Administration Time
From:
To:

Clinician's Name
____

Date: __ __/__ __/__ __ __ __

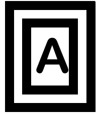
Affix Bar Code Label Here

WHIMS STUDY

Form D

Phase 3:

Clinical Evaluation



History of Acquired Cognitive and Behavior Changes

In order to document a history of acquired memory and behavior changes: (1) review the available information (e.g., Form 39, WHI-MS technician's interview of the participant, the technician's interview of the friend/family member, the Cognitive Test Battery, etc.), (2) then interview the participant regarding any changes suggested by the available information until you are ready to make the summary ratings below. You may ask any questions you wish. Make notes in the space provided or on the back of the preceding page.

1. **MEMORY**	Yes	No	Don't Know
Does the participant have an acquired problem with **MEMORY** as evidenced by such changes as: difficulty remembering things that happened recently, forgetting conversations, repeating questions, forgetting to turn the stove off, etc.?	☐	☐	☐

Notes:

2. **LANGUAGE**	Yes	No	DK
Does the participant have acquired problems with **LANGUAGE** as evidenced by such changes as: trouble finding words, difficulty communicating, incorrectly naming things, etc.?	☐	☐	☐

Notes:

3. **PERSONALITY OR BEHAVIOR**	Yes	No	DK
Has the participant had unusual changes in her **PERSONALITY OR BEHAVIOR** such as increased irritability, unexpected episodes of anger or hostility, visual or auditory hallucinations, suspiciousness of others, delusions, social withdrawal, etc.?	☐	☐	☐

Notes:

4. **ORIENTATION FOR TIME OR PLACE**	Yes	No	DK
Does the participant have periods of **DISORIENTATION** as evidenced by trouble remembering the day of the week or date, forgetting holidays or special dates, being confused about where she is, difficulty finding her way around familiar surroundings, etc.?	☐	☐	☐

Notes:

5. **ACTIVITIES OF DAILY LIVING (ADL)**	Yes	No	DK
Does the participant have difficulty with her **ACTIVITIES OF DAILY LIVING** such as dressing, feeding, toileting, bathing or grooming, etc. or higher level activities such as handling money, shopping, operating appliances, performing simple household tasks, etc.?	☐	☐	☐

Notes:

6. **SOCIAL, COMMUNITY, INTELLECTUAL ACTIVITIES AND EMPLOYMENT** — Yes / No / Don't Know

Does the participant have difficulty with **SOCIAL, COMMUNITY AND/OR INTELLECTUAL** activities as evidenced by reduced involvement in social activities, reduced involvement in hobbies or special interests, saying or doing things that are potentially embarrassing to herself or others, etc.? ☐ ☐ ☐

Notes:

---

7. **JUDGEMENT AND PROBLEM-SOLVING** — Yes / No / DK

Does the participant have difficulty with **JUDGEMENT AND PROBLEM SOLVING** as evidenced by responding inappropriately to others, difficulty understanding TV and newspapers, difficulty planning, difficulty calculating numbers, difficulty knowing how to solve everyday problems, etc.? ☐ ☐ ☐

Notes:

---

8. **ADDITIONAL ACQUIRED IMPAIRMENTS** — Yes / No / DK

Does the participant have any **ADDITIONAL ACQUIRED IMPAIRMENTS**? ☐ ☐ ☐

If so, please describe:

____

____

____

____

(If there are no acquired cognitive or behavior changes, skip to Section B. Otherwise answer the following questions about the documented changes).

9. When were the symptoms first apparent? (Check one.)
   - ☐1 less than six months ago
   - ☐2 6 to 12 months ago
   - ☐3 one to two years ago
   - ☐4 more than two years ago

   Approximate date: ☐☐/☐☐/☐☐☐☐ (m m / d d / y y y y)

10. How fast did the symptoms seem to come on?
    - ☐1 very gradually
    - ☐2 over a period of 1-3 months (subacute)
    - ☐3 suddenly (within one month)
    - ☐4 other (describe: ________________________________)

11. How did the symptoms progress:
    - ☐1 steadily worsened
    - ☐2 seemed to go up and down (stepwise)
    - ☐3 got worse and then leveled off
    - ☐4 other (describe: ________________________________)

12. Please add any comments or details regarding the history of the symptoms that you feel are relevant to your "diagnostic thinking."

B

Past Medical History

Other systemic illnesses and conditions

1. Has the participant ever been diagnosed as having:

	Yes	No	Don't Know	Notes
a. Heart disease	☐	☐	☐	
If yes, what kind?				
Heart attack	☐	☐	☐	
Congestive heart failure	☐	☐	☐	
Recurrent chest pain with exercise	☐	☐	☐	
Irregular (skipped) heartbeats	☐	☐	☐	
Coronary bypass	☐	☐	☐	
Other (describe:____________________)	☐	☐	☐	
b. Hypertension	☐	☐	☐	
c. Diabetes Mellitus	☐	☐	☐	
d. Thyroid disease (specify:____________________)	☐	☐	☐	
If yes, date of diagnosis: ☐☐/☐☐/☐☐☐☐ (m m d d y y y y)				
e. Cancer (specify type:____________________)	☐	☐	☐	
f. Head injury requiring medical attention	☐	☐	☐	
If yes, give date, ☐☐/☐☐/☐☐☐☐ (m m d d y y y y)				
and duration of unconsciousness, if any: _______minutes;_______hours,_______days				
g. Kidney disease	☐	☐	☐	
h. Liver disease	☐	☐	☐	
i. Syphilis, AIDS, HIV (specify:____________________)	☐	☐	☐	
If yes, year of diagnosis: ☐☐☐☐				
Treatment:	☐	☐	☐	
If yes, date of treatment: ☐☐/☐☐/☐☐☐☐ (m m d d y y y y)				
Diagnostic studies:				
LP	☐	☐	☐	
Serology	☐	☐	☐	
T_4 count	☐	☐	☐	
Other, (specify: ____________________)	☐	☐	☐	
j. CNS disorders (e.g., MS, epilepsy, etc.)	☐	☐	☐	
k. Lung disease (chronic bronchitis, emphysema, etc.)	☐	☐	☐	
l. Serious vision or hearing loss	☐	☐	☐	
m. Mental retardation	☐	☐	☐	
n. Psychiatric disorders	☐	☐	☐	
If yes, what kind?				
Depression	☐	☐	☐	
Anxiety, Panic	☐	☐	☐	
Schizophrenia, Psychotic	☐	☐	☐	
Bipolar (Manic-Depressive)	☐	☐	☐	
Substance Abuse	☐	☐	☐	
Other (describe:____________________)	☐	☐	☐	
o. Other major diseases, accidents or operations	☐	☐	☐	

2. In the past ten years, has the participant ever been admitted to a hospital for more than two days? .... Yes ☐ No ☐ DK ☐
   If YES, specify reason and list hospital admissions with approximate dates:
   ____
   ____

Cerebrovascular disease

	Yes	No	Don't Know	Notes
3. Has the participant ever had a major or minor stroke?	☐	☐ ↓ (Go to #6)	☐	

If no, skip to #6. If yes, specify: ☐major ☐minor

Give dates: Stroke #1 ☐☐ /☐☐/☐☐☐☐ (m m d d y y y y)

Stroke #2 ☐☐ /☐☐/☐☐☐☐ (m m d d y y y y)

Stroke #3 ☐☐ /☐☐/☐☐☐☐ (m m d d y y y y)

4. What were the symptoms associated with the stroke?	Yes	No	Don't Know
a. definite loss or alteration of consciousness	☐	☐	☐
b. minor spells of fainting, blackouts, or dizziness	☐	☐	☐
c. paralysis of the face	☐	☐	☐
d. loss of vision (or field deficit)	☐	☐	☐
e. language or speech change	☐	☐	☐
f. weakness or paralysis of limbs	☐	☐	☐
g. loss of sensation in limbs or trunk	☐	☐	☐
5. Was stroke associated with surgical operation(s) or other conditions causing cerebral hypoperfusion?	☐	☐	☐

Parkinson's disease and other major brain diseases

	Yes	No	Don't Know	Notes
6. Has the participant ever been diagnosed as having Parkinson's disease?	☐	☐	☐	

7. If yes, when? ☐☐/☐☐/☐☐☐☐ (m m d d y y y y)

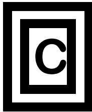
	Yes	No	Don't Know
8. If yes, has the participant received anti-Parkinson therapy, (e.g. L-dopa)? (Specify:________________)	☐	☐	☐

Relationship of medical problems to cognitive decline

	Yes	No	Don't know
1. Do you feel that any of the above medical problems are related to the participant's cognitive decline?	☐	☐	☐

If yes, explain why: ____
____
____
____

2. If medical diagnoses associated with cognitive impairment are present, but you feel they are not etiologically related to the participant's condition, explain why not: ______________________
____
____
____



Clinical Examination

Physical Measurements

1.	Height (inches)	☐☐ Inches
2.	Weight (pounds)	☐☐☐ Pounds
3.	Blood pressure, standing (mm/Hg)	☐☐☐ / ☐☐☐
4.	Blood pressure, sitting (mm/Hg)	☐☐☐ / ☐☐☐

Medical Examination

		Normal	Abnormal	Notes
5.	Skin	☐	☐	
6.	Head and Neck	☐	☐	

		Absent	Present
7.	Carotid Bruits	☐ ↓ (Go to #8)	☐

IF PRESENT, CHECK SIDE

7a.	Right carotid	☐
7b.	Left carotid	☐

		Normal	Abnormal	Notes
8.	Lung	☐	☐	
9.	Heart	☐	☐	
10.	Abdomen	☐	☐	
11.	Back	☐	☐	
12.	Limbs	☐	☐	
13.	Joints	☐	☐	
14.	Peripheral Vascular	☐	☐	

15. Describe abnormalities: ____

____

____

____

____

Neurological Examination (cont.)

		Normal	Abnormal	Notes
16.	Attention/concentration Describe abnormalities if found: ______________________________ ______________________________	☐	☐	
	16a. Digit span (forward) > 4	☐	☐	
	16b. Concentration (days of week backward)	☐	☐	
17.	Language (Dysarthria, aphasia)	☐	☐	
18.	Vision (e.g., cataracts, macular degeneration, glaucoma)	☐	☐	
19.	Hearing (e.g., presbycusis)	☐	☐	
20.	Cranial nerves 2-12	☐	☐	

21. Describe abnormalities: ____

____

		Normal	Abnormal
22.	Motor examination IF NORMAL, go to #23	☐ ↓ (Go to #23)	☐
	IF ABNORMAL		
	22a. Strength	☐	☐
	22b. Bulk	☐	☐
	22c. Tone (e.g., rigidity, spasticity, etc.)	☐	☐
	22d. Movement (e.g., tremor, fasciculation, etc.)	☐	☐

22e. Describe abnormal motor findings: ____________________________________

____

	Yes	No
22f. Suspect brain origin for problems	☐	☐

		Normal	Abnormal
23.	Sensation IF NORMAL, go to #24	☐ ↓ (Go to #24)	☐
	IF ABNORMAL	**Yes**	**No**
	23a. Suspect CNS origin (face, arm, leg)	☐	☐
	23b. Suspect PNS origin (Decreased sensation in stocking/glove distribution)	☐	☐
	23c. Suspect cranial nerve origin	☐	☐

		Normal	Abnormal	Notes
24.	Coordination	☐	☐	

24a. If abnormal, describe: ____________________

____

		Normal	Abnormal
25.	Deep tendon reflexes	☐	☐

25a. If abnormal, describe: ____________________

____

		Normal	Abnormal
26.	Plantar reflexes	☐	☐
	IF NORMAL, go to #27	↓ (Go to #27)	
	IF ABNORMAL		
26a.	Right foot	☐	☐
26b.	Left foot	☐	☐

		Absent	Present
27.	Pathological reflexes	☐ (Go to #28)	☐

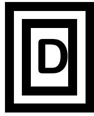
IF PRESENT, CHECK TYPE:

27a. Grasp ☐
27b. Glabellar ☐
27c. Suck ☐
27d. Snout ☐
27e. Palmomental ☐
27f. Other ☐
27g. If other, describe: ____________________

____

		Normal	Abnormal
28.	Gait	☐	☐
	IF NORMAL, go to Section D	↓ (Go to Section D)	

IF ABNORMAL, CHECK TYPE:
28a. Parkinsonian ☐
28b. Ataxia ☐
28c. Apraxic ☐
28d. Spastic ☐
28e. Other ☐
28f. If other, describe: ____________________



Mini-Mental State Examination (Optional)

Examiner: This section is ***OPTIONAL****. Administer this section* *only* *if you believe that you need this information to assess current cognitive status. Remember, the participant has already been administered the (Expanded) Mini-Mental State Exam and the Cognitive Test Battery both of which you should have in your packet. Repeating this test could impose a burden on her. If you decide to skip this section, go to Section E.*

		Error	Correct
1.	What is the year?___________________	☐	☐
2.	What is the season of the year?__________________	☐	☐
3.	What is the date?___________________	☐	☐
4.	What is the day of the week? _________________	☐	☐
5.	What is the month?_________________	☐	☐
6.	Can you tell me where we are?___________________ (For instance, what state are we in?)	☐	☐
7.	What county are we in?_________________	☐	☐
8.	What city/town are we in?____________________	☐	☐
9.	What floor of the building are we in?___________________	☐	☐
10.	What is the name or address of this place?_________________	☐	☐

11. I am going to name three objects. After I have said them, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes. Please repeat the names for me: (Score first try. Repeat objects for three trials only).

	Error	Correct
a. Hat	☐	☐
b. Car	☐	☐
c. Tree	☐	☐

12. Now I am going to give you a word and ask you to spell it forward and backward. The word is WORLD. First, can you spell it forward? Now spell it backward. (Repeat if necessary, and help participant spell word forward, if necessary)

Score number of letters given in correct order: _____ _____ _____ _____ _____
(0 to 5) ☐

What are the three objects I asked you to remember?

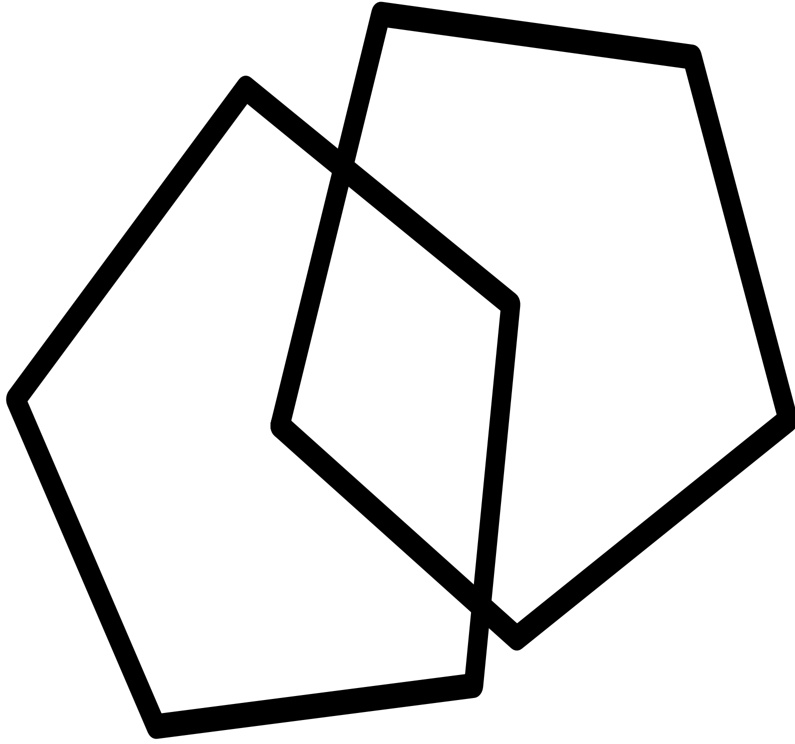
		Error	Correct
13.	Hat___________________	☐	☐
14.	Car___________________	☐	☐
15.	Tree__________________	☐	☐

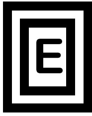
		Error	Correct
16.	(Show wrist watch) What is this called?______________________	☐	☐
17.	(Show pencil) What is this called?_________________________	☐	☐
18.	Please repeat this phrase. "NO IF'S, AND'S OR BUT'S." (Allow only one trial.)	☐	☐
19.	Read the words on this page and do what it says. (The paper reads) "CLOSE YOUR EYES" (Score correct if participant closes eyes.)	☐	☐
20.	I'm going to give you a piece of paper. When I do, take the paper in your right hand, fold the paper in half with both hands, and put the paper down on your lap. (Read full statement, THEN hand the participant the paper. Do <u>not</u> repeat instructions or coach). Score each of the three stages of commands.		
	Right hand	☐	☐
	Folds	☐	☐
	In lap	☐	☐
21.	Write any complete sentence on that piece of paper for me. (Score correct if sentence has a subject and a verb and is sensible.)	☐	☐
22.	Here is a drawing. Please copy the drawing on the same paper. (Score correct if the two five-sided figures intersect to form a four-sided figure and if all angles in the five-sided figure are preserved.)	☐	☐

TOTAL SCORE (The sum of the scores for all 22 questions. Each "correct" response receives 1 point) ☐☐

<u>Guide for interpreting scores on the Mini-Mental State Exam:</u> Scores less than or equal to 24 (for individuals with > 8th grade education) or 21 (for individuals with # 8th grade education) are considered to reflect clinically significant cognitive impairment. Scores above 26 are generally considered to reflect normal cognitive functioning. A *diagnosis* of dementia, however, should be made on the basis of all available information (i.e., history, clinical exam, neuropsychological test data and lab work).

CLOSE YOUR EYES





Psychiatric Symptoms

In order to determine the presence of psychiatric symptoms or a disorder, please:

1. Review the results of the technician's interview of the participant (Behavioral and Psychiatric Symptoms, pgs. 23-29).

2. If there are any positive symptoms or if in your evaluation up to this point you suspect the presence of psychiatric problems, then evaluate the participant further. You may ask whatever questions you wish. Diagnostic criteria are included in the technician interview on pages 23-29.

3. Make your summary rating below for each disorder. Include any comments in the space provided.

1. Does the participant have a **MAJOR DEPRESSION**? Yes ☐ No ☐
(CRITERIA FOR DIAGNOSIS: Refer to question # 10 in the Behavioral and Psychiatric Symptoms section of the technician's interview.)

Comments:

2. Does the participant have a **PANIC DISORDER**? Yes ☐ No ☐
(CRITERIA FOR DIAGNOSIS: Refer to question # 27 in the Behavioral and Psychiatric Symptoms section of the technician's interview.)

Comments:

3. Does the participant have a **GENERALIZED ANXIETY DISORDER**? Yes ☐ No ☐
(CRITERIA FOR DIAGNOSIS: Refer to question # 38b in the Behavioral and Psychiatric Symptoms section of the technician's interview.)

Comments:

4. Does the participant have an **ANXIETY DISORDER, Not Otherwise Specified**? Yes ☐ No ☐
(CRITERIA FOR DIAGNOSIS: Refer to question # 38b in the Behavioral and Psychiatric Symptoms section of the technician's interview.)

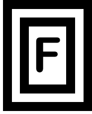
Comments:

5. Does the participant have an **ALCOHOL ABUSE/DEPENDENCE DISORDER**? Yes ☐ No ☐
(CRITERIA FOR DIAGNOSIS: Refer to question # 49 in the Behavioral and Psychiatric Symptoms section of the technician's interview.)

Comments:

6. Does the participant have any **OTHER PSYCHIATRIC DISORDERS** based on your clinical evaluation? Yes ☐ No ☐

If YES, describe:



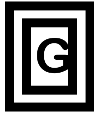
Hachinski Ischemic Scale

Examiner: Rate each of these clinical characteristics based on all the information available to you. Then sum to get a total Hachinski Ischemic score.

Feature	Yes	No	If "YES", score is:
Abrupt onset	☐	☐	2
Stepwise deterioration	☐	☐	1
Fluctuating course	☐	☐	2
Nocturnal confusion	☐	☐	1
Relative preservation of personality	☐	☐	1
Depression	☐	☐	1
Somatic complaints	☐	☐	1
Emotional lability	☐	☐	1
History of hypertension*	☐	☐	1
History of strokes	☐	☐	2
Evidence of associated atherosclerosis	☐	☐	1
Focal neurological symptoms	☐	☐	2
Focal neurological signs	☐	☐	2

**Defined as either a history of present or previous hypertensive therapy or a current and consistent blood pressure of 160/90 or more.*

Sum score for all YES answers ☐☐



Diagnostic Checklist for Dementia Syndrome

Examiner: After reviewing all the available data sources and completing your evaluation, answer the following questions.

		Yes	No	Don't Know
1.	Is there a decline in the participant's memory? (Impaired ability to learn new information or to recall previously learned information)	☐	☐	☐
2.	Is there a decline in one or more of the following cognitive functions?			
	a. Language/speech disability	☐	☐	☐
	b. Executive function/problem-solving	☐	☐	☐
	c. Visuospatial dysfunction	☐	☐	☐
	d. Apraxia	☐	☐	☐
3.	Is there a decline in functional ability causing significant impairment in social or occupational functioning and representing a significant decline from a previous level of functioning?	☐	☐	☐

Diagnostic Decision Rules:

A. *For questions 1 through 3 are there any "YES" responses?*

If "Yes", please go to Rule B:

*If "No", please classify as having "**No Dementia Syndrome.**"*

B. *Does participant meet all 3 criteria outlined in Questions 1 through 3 (i.e., "yes" responses to questions 1 and 3, plus at least one yes in questions 2a-d)?*

*If "Yes", please classify as having "**Probable Dementia Syndrome.**"*

If "No", please go to Rule C:

C. *Does the participant have at least 1 "Yes" response to questions 1 and 2?*

*If "Yes", please classify as having "**Minor Cognitive Impairment.**"*

If "No", please go to Rule D:

D. *Do you think the participant has deficits that exceed "minor cognitive impairment" and are sufficient to classify the participant as having a dementia syndrome, even though some criteria are lacking?*

If "Yes", please explain reasons for your decision:

____

____

____

Diagnostic Impression: **(check one)**

☐ No Dementia

☐ Minor Cognitive Impairment

☐ Probable Dementia

If Probable Dementia, please obtain laboratory/CT data. When results are returned, finish Sections H and I. If No Dementia or Minor Cognitive Impairment, end evaluation.

Comments:

Please add any comments that you feel would be helpful to explain or document your diagnostic decision making:

____

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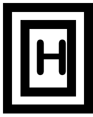


Laboratory and Imaging Studies

LABS

If a participant has had identical blood test panel within the last 3 months or less, those records may be submitted in lieu of testing. Otherwise, order and record findings when results are known. (Record most recent results). Attach copy of test results to this form.

	Lab Values	Normal	Abnormal	Not Assessed	Don't Know
1. BUN	_____	☐	☐	☐	☐
2. Glucose	_____	☐	☐	☐	☐
3. Thyroid (TSH)	_____	☐	☐	☐	☐
4. B-12	_____	☐	☐	☐	☐
5. Folate	_____	☐	☐	☐	☐
6. Test for syphilis	_____	☐	☐	☐	☐
7. CBC with differential (e.g., RBC, Hgb, WBC with diff)	_____	☐	☐	☐	☐
8. Other (e.g., sed rate _________________)	_____	☐	☐	☐	☐

9. Describe any abnormalities:____
____
____
____

Reminder: **Please communicate abnormal results to the WHIMS technician so they can be passed on to the participant's primary care physician if consent to do so has been obtained.**

IMAGING STUDIES

	Yes	No	Don't Know
10. Has a head CT or head MRI been done?	☐	☐	☐

☐☐/☐☐/☐☐☐☐ ____________________
m m d d y y y y Facility

(If YES, obtain a copy. If you are unable to obtain a copy of a previous Head CT or MRI, order a non-contrast head CT scan.)

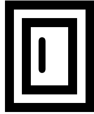
(If NO, or DK, you should order a non-contrast head CT scan and complete this section when results are returned to you. DO NOT ORDER MRI.)

	Yes	No	Don't Know
11. Are CT/MRI results abnormal?	☐	☐	☐

12. If yes, describe abnormalities ____

____

NOTE: Attach a copy of the CT report to this page. Be sure to give the films to the WHIMS technician to be returned to the study Central Coordinating Center.



Classification of Dementia Diagnosis

Examiner: At this point in the diagnostic workup, it is expected that you have reached a conclusion that the participant <u>has</u> a dementia syndrome, and that you are now utilizing the results of the evaluation to refine your diagnostic classification. Using information from the clinical history, clinical examination, laboratory testing, technician interview data and neuropsychological testing, classify the dementia syndrome into specific disease categories.

There will be three broad diagnostic categories: Vascular Dementia, Alzheimer's Disease, and Other Dementia. The Other Dementia category will include such diagnoses as Mixed Vascular and AD Dementia, Dementia in association with Parkinson's Disease, Metabolic Dementias, Alcohol-related dementia syndromes, etc. <u>To the best of your ability, please give as specific a diagnosis as possible.</u>

<u>Vascular Dementia Diagnostic Criteria</u>

Criteria for making the diagnosis for Vascular Dementia include **<u>ALL</u>** of the following:

	Yes	No
A. The development of multiple cognitive deficits manifested by both:		
(1) memory impairment (impaired ability to learn new information or to recall previously learned information)	☐	☐
(2) one (or more) of the following cognitive disturbances:		
a. Aphasia (language disturbance)	☐	☐
b. Apraxia (impaired ability to carry out motor activities despite intact motor function)	☐	☐
c. Agnosia (failure to recognize or identify objects despite intact sensory function)	☐	☐
d. Disturbance in executive functioning (i.e., planning, organizing, sequencing, abstracting)	☐	☐
B. The cognitive deficits in Criteria A1 and A2 each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning.	☐	☐
C. Focal neurological signs and symptoms (e.g., exaggeration of deep tendon reflexes, extensor plantar response, pseudobulbar palsy, gait abnormalities, weakness of an extremity) or laboratory evidence indicative of cerebrovascular disease (e.g., multiple infarctions involving cortex and underlying white matter) that are judged to be etiologically related to the disturbance.	☐	☐
D. The deficits do not occur exclusively during the course of a delirium.	☐	☐
Does the participant meet <u>ALL</u> of the above criteria, <u>AND</u> is cerebrovascular disease judged to be the only/predominant etiology?	☐ ↓ STOP	☐ ↓ PROCEED

Alzheimer's Disease Diagnostic Criteria

Criteria for making the diagnosis for Alzheimer's Disease include **ALL** of the following:

	Yes	No
A. The development of multiple cognitive deficits manifested by both:		
(1) memory impairment (impaired ability to learn new information or to recall previously learned information)	☐	☐
(2) one (or more) of the following cognitive disturbances:		
(a) Aphasia (language disturbance)	☐	☐
(b) Apraxia (impaired ability to carry out motor activities despite intact motor function)	☐	☐
(c) Agnosia (failure to recognize or identify objects despite intact sensory function)	☐	☐
(d) Disturbance in executive functioning (i.e., planning, organizing, sequencing, abstracting)	☐	☐
B. The cognitive deficits in Criteria A1 and A2 each cause significant impairment in social or occupational functioning and represent a significant decline from a previous level of functioning.	☐	☐
C. The course is characterized by gradual onset and continuing cognitive decline.	☐	☐
D. The cognitive deficits in Criteria A1 and A2 are not due to any of the following:		
(1) Other central nervous system conditions that cause progressive deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease, Huntington's disease, subdural hematoma, normal-pressure hydrocephalus, brain tumor)	☐	☐
(2) Systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B_{12} or folic acid deficiency, neurosyphilis, HIV infection)	☐	☐
(3) Substance-induced conditions	☐	☐
E. The deficits do not occur exclusively during the course of a delirium.	☐	☐
F. The disturbance is not better accounted for by another disorder (e.g., Major Depressive Disorder, Schizophrenia)	☐	☐
Does the participant meet ALL of the above criteria for Alzheimer's Disease ONLY?	☐ ↓ STOP	☐ ↓ PROCEED

Other Dementia Diagnostic Criteria Categories

In order for the dementia to be classified under one of these specific categories, the participant must have a dementia syndrome, must not meet criteria for Vascular Dementia or Alzheimer's Disease only, and must meet criteria for the specific diagnosis.

	Yes	No
A. Dementia: Mixed Type (Features of both Alzheimer's Disease and Vascular Dementia or other etiology)	☐	☐
B. Normal Pressure Hydrocephalus (Check all that apply)	☐	☐
☐ 1. Abnormal Gait		
☐ 2. Incontinence		
☐ 3. Hydrocephalus on CT Scan		
C. Parkinson's Dementia (Check all that apply)	☐	☐
☐ 1. History of Parkinson's Disease		
☐ 2. Extrapyramidal Symptoms		
D. Metabolic Dementia: Cause of Dementia Syndrome can be attributed to a metabolic cause (check all that apply)	☐	☐
☐ 1. B12		
☐ 2. Folate		
☐ 3. Thyroid Disease		
☐ 4. Liver Failure		
☐ 5. Kidney Failure		
E. Dementia of Frontal Lobe Type	☐	☐
☐ 1. Predominance of Frontal-Executive Dysfunction		
☐ 2. Language Function Preserved		
☐ 3. Diminished Inhibition		
☐ 4. Decreased Planning		
F. Alcohol-Related Dementia	☐	☐
☐ 1. History of severe alcohol abuse		
☐ 2. Dementia syndrome persists beyond withdrawal syndrome		
G. Dementia Secondary to Specific Medical Conditions	☐	☐
☐ 1. Head Trauma		
☐ 2. Pick's Disease		
☐ 3. Creutsfeldt-Jakob Disease		
☐ 4. Brain Tumor		
☐ 5. HIV		
☐ 6. Syphilis		
H. Dementia Secondary to Depression	☐	☐
I. Other Dementia Category	☐	☐
Please specify:________________________		
J. Dementia, etiology unknown, cannot be determined	☐	☐

Please add any comments that you feel would be helpful to explain or document your classification decision making:____

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This is the end of the Clinical Evaluation form. Please arrange to return this booklet along with all lab reports and CT films to the WHI-MS technician working with you.