = '1'	Was anything else replaced?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No																																						
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1573	trb_r3  Show the field ONLY if: [trb_ar2] = '1'	What was replaced? <i>Update serial numbers in Tech Install Form, if needed.</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>VCD</td></tr> <tr><td>2</td><td>VCD Power Cord</td></tr> <tr><td>3</td><td>VCD Cover</td></tr> <tr><td>4</td><td>Instructions or Stylus</td></tr> <tr><td>5</td><td>VCD Lock</td></tr> <tr><td>6</td><td>Power Strip</td></tr> <tr><td>7</td><td>Outlet Adapter</td></tr> <tr><td>8</td><td>Headphones</td></tr> <tr><td>9</td><td>External Speakers</td></tr> <tr><td>10</td><td>Ethernet Adapter</td></tr> <tr><td>11</td><td>Ethernet Hub</td></tr> <tr><td>12</td><td>Ethernet Hub Power Cord</td></tr> <tr><td>13</td><td>Ethernet Cable(s)</td></tr> <tr><td>14</td><td>Data Provider Device</td></tr> <tr><td>15</td><td>Data Provider Power Cord</td></tr> <tr><td>16</td><td>Vitamin C Pillbox</td></tr> <tr><td>17</td><td>Pillbox Instructions</td></tr> <tr><td>18</td><td>Vitamin C Pills</td></tr> <tr><td>19</td><td>AAA Batteries</td></tr> <tr><td>20</td><td>Raspberry Pi</td></tr> <tr><td>21</td><td>Raspberry Pi Power Cord</td></tr> </table> Custom alignment: LV	1	VCD	2	VCD Power Cord	3	VCD Cover	4	Instructions or Stylus	5	VCD Lock	6	Power Strip	7	Outlet Adapter	8	Headphones	9	External Speakers	10	Ethernet Adapter	11	Ethernet Hub	12	Ethernet Hub Power Cord	13	Ethernet Cable(s)	14	Data Provider Device	15	Data Provider Power Cord	16	Vitamin C Pillbox	17	Pillbox Instructions	18	Vitamin C Pills	19	AAA Batteries	20	Raspberry Pi	21	Raspberry Pi Power Cord
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1574	trb_ar3  Show the field ONLY if: [trb_ar2] = '1'	Was anything else replaced?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No																																						
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1575	trb_r4  Show the field ONLY if: [trb_ar3] = '1'	What was replaced? <i>Update serial numbers in Tech Install Form, if needed.</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>VCD</td></tr> <tr><td>2</td><td>VCD Power Cord</td></tr> <tr><td>3</td><td>VCD Cover</td></tr> <tr><td>4</td><td>Instructions or Stylus</td></tr> <tr><td>5</td><td>VCD Lock</td></tr> <tr><td>6</td><td>Power Strip</td></tr> <tr><td>7</td><td>Outlet Adapter</td></tr> <tr><td>8</td><td>Headphones</td></tr> <tr><td>9</td><td>External Speakers</td></tr> <tr><td>10</td><td>Ethernet Adapter</td></tr> <tr><td>11</td><td>Ethernet Hub</td></tr> <tr><td>12</td><td>Ethernet Hub Power Cord</td></tr> <tr><td>13</td><td>Ethernet Cable(s)</td></tr> <tr><td>14</td><td>Data Provider Device</td></tr> <tr><td>15</td><td>Data Provider Power Cord</td></tr> <tr><td>16</td><td>Vitamin C Pillbox</td></tr> <tr><td>17</td><td>Pillbox Instructions</td></tr> <tr><td>18</td><td>Vitamin C Pills</td></tr> <tr><td>19</td><td>AAA Batteries</td></tr> <tr><td>20</td><td>Raspberry Pi</td></tr> <tr><td>21</td><td>Raspberry Pi Power Cord</td></tr> </table> Custom alignment: LV	1	VCD	2	VCD Power Cord	3	VCD Cover	4	Instructions or Stylus	5	VCD Lock	6	Power Strip	7	Outlet Adapter	8	Headphones	9	External Speakers	10	Ethernet Adapter	11	Ethernet Hub	12	Ethernet Hub Power Cord	13	Ethernet Cable(s)	14	Data Provider Device	15	Data Provider Power Cord	16	Vitamin C Pillbox	17	Pillbox Instructions	18	Vitamin C Pills	19	AAA Batteries	20	Raspberry Pi	21	Raspberry Pi Power Cord
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1576	trb_ar4  Show the field ONLY if: [trb_ar3] = '1'	Was anything else replaced?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No																																						
1	Yes																																												
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1577	trb_r5  Show the field ONLY if: [trb_ar4] = '1'	What was replaced? <i>Update serial numbers in Tech Install Form, if needed.</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>VCD</td></tr> <tr><td>2</td><td>VCD Power Cord</td></tr> <tr><td>3</td><td>VCD Cover</td></tr> <tr><td>4</td><td>Instructions or Stylus</td></tr> <tr><td>5</td><td>VCD Lock</td></tr> <tr><td>6</td><td>Power Strip</td></tr> <tr><td>7</td><td>Outlet Adapter</td></tr> <tr><td>8</td><td>Headphones</td></tr> <tr><td>9</td><td>External Speakers</td></tr> <tr><td>10</td><td>Ethernet Adapter</td></tr> <tr><td>11</td><td>Ethernet Hub</td></tr> <tr><td>12</td><td>Ethernet Hub Power Cord</td></tr> <tr><td>13</td><td>Ethernet Cable(s)</td></tr> <tr><td>14</td><td>Data Provider Device</td></tr> <tr><td>15</td><td>Data Provider Power Cord</td></tr> <tr><td>16</td><td>Vitamin C Pillbox</td></tr> <tr><td>17</td><td>Pillbox Instructions</td></tr> <tr><td>18</td><td>Vitamin C Pills</td></tr> <tr><td>19</td><td>AAA Batteries</td></tr> <tr><td>20</td><td>Raspberry Pi</td></tr> <tr><td>21</td><td>Raspberry Pi Power Cord</td></tr> </table> Custom alignment: LV	1	VCD	2	VCD Power Cord	3	VCD Cover	4	Instructions or Stylus	5	VCD Lock	6	Power Strip	7	Outlet Adapter	8	Headphones	9	External Speakers	10	Ethernet Adapter	11	Ethernet Hub	12	Ethernet Hub Power Cord	13	Ethernet Cable(s)	14	Data Provider Device	15	Data Provider Power Cord	16	Vitamin C Pillbox	17	Pillbox Instructions	18	Vitamin C Pills	19	AAA Batteries	20	Raspberry Pi	21	Raspberry Pi Power Cord
1	VCD																																												
2	VCD Power Cord																																												
3	VCD Cover																																												
4	Instructions or Stylus																																												
5	VCD Lock																																												
6	Power Strip																																												
7	Outlet Adapter																																												
8	Headphones																																												
9	External Speakers																																												
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11	Ethernet Hub																																												
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14	Data Provider Device																																												
15	Data Provider Power Cord																																												
16	Vitamin C Pillbox																																												
17	Pillbox Instructions																																												
18	Vitamin C Pills																																												
19	AAA Batteries																																												
20	Raspberry Pi																																												
21	Raspberry Pi Power Cord																																												
1578	trb_rec	Please describe the reason for the support visit/call and the resolution of any and all issues.	notes, Required, Identifier Custom alignment: LV																																										
1579	trb_stt	Please mark this form status as (Green) if complete.	descriptive																																										
1580	tech_support_form_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																				
0	Incomplete																																												
1	Unverified																																												
2	Complete																																												
Instrument: <b>Tech Pickup Form</b> (tech_pickup_form)			<a href="#">^ Collapse</a>																																										
1581	tpu_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required Custom alignment: LV Field Annotation: @CHARLIMIT=3																																										
1582	tpu_grp	Randomization: [admin_arm_1][ran_grp]	radio, Required <table border="1"> <tr><td>1</td><td>Experimental</td></tr> <tr><td>2</td><td>Control</td></tr> </table> Custom alignment: LV	1	Experimental	2	Control																																						
1	Experimental																																												
2	Control																																												
1583	tpu_loc	Study Location	radio, Required <table border="1"> <tr><td>1</td><td>OHSU</td></tr> <tr><td>2</td><td>UM</td></tr> </table> Custom alignment: LV	1	OHSU	2	UM																																						
1	OHSU																																												
2	UM																																												
1584	tpu_dat  Show the field ONLY if: ([tpu_loc] = '1' and ([tpu_grp] = '1' or [tpu_grp] = '2')) or ([tpu_loc] = '2' and [tpu_grp] = '1')	Date of Equipment Pick-Up	text (date_mdy), Required, Identifier Custom alignment: LV																																										

1585	tpu_1  Show the field ONLY if: [tpu_grp] = '1' and ([tpu_loc] = '1' or [tpu_loc] = '2')	Section Header: PICK-UP CHECKLIST Participant's Name [scrn_tel_arm_1][ts_prn] [scrn_tel_arm_1][ts_pfn] [scrn_tel_arm_1][ts_lln] Address Mailing: [scrn_tel_arm_1][ts_sr1] [scrn_tel_arm_1][ts_ct1], [scrn_tel_arm_1][ts_st1] [scrn_tel_arm_1][ts_zp1] Physical (if different): [scrn_tel_arm_1][ts_sr2] [scrn_tel_arm_1][ts_ct2], [scrn_tel_arm_1][ts_st2] [scrn_tel_arm_1][ts_zp2] Participant Telephone Number(s) Primary [scrn_tel_arm_1][ts_tp1] Secondary [scrn_tel_arm_1][ts_t2b] Blue text in the table below indicates whether or not the equipment was installed, and for certain fields, it specifies the type of equipment. If "Yes", then it was installed and needs to be collected at this time. Select "Yes" or "No" below to indicate whether you are able to retrieve the equipment. If "No", then it was not installed. Please select "N/A" below.  Video Chat Device & Power Cord: [tech_install_arm_1][tnt_1] [tech_install_arm_1][tnt_1a]	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>N/A</td></tr></table>	1	Yes	2	No	3	N/A
1	Yes								
2	No								
3	N/A								
1586	tpu_2  Show the field ONLY if: [tpu_grp] = '1' and ([tpu_loc] = '1' or [tpu_loc] = '2')	Video Chat Device Cover: [tech_install_arm_1][tnt_3]	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>N/A</td></tr></table>	1	Yes	2	No	3	N/A
1	Yes								
2	No								
3	N/A								
1587	tpu_4  Show the field ONLY if: [tpu_grp] = '1' and ([tpu_loc] = '1' or [tpu_loc] = '2')	Video Chat Device Instructions: [tech_install_arm_1][tnt_4]	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>N/A</td></tr></table>	1	Yes	2	No	3	N/A
1	Yes								
2	No								
3	N/A								
1588	tpu_5  Show the field ONLY if: ([tpu_loc] = '1' and [tpu_grp] = '1') or ([tpu_loc] ='2' and [tpu_grp] = '1')	Video Chat Device Lock: [tech_install_arm_1][tnt_5]	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>N/A</td></tr></table>	1	Yes	2	No	3	N/A
1	Yes								
2	No								
3	N/A								
1589	tpu_15  Show the field ONLY if: [tpu_loc] = '1' and ([tpu_grp] = '1' or [tpu_grp] = '2')	Vitamin C Pillbox: [tech_install_arm_1][tnt_15] [tech_install_arm_1][tnt_15a]	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>N/A</td></tr></table>	1	Yes	2	No	3	N/A
1	Yes								
2	No								
3	N/A								
1590	tpu_20  Show the field ONLY if: [tpu_loc] = '1' and ([tpu_grp] = '1' or [tpu_grp] = '2')	Vitamin C Pillbox Instructions: [tech_install_arm_1][tnt_20]	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>N/A</td></tr></table>	1	Yes	2	No	3	N/A
1	Yes								
2	No								
3	N/A								
1591	tpu_9  Show the field ONLY if: ([tpu_loc] = '1' and ([tpu_grp] = '1' or [tpu_grp] = '2'))	Leftover Vitamin C	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>N/A</td></tr></table>	1	Yes	2	No	3	N/A
1	Yes								
2	No								
3	N/A								
1592	tpu_16  Show the field ONLY if: [tpu_loc] = '1' and ([tpu_grp] = '1' or [tpu_grp] = '2')	Raspberry Pi & Power Cord: [tech_install_arm_1][tnt_16] [tech_install_arm_1][tnt_16a]	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>N/A</td></tr></table>	1	Yes	2	No	3	N/A
1	Yes								
2	No								
3	N/A								
1593	tpu_13  Show the field ONLY if: [tpu_loc] = '1' and ([tpu_grp] = '1' or [tpu_grp] = '2')	Data Provider Device & Power Cord: [tech_install_arm_1][tnt_13] [tech_install_arm_1][tnt_13a]	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>N/A</td></tr></table>	1	Yes	2	No	3	N/A
1	Yes								
2	No								
3	N/A								
1594	tpu_6  Show the field ONLY if: ([tpu_loc] = '1' and [tpu_grp] = '1') or ([tpu_loc] = '2' and [tpu_grp] = '1')	Ethernet Adapter: [tech_install_arm_1][tnt_6]	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>N/A</td></tr></table>	1	Yes	2	No	3	N/A
1	Yes								
2	No								
3	N/A								
1595	tpu_7  Show the field ONLY if: ([tpu_grp] = '1' and ([tpu_grp] = '1' or [tpu_loc] = '2')) or ([tpu_loc] = '2' and [tpu_loc] = '2' and [tpu_grp] = '1')	Ethernet Cable(s): [tech_install_arm_1][tnt_7] [tech_install_arm_1][tnt_9a]	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr><tr><td>3</td><td>N/A</td></tr></table>	1	Yes	2	No	3	N/A
1	Yes								
2	No								
3	N/A								

1596	tpu_10 Show the field ONLY if: ([tpu_loc] = '1' and ([tpu_grp] = '1' or [tpu_grp] = '2')) or ([tpu_loc] = '2' and [tpu_grp] = '1')	Power Strip: [tech_install_arm_1][tnt_10]	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>N/A</td></tr> </table>	1	Yes	2	No	3	N/A
1	Yes								
2	No								
3	N/A								
1597	tpu_11 Show the field ONLY if: ([tpu_loc] = '1' and ([tpu_grp] = '1' or [tpu_grp] = '2')) or ([tpu_loc] = '2' and [tpu_grp] = '1')	Outlet Adapter: [tech_install_arm_1][tnt_11]	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>N/A</td></tr> </table>	1	Yes	2	No	3	N/A
1	Yes								
2	No								
3	N/A								
1598	tpu_12 Show the field ONLY if: [tpu_grp] = '1' and ([tpu_loc] = '1' or [tpu_loc] = '2')	Audio Option: [tech_install_arm_1][tnt_12] [tech_install_arm_1][tnt_12b]	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>2</td><td>No</td></tr> <tr><td>3</td><td>N/A</td></tr> </table>	1	Yes	2	No	3	N/A
1	Yes								
2	No								
3	N/A								
1599	tpu_not Show the field ONLY if: ([tpu_loc] = '1' and ([tpu_grp] = '1' or [tpu_grp] = '2')) or ([tpu_loc] = '2' and [tpu_grp] = '1')	Technology Pickup Notes <i>Summary of visit, state of picked-up items, and any participant feedback</i>	notes, Required, Identifier Custom alignment: LV						
1600	tpu_stt	Please mark this form status as (Green) if complete.	descriptive						
1601	tech_pickup_form_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: <b>Assessment Reportable Event Form</b> (assessment_reportable_event_form) <a href="#">^ Collapse</a>									
1602	are_log	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3						
1603	are_dat	Date form was completed	text (date_mdy), Required Custom alignment: LV						
1604	are_des	<p>*Please complete this form by the end of the day for each participant encounter. This includes all participant encounters, by telephone or video chat.*</p> <p>A reportable event is generally any unexpected incident, however minor, that pertains to a deviation from our study protocol and/or the health and well-being of our participants. This may include:</p> <ul style="list-style-type: none"> <li>- Loss of any data, including more than 5 minutes of video or audio data</li> <li>- Adverse mental or physical health symptoms</li> <li>- Any complaints about study participation</li> <li>- Potential elder abuse</li> <li>- Any protocol deviations</li> </ul> <p>If you have any suspicion that a reportable event may have occurred, please record it. We are legally required to track any and all issues related with our study and report them in accordance with rules and regulations. The study coordinators and/or investigators on the project will review and code your events.</p>	descriptive						
1605	are_ocr	Did a reportable event occur?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								



1606	are_dum  Show the field ONLY if: [are_ocr] = '1'	Please fill out the reportable event information below. If you have more than one event to report, please log each one separately in the additions fields provided.	descriptive						
1607	are_ty1  Show the field ONLY if: [are_ocr] ='1'	What reportable event occurred? <i>Other: Participant Complaint, Elder Abuse, etc.</i>	radio, Required <table><tr><td>1</td><td>Adverse Event</td></tr><tr><td>2</td><td>Protocol Deviation</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	Adverse Event	2	Protocol Deviation	3	Other
1	Adverse Event								
2	Protocol Deviation								
3	Other								
1608	are_h1  Show the field ONLY if: [are_ty1] ='1'	Adverse Event	descriptive						
1609	are_ev1  Show the field ONLY if: [are_ty1] ='1'	Describe the event.	notes, Required, Identifier Custom alignment: LV						
1610	are_sr1  Show the field ONLY if: [are_ty1] ='1'	When did it start?	text, Required, Identifier Custom alignment: LV						
1611	are_tn1  Show the field ONLY if: [are_ty1] ='1'	Date you discovered the Adverse Event	text (date_mdy), Required Custom alignment: LV						
1612	are_ex1  Show the field ONLY if: [are_ty1] ='1'	How bad was it? How was the participant affected? Did the event impact their daily activities?	notes, Required, Identifier Custom alignment: LV						
1613	are_tr1  Show the field ONLY if: [are_ty1] ='1'	Did they do anything to treat the Adverse Event, like taking medication, resting, or going to the doctor? Please explain. (If they went to the hospital, were they admitted?)	notes, Required, Identifier Custom alignment: LV						
1614	are_ca1  Show the field ONLY if: [are_ty1] ='1'	What caused the Adverse Event? Was it caused by the study or something else (if known)?	notes, Required, Identifier Custom alignment: LV						
1615	are_ch1  Show the field ONLY if: [are_ty1] ='1'	Is this part of a chronic or ongoing condition (or example, arthritis or seasonal allergies) that the subject had before the study started? Or is this new since the study started? Please explain.	notes, Required, Identifier Custom alignment: LV						
1616	are_ou1  Show the field ONLY if: [are_ty1] ='1'	What was the outcome? Has the issue resolved, or is it still ongoing? When did it stop, if resolved?	notes, Required, Identifier Custom alignment: LV						
1617	are_ae1  Show the field ONLY if: [are_ty1] ='1'	Was the subject able to participate in the study as normal, or did this event affect their participation? (For example, making them late for a chat or missing a health call, etc.)	notes, Required, Identifier Custom alignment: LV						
1618	are_h2  Show the field ONLY if: [are_ty1] ='2'	Protocol Deviation	descriptive						
1619	are_pd1  Show the field ONLY if: [are_ty1] ='2'	Date the Protocol Deviation happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1620	are_tn2  Show the field ONLY if: [are_ty1] ='2'	Date you discovered the Protocol Deviation	text (date_mdy), Required, Identifier Custom alignment: LV						
1621	are_x1  Show the field ONLY if: [are_ty1] ='2'	Description of Protocol Deviation  Please be as detailed as possible.  Include cause of deviation if known, and any corrective actions taken.	notes, Required, Identifier Custom alignment: LV						

1622	are_h3  Show the field ONLY if: [are_ty1] ='3'	Other Reportable Event	descriptive						
1623	are_dv1  Show the field ONLY if: [are_ty1] ='3'	Date the Reportable Event happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1624	are_tn3  Show the field ONLY if: [are_ty1] ='3'	Date you discovered the Reportable Event	text (date_mdy), Required Custom alignment: LV						
1625	are_x2  Show the field ONLY if: [are_ty1] ='3'	Description of Reportable Event  Please be as detailed as possible.	notes, Required, Identifier Custom alignment: LV						
1626	are_ma1  Show the field ONLY if: [are_ty1] ='1' or [are_ty1] ='2' or [are_ty1] ='3'	Did another Reportable Event occur?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1627	are_ty2  Show the field ONLY if: [are_ma1] ='1'	What reportable event occurred? <i>Other: Participant Complaint, Elder Abuse, etc.</i>	radio, Required <table><tr><td>1</td><td>Adverse Event</td></tr><tr><td>2</td><td>Protocol Deviation</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	Adverse Event	2	Protocol Deviation	3	Other
1	Adverse Event								
2	Protocol Deviation								
3	Other								
1628	are_h4  Show the field ONLY if: [are_ty2] ='1'	Adverse Event	descriptive						
1629	are_ev2  Show the field ONLY if: [are_ty2] ='1'	Describe the event.	notes, Required, Identifier Custom alignment: LV						
1630	are_sr2  Show the field ONLY if: [are_ty2] ='1'	When did it start?	text, Required, Identifier Custom alignment: LV						
1631	are_tn4  Show the field ONLY if: [are_ty2] ='1'	Date you discovered the Adverse Event	text (date_mdy), Required Custom alignment: LV						
1632	are_ex2  Show the field ONLY if: [are_ty2] ='1'	How bad was it? How was the participant affected? Did the event impact their daily activities?	notes, Required, Identifier Custom alignment: LV						
1633	are_tr2  Show the field ONLY if: [are_ty2] ='1'	Did they do anything to treat the Adverse Event, like taking medication, resting, or going to the doctor? Please explain. (If they went to the hospital, were they admitted?)	notes, Required, Identifier Custom alignment: LV						
1634	are_ca2  Show the field ONLY if: [are_ty2] ='1'	What caused the Adverse Event? Was it caused by the study or something else (if known)?	notes, Required, Identifier Custom alignment: LV						
1635	are_ch2  Show the field ONLY if: [are_ty2] ='1'	Is this part of a chronic or ongoing condition (or example, arthritis or seasonal allergies) that the subject had before the study started? Or is this new since the study started? Please explain.	notes, Required, Identifier Custom alignment: LV						
1636	are_ou2  Show the field ONLY if: [are_ty2] ='1'	What was the outcome? Has the issue resolved, or is it still ongoing? When did it stop, if resolved?	notes, Required, Identifier Custom alignment: LV						
1637	are_ae2  Show the field ONLY if: [are_ty2] ='1'	Was the subject able to participate in the study as normal, or did this event affect their participation? (For example, making them late for a chat or missing a health call, etc.)	notes, Required, Identifier Custom alignment: LV						

1638	are_h5  Show the field ONLY if: [are_ty2] ='2'	Protocol Deviation	descriptive						
1639	are_pd2  Show the field ONLY if: [are_ty2] ='2'	Date the Protocol Deviation happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1640	are_tn5  Show the field ONLY if: [are_ty2] ='2'	Date you discovered the Protocol Deviation	text (date_mdy) Custom alignment: LV						
1641	are_x3  Show the field ONLY if: [are_ty2] ='2'	Description of Protocol Deviation  Please be as detailed as possible.  Include cause of deviation if known, and any corrective actions taken.	notes, Required, Identifier Custom alignment: LV						
1642	are_h6  Show the field ONLY if: [are_ty2] ='3'	Other Reportable Event	descriptive						
1643	are_dv2  Show the field ONLY if: [are_ty2] ='3'	Date the Reportable Event happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1644	are_tn6  Show the field ONLY if: [are_ty2] ='3'	Date you discovered the Reportable Event	text (date_mdy), Required Custom alignment: LV						
1645	are_x4  Show the field ONLY if: [are_ty2] ='3'	Description of Reportable Event  Please be as detailed as possible.	notes, Required, Identifier Custom alignment: LV						
1646	are_ma2  Show the field ONLY if: [are_ty2] ='1' or [are_ty2] ='2' or [are_ty2] ='3'	Did another Reportable Event occur?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1647	are_ty3  Show the field ONLY if: [are_ma2] ='1'	What reportable event occurred? <i>Other: Participant Complaint, Elder Abuse, etc.</i>	radio, Required <table><tr><td>1</td><td>Adverse Event</td></tr><tr><td>2</td><td>Protocol Deviation</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	Adverse Event	2	Protocol Deviation	3	Other
1	Adverse Event								
2	Protocol Deviation								
3	Other								
1648	are_h7  Show the field ONLY if: [are_ty3] ='1'	Adverse Event	descriptive						
1649	are_ev3  Show the field ONLY if: [are_ty3] ='1'	Describe the event.	notes, Required, Identifier Custom alignment: LV						
1650	are_sr3  Show the field ONLY if: [are_ty3] ='1'	When did it start?	text, Required, Identifier Custom alignment: LV						
1651	are_tn7  Show the field ONLY if: [are_ty3] ='1'	Date you discovered the Adverse Event	text (date_mdy), Required Custom alignment: LV						
1652	are_ex3  Show the field ONLY if: [are_ty3] ='1'	How bad was it? How was the participant affected? Did the event impact their daily activities?	notes, Required, Identifier Custom alignment: LV						

1653	are_tr3  Show the field ONLY if: [are_ty3] ='1'	Did they do anything to treat the Adverse Event, like taking medication, resting, or going to the doctor? Please explain. (If they went to the hospital, were they admitted?)	notes, Required, Identifier Custom alignment: LV						
1654	are_ca3  Show the field ONLY if: [are_ty3] ='1'	What caused the Adverse Event? Was it caused by the study or something else (if known)?	notes, Required, Identifier Custom alignment: LV						
1655	are_ch3  Show the field ONLY if: [are_ty3] ='1'	Is this part of a chronic or ongoing condition (or example, arthritis or seasonal allergies) that the subject had before the study started? Or is this new since the study started? Please explain.	notes, Required, Identifier Custom alignment: LV						
1656	are_ou3  Show the field ONLY if: [are_ty3] ='1'	What was the outcome? Has the issue resolved, or is it still ongoing? When did it stop, if resolved?	notes, Required, Identifier Custom alignment: LV						
1657	are_ae3  Show the field ONLY if: [are_ty3] ='1'	Was the subject able to participate in the study as normal, or did this event affect their participation? (For example, making them late for a chat or missing a health call, etc.)	notes, Required, Identifier Custom alignment: LV						
1658	are_h8  Show the field ONLY if: [are_ty3] ='2'	Protocol Deviation	descriptive						
1659	are_pd3  Show the field ONLY if: [are_ty3] ='2'	Date the Protocol Deviation happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1660	are_tn8  Show the field ONLY if: [are_ty3] ='2'	Date you discovered the Protocol Deviation	text (date_mdy), Required Custom alignment: LV						
1661	are_x5  Show the field ONLY if: [are_ty3] ='2'	Description of Protocol Deviation  Please be as detailed as possible.  Include cause of deviation if known, and any corrective actions taken.	notes, Required, Identifier Custom alignment: LV						
1662	are_h9  Show the field ONLY if: [are_ty3] ='3'	Other Reportable Event	descriptive						
1663	are_dv3  Show the field ONLY if: [are_ty3] ='3'	Date the Reportable Event happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1664	are_tn9  Show the field ONLY if: [are_ty3] ='3'	Date you discovered the Reportable Event	text (date_mdy), Required Custom alignment: LV						
1665	are_x6  Show the field ONLY if: [are_ty3] ='3'	Description of Reportable Event  Please be as detailed as possible.	notes, Required, Identifier Custom alignment: LV						
1666	are_ma3  Show the field ONLY if: [are_ty3] ='1' or [are_ty3] ='2' or [are_ty3] ='3'	Did another Reportable Event occur?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1667	are_ty4  Show the field ONLY if: [are_ma3] ='1'	What reportable event occurred? <i>Other: Participant Complaint, Elder Abuse, etc.</i>	radio, Required <table><tr><td>1</td><td>Adverse Event</td></tr><tr><td>2</td><td>Protocol Deviation</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	Adverse Event	2	Protocol Deviation	3	Other
1	Adverse Event								
2	Protocol Deviation								
3	Other								

1668	are_h10 Show the field ONLY if: [are_ty4] ='1'	Adverse Event	descriptive
1669	are_ev4 Show the field ONLY if: [are_ty4] ='1'	Describe the event.	notes, Required, Identifier Custom alignment: LV
1670	are_sr4 Show the field ONLY if: [are_ty4] ='1'	When did it start?	text, Required, Identifier Custom alignment: LV
1671	are_tn10 Show the field ONLY if: [are_ty4] ='1'	Date you discovered the Adverse Event	text (date_mdy), Required Custom alignment: LV
1672	are_ex4 Show the field ONLY if: [are_ty4] ='1'	How bad was it? How was the participant affected? Did the event impact their daily activities?	notes, Required, Identifier Custom alignment: LV
1673	are_tr4 Show the field ONLY if: [are_ty4] ='1'	Did they do anything to treat the Adverse Event, like taking medication, resting, or going to the doctor? Please explain. (If they went to the hospital, were they admitted?)	notes, Required, Identifier Custom alignment: LV
1674	are_ca4 Show the field ONLY if: [are_ty4] ='1'	What caused the Adverse Event? Was it caused by the study or something else (if known)?	notes, Required, Identifier Custom alignment: LV
1675	are_ch4 Show the field ONLY if: [are_ty4] ='1'	Is this part of a chronic or ongoing condition (or example, arthritis or seasonal allergies) that the subject had before the study started? Or is this new since the study started? Please explain.	notes, Required, Identifier Custom alignment: LV
1676	are_ou4 Show the field ONLY if: [are_ty4] ='1'	What was the outcome? Has the issue resolved, or is it still ongoing? When did it stop, if resolved?	notes, Required, Identifier Custom alignment: LV
1677	are_ae4 Show the field ONLY if: [are_ty4] ='1'	Was the subject able to participate in the study as normal, or did this event affect their participation? (For example, making them late for a chat or missing a health call, etc.)	notes, Required, Identifier Custom alignment: LV
1678	are_h11 Show the field ONLY if: [are_ty4] ='2'	Protocol Deviation	descriptive
1679	are_pd4 Show the field ONLY if: [are_ty4] ='2'	Date the Protocol Deviation happened	text (date_mdy), Required, Identifier Custom alignment: LV
1680	are_tn11 Show the field ONLY if: [are_ty4] ='2'	Date you discovered the Protocol Deviation	text (date_mdy), Required Custom alignment: LV
1681	are_x7 Show the field ONLY if: [are_ty4] ='2'	Description of Protocol Deviation  Please be as detailed as possible.  Include cause of deviation if known, and any corrective actions taken.	notes, Required, Identifier Custom alignment: LV
1682	are_h12 Show the field ONLY if: [are_ty4] ='3'	Other Reportable Event	descriptive
1683	are_dv4 Show the field ONLY if: [are_ty4] ='3'	Date the Reportable Event happened	text (date_mdy), Required, Identifier Custom alignment: LV
1684	are_tn12 Show the field ONLY if: [are_ty4] ='3'	Date you discovered the Reportable Event	text (date_mdy), Required Custom alignment: LV

1685	are_x8  Show the field ONLY if: [are_ty4] ='3'	Description of Reportable Event  Please be as detailed as possible.	notes, Required, Identifier Custom alignment: LV						
1686	are_ma4  Show the field ONLY if: [are_ty4] ='1' or [are_ty4] ='2' or [are_ty4] ='3'	Did another Reportable Event occur?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1687	are_ty5  Show the field ONLY if: [are_ma4] ='1'	What reportable event occurred? <i>Other: Participant Complaint, Elder Abuse, etc.</i>	radio, Required <table><tr><td>1</td><td>Adverse Event</td></tr><tr><td>2</td><td>Protocol Deviation</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	Adverse Event	2	Protocol Deviation	3	Other
1	Adverse Event								
2	Protocol Deviation								
3	Other								
1688	are_h13  Show the field ONLY if: [are_ty5] ='1'	Adverse Event	descriptive						
1689	are_ev5  Show the field ONLY if: [are_ty5] ='1'	Describe the event.	notes, Required, Identifier Custom alignment: LV						
1690	are_sr5  Show the field ONLY if: [are_ty5] ='1'	When did it start?	text, Required, Identifier Custom alignment: LV						
1691	are_tn13  Show the field ONLY if: [are_ty5] ='1'	Date you discovered the Adverse Event	text (date_mdy), Required Custom alignment: LV						
1692	are_ex5  Show the field ONLY if: [are_ty5] ='1'	How bad was it? How was the participant affected? Did the event impact their daily activities?	notes, Required, Identifier Custom alignment: LV						
1693	are_tr5  Show the field ONLY if: [are_ty5] ='1'	Did they do anything to treat the Adverse Event, like taking medication, resting, or going to the doctor? Please explain. (If they went to the hospital, were they admitted?)	notes, Required, Identifier Custom alignment: LV						
1694	are_ca5  Show the field ONLY if: [are_ty5] ='1'	What caused the Adverse Event? Was it caused by the study or something else (if known)?	notes, Required, Identifier Custom alignment: LV						
1695	are_ch5  Show the field ONLY if: [are_ty5] ='1'	Is this part of a chronic or ongoing condition (or example, arthritis or seasonal allergies) that the subject had before the study started? Or is this new since the study started? Please explain.	notes, Required, Identifier Custom alignment: LV						
1696	are_ou5  Show the field ONLY if: [are_ty5] ='1'	What was the outcome? Has the issue resolved, or is it still ongoing? When did it stop, if resolved?	notes, Required, Identifier Custom alignment: LV						
1697	are_ae5  Show the field ONLY if: [are_ty5] ='1'	Was the subject able to participate in the study as normal, or did this event affect their participation? (For example, making them late for a chat or missing a health call, etc.)	notes, Required, Identifier Custom alignment: LV						
1698	are_h14  Show the field ONLY if: [are_ty5] ='2'	Protocol Deviation	descriptive						
1699	are_pd5  Show the field ONLY if: [are_ty5] ='2'	Date the Protocol Deviation happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1700	are_tn14  Show the field ONLY if: [are_ty5] ='2'	Date you discovered the Protocol Deviation	text (date_mdy), Required Custom alignment: LV						

1701	are_x9  Show the field ONLY if: [are_ty5] ='2'	Description of Protocol Deviation  Please be as detailed as possible.  Include cause of deviation if known, and any corrective actions taken.	notes, Required, Identifier Custom alignment: LV						
1702	are_h15  Show the field ONLY if: [are_ty5] ='3'	Other Reportable Event	descriptive						
1703	are_dv5  Show the field ONLY if: [are_ty5] ='3'	Date the Reportable Event happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1704	are_tn15  Show the field ONLY if: [are_ty5] ='3'	Date you discovered the Reportable Event	text (date_mdy), Required Custom alignment: LV						
1705	are_x10  Show the field ONLY if: [are_ty5] ='3'	Description of Reportable Event  Please be as detailed as possible.	notes, Required, Identifier Custom alignment: LV						
1706	are_int  Show the field ONLY if: [are_ocr] = '1'	Please email I-CONNECTReportable@ohsu.edu immediately upon completing this form if your Reportable Event(s) involves: - Participant's health, wellbeing or safety - Risk to participant wellbeing or safety - Extreme data loss (blank forms, missing audio/video recordings, etc.) - Participant complaints that may lead to drop-out  *Please title the subject line "Reportable Event: Subject C####" and copy and paste any event description text into the body of the email.*	descriptive						
1707	are_stt	Please mark this form as: "Complete" (Green)" if no reportable event occurred or "Unverified" (Yellow) if one did occur.	descriptive						
1708	assessment_reportable_event_form_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: <b>Tech Incident Form</b> (tech_incident_form) <div>^ Collapse</div>									
1709	tin_ins	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3						
1710	tin_dat	Date	text (date_mdy), Required Custom alignment: LV						

1711	tin_des	<p>*Please complete this form by the end of the day for each participant encounter. This includes all participant encounters, by telephone and video chat.*</p> <p>This form is used to track any hardware and software issues that may arise during the video chat. The technology coordinator will review this form and address any major or reoccurring problems.</p> <p>Please note any unexpected hardware or software incidents, however minor, that pertains to the functioning of</p> <p>Hardware: Macbook, secondary monitor, participant's Chromebook, adapters, audio device, etc.</p> <p>Software: REDCap, Audio Hijack, Cisco, PowerPoint, etc.</p> <p>If you experienced any technology related incidents that could hinder study activities, please record it.</p>	descriptive																								
1712	tin_is	Did a technical issue occur?	<p>yesno, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No																				
1	Yes																										
0	No																										
1713	tin_rea Show the field ONLY if: [tin_is] = '1'	What happened?	<p>checkbox, Required</p> <table border="1"> <tr> <td>1</td> <td>tin_rea__1</td> <td>Poor Video Quality</td> </tr> <tr> <td>2</td> <td>tin_rea__2</td> <td>Poor Sound Quality</td> </tr> <tr> <td>3</td> <td>tin_rea__3</td> <td>Loss of Video</td> </tr> <tr> <td>4</td> <td>tin_rea__4</td> <td>Loss of Sound</td> </tr> <tr> <td>5</td> <td>tin_rea__5</td> <td>Disconnection of Participant</td> </tr> <tr> <td>6</td> <td>tin_rea__6</td> <td>Disconnection of Staff</td> </tr> <tr> <td>8</td> <td>tin_rea__8</td> <td>Software Issue</td> </tr> <tr> <td>9</td> <td>tin_rea__9</td> <td>Other</td> </tr> </table> <p>Custom alignment: LV</p>	1	tin_rea__1	Poor Video Quality	2	tin_rea__2	Poor Sound Quality	3	tin_rea__3	Loss of Video	4	tin_rea__4	Loss of Sound	5	tin_rea__5	Disconnection of Participant	6	tin_rea__6	Disconnection of Staff	8	tin_rea__8	Software Issue	9	tin_rea__9	Other
1	tin_rea__1	Poor Video Quality																									
2	tin_rea__2	Poor Sound Quality																									
3	tin_rea__3	Loss of Video																									
4	tin_rea__4	Loss of Sound																									
5	tin_rea__5	Disconnection of Participant																									
6	tin_rea__6	Disconnection of Staff																									
8	tin_rea__8	Software Issue																									
9	tin_rea__9	Other																									
1714	tin_x Show the field ONLY if: [tin_rea(9)] = '1'	If other, please explain.	<p>text, Required</p> <p>Custom alignment: LV</p>																								
1715	tin_isx Show the field ONLY if: [tin_is] = '1'	Please explain in more detail what happened.	<p>notes, Required, Identifier</p> <p>Custom alignment: LV</p>																								
1716	tin_rsv Show the field ONLY if: [tin_is] = '1'	Were you able to troubleshoot and resolve the issue?	<p>yesno, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No																				
1	Yes																										
0	No																										
1717	tin_crt Show the field ONLY if: [tin_rsv] = '0'	Could the unresolved issue be a critical problem that may make future chats/calls impossible?	<p>yesno, Required</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No																				
1	Yes																										
0	No																										



1718	tin_fs  Show the field ONLY if: [tin_is] = '1'	How frustrated was the participant with the issue? <i>This helps us prioritize participants to minimize dropouts</i>	radio, Required <table><tr><td>1</td><td>Very Much</td></tr><tr><td>2</td><td>Somewhat</td></tr><tr><td>3</td><td>Not At All</td></tr></table> Custom alignment: LV	1	Very Much	2	Somewhat	3	Not At All
1	Very Much								
2	Somewhat								
3	Not At All								
1719	tin_fs1  Show the field ONLY if: [tin_fs] = '1' and [tin_fs] = '2'	Please explain.	notes, Required, Identifier Custom alignment: LV						
1720	tin_cmt  Show the field ONLY if: [tin_is] = '1'	Participant comments, if any.	notes, Identifier Custom alignment: LV						
1721	tin_re2	REMINDER: If >5 minutes of data loss occurs, also complete the Intervention Reportable Event Form	descriptive						
1722	tin_ds1  Show the field ONLY if: ([tin_rsv] = '1' and [tin_fs] = '3') or ([tin_is] = "0")	Mark form as "Complete" (Green)	descriptive						
1723	tin_ds2  Show the field ONLY if: ([tin_rsv] = '0' and ([tin_crt] = '0' and ([tin_fs] = '3' or [tin_fs] = '2')) or ([tin_rsv] = '1' and [tin_fs] = '2')	Mark form as "Unverified" (Yellow)	descriptive						
1724	tin_ds3  Show the field ONLY if: [tin_crt] = '1' or [tin_fs] = '1'	Mark form "Incomplete" (Red) and email a summary to the site technology coordinator, nguyekho@ohsu.edu.	descriptive						
1725	tech_incident_form_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Intervention Reportable Event Form** (intervention\_reportable\_event\_form)[^ Collapse](#)

1726	cre_log	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3
1727	cre_dat	Date form was completed	text (date_mdy), Required Custom alignment: LV
1728	cre_des	<p>*Please complete this form by the end of the day for each participant encounter. This includes all participant encounters, by telephone or video chat.*</p> <p>A non-AE reportable event is generally any unexpected incident that pertains to a deviation from our study protocol. This may include:</p> <ul style="list-style-type: none"> <li>- Loss of any data, including more than 5 minutes of video or audio data</li> <li>- Any protocol deviations, including going over time limits</li> <li>- Any complaints about study participation</li> <li>- Treatment for mental health symptoms caused by our study</li> <li>- Potential elder abuse</li> </ul> <p>If you have any suspicion that one of the above events may have occurred, please record it.</p>	descriptive

1729	cre_ocr	Did a reportable event occur?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1730	cre_dum Show the field ONLY if: [cre_ocr] = '1'	Please fill out the reportable event information below. If you have more than one event to report, please log each one separately in the additions fields provided.	descriptive						
1731	cre_ty1 Show the field ONLY if: [cre_ocr] ='1'	What reportable event occurred? <i>NOTE: SAE's have been moved to the logging form. Data transfer in progress.</i>	radio, Required <table><tr><td>1</td><td>(STOP: USE LOGGING FORM) SAE or Adverse Event Related to the Study</td></tr><tr><td>2</td><td>Protocol Deviation</td></tr><tr><td>3</td><td>Other (Participant Complaint, Mental Health Treatment, Elder Abuse, etc.)</td></tr></table> Custom alignment: LV	1	(STOP: USE LOGGING FORM) SAE or Adverse Event Related to the Study	2	Protocol Deviation	3	Other (Participant Complaint, Mental Health Treatment, Elder Abuse, etc.)
1	(STOP: USE LOGGING FORM) SAE or Adverse Event Related to the Study								
2	Protocol Deviation								
3	Other (Participant Complaint, Mental Health Treatment, Elder Abuse, etc.)								
1732	cre_h1 Show the field ONLY if: [cre_ty1] ='1'	Adverse Event	descriptive						
1733	cre_ev1 Show the field ONLY if: [cre_ty1] ='1'	Describe the event.	notes, Required, Identifier Custom alignment: LV						
1734	cre_sr1 Show the field ONLY if: [cre_ty1] ='1'	When did it start?	text, Required, Identifier Custom alignment: LV						
1735	cre_tn1 Show the field ONLY if: [cre_ty1] ='1'	Date you discovered the Adverse Event	text (date_mdy), Required Custom alignment: LV						
1736	cre_ex1 Show the field ONLY if: [cre_ty1] ='1'	How bad was it? How was the participant affected? Did the event impact their daily activities?	notes, Required, Identifier Custom alignment: LV						
1737	cre_tr1 Show the field ONLY if: [cre_ty1] ='1'	Did they do anything to treat the Adverse Event, like taking medication, resting, or going to the doctor? Please explain. (If they went to the hospital, were they admitted?)	notes, Required, Identifier Custom alignment: LV						
1738	cre_ca1 Show the field ONLY if: [cre_ty1] ='1'	What caused the Adverse Event? Was it caused by the study or something else (if known)?	notes, Required, Identifier Custom alignment: LV						
1739	cre_ch1 Show the field ONLY if: [cre_ty1] ='1'	Is this new since the study started? Or is this part of an older condition that the subject had before joining the study (for example, chronic/ongoing arthritis or seasonal allergies that escalated to an SAE)? Please explain.	notes, Required, Identifier Custom alignment: LV						
1740	cre_ou1 Show the field ONLY if: [cre_ty1] ='1'	What was the outcome? Has the issue resolved, or is it still ongoing? When did it stop, if resolved?	notes, Required, Identifier Custom alignment: LV						
1741	cre_ae1 Show the field ONLY if: [cre_ty1] ='1'	Was the subject able to participate in the study as normal, or did this event affect their participation? (For example, making them late for a chat or missing a health call, etc.)	notes, Required, Identifier Custom alignment: LV						
1742	cre_h2 Show the field ONLY if: [cre_ty1] ='2'	Protocol Deviation	descriptive						
1743	cre_pd1 Show the field ONLY if: [cre_ty1] ='2'	Date the Protocol Deviation happened	text (date_mdy), Required, Identifier Custom alignment: LV						

1744	cre_tn2  Show the field ONLY if: [cre_ty1] ='2'	Date you discovered the Protocol Deviation	text (date_mdy), Required, Identifier Custom alignment: LV						
1745	cre_x1  Show the field ONLY if: [cre_ty1] ='2'	Description of Protocol Deviation  Please be as detailed as possible.  Include cause of deviation if known, and any corrective actions taken.	notes, Required, Identifier Custom alignment: LV						
1746	cre_h3  Show the field ONLY if: [cre_ty1] ='3'	Other Reportable Event	descriptive						
1747	cre_dv1  Show the field ONLY if: [cre_ty1] ='3'	Date the Reportable Event happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1748	cre_tn3  Show the field ONLY if: [cre_ty1] ='3'	Date you discovered the Reportable Event	text (date_mdy), Required Custom alignment: LV						
1749	cre_x2  Show the field ONLY if: [cre_ty1] ='3'	Description of Reportable Event  Please be as detailed as possible.	notes, Required, Identifier Custom alignment: LV						
1750	cre_ma1  Show the field ONLY if: [cre_ty1] ='1' or [cre_ty1] ='2' or [cre_ty1] ='3'	Did another Reportable Event occur?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1751	cre_ty2  Show the field ONLY if: [cre_ma1] ='1'	What reportable event occurred? <i>Other: Participant Complaint, Mental Health Treatment, Elder Abuse, etc.</i>	radio, Required <table><tr><td>1</td><td>SAE or Adverse Event Related to the Study</td></tr><tr><td>2</td><td>Protocol Deviation</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	SAE or Adverse Event Related to the Study	2	Protocol Deviation	3	Other
1	SAE or Adverse Event Related to the Study								
2	Protocol Deviation								
3	Other								
1752	cre_h4  Show the field ONLY if: [cre_ty2] ='1'	Adverse Event	descriptive						
1753	cre_ev2  Show the field ONLY if: [cre_ty2] ='1'	Describe the event.	notes, Required, Identifier Custom alignment: LV						
1754	cre_sr2  Show the field ONLY if: [cre_ty2] ='1'	When did it start?	text, Required, Identifier Custom alignment: LV						
1755	cre_tn4  Show the field ONLY if: [cre_ty2] ='1'	Date you discovered the Adverse Event	text (date_mdy), Required Custom alignment: LV						
1756	cre_ex2  Show the field ONLY if: [cre_ty2] ='1'	How bad was it? How was the participant affected? Did the event impact their daily activities?	notes, Required, Identifier Custom alignment: LV						
1757	cre_tr2  Show the field ONLY if: [cre_ty2] ='1'	Did they do anything to treat the Adverse Event, like taking medication, resting, or going to the doctor? Please explain. (If they went to the hospital, were they admitted?)	notes, Required, Identifier Custom alignment: LV						
1758	cre_ca2  Show the field ONLY if: [cre_ty2] ='1'	What caused the Adverse Event? Was it caused by the study or something else (if known)?	notes, Required, Identifier Custom alignment: LV						

1759	cre_ch2  Show the field ONLY if: [cre_ty2] ='1'	Is this new since the study started? Or is this part of an older condition that the subject had before joining the study (for example, chronic/ongoing arthritis or seasonal allergies that escalated to an SAE)? Please explain.	notes, Required, Identifier Custom alignment: LV						
1760	cre_ou2  Show the field ONLY if: [cre_ty2] ='1'	What was the outcome? Has the issue resolved, or is it still ongoing? When did it stop, if resolved?	notes, Required, Identifier Custom alignment: LV						
1761	cre_ae2  Show the field ONLY if: [cre_ty2] ='1'	Was the subject able to participate in the study as normal, or did this event affect their participation? (For example, making them late for a chat or missing a health call, etc.)	notes, Required, Identifier Custom alignment: LV						
1762	cre_h5  Show the field ONLY if: [cre_ty2] ='2'	Protocol Deviation	descriptive						
1763	cre_pd2  Show the field ONLY if: [cre_ty2] ='2'	Date the Protocol Deviation happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1764	cre_tn5  Show the field ONLY if: [cre_ty2] ='2'	Date you discovered the Protocol Deviation	text (date_mdy) Custom alignment: LV						
1765	cre_x3  Show the field ONLY if: [cre_ty2] ='2'	Description of Protocol Deviation  Please be as detailed as possible.  Include cause of deviation if known, and any corrective actions taken.	notes, Required, Identifier Custom alignment: LV						
1766	cre_h6  Show the field ONLY if: [cre_ty2] ='3'	Other Reportable Event	descriptive						
1767	cre_dv2  Show the field ONLY if: [cre_ty2] ='3'	Date the Reportable Event happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1768	cre_tn6  Show the field ONLY if: [cre_ty2] ='3'	Date you discovered the Reportable Event	text (date_mdy), Required Custom alignment: LV						
1769	cre_x4  Show the field ONLY if: [cre_ty2] ='3'	Description of Reportable Event  Please be as detailed as possible.	notes, Required, Identifier Custom alignment: LV						
1770	cre_ma2  Show the field ONLY if: [cre_ty2] ='1' or [cre_ty2] ='2' or [cre_ty2] ='3'	Did another Reportable Event occur?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1771	cre_ty3  Show the field ONLY if: [cre_ma2] ='1'	What reportable event occurred? <i>Other: Participant Complaint, Mental Health Treatment, Elder Abuse, etc.</i>	radio, Required <table><tr><td>1</td><td>SAE or Adverse Event Related to the Study</td></tr><tr><td>2</td><td>Protocol Deviation</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	SAE or Adverse Event Related to the Study	2	Protocol Deviation	3	Other
1	SAE or Adverse Event Related to the Study								
2	Protocol Deviation								
3	Other								
1772	cre_h7  Show the field ONLY if: [cre_ty3] ='1'	Adverse Event	descriptive						
1773	cre_ev3  Show the field ONLY if: [cre_ty3] ='1'	Describe the event.	notes, Required, Identifier Custom alignment: LV						

1774	cre_sr3 Show the field ONLY if: [cre_ty3] ='1'	When did it start?	text, Required, Identifier Custom alignment: LV
1775	cre_tn7 Show the field ONLY if: [cre_ty3] ='1'	Date you discovered the Adverse Event	text (date_mdy), Required Custom alignment: LV
1776	cre_ex3 Show the field ONLY if: [cre_ty3] ='1'	How bad was it? How was the participant affected? Did the event impact their daily activities?	notes, Required, Identifier Custom alignment: LV
1777	cre_tr3 Show the field ONLY if: [cre_ty3] ='1'	Did they do anything to treat the Adverse Event, like taking medication, resting, or going to the doctor? Please explain. (If they went to the hospital, were they admitted?)	notes, Required, Identifier Custom alignment: LV
1778	cre_ca3 Show the field ONLY if: [cre_ty3] ='1'	What caused the Adverse Event? Was it caused by the study or something else (if known)?	notes, Required, Identifier Custom alignment: LV
1779	cre_ch3 Show the field ONLY if: [cre_ty3] ='1'	Is this new since the study started? Or is this part of an older condition that the subject had before joining the study (for example, chronic/ongoing arthritis or seasonal allergies that escalated to an SAE)? Please explain.	notes, Required, Identifier Custom alignment: LV
1780	cre_ou3 Show the field ONLY if: [cre_ty3] ='1'	What was the outcome? Has the issue resolved, or is it still ongoing? When did it stop, if resolved?	notes, Required, Identifier Custom alignment: LV
1781	cre_ae3 Show the field ONLY if: [cre_ty3] ='1'	Was the subject able to participate in the study as normal, or did this event affect their participation? (For example, making them late for a chat or missing a health call, etc.)	notes, Required, Identifier Custom alignment: LV
1782	cre_h8 Show the field ONLY if: [cre_ty3] ='2'	Protocol Deviation	descriptive
1783	cre_pd3 Show the field ONLY if: [cre_ty3] ='2'	Date the Protocol Deviation happened	text (date_mdy), Required, Identifier Custom alignment: LV
1784	cre_tn8 Show the field ONLY if: [cre_ty3] ='2'	Date you discovered the Protocol Deviation	text (date_mdy), Required Custom alignment: LV
1785	cre_x5 Show the field ONLY if: [cre_ty3] ='2'	Description of Protocol Deviation  Please be as detailed as possible.  Include cause of deviation if known, and any corrective actions taken.	notes, Required, Identifier Custom alignment: LV
1786	cre_h9 Show the field ONLY if: [cre_ty3] ='3'	Other Reportable Event	descriptive
1787	cre_dv3 Show the field ONLY if: [cre_ty3] ='3'	Date the Reportable Event happened	text (date_mdy), Required, Identifier Custom alignment: LV
1788	cre_tn9 Show the field ONLY if: [cre_ty3] ='3'	Date you discovered the Reportable Event	text (date_mdy), Required Custom alignment: LV
1789	cre_x6 Show the field ONLY if: [cre_ty3] ='3'	Description of Reportable Event  Please be as detailed as possible.	notes, Required, Identifier Custom alignment: LV

1790	cre_ma3  Show the field ONLY if: [cre_ty3] ='1' or [cre_ty3] ='2' or [cre_ty3] ='3'	Did another Reportable Event occur?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1791	cre_ty4  Show the field ONLY if: [cre_ma3] ='1'	What reportable event occurred? <i>Other: Participant Complaint, Mental Health Treatment, Elder Abuse, etc.</i>	radio, Required <table><tr><td>1</td><td>SAE or Adverse Event Related to the Study</td></tr><tr><td>2</td><td>Protocol Deviation</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	SAE or Adverse Event Related to the Study	2	Protocol Deviation	3	Other
1	SAE or Adverse Event Related to the Study								
2	Protocol Deviation								
3	Other								
1792	cre_h10  Show the field ONLY if: [cre_ty4] ='1'	Adverse Event	descriptive						
1793	cre_ev4  Show the field ONLY if: [cre_ty4] ='1'	Describe the event.	notes, Required, Identifier Custom alignment: LV						
1794	cre_sr4  Show the field ONLY if: [cre_ty4] ='1'	When did it start?	text, Required, Identifier Custom alignment: LV						
1795	cre_tn10  Show the field ONLY if: [cre_ty4] ='1'	Date you discovered the Adverse Event	text (date_mdy), Required Custom alignment: LV						
1796	cre_ex4  Show the field ONLY if: [cre_ty4] ='1'	How bad was it? How was the participant affected? Did the event impact their daily activities?	notes, Required, Identifier Custom alignment: LV						
1797	cre_tr4  Show the field ONLY if: [cre_ty4] ='1'	Did they do anything to treat the Adverse Event, like taking medication, resting, or going to the doctor? Please explain. (If they went to the hospital, were they admitted?)	notes, Required, Identifier Custom alignment: LV						
1798	cre_ca4  Show the field ONLY if: [cre_ty4] ='1'	What caused the Adverse Event? Was it caused by the study or something else (if known)?	notes, Required, Identifier Custom alignment: LV						
1799	cre_ch4  Show the field ONLY if: [cre_ty4] ='1'	Is this new since the study started? Or is this part of an older condition that the subject had before joining the study (for example, chronic/ongoing arthritis or seasonal allergies that escalated to an SAE)? Please explain.	notes, Required, Identifier Custom alignment: LV						
1800	cre_ou4  Show the field ONLY if: [cre_ty4] ='1'	What was the outcome? Has the issue resolved, or is it still ongoing? When did it stop, if resolved?	notes, Required, Identifier Custom alignment: LV						
1801	cre_ae4  Show the field ONLY if: [cre_ty4] ='1'	Was the subject able to participate in the study as normal, or did this event affect their participation? (For example, making them late for a chat or missing a health call, etc.)	notes, Required, Identifier Custom alignment: LV						
1802	cre_h11  Show the field ONLY if: [cre_ty4] ='2'	Protocol Deviation	descriptive						
1803	cre_pd4  Show the field ONLY if: [cre_ty4] ='2'	Date the Protocol Deviation happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1804	cre_tn11  Show the field ONLY if: [cre_ty4] ='2'	Date you discovered the Protocol Deviation	text (date_mdy), Required Custom alignment: LV						

1805	cre_x7  Show the field ONLY if: [cre_ty4] ='2'	Description of Protocol Deviation  Please be as detailed as possible.  Include cause of deviation if known, and any corrective actions taken.	notes, Required, Identifier Custom alignment: LV						
1806	cre_h12  Show the field ONLY if: [cre_ty4] ='3'	Other Reportable Event	descriptive						
1807	cre_dv4  Show the field ONLY if: [cre_ty4] ='3'	Date the Reportable Event happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1808	cre_tn12  Show the field ONLY if: [cre_ty4] ='3'	Date you discovered the Reportable Event	text (date_mdy), Required Custom alignment: LV						
1809	cre_x8  Show the field ONLY if: [cre_ty4] ='3'	Description of Reportable Event  Please be as detailed as possible.	notes, Required, Identifier Custom alignment: LV						
1810	cre_ma4  Show the field ONLY if: [cre_ty4] ='1' or [cre_ty4] ='2' or [cre_ty4] ='3'	Did another Reportable Event occur?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1811	cre_ty5  Show the field ONLY if: [cre_ma4] ='1'	What reportable event occurred? <i>Other: Participant Complaint, Mental Health Treatment, Elder Abuse, etc.</i>	radio, Required <table><tr><td>1</td><td>SAE or Adverse Event Related to the Study</td></tr><tr><td>2</td><td>Protocol Deviation</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	SAE or Adverse Event Related to the Study	2	Protocol Deviation	3	Other
1	SAE or Adverse Event Related to the Study								
2	Protocol Deviation								
3	Other								
1812	cre_h13  Show the field ONLY if: [cre_ty5] ='1'	Adverse Event	descriptive						
1813	cre_ev5  Show the field ONLY if: [cre_ty5] ='1'	Describe the event.	notes, Required, Identifier Custom alignment: LV						
1814	cre_sr5  Show the field ONLY if: [cre_ty5] ='1'	When did it start?	text, Required, Identifier Custom alignment: LV						
1815	cre_tn13  Show the field ONLY if: [cre_ty5] ='1'	Date you discovered the Adverse Event	text (date_mdy), Required Custom alignment: LV						
1816	cre_ex5  Show the field ONLY if: [cre_ty5] ='1'	How bad was it? How was the participant affected? Did the event impact their daily activities?	notes, Required, Identifier Custom alignment: LV						
1817	cre_tr5  Show the field ONLY if: [cre_ty5] ='1'	Did they do anything to treat the Adverse Event, like taking medication, resting, or going to the doctor? Please explain. (If they went to the hospital, were they admitted?)	notes, Required, Identifier Custom alignment: LV						
1818	cre_ca5  Show the field ONLY if: [cre_ty5] ='1'	What caused the Adverse Event? Was it caused by the study or something else (if known)?	notes, Required, Identifier Custom alignment: LV						
1819	cre_ch5  Show the field ONLY if: [cre_ty5] ='1'	Is this new since the study started? Or is this part of an older condition that the subject had before joining the study (for example, chronic/ongoing arthritis or seasonal allergies that escalated to an SAE)? Please explain.	notes, Required, Identifier Custom alignment: LV						

1820	cre_ou5 Show the field ONLY if: [cre_ty5] ='1'	What was the outcome? Has the issue resolved, or is it still ongoing? When did it stop, if resolved?	notes, Required, Identifier Custom alignment: LV						
1821	cre_ae5 Show the field ONLY if: [cre_ty5] ='1'	Was the subject able to participate in the study as normal, or did this event affect their participation? (For example, making them late for a chat or missing a health call, etc.)	notes, Required, Identifier Custom alignment: LV						
1822	cre_h14 Show the field ONLY if: [cre_ty5] ='2'	Protocol Deviation	descriptive						
1823	cre_pd5 Show the field ONLY if: [cre_ty5] ='2'	Date the Protocol Deviation happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1824	cre_tn14 Show the field ONLY if: [cre_ty5] ='2'	Date you discovered the Protocol Deviation	text (date_mdy), Required Custom alignment: LV						
1825	cre_x9 Show the field ONLY if: [cre_ty5] ='2'	Description of Protocol Deviation  Please be as detailed as possible.  Include cause of deviation if known, and any corrective actions taken.	notes, Required, Identifier Custom alignment: LV						
1826	cre_h15 Show the field ONLY if: [cre_ty5] ='3'	Other Reportable Event	descriptive						
1827	cre_dv5 Show the field ONLY if: [cre_ty5] ='3'	Date the Reportable Event happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1828	cre_tn15 Show the field ONLY if: [cre_ty5] ='3'	Date you discovered the Reportable Event	text (date_mdy), Required Custom alignment: LV						
1829	cre_x10 Show the field ONLY if: [cre_ty5] ='3'	Description of Reportable Event  Please be as detailed as possible.	notes, Required, Identifier Custom alignment: LV						
1830	cre_int Show the field ONLY if: [cre_ocr] = '1'	Please email I-CONNECTReportable@ohsu.edu immediately upon completing this form if your Reportable Event(s) involves:  - Serious risk to participant wellbeing or safety (elder abuse, etc.) - Treatment for mental health symptoms caused by our study - Participant complaints that may lead to drop-out  *Please title the subject line "Reportable Event: Subject C#### [Event Name]". The event name is in REDCap, such as W24 Tel or W16D3 VC. Please summarize information from this form in the email.*	descriptive						
1831	cre_stt	Please mark this form as: "Complete" (Green)" if no reportable event occurred or "Unverified" (Yellow) if one did occur.	descriptive						
1832	intervention_reportable_event_form_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: <b>Tech Reportable Event Form</b> (tech_reportable_event_form) <div>^ Collapse</div>									
1833	tre_log	Study Staff Initials <i>3 letters, ex: ABC</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3						



1834	tre_dat	Date form was completed	text (date_mdy), Required Custom alignment: LV						
1835	tre_des	<p>*Please complete this form by the end of the day for each participant encounter. This includes all participant encounters, by telephone or video chat.*</p> <p>A reportable event is generally any unexpected incident, however minor, that pertains to a deviation from our study protocol and/or the health and well-being of our participants. This may include:</p> <ul style="list-style-type: none"><li>- Loss of any data, including more than 5 minutes of video or audio data</li><li>- Adverse mental or physical health symptoms</li><li>- Any complaints about study participation</li><li>- Potential elder abuse</li><li>- Any protocol deviations</li></ul> <p>If you have any suspicion that a reportable event may have occurred, please record it. We are legally required to track any and all issues related with our study and report them in accordance with rules and regulations. The study coordinators and/or investigators on the project will review and code your events.</p>	descriptive						
1836	tre_ocr	Did a reportable event occur?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1837	tre_dum Show the field ONLY if: [tre_ocr] = '1'	Please fill out the reportable event information below. If you have more than one event to report, please log each one separately in the additions fields provided.	descriptive						
1838	tre_ty1 Show the field ONLY if: [tre_ocr] ='1'	What reportable event occurred? <i>Other: Participant Complaint, Elder Abuse, etc.</i>	radio, Required <table><tr><td>1</td><td>Adverse Event</td></tr><tr><td>2</td><td>Protocol Deviation</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	Adverse Event	2	Protocol Deviation	3	Other
1	Adverse Event								
2	Protocol Deviation								
3	Other								
1839	tre_h1 Show the field ONLY if: [tre_ty1] ='1'	Adverse Event	descriptive						
1840	tre_ev1 Show the field ONLY if: [tre_ty1] ='1'	Describe the event.	notes, Required, Identifier Custom alignment: LV						
1841	tre_sr1 Show the field ONLY if: [tre_ty1] ='1'	When did it start?	text, Required, Identifier Custom alignment: LV						
1842	tre_tn1 Show the field ONLY if: [tre_ty1] ='1'	Date you discovered the Adverse Event	text (date_mdy), Required Custom alignment: LV						
1843	tre_ex1 Show the field ONLY if: [tre_ty1] ='1'	How bad was it? How was the participant affected? Did the event impact their daily activities?	notes, Required, Identifier Custom alignment: LV						
1844	tre_tr1 Show the field ONLY if: [tre_ty1] ='1'	Did they do anything to treat the Adverse Event, like taking medication, resting, or going to the doctor? Please explain. (If they went to the hospital, were they admitted?)	notes, Required, Identifier Custom alignment: LV						
1845	tre_ca1 Show the field ONLY if: [tre_ty1] ='1'	What caused the Adverse Event? Was it caused by the study or something else (if known)?	notes, Required, Identifier Custom alignment: LV						

1846	tre_ch1  Show the field ONLY if: [tre_ty1] ='1'	Is this part of a chronic or ongoing condition (or example, arthritis or seasonal allergies) that the subject had before the study started? Or is this new since the study started? Please explain.	notes, Required, Identifier Custom alignment: LV						
1847	tre_ou1  Show the field ONLY if: [tre_ty1] ='1'	What was the outcome? Has the issue resolved, or is it still ongoing? When did it stop, if resolved?	notes, Required, Identifier Custom alignment: LV						
1848	tre_ae1  Show the field ONLY if: [tre_ty1] ='1'	Was the subject able to participate in the study as normal, or did this event affect their participation? (For example, making them late for a chat or missing a health call, etc.)	notes, Required, Identifier Custom alignment: LV						
1849	tre_h2  Show the field ONLY if: [tre_ty1] ='2'	Protocol Deviation	descriptive						
1850	tre_pd1  Show the field ONLY if: [tre_ty1] ='2'	Date the Protocol Deviation happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1851	tre_tn2  Show the field ONLY if: [tre_ty1] ='2'	Date you discovered the Protocol Deviation	text (date_mdy), Required, Identifier Custom alignment: LV						
1852	tre_x1  Show the field ONLY if: [tre_ty1] ='2'	Description of Protocol Deviation  Include cause of deviation if known, and any corrective actions taken.	notes, Required, Identifier Custom alignment: LV						
1853	tre_h3  Show the field ONLY if: [tre_ty1] ='3'	Other Reportable Event	descriptive						
1854	tre_dv1  Show the field ONLY if: [tre_ty1] ='3'	Date the Reportable Event happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1855	tre_tn3  Show the field ONLY if: [tre_ty1] ='3'	Date you discovered the Reportable Event	text (date_mdy), Required Custom alignment: LV						
1856	tre_x2  Show the field ONLY if: [tre_ty1] ='3'	Description of Reportable Event	notes, Required, Identifier Custom alignment: LV						
1857	tre_ma1  Show the field ONLY if: [tre_ty1] ='1' or [tre_ty1] ='2' o r [tre_ty1] ='3'	Did another Reportable Event occur?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1858	tre_ty2  Show the field ONLY if: [tre_ma1] ='1'	What reportable event occurred? <i>Other: Participant Complaint, Elder Abuse, etc.</i>	radio, Required <table><tr><td>1</td><td>Adverse Event</td></tr><tr><td>2</td><td>Protocol Deviation</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	Adverse Event	2	Protocol Deviation	3	Other
1	Adverse Event								
2	Protocol Deviation								
3	Other								
1859	tre_h4  Show the field ONLY if: [tre_ty2] ='1'	Adverse Event	descriptive						
1860	tre_ev2  Show the field ONLY if: [tre_ty2] ='1'	Describe the event.	notes, Required, Identifier Custom alignment: LV						
1861	tre_sr2  Show the field ONLY if: [tre_ty2] ='1'	When did it start?	text, Required, Identifier Custom alignment: LV						

1862	tre_tn4  Show the field ONLY if: [tre_ty2] ='1'	Date you discovered the Adverse Event	text (date_mdy), Required Custom alignment: LV				
1863	tre_ex2  Show the field ONLY if: [tre_ty2] ='1'	How bad was it? How was the participant affected? Did the event impact their daily activities?	notes, Required, Identifier Custom alignment: LV				
1864	tre_tr2  Show the field ONLY if: [tre_ty2] ='1'	Did they do anything to treat the Adverse Event, like taking medication, resting, or going to the doctor? Please explain. (If they went to the hospital, were they admitted?)	notes, Required, Identifier Custom alignment: LV				
1865	tre_ca2  Show the field ONLY if: [tre_ty2] ='1'	What caused the Adverse Event? Was it caused by the study or something else (if known)?	notes, Required, Identifier Custom alignment: LV				
1866	tre_ch2  Show the field ONLY if: [tre_ty2] ='1'	Is this part of a chronic or ongoing condition (or example, arthritis or seasonal allergies) that the subject had before the study started? Or is this new since the study started? Please explain.	notes, Required, Identifier Custom alignment: LV				
1867	tre_ou2  Show the field ONLY if: [tre_ty2] ='1'	What was the outcome? Has the issue resolved, or is it still ongoing? When did it stop, if resolved?	notes, Required, Identifier Custom alignment: LV				
1868	tre_ae2  Show the field ONLY if: [tre_ty2] ='1'	Was the subject able to participate in the study as normal, or did this event affect their participation? (For example, making them late for a chat or missing a health call, etc.)	notes, Required, Identifier Custom alignment: LV				
1869	tre_h5  Show the field ONLY if: [tre_ty2] ='2'	Protocol Deviation	descriptive				
1870	tre_pd2  Show the field ONLY if: [tre_ty2] ='2'	Date the Protocol Deviation happened	text (date_mdy), Required, Identifier Custom alignment: LV				
1871	tre_tn5  Show the field ONLY if: [tre_ty2] ='2'	Date you discovered the Protocol Deviation	text (date_mdy) Custom alignment: LV				
1872	tre_x3  Show the field ONLY if: [tre_ty2] ='2'	Description of Protocol Deviation  Include cause of deviation if known, and any corrective actions taken.	notes, Required, Identifier Custom alignment: LV				
1873	tre_h6  Show the field ONLY if: [tre_ty2] ='3'	Other Reportable Event	descriptive				
1874	tre_dv2  Show the field ONLY if: [tre_ty2] ='3'	Date the Reportable Event happened	text (date_mdy), Required, Identifier Custom alignment: LV				
1875	tre_tn6  Show the field ONLY if: [tre_ty2] ='3'	Date you discovered the Reportable Event	text (date_mdy), Required Custom alignment: LV				
1876	tre_x4  Show the field ONLY if: [tre_ty2] ='3'	Description of Reportable Event	notes, Required, Identifier Custom alignment: LV				
1877	tre_ma2  Show the field ONLY if: [tre_ty2] ='1' or [tre_ty2] ='2' o r [tre_ty2] ='3'	Did another Reportable Event occur?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
1	Yes						
0	No						

1878	tre_ty3  Show the field ONLY if: [tre_ma2] ='1'	What reportable event occurred? <i>Other: Participant Complaint, Elder Abuse, etc.</i>	radio, Required <table><tr><td>1</td><td>Adverse Event</td></tr><tr><td>2</td><td>Protocol Deviation</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	Adverse Event	2	Protocol Deviation	3	Other
1	Adverse Event								
2	Protocol Deviation								
3	Other								
1879	tre_h7  Show the field ONLY if: [tre_ty3] ='1'	Adverse Event	descriptive						
1880	tre_ev3  Show the field ONLY if: [tre_ty3] ='1'	Describe the event.	notes, Required, Identifier Custom alignment: LV						
1881	tre_sr3  Show the field ONLY if: [tre_ty3] ='1'	When did it start?	text, Required, Identifier Custom alignment: LV						
1882	tre_tn7  Show the field ONLY if: [tre_ty3] ='1'	Date you discovered the Adverse Event	text (date_mdy), Required Custom alignment: LV						
1883	tre_ex3  Show the field ONLY if: [tre_ty3] ='1'	How bad was it? How was the participant affected? Did the event impact their daily activities?	notes, Required, Identifier Custom alignment: LV						
1884	tre_tr3  Show the field ONLY if: [tre_ty3] ='1'	Did they do anything to treat the Adverse Event, like taking medication, resting, or going to the doctor? Please explain. (If they went to the hospital, were they admitted?)	notes, Required, Identifier Custom alignment: LV						
1885	tre_ca3  Show the field ONLY if: [tre_ty3] ='1'	What caused the Adverse Event? Was it caused by the study or something else (if known)?	notes, Required, Identifier Custom alignment: LV						
1886	tre_ch3  Show the field ONLY if: [tre_ty3] ='1'	Is this part of a chronic or ongoing condition (or example, arthritis or seasonal allergies) that the subject had before the study started? Or is this new since the study started? Please explain.	notes, Required, Identifier Custom alignment: LV						
1887	tre_ou3  Show the field ONLY if: [tre_ty3] ='1'	What was the outcome? Has the issue resolved, or is it still ongoing? When did it stop, if resolved?	notes, Required, Identifier Custom alignment: LV						
1888	tre_ae3  Show the field ONLY if: [tre_ty3] ='1'	Was the subject able to participate in the study as normal, or did this event affect their participation? (For example, making them late for a chat or missing a health call, etc.)	notes, Required, Identifier Custom alignment: LV						
1889	tre_h8  Show the field ONLY if: [tre_ty3] ='2'	Protocol Deviation	descriptive						
1890	tre_pd3  Show the field ONLY if: [tre_ty3] ='2'	Date the Protocol Deviation happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1891	tre_tn8  Show the field ONLY if: [tre_ty3] ='2'	Date you discovered the Protocol Deviation	text (date_mdy), Required Custom alignment: LV						
1892	tre_x5  Show the field ONLY if: [tre_ty3] ='2'	Description of Protocol Deviation  Include cause of deviation if known, and any corrective actions taken.	notes, Required, Identifier Custom alignment: LV						
1893	tre_h9  Show the field ONLY if: [tre_ty3] ='3'	Other Reportable Event	descriptive						

1894	tre_dv3  Show the field ONLY if: [tre_ty3] ='3'	Date the Reportable Event happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1895	tre_tn9  Show the field ONLY if: [tre_ty3] ='3'	Date you discovered the Reportable Event	text (date_mdy), Required Custom alignment: LV						
1896	tre_x6  Show the field ONLY if: [tre_ty3] ='3'	Description of Reportable Event	notes, Required, Identifier Custom alignment: LV						
1897	tre_ma3  Show the field ONLY if: [tre_ty3] ='1' or [tre_ty3] ='2' o r [tre_ty3] ='3'	Did another Reportable Event occur?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1898	tre_ty4  Show the field ONLY if: [tre_ma3] ='1'	What reportable event occurred? <i>Other: Participant Complaint, Elder Abuse, etc.</i>	radio, Required <table><tr><td>1</td><td>Adverse Event</td></tr><tr><td>2</td><td>Protocol Deviation</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	Adverse Event	2	Protocol Deviation	3	Other
1	Adverse Event								
2	Protocol Deviation								
3	Other								
1899	tre_h10  Show the field ONLY if: [tre_ty4] ='1'	Adverse Event	descriptive						
1900	tre_ev4  Show the field ONLY if: [tre_ty4] ='1'	Describe the event.	notes, Required, Identifier Custom alignment: LV						
1901	tre_sr4  Show the field ONLY if: [tre_ty4] ='1'	When did it start?	text, Required, Identifier Custom alignment: LV						
1902	tre_tn10  Show the field ONLY if: [tre_ty4] ='1'	Date you discovered the Adverse Event	text (date_mdy), Required Custom alignment: LV						
1903	tre_ex4  Show the field ONLY if: [tre_ty4] ='1'	How bad was it? How was the participant affected? Did the event impact their daily activities?	notes, Required, Identifier Custom alignment: LV						
1904	tre_tr4  Show the field ONLY if: [tre_ty4] ='1'	Did they do anything to treat the Adverse Event, like taking medication, resting, or going to the doctor? Please explain. (If they went to the hospital, were they admitted?)	notes, Required, Identifier Custom alignment: LV						
1905	tre_ca4  Show the field ONLY if: [tre_ty4] ='1'	What caused the Adverse Event? Was it caused by the study or something else (if known)?	notes, Required, Identifier Custom alignment: LV						
1906	tre_ch4  Show the field ONLY if: [tre_ty4] ='1'	Is this part of a chronic or ongoing condition (or example, arthritis or seasonal allergies) that the subject had before the study started? Or is this new since the study started? Please explain.	notes, Required, Identifier Custom alignment: LV						
1907	tre_ou4  Show the field ONLY if: [tre_ty4] ='1'	What was the outcome? Has the issue resolved, or is it still ongoing? When did it stop, if resolved?	notes, Required, Identifier Custom alignment: LV						
1908	tre_ae4  Show the field ONLY if: [tre_ty4] ='1'	Was the subject able to participate in the study as normal, or did this event affect their participation? (For example, making them late for a chat or missing a health call, etc.)	notes, Required, Identifier Custom alignment: LV						
1909	tre_h11  Show the field ONLY if: [tre_ty4] ='2'	Protocol Deviation	descriptive						

1910	tre_pd4  Show the field ONLY if: [tre_ty4] ='2'	Date the Protocol Deviation happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1911	tre_tn11  Show the field ONLY if: [tre_ty4] ='2'	Date you discovered the Protocol Deviation	text (date_mdy), Required Custom alignment: LV						
1912	tre_x7  Show the field ONLY if: [tre_ty4] ='2'	Description of Protocol Deviation  Include cause of deviation if known, and any corrective actions taken.	notes, Required, Identifier Custom alignment: LV						
1913	tre_h12  Show the field ONLY if: [tre_ty4] ='3'	Other Reportable Event	descriptive						
1914	tre_dv4  Show the field ONLY if: [tre_ty4] ='3'	Date the Reportable Event happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1915	tre_tn12  Show the field ONLY if: [tre_ty4] ='3'	Date you discovered the Reportable Event	text (date_mdy), Required Custom alignment: LV						
1916	tre_x8  Show the field ONLY if: [tre_ty4] ='3'	Description of Reportable Event	notes, Required, Identifier Custom alignment: LV						
1917	tre_ma4  Show the field ONLY if: [tre_ty4] ='1' or [tre_ty4] ='2' o r [tre_ty4] ='3'	Did another Reportable Event occur?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
1918	tre_ty5  Show the field ONLY if: [tre_ma4] ='1'	What reportable event occurred? <i>Other: Participant Complaint, Elder Abuse, etc.</i>	radio, Required <table><tr><td>1</td><td>Adverse Event</td></tr><tr><td>2</td><td>Protocol Deviation</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	Adverse Event	2	Protocol Deviation	3	Other
1	Adverse Event								
2	Protocol Deviation								
3	Other								
1919	tre_h13  Show the field ONLY if: [tre_ty5] ='1'	Adverse Event	descriptive						
1920	tre_ev5  Show the field ONLY if: [tre_ty5] ='1'	Describe the event.	notes, Required, Identifier Custom alignment: LV						
1921	tre_sr5  Show the field ONLY if: [tre_ty5] ='1'	When did it start?	text, Required, Identifier Custom alignment: LV						
1922	tre_tn13  Show the field ONLY if: [tre_ty5] ='1'	Date you discovered the Adverse Event	text (date_mdy), Required Custom alignment: LV						
1923	tre_ex5  Show the field ONLY if: [tre_ty5] ='1'	How bad was it? How was the participant affected? Did the event impact their daily activities?	notes, Required, Identifier Custom alignment: LV						
1924	tre_tr5  Show the field ONLY if: [tre_ty5] ='1'	Did they do anything to treat the Adverse Event, like taking medication, resting, or going to the doctor? Please explain. (If they went to the hospital, were they admitted?)	notes, Required, Identifier Custom alignment: LV						
1925	tre_ca5  Show the field ONLY if: [tre_ty5] ='1'	What caused the Adverse Event? Was it caused by the study or something else (if known)?	notes, Required, Identifier Custom alignment: LV						

1926	tre_ch5  Show the field ONLY if: [tre_ty5] ='1'	Is this part of a chronic or ongoing condition (or example, arthritis or seasonal allergies) that the subject had before the study started? Or is this new since the study started? Please explain.	notes, Required, Identifier Custom alignment: LV						
1927	tre_ou5  Show the field ONLY if: [tre_ty5] ='1'	What was the outcome? Has the issue resolved, or is it still ongoing? When did it stop, if resolved?	notes, Required, Identifier Custom alignment: LV						
1928	tre_ae5  Show the field ONLY if: [tre_ty5] ='1'	Was the subject able to participate in the study as normal, or did this event affect their participation? (For example, making them late for a chat or missing a health call, etc.)	notes, Required, Identifier Custom alignment: LV						
1929	tre_h14  Show the field ONLY if: [tre_ty5] ='2'	Protocol Deviation	descriptive						
1930	tre_pd5  Show the field ONLY if: [tre_ty5] ='2'	Date the Protocol Deviation happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1931	tre_tn14  Show the field ONLY if: [tre_ty5] ='2'	Date you discovered the Protocol Deviation	text (date_mdy), Required Custom alignment: LV						
1932	tre_x9  Show the field ONLY if: [tre_ty5] ='2'	Description of Protocol Deviation  Include cause of deviation if known, and any corrective actions taken.	notes, Required, Identifier Custom alignment: LV						
1933	tre_h15  Show the field ONLY if: [tre_ty5] ='3'	Other Reportable Event	descriptive						
1934	tre_dv5  Show the field ONLY if: [tre_ty5] ='3'	Date the Reportable Event happened	text (date_mdy), Required, Identifier Custom alignment: LV						
1935	tre_tn15  Show the field ONLY if: [tre_ty5] ='3'	Date you discovered the Reportable Event	text (date_mdy), Required Custom alignment: LV						
1936	tre_x10  Show the field ONLY if: [tre_ty5] ='3'	Description of Reportable Event	notes, Required, Identifier Custom alignment: LV						
1937	tre_int  Show the field ONLY if: [tre_ocr] = '1'	Please email I-CONNECTReportable@ohsu.edu immediately upon completing this form if your Reportable Event(s) involves: - Participant's health, wellbeing or safety - Risk to participant wellbeing or safety - Extreme data loss (blank forms, missing audio/video recordings, etc.) - Participant complaints that may lead to drop-out  *Please title the subject line "Reportable Event: Subject C####" and copy and paste any event description text into the body of the email.*	descriptive						
1938	tre_stt	Please mark this form as: "Complete" (Green)" if no reportable event occurred or "Unverified" (Yellow) if one did occur.	descriptive						
1939	tech_reportable_event_form_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
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1	Unverified								
2	Complete								

Instrument: **Study Staff Characterization** (study\_staff\_characterization)[^ Collapse](#)

1940	nes_ins	Study Staff Initials <i>3 letters, ex: ABC. Person who filled out this form.</i>	text, Required Custom alignment: LV Field Annotation: @CHARLIMIT=3																					
1941	nes_dat	Date form was completed:	text (date_mdy), Required, Identifier Custom alignment: LV																					
1942	nes_age	Section Header: <i>Study Staff Characterization</i> Age at Study Start:	text (integer, Min: 16, Max: 99), Required Custom alignment: LV																					
1943	stf_gen	Gender	dropdown, Required <table><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr><tr><td>3</td><td>Other</td></tr></table> Custom alignment: LV	1	Male	2	Female	3	Other															
1	Male																							
2	Female																							
3	Other																							
1944	nes_rac	Race	checkbox, Required <table><tr><td>1</td><td>nes_rac__1</td><td>White</td></tr><tr><td>2</td><td>nes_rac__2</td><td>Black or African American</td></tr><tr><td>3</td><td>nes_rac__3</td><td>American Indian or Alaska Native</td></tr><tr><td>4</td><td>nes_rac__4</td><td>Native Hawaiian or other Pacific Islander</td></tr><tr><td>5</td><td>nes_rac__5</td><td>Asian</td></tr><tr><td>6</td><td>nes_rac__6</td><td>Other</td></tr><tr><td>7</td><td>nes_rac__7</td><td>Unknown</td></tr></table> Custom alignment: LV	1	nes_rac__1	White	2	nes_rac__2	Black or African American	3	nes_rac__3	American Indian or Alaska Native	4	nes_rac__4	Native Hawaiian or other Pacific Islander	5	nes_rac__5	Asian	6	nes_rac__6	Other	7	nes_rac__7	Unknown
1	nes_rac__1	White																						
2	nes_rac__2	Black or African American																						
3	nes_rac__3	American Indian or Alaska Native																						
4	nes_rac__4	Native Hawaiian or other Pacific Islander																						
5	nes_rac__5	Asian																						
6	nes_rac__6	Other																						
7	nes_rac__7	Unknown																						
1945	nes_orac Show the field ONLY if: [nes_rac(6)] = '1'	Please Specify:	text Custom alignment: LV																					
1946	nes_eth	Does the subject report being of Hispanic/Latino ethnicity (i.e. having origins from a mainly Spanish-speaking Latin American country), regardless of race?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No																	
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1947	nes_ed	Years of Education	<div>dropdown, Required</div> <table><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4</td></tr><tr><td>5</td><td>5</td></tr><tr><td>6</td><td>6</td></tr><tr><td>7</td><td>7</td></tr><tr><td>8</td><td>8</td></tr><tr><td>9</td><td>9</td></tr><tr><td>10</td><td>10</td></tr><tr><td>11</td><td>11</td></tr><tr><td>12</td><td>12</td></tr><tr><td>13</td><td>13</td></tr><tr><td>14</td><td>14</td></tr><tr><td>15</td><td>15</td></tr><tr><td>16</td><td>16</td></tr><tr><td>17</td><td>17</td></tr><tr><td>18</td><td>18</td></tr><tr><td>19</td><td>19</td></tr><tr><td>20</td><td>20</td></tr><tr><td>21</td><td>21</td></tr><tr><td>22</td><td>22</td></tr></table> <div>Custom alignment: LV</div>	1	1	2	2	3	3	4	4	5	5	6	6	7	7	8	8	9	9	10	10	11	11	12	12	13	13	14	14	15	15	16	16	17	17	18	18	19	19	20	20	21	21	22	22
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1948	nes_deg	Bachelor's Degree:	<div>yesno, Required</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No																																								
1	Yes																																														
0	No																																														
1949	nes_tech	Previous Experience with Internet-based Video Chat Technology	<div>dropdown, Required</div> <table><tr><td>1</td><td>LOW (0-10 hours)</td></tr><tr><td>2</td><td>MEDIUM (10-20 hours)</td></tr><tr><td>3</td><td>HIGH (20+ hours)</td></tr></table> <div>Custom alignment: LV</div>	1	LOW (0-10 hours)	2	MEDIUM (10-20 hours)	3	HIGH (20+ hours)																																						
1	LOW (0-10 hours)																																														
2	MEDIUM (10-20 hours)																																														
3	HIGH (20+ hours)																																														
1950	nes_eld	Experience Conversing with Elderly at Study Start	<div>dropdown, Required</div> <table><tr><td>1</td><td>LOW (0-50 hours)</td></tr><tr><td>2</td><td>MEDIUM (50-100 hours)</td></tr><tr><td>3</td><td>HIGH (100+ hours)</td></tr></table> <div>Custom alignment: LV</div>	1	LOW (0-50 hours)	2	MEDIUM (50-100 hours)	3	HIGH (100+ hours)																																						
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3	HIGH (100+ hours)																																														
1951	study_staff_characterization_complete	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete																																						
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Instrument: <b>Screening Data Overview</b> (screening_data_overview) <div>^ Collapse</div>																																															
1952	cs_lis	Section Header: <i>Note: The below information is provided for the purpose of data verification. When completing the Eligibility Assessment Form, please remember that the ultimate responsibility for ensuring subject eligibility lies with the site PI. The Instrument Name is in italics, and data is piped from the most recent time it was administered, which is particularly relevant in cases of re-screening. Data is piped from instruments in the Scrn Tel or Scrn V events.</i>	descriptive																																												

## INCLUSION CRITERIA

## Age

Demographics (NACC A1): [scrn\_v\_arm\_1][nac\_a1\_age][last-instance]

## Consent

Consent Admin Form

Date: [scrn\_v\_arm\_1][con\_dtc][last-instance]:

## Social Isolation

Social Isolation Assessment

LSNS-6 Score: [scrn\_v\_arm\_1][ts\_lt][last-instance]

Conversations lasting 30+ minutes in a typical week:

[scrn\_v\_arm\_1][ts\_30m][last-instance]

## Vision

Neuropsych Battery (NACC C2)

Was subject unable to complete one or more sections of the

MoCA due to visual impairment? [scrn\_v\_arm\_1]

[nac\_mocavis\_moca\_only][last-instance]

Telephone Screening

Seeing well enough to read a newspaper, wearing glasses if needed, but not using a magnifying glass? [PIPING]

## Hearing

Telephone Screening

Could the potential participant hear well enough to complete the telephone screening? [PIPING]

Neuropsych Battery (NACC C2)

Was subject unable to complete one or more sections of the

MoCA due to hearing impairment? [scrn\_v\_arm\_1]

[nac\_mocahear\_moca\_only][last-instance]

## Language

Telephone Screening

Was the potential participant's English speaking and comprehension skills adequate to complete the telephone screening? [scrn\_v\_arm\_1][ts\_ev][last-instance]

Normal Cognition or Early-Stage MCI, assessed by neuropsychologist

Clinician Diagnosis (NACC D1)

Does the subject have normal cognition and normal behavior?

[scrn\_v\_arm\_1][nac\_normcog][last-instance]

Does the subject meet the criteria for dementia?

[scrn\_v\_arm\_1][nac\_demented][last-instance]

## Compliance

At PI discretion, no REDCap data available.

## EXCLUSION CRITERIA

## Dementia Diagnosis

Telephone Screening

Have you been diagnosed with a disease related to memory and thinking, such as dementia, including dementia due to Alzheimer's Disease, vascular dementia, Lewy body dementia, frontotemporal dementia, normal pressure hydrocephalus, or Parkinson's disease? [PIPING]

Health History (NACC A5)

4a. Parkinson's Disease: [PIPING]

4b. Other parkinsonism disorder: [PIPING]

Clinician Diagnosis (NACC D1)

Does the subject meet the criteria for dementia?

[scrn\_v\_arm\_1][nac\_demented][last-instance]

## Living Situation

Demographics (NACC A1)

Does the subject expect to have any major changes in your living arrangement within the upcoming year? [PIPING]

Depression  
 Geriatric Depression Scale  
 GDS Total Score: [scrn\_v\_arm\_1][nac\_gdstotal][last-instance]

Disease of the Central Nervous System  
 Telephone Screening  
 Do you or have you ever had any disease of the central nervous system, such as a brain tumor, seizure disorder, subdural hematoma, or significant stroke? [scrn\_v\_arm\_1][ts\_h8][last-instance]

Health History (NACC A5)  
 3a. Stroke by history: [PIPING]  
 3a1. More than one stroke? [PIPING]  
 3a2. Year of most recent stroke: [PIPING]  
 3a3. Symptoms experienced as a result of the stroke, both past and present: [PIPING]  
 3b. Transient ischemic attack (TIA): [PIPING]  
 3b1. More than one TIA? [PIPING]  
 3b2. Year of most recent TIA: [PIPING]  
 3b3. Symptoms experienced as a result of TIA, both past and present  
 4c. Seizures: [PIPING]  
 4c1. Do you have a diagnosis for the cause of the seizures? [PIPING]  
 4c2. Diagnosis: [PIPING]  
 4c3. How often do you have seizures? [PIPING]

Alcohol or Substance Abuse Disorder  
 Health History (NACC A5)  
 6a. Alcohol abuse: [PIPING]  
 6b. Other abused substances: [PIPING]  
 6b1. Specify abused substance: [PIPING]

Psychiatric Disorder  
 Health History (NACC A5)  
 7a. PTSD: [PIPING]  
 7b. Bipolar disorder: [PIPING]  
 7c. Schizophrenia: [PIPING]  
 7d1. Active depression in the last two years: [PIPING]  
 7e. Anxiety: [PIPING]  
 7f. OCD: [PIPING]  
 7g. Developmental neuropsychiatric disorders: [PIPING]  
 7h. Other psychiatric disorders: [PIPING]  
 7h1. Specify disorder: [PIPING]

Cardiovascular Disease  
 Health History (NACC A5)  
 2a. Heart attack/cardiac arrest: [scrn\_v\_arm\_1][nac\_cvhatt][last-instance]  
 2a1. More than one heart attack? [scrn\_v\_arm\_1][nac\_hattmult][last-instance]  
 2a2. Year of most recent heart attack: [scrn\_v\_arm\_1][nac\_hattyear][last-instance]  
 2b. Atrial fibrillation: [scrn\_v\_arm\_1][nac\_cvafib][last-instance]  
 2b1. Year of diagnosis: [scrn\_v\_arm\_1][a5\_fb][last-instance]  
 2b2. Is the subject taking medication to treat it? [scrn\_v\_arm\_1][a5\_fb2][last-instance]  
 2f. Congestive heart failure: [scrn\_v\_arm\_1][nac\_cvchf][last-instance]  
 2f1. Year of diagnosis: [scrn\_v\_arm\_1][a5\_hf][last-instance]  
 2f2. Is the subject taking medication to treat it? [scrn\_v\_arm\_1][a5\_hf2][last-instance]  
 2g. Angina: [scrn\_v\_arm\_1][nac\_cvangina][last-instance]  
 2g1. Year of diagnosis: [scrn\_v\_arm\_1][a5\_ag][last-instance]  
 2g2. Is the subject taking medication to treat it? [scrn\_v\_arm\_1][a5\_ag2][last-instance]  
 2i. Other cardiovascular disease: [scrn\_v\_arm\_1][nac\_cvothr][last-instance]  
 2i1. Other cardiovascular disease (specify): [scrn\_v\_arm\_1][nac\_cvothrx][last-instance]

		<div>Diabetes</div> <div>Health History (NACC A5)</div> <div>5a. Diabetes: [scrn_v_arm_1][nac_diabetes][last-instance]</div> <div>5a1. If Recent/active or Remote/inactive, which type? [scrn_v_arm_1][nac_diabtype][last-instance]</div> <div>5a2. Did subject start taking insulin less than 3 months ago? [scrn_v_arm_1][a5_db][last-instance]</div> <div>5a3. Has subject been hospitalized for hypoglycemia within the past year? [scrn_v_arm_1][a5_db2][last-instance]</div> <div>5a4. How is the subject currently managing their diabetes? [scrn_v_arm_1][a5_db3][last-instance]</div> <div>Cancer</div> <div>Health History (NACC A5)</div> <div>5m. Has subject had active systemic cancer within the past 5 years? [PIPING]</div> <div>5m1. Describe type of cancer, treatment, and current status. [PIPING]</div> <div>Recent Sedation</div> <div>Telephone Screening</div> <div>Have you had any surgeries within the past 6 months that required sedation? [PIPING]</div> <div>3a. Please explain. [PIPING]</div> <div>Recent Hospitalization</div> <div>Telephone Screening</div> <div>Have you had more than one overnight hospital stay within the last 3 months? [scrn_v_arm_1][ts_h1][last-instance]</div> <div>When, for how long, and for what reason? [scrn_v_arm_1][ts_h1b][last-instance]</div> <div>Rights &amp; Safety</div> <div>At PI discretion, no REDCap data available.</div>							
1953	screening_data_overview_complete	<div>Section Header: <i>Form Status</i></div> <div>Complete?</div>	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
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1	Unverified								
2	Complete								
<div>Instrument: <b>Video Chat Randomization Form</b> (video_chat_randomization_form)</div> <div>^ Collapse</div>									
1954	ran_ins	<div>Study Staff Initials</div> <div>3 letters, ex: ABC</div>	<div>text, Required</div> <div>Custom alignment: LV</div> <div>Field Annotation: @CHARLIMIT=3</div>						
1955	ran_dat	<div>Date of Randomization</div>	<div>text (date_mdy), Required</div> <div>Custom alignment: LV</div>						
1956	ran_fac	<div>Randomization Factors</div> <div>Normal Cognition: [bl_cdx_arm_1][nac_normcog][last-instance]</div> <div>Age: [scrn_v_arm_1][nac_a1_age][last-instance]</div> <div>Sex: [scrn_v_arm_1][nac_sex][last-instance]</div> <div>MoCA Score: [scrn_v_arm_1][nac_mocatots_moca_only][last-instance]</div> <div>Blind MoCA Score: [scrn_v_arm_1][tcg_mocatots_moca_only][last-instance]</div> <div>Education Level: [scrn_v_arm_1][nac_educ][last-instance]</div> <div>Was this subject deemed eligible: [bl_cdx_arm_1][elg_yn]</div>	<div>descriptive</div>						
1957	ran_grp	<div>Section Header: <i>Randomization Assignment</i></div> <div>Group</div>	<div>radio, Required</div> <table><tr><td>1</td><td>Experimental</td></tr><tr><td>2</td><td>Control</td></tr></table> <div>Custom alignment: LV</div>	1	Experimental	2	Control		
1	Experimental								
2	Control								
1958	ran_not	<div>Notes</div>	<div>notes, Identifier</div> <div>Custom alignment: LV</div>						
1959	video_chat_randomization_form_complete	<div>Section Header: <i>Form Status</i></div> <div>Complete?</div>	<div>dropdown</div> <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: <b>Participant Status Form</b> (participant_status_form) <span>^ Collapse</span>																																							
1960	ps_stt	Current Participant Status	dropdown, Required <table border="1"> <tr><td>1</td><td>In Screening</td></tr> <tr><td>2</td><td>Screen Failure</td></tr> <tr><td>3</td><td>Enrolled</td></tr> <tr><td>4</td><td>Active</td></tr> <tr><td>5</td><td>In Follow-Up</td></tr> <tr><td>6</td><td>Discontinued</td></tr> </table> Custom alignment: LV	1	In Screening	2	Screen Failure	3	Enrolled	4	Active	5	In Follow-Up	6	Discontinued																								
1	In Screening																																						
2	Screen Failure																																						
3	Enrolled																																						
4	Active																																						
5	In Follow-Up																																						
6	Discontinued																																						
1961	ps_scr	Section Header: <i>In Screening</i> <b>Consent Date:</b> <i>Consent date should be the date the most recent consent form was signed at screening. If the subject screen failed but then re-screened for the study, use the date that the subject consented for the most recent screening. If a subject is re-consented later in the study due to a consent form update, do not update this date. (That re-consent should still be entered into a Consent Administration form in REDCap, though.) Most Recent Consent Date: [scrn_v_arm_1][con_dtc] [last-instance]</i>	text (date_mdy), Identifier Custom alignment: LV																																				
1962	ps_fal	Section Header: <i>Screen Failure</i> <b>Failure Date</b>	text (date_mdy), Identifier Custom alignment: LV																																				
1963	ps_fax Show the field ONLY if: [ps_fal] > '01-01-2017'	<b>Failure Reason</b> Choose all that apply:	descriptive																																				
1964	ps_inc Show the field ONLY if: [ps_fal] > '01-01-2017'	<b>Inclusion Criteria</b>	checkbox <table border="1"> <tr><td>1</td><td>ps_inc__1</td><td>(1) Age</td></tr> <tr><td>2</td><td>ps_inc__2</td><td>(2) Consent</td></tr> <tr><td>3</td><td>ps_inc__3</td><td>(3) Social Isolation</td></tr> <tr><td>4</td><td>ps_inc__4</td><td>(4) Adequate Vision</td></tr> <tr><td>5</td><td>ps_inc__5</td><td>(5) Adequate Hearing</td></tr> <tr><td>6</td><td>ps_inc__6</td><td>(6) Language Fluency</td></tr> <tr><td>7</td><td>ps_inc__7</td><td>(7) Normal Cognition or MCI</td></tr> <tr><td>8</td><td>ps_inc__8</td><td>(8) Ability to Comply</td></tr> </table> Custom alignment: LV	1	ps_inc__1	(1) Age	2	ps_inc__2	(2) Consent	3	ps_inc__3	(3) Social Isolation	4	ps_inc__4	(4) Adequate Vision	5	ps_inc__5	(5) Adequate Hearing	6	ps_inc__6	(6) Language Fluency	7	ps_inc__7	(7) Normal Cognition or MCI	8	ps_inc__8	(8) Ability to Comply												
1	ps_inc__1	(1) Age																																					
2	ps_inc__2	(2) Consent																																					
3	ps_inc__3	(3) Social Isolation																																					
4	ps_inc__4	(4) Adequate Vision																																					
5	ps_inc__5	(5) Adequate Hearing																																					
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7	ps_inc__7	(7) Normal Cognition or MCI																																					
8	ps_inc__8	(8) Ability to Comply																																					
1965	ps_exc Show the field ONLY if: [ps_fal] > '01-01-2017'	<b>Exclusion Criteria</b>	checkbox <table border="1"> <tr><td>1</td><td>ps_exc__1</td><td>(1) Dementia Diagnosis</td></tr> <tr><td>2</td><td>ps_exc__2</td><td>(2) Living Situation</td></tr> <tr><td>3</td><td>ps_exc__3</td><td>(3) Depression</td></tr> <tr><td>4</td><td>ps_exc__4</td><td>(4) Disease of the Central Nervous System</td></tr> <tr><td>5</td><td>ps_exc__5</td><td>(5) Substance Abuse Disorder</td></tr> <tr><td>6</td><td>ps_exc__6</td><td>(6) Psychiatric Disorder</td></tr> <tr><td>7</td><td>ps_exc__7</td><td>(7) Cardiovascular Disease</td></tr> <tr><td>8</td><td>ps_exc__8</td><td>(8) Diabetes</td></tr> <tr><td>9</td><td>ps_exc__9</td><td>(9) Cancer</td></tr> <tr><td>10</td><td>ps_exc__10</td><td>(10) Sedation</td></tr> <tr><td>11</td><td>ps_exc__11</td><td>(11) Hospitalization</td></tr> <tr><td>12</td><td>ps_exc__12</td><td>(12) Rights &amp; Safety</td></tr> </table> Custom alignment: LV	1	ps_exc__1	(1) Dementia Diagnosis	2	ps_exc__2	(2) Living Situation	3	ps_exc__3	(3) Depression	4	ps_exc__4	(4) Disease of the Central Nervous System	5	ps_exc__5	(5) Substance Abuse Disorder	6	ps_exc__6	(6) Psychiatric Disorder	7	ps_exc__7	(7) Cardiovascular Disease	8	ps_exc__8	(8) Diabetes	9	ps_exc__9	(9) Cancer	10	ps_exc__10	(10) Sedation	11	ps_exc__11	(11) Hospitalization	12	ps_exc__12	(12) Rights & Safety
1	ps_exc__1	(1) Dementia Diagnosis																																					
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11	ps_exc__11	(11) Hospitalization																																					
12	ps_exc__12	(12) Rights & Safety																																					
1966	ps_rax	Section Header: <i>Enrolled</i>  <b>Randomization Date:</b> [admin_arm_1][ran_dat]	descriptive																																				

1967	ps_ran	Randomization Date <i>VC Randomization: [admin_arm_1][ran_dat]</i>	text (date_mdy) Custom alignment: LV Field Annotation: @HIDDEN												
1968	ps_mri	Is the participant receiving MRIs?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No								
1	Yes														
0	No														
1969	ps_ind	Section Header: <i>Active</i> Week 1, Day 1 Date <i>Monday of Week 1</i>	text (date_mdy), Identifier Custom alignment: LV												
1970	ps_las	Section Header: <i>In Follow-up</i> Date of last chat or weekly health call	text (date_mdy), Identifier Custom alignment: LV												
1971	ps_dod	Section Header: <i>Discontinued</i> Discontinuation Date	text (date_mdy), Identifier Custom alignment: LV												
1972	ps_dor	Discontinuation Reason	dropdown <table><tr><td>1</td><td>Withdrew Consent</td></tr><tr><td>2</td><td>Adverse Event</td></tr><tr><td>3</td><td>Terminated by Investigator</td></tr><tr><td>4</td><td>Lost to follow-up</td></tr><tr><td>5</td><td>Completed Study</td></tr><tr><td>6</td><td>Other</td></tr></table> Custom alignment: LV	1	Withdrew Consent	2	Adverse Event	3	Terminated by Investigator	4	Lost to follow-up	5	Completed Study	6	Other
1	Withdrew Consent														
2	Adverse Event														
3	Terminated by Investigator														
4	Lost to follow-up														
5	Completed Study														
6	Other														
1973	ps_doo	Notes	notes, Identifier Custom alignment: LV												
1974	ps_res	Section Header: <i>Re-Screening</i> Was this participant this re-screened?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No								
1	Yes														
0	No														
1975	participant_status_form_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														

Instrument: **Admin Reportable Event Form** (admin\_reportable\_event\_form)[^ Collapse](#)

1976	arp_nam	Name of Admin Staff Completing this Form	text, Required, Identifier Custom alignment: LV						
1977	arp_ins	Study Staff Initials <i>Which staff brought this to admin's attention?</i>	text, Required, Identifier Custom alignment: LV Field Annotation: @CHARLIMIT=3						
1978	arp_loc	Subject Location	radio, Required <table border="1"><tr><td>1</td><td>OHSU</td></tr><tr><td>2</td><td>UM</td></tr><tr><td>0</td><td>None - Not subject-specific</td></tr></table> Custom alignment: LV	1	OHSU	2	UM	0	None - Not subject-specific
1	OHSU								
2	UM								
0	None - Not subject-specific								
1979	arp_dat	Date Reportable Event (RE) was Reported to Study Team	text (date_mdy), Required, Identifier Custom alignment: LV						
1980	arp_cdt	Date Admin RE Form Completed	text (date_mdy), Identifier Custom alignment: LV						

1981	arp_des	<p>Reference</p> <p>Timelines for reporting to the IRB: - 7 calendar days: Deaths and potentially life-threatening events that meet the definition of a potential UP - 15 calendar days: All other potential UPs</p> <p>In general, Protocol Deviations (PDs) must be reported if (1) they have the potential to adversely affect the rights or welfare of subjects; (2) they represent a pattern of noncompliance that is likely to continue without intervention; or (3) they represent recurrence of an issue following a requirement of corrective action by the IRB.</p> <p>Timelines for reporting to the IRB: Within 10 business days of discovery, except that deviations involving serious harm or risk of harm must be reported within 24 hours.</p>	<p>descriptive</p>						
1982	arp_typ	<p>Type of Event</p> <p><i>If an incident is more than one type of event, fill out separate Admin RE Forms for each type</i></p>	<p>radio, Required</p> <table><tr><td>1</td><td>Adverse Event (AE)</td></tr><tr><td>2</td><td>Protocol Deviation (PD)</td></tr><tr><td>3</td><td>Other</td></tr></table> <p>Custom alignment: LV</p>	1	Adverse Event (AE)	2	Protocol Deviation (PD)	3	Other
1	Adverse Event (AE)								
2	Protocol Deviation (PD)								
3	Other								
1983	arp_up	<p>Is this event an Unanticipated Problem (UP)?</p>	<p>yesno, Required</p> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <p>Custom alignment: LV</p>	1	Yes	0	No		
1	Yes								
0	No								
1984	arp_pdd Show the field ONLY if: [arp_typ] = '2'	<p>Date of PD</p>	<p>text (date_mdy), Required, Identifier</p> <p>Custom alignment: LV</p>						
1985	arp_pdr Show the field ONLY if: [arp_typ] = '2'	<p>Description of PD</p>	<p>notes, Required, Identifier</p> <p>Custom alignment: LV</p>						
1986	arp_pds Show the field ONLY if: [arp_typ] = '2'	<p>Explanation of Cause of PD</p>	<p>notes, Required</p> <p>Custom alignment: LV</p>						
1987	arp_pda Show the field ONLY if: [arp_typ] = '2'	<p>Corrective Action and/or Preventative Action Taken</p>	<p>notes, Required</p> <p>Custom alignment: LV</p>						
1988	arp_pdc Show the field ONLY if: [arp_typ] = '2'	<p>PD Classification</p>	<p>radio, Required</p> <table><tr><td>1</td><td>Minor</td></tr><tr><td>2</td><td>Moderate</td></tr><tr><td>3</td><td>Major</td></tr></table> <p>Custom alignment: LV</p>	1	Minor	2	Moderate	3	Major
1	Minor								
2	Moderate								
3	Major								
1989	arp_aes Show the field ONLY if: [arp_typ] = '1'	<p>AE Start Date</p>	<p>text (date_mdy), Required, Identifier</p> <p>Custom alignment: LV</p>						
1990	arp_aed Show the field ONLY if: [arp_typ] = '1'	<p>AE End Date</p> <p><i>Please provide when AE has ceased.</i></p>	<p>text (date_mdy), Required, Identifier</p> <p>Custom alignment: LV</p>						
1991	arp_aet Show the field ONLY if: [arp_typ] = '1'	<p>AE Term</p> <p><i>ex. Stomach Upset, Back Pain, etc.</i></p>	<p>text, Required</p> <p>Custom alignment: LV</p>						
1992	arp_aer Show the field ONLY if: [arp_typ] = '1'	<p>AE Description</p>	<p>notes, Required, Identifier</p> <p>Custom alignment: LV</p>						

1993	arp_aev  Show the field ONLY if: [arp_typ] = '1'	AE Severity	radio, Required <table><tr><td>1</td><td>Mild</td></tr><tr><td>2</td><td>Moderate</td></tr><tr><td>3</td><td>Severe</td></tr><tr><td>4</td><td>Life-Threatening</td></tr></table> Custom alignment: LV	1	Mild	2	Moderate	3	Severe	4	Life-Threatening				
1	Mild														
2	Moderate														
3	Severe														
4	Life-Threatening														
1994	arp_aeu  Show the field ONLY if: [arp_typ] = '1'	Was the AE serious?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No								
1	Yes														
0	No														
1995	arp_ael  Show the field ONLY if: [arp_typ] = '1'	AE Relatedness	radio, Required <table><tr><td>1</td><td>Related</td></tr><tr><td>2</td><td>Possibly related</td></tr><tr><td>3</td><td>Not related</td></tr></table> Custom alignment: LV	1	Related	2	Possibly related	3	Not related						
1	Related														
2	Possibly related														
3	Not related														
1996	arp_aex  Show the field ONLY if: [arp_typ] = '1'	Was the AE expected?	yesno, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No								
1	Yes														
0	No														
1997	arp_aea  Show the field ONLY if: [arp_typ] = '1'	Action Taken with Intervention	radio, Required <table><tr><td>1</td><td>None</td></tr><tr><td>2</td><td>Frequency reduced</td></tr><tr><td>3</td><td>Temporarily discontinued</td></tr><tr><td>4</td><td>Permanently discontinued</td></tr></table> Custom alignment: LV	1	None	2	Frequency reduced	3	Temporarily discontinued	4	Permanently discontinued				
1	None														
2	Frequency reduced														
3	Temporarily discontinued														
4	Permanently discontinued														
1998	arp_aeo  Show the field ONLY if: [arp_typ] = '1'	Other Action Taken	notes, Required Custom alignment: LV												
1999	arp_aen  Show the field ONLY if: [arp_typ] = '1'	AE Resolution	radio, Required <table><tr><td>1</td><td>Resolved</td></tr><tr><td>2</td><td>Resolved with sequelae</td></tr><tr><td>3</td><td>Ongoing</td></tr><tr><td>4</td><td>Worsening</td></tr><tr><td>5</td><td>Death</td></tr><tr><td>6</td><td>Unknown</td></tr></table> Custom alignment: LV	1	Resolved	2	Resolved with sequelae	3	Ongoing	4	Worsening	5	Death	6	Unknown
1	Resolved														
2	Resolved with sequelae														
3	Ongoing														
4	Worsening														
5	Death														
6	Unknown														
2000	arp_ott  Show the field ONLY if: [arp_typ] = '3'	Date of Event	text (date_mdy), Identifier Custom alignment: LV												
2001	arp_otr  Show the field ONLY if: [arp_typ] = '3'	Description of RE	notes Custom alignment: LV												
2002	admin_reportable_event_for m_complete	Section Header: <i>Form Status</i> Complete?	dropdown <table><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														



Instrument: <b>Misc Form Upload</b> (misc_form_upload)				<a href="#">^ Collapse</a>																						
2003	misc_f1	Description of File	text, Required Custom alignment: LV																							
2004	misc_d1	Date document was created	text (date_mdy), Required Custom alignment: LV																							
2005	misc_t1	Study Time Point	<div>dropdown</div> <table><tr><td>1</td><td>Telephone Screening</td></tr><tr><td>2</td><td>Screening</td></tr><tr><td>3</td><td>Baseline</td></tr><tr><td>4</td><td>Baseline MRI</td></tr><tr><td>5</td><td>Tech Install</td></tr><tr><td>6</td><td>Intervention</td></tr><tr><td>7</td><td>Month 6</td></tr><tr><td>8</td><td>Month 6 MRI</td></tr><tr><td>9</td><td>Month 12</td></tr><tr><td>10</td><td>Tech Uninstall</td></tr><tr><td>11</td><td>Telephone Follow Up</td></tr></table> <div>Custom alignment: LV</div>		1	Telephone Screening	2	Screening	3	Baseline	4	Baseline MRI	5	Tech Install	6	Intervention	7	Month 6	8	Month 6 MRI	9	Month 12	10	Tech Uninstall	11	Telephone Follow Up
1	Telephone Screening																									
2	Screening																									
3	Baseline																									
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5	Tech Install																									
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7	Month 6																									
8	Month 6 MRI																									
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10	Tech Uninstall																									
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2006	misc_1	Miscellaneous File #1 <i>File Name: "CXXX_Description_MMDDYY"</i>	file, Identifier Custom alignment: LV																							
2007	misc_y1	Do you have another file to upload?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>		1	Yes	0	No																		
1	Yes																									
0	No																									
2008	misc_f2 Show the field ONLY if: [misc_y1] = '1'	Description of File	text, Required Custom alignment: LV																							
2009	misc_d2 Show the field ONLY if: [misc_y1] = '1'	Date document was created	text (date_mdy), Required Custom alignment: LV																							
2010	misc_t2 Show the field ONLY if: [misc_y1] = '1'	Study Time Point	<div>dropdown</div> <table><tr><td>1</td><td>Telephone Screening</td></tr><tr><td>2</td><td>Screening</td></tr><tr><td>3</td><td>Baseline</td></tr><tr><td>4</td><td>Baseline MRI</td></tr><tr><td>5</td><td>Tech Install</td></tr><tr><td>6</td><td>Intervention</td></tr><tr><td>7</td><td>Month 6</td></tr><tr><td>8</td><td>Month 6 MRI</td></tr><tr><td>9</td><td>Month 12</td></tr><tr><td>10</td><td>Tech Uninstall</td></tr><tr><td>11</td><td>Telephone Follow Up</td></tr></table> <div>Custom alignment: LV</div>		1	Telephone Screening	2	Screening	3	Baseline	4	Baseline MRI	5	Tech Install	6	Intervention	7	Month 6	8	Month 6 MRI	9	Month 12	10	Tech Uninstall	11	Telephone Follow Up
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7	Month 6																									
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9	Month 12																									
10	Tech Uninstall																									
11	Telephone Follow Up																									
2011	misc_2 Show the field ONLY if: [misc_y1] = '1'	Miscellaneous File #2 <i>File Name: "CXXX_Description_MMDDYY"</i>	file, Identifier Custom alignment: LV																							

2012	<div>msc_y2</div> <div>Show the field ONLY if: [msc_y1] = '1'</div>	Do you have another file to upload?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No																		
1	Yes																								
0	No																								
2013	<div>msc_f3</div> <div>Show the field ONLY if: [msc_y2] = '1'</div>	Description of File	<div>text, Required</div> <div>Custom alignment: LV</div>																						
2014	<div>msc_d3</div> <div>Show the field ONLY if: [msc_y2] = '1'</div>	Date document was created	<div>text (date_mdy), Required</div> <div>Custom alignment: LV</div>																						
2015	<div>msc_t3</div> <div>Show the field ONLY if: [msc_y2] = '1'</div>	Study Time Point	<div>dropdown</div> <table><tr><td>1</td><td>Telephone Screening</td></tr><tr><td>2</td><td>Screening</td></tr><tr><td>3</td><td>Baseline</td></tr><tr><td>4</td><td>Baseline MRI</td></tr><tr><td>5</td><td>Tech Install</td></tr><tr><td>6</td><td>Intervention</td></tr><tr><td>7</td><td>Month 6</td></tr><tr><td>8</td><td>Month 6 MRI</td></tr><tr><td>9</td><td>Month 12</td></tr><tr><td>10</td><td>Tech Uninstall</td></tr><tr><td>11</td><td>Telephone Follow Up</td></tr></table> <div>Custom alignment: LV</div>	1	Telephone Screening	2	Screening	3	Baseline	4	Baseline MRI	5	Tech Install	6	Intervention	7	Month 6	8	Month 6 MRI	9	Month 12	10	Tech Uninstall	11	Telephone Follow Up
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11	Telephone Follow Up																								
2016	<div>msc_3</div> <div>Show the field ONLY if: [msc_y2] = '1'</div>	<div>Miscellaneous File #3</div> <div>File Name: "CXXXX_Description_MMDDYY"</div>	<div>file, Identifier</div> <div>Custom alignment: LV</div>																						
2017	<div>msc_y3</div> <div>Show the field ONLY if: [msc_y2] = '1'</div>	Do you have another file to upload?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No																		
1	Yes																								
0	No																								
2018	<div>msc_f4</div> <div>Show the field ONLY if: [msc_y3] = '1'</div>	Description of File	<div>text, Required</div> <div>Custom alignment: LV</div>																						
2019	<div>msc_d4</div> <div>Show the field ONLY if: [msc_y3] = '1'</div>	Date document was created	<div>text (date_mdy), Required</div> <div>Custom alignment: LV</div>																						

2020	<div>msc_t4</div> <div>Show the field ONLY if: [msc_y3] = '1'</div>	<div>Study Time Point</div>	<div>dropdown</div> <table><tr><td>1</td><td>Telephone Screening</td></tr><tr><td>2</td><td>Screening</td></tr><tr><td>3</td><td>Baseline</td></tr><tr><td>4</td><td>Baseline MRI</td></tr><tr><td>5</td><td>Tech Install</td></tr><tr><td>6</td><td>Intervention</td></tr><tr><td>7</td><td>Month 6</td></tr><tr><td>8</td><td>Month 6 MRI</td></tr><tr><td>9</td><td>Month 12</td></tr><tr><td>10</td><td>Tech Uninstall</td></tr><tr><td>11</td><td>Telephone Follow Up</td></tr></table> <div>Custom alignment: LV</div>	1	Telephone Screening	2	Screening	3	Baseline	4	Baseline MRI	5	Tech Install	6	Intervention	7	Month 6	8	Month 6 MRI	9	Month 12	10	Tech Uninstall	11	Telephone Follow Up
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2021	<div>msc_4</div> <div>Show the field ONLY if: [msc_y3] = '1'</div>	<div>Miscellaneous File #4</div> <div>File Name: "CXXXX_Description_MMDDYY"</div>	<div>file, Identifier</div> <div>Custom alignment: LV</div>																						
2022	<div>msc_y4</div> <div>Show the field ONLY if: [msc_y3] = '1'</div>	<div>Do you have another file to upload?</div>	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No																		
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2023	<div>msc_f5</div> <div>Show the field ONLY if: [msc_y4] = '1'</div>	<div>Description of File</div>	<div>text, Required</div> <div>Custom alignment: LV</div>																						
2024	<div>msc_d5</div> <div>Show the field ONLY if: [msc_y4] = '1'</div>	<div>Date document was created</div>	<div>text (date_mdy), Required</div> <div>Custom alignment: LV</div>																						
2025	<div>msc_t5</div> <div>Show the field ONLY if: [msc_y4] = '1'</div>	<div>Study Time Point</div>	<div>dropdown</div> <table><tr><td>1</td><td>Telephone Screening</td></tr><tr><td>2</td><td>Screening</td></tr><tr><td>3</td><td>Baseline</td></tr><tr><td>4</td><td>Baseline MRI</td></tr><tr><td>5</td><td>Tech Install</td></tr><tr><td>6</td><td>Intervention</td></tr><tr><td>7</td><td>Month 6</td></tr><tr><td>8</td><td>Month 6 MRI</td></tr><tr><td>9</td><td>Month 12</td></tr><tr><td>10</td><td>Tech Uninstall</td></tr><tr><td>11</td><td>Telephone Follow Up</td></tr></table> <div>Custom alignment: LV</div>	1	Telephone Screening	2	Screening	3	Baseline	4	Baseline MRI	5	Tech Install	6	Intervention	7	Month 6	8	Month 6 MRI	9	Month 12	10	Tech Uninstall	11	Telephone Follow Up
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2026	<div>msc_5</div> <div>Show the field ONLY if: [msc_y4] = '1'</div>	<div>Miscellaneous File #5</div> <div>File Name: "CXXXX_Description_MMDDYY"</div>	<div>file, Identifier</div> <div>Custom alignment: LV</div>																						
2027	<div>msc_y5</div> <div>Show the field ONLY if: [msc_y4] = '1'</div>	<div>Do you have another file to upload?</div>	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No																		
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2028	<div>msc_f6</div> <div>Show the field ONLY if: [msc_y5] = '1'</div>	Description of File	text, Required Custom alignment: LV																						
2029	<div>msc_d6</div> <div>Show the field ONLY if: [msc_y5] = '1'</div>	Date document was created	text (date_mdy), Required Custom alignment: LV																						
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2031	<div>msc_6</div> <div>Show the field ONLY if: [msc_y5] = '1'</div>	Miscellaneous File #6 <i>File Name: "CXXXX_Description_MMDDYY"</i>	file, Identifier Custom alignment: LV																						
2032	<div>msc_y6</div> <div>Show the field ONLY if: [msc_y5] = '1'</div>	Do you have another file to upload?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No																		
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2033	<div>msc_f7</div> <div>Show the field ONLY if: [msc_y6] = '1'</div>	Description of File	text, Required Custom alignment: LV																						
2034	<div>msc_d7</div> <div>Show the field ONLY if: [msc_y6] = '1'</div>	Date document was created	text (date_mdy), Required Custom alignment: LV																						
2035	<div>msc_t7</div> <div>Show the field ONLY if: [msc_y6] = '1'</div>	Study Time Point	<div>dropdown</div> <table><tr><td>1</td><td>Telephone Screening</td></tr><tr><td>2</td><td>Screening</td></tr><tr><td>3</td><td>Baseline</td></tr><tr><td>4</td><td>Baseline MRI</td></tr><tr><td>5</td><td>Tech Install</td></tr><tr><td>6</td><td>Intervention</td></tr><tr><td>7</td><td>Month 6</td></tr><tr><td>8</td><td>Month 6 MRI</td></tr><tr><td>9</td><td>Month 12</td></tr><tr><td>10</td><td>Tech Uninstall</td></tr><tr><td>11</td><td>Telephone Follow Up</td></tr></table> <div>Custom alignment: LV</div>	1	Telephone Screening	2	Screening	3	Baseline	4	Baseline MRI	5	Tech Install	6	Intervention	7	Month 6	8	Month 6 MRI	9	Month 12	10	Tech Uninstall	11	Telephone Follow Up
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2036	<div>msc_7</div> <div>Show the field ONLY if: [msc_y6] = '1'</div>	Miscellaneous File #7 <i>File Name: "CXXXX_Description_MMDDYY"</i>	file, Identifier Custom alignment: LV																						

2037	<div>msc_y7</div> <div>Show the field ONLY if: [msc_y6] = '1'</div>	Do you have another file to upload?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No																		
1	Yes																								
0	No																								
2038	<div>msc_f8</div> <div>Show the field ONLY if: [msc_y7] = '1'</div>	Description of File	<div>text, Required</div> <div>Custom alignment: LV</div>																						
2039	<div>msc_d8</div> <div>Show the field ONLY if: [msc_y7] = '1'</div>	Date document was created	<div>text (date_mdy), Required</div> <div>Custom alignment: LV</div>																						
2040	<div>msc_t8</div> <div>Show the field ONLY if: [msc_y7] = '1'</div>	Study Time Point	<div>dropdown</div> <table><tr><td>1</td><td>Telephone Screening</td></tr><tr><td>2</td><td>Screening</td></tr><tr><td>3</td><td>Baseline</td></tr><tr><td>4</td><td>Baseline MRI</td></tr><tr><td>5</td><td>Tech Install</td></tr><tr><td>6</td><td>Intervention</td></tr><tr><td>7</td><td>Month 6</td></tr><tr><td>8</td><td>Month 6 MRI</td></tr><tr><td>9</td><td>Month 12</td></tr><tr><td>10</td><td>Tech Uninstall</td></tr><tr><td>11</td><td>Telephone Follow Up</td></tr></table> <div>Custom alignment: LV</div>	1	Telephone Screening	2	Screening	3	Baseline	4	Baseline MRI	5	Tech Install	6	Intervention	7	Month 6	8	Month 6 MRI	9	Month 12	10	Tech Uninstall	11	Telephone Follow Up
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2041	<div>msc_8</div> <div>Show the field ONLY if: [msc_y7] = '1'</div>	<div>Miscellaneous File #8</div> <div>File Name: "CXXXX_Description_MMDDYY"</div>	<div>file, Identifier</div> <div>Custom alignment: LV</div>																						
2042	<div>msc_y8</div> <div>Show the field ONLY if: [msc_y7] = '1'</div>	Do you have another file to upload?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No																		
1	Yes																								
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2043	<div>msc_f9</div> <div>Show the field ONLY if: [msc_y8] = '1'</div>	Description of File	<div>text, Required</div> <div>Custom alignment: LV</div>																						
2044	<div>msc_d9</div> <div>Show the field ONLY if: [msc_y8] = '1'</div>	Date document was created	<div>text (date_mdy), Required</div> <div>Custom alignment: LV</div>																						

2045	<div>msc_t9</div> <div>Show the field ONLY if: [msc_y8] = '1'</div>	Study Time Point	<div>dropdown</div> <table><tr><td>1</td><td>Telephone Screening</td></tr><tr><td>2</td><td>Screening</td></tr><tr><td>3</td><td>Baseline</td></tr><tr><td>4</td><td>Baseline MRI</td></tr><tr><td>5</td><td>Tech Install</td></tr><tr><td>6</td><td>Intervention</td></tr><tr><td>7</td><td>Month 6</td></tr><tr><td>8</td><td>Month 6 MRI</td></tr><tr><td>9</td><td>Month 12</td></tr><tr><td>10</td><td>Tech Uninstall</td></tr><tr><td>11</td><td>Telephone Follow Up</td></tr></table> <div>Custom alignment: LV</div>	1	Telephone Screening	2	Screening	3	Baseline	4	Baseline MRI	5	Tech Install	6	Intervention	7	Month 6	8	Month 6 MRI	9	Month 12	10	Tech Uninstall	11	Telephone Follow Up
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2046	<div>msc_9</div> <div>Show the field ONLY if: [msc_y8] = '1'</div>	<div>Miscellaneous File #9</div> <div>File Name: "CXXXX_Description_MMDDYY"</div>	<div>file, Identifier</div> <div>Custom alignment: LV</div>																						
2047	<div>msc_y9</div> <div>Show the field ONLY if: [msc_y8] = '1'</div>	Do you have another file to upload?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No																		
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2048	<div>msc_f10</div> <div>Show the field ONLY if: [msc_y9] = '1'</div>	Description of File	<div>text, Required</div> <div>Custom alignment: LV</div>																						
2049	<div>msc_d10</div> <div>Show the field ONLY if: [msc_y9] = '1'</div>	Date document was created	<div>text (date_mdy), Required</div> <div>Custom alignment: LV</div>																						
2050	<div>msc_t10</div> <div>Show the field ONLY if: [msc_y9] = '1'</div>	Study Time Point	<div>dropdown</div> <table><tr><td>1</td><td>Telephone Screening</td></tr><tr><td>2</td><td>Screening</td></tr><tr><td>3</td><td>Baseline</td></tr><tr><td>4</td><td>Baseline MRI</td></tr><tr><td>5</td><td>Tech Install</td></tr><tr><td>6</td><td>Intervention</td></tr><tr><td>7</td><td>Month 6</td></tr><tr><td>8</td><td>Month 6 MRI</td></tr><tr><td>9</td><td>Month 12</td></tr><tr><td>10</td><td>Tech Uninstall</td></tr><tr><td>11</td><td>Telephone Follow Up</td></tr></table> <div>Custom alignment: LV</div>	1	Telephone Screening	2	Screening	3	Baseline	4	Baseline MRI	5	Tech Install	6	Intervention	7	Month 6	8	Month 6 MRI	9	Month 12	10	Tech Uninstall	11	Telephone Follow Up
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2051	<div>msc_10</div> <div>Show the field ONLY if: [msc_y9] = '1'</div>	<div>Miscellaneous File #10</div> <div>File Name: "CXXXX_Description_MMDDYY"</div>	<div>file, Identifier</div> <div>Custom alignment: LV</div>																						
2052	<div>msc_y10</div> <div>Show the field ONLY if: [msc_y9] = '1'</div>	Do you have another file to upload?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No																		
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2053	<div>msc_f11</div> <div>Show the field ONLY if: [msc_y10] = '1'</div>	Description of File	text, Required Custom alignment: LV																						
2054	<div>msc_d11</div> <div>Show the field ONLY if: [msc_y10] = '1'</div>	Date document was created	text (date_mdy), Required Custom alignment: LV																						
2055	<div>msc_t11</div> <div>Show the field ONLY if: [msc_y10] = '1'</div>	Study Time Point	<div>dropdown</div> <table><tr><td>1</td><td>Telephone Screening</td></tr><tr><td>2</td><td>Screening</td></tr><tr><td>3</td><td>Baseline</td></tr><tr><td>4</td><td>Baseline MRI</td></tr><tr><td>5</td><td>Tech Install</td></tr><tr><td>6</td><td>Intervention</td></tr><tr><td>7</td><td>Month 6</td></tr><tr><td>8</td><td>Month 6 MRI</td></tr><tr><td>9</td><td>Month 12</td></tr><tr><td>10</td><td>Tech Uninstall</td></tr><tr><td>11</td><td>Telephone Follow Up</td></tr></table> <div>Custom alignment: LV</div>	1	Telephone Screening	2	Screening	3	Baseline	4	Baseline MRI	5	Tech Install	6	Intervention	7	Month 6	8	Month 6 MRI	9	Month 12	10	Tech Uninstall	11	Telephone Follow Up
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2056	<div>msc_11</div> <div>Show the field ONLY if: [msc_y10] = '1'</div>	Miscellaneous File #11 <i>File Name: "CXXX_Description_MMDDYY"</i>	file, Identifier Custom alignment: LV																						
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2058	<div>msc_f12</div> <div>Show the field ONLY if: [msc_y11] = '1'</div>	Description of File	text, Required Custom alignment: LV																						
2059	<div>msc_d12</div> <div>Show the field ONLY if: [msc_y11] = '1'</div>	Date document was created	text (date_mdy), Required Custom alignment: LV																						
2060	<div>msc_t12</div> <div>Show the field ONLY if: [msc_y11] = '1'</div>	Study Time Point	<div>dropdown</div> <table><tr><td>1</td><td>Telephone Screening</td></tr><tr><td>2</td><td>Screening</td></tr><tr><td>3</td><td>Baseline</td></tr><tr><td>4</td><td>Baseline MRI</td></tr><tr><td>5</td><td>Tech Install</td></tr><tr><td>6</td><td>Intervention</td></tr><tr><td>7</td><td>Month 6</td></tr><tr><td>8</td><td>Month 6 MRI</td></tr><tr><td>9</td><td>Month 12</td></tr><tr><td>10</td><td>Tech Uninstall</td></tr><tr><td>11</td><td>Telephone Follow Up</td></tr></table> <div>Custom alignment: LV</div>	1	Telephone Screening	2	Screening	3	Baseline	4	Baseline MRI	5	Tech Install	6	Intervention	7	Month 6	8	Month 6 MRI	9	Month 12	10	Tech Uninstall	11	Telephone Follow Up
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2061	<div>msc_12</div> <div>Show the field ONLY if: [msc_y11] = '1'</div>	Miscellaneous File #12 <i>File Name: "CXXX_Description_MMDDYY"</i>	file, Identifier Custom alignment: LV																						

2062	<div>msc_y12</div> <div>Show the field ONLY if: [msc_y11] = '1'</div>	Do you have another file to upload?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No																		
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2063	<div>msc_f13</div> <div>Show the field ONLY if: [msc_y12] = '1'</div>	Description of File	<div>text, Required</div> <div>Custom alignment: LV</div>																						
2064	<div>msc_d13</div> <div>Show the field ONLY if: [msc_y12] = '1'</div>	Date document was created	<div>text (date_mdy), Required</div> <div>Custom alignment: LV</div>																						
2065	<div>msc_t13</div> <div>Show the field ONLY if: [msc_y12] = '1'</div>	Study Time Point	<div>dropdown</div> <table><tr><td>1</td><td>Telephone Screening</td></tr><tr><td>2</td><td>Screening</td></tr><tr><td>3</td><td>Baseline</td></tr><tr><td>4</td><td>Baseline MRI</td></tr><tr><td>5</td><td>Tech Install</td></tr><tr><td>6</td><td>Intervention</td></tr><tr><td>7</td><td>Month 6</td></tr><tr><td>8</td><td>Month 6 MRI</td></tr><tr><td>9</td><td>Month 12</td></tr><tr><td>10</td><td>Tech Uninstall</td></tr><tr><td>11</td><td>Telephone Follow Up</td></tr></table> <div>Custom alignment: LV</div>	1	Telephone Screening	2	Screening	3	Baseline	4	Baseline MRI	5	Tech Install	6	Intervention	7	Month 6	8	Month 6 MRI	9	Month 12	10	Tech Uninstall	11	Telephone Follow Up
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2066	<div>msc_13</div> <div>Show the field ONLY if: [msc_y12] = '1'</div>	<div>Miscellaneous File #13</div> <div>File Name: "CXXXX_Description_MMDDYY"</div>	<div>file, Identifier</div> <div>Custom alignment: LV</div>																						
2067	<div>msc_y13</div> <div>Show the field ONLY if: [msc_y12] = '1'</div>	Do you have another file to upload?	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No																		
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2068	<div>msc_f14</div> <div>Show the field ONLY if: [msc_y13] = '1'</div>	Description of File	<div>text, Required</div> <div>Custom alignment: LV</div>																						
2069	<div>msc_d14</div> <div>Show the field ONLY if: [msc_y13] = '1'</div>	Date document was created	<div>text (date_mdy), Required</div> <div>Custom alignment: LV</div>																						



2070	<div>msc_t14</div> <div>Show the field ONLY if: [msc_y13] = '1'</div>	<div>Study Time Point</div>	<div>dropdown</div> <table><tr><td>1</td><td>Telephone Screening</td></tr><tr><td>2</td><td>Screening</td></tr><tr><td>3</td><td>Baseline</td></tr><tr><td>4</td><td>Baseline MRI</td></tr><tr><td>5</td><td>Tech Install</td></tr><tr><td>6</td><td>Intervention</td></tr><tr><td>7</td><td>Month 6</td></tr><tr><td>8</td><td>Month 6 MRI</td></tr><tr><td>9</td><td>Month 12</td></tr><tr><td>10</td><td>Tech Uninstall</td></tr><tr><td>11</td><td>Telephone Follow Up</td></tr></table> <div>Custom alignment: LV</div>	1	Telephone Screening	2	Screening	3	Baseline	4	Baseline MRI	5	Tech Install	6	Intervention	7	Month 6	8	Month 6 MRI	9	Month 12	10	Tech Uninstall	11	Telephone Follow Up
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2071	<div>msc_14</div> <div>Show the field ONLY if: [msc_y13] = '1'</div>	<div>Miscellaneous File #14</div> <div>File Name: "CXXXX_Description_MMDDYY"</div>	<div>file, Identifier</div> <div>Custom alignment: LV</div>																						
2072	<div>msc_y14</div> <div>Show the field ONLY if: [msc_y13] = '1'</div>	<div>Do you have another file to upload?</div>	<div>yesno</div> <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No																		
1	Yes																								
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2073	<div>msc_f15</div> <div>Show the field ONLY if: [msc_y14] = '1'</div>	<div>Description of File</div>	<div>text, Required</div> <div>Custom alignment: LV</div>																						
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2076	<div>msc_15</div> <div>Show the field ONLY if: [msc_y14] = '1'</div>	<div>Miscellaneous File #15</div> <div>File Name: "CXXXX_Description_MMDDYY"</div>	<div>file, Identifier</div> <div>Custom alignment: LV</div>																						
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2078	<div>msc_f16</div> <div>Show the field ONLY if: [msc_y15] = '1'</div>	Description of File	text, Required Custom alignment: LV																						
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2081	<div>msc_16</div> <div>Show the field ONLY if: [msc_y15] = '1'</div>	<div>Miscellaneous File #16</div> <div>File Name: "CXXXX_Description_MMDDYY"</div>	file, Identifier Custom alignment: LV																						
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2083	<div>msc_f17</div> <div>Show the field ONLY if: [msc_y16] = '1'</div>	Description of File	text, Required Custom alignment: LV																						
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2086	<div>msc_17</div> <div>Show the field ONLY if: [msc_y16] = '1'</div>	<div>Miscellaneous File #17</div> <div>File Name: "CXXXX_Description_MMDDYY"</div>	file, Identifier Custom alignment: LV																						

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2088	<div>msc_f18</div> <div>Show the field ONLY if: [msc_y17] = '1'</div>	Description of File	<div>text, Required</div> <div>Custom alignment: LV</div>																						
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2091	<div>msc_18</div> <div>Show the field ONLY if: [msc_y17] = '1'</div>	<div>Miscellaneous File #18</div> <div>File Name: "CXXXX_Description_MMDDYY"</div>	<div>file, Identifier</div> <div>Custom alignment: LV</div>																						
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2093	<div>msc_f19</div> <div>Show the field ONLY if: [msc_y18] = '1'</div>	Description of File	<div>text, Required</div> <div>Custom alignment: LV</div>																						
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2096	<div>msc_19</div> <div>Show the field ONLY if: [msc_y18] = '1'</div>	<div>Miscellaneous File #19</div> <div>File Name: "CXXXX_Description_MMDDYY"</div>	<div>file, Identifier</div> <div>Custom alignment: LV</div>																						
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2101	<div>msc_20</div> <div>Show the field ONLY if: [msc_y19] = '1'</div>	<div>Miscellaneous File #20</div> <div>File Name: "CXXXX_Description_MMDDYY"</div>	<div>file, Identifier</div> <div>Custom alignment: LV</div>																						
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