UC San Diego
SCHOOL OF MEDICINE
Shiley-Marcos Alzheimer's Disease Research Center

Subject ID
Date:
ADRC Visit
Exmr ID:

Participant Profile and Medical History Questionnaire

Please complete this form in full prior to study visit

Dear participants, the questions asked on page one will be used by our research center to comply with a national effort underway by the National Institute on Aging (a division of the National Institutes of Health (NIH)) to generate a Globally Unique Identifier (GUID) for all subjects enrolled in NIA funded research studies. Our longitudinal study is a NIA funded protocol.

The GUID Tool is a piece of software that accepts the personal information of subjects, and uses it to create a series of hash codes. These codes are sent to the NIH system and checked against the GUID database. If these codes have been seen before, that means the information matches an existing GUID, and this GUID is sent back. If no match is found, a new GUID is created and sent back. If someone else enters the same information later, the tool will detect this match and send back the same GUID. The GUID itself is a series of alpha-numeric characters.

This system has the following advantages:

- There is nothing about a GUID that would allow someone to infer the identity of the individual to whom it belongs.
- The same individual's information will result in the same GUID across time, location, and research study. This allows researchers to match shared data from that participant regardless of source, without ever sharing or viewing personally identifiable information (PII).

Complete legal first name of participant given at birth	
Middle name of participant	
Complete legal last name of participant given at birth	
Suffix (Jr., Sr., etc.)	
Date of Birth	
Name of City/municipality in which subject was born	
Country of birth	

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Current Medical Providers

Physician type	Physician Name	Medical Group	Reason for visit
Primary Care			
Neurologist			
Psychiatrist			
Other 1-Specify			
Other 2-Specify			

*If you are being followed by a UCSD Neurologist, do you give permission for your ADRC research records to be shared with your UCSD neurologist? **Yes** | **No**

If yes, you will be asked to sign an **authorization to release medical records form**.

Have you had any hospital admissions, including emergency room visits since your last research visit? **Yes** | **No**

If yes, please provide details

Date	Length of stay	Reason for hospitalization

Notes/comments regarding hospital admissions:

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Current medications, including over the counter medications and those taken only as needed, vitamins, and supplements

Name of Medication	Dosage and Frequency	Reason Taken

Notes/Comments about medications:

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1. History of Cigarette and Alcohol Use

Tobacco Use		**Circle YES/NO/UK**
1a. Has subject smoked within the last 30 days?		**YES/NO/UK**
1b. Has subject smoked more than 100 cigarettes in her/his life?		**YES/NO/UK**
1c. Total **number of years** smoked (answer NA if subject never smoked)?		
1d. Average number of packs smoked per day - check one?		1 cigarette to less than ½ pack
		½ pack to less than 1 pack
		1 pack to less than 1 ½ packs
		1 ½ packs to less than 2 packs
		2 packs or more
		Unknown
		Not Applicable-Never smoked
1e. If the subject quit smoking, **specify the age** at which he/she last smoked (answer NA if subject never smoked).		
If the subject has used other tobacco projects, please **specify type, frequency, and tenure** (ex. Pipe, 2xday, 10yrs):		

Alcohol Use		**Circle YES/NO/UK**
1f. In the past three months, has the subject consumed *any* alcohol?		**YES/NO/UK**
1g. During the last 3 months, how often did the subject have at least one drink of any alcoholic beverage such as wine, beer, malt, liquor or spirits -check one?		Less than once/month
		About once/month
		About once/week
		A few times/week
		Daily or almost daily
		Unknown
		Not Applicable (Subject never drank)

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2. Cardiovascular Disease:	**Circle YES/NO/UK**	**Date of Event or Diagnosis**
2a. Heart Attack/Cardiac Arrest	**YES/NO/UK**	
If yes, Heart Attack/Cardiac Arrest 2a1. More than one heart attack?	**YES/NO/UK**	
If yes, Heart Attack/Cardiac Arrest 2a2. Year of the most recent heart attack:		
2b. Atrial Fibrillation	**YES/NO/UK**	
2c. Angioplasty/ Endarterectomy/ Stent	**YES/NO/UK**	
2d. Cardiac Bypass Procedure	**YES/NO/UK**	
2e. Pacemaker and/or Defibrillator	**YES/NO/UK**	
2f. Congestive Heart Failure (CHF)	**YES/NO/UK**	
2g. Angina	**YES/NO/UK**	
2h. Heart Valve Replacement or Repair	**YES/NO/UK**	
2i. Other **(Specify):**	**YES/NO/UK**	

3. Cerebrovascular Disease:	**Circle YES/NO/UK**	**Date of Event or Diagnosis**
3a. Stroke – by history, not exam	**YES/NO/UK**	
If yes, Stroke, 3a1. More than one stroke?	**YES/NO/UK**	
If yes, Stroke, 3a2. Year of most recent stroke:		
3b. Transient ischemic attack (TIA)	**YES/NO/UK**	
If yes, TIA, 3b1. More than one TIA?	**YES/NO/UK**	

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4. Neurologic Conditions:	**Circle YES/NO/UK**	**Date Onset**	**Date of Event or Diagnosis**
4a. Parkinson's Disease (PD)	**YES/NO/UK**		
4b. Other parkinsonism disorder (e.g., PSP, CBD)	**YES/NO/UK**		
4c. Seizures	**YES/NO/UK**		
4d. Traumatic Brain Injury (TBI) *If no, skip to question 5	**YES/NO/UK**		
*If yes, please answer the following:	**Single**	**Repeated/ Multiple**	
If 4d, TBI is YES, please provide responses to 4d4 using these options and use UK to denote unknown information:	**Circle YES/NO/UK**	**Date Onset**	**Date of Event or Diagnosis**
4d1. TBI with brief loss of consciousness **less than** 5 minutes)			
4d2. TBI with extended loss of consciousness **greater or equal** to 5 minutes			
4d3. TBI without loss of consciousness (as might result from military detonations or sports injuries)			
4d4. Year of the most recent TBI:			

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5. Medical Conditions:	**Circle YES/NO/UK**	**Date Onset**	**Date of Event or Diagnosis**
5a. Diabetes	**YES/NO/UK**		
5a1. Type of Diabetes: ☐ Type 1 ☐ Type 2 ☐ Other (Specify): ☐ Unknown			
5b. Hypertension	**YES/NO/UK**		
5c. Hypercholesterolemia	**YES/NO/UK**		
5d. B12 deficiency	**YES/NO/UK**		
5e. Thyroid Disease	**YES/NO/UK**		
5f. Arthritis	**YES/NO/UK**		
5 f1. Type of arthritis: ☐ Rheumatoid ☐ Osteoarthritis ☐ Other (Specify):			
5f2. Regions affected (Check **all** that apply): ☐ Upper Extremity ☐ Lower Extremity ☐ Spine ☐ Unknown			
5g. Incontinence – urinary	**YES/NO/UK**		
5h. Incontinence – bowel	**YES/NO/UK**		
5j. Sleep Apnea	**YES/NO/UK**		
5k. Hyposomnia/ Insomnia	**YES/NO/UK**		
5l. Other Sleep Disorder (**Specify**):	**YES/NO/UK**		
5m. Cancer	**YES/NO/UK**		
5m1a. If Cancer, Yes, Please specify: ☐ Primary/non-metastatic ☐ Metastatic			
5m1b. If yes, **specify primary site**:			

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6. Substance Abuse	**Circle YES/NO/UK**	**Date Onset**	**Date of Diagnosis**
6a. Alcohol Abuse: Clinically significant impairment occurring over a 12-month period manifested in one of the following areas: work, driving, legal, or social.	**YES/NO/UK**		
6b. Other abused substance: clinically significant impairment occurring over a 12-month period manifested in one of the following areas: work, driving, legal, or social. 6b1. **If yes specify abused substance**:	**YES/NO/UK**		

7. Psychiatric conditions, diagnosed or treated by a physician	**YES/NO/UK**	**Date Onset**	**Date of Diagnosis**
7a. Post-Traumatic Stress Disorder (PTSD)	**YES/NO/UK**		
7b. Bipolar Disorder	**YES/NO/UK**		
7c. Schizophrenia	**YES/NO/UK**		
7d. Depression	**YES/NO/UK**		
If yes Depression, 7d1. Active depression in the last two years?	**YES/NO/UK**		
If yes Depression, 7d2. Depression episodes more than two years ago?	**YES/NO/UK**		
7e. Anxiety	**YES/NO/UK**		
7f. Obsessive Compulsive Disorder (OCD)	**YES/NO/UK**		
7g. Developmental neuropsychiatric disorders (e.g. ASD [Autism Spectrum Disorder], ADHD [Attention-Deficit Hyperactivity Disorder], dyslexia)	**YES/NO/UK**		
7h. Other Psychiatric Disorders h1. **Specify disorder:**	**YES/NO/UK**		

End of Form Here