



Enrollment Medical History (EH-1)

Purpose: Record baseline information.
When: At EN.
Completed by: CitAD certified personnel.
Information is obtained from: Patient and/or caregiver.
Instructions: Items should be answered based on the interviewer's assessment of information provided by the patient (or if necessary, by the caregiver). This form is to be completed after confirming eligibility on the Eligibility and Enrollment Checklist (EC) form. CitAD study physician must review this form.

A. Clinic, patient, and visit identification

- 1. Clinic ID: _____
- 2. Patient ID: C _____
- 3. Patient four-letter code: _____
- 4. Date form completed:
 _____ - _____ - _____
 day month year
- 5. Visit ID: _____
- 6. Form revision date:
 0 7 - j a n - 1 1
 day month year

B. Patient demographic information

- 7. Age: _____ years
- 8. Date of birth:
 _____ - _____ - _____
 day month year
- 9. Gender:
 Male (1)
 Female (2)

10. Read question as written: How do you primarily describe your ethnicity (check only one):

- Hispanic or Latino (1)
- Not hispanic or Latino (2)

11. Read question as written: How do you primarily describe your race (check only one):

- White (1)
- Black or African American (2)
- American Indian/Alaskan Native (3)
- Asian (4)
- Native Hawaiian or other Pacific Islander (5)
- Other (specify) (6)

_____ specify

12. What is the patient's marital status (check only one):

- Married (1)
- Widowed (2)
- Separated (3)
- Divorced (4)
- Never married (5)

13. Where does the patient reside (check only one):

- Own home (1)
- Caregiver's home (2)
- Assisted living (3)
- Nursing facility (4)
- Other (specify) (5)

_____ specify

14. What is the highest level of school or educational degree obtained: (check only one):

- No formal education (1)
- Some schooling, no high school diploma (2)
- High school diploma or General Education Development (GED) certificate (3)
- Some college (4)
- Associate's degree (5)
- College degree; BA, BSc, etc. (6)
- Some graduate work (7)
- Post baccalaureate degree; MA; MSc, etc. (8)
- Some doctoral work (9)
- Doctoral degree (PhD, MD, JD, PharmD, etc.) (10)

15. Total number of complete years of formal education: _____ years

16. What is the patient's current employment status: (check only one):

- Not employed outside of the home/retired (1)
- Employed full-time (2)
- Employed part-time (3)

17. On average, how many alcoholic drinks per week does the patient currently consume (one drink = 12 ounces of beer, 5 ounces of wine or 1.5 ounces of liquor; fill in 000 if the patient does not drink):

_____ # of drinks per week

18. What is the patient's smoking history (check only one for each subitem)

- a. Cigarettes:
 - Currently smokes (1)
 - Previously smoked (2)
 - Never smoked (3)
 - Unknown (4)
- b. Cigars:
 - Currently smokes (1)
 - Previously smoked (2)
 - Never smoked (3)
 - Unknown (4)
- c. Tobacco pipes:
 - Currently smokes (1)
 - Previously smoked (2)
 - Never smoked (3)
 - Unknown (4)

C. Psychiatric history

19. Patient's family history for **first degree blood relative(s)** (i.e., parents, children, or siblings sharing at least 50% genetic link) (provide an answer for each item from a to h):

	Yes	No	Unknown
a. Alzheimer's disease	(1)	(2)	(3)
b. Other dementia	(1)	(2)	(3)
c. Anxiety disorder	(1)	(2)	(3)
d. Major depression	(1)	(2)	(3)
e. Bipolar disorder	(1)	(2)	(3)
f. Other mood disorder (specify)	(1)	(2)	(3)

_____ specify

g. Alcohol use disorder	(1)	(2)	(3)
h. Other psychiatric disorder (specify)	(1)	(2)	(3)

_____ specify

20. Patient's family history for **other blood relative(s)** (i.e., relatives sharing less than 50% genetic link; examples include grandparents, aunts, uncles, half siblings and others) (provide an answer for each item from a to h):

	Yes	No	Unknown
a. Alzheimer's disease	(1)	(2)	(3)
b. Other dementia	(1)	(2)	(3)
c. Anxiety disorder	(1)	(2)	(3)
d. Major depression	(1)	(2)	(3)
e. Bipolar disorder	(1)	(2)	(3)
f. Other mood disorder (specify)	(1)	(2)	(3)

_____ specify

g. Alcohol use disorder	(1)	(2)	(3)
h. Other psychiatric disorder (specify)	(1)	(2)	(3)

_____ specify

21. Patient's personal history before onset of AD (provide an answer for each item from c to h):

	Yes	No	Unknown
a. Alzheimer's disease	N/A	N/A	N/A
b. Other dementia	N/A	N/A	N/A
c. Anxiety disorder	(1)	(2)	(3)
d. Major depression	(1)	(2)	(3)
e. Bipolar disorder	(1)	(2)	(3)
f. Other mood disorder (specify)	(1)	(2)	(3)

_____ specify

g. Alcohol use disorder	(1)	(2)	(3)
h. Other psychiatric disorder (specify)	(1)	(2)	(3)

_____ specify

D. Dementia history

22. Age at onset of AD dementia: _____ years

E. Agitation history

Answer the questions below about agitation occurring **after** onset of AD dementia. An episode of agitation is agitation that, on most days, interferes with the patient's interpersonal, social, or other functioning and that has a duration of two weeks or longer.

23. Age at first episode of agitation: _____ years

24. Item deleted

25. Duration of the current episode of agitation: _____ weeks

26. Using best clinical judgment, number of any medication treatment attempts for this episode of agitation (if none, put zero):
_____ # of treatments

27. Medication used for this episode of agitation in AD (check all that apply):

a. No medication used for this episode of agitation ()

b. Atypical antipsychotic, (specify) ()
_____ specify

c. Conventional antipsychotic, (specify) ()
_____ specify

d. Selective serotonin reuptake inhibitors antidepressants (specify) ()
_____ specify

e. Selective serotonin and norepinephrine reuptake inhibitors antidepressant, (specify) ()
_____ specify

f. Valproic ()

g. Carbamazepine ()

h. Benzodiazepine, (specify) ()
_____ specify

i. Beta blocker, (specify). ()
_____ specify

j. Other medication, (specify) ()
_____ specify

28. Has the patient had any treatment (other than medication) or used any services for this episode of agitation in AD (check all that apply):

a. No services or treatment (other than medication) ()

b. Behavior modification ()

c. Psychiatric admission ()

d. Day care ()

e. Other (specify) ()
_____ specify

F. Medical history

29. Healthcare visits or admissions in the past 3 weeks

a. Number of hospital admissions (*if none, put zero*):
_____ # of hospitalizations

_____ specify

_____ specify

b. Number of surgeries (*if none, put zero*):

_____ # of surgeries

_____ specify

_____ specify

c. Number of other urgent healthcare visits (*if none, put zero*):

_____ # of visits

_____ specify

_____ specify

30. In the past 3 weeks, has the patient taken medication(s) for Alzheimer's disease (*check all that apply*):

a. None of the below ()

b. Memantine (Namenda®) ()

c. Donepezil (Aricept®) ()

d. Rivastigmine (Exelon®) ()

e. Galantamine (Reminyl®) ()

f. Other (*specify*) ()

_____ specify

31. In the past 3 weeks, has the patient taken **lorazepam**:

(Yes) (No)

33. _____

32. In the past 3 weeks, how many days was the patient administered lorazepam in the following doses (*if none, put zero*):

a. 0.5 mg/day _____ days

b. 1.0 mg/day _____ days

c. 1.5 mg/day _____ days

d. 2.0 mg/day _____ days

e. Greater than 2.0 mg/day _____ days

33. In the past 3 weeks, has the patient taken **trazodone**:

(Yes) (No)

34. Does the patient have or has the patient had the following (*check all that apply*):

- a.** Hypertension ()
- b.** Myocardial infarction ()
- c.** Congestive heart failure ()
- d.** Arthritis ()
- e.** Diabetes ()
- f.** Stroke ()
- g.** Atrial fibrillation ()
- h.** Asthma ()
- i.** COPD. ()
- j.** Epilepsy ()
- k.** Cancer (specify) ()

_____ specify

- l.** Kidney disease (specify) ()

_____ specify

- m.** Liver disease (specify) ()

_____ specify

- n.** GI disease (specify) ()

_____ specify

- o.** Lung disease (*not listed above; specify*) ()

_____ specify

- p.** Other(*specify*) ()

_____ specify

- q.** Other(*specify*) ()

_____ specify

- r.** Other(*specify*) ()

_____ specify

- s.** Other(*specify*) ()

_____ specify

- t.** Other(*specify*) ()

_____ specify

35. In the past 3 weeks, has the patient had any of the following symptoms (*Note that symptoms continue on the next page. Check only one in each subitem*):

	None	Mild	Moderate	Severe
a. Abdominal pain	(1)	(2)	(3)	(4)
b. Anorexia (poor appetite)	(1)	(2)	(3)	(4)
c. Anxiety	(1)	(2)	(3)	(4)
d. Asthenia (weakness)	(1)	(2)	(3)	(4)
e. Bronchitis	(1)	(2)	(3)	(4)
f. Confusion	(1)	(2)	(3)	(4)
g. Constipation	(1)	(2)	(3)	(4)
h. Cough	(1)	(2)	(3)	(4)
i. Decreased libido	(1)	(2)	(3)	(4)
j. Diarrhea	(1)	(2)	(3)	(4)
k. Dizziness	(1)	(2)	(3)	(4)
l. Drug allergic reaction/hypersensitivity	(1)	(2)	(3)	(4)
m. Dry mouth	(1)	(2)	(3)	(4)
n. Ejaculatory dysfunction	(1)	(2)	(3)	(4)
o. Falls	(1)	(2)	(3)	(4)
p. Fatigue	(1)	(2)	(3)	(4)
q. Fever	(1)	(2)	(3)	(4)
r. Gait instability	(1)	(2)	(3)	(4)
s. Headache	(1)	(2)	(3)	(4)
t. Indigestion	(1)	(2)	(3)	(4)
u. Insomnia	(1)	(2)	(3)	(4)
v. Joint pain	(1)	(2)	(3)	(4)
w. Muscle pain	(1)	(2)	(3)	(4)
x. Nasal congestion	(1)	(2)	(3)	(4)
y. Nausea	(1)	(2)	(3)	(4)
z. Nervousness	(1)	(2)	(3)	(4)

36. Symptoms continued: In the past 3 weeks, has the patient had any of the following symptoms (*check only one in each subitem*):

	None	Mild	Moderate	Severe
a. Pneumonia	(1)	(2)	(3)	(4)
b. Rhinitis (runny nose)	(1)	(2)	(3)	(4)
c. Somnolence (drowsiness)	(1)	(2)	(3)	(4)
d. Sore throat	(1)	(2)	(3)	(4)
e. Suicidal thoughts	(1)	(2)	(3)	(4)
f. Sweating	(1)	(2)	(3)	(4)
g. Tremor	(1)	(2)	(3)	(4)
h. Upper respiratory infection (cold)	(1)	(2)	(3)	(4)
i. Visual disturbances	(1)	(2)	(3)	(4)
j. Vomiting	(1)	(2)	(3)	(4)
k. Yawning	(1)	(2)	(3)	(4)
l. Other (<i>specify</i>)	(1)	(2)	(3)	(4)

specify				
m. Other (<i>specify</i>)	(1)	(2)	(3)	(4)

specify				
n. Other (<i>specify</i>)	(1)	(2)	(3)	(4)

specify				
o. Other (<i>specify</i>)	(1)	(2)	(3)	(4)

specify				

37. Indicate current use of medications not documented on items 27, 30, 31, 32, and 33 of this form. See last page of this form for examples of medication types (*check yes or no for each subitem*):

	Yes	No
a. Non-steroidal anti-inflammatory drugs	(1)	(2)
b. Acetaminophen	(1)	(2)
c. Aspirin	(1)	(2)
d. Histamine H1 receptor antagonists	(1)	(2)
e. Histamine H2 receptor antagonists	(1)	(2)
f. Proton pump inhibitors	(1)	(2)
g. Anticoagulants/antiplatelets	(1)	(2)
h. Systemic corticosteroids	(1)	(2)
i. Statins (HMG-CoA reductase inhibitors)	(1)	(2)
j. Thiazide diuretics	(1)	(2)
k. Calcium channel blockers	(1)	(2)
l. Beta-blockers	(1)	(2)
m. ACE inhibitors	(1)	(2)
n. Potassium channel blockers	(1)	(2)
o. Anti-diabetic medication	(1)	(2)
p. β_2 -adrenergic receptor agonist	(1)	(2)
q. Adrenergic agonists	(1)	(2)
r. Anti-cholinergics	(1)	(2)
s. Vitamins, minerals, and supplements	(1)	(2)
t. Other (specify)	(1)	(2)
<hr/>		
u. Other (specify)	(1)	(2)
<hr/>		
v. Other (specify)	(1)	(2)
<hr/>		
w. Other (specify)	(1)	(2)
<hr/>		
x. Other (specify)	(1)	(2)
<hr/>		
y. Other (specify)	(1)	(2)
<hr/>		
z. Other (specify)	(1)	(2)
<hr/>		

G. Physical assessment

All measurements should be taken on the day of enrollment

38. Height (measured; enter only a or b)

a. In inches: _____ inches

b. In centimeters: _____ centimeters

39. Weight (measured; enter only a or b)

a. In pounds: _____ pounds

b. In kilograms: _____ kilograms

40. Blood pressure (after sitting for five minutes):

a. Systolic: _____ mmHg

b. Diastolic: _____ mmHg

41. Pulse (after sitting for five minutes):

_____ beats/minute

42. Respirations (after sitting for five minutes):

_____ breaths/minute

H. Psychosocial intervention

43. Was the psychosocial intervention administered at this visit:

(Yes) (No)
(1) (2)

45. _____

44. Duration of psychosocial intervention:

_____ minutes

I. Respondent

45. Caregiver four-letter code: _____

46. Was the visit conducted in (check only one):

English (1)

Spanish (2)

Both English and Spanish (3)

47. The information on this form was obtained (check only one):

Exclusively from the patient (1)

Primarily from the patient (2)

Equally from the patient and the caregiver (3)

Primarily from a caregiver (4)

Exclusively from a caregiver (5)

Other (specify) (6)

_____ specify

J. Administrative information

48. Date form reviewed by study coordinator:

_____ day _____ month _____ year

49. Study coordinator ID: _____

50. Study coordinator signature:

51. Date form reviewed by study physician:

_____ day _____ month _____ year

52. Study physician ID: _____

53. Study physician signature:

Examples of medication types. This list is to be used as a reference to question 37. Note that while this list includes some examples of medication types, it does not list all examples below that may fall into these categories.

- a.** Non-steroidal anti-inflammatory drugs
 - celecoxib (Celebrex[®])
 - ibuprofen (Advil[®], Motrin[®])
 - naproxen (Aleve[®])
- b.** Acetaminophen
 - Tylenol[®]
- c.** Aspirin (i.e., 325 mg, 81 mg, etc)
- d.** Histamine H1 receptor antagonists
 - diphenhydrochloride (Benadryl[®])
 - loratadine (Claritin[®])
 - fexofenadine hydrochloride (Allegra[®])
 - cetirizine hydrochloride (Zyrtec[®])
 - meclizine (Bonine[®], Bonamine[®], Antivert[®], Postafen[®])
- e.** Histamine H2 receptor antagonists
 - cimetidine (Tagamet[®])
 - famotidine (Pepcid[®])
 - ranitidine (Zantac[®])
- f.** Proton pump inhibitors
 - lansoprazole (Prevacid[®])
 - omeprazole (Prilosec[®])
- g.** Anticoagulants/antiplatelets
 - clopidogrel (Plavix[®])
 - dipyridamole, heparin, ticlopidine (Ticlid[®])
 - warfarin (Coumadin[®])
- h.** Systemic corticosteroids
 - betamethasone sodium (Celestone[®])
 - cortisol, cortisone, dexamethasone (Decadron[®])
 - hydrocortisone (Hydracortone[®])
 - methylprednisolone (Solu-Medrol[®])
 - prednisone, prednisolone (Prelone[®])
- i.** Statins (HMG-CoA reductase inhibitors)
 - atorvastatin calcium (Lipitor[®])
 - fluvastatin sodium (Lescol[®])
 - lovastatin (Mevacor[®])
 - pravastatin sodium (Pravachol[®])
 - simvastatin (Zocor[®])
- j.** Thiazide diuretics
 - hydrochlorothiazide (Esidrix[®], HydroDIURIL[®])
 - hydrochlorothiazide + triamterene (Dyazide[®])
- k.** Calcium channel blockers
 - diltiazem (Cardizem[®])
 - clevidipine (Clevipresx[®])
 - felodipine (Plendil[®])
 - nifedipine (Adalat[®], Nifedical[®], and Procardia[®])
 - amlodipine besylate (Norvasc[®])
 - verapamil (Calan[®])
- l.** Beta-blockers
 - atenolol (Tenormin[®])
 - metoprolol (Lopressor[®])
- m.** ACE inhibitors
 - benazepril (Lotensin[®])
 - captopril (Capoten[®])
 - lisinopril (Prinivil[®], Zestril[®])
 - quinapril (Accupril[®])

- n.** Potassium channel blockers
 - amiodarone (Pacerone[®], Cordarone[®])
 - dofetilide (Tikosyn[®])
 - ibutilide (Corvert[®])
- o.** Anti-diabetic medication
 - insulin, metformin, rosiglitazone (Avandia[®])
 - pioglitazone (Actose[®])
 - glimepiride (Amaryl[®])
 - acarbose (Precose[®])
 - exenatide (Byetta[®])
- p.** β_2 -adrenergic receptor agonist
 - salbutamol (Ventolin[®], Aerolin[®], Ventorlin[®], Proventil[®])
 - levalbuterol (Xopenex[®])
 - terbutaline (Brethine[®], Bricanyl[®], Brethaire[®])
 - salmeterol
- q.** Adrenergic agonists
 - epinephrine
 - ephedrine
- r.** Anti-cholinergics
 - atropine, ipratropium (Atrovent[®], Apovent[®])
 - diphenhydramine hydrochloride (Benadryl[®])
 - dimenhydrinate (Dramamine[®])
 - benztropine (Cogentin[®])
 - tolterodine (Detrol[®], Detrusitol[®])
 - tiotropium (Spiriva[®])
- s.** Vitamins, minerals, and supplements
 - vitamin B
 - vitamin C
 - vitamin E
 - vitamin D
 - calcium
 - cod liver oil
 - fish oil
 - flax seed oil
 - garlic
 - ginkgo biloba
 - zinc