

BIENNIAL VISIT



The ACT Project
BIENNIAL Administrative
 University of Washington
 May 29, 2008

SUBJECT ACT No.: 4 5 6 7 8 9
CHARSUB Char ID: 10 11 12
 Date: 13 14 / 15 16 / 17 18 *DATE_MO*
VISIT Visit No. 01 *DATE_DAY*
VTYPE TYPE: **2 – In-Person** *DATE_YR*
6 – Remote
INT Interviewer: 20 21 22

2c. Present address is:

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

23 ADM2C
 This question is on
 the BASELINE
 version.

5. Name of Primary physician: _____
6. Clinic: _____
 If Doctor is **not in Group Health**, please complete the back of this page

OFFICE USE
ADM6
24 25
 (CODE CLINIC)

Examination Information

7. Exam start time:..... 26 27 : 28 29
ADM7HR ADM7MIN
8. Exam end time: 30 31 : 32 33
ADM8HR ADM8MIN

Place of Examination:

9. **ADM9 34**
- | | |
|-----------------------|----------|
| Clinic..... | 1 |
| Home..... | 2 |
| Nursing Home..... | 3 |
| Other (specify):..... | 4 |
| Remote..... | 5 |

**“Remote” is only for
 visit type 6. Added
 Sept. 2020.**

Protocol completion

11. Please circle which forms have been completed for this visit:

	Yes	No	Mailed	?
*Administrative (71)..... <i>ADM71</i> 35	1	0	2	9
*Vision, Hearing and Olfaction (72)..... <i>ADM72</i> 36	1	0	2	9
*Memory and Functioning (73)..... <i>ADM73</i> 37	1	0	2	9
*Demographics (75)..... <i>ADM75</i> 38	1	0	2	9
*Family History Update (76)..... <i>ADM76</i> 39	1	0		9
*Medical History (77)..... <i>ADM77</i> 40	1	0	2	9
*Epidemiology (78)..... <i>ADM78</i> 41	1	0	2	9
*CASI (84)..... <i>ADM84</i> 42	1	0	2	9
*Blood Pressure and Neurology (85)..... <i>ADM85</i> 43	1	0		9

Form 76
 discontinued
 as of 03/13/17.

Form 84 & 85
 not done at
 remote visit.
 Set to skip
 Sept. 2020

	Yes	No	Mailed	?
*CES-D (23).....ADM23.....44.....	1	0	2	9
*Alcohol Questions (28)ADM28.....45.....	1	0	9	Form 28 disc. as of 03/24/2004
*Anthropometric (24)ADMANTH.....46.....	1	→		Which form: Form 24...1 ADMANTH2 Form 25...2 47
If NO, Anthropometric form were done, please circle one:				
(Form 24 disc. as of 07/01/2005) Interviewer uncomfortable.....			2	
Subject refused.....			3	
Subject physically unable (i.e., Can't move or missing limb)....			4	
Other, (specify):			5	

	Yes	No	Mailed	?
*Logical Memory I (61).....ADM61.....48.....	1	0	9	Forms 61-64 ADDED 10/16/06-06/08/08
*Logical Memory II (62).....ADM62.....49.....	1	0	9	
*Screening Verbal Fluency (63).....ADM63.....50.....	1	0	9	
*Shipley Vocabulary (64).....ADM64.....51.....	1	0	9	
*Psychometric Test Coding Form (51).....ADM51.....52.....	1	0	2	9
*Brain Injury Screening Questionnaire - BISQ (65)	1	0	9	ADM65 53
*Take Home Questionnaire (66)ADM66.....54.....	1	0	2	9
*7-BISQ (55)ADM55.....55.....	1	0	2	9 Form 55 added 02/24/2020
*Technology Accessibilty (11)ADM11.....56.....	1	0	2	9 Form 11 added Sept. 2020
*ALFI-MMSE & Short CASI (69) ADM69.....57.....	1	0		9 Form 69 added Sept. 2020. For remote visit
*Interviewr Assessment (82)ADM82.....58.....	1	0		9 Form 82 added Sept. 2020. For remote visit . On here on the INITIAL form

Form 51 ADDED 10/01/2008. Discontinued at baseline and biennial In-Person FU as of 03/31/2011 or the MCI study. Added back 04/4/2016 to baseline and biennial. Sept. 2020 Form 51 is now just Verbal Fluency Letter F and Supermarket for Remote Visit.

- Form 51-65** added to 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**

Physician Name: _____

Address: _____

Street address

City

State

Zip

Phone: (____) _____ -- _____

____ Release of Information Completed?