

The ACT Project  
Administrative Form  
University of Washington  
December 5, 2006

**SUBJECT**  
  
**CHARSUB**  
DATE\_MO  
DATE\_DAY,  
DATE\_YR  
  
**INT**

ACT No.: 4 5 6 7 8 9  
Char ID: 10 11 12  
Date: 13 14 / 15 16 / 17 18  
Interviewer: 19 20 21

2c. Present address is:

CODE FROM TABLE

Own residence (house or apartment).....	1
Care home.....	2
Nursing Home.....	3
Relative's home.....	4
Rehabilitation hospital.....	5
Other (specify): _____	6
_____	



22 ADM2C

3. Date of birth:.....23 24 / 25 26 / 27 28

**B-MONTH B-DAY B-YEAR**

4. Gender:

Male.....	1
Female.....	2

29 ADM4

5. Name of physician: \_\_\_\_\_

6. Clinic: \_\_\_\_\_

OFFICE USE
<u>30</u> <u>31</u>
(CODE CLINIC)

ADM6

**EXAMINATION INFORMATION**

7. Exam start time:..... 32 33 : 34 35

**ADM7HR ADM7MIN**

8. Exam end time:..... 36 37 : 38 39

**ADM8HR ADM8MIN**

9. Place of examination:

Clinic.....	1
Home.....	2
Nursing Home.....	3
Other (specify): _____	4

40 ADM9

10. Alert conditions:		<u>YES</u>	<u>NO</u>	<u>?</u>		
1.	From your observations, is the subject unimpaired?....	1	0	9	<b>41</b>	<b><i>ADM10_1</i></b>
	<b>If YES, skip to question 11.</b>					
2.	Hearing impairment.....	1	0	9	<b>42</b>	<b><i>ADM10_2</i></b>
3.	Vision impairment.....	1	0	9	<b>43</b>	<b><i>ADM10_3</i></b>
4.	Participant obviously unable to complete questionnaire (specify): _____	1	0	9	<b>44</b>	<b><i>ADM10_4</i></b>
5.	Other (specify): _____	1	0	9	<b>45</b>	<b><i>ADM10_5</i></b>

Protocol Completion

11.	Please circle which forms have been completed for participant:					
a.	Administrative (71).....	1	0	9	<b>46</b>	<b><i>ADM71</i></b>
b.	Vision, Hearing and Olfaction (72).....	1	0	9	<b>47</b>	<b><i>ADM72</i></b>
c.	Memory and Functioning (73).....	1	0	9	<b>48</b>	<b><i>ADM73</i></b>
d.	Participant Comments (74).....	1	0	9	<b>49</b>	<b><i>ADM74</i></b>
e.	Demographics (75).....	1	0	9	<b>50</b>	<b><i>ADM75</i></b>
f.	Medical History (77).....	1	0	9	<b>51</b>	<b><i>ADM77</i></b>
g.	Epidemiology (78).....	1	0	9	<b>52</b>	<b><i>ADM78</i></b>
h.	Interviewer Assessment (82).....	1	0	9	<b>53</b>	<b><i>ADM82</i></b>
i.	CASI (84).....	1	0	9	<b>54</b>	<b><i>ADM84</i></b>
j.	Blood Pressure and Neurology (85).....	1	0	9	<b>55</b>	<b><i>ADM85</i></b>
13.	Please note appropriate status of CASI (circle correct number):					

CASI available .....	1
CASI not available (Person is able but refused).....	2
CASI not available (Person is unable and therefore excluded).....	3

**56** ***ADM13***

11. Please circle which forms have been completed for participant (continues):

• **Forms 28** added k. Alcohol Questions (28) **(Q. # 11k removed 03/24/2004)** (NO) **0 57 ADM28**  
01/29/1999.

l. Anthropometric (24) **(Q. # 11l removed 01/01/2006)** (YES) **1 58 ADMANTH**

• **Forms 24** added If **NO**, Anthropometric form was done, please circle one:  
02/04/1998. Interviewer uncomfortable 2  
Subject refused 3  
Subject physically unable (i.e., Can't move or missing limb) 4  
Other, (specify): 5

• **Forms 25** added \_\_\_\_\_ **59 ADMANTH2**  
03/13/2000 \_\_\_\_\_

11. Please circle which forms have been completed for participant (continues):

m. Logical Memory I (61).....	<b>60 ADM61</b>	1	0	9	<ul style="list-style-type: none"> <li>• <b>Forms 61-64</b> added 12/04/2006.</li> <li>• Merged data into <b>Form 51</b> on 06/2008</li> <li>• <b>Discontinued</b> Form 51 at <b>BASELINE &amp; BIENNIAL FU</b> as of 03/31/11</li> </ul>
n. Logical Memory II (62).....	<b>61 ADM62</b>	1	0	9	
o. Screening Verbal Fluency (63).....	<b>62 ADM63</b>	1	0	9	
p. Shipley Vocabulary (64).....	<b>63 ADM64</b>	1	0	9	

11. Please circle which forms have been completed for participant (continues):

q. Psychometric Test Coding Form (51).....	<b>64 ADM51</b>	1	0	9
r. Brain Injury Screening Questionnaire BISQ (65).....	<b>65 ADM65</b>	1	0	9
s. Take Home Questionnaire (66).....	<b>66 ADM66</b>	1	0	9
t. 7-BISQ (55) .....	<b>67 ADM55</b>	1	0	9 added 02/24/2020

**Form 51-65** added form 71 on 10/21/2015.

Rollout Dates:

- **Form 51:** 4/4/16
- **Form 65:** 2/8/16-8/7/16
  - 8/8/16 ACT staff no longer asking form 65. GHRI Survey staff will take over.
- **Form 66:** 4/25/16-06/27/18
  - **Re-implemented 02/25/2019**