



# MarkVCID2 Case Report Form Package: Follow-Up Visit

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By the MarkVCID Clinical Data, Physiological Data & Cognitive Assessments Subcommittee (Deborah Blacker, MD, ScD, Chair) and Coordinating Center (PI Steven Greenberg, MD, PhD).

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Patient ID:
DEMOGRAPHICS AND RELATED ELEMENTS: FOLLOW-UP
Collected? No Yes
Reason not collected:
Date of Collection:/ (MM/DD/YYYY)
Sex: Male Female
Subject's current marital status:  **Living as married* may be applied to either heterosexual or same-sex relationships. Select *Unknown* only if the subject or co-participant is unable or unwilling to identify the subject's marital status.    Married   Never married (or marriage was annulled)    Widowed   Living as married/domestic partner
☐ Divorced ☐ Separated ☐ Unknown
What is the subject's living situation?  Lives alone  Lives with one other person: a spouse or partner  Lives with one other person: a relative, friend, or roommate  Lives with caregiver who is not spouse/partner, relative, or friend  Lives with a group (related or not related) in a private residence  Lives in group home (e.g., assisted living, nursing home, convent)  Unknown
What is the subject's level of independence?  Select the box for the category that most accurately describes the level of activity the subject is able to do. If the subject or co-participant indicates that the subject is able to perform complex activities but is not doing the activities because of her/his living situation, the subject is still considered to be able to live independently.  Able to live independently  Requires some assistance with complex activities
Requires some assistance with basic activities
☐ Completely dependent
Unknown
ZIP Code (first three digits) of subject's primary residence: Unknown

Patient ID:				
	MEDICAL AND NEURO	LOGICAL: FOLLO	<u>W-UP</u>	
Collected? No No	Yes			
Date of Collection:/	(MM	/DD/YYYY)		
Date of Last Study Visit:				
CIGARETTE SMOKING				
Has the subject smoked <b>si</b>	nce their last study visit	?	Yes	Unknown
	If <b>No</b> o	r <b>Unknown</b> , skip to	Cardiovascula	<b>r Disease</b> section
Average number of	1 cigarette to less th	an ½ pack [	½ pack to les	s than 1 pack
packs smoked per day <b>since the last</b>	1 pack to less than 1	½ packs [	1½ packs to l	ess than 2 packs
study visit:	2 packs or more	[	Unknown	
If the subject has quit smo specify that age at which h			□ N/A	Unknown
If he/si	If the exact age is unknov he still smokes, select <b>N/A</b> . I	_	•	-
NEW CARDIOVASCULAR	DISEASE DIAGNOSED SIN	NCE MOST RECENT	STUDY VISIT	
Since the most recent str diagnosed with any new o	= = = = = = = = = = = = = = = = = = = =	peenn	No Ye	s
If yes:		No	Yes	Not Assessed
Heart attack/cardiac arres	st			
If yes, more than one l	neart attack?			
Age at most recent he	art attack:	Unknow	'n	
If the exact age is unkr estimate, select <b>Unkno</b> v	nown, ask the subject and/o <b>wn</b> checkbox.	or co-participant to	estimate. If he/s	he cannot
Atrial fibrillation				
Angioplasty/ endarterecto	omy/ stent			
Cardiac bypass procedure				
Pacemaker and/or defibri	llator			
Congestive heart failure				
Angina				

Patient ID:					
NEW CARDIOVASCULAR DISEASE DIAGNOSED SINCE MOST RECENT STUDY VISIT (cont.)					
				Not Assessed	
Heart valve repla	acement or rep	air			
Type of repla (select all the	acement/repai at apply):	r		Aortic U	nknown
Type of repla (select all the			☐ Bioprosthetic☐ Unknown	☐ Mechanio	cal
,	•	s, ask whether the sub e <b>last study visit</b> othe	,	•	ew
For other cardiova	scular disease, e	nter 'N/A' if absent	No	Yes	Not Assessed
Other cardiovaso	cular disease (s	pecify):			
Other cardiovascular disease (specify):					
Other cardiovascular disease (specify):					
NEW CEREBRO	VASCULAR EV	ENTS DIAGNOSED SI	NCE MOST RECE	NT STUDY VISIT	1 1
	-	<b>isit</b> , has the patient b ite Vascular Event?	een diagnosed	□ No □	Yes
If yes, complete	the following	:			
Event	Age at Event	Type of Symptomatic Vascular Event		Temporally assoc persistent worser	
Stroke/Acute Vascular Event 1	— — ∐Unknown	☐ Ischemic ☐ Stroke type unknown ☐ TIA with clear ischemic mechanism ☐ Hemorrhagic		☐ No ☐ Yes ☐ Unknown	
Stroke/Acute Vascular Event 2	—— □Unknown	☐ Ischemic ☐ Stroke type unknown ☐ TIA with clear ischemic mechanism ☐ Hemorrhagic ☐ No ☐ Yes ☐ Unknown			
Stroke/Acute Vascular Event 3	—— □Unknown	☐ Ischemic ☐ Stroke type unknown ☐ TIA with clear ischemic mechanism ☐ Hemorrhagic ☐ No ☐ Yes ☐ Unknown			
Stroke/Acute Vascular Event 4	—— ∐Unknown	☐ Ischemic ☐ No ☐ Yes			

Patient ID:				
NEW VENEZO COM CONTROL ON CONTROL				
NEW NEUROLOGIC CONDITIONS DIAGNOSED SINC		STUDY VISIT		
<b>Since the most recent study visit</b> , has the patient been dinew neurologic conditions?	agnosed with any	☐ No	Yes	
Condition	No	Yes	Not Assessed	
Essential tremor				
Pseudobulbar affect (i.e., crying or laughing that appears involuntary and out-of-proportion to the situation)				
Seizures				
Traumatic brain injury (TBI)				
Include any reported TBI, including mild TBI and TBI withou	ut loss of consciousne	SS		
If TBI "yes":				
TBI with brief loss of consciousness (< 5 minutes)	☐ No ☐ Repeated	l/multiple	☐ Single ☐ Unknown	
TBI with extended loss of consciousness (≥ 5 minutes)	☐ No ☐ Single ☐ Unknow			
TBI without loss of consciousness (as might result from military detonations or sports injuries)?	m No Single Repeated/multiple Unknown			
If the subject has experienced multiple TBIs with loss of consciousness, but the time unconscious is unknown for all instances, select <b>Unknown</b> for Questions 2a and 2b. If for any of questions 2a, 2b, or 2c, the subject knows there has definitely been at least a single instance, but is unsure whether there has been more than one, select <b>Single</b> , and revise the entry on this form to <b>Repeated/multiple</b> at a future date if more specific information is available at a future date.				
Age at most recent TBI: Unknown				
If exact age is unknown, ask the subject and/or co-partici Unknown checkbox.	pant to estimate. If h	e/she cannot esti	imate, select	
NEW MEDICAL CONDITIONS DIAGNOSED SINCE MO	OST RECENT STUI	DY VISIT		
<b>Since the most recent study visit</b> , has the patient been dinnew medical conditions?	agnosed with any	□ No	Yes	
Condition	No	Yes	Not Assessed	
Diabetes Mellitus				
☐ Type 1 ☐ Type 2  If recent/active or remote/inactive, which type? ☐ Other type (latent autoimmune diabetes/ type 1.5, gestational diabetes) ☐ Unknown				
Diagnosis of hypertension				
Is hypertension treated?				

Patient ID:	-		
NEW MEDICAL CONDITIONS DIAGNOSED SINCE	E MOST RECENT STUI	OY VISIT (cont	inued)
Condition	No	Yes	Not Assessed
Hypercholesterolemia			
B12 deficiency			
Thyroid disease			
Arthritis			
Type of arthritis:  Rheumatoid  Other (specify):		Osteoarthr Unknown	itis
If subject has both	rheumatoid arthritis and	l osteoarthritis, s	elect <b>Rheumatoid</b> .
Region(s) affected (check all that apply):	☐ Upper extremity☐ Spine	Lower extr	remity
Incontinence – urinary			
Incontinence – bowel			
Sleep apnea			
REM sleep behavior disorder (RBD)			
Hyposomnia/insomnia			

Patient ID:			
<u>FAMILY HISTORY: FOLLOW-UP</u>			
Collected? No Yes			
Reason not collected:			
<b>Since the most recent study visit</b> , is any <b>new</b> information available concerning the patient's family history?	□ No		Yes
Date of Collection://(MM/DD/YYYY)			
FAMILY HISTORY	No	Yes	Unknown
<ol> <li>STROKE/TIA: Is there a family history in a first degree relative of symptomatic stroke or TIA with clear ischemic mechanism?</li> </ol>			
Select <b>Yes</b> if there are biological parents, full siblings, or biological children who stroke and/or TIA with clear ischemic mechanism	have a hist	ory of sym	ptomatic
If yes:	, ,		ı
1a. Any cases with onset before age 55?			
1b. Is there a pattern suggestive of an autosomal dominant family history?			
Select <b>Yes</b> if history of stroke and/or TIA with clear ischemic mechanism appe one side of the family (e.g., mother's family or father's family)	ars in ever	y known g	eneration of
2. ACQUIRED COGNITIVE IMPAIRMENT: Is there a family history in a first degree relative of cognitive impairment or dementia or Alzheimer's disease?			
Select <b>Yes</b> if there are biological parents, full siblings, or biological children who a Alzheimer's disease, or have history of cognitive impairment	are affecte	d by demei	ntia,
If yes:	, ,		1
2a. Any report of a case in the family with autopsy confirmation of Alzheimer's disease?			
2b. Any report of cases with autopsy confirmation of another cause of dementia?			
2c. Any cases with onset before age 65?			
2d. Is there a pattern suggestive of an autosomal dominant family history?			
Select <b>Yes</b> if history of acquired cognitive impairment appears in every known family (e.g., mother's family or father's family)			de of the
3. <b>If yes</b> to EITHER autosomal dominant questions above (1b, 2d), complete t	he followi	ng:	
3a. Is there a known mutation?			
3b. If yes, please indicate which one: PSEN1 APP PSEN2 Other, specify gene if known:	☐ CA	DASIL	
Specify mutation if known:			
Although blood relatives might have evidence for more than one genetic muta mutation only. Evidence may be provided via family report, test, or other repothe gene. Then, indicate the mutation, if known. If the gene is not listed, select	rt or docur	nentation.	First, specify
3c. Does this individual carry the mutation? No Yes		ıknown	<i>9</i> - <del>2</del> -

Patient ID:			
GENERAL PHYSI	CAL MEASURES		
Were General Physical Measures performed? \(\subseteq\) No	Yes		
	Cognitive/behavi Other problem (s	-	
Date of Collection: / / (MM,	/DD/YYYY)		
VITAL SIGNS			
If any vitals cannot be obtained, skip and select 'Not De	one' in the EDC.		
1. Blood Pressure Measurement 1:/ Blood Pressure Measurement 2:/ Blood Pressure Measurement 3:/	mmHg mmHg	Not Done Not Done Not Done	
Measure seated at rest. Take 3 consecutive BP rea pressure cannot be obtained, skip and select 'Not .	0	ll be calculated in	EDC. If blood
2. Pulse: beats/minute	☐ Not Done		
3. Height: cm in	☐ Not Done		
4. Weight:	☐ Not Done		
ADDITIONAL PHYSICAL OBSERVATIONS	No	Yes	Unknown
1. With or without corrective lenses, is the subject's vision functionally normal?			
Select <b>No</b> if any functional impairment exists (red or watching television).	uced ability to do	everyday activitie.	s such as reading
2. With or without a hearing aid(s), is the subject's hearing functionally normal?			
Select <b>No</b> if any functional impairment exists (red listening to the radio or television, talking with fa	•	everyday activitie.	s such as
SHORT PHYSICAL PERFORMANCE BATTERY			
Please refer to the MarkVCID Short Physical Performance instructions on the administration of this assessm	•	Fraining Manual	for detailed
•	= Cognitive/beha		
1. Balance Test Score: (Side-by-side, semi-tandem, to	andem	[0-4, 95-98]	
2. Gait Speed Test Score:	<del></del>	[0-4, 95-98]	
3. Chair Stand Test Score:		[0-4, 95-98]	

Patient ID:
NEUROLOGICAL EXAM
INSTRUCTIONS: This form must be completed by a clinician with experience in assessing the neurological signs listed below and in attributing the observed findings to a particular syndrome. Please use your best clinical judgment in assigning the syndrome.
Use the information obtained at the neurological exam to indicate the neurological findings, using your best clinical judgment to ascribe those symptoms to a particular clinical syndrome.
Please complete the appropriate sections below, using your best clinical judgment in selecting findings that indicate the likely syndrome(s) that is/are present.
Was the Neurological Exam performed?
If No, please provide
Date of Collection:/ (MM/DD/YYYY)
PARKINSONIAN FEATURES
Were Parkinsonian signs present?  No Yes
If any of the parkinsonian signs listed below are present, select <b>Yes</b> . Otherwise, select <b>No</b> and skip to <b>Cerebrovascular Features</b> section
Resting tremor – arm: a definite rest tremor, even if only intermittent, is sufficient to select Yes  Slowing of fine motor movements: refers to movements such as finger tapping, hand pronation- supination, or foot- or toe-tapping. Significant slowing, even if slight or mild, is sufficient to select Yes.  Rigidity – arm: rigidity should be judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling and paratonia (gegenhalten) to be ignored. Any degree of rigidity is sufficient to select Yes.  Bradykinesia: includes combining slowness, hesitancy, decreased arm swing, small amplitude, and poverty of movement in general. Any degree of overall bradykinesia is sufficient to select Yes.  Parkinsonian gait disorder: features include slowing of gait, shuffling, festination, unilateral or
bilateral decreased arm swing and/or tremor, slowness and difficulty on turning, and/or freezing during
walking. Any degree of parkinsonian gait is sufficient to select <b>Yes</b> . <b>Postural instability:</b> involves inadequate response to sudden, strong posterior displacement produced by pull on shoulders while patient is erect with eyes open and feet slightly apart; patient is prepared. Taking more than two steps or requiring the examiner to catch the subject are examples of postural instability. Any degree of postural instability is sufficient to select. <b>Yes</b> .

Patient ID:					
Parkinsonian Signs: <b>LEFT</b>	No		Yes	Not Assessed	
1. Resting tremor – arm					
2. Slowing of fine motor movements					
3. Rigidity – arm					
Parkinsonian Signs: <b>RIGHT</b>	No	,	Yes	Not Assessed	
4. Resting tremor – arm					
5. Slowing of fine motor movements					
6. Rigidity – arm					
Parkinsonian Signs:	No	7	Yes	Not Assessed	
7. Bradykinesia					
8. Parkinsonian gait disorder					
9. Postural instability					
CEREBROVASCULAR FEATURES					
Were neurological signs considered by examiner to be		No	☐ Ye	S	
likely consistent with cerebrovascular disease presen  If any of the signs consistent with CVD below are preser  Other Findings section.		therwise	e, select <b>No</b>	and skip to	
Cortical cognitive deficit (e.g., aphasia, apraxia, neglect) Lateralized motor weakness: indicate as present if it is suspected that there is acquired proximal or distal extremity weakness attributable to cerebrovascular ischemia.  Lateralized abnormal reflexes (to include pathologically brisk deep tendon reflexes, Babinski signs, others): Indicate as present if it is suspected that there are brisk reflexes or increased tone attributable to cerebrovascular ischemia.  Cortical visual field loss: involves homonymous hemianopsia or quadrantanopsia, or cortical blindness, excluding visual field loss due to optic nerve disease or injury.  Somatosensory loss: involves sensory loss due to involvement of the cerebrum or brain stem, excluding sensory loss due to spinal-cord injury or peripheral neuropathy.					
Findings consistent with stroke / cerebrovascular disease		No	Yes	Not Assessed	
1. Cortical cognitive deficit (e.g., aphasia, apraxia, neg	elect)				
Findings consistent with stroke / cerebrovascular disease: SIDE OF BODY	LEFT	No	Yes	Not Assessed	
2. Lateralized motor weakness					
3. Lateralized abnormal reflexes (to include patholog brisk deep tendon reflexes, Babinski signs, others)	ically				
4. Cortical visual field loss					
5. Somatosensory loss					

Patient ID:			
Findings consistent with stroke / cerebrovascular disease: <b>RIGHT SIDE OF BODY</b>	No	Yes	Not Assessed
6. Lateralized motor weakness			
7. Lateralized abnormal reflexes (to include pathologically brisk deep tendon reflexes, Babinski signs, others)			
8. Cortical visual field loss			
9. Somatosensory loss			
OTHER FINDINGS	No	Yes	Not Assessed
Patient demonstrates spontaneous, disproportionate or involuntary crying or laughing on examination			
2. Is magnetic gait apraxia present?			
Indicate whether gait apraxia characteristic of normal-pressure hischemia is present by selecting <b>Yes</b> . This determination should be does not require an MRI.			
3. Higher cortical visual problem suggesting posterior cortical atrophy (e.g., prosopagnosia, simultagnosia, Balint's syndrome) or apraxia of gaze			
<ol> <li>Findings suggestive of progressive supranuclear palsy (PSP), corticobasal syndrome (CBS), or other related disorders</li> </ol>			
<ol> <li>Findings suggesting ALS (e.g., muscle wasting, fasciculations, upper motor neuron and/or lower motor neuron signs)</li> </ol>			

Patient ID:					
COGNITIV	E DIAG	NOSIS			
Evaluated? No Yes					
Reason not evaluated:					
Date of Evaluation: / / (N	M/DD/	YYYY)			
SYNDROMIC DIAGNOSIS (see page 40 for diagnostic criteria)  Normal Cognition Mild cognitive imp	airment	(MCI)	Subjective cogr	nitive decline (SCD)	
Age of Onset of SCD, MCI, or mild dementia:	years		Unknown		
If any of the diseases listed below are present, select <b>P</b> not contributing to the cognitive impairment. If any d select <b>Present</b> and select the <b>Non-contributing</b> box.					
RELATED DIAGNOSES	Pre: No	sent Yes	Contributing	Non-contributing	
Alzheimer's disease					
Vascular brain injury (based on clinical or imaging evidence)					
If present, indicate type of vascular brain injury (seld ☐ Small vessel stroke(s) ☐ Non-small vessel stroke that does not interfere wi ☐ Non-small vessel stroke that interferes with test p aphasia)* ☐ Non-small vessel stroke that interferes with MRI b	th test p performa	erformar nce (e.g.,	nce or MRI post-stroke cognitiv	•	
Traumatic brain injury (TBI)					
If present, indicate severity (select all that apply):  TBI that does not interfere with test performance or MRI  TBI that interferes with test performance (e.g., post-TBI cognitive impairment or aphasia)*  TBI that interferes with MRI biomarker analysis (e.g., large volume traumatic lesion)*					
Depression or anxiety					
<b>If present:</b> ☐ Mild/well-controlled ☐ Seven	re/incom	pletely c	ontrolled*		
Alcohol abuse					
If present: Current alcohol abuse		] Yes*	Unknown		
Hydrocephalus					
CNS neoplasm					
<b>If present:</b> ☐ Benign ☐ Malignant*					
Delirium					
Post-traumatic stress disorder (PTSD)					

<sup>\*</sup>Diagnosis at this severity excluded at baseline; may appear at follow-up visit

Patient ID:			
<b>RELATED DIAGNOSES</b> (Diagnoses excluded at baseline; may appear at follow-up visit)	Present	Contributing	Non-contributing
Multiple system atrophy			
Frontotemporal lobar degeneration			
Huntington's disease			
Prion disease (CJD, other)			
HIV-Associated Neurocognitive Disorder			
Bipolar disorder			
Schizophrenia or other psychosis			
Lewy body disease			
Parkinson's disease			
OTHER DIAGNOSES	Present	Contributing	Non-contributing
Other psychiatric disease (specify):			
Other neurologic, genetic, or infectious conditions not listed above (specify):			
Other substance abuse			
Systemic disease/medical illness			
Cognitive impairment due to medications			
Cognitive impairment NOS:			

Patient ID:	

MoCA (MONTREAL COGNITIVE ASSESSMENT)		
Please refer to the MarkVCID Evaluator's Instructions Manual for details instructions on the administration of this assessment		
Was any part of the MoCA administered?  No Yes		
If No, please provide		
Date of Examination:/ (MM/DD/YYYY)		
Method of Administration:		
Language of test administration:      English  Other (specify):		
<b>KEY:</b> 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 (not for any of the reasons 95-97)		
Score is 'Not Assessed' if any of the MoCA items that contribute to the score are missing (i.e., items 1–6, 8-14, and 17-22). Items 7, 15, and 16 are not part of the MoCA score calculation; therefore, these items can have missing values (95, 96, 97, or 98). The MoCA Score will still be computed in the EDC as long as items 1–6, 8-14, and 17-22 are all non-missing.		
Scores for items 1-5 correspond to the Visuospatial / executive section on the MoCA worksheet		
1. Visuospatial/ executive — Trails: [0-1, 95-98]		
2. Visuospatial/ executive — Cube: [0-1, 95-98]		
3. Visuospatial/ executive — Clock contour: [0-1, 95-98]		
4. Visuospatial/ executive — Clock numbers: [0-1, 95-98]		
5. Visuospatial/ executive — Clock hands: [0-1, 95-98]		
Score for item 6 corresponds to the Naming section on the MoCA worksheet		
6. Language — Naming: [0-3, 95-98]		
Score for item 7 corresponds to the Memory section on the MoCA worksheet		
7. Memory — Registration (two trials): [0-10, 95-98]		
Scores for items 8-10 correspond to the Attention section on the MoCA worksheet		
8. Attention — Digits: [0-2, 95-98]		
9. Attention — Letter A: [0-1, 95-98]		
10. Attention — Serial 7s: [0-3, 95-98]		

Patient ID:	

MoCA (continued)		
Scores for items 11-12 correspond to the Language section on the MoCA worksheet		
11. Language — Repetition:	[0-2, 95-98]	
12. Language — Fluency:	[0-1, 95-98]	
Score for item 13 corresponds to the Abstraction sec	tion on the MoCA worksheet	
13. Abstraction:	[0-2, 95-98]	
Scores for items 14-16 correspond to the Delayed Recall section on the MoCA worksheet		
14. Delayed recall — No cue:	[0-5, 95-98]	
(if not completed, enter reason code and skip to question 17)		
15. Delayed recall — Category cue:	[0-5, 95-98]	
16. Delayed recall — Recognition:	[0-5, 95-98]	
Scores for items 17-22 correspond to the Orientation	n section on the MoCA worksheet	
17. Orientation — Date:	[0-1, 95-98]	
18. Orientation — Month:	[0-1, 95-98]	
19. Orientation — Year:	[0-1, 95-98]	
20. Orientation — Day:	[0-1, 95-98]	
21. Orientation — Place:	[0-1, 95-98]	
22. Orientation — City:	[0-1, 95-98]	

Patient ID:

Blind MoCA (MONTREAL COGNITIVE ASSESSMENT)
Please refer to the MarkVCID Evaluator's Instructions Manual for details instructions on the administration of this assessment
Was any part of the Blind MoCA administered?  No Yes
If No, please provide Physical problem Cognitive/behavior problem the primary reason: Verbal refusal Other problem (specify):
Date of Examination:/(MM/DD/YYYY)
Method of Administration:
Language of test administration:      English  Other (specify):
<b>KEY:</b> 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 (not for any of the reasons 95-97)
Score is 'Not Assessed' if any of the Blind MoCA items that contribute to the score are missing (i.e., items 8-14 and 17-22). Items 7, 15, and 16 are not part of the Blind MoCA score calculation; therefore, these items can have missing values (95, 96, 97, or 98). The Blind MoCA Score will still be computed as long as items 8-14, and 17-22 are all non-missing.
Score for item 7 corresponds to the Memory section on the Blind MoCA worksheet
7. Memory — Registration (two trials): [0-10, 95-98]
Scores for items 8-10 correspond to the Attention section on the Blind MoCA worksheet
8. Attention — Digits: [0-2, 95-98]
9. Attention — Letter A:[0-1, 95-98]
10. Attention — Serial 7s:[0-3, 95-98]
Scores for items 11-12 correspond to the Language section on the Blind MoCA worksheet
11. Language — Repetition:[0-2, 95-98]
12. Language — Fluency:[0-1, 95-98]
Score for item 13 corresponds to the Abstraction section on the Blind MoCA worksheet
13. Abstraction:[0-2, 95-98]

Patient ID:	

Blind MoCA (continued)		
Scores for items 14-16 correspond to the Delayed Recall section on the Blind MoCA worksheet		
14. Delayed recall — No cue:	[0-5, 95-98]	
(if not completed, enter reason code and skip to question 17)		
15. Delayed recall — Category cue:	[0-5, 95-98]	
16. Delayed recall — Recognition:	[0-5, 95-98]	
Scores for items 17-22 correspond to the Orientation section on the Blind MoCA worksheet		
17. Orientation — Date:	[0-1, 95-98]	
18. Orientation — Month:	[0-1, 95-98]	
19. Orientation — Year:	[0-1, 95-98]	
20. Orientation — Day:	[0-1, 95-98]	
21. Orientation — Place:	[0-1, 95-98]	
22. Orientation — City:	[0-1, 95-98]	

Patient ID:	
NEUROPSYCHOLOGICAL TESTING BATTERY	
Please refer to the MarkVCID Evaluator's Instructions Manual for details instructions on the administration of this assessment	
Was any part of the Neuropsychological Testing Battery administered? No	es
If No, please provide	
Date of Examination: / / (MM/DD/YYYY)	
Language of test administration:     English Spanish  Other (specify):	
Indicate the primary language used when administering the remainder of the tests.	
<b>KEY:</b> If the subject cannot complete any of the following exams, please give the reason by entering of the following codes:  94 = Test not administered as part of battery at this session (where applicable)  95 = Physical problem  96 = Cognitive/behavior problem  97 = Other problem  98 = Verbal refusal (not for any of the reasons of t	
Scores for item 1 correspond to the Craft Store 21 Recall (Immediate) Worksheets	
<ol> <li>Craft Story 21 Recall (Immediate):</li> <li>a) If test not completed, enter reason code and skip to question 2a: [95-98]</li> </ol>	
b) Total story units recalled, verbatim scoring: [0-44]	
c) Total story units recalled, paraphrase scoring: [0-25]	
Method of Administration:	
Scores for item 2 correspond to the Craft Store 21 Recall (Delayed) Worksheets	
<ul><li>2. Craft Story 21 Recall (Delayed):</li><li>a) If test not completed, enter reason code and skip to question 3a: [95-98]</li></ul>	
b) Total story units recalled, verbatim scoring: [0-44]	
c) Total story units recalled, paraphrase scoring:[0-25]	
d) Delay time (minutes):	
e) Cue ("boy") needed:	

Scores for items 3-4 correspond to the Number Span Test (Forward & Backward) Worksheets  3. Number Span Test — Forward: a) If test not completed, enter reason code and skip to question 4a: [95-98] b) Number of correct trials: [0.14] c) Longest span forward: [0, 3-9] Method of Administration: In-person Video Phone  4. Number Span Test — Backward: a) If test not completed, enter reason code and skip to question 5a: [95-98] b) Number of correct trials: [0.14] c) Longest span backward: [0, 2-8]  Scores for item 5 correspond to the Category Fluency Worksheets  5. Category Fluency — Animals: a) If test not completed, enter reason code and skip to question 6a: [95-98] b) Total number of animals named in 60 seconds: [0-77] Method of Administration: In-person Video Phone  Scores for item 6 correspond to the Verbal Fluency Worksheets, administered as part of the MoCA  6. Verbal Fluency — Phonemic Tests (words beginning with F): a) If test not completed, enter reason code and skip to question 7a: [95-98] b) Number of correct F-words generated in 1 minute: [0-40] c) Number of F-words repeated in 1 minute: [0-15] d) Number of F-words and rule violation errors in 1 minute: [0-15]  Scores for items 7-8 correspond to the Trail Making A & B Worksheets  7. Trail Making Test A: a) If test not completed, enter reason code and skip to question 8a: [94-98] b) Total number of seconds to complete (if not finished by 150 seconds, enter 150) [0-150] i. Number of correct lines: [0-40] ii. Number of correct lines: [0-40]	Patient ID:	
3. Number Span Test — Forward: a) If test not completed, enter reason code and skip to question 4a: [95-98] b) Number of correct trials: [0.14] c) Longest span forward: [0.3-9] Method of Administration:		
a) If test not completed, enter reason code and skip to question 4a:		vard) Worksheets
c) Longest span forward:  Method of Administration:	•	[95-98]
Method of Administration:	b) Number of correct trials:	[0-14]
4. Number Span Test — Backward: a) If test not completed, enter reason code and skip to question 5a: [95-98] b) Number of correct trials: [0-14] c) Longest span backward: [0, 2-8]  Scores for item 5 correspond to the Category Fluency Worksheets  5. Category Fluency — Animals: a) If test not completed, enter reason code and skip to question 6a: [95-98] b) Total number of animals named in 60 seconds: [0-77] Method of Administration: In-person Video Phone  Scores for item 6 correspond to the Verbal Fluency Worksheets, administered as part of the MoCA  6. Verbal Fluency — Phonemic Tests (words beginning with F): a) If test not completed, enter reason code and skip to question 7a: [95-98] b) Number of correct F-words generated in 1 minute: [0-40] c) Number of F-words repeated in 1 minute: [0-15] d) Number of non-F-words and rule violation errors in 1 minute: [0-15]  Scores for items 7-8 correspond to the Trail Making A & B Worksheets  7. Trail Making Test A: a) If test not completed, enter reason code and skip to question 8a: [94-98] b) Total number of seconds to complete (if not finished by 150 seconds, enter 150) [0-150] i. Number of correct lines: [0-24]  8. Trail Making Test B: a) If test not completed, enter reason code and skip to question 9a: [94-98] b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300] i. Number of commission errors: [0-40]	c) Longest span forward:	[0, 3-9]
a) If test not completed, enter reason code and skip to question 5a: [95-98] b) Number of correct trials: [0-14] c) Longest span backward: [0, 2-8]  Scores for item 5 correspond to the Category Fluency Worksheets  5. Category Fluency – Animals: a) If test not completed, enter reason code and skip to question 6a: [95-98] b) Total number of animals named in 60 seconds: [0-77] Method of Administration: In-person Video Phone  Scores for item 6 correspond to the Verbal Fluency Worksheets, administered as part of the MoCA  6. Verbal Fluency – Phonemic Tests (words beginning with F): a) If test not completed, enter reason code and skip to question 7a: [95-98] b) Number of correct F-words generated in 1 minute: [0-40] c) Number of F-words repeated in 1 minute: [0-15] d) Number of non-F-words and rule violation errors in 1 minute: [0-15]  Scores for items 7-8 correspond to the Trail Making A & B Worksheets  7. Trail Making Test A: a) If test not completed, enter reason code and skip to question 8a: [94-98] b) Total number of seconds to complete (if not finished by 150 seconds, enter 150) [0-150] i. Number of correct lines: [0-24]  8. Trail Making Test B: a) If test not completed, enter reason code and skip to question 9a: [94-98] b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300] i. Number of commission errors: [0-40]	Method of Administration:	Phone
c) Longest span backward: [0, 2-8]  Scores for item 5 correspond to the Category Fluency Worksheets  5. Category Fluency - Animals: a) If test not completed, enter reason code and skip to question 6a: [95-98] b) Total number of animals named in 60 seconds: [0-77] Method of Administration: In-person Video Phone  Scores for item 6 correspond to the Verbal Fluency Worksheets, administered as part of the MoCA  6. Verbal Fluency - Phonemic Tests (words beginning with F): a) If test not completed, enter reason code and skip to question 7a: [95-98] b) Number of correct F-words generated in 1 minute: [0-40] c) Number of F-words repeated in 1 minute: [0-15] d) Number of non-F-words and rule violation errors in 1 minute: [0-15]  Scores for items 7-8 correspond to the Trail Making A & B Worksheets  7. Trail Making Test A: a) If test not completed, enter reason code and skip to question 8a: [94-98] b) Total number of seconds to complete (if not finished by 150 seconds, enter 150) [0-150] i. Number of correct lines: [0-40]  8. Trail Making Test B: a) If test not completed, enter reason code and skip to question 9a: [94-98] b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300] i. Number of commission errors: [0-40]	•	[95-98]
Scores for item 5 correspond to the Category Fluency Worksheets	b) Number of correct trials:	[0-14]
5. Category Fluency – Animals: a) If test not completed, enter reason code and skip to question 6a: [95-98] b) Total number of animals named in 60 seconds: [0-77] Method of Administration: In-person Video Phone  Scores for item 6 correspond to the Verbal Fluency Worksheets, administered as part of the MoCA  6. Verbal Fluency – Phonemic Tests (words beginning with F): a) If test not completed, enter reason code and skip to question 7a: [95-98] b) Number of correct F-words generated in 1 minute: [0-40] c) Number of F-words repeated in 1 minute: [0-15] d) Number of non-F-words and rule violation errors in 1 minute: [0-15]  Scores for items 7-8 correspond to the Trail Making A & B Worksheets  7. Trail Making Test A: a) If test not completed, enter reason code and skip to question 8a: [94-98] b) Total number of seconds to complete (if not finished by 150 seconds, enter 150) [0-150] i. Number of correct lines: [0-40]  8. Trail Making Test B: a) If test not completed, enter reason code and skip to question 9a: [94-98] b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300] i. Number of commission errors: [0-40]	c) Longest span backward:	[0, 2-8]
a) If test not completed, enter reason code and skip to question 6a: [95-98] b) Total number of animals named in 60 seconds: [0-77] Method of Administration: In-person Video Phone  Scores for item 6 correspond to the Verbal Fluency Worksheets, administered as part of the MoCA  6. Verbal Fluency – Phonemic Tests (words beginning with F): a) If test not completed, enter reason code and skip to question 7a: [95-98] b) Number of correct F-words generated in 1 minute: [0-40] c) Number of F-words repeated in 1 minute: [0-15] d) Number of non-F-words and rule violation errors in 1 minute: [0-15]  Scores for items 7-8 correspond to the Trail Making A & B Worksheets  7. Trail Making Test A: a) If test not completed, enter reason code and skip to question 8a: [94-98] b) Total number of seconds to complete (if not finished by 150 seconds, enter 150) [0-150] i. Number of correct lines: [0-40]  8. Trail Making Test B: a) If test not completed, enter reason code and skip to question 9a: [94-98] b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300] i. Number of commission errors: [0-40]	Scores for item 5 correspond to the Category Fluency Worksheets	
Method of Administration: In-person Video Phone  Scores for item 6 correspond to the Verbal Fluency Worksheets, administered as part of the MoCA  6. Verbal Fluency – Phonemic Tests (words beginning with F): a) If test not completed, enter reason code and skip to question 7a: [95-98] b) Number of correct F-words generated in 1 minute: [0-40] c) Number of F-words repeated in 1 minute: [0-15] d) Number of non-F-words and rule violation errors in 1 minute: [0-15]  Scores for items 7-8 correspond to the Trail Making A & B Worksheets  7. Trail Making Test A: a) If test not completed, enter reason code and skip to question 8a: [94-98] b) Total number of seconds to complete (if not finished by 150 seconds, enter 150) [0-150] i. Number of correct lines: [0-40]  8. Trail Making Test B: a) If test not completed, enter reason code and skip to question 9a: [94-98] b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300] i. Number of commission errors: [0-40]		[95-98]
Scores for item 6 correspond to the Verbal Fluency Worksheets, administered as part of the MoCA  6. Verbal Fluency – Phonemic Tests (words beginning with F):  a) If test not completed, enter reason code and skip to question 7a: [95-98]  b) Number of correct F-words generated in 1 minute: [0-40]  c) Number of F-words repeated in 1 minute: [0-15]  d) Number of non-F-words and rule violation errors in 1 minute: [0-15]  Scores for items 7-8 correspond to the Trail Making A & B Worksheets  7. Trail Making Test A:  a) If test not completed, enter reason code and skip to question 8a: [94-98]  b) Total number of seconds to complete (if not finished by 150 seconds, enter 150) [0-150]  i. Number of correct lines: [0-40]  8. Trail Making Test B:  a) If test not completed, enter reason code and skip to question 9a: [94-98]  b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300]  i. Number of commission errors: [0-40]	b) Total number of animals named in 60 seconds:	[0-77]
6. Verbal Fluency – Phonemic Tests (words beginning with F): a) If test not completed, enter reason code and skip to question 7a: [95-98] b) Number of correct F-words generated in 1 minute: [0-40] c) Number of F-words repeated in 1 minute: [0-15] d) Number of non-F-words and rule violation errors in 1 minute: [0-15]  Scores for items 7-8 correspond to the Trail Making A & B Worksheets  7. Trail Making Test A: a) If test not completed, enter reason code and skip to question 8a: [94-98] b) Total number of seconds to complete (if not finished by 150 seconds, enter 150) [0-150] i. Number of commission errors: [0-40] ii. Number of correct lines: [0-24]  8. Trail Making Test B: a) If test not completed, enter reason code and skip to question 9a: [94-98] b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300] i. Number of commission errors: [0-40]	Method of Administration:	Phone
a) If test not completed, enter reason code and skip to question 7a: [95-98] b) Number of correct F-words generated in 1 minute: [0-40] c) Number of F-words repeated in 1 minute: [0-15] d) Number of non-F-words and rule violation errors in 1 minute: [0-15]  Scores for items 7-8 correspond to the Trail Making A & B Worksheets  7. Trail Making Test A: a) If test not completed, enter reason code and skip to question 8a: [94-98] b) Total number of seconds to complete (if not finished by 150 seconds, enter 150) [0-150] i. Number of commission errors: [0-40] ii. Number of correct lines: [0-24]  8. Trail Making Test B: a) If test not completed, enter reason code and skip to question 9a: [94-98] b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300] i. Number of commission errors: [0-40]	Scores for item 6 correspond to the Verbal Fluency Worksheets, administere	d as part of the MoCA
c) Number of F-words repeated in 1 minute: [0-15] d) Number of non-F-words and rule violation errors in 1 minute: [0-15]  Scores for items 7-8 correspond to the Trail Making A & B Worksheets  7. Trail Making Test A: a) If test not completed, enter reason code and skip to question 8a: [94-98] b) Total number of seconds to complete (if not finished by 150 seconds, enter 150) [0-150] i. Number of commission errors: [0-40] ii. Number of correct lines: [0-24]  8. Trail Making Test B: a) If test not completed, enter reason code and skip to question 9a: [94-98] b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300] i. Number of commission errors: [0-40]	·	[95-98]
d) Number of non-F-words and rule violation errors in 1 minute: [0-15]  Scores for items 7-8 correspond to the Trail Making A & B Worksheets  7. Trail Making Test A:     a) If test not completed, enter reason code and skip to question 8a: [94-98]     b) Total number of seconds to complete (if not finished by 150 seconds, enter 150) [0-150]     i. Number of commission errors: [0-40]     ii. Number of correct lines: [0-24]  8. Trail Making Test B:     a) If test not completed, enter reason code and skip to question 9a: [94-98]     b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300]     i. Number of commission errors: [0-40]	b) Number of correct F-words generated in 1 minute:	[0-40]
Scores for items 7-8 correspond to the Trail Making A & B Worksheets  7. Trail Making Test A: a) If test not completed, enter reason code and skip to question 8a: [94-98] b) Total number of seconds to complete (if not finished by 150 seconds, enter 150) [0-150] i. Number of commission errors: [0-40] ii. Number of correct lines: [0-24]  8. Trail Making Test B: a) If test not completed, enter reason code and skip to question 9a: [94-98] b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300] i. Number of commission errors: [0-40]	c) Number of F-words repeated in 1 minute:	[0-15]
7. Trail Making Test A:  a) If test not completed, enter reason code and skip to question 8a: [94-98]  b) Total number of seconds to complete (if not finished by 150 seconds, enter 150) [0-150]  i. Number of commission errors: [0-40]  ii. Number of correct lines: [0-24]  8. Trail Making Test B:  a) If test not completed, enter reason code and skip to question 9a: [94-98]  b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300]  i. Number of commission errors: [0-40]	d) Number of non-F-words and rule violation errors in 1 minute:	[0-15]
a) If test not completed, enter reason code and skip to question 8a: [94-98] b) Total number of seconds to complete (if not finished by 150 seconds, enter 150) [0-150] i. Number of commission errors: [0-40] ii. Number of correct lines: [0-24]  8. Trail Making Test B: a) If test not completed, enter reason code and skip to question 9a: [94-98] b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300] i. Number of commission errors: [0-40]	Scores for items 7-8 correspond to the Trail Making A & B Worksheets	
i. Number of commission errors:  ii. Number of correct lines:  8. Trail Making Test B:  a) If test not completed, enter reason code and skip to question 9a: [94-98]  b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300]  i. Number of commission errors:  [0-40]		[94-98]
ii. Number of correct lines:  8. Trail Making Test B: a) If test not completed, enter reason code and skip to question 9a: [94-98] b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300] i. Number of commission errors: [0-40]	b) Total number of seconds to complete (if not finished by 150 seconds,	, enter 150) [0-150]
8. Trail Making Test B: a) If test not completed, enter reason code and skip to question 9a: [94-98] b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300] i. Number of commission errors: [0-40]	i. Number of commission errors:	[0-40]
<ul> <li>a) If test not completed, enter reason code and skip to question 9a: [94-98]</li> <li>b) Total number of seconds to complete (if not finished by 300 seconds, enter 300): [0-300]</li> <li>i. Number of commission errors: [0-40]</li> </ul>	ii. Number of correct lines:	[0-24]
i. Number of commission errors: [0-40]		[94-98]
	b) Total number of seconds to complete (if not finished by 300 seconds,	enter 300): [0-300]
ii. Number of correct lines: [0-24]	i. Number of commission errors:	[0-40]
	ii. Number of correct lines:	[0-24]

Patient ID:	
Scores for item 9 correspond to the Multilingual Naming Test (MINT) Worksheets If no semantic cues were given, select <b>N/A</b> for Question 9e. If no phonemic cues were given, select <b>N/A</b> for Question 9g.	
9. Multilingual Naming Test (MINT):	
a) If test not completed, enter reason code and skip to question 10a: [94-98]	
b) Total score (9c + 9e): [0-32]	
c) Total correct without any cues (Uncued): [0-32]	
d) Semantic cues – Number given: [0-32]	
e) Semantic cues – Number correct with cue:   N/A[0-32]	
f) Phonemic cues – Number given: [0-32]	
g) Phonemic cues – Number correct with cue:	
Method of Administration:	
Scores for item 10 correspond to your sites specific scoring instructions for the CVLT, CVLT-SF, HVLT, SEVLT, or other with list learning with immediate/delay/recognition	
10. Word list learning with immediate/delay/recognition:	
a) Name of test:	
☐ SEVLT [Spanish] ☐ SEVLT [English] ☐ AVLT	
Other (specify):	
b) Total number of words on list:	
c) If test not completed, enter reason code and skip to question 11a: [95-98]	
d) Learning Trial 1:	
e) Learning Trial 2:	
f) Learning Trial 3:	
g) Learning Trial 4:	
h) Learning Trial 5:	
i) Delay duration (if multiple options choose longest):	
j) Delayed recall (if multiple delay options, choose longest):	
k) Recognition hits:	
l) Recognition false positives:	
Method of Administration:	

Patient ID:	
Scores for item 11 correspond to the Verbal Naming Test Worksheet	
<ul><li>11. Verbal Naming:</li><li>a) If test not completed, enter reason code and skip to question 12</li></ul>	a: [94-98]
b) Total correct without a cue:	[0-50]
c) Total correct with phonemic cue:	[0-50]
Scores for items 12-13 correspond to the Oral Trail Making Test Parts A &	B Worksheets
<ul><li>12. Oral Trail Making Test A:</li><li>a) If test not completed, enter reason code and skip to question 13</li></ul>	a: [94-98]
b) Total number of seconds to complete:  (if not finished by 100 seconds, enter 100)	[0-100]
i. Number of errors:	[0-25]
ii. Total number correct:	[0-25]
Method of Administration:	Phone
<ul><li>13. Oral Trail Making Test B:</li><li>a) If test not completed, enter reason code:</li></ul>	[94-98]
b) Total number of seconds to complete (if not finished by 300 seconds, enter 300)	[0-300]
i. Number of errors:	[0-25]
ii. Total number correct:	[0-25]

Patient ID:							
CO-PARTICIPANT/INFORMANT QUESTIONNAIRE							
Collected? No Yes	Collected? No Yes						
If No, please provide reason:	☐ Verbal refusal ☐ Informant unavailable (specify below) ☐ Other problem (specify below)						
Specify reason not collected:							
Date Collected: / /	(MM/DD/YYYY)						
Language of test administration	: English Spanish Other (specify):						
What is co-participant's relationship to the subject?	<ul> <li>□ Spouse, partner, or companion (include ex-spouse, ex-partner, fiancé(e), boyfriend, girlfriend)</li> <li>□ Child (by blood or through marriage or adoption)</li> <li>□ Sibling (by blood or through marriage or adoption)</li> <li>□ Other relative (by blood or through marriage or adoption)</li> <li>□ Friend, neighbor, or someone known through family, friends, work, or community (e.g., church)</li> <li>□ Paid caregiver, health care provider, or clinician</li> </ul>						
How long has the coparticipant known the subject?	<ul> <li>☐ 1 year or less</li> <li>☐ 2-5 years</li> <li>☐ 6-9 years</li> <li>☐ 10+ years</li> </ul>						
Does the co-participant live with the subject?	☐ No ☐ Yes						
If no, approximate frequency of in-person visits?	☐ Daily ☐ At least three times per week ☐ Weekly ☐ At least three times per month ☐ Monthly ☐ Less than once a month						
If no, approximate frequency of telephone contact?	Daily At least three times per week Weekly At least three times per month Monthly Less than once a month						

Patient ID:		

CDR (CLINICAL DEMENTIA RATING)								
•	Please refer to the MarkVCID Evaluator's Instructions Manual for details instructions on the administration of this assessment							
Was the CDR adminis	tered? No	Y	l'es					
If No, please provide the primary reason:	Physical Verbal re	_	Cognitive/behavior   Other problem (spec					
Date of Evaluation:	//_	(MM/	DD/YYYY)					
Method of Administra	ition:	n-person 🔲 V	/ideo 🗌 Phone	,				
Was the CDR scored v	vith the input of	an informant?	□ No □	] Yes				
Language of test admi	inistration: 🗌 E	nglish 🗌 S	Spanish 🔲 Other	(specify):				
Section 1: Standard	CDR							
Please enter score			IMPAIRMENT		<b>.</b>			
below:	None – 0	Questionable – 0.5	Mild – 1	Moderate – 2	Severe - 3			
1. Memory	No memory loss, or slight inconsistent forgetfulness	Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness	slight loss, more marked forgetfulness; partial defect interferes with everyday ectivities		Severe memory loss; only fragments remain			
2. Orientation	Fully oriented	Fully oriented except for slight difficulty with time relationships	Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere	Severe difficulty with time relationships; usually disoriented to time, often to place	Oriented to person only			
3. Judgment and problem solving  — · —	Solves everyday problems, handles business and financial affairs well; judgment good in relation to past performance	Slight impairment in solving problems, similarities, and differences	Moderate difficulty in handling problems, similarities, and differences; social judgment usually maintained	Severely impaired in handling problems, similarities, and differences; social judgment usually impaired	Unable to make judgments or solve problems			
4. Community affairs  — · —	Independent function at usual level in job, shopping, volunteer and social groups	Slight impairment in these activities	Unable to function independently at these activities, although may still be engaged in some; appears normal to casual inspection	No pretense of independent function outside the home; appears well enough to be taken to functions outside the family home	No pretense of independent function outside the home; appears too ill to be taken to functions outside the family home			
Section 1: Standard	Section 1: Standard CDR (continued)							

Patient ID:		
	Patient ID:	

Dlagge outer agers		IMPAIRMENT							
Please enter score below:	None – 0	Questionable – 0.5	Mild – 1	Moderate – 2	Severe – 3				
5. Home and hobbies	Life at home, hobbies, and intellectual interests well maintained	Life at home, hobbies, and intellectual interests slightly impaired	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned	Only simple chores preserved; very restricted interests, poorly maintained	No significant function in the home				
6. Personal care0	Fully capable of s	elf-care (= 0).	Needs prompting	Requires assistance in dressing, hygiene, keeping of personal effects	Requires much help with personal care; frequent incontinence				

- 7. \_\_\_ STANDARD CDR SUM OF BOXES (auto-calculated in EDC)
- 8. \_\_\_ STANDARD GLOBAL CDR

#### **Section 2: Supplemental CDR**

Please enter score	IMPAIRMENT						
below:	None – 0	Questionable – 0.5	Mild – 1	Moderate – 2	Severe – 3		
9. Behavior, comportment, and personality	Socially appropriate behavior	Questionable changes in comportment, empathy, appropriateness of actions	Mild but definite changes in behavior	Moderate behavioral changes, affecting interpersonal relationships and interactions in a significant manner	Severe behavioral changes, making interpersonal interactions all unidirectional		
10. Language	No language difficulty, or occasional mild tip-of- the tongue	Consistent mild word-finding difficulties; simplification of word choice; circumlocution; decreased phrase length; and/or mild comprehension difficulties	Moderate 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	Moderate to severe impairments in either speech or comprehension; has difficulty communicating thoughts; writing may be slightly more effective	Severe comprehension deficits; no intelligible speech		

Patient ID:	 		

GDS (GERIATRIC DEPRESSION SCALE)						
Please refer to the MarkVCID Evaluator's Instructions Manual for dadministration of this assessment	letails instruc	tions on the				
Was the GDS administered?						
If No, please provide Physical problem Cognitive/behathe primary reason: Verbal refusal Other problem	-					
Date of Evaluation:/(MM/DD/YYYY)						
Language of test administration:   English   Spanish	Other (spec	rify):				
Scores for items 1-15 correspond to the Geriatric Depression Scale (	(GDS) Worksh	ieet				
	Yes	No	Did not answer			
1. Are you basically satisfied with your life?						
2. Have you dropped many of your activities and interests?						
3. Do you feel that your life is empty?						
4. Do you often get bored?						
5. Are you in good spirits most of the time?						
6. Are you afraid that something bad is going to happen to you?						
7. Do you feel happy most of the time?						
8. Do you often feel helpless?						
9. Do you prefer to stay at home, rather than going out and doing new things?						
10. Do you feel you have more problems with memory than most people?						
11. Do you think it is wonderful to be alive?						
12. Do you feel pretty worthless the way you are now?						
13. Do you feel full of energy?						
14. Do you feel that your situation is hopeless?						
15. Do you think that most people are better off than you are?						

Ma	rkVCID2 CF	RF Package: Fol	low-Up Visit		
Patient ID:					
	-	DAY COGNITION			
Please refer to the MarkVCID E administration of this assessme		tructions Manual fo	or details instruc	tions on the	
Was the ECog-12 Participant F	orm administ	tered? No	Yes		
	hysical proble erbal refusal		/behavior probl blem (specify): <sub>.</sub>		
Date of Evaluation: /	_/	(MM/DD/YYY	Y)		
Language of test administration	n: 🗌 English	Spanish	Other (spec	cify):	
Are you worried or believe that with your attention, concentrate	•	O .	□No	Yes	
Compared to 10 years ago, have there been any changes in your ability to	Better or no change	Questionable or occasionally worse	Consistently a little worse	Consistently much worse	Don't Know or N/A
1. Remember where you have placed things (i.e glasses, keys)?					
2. Remember the current date or day of the week?					
3. Communicate thoughts in a conversation?					
4. Understand spoken directions or instructions?					
5. Read a map and help with directions when someone else is driving?					
6. Find one's way around a house/building that you have visited many times?					
7. Anticipate weather changes and planning accordingly?					
8. Think ahead?					
9. Keep your living and workspace organized?					
10. Balance your checkbook/					

)								
If No, please provide Physical problem Cognitive/behavior problem the primary reason: Verbal refusal Other problem (specify):								
Date of Evaluation: / / (MM/DD/YYYY)								
Language of test administration: English Spanish Other (specify):								
Are you worried or believe that you are having problems with your attention, concentration, or memory?								
Compared to 10 years ago, have there been any changes in your ability to	Better or no change	Questionable or occasionally worse	Consistently a little worse	Consistently much worse	Don't Know or N/A			
1. Remember where you have placed things (i.e glasses, keys)?								
2. Remember the current date or day of the week?								
3. Communicate thoughts in a conversation?								
4. Understand spoken directions or instructions?								
5. Read a map and help with directions when someone else is driving?								
6. Find one's way around a house/building that you have visited many times?								
7. Anticipate weather changes and planning accordingly?								
8. Think ahead?								
9. Keep your living and workspace organized?								
10. Balance your checkbook/ account without error?								
11. Do two things at once?								
12. Cook or work, and talk at the same time?								
Was the questionnaire discont	inued?	No Yes						
If yes, reason for discontinuati	on:	Refusal  Tasl		could not underst	-			

Ividi	KVCIDZ CI	Kr Package: Foi	iow-op visit			
Patient ID:						
<u>ECOG</u>	-12 (EVERY	DAY COGNITION	): INFORMAN	<u>r</u>		
Please refer to the MarkVCID E		tructions Manual fo	r details instruct	tions on the		
administration of this assessme						
Was the ECog-12 Informant Fo	orm administe	ered?	∐ Yes			
If No, please provide the $\Box$	Verbal refusa	l Informa	nt unavailable (s	specify below)		
primary reason:	Other proble	m (specify below)				
Specify reason not administer	ed:					
Date of Evaluation: /	/	(MM/DD/YYY	Y)			
Language of test administration	n: English	Spanish	Other (spec	ify):		
How long have you known the	participant?	<10 years	At least 10 y	years		
Are you worried or believe that		ving problems wit	h No	Yes		
their attention, concentration,	or memory?	0 .: 11			<b>D</b> 1:	
Compared to 10 years ago, have there been any	Better or	Questionable or occasionally	Consistently	Consistently	Don't Know	
changes in their ability to	no change	worse	a little worse	much worse	or N/A	
1. Remember where they have	_					
placed things (glasses,						
keys)?  2. Remember the current date						
or day of the week?	Ш					
3. Communicate thoughts in a conversation?						
4. Understand spoken					$\vdash$	
directions or instructions?						
5. Read a map and help with						
directions when someone else is driving?						
6. Find their way around a						
house/building that you						
have visited many times?  7. Anticipate weather changes						
and planning accordingly?						
8. Think ahead?						
9. Keep their living and workspace organized?						
10. Balance their checkbook/						
account without error?						
11. Do two things at once?						
12. Cook or work, and talk at the same time?						
Was the questionnaire discontinued? No Yes						

Refusal

If yes, reason for discontinuation:

Task difficulty (i.e., could not understand)

Impairment (i.e., visual, hearing, limb/motor problem)

Patient ID:	

NEUROPSYCHIATRIC INVENTORY QUESTIONNAIRE (NPI-Q) – INFORMANT ASSESSMENT							
Please refer to the MarkVCID Evaluator's Instructions Manual for detailed instructions on the administration of this assessment							
W	as the NPI-Q administered?	Yes	3				
	If No, please provide the primary reason: Urrbal refusal Informant unavailable (specify below)  Other problem (specify below)						
Sp	Specify reason not administered:						
Da	nte of Evaluation: / / /	(MM/D	D/YYYY)				
La	nguage of test administration:   English	ı 🗌 Spa	nish 🗌	Other (spec	ify):		
NI	PI co-participant:	Chi	ld 🗌	Other (spec	ify):		
Qι	ıestion	Yes	No	Unknown	If Yes, Severity		
1.	Delusions — Does the patient have false beliefs, such as thinking that others are stealing from him/her or planning to harm him/her in some way?				☐Mild ☐Moderate ☐Severe ☐Unknown		
2.	Hallucinations — Does the patient have hallucinations such as false visions or voices? Does he or she seem to hear or see things that are not present?				☐Mild ☐Moderate ☐Severe ☐Unknown		
3.	Agitation/aggression — Is the patient resistive to help from others at times, or hard to handle?				☐Mild ☐Moderate ☐Severe ☐Unknown		
4.	Depression/dysphoria — Does the patient seem sad or say that he/she is depressed?				☐Mild ☐Moderate ☐Severe ☐Unknown		
5.	Anxiety — Does the patient become upset when separated from you? Does he/she have any other signs of nervousness such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?				☐Mild ☐Moderate ☐Severe ☐Unknown		
6.	Elation/euphoria — Does the patient appear to feel too good or act excessively happy?				☐Mild ☐Moderate ☐Severe ☐Unknown		
7.	Apathy/ indifference — Does the patient seem less interested in his/her usual activities or in the activities and plans of others?				☐Mild ☐Moderate ☐Severe ☐Unknown		

Patient ID:	

Question	Yes	No	Unknown	If Yes, Severity
8. Disinhibition — Does the patient seem to act impulsively, for example, talking to strangers as if he/she knows them, or saying things that may hurt people's feelings?				☐Mild ☐Moderate ☐Severe ☐Unknown
9. Irritability/lability — Is the patient impatient and cranky? Does he/she have difficulty coping with delays or waiting for planned activities?				☐Mild ☐Moderate ☐Severe ☐Unknown
10. Motor disturbance — Does the patient engage in repetitive activities such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?				☐Mild ☐Moderate ☐Severe ☐Unknown
11. Nighttime behaviors — Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?				☐Mild ☐Moderate ☐Severe ☐Unknown
12. Appetite/eating — Has the patient lost or gained weight, or had a change in the type of food he/she likes?				☐Mild ☐Moderate ☐Severe ☐Unknown

Pa	Patient ID:							
	FUNCTIONAL ASSESSMENT SCALE (FAS)							
	Please refer to the MarkVCID Evaluator's Instructions Manual for details instructions on the administration of this assessment							
W	as the FAS Form administered	? No		Yes				
	If No, please provide the primary reason:  Uverbal refusal Informant unavailable (specify below)  Other problem (specify below)							
Sp	ecify reason not administered	:						
Da	te of Evaluation: /	_/	(MM/D	D/YYYY)				
La	nguage of test administration:	English	Spa	anish 🗌	Other (specif	fy):		
pa	the past four weeks, did the rticipant have difficulty or ed help with:	Not applicable (e.g., never did)	Normal	Has difficulty, but does by self	Requires assistance	Dependent	Unknown	
1.	Writing checks, paying bills, or balancing a checkbook							
2.	Assembling tax records, business affairs, or other papers							
3.	Shopping alone for clothes, household necessities, or groceries							
4.	Playing a game of skill such as bridge or chess, working on a hobby							
5.	Heating water, making a cup of coffee, turning off the stove							
6.	Preparing a balanced meal							
7.	Keeping track of current events							
8.	Paying attention to and understanding a TV program, book, or magazine							
9.	Remembering appointments, family occasions, holidays, medications							
10	Traveling out of the neighborhood, driving, or arranging to take public transportation							

Patient ID:								
	LABORATORY TESTS							
Were Lab	oratory Test results re	ecorded? N	o Yes					
Reason n	ot collected:							
Only enter test results from labs conducted within the last 3 months.  If fasting conditions are unknown, mark "not fasting".  All tests denoted with * are required. Cholesterol related labs, blood sugar, and homocysteine should be collected under fasting conditions when possible.								
PHYSIOL	OGIC MEASURES							
Not Done	Measure	Date of Collection	Fasting	Result	Unit			
	1. HS-CRP	//	N/A		☐ nmol/L ☐ g/L ☐ mg/L			
	2. HbA1c*	//	N/A		mmol/mol			
	3. Blood Sugar	//	☐ Fasting >8 hours ☐ Not fasting		☐ mmol/L ☐ mg/dL ☐ mg/L			
	4. Serum cholesterol*	//	☐ Fasting >8 hours ☐ Not fasting		☐ mg/dL ☐ mmol/L			
	5. HDL cholesterol*	//	Fasting >8 hours  Not fasting		☐ mg/dL ☐ mmol/L			
	6. LDL cholesterol*	//	☐ Fasting >8 hours ☐ Not fasting		☐ mg/dL ☐ mmol/L			
	7. Triglycerides*	//	Fasting >8 hours  Not fasting		☐ mg/dL ☐ mmol/L			
	8. Homocysteine	//	Fasting >8 hours Not fasting		☐ mg/dL ☐ umol/L ☐ mg/L			
	9. Serum creatinine*	//	N/A		☐ mg/dL ☐ umol/L			
	10. Serum cystatin C	//	N/A		☐ mg/L ☐ mg/dL			
GENETIC	S							
Have any genetic tests been performed? No Yes								
If yes:								
APOE	APOE genotype: $\square$ E2/E2 $\square$ E2/E3 $\square$ E2/E4 $\square$ E3/E3 $\square$ E3/E4 $\square$ Solution Not Done							
Has a	Has a GWAS been completed?							

Patient ID:
SAMPLE COLLECTION: PLASMA COLLECTION
Status: Collected Not Collected
Reason not collected:
Date Plasma Samples Collected: / (MM/DD/YYYY)
Time since last meal: (hours)
Time Collected:: (24 hour clock)
Collector's Initials: (enter dash if no middle name)
Number of 0.25 mL plasma aliquots:
Plasma cryovials used:  Wheaton CryoElite Simport Micrewtube WWR Screw-Cap Microcentrifuge (Not approved for use after 05/20/2024) Other (specify):
Plasma cryovial volume: 0.5 ml 0ther (specify):
Number of 1 mL packed cell aliquots for DNA:
Temperature of Centrifugation: °C
Did plasma remain pink after centrifugation, indicating hemolysis? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
Storage temperature: °C
Were there any deviations?
If YES, indicate deviations below (select all that apply):  Sample tube was not inverted 5-10 times  Sample not spun within 2 hours of collection  Spun 2-3 hours after collection  Spun 3-4 hours after collection  Spun 4+ hours after collection  Sample not spun at 2000g  Spun slower than 2000g  Spun slower than 2000g  Spun faster than 2000g  Spun faster than 2000g  Sample not spun for 10 minutes  Spun <10 minutes  Placed on dry ice or in -80° C freezer immediately after aliquoting  Placed on dry ice or in freezer within 30 minutes of aliquoting  Placed on dry ice or in freezer 30-60 minutes after aliquoting  Placed on dry ice or in freezer 60+ minutes after aliquoting
Other deviation (specify):

Patient ID:	•

SAMPLE COLLECTION: SERUM COLLECTION			
Status: Collected Not Collected			
Reason not collected:			
Date Serum Samples Collected:/ (MM/DD/YYYY)			
Time since last meal: (hours)			
Time Collected: : (24 hour clock)			
Collector's Initials: (enter dash if no middle name)			
Number of 0.25 mL aliquots:			
Serum cryovials used:  Wheaton CryoElite Simport Micrewtube WWR Screw-Cap Microcentrifuge (Not approved for use after 05/20/2024) Other (specify):			
Serum cryovial volume: 0.5 ml Other (specify):			
Temperature of Centrifugation: °C			
Did serum remain pink after centrifugation, indicating hemolysis?			
Storage temperature: °C			
Were there any deviations?			
If YES, indicate deviations below (select all that apply):  After collection, sample not allowed to sit in vertical position for 30-60 minutes (select all that apply):  Sample not kept vertical  Sample did not sit for 30-60 minutes after collection  Sample sat <30 minutes  Sample sat >60 minutes  Sample not spun at 2000g  Spun slower than 2000g  Spun faster than 2000g  Spun faster than 2000g  Spun <10 minutes  Spun <10 minutes  Spun >10 minutes  Placed on dry ice or in -80° C freezer immediately after aliquoting  Placed on dry ice or in freezer within 30 minutes of aliquoting  Placed on dry ice or in freezer 30-60 minutes after aliquoting  Placed on dry ice or in freezer 60+ minutes after aliquoting  Other deviation (specify):			

	<u>IMAGING</u>				
Was an MRI performed at this visit?	No Yes				
If no, please provide reason:  Claustrophobia Other reason:					
Date of Imaging: / /	(MM/DD/YYYY)				
Were there any deviations from the imaging	protocol? No Yes				
If yes, please specify:					
FAZEKAS					
Was a Fazekas score assigned?	Yes				
Initials of Fazekas score assessor:					
Peri-Ventricular Fazekas Extent Grade:	☐ Grade 0 – No lesions ☐ Grade 1 – Caps or pencil-thin lining ☐ Grade 2 – Smooth haloing ☐ Grade 3 – Irregular WMH extending into DWM ☐ Unknown/ N/A				
Deep Fazekas Extent Grade:	☐ Grade 0 – No lesions ☐ Grade 1 – Punctate lesions ☐ Grade 2 – Beginning confluent lesions ☐ Grade 3 – Confluent lesions ☐ Unknown/ N/A				
Deep Fazekas Lesion Count Grade:	☐ Grade 0 – No lesions ☐ Grade 1 – 1-4 lesions ☐ Grade 2 – 5-9 lesions ☐ Grade 3 – >9 lesions ☐ Unknown/ N/A				
Overall Fazekas Score : (Maximum score of Peri-Ventricular Fazekas Extent Grade and Deep Fazekas Extent Grade)					

Patient ID:
LACUNES AND MICROBLEEDS
Was the scan assessed for lacunes and microbleeds?
Initials of lacune and microbleed assessor:
Does the participant have ≥1 lacune?  □ No  □ Yes
If ≥1 lacune, please select all the regions where lacunes are present:
□ Deep:       □ ≤2       □ >2         □ Lobar:       □ ≤2       □ >2
Does the participant have ≥1 microbleed?  □ No  □ Yes
If ≥1 microbleed, please select all the regions where microbleeds are present:
□ Lobar (supratentorial):       □ ≤4       □ >4         □ Deep (supratentorial):       □ ≤4       □ >4         □ Cerebellar (cortical):       □ ≤4       □ >4         □ Cerebellar (deep):       □ ≤4       □ >4         □ Brainstem:       □ ≤4       □ >4

MarkvCiD2 CRF Package: Follow-up visit						
Patient ID: _	Patient ID:					
	<u>MEDICATIONS</u>					
Were the pat	ient's medications recorded?	☐ No	☐ Ye	S		
If not collecte	ed, reason not collected:					
Date of Colle	ction:/(	MM/DI	D/YYYY)			
Is the patient currently taking any medications?						
Currently Taking	Medication Name		Currently Taking	Medication Name		
	acotaminonhon-Hydrocodono			conjugate estrogens (Conestin		

Currently Taking	Medication Name
	acetaminophen-Hydrocodone (Vicodin)
	Albuterol (Proventil, Ventolin, Volmax)
	alendronate (Fosamax)
	allopurinol (Aloprim, Lopurin, Zyloprim)
	alprazolam (Niravam, Xanax)
	amlodipine (Norvasc)
	atenolol (Senormin, Tenormin)
	atorvastatin (Lipitor)
	benazepril (Lotensin)
	bupropion (Budeprion, Wellbutrin, Zyban)
	calcium acetate (Calphron, PhosLo)
	carbidopa-levodopa (Atamet, Sinemet)
	carvedilol (Coreg, Carvedilol)
	celecoxib (Celebrex)
	cetirizine (Zyrtec)
	citalopram (Celexa)
	clonazepam (Klonopin)
	clopidogrel (Plavix)

Currently Taking	Medication Name
	conjugate estrogens (Cenestin, Premarin)
	cyanocobalamin (Neuroforte-R, Vitamin B12)
	digoxin (Digitek, Lanoxin)
	diltiazem (Cardizem, Tiazac)
	donepezil (Aricept)
	duloxetine (Cymbalta)
	enalapril (Vasotec)
	ergocalciferol (Calciferol, Disdol, Vitamin D)
	escitalopram (Lexapro)
	esomeprazole (Nexium)
	estradiol (Estrace, Estrogel, Fempatch)
	ezetimibe (Zetia)
	ferrous sulfate (FeroSul, Iron Supplement)
	fexofenadine (Allegra)
	finasteride (Propecia, Proscar)
	fluoxetine (Prozac)
	fluticasone (Flovent)
	fluticasone nasal (Flonase, Veramyst)

		,
Patient ID:		

Currently Taking	Medication Name
	fluticasone-salmeterol (Advair)
	furosemide (Lasix)
	gabapentin (Neurontin)
	galantamine (Razadyne, Reminyl)
	glipizide (Glucotrol)
	hydrochlorothiazide (Esidrix, Hydrodiuril)
	hydrochlorothiazide- triamterene (Dyazide)
	latanoprost opthalmic (Xalatan)
	levothyroxine (Levothroid, Levoxyl, Synthroid)
	lisinopril (Prinivil, Zestril)
	lorazepam (Ativan)
	losartan (Cozaar)
	lovastatin (Altocor, Mevacor)
	meloxicam (Meloxicam, Mobic)
	memantine (Namenda)
	metformin (Glucophage, Riomet)
	metoprolol (Lopressor, Toprol- XL)
	mirtazapine (Remeron)
	montelukast (Singulair)
	naproxen (Aleve, Anaprox, Naprosyn)
	niacin (Niacor, Nico-400, Nicotinic Acid)
	nifedipine (Adalat, Procardia)
	nitroglycerin (Nitro-Bid, Nitro- Dur, Nitrostat)

Currently Taking	Medication Name
	omega-3 polyunsaturated fatty acids (Omacor, Lovaza)
	omeprazole (Prilosec)
	oxybutynin (Ditropan, Urotrol)
	pantoprazole (Protonix)
	paroxetine (Paxil, Paxil CR, Pexeva)
	potassium chloride (K-Dur 10, K-Lor, Slow-K)
	pravastatin (Pravachol)
	quetiapine (Seroquel)
	ranitidine (Zantac)
	rivastigmine (Exelon)
	rosuvastatin (Crestor)
	sertraline (Zoloft)
	simvastatin (Zocor)
	tamsulosin (Flomax)
	terazosin (Hytrin)
	tramadol (Ryzolt, Ultram)
	trazodone (Desyrel)
	valsartan (Diovan)
	venlafaxine (Effexor)
	warfarin (Coumadin, Jantoven)
	zolpidem (Ambien)
	Other (specify):

Patient ID:
DD AVN DON A THON CONCEINT
BRAIN DONATION CONSENT
Have study staff approached participant OR next of kin in life to discuss brain donation?
( <b>Note</b> : State law dictates whether sites may receive traditional consent at the time of death by next of kin OR receive consent during the participant's life)
If no, reason not approached:
Date approached:/ (MM/DD/YYYY)
IF APPROACHED
Was consent or indication of intent for brain donation received?  No (participant or next of kin declined brain donation)  Yes (participant or next of kin consented or indicated intent for brain donation)  Information regarding brain donation was provided, but no conclusion was reached
If consent or indication of intent for brain donation consent received, was it received through a co-enrolled study?
If yes, name of study:

Patient ID: \_\_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Criteria for Cognit	tive Diagnoses
Normal cognition:	Participant has normal cognition and does not have behavioral or language issues sufficient to diagnose MCI or dementia due to FTD or DLB.  Normal cognition is defined as:  1.) No diagnosis of SCD, MCI, or dementia; AND  2.) CDR: Sum of Boxes = 0 AND neuropsychological testing within normal range.
SCD, confirmed diagnosis:	<ul> <li>Select if the participant has:</li> <li>1.) Cognitive concerns based on a Short ECog-12 score ≥ 3 on any single item-level response (based on administration to participant), AND</li> <li>2.) Normal cognitive testing (neuropsychological testing within normal range)</li> </ul>
MCI:	Review the criteria listed below to determine whether the subject meets the clinical and cognitive criteria for MCI:  • Is there a cognitive concern?, i.e., is the subject, the co-participant, or a clinician concerned about a change in cognition compared to the subject's previous level?  • Is there impairment in one or more cognitive domains (memory, language, executive function, attention, and visuospatial skills) that is greater than would be expected for the patient's age and educational background?  • Is there largely preserved independence in functional abilities (no change from prior level of functioning or requires only extra effort minimal aids or assistance)?  • Is there no evidence of dementia (cognitive changes are mild and there is no evidence of a significant impairment in social or occupational functioning)?
Dementia:	Review the criteria listed below to determine whether the subject meets the criteria for all-cause dementia. These criteria are modified from the McKhann all-cause dementia criteria (2011) to allow a single domain to be affected.  The subject has cognitive or behavioral (neuropsychiatric) symptoms that meet all of the following criteria:  • 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)?  AND  Impairment in one* or more of the following domains.  - 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  * 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.
	Select if the participant:  1.) Meets the criteria for dementia, AND  2.) CDR: Global Score = 0.5 or 1