Subject Case Report Forms

EPAD_UoE_001_Version 6.0_09APR2018 - UNIQUE

Signature Prompt: I certify that I have examined all pages of this Case Report Form for this subject and found them to be complete and accurate.

Generated On: 21 May 2018 07:42:10

EPAD_UoE_001_Version 6.0_09APR2018: UNIQUE
Project Name: EPAD_UoE_001
Form: Subject
Generated On: 21 May 2018 07:42:10

Site ID	①
Complete Subject ID	②
Derived ID from Parent Cohort	③
Velocity ID from clinic	④

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
1	SITEID	3				SITEID
2	SUBID	$9				SUBID
3	SUBDER	$100				SUBDER
4	SUBDER1	$100				SUBDER1

EPAD_UoE_001_Version 6.0_09APR2018: UNIQUE
Project Name: EPAD_UoE_001
Form: Date of Visit
Generated On: 21 May 2018 07:42:10

Was visit performed?	Yes ◯	**①**
	No ◯	

If Done, Visit Date	_____	**②**
If not done, Please provide reason.	Physically unwell ◯	**③**
	Mentally unwell ◯	
	Reasons external to participant ◯	
	Other reasons ◯	

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
1	VISDN	$10		Y = Yes N = No		VISDN
2	VISDAT	dd MMM yyyy				VISDAT
3	VISND	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		VISND

Visit Date ①

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
(1)	VISDAT	dd MMM yyyy				VISDAT

EPAD_UoE_001_Version 6.0_09APR2018: UNIQUE
Project Name: EPAD_UoE_001
Form: EPAD LCS Informed Consent Form for Research Participants
Generated On: 21 May 2018 07:42:10

PROTOCOL DATE AND INFORMED CONSENT DATE

What was the Protocol Version date?	②
What was the date of the signature on informed consent by Research Participant?	③

OPTIONAL STATEMENTS (if you do not agree with one of the statements this does not affect your ability to participate):

1. - I agree to receive information about clinically relevant incidental findings not related to Alzheimer's disease.	⑤
2. - I agree to my GP/treating physician being contacted in relation to these clinically relevant incidental findings not related to Alzheimer's disease.	⑥
3. - I agree to the researchers contacting my GP and other relevant doctors I am seeing for further medical information if this is required.	⑦
4. - I agree to the data previously collected in the original PC being exported and used in this study.	⑧
5. - I agree to the data collected from me during this study to be returned to the PI of the original PC.	⑨
6. - I agree to the storage of my material for 15 years after the end of this study, so that it can be used for future research.	⑩
7. - I agree to be re-contacted about future research with the same objective.	⑪
8. - I agree to be re-contacted about future research with other objectives.	⑫

INFORMED CONSENT (STUDY PARTNER)

What was the date of the signature on informed consent by Study Partner?	⑭

Project Name: EPAD_UoE_001
Form: EPAD LCS Informed Consent Form for Research Participants
Generated On: 21 May 2018 07:42:10

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	SPRTDAT	dd MMM yyyy				SPRTDAT
③	RFICDAT1	dd MMM yyyy				RFICDAT1
⑤	OPT1	1				OPT1
⑥	OPT2	1				OPT2
⑦	OPT3	1				OPT3
⑧	OPT4	1				OPT4
⑨	OPT5	1				OPT5
⑩	OPT6	1				OPT6
⑪	OPT7	1				OPT7
⑫	OPT8	1				OPT8
⑭	RFICDAT	dd MMM yyyy				RFICDAT

DEMOGRAPHICS

What is the subject's date of birth? _____ **2**

What is the subject's date of birth? _____ **3**

What is the subject's age?   Fixed Unit: Years **4**

Month   Fixed Unit: Month **5**

What is the sex of the subject?   Female ◯ **6**
Male ◯
Unknown ◯
Undifferentiated ◯

What is the ethnicity of the subject?   Caucasian/white ◯ **7**
Asian ◯
Black ◯
Combination of previous ◯
groups
Other ◯

Marital status   Married or cohabiting ◯ **8**
Widowed ◯
Divorced ◯
Single ◯

Number of years of formal education _____ **9**

Handedness   Right Hand ◯ **10**
Left Hand ◯

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	BRTHDAT	dd- MMM- yyyy				BRTHDAT
③	FBRTHDAT	MMM- yyyy				FBRTHDAT
④	AGE	3				AGE
⑤	MON	2				MON
⑥	SEX	$2		F = Female M = Male U = Unknown UN = Undifferentiated		SEX
⑦	ETHNIC	$25		1 = Caucasian/white 2 = Asian 3 = Black 4 = Combination of previous groups 5 = Other		ETHNIC
⑧	MARID	$15		1 = Married or cohabiting 2 = Widowed 3 = Divorced 4 = Single		MARID
⑨	HLEDCTN	2				HLEDCTN
⑩	HAND	2		1 = Right Hand 2 = Left Hand		HAND

Did the subject meet all eligibility/exclusion criteria?   Yes ◯ ①
                                                                          No ◯

What was the category of the criterion?   Exclusion ◯ ②
                                                                  Eligibility ◯

Criterion ID Not Met   _____ ③

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
(1)	IEYN	$2		Y = Yes N = No		IEYN
(2)	IECAT	$10		1 = Exclusion 2 = Eligibility		IECAT
(3)	IETESTCD	$200				IETESTCD

| Was there any General Medical History reported? | Yes ◯ **①** |
| | No ◯ |

Medical History Term	Stroke ◯ **②**
	Diabetes (type 1 or 2) ◯
	Hypertension ◯
	Hypercholesterolemia ◯
	Myocardial infarction ◯
	Chronic ischemic heart disease ◯
	Chronic obstructive pulmonary disease (COPD) ◯
	Asthma ◯
	Depression ◯
	Rheumatoid arthritis ◯
	Any cancer ◯
	General anaesthesia after the age of 50 years ◯
	Head injury assessed with the Brain Injury Screening Questionnaire (BISQ) ◯
	Amnestic MCI (single domain) ◯
	Amnestic MCI (multi domain) ◯
	Non-amnestic MCI (single domain) ◯
	Non-amnestic MCI (multi domain) ◯
	Mild Cognitive impairment ◯
	Other ◯

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
(1)	MHYN	$2		Y = Yes N = No		MHYN
(2)	MHTERM	3		1 = Stroke 2 = Diabetes (type 1 or 2) 3 = Hypertension 4 = Hypercholesterolemia 5 = Myocardial infarction 6 = Chronic ischemic heart disease 7 = Chronic obstructive pulmonary disease (COPD) 8 = Asthma 9 = Depression 10 = Rheumatoid arthritis 11 = Any cancer 12 = General anaesthesia after the age of 50 years 13 = Head injury assessed with the Brain Injury Screening Questionnaire (BISQ)		MHTERM

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			14 = Amnestic MCI (single domain) 15 = Amnestic MCI (multi domain) 16 = Non-amnesti c MCI (single domain) 17 = Non-amnesti c MCI (multi domain) 19 = Mild Cognitive impairment 18 = Other		

Were vital signs collected?   Yes ◯ **①**
                                                                No ◯

Date _____ **②**

If No, Please provide reason.   Physically unwell ◯ **③**
                                                    Mentally unwell ◯
                                              Reasons external to ◯
                                                      participant
                                                     Other reasons ◯

Height   Fixed Unit: cm **④**
_____

Weight   Fixed Unit: kg **⑤**
_____

Waist Circumference   Fixed Unit: cm **⑥**
_____

Hip Circumference   Fixed Unit: cm **⑦**
_____

Pulse   Fixed Unit: beats/min **⑧**
_____

Systolic Blood Pressure   Fixed Unit: mmHg **⑨**
_____

Diastolic Blood Pressure   Fixed Unit: mmHg **⑩**

_____

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
1	VSPERF	$2		Y = Yes N = No		VSPERF
2	VSDAT	dd MMM yyyy				VSDAT
3	HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2
4	HEIGHT	3				HEIGHT
5	WEIGHT	4.1				WEIGHT
6	WSTCIR	4.1				WSTCIR
7	HIPCIR	4.1				HIPCIR
8	PULSE	3				PULSE
9	SYSBP	3				SYSBP
10	DIABP	3				DIABP

Were vital signs collected?   Yes ◯ **(1)**

                                                                      No ◯

Date _____ **(2)**

If No, Please provide reason.   Physically unwell ◯ **(3)**

                                                 Mentally unwell ◯

                                          Reasons external to ◯
                                                    participant

                                                    Other reasons ◯

Weight   Fixed Unit: kg **(4)**

_____

Waist Circumference   Fixed Unit: cm **(5)**

_____

Hip Circumference   Fixed Unit: cm **(6)**

_____

Pulse   Fixed Unit: beats/min **(7)**

_____

Systolic Blood Pressure   Fixed Unit: mmHg **(8)**

_____

Diastolic Blood Pressure   Fixed Unit: mmHg **(9)**

_____

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	VSPERF	$2		Y = Yes N = No		VSPERF
②	VSDAT	dd MMM yyyy				VSDAT
③	HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2
④	WEIGHT	4.1				WEIGHT
⑤	WSTCIR	4.1				WSTCIR
⑥	HIPCIR	4.1				HIPCIR
⑦	PULSE	3				PULSE
⑧	SYSBP	3				SYSBP
⑨	DIABP	3				DIABP

Was the physical examination performed? Yes ◯ **(1)**

No ◯

Exam Date _____ **(2)**

If No, Please provide reason. Physically unwell ◯ **(3)**

Mentally unwell ◯

Reasons external to ◯
participant

Other reasons ◯

Body System General Appearance ◯ **(4)**

Skin (and Mucous ◯
Membranes)

Eyes ◯

Ears, Nose, Throat ◯

Head, Neck, Thyroid ◯

Cardiovascular ◯

Respiratory ◯

Chest ◯

Abdomen ◯

Lymph Nodes ◯

Musculoskeletal ◯

Neurological ◯

Result Normal ◯ **(5)**

Abnormal ◯

Not Done ◯

Abnormal Findings _____ **(6)**

Clinically Significant Yes ◯ **(7)**

No ◯

Was ECG performed? Yes ◯ **(8)**

No ◯

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
(1)	PEPERF	$2		Y = Yes N = No		PEPERF
(2)	PEDAT	dd MMM yyyy				PEDAT
(3)	HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2
(4)	PETEST	$40		GENERALA = General Appearance SKIN = Skin (and Mucous Membranes) EYES = Eyes ENT = Ears, Nose, Throat HNT = Head, Neck, Thyroid HEART = Cardiovascular LUNG = Respiratory CHEST = Chest ABD = Abdomen LYMPHN = Lymph Nodes MUSKEL = Musculoskeletal	1: General Appearance 2: Skin (and Mucous Membranes) 3: Eyes 4: Ears, Nose, Throat 5: Head, Neck, Thyroid 6: Cardiovascular 7: Respiratory 8: Chest 9: Abdomen 10: Lymph Nodes 11: Musculoskeletal 12: Neurological	PETEST

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
				NEU = Neurological		
(5)	PERES	$20		NORMAL = Normal ABNORMAL = Abnormal NOT DONE = Not Done		PERES
(6)	PEDESC	$200				PEDESC
(7)	PECLSIG	$2		Y = Yes N = No		PECLSIG
(8)	PEECG	$2		Y = Yes N = No		PEECG

Any family history compatible with Alzheimer's disease or other cause of dementia?	Yes ◯ ① No ◯
List any first degree family members with history compatible with AD/Dementia?	Mother ◯ ② Father ◯ Daughter ◯ Son ◯ Sister ◯ Brother ◯
Biological relative	Yes ◯ ③ No ◯
Age at diagnosis	_____ ④

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	DEMYN	$2		Y = Yes N = No		DEMYN
②	FAMLST	$50		MOTHER = Mother FATHER = Father DAUGHTER = Daughter SON = Son SISTER = Sister BROTHER = Brother		FAMLST
③	BIOREL	$2		Y = Yes N = No		BIOREL
④	ESTAGE	3				ESTAGE

Dementia diagnosed by the participant's physician?	Yes ◯	**①**
	No ◯	

Type of dementia	Alzheimer's disease ◯	**②**
	Vascular dementia ◯	
	Dementia with Lewy bodies (DLB) ◯	
	Mixed dementia ◯	
	Parkinson's disease ◯	
	Frontotemporal dementia ◯	
	Creutzfeldt-Jakob disease ◯	
	Normal pressure hydrocephalus ◯	
	Huntington's Disease ◯	
	Wernicke-Korsakoff Syndrome ◯	
	Other ◯	
	Not Known ◯	

Date of diagnosis	_____	**③**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	DDPP1	$10		Y = Yes N = No		DDPP1
②	DDTYP	2		1 = Alzheimer's disease 2 = Vascular dementia 3 = Dementia with Lewy bodies (DLB) 4 = Mixed dementia 5 = Parkinson's disease 6 = Frontotemporal dementia 7 = Creutzfeldt-Jakob disease 8 = Normal pressure hydrocephalus 9 = Huntington's Disease 10 = Wernicke-Korsakoff Syndrome 11 = Other 12 = Not Known		DDTYP
③	DDPPDAT	dd- MMM-yyyy				DDPPDAT

Type of MRI	Standard Structural MRI (3D-T1)	◯	①
	Standard Structural MRI (3D-FLAIR)	◯	
	Standard Structural MRI (2D-T2 and 2D-T2*)	◯	
	Standard Structural MRI (2D-SWI)	◯	
	Standard Structural MRI (3D-SWI)	◯	
	Structural MRI (DTI)	◯	
	Functional MRI (ASL)	◯	
	Functional MRI (rs-fMRI)	◯	

Was MRI performed?	Yes	◯	②
	No	◯	
	Not Applicable	◯	

If Yes, please provide: ③

Date performed (dd MMM yyyy) _____

If No, Please provide reason.	Physically unwell	◯	④
	Mentally unwell	◯	
	Reasons external to participant	◯	
	Other reasons	◯	

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
1	MRIL	1		1 = Standard Structural MRI (3D-T1) 2 = Standard Structural MRI (3D-FLAIR) 3 = Standard Structural MRI (2D-T2 and 2D-T2*) 4 = Standard Structural MRI (2D-SWI) 5 = Standard Structural MRI (3D-SWI) 6 = Structural MRI (DTI) 7 = Functional MRI (ASL) 8 = Functional MRI (rs-fMRI)	1: Standard Structural MRI (3D-T1) 2: Standard Structural MRI (3D-FLAIR) 3: Standard Structural MRI (2D-T2 and 2D-T2*) 4: Standard Structural MRI (2D-SWI) 5: Standard Structural MRI (3D-SWI) 6: Structural MRI (DTI) 7: Functional MRI (ASL) 8: Functional MRI (rs-fMRI)	MRIL
2	MRIYN	$2		1 = Yes 2 = No 3 = Not Applicable		MRIYN
3	MRIDT	dd MMM yyyy				MRIDT
4	HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant		HQ_2

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = Other reasons		

Core MRI sequence

Was Core MRI Sequence performed?   Yes ◯ **②**

                                                                          No ◯

Date of assessment (dd MMM yyyy)   _____ **③**

If No, Please provide reason.   _____ **④**

Advance MRI sequence

Was Advanced MRI Sequence performed?   Yes ◯ **⑥**

                                                                          No ◯

If yes, please select from the following drop down: 3D-SWI ◯ **⑦**

                                                                      3D-T2* ◯

                                                                          DTI ◯

                                                                          ASL ◯

                                                                     rs-fMRI ◯

Date of assessment (dd MMM yyyy)   _____ **⑧**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
②	MRI1YN	$2		Y = Yes N = No		MRI1YN
③	MRI1DAT	dd MMM yyyy				MRI1DAT
④	MRI1REAS	$200				MRI1REAS
⑥	MRI1YN1	$10		Y = Yes N = No		MRI1YN1
⑦	MRIMETHO D	$10		1 = 3D-SWI 2 = 3D-T2* 3 = DTI 4 = ASL 5 = rs-fMRI		MRIMETHO D
⑧	MRIDT	dd MMM yyyy				MRIDT

Were any adverse events related to study procedure experienced?   Yes ◯ ①

                                                                                                        No ◯

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
1	AEYN	$2		Y = Yes N = No		AEYN

What is the adverse event term? _____ **1**

Start Date _____ **2**

End Date _____ **3**

Is the adverse event still ongoing? _____ **4**

Severity — Mild ◯ **5**

Moderate ◯

Severe ◯

Concomitant or additional therapy given for this adverse event? — Yes ◯ **6**

No ◯

Not Applicable ◯

Unknown ◯

Outcome — Fatal ◯ **7**

Not recovered/not resolved ◯

Recovered/resolved ◯

Recovered/resolved with sequelae ◯

Recovering/resolving ◯

Unknown ◯

If Not recovered or Not resolved, has the event stabilized? — Yes ◯ **8**

No ◯

If yes, date of stabilization _____ **9**

Related Trial Procedure: — MRI Scan ◯ **10**

CSF sampling ◯

Other Biological Sampling ◯

Other ◯

Not Applicable ◯

Is the adverse event serious? — Yes ◯ **11**

No ◯

The following information should be completed ONLY for Serious Adverse Events

Death — Yes ◯ **12**

No ◯

Date of death (if applicable) _____ **13**

Cause of Death _____ **14**

Is life-threatening   Yes ⬭ **15**

                                                            No ⬭

Requires hospitalization   Yes ⬭ **16**

                                                            No ⬭

Persistent/significant disability/incapacity   Yes ⬭ **17**

                                                            No ⬭

This field is used for email alert check: _____ **18**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	AETERM	$200				AETERM
②	AESTDAT	dd- MMM-yyyy				AESTDAT
③	AEENDAT	dd- MMM-yyyy				AEENDAT
④	AEONGO	1				AEONGO
⑤	AESEV	$8		MILD = Mild MODERATE = Moderate SEVERE = Severe		AESEV
⑥	AECONTRT	$2		Y = Yes N = No NA = Not Applicable U = Unknown		AECONTRT
⑦	AEOUT	$35		FATAL = Fatal NOT RECOVERED/NOT RESOLVED = Not recovered/not resolved RECOVERED/RESOLVED = Recovered/resolved RECOVERED/RESOLVED WITH SEQUELAE = Recovered/resolved with sequelae		AEOUT

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
				RECOVERIN G/RESOLVI NG = Recovering/r esolving UNKNOWN = Unknown		
8	AESBYN	$2		Y = Yes N = No		AESBYN
9	AESBDAT	dd MMM yyyy				AESBDAT
10	AETRLPRC REAS	1		2 = MRI Scan 3 = CSF sampling 4 = Other Biological Sampling 6 = Other 7 = Not Applicable		AETRLPRC REAS
11	AESER	$2		Y = Yes N = No		AESER
12	AESDTH	$2		Y = Yes N = No		AESDTH
13	AEDTHDAT	dd- MMM yyyy				AEDTHDAT
14	AEDTHRES	$200				AEDTHRES
15	AESHOSP	$2		Y = Yes N = No		AESHOSP
16	PERDIS	$10		Y = Yes N = No		PERDIS
17	SIGDIS	$10		Y = Yes N = No		SIGDIS
18	HIDDEN	1				HIDDEN

Were any medications taken?   Yes ⬭ ①
                                                                No ⬭

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① CMYN	$2		Y = Yes N = No		CMYN

Medication or Therapy _____ ①

Start Date _____ ②

Is the medication/therapy still ongoing? Yes ⬭ ③

No ⬭

End Date _____ ④

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
(1)	CMTRT	$100				CMTRT
(2)	CMSTDAT	dd- MMM-yyyy				CMSTDAT
(3)	CMONGO	$2		Y = Yes N = No		CMONGO
(4)	CMENDAT	dd- MMM-yyyy				CMENDAT

Category	DISPOSITION EVENT ● **1**

Subcategory	TRIAL **2**

What was the subject's status?	Completed ○ **3**
	Discontinued ○

Completion/Disposition Date	_____ **4**

What was the subject's primary reason for discontinuation?	Adverse Event ○ **5**
	Death ○
	Lost to Follow-Up ○
	Withdraw consent ○
	Enter the EPAD PoC trial ○
	Enter another clinical trial ○
	Sponsor's decision to stop the study ○
	Deselection (Chief investigator's decision) ○
	Protocol non-compliance ○
	Screen Failure ○
	Other ○

If Adverse Event, choose corresponding AE log line, start date, and term	Fixed Unit: DSL field **6**

AE log line, start date, and term	Fixed Unit: DSL field **7**

AE log line, start date, and term	Fixed Unit: DSL field **8**

AE log line, start date, and term	Fixed Unit: DSL field **9**

AE log line, start date, and term	Fixed Unit: DSL field **10**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	DSCAT	$20		DISPOSITION EVENT = DISPOSITION EVENT		DSCAT
②	DSSCAT	$40		TRIAL		DSSCAT
③	DSDECOD	$50		COMPLETED = Completed DISCONTINUED = Discontinued		DSDECOD
④	DSSTDAT	dd MMM yyyy				DSSTDAT
⑤	DSDECOD_REAS	$50		ADVERSE EVENT = Adverse Event DEATH = Death LOST TO FOLLOW-UP = Lost to Follow-Up Withdraw consent = Withdraw consent EPAD = Enter the EPAD PoC trial ENTER ANOTHER = Enter another clinical trial		DSDECOD_REAS

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
				SPONSORDEC = Sponsor's decision to stop the study INV = Deselection (Chief investigator's decision) NONCOMPL = Protocol non-compliance SCREEN FAILURE = Screen Failure OTHER = Other		
(6)	AEDSL1	$80				AEDSL1
(7)	AEDSL2	$80				AEDSL2
(8)	AEDSL3	$80				AEDSL3
(9)	AEDSL4	$80				AEDSL4
(10)	AEDSL5	$80				AEDSL5

Assessment Name   RBANS ◯ **(1)**

Dot Counting ◯

Flanker ◯

Favourites ◯

Four Mountains Task ◯

Virtual Reality Supermarket Trolley ◯

Mini-Mental State Examination (MMSE) ◯

Clinical Dementia Rating Scale (CDR) ◯

Geriatric Depression Scale (GDS) ◯

State-Trait Anxiety Inventory (STAI) ◯

Pittsburgh Sleep Quality Index ◯

Amsterdam Instrumental Activities of Daily Living Questionnaire ◯

Brain Injury Screening Questionnaire (BISQ) ◯

Was the assessment performed?   Yes ◯ **(2)**

No ◯

If Yes, provide date of assessment _____ **(3)**

If No, Please provide reason.   Physically unwell ◯ **(4)**

Mentally unwell ◯

Reasons external to participant ◯

Other reasons ◯

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
① ASSNAM	$20		1 = RBANS 2 = Dot Counting 3 = Flanker 4 = Favourites 5 = Four Mountains Task 6 = Virtual Reality Supermarket Trolley 7 = Mini-Mental State Examination (MMSE) 8 = Clinical Dementia Rating Scale (CDR) 9 = Geriatric Depression Scale (GDS) 10 = State-Trait Anxiety Inventory (STAI) 11 = Pittsburgh Sleep Quality Index 12 = Amsterdam Instrumental Activities of Daily Living Questionnaire	1: RBANS 2: Dot Counting 3: Flanker 4: Favourites 5: Four Mountains Task 6: Virtual Reality Supermarket Trolley 7: Mini-Mental State Examination (MMSE) 8: Clinical Dementia Rating Scale (CDR) 9: Geriatric Depression Scale (GDS) 10: State-Trait Anxiety Inventory (STAI) 11: Pittsburgh Sleep Quality Index 12: Amsterdam Instrumental Activities of Daily Living Questionnaire	ASSNAM

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			13 = Brain Injury Screening Questionnaire (BISQ)	13: Brain Injury Screening Questionnaire (BISQ)	
② ASSYN	1		1 = Yes 0 = No		ASSYN
③ ASSDAT	dd MMM yyyy				ASSDAT
④ HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2

Assessment Name	RBANS ◯ **①**
	Dot Counting ◯
	Flanker ◯
	Favourites ◯
	Four Mountains Task ◯
	Virtual Reality Supermarket Trolley ◯
	Clinical Dementia Rating Scale (CDR) ◯

Was the assessment performed?	Yes ◯ **②**
	No ◯

If Yes, provide date of assessment	_____ **③**

If No, Please provide reason.	Physically unwell ◯ **④**
	Mentally unwell ◯
	Reasons external to participant ◯
	Other reasons ◯

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
(1) ASSNAM2	$20		1 = RBANS 2 = Dot Counting 3 = Flanker 4 = Favourites 5 = Four Mountains Task 6 = Virtual Reality Supermarket Trolley 7 = Clinical Dementia Rating Scale (CDR)	1: RBANS 2: Dot Counting 3: Flanker 4: Favourites 5: Four Mountains Task 6: Virtual Reality Supermarket Trolley 7: Clinical Dementia Rating Scale (CDR)	ASSNAM2
(2) ASSYN	1		1 = Yes 0 = No		ASSYN
(3) ASSDAT	dd MMM yyyy				ASSDAT
(4) HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2

Was the assessment performed?　　　　　　　　　　　　　　　Yes ◯ **(1)**

No ◯

If Yes, provide date of assessment　　　　　_____　**(2)**

If No, Please provide reason.　　　　　　　　Physically unwell ◯ **(3)**

Mentally unwell ◯

Reasons external to ◯
participant

Other reasons ◯

If Yes, please complete the questions below.

Smoking　　　　　　　　　　　　　　　　　　　　　　Never ◯ **(5)**

Past ◯

Current ◯

Drug abuse/misuse　　　　　　　　　　　　　　　　　Never ◯ **(6)**

Past ◯

Current ◯

Name of drug where applicable　　　　　_____ **(7)**

How is your current health?　　　　　　　　　　Very good ◯ **(8)**

Good ◯

Satisfactory ◯

Relatively poor ◯

Very poor ◯

How is your current physical fitness?　　　　　Very good ◯ **(9)**

Good ◯

Satisfactory ◯

Relatively poor ◯

Very poor ◯

How often do you participate in leisure-time physical activity
that lasts at least 20-30 minutes and causes breathlessness
and sweating?

Daily ◯ **(10)**

2-3 times a week ◯

Once a week ◯

2-3 times a month ◯

A few times a year ◯

Not at all ◯

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
1	ASSYN	1		1 = Yes 0 = No		ASSYN
2	ASSDAT	dd MMM yyyy				ASSDAT
3	HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2
5	SMOK	$50		Never = Never Past = Past Current = Current		SMOK
6	DRUG	$20		Never = Never Past = Past Current = Current		DRUG
7	DRUGNAM	$200				DRUGNAM
8	CURRHEAL TH	2		1 = Very good 2 = Good 3 = Satisfactory 4 = Relatively poor 5 = Very poor		CURRHEAL TH
9	PHYFITNES	2		1 = Very good 2 = Good 3 = Satisfactory		PHYFITNES

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = Relatively poor 5 = Very poor		
(10) PHYACTIVIT Y	2		1 = Daily 2 = 2-3 times a week 3 = Once a week 4 = 2-3 times a month 5 = A few times a year 6 = Not at all		PHYACTIVIT Y

Was the assessment performed?	Yes ⃝ ①
	No ⃝

If Yes, provide date of assessment	_____ ②
If No, Please provide reason.	Physically unwell ⃝ ③
	Mentally unwell ⃝
	Reasons external to participant ⃝
	Other reasons ⃝

If Yes, please complete the questions below.

Nutrition questionnaire

1. In total how many times do you usually have something to eat or drink during a <u>weekday</u>? Mark only one option.	1-2 meals and snacks ⃝ ⑥
	3-4 meals and snacks ⃝
	5-6 meals and snacks ⃝
Count main meals (breakfast, lunch, dinner) and snacks that you consume in addition to main meals. Snack is e.g. piece of fruit, chocolate bar, sandwich, glass of juice or beer. Plain water, coffee or tea are not counted as snacks.	7 or more ⃝

2. On average how many servings do you eat <u>a week</u> of following dishes as a main course? Give a value for each option.

One serving is about 150 g or the size of a deck of cards. Mark 0 if you eat less than once a week.

1. Fish and seafood	Fixed Unit: servings (e.g. grilled or baked fish, fish soup, herring) ⑧

2. Sausage	Fixed Unit: servings (e.g. baked sausage, sausage soup, sausage stew) ⑨

3. Poultry or rabbit	Fixed Unit: servings (e.g. grilled chicken, chicken fricassee, turkey) ⑩

4. Meat (excluding sausage)	Fixed Unit: servings (e.g., meat soup, meat stew, pork chop, steak, hamburger) ⑪

5. Vegetarian	Fixed Unit: servings (e.g. vegetable soup, lentil soup, vegetable casserole)	⑫

3. How many slices of cold cuts do you usually eat <u>per day?</u> Give a value for each option.
Mark 0 if you eat less than one slice per day. A slice is about 10 gram.

1. slices of cold cuts with <10% fat (local examples)		⑭
2. slices of cold cuts with >10% fat (bacon, salami, local examples)		⑮

4. How many servings of vegetable based sauces (e.g. made with vegetable oil, tomato, garlic, onion, or other vegetables) do you usually consume with your main meal (e.g. with boiled vegetables, pasta, rice). Mark only one option.	2 servings or more per day ◯	⑯
	1 serving per day ◯	
	4-6 servings a week ◯	
	1-3 servings a week ◯	
	Less than 1 serving a week or none ◯	
5. What type of cooking fat or oil is <u>most often</u> used in your household? **Mark only one option.**	Mostly extra virgin olive oil ◯	⑰
	Mostly regular olive oil ◯	
	Mostly rapeseed oil ◯	
	Mostly other oil (sunflower etc.) or soft margarine ◯	
	Vegetable sterol margarine (e.g. Benecol, ProActive) ◯	
	Butter or hard cooking margarine ◯	
	No fat at all/ we do not cook ◯	
6. How much olive or vegetable oil do you usually consume per day (including that used in frying, salads, meals eaten away from home, etc.)? Mark only one option.	4 tablespoons or more ◯	⑱
	Less than 4 tablespoons ◯	
7. How many servings of nuts or seeds do you usually eat? Mark only one option. *One serving is about 1 tablespoon or 15 g.*	2 servings or more per day ◯	⑲
	1 serving per day ◯	
	4-6 servings a week ◯	
	3 servings a week ◯	
	1-2 servings a week ◯	
	Less than 1 serving a week or none ◯	

8. How many servings of legumes (e.g. lentils, beans, peas,) do you usually eat? Mark only one option.

One serving is about 3 tablespoons or 80 g.

2 servings or more per day ⃝ **20**
1 serving per day ⃝
4-6 servings a week ⃝
3 servings a week ⃝
1-2 servings a week ⃝
Less than 1 serving a week or none ⃝

9. How many servings of other raw or cooked vegetables do you usually eat (e.g. tomatoes, carrots, cabbage, lettuce)? Mark only one option.

One serving is a vegetable roughly the size of a tennis ball or about 1.5 dl, 80 g or 3 dl of green leafy vegetables, such as lettuce or spinach.

5 servings per day or more ⃝ **21**
3-4 servings per day ⃝
2 servings per day ⃝
1 servings per day ⃝
4-6 servings a week ⃝
1-3 servings a week ⃝
Less than 1 serving a week or none ⃝

10. What kind of salad dressing do you <u>usually</u> use?

Mark only one option.

Olive oil ⃝ **22**
Vegetable oil or oil-based dressing, e.g. vinegrette ⃝
Juice-based dressing (e.g. lemon juice) ⃝
A dressing based on cultured half cream or yogurt ⃝
Nothing/I don't eat salads ⃝

11. How many servings of fruit do you usually eat? Mark only one option.

One serving is a fruit roughly the size of a tennis ball (e.g. apples, pears, oranges) or two small pieces of fruit (e.g. apricots, plums) or a cup of berries or 80 g.

4 servings or more per day ⃝ **23**
3 servings per day ⃝
1-2 serving per day ⃝
4-6 servings a week ⃝
1-3 servings a week ⃝
Less than 1 serving a week or none ⃝

12. How many servings of milk or milk products (excluding butter, cream and cheese) such as yoghurt do you usually consume <u>per day</u>? Give a value for each option. *Mark 0 if you eat less than one serving per day.*

1 serving = 2 dl = 1/3 pint. Count also milk in coffee or tea or with cereal.

1. servings of milk products with < 1 % fat (skimmed milk or fat-free yogurt) **25**

2. servings of milk products with 1- <2 % fat (semi-skimmed milk)	㉖
3. servings of milk products with 2-3 % fat (full fat milk or regular yogurt)	㉗
4. servings of milk products with >3 % fat or more	㉘
5. servings of sweet milk products such as ice cream or pudding	㉙

13. How many servings of butter or cream do you usually consume? Mark only one option.

One serving is 1 tbs or 15 g. Count also butter or cream and cream products (whipped cream, sour cream, other examples) in cooking

4 servings or more per day ◯ ㉚
2-3 servings per day ◯
1 serving per day ◯
4-6 servings a week ◯
1-3 servings a week ◯
Less than 1 serving a week or none ◯

14. On average how much bread and these other cereals do you eat <u>per day</u>? Give a value for each option.

Mark 0 if you eat on average less than one slice per day of bread. Please try to assess the amount of bread in number of slices. <u>If you usually eat bread rolls consider a roll (60 g) equals 2 slices (30 g) of bread.</u>

1. slices of rye- or crispbread (>10 g fibre/100g)	㉜
2. slices of graham or mixed grain bread (4-10 g fibre/100g)	㉝
3. slices of white bread (<4 g fibre/100g)	㉞
4. servings of cooked porridge (e.g. rye, oat or wheat flake porridge, 1 serving is a medium size cup or about 2.5dl)	㉟
5. servings of low-fibre breakfast cereals (e.g. corn flakes or rice crispies, 1 serving is about half a medium size cup or about 1.25 dl)	㊱
6. servings of muesli or high-fibre breakfast cereals (1 serving is a small size cup or about 0.8 dl)	㊲
7. slices of sweet bread	㊳

15. On average how many servings of the following starchy food (cooked) do you eat <u>per week?</u> Give a value for each option.

Mark 0 if you eat on average less than half a serving per week.

1. serving of pasta or rice (1 serving of pasta is 1 medium size cup or 2.5 dl, 1 serving of rice is about half a medium size cup or 1.25 dl)	㊵

2. serving of potatoes (baked, boiled, mashed) or servings of gnocchi or gateau (1 serving is a medium size cup or 2.5 dl)	**41**
3. serving of fries (1 serving is a medium size cup or 2.5dl)	**42**

16. What kind of spread do you <u>usually</u> use on your bread?

Mark only one option.

- Soft margarine with 60-80% fat (local brand names here) ◯ **43**
- Vegetable sterol margarine (e.g. Benecol, ProActive) ◯
- Reduced-fat margarine (28-59% fat) ◯
- Butter-vegetable oil mixture ◯
- Butter ◯
- Nothing ◯

17. How much cheese do you usually eat per day? Count also cheese consumed as a food ingredient or side dish. Give a value for each option.

Mark 0 if you eat less than one slice per day. A slice of cheese is about 10 g. A 'matchbox' of feta etc. is about 30 g = 3 slices.

1. slices of cheese with < 20% fat (reduced-fat cheese)	**45**
2. slices of cheese with > 20% fat (e.g. Emmenthal, Roquefort, feta)	**46**
3. slices of cheese with vegetable fat	**47**

18. How many servings of sweet patisseries or cookies do you eat? Mark only one option.

One serving is e.g. a piece of pie or cake, a small doughnut or Danish pastry, 2-4 cookies.

- Less than 1 serving a week or none ◯ **48**
- 1 serving a week ◯
- 2-3 servings a week ◯
- 4-6 servings a week ◯
- 1 serving per day ◯
- 2 servings or more per day ◯

19. How many servings of sugar, honey, sweets or chocolate do you eat? Mark only one option.

One serving is e.g. 2 teaspoons of sugar or honey, 3 sugar lumps, 5 sweets. Count also sugar in coffee or tea.

- Less than 1 serving a week or none ◯ **49**
- 1-3 servings a week ◯
- 4-6 servings a week ◯
- 1 serving per day ◯
- 2 servings or more per day 0 ◯

20. On average how often do you drink the following beverages <u>a day</u>? Give a value for each option.

1. cups of regular tea (1 cup = 2 dl or 200 mls)	**51**

2. cups of decaffeinated tea (1 cup = 2 dl)	_____	**52**
3. cups of regular coffee (1 cup = 1 dl)	_____	**53**
4. cups of decaffeinated coffee (1 cup = 1 dl)	_____	**54**
5. bottles of soft drink with sugar (1 bottle = 1/3 liters)	_____	**55**
6. bottles of sugar-free soft drink (e.g. Coca Cola Light)	_____	**56**
7. glasses of fruit juice (1 glass = about 2 dl)	_____	**57**
8. glasses of sugar-sweetened juice (1 glass = about 2 dl)	_____	**58**

21. How many units of wine do you usually drink <u>per week?</u> Mark only one option.

One 1 unit is 1 glass of wine (12 cl)

- ◯ 42 or more (or 1 bottle or more per day if you drink equally every day) **59**
- ◯ 28-41 (or 4-6 units per day if you drink equally every day)
- ◯ 21-27 (or 3-4 units per day)
- ◯ 15-20 (or 2-3 units per day)
- ◯ 7-14 (or 1-2 units per day)
- ◯ 5-6 (or about 1 unit on most days or 1 bottle per week)
- ◯ 3-4
- ◯ 1-2
- ◯ None or less than 1 unit per week

22. How many units of alcohol do you usually drink <u>per week?</u> Mark only one option.

1 Unit is 1 large glass of beer/cider (25 cl), 1 glass of wine (12 cl), or 5 cl of spirits (whisky, gin, vodka, rum, liqueur, cognac, pastis). 1 regular size bottle (33cl) or can of beer/cider = 1.3 units; a large size can of beer/cider (50cl) = 2 units. 1 regular size bottle of wine (75cl) = 6 units. 1 regular size bottle of spirits (75cl) = 15 units. Count all alcohol, also wine.

- ◯ 42 or more (or 6 or more units per day in average) **60**
- ◯ 28-41 (or 4-6 units per day)
- ◯ 21-27 (or 3-4 units per day)
- ◯ 15-20 (or 2-3 units per day)
- ◯ 7-14 (or 1-2 units per day)
- ◯ 5-6 (or about 1 unit per day)
- ◯ 3-4
- ◯ 1-2
- ◯ None or less than 1 unit per week

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
(1)	ASSYN	1		1 = Yes 0 = No		ASSYN
(2)	ASSDAT	dd MMM yyyy				ASSDAT
(3)	HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2
(6)	LCS1	2		1 = 1-2 meals and snacks 2 = 3-4 meals and snacks 3 = 5-6 meals and snacks 4 = 7 or more		LCS1
(8)	LCS2_1	4.1				LCS2_1
(9)	LCS2_2	4.1				LCS2_2
(10)	LCS2_3	4.1				LCS2_3
(11)	LCS2_4	4.1				LCS2_4
(12)	LCS2_5	4.1				LCS2_5
(14)	LCS3_1	4.1				LCS3_1
(15)	LCS3_2	4.1				LCS3_2
(16)	LCS4	2		1 = 2 servings or more per day 2 = 1 serving per day 3 = 4-6 servings a week		LCS4

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			4 = 1-3 servings a week 5 = Less than 1 serving a week or none		
(17) LCS5	2		1 = Mostly extra virgin olive oil 2 = Mostly regular olive oil 3 = Mostly rapeseed oil 4 = Mostly other oil (sunflower etc.) or soft margarine 5 = Vegetable sterol margarine (e.g. Benecol, ProActive) 6 = Butter or hard cooking margarine 7 = No fat at all/ we do not cook		LCS5
(18) LCS6	2		1 = 4 tablespoons or more 2 = Less than 4 tablespoons		LCS6

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
(19) LCS7	2		1 = 2 servings or more per day 2 = 1 serving per day 3 = 4-6 servings a week 4 = 3 servings a week 5 = 1-2 servings a week 6 = Less than 1 serving a week or none		LCS7
(20) LCS8	2		1 = 2 servings or more per day 2 = 1 serving per day 3 = 4-6 servings a week 4 = 3 servings a week 5 = 1-2 servings a week 6 = Less than 1 serving a week or none		LCS8

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
21	LCS9	2		1 = 5 servings per day or more 2 = 3-4 servings per day 3 = 2 servings per day 4 = 1 servings per day 5 = 4-6 servings a week 6 = 1-3 servings a week 7 = Less than 1 serving a week or none		LCS9
22	LCS10	2		1 = Olive oil 2 = Vegetable oil or oil-based dressing, e.g. vinegrette 3 = Juice-based dressing (e.g. lemon juice) 4 = A dressing based on cultured half cream or yogurt		LCS10

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
				5 = Nothing/I don't eat salads		
23	LCS11	2		1 = 4 servings or more per day 2 = 3 servings per day 3 = 1-2 serving per day 4 = 4-6 servings a week 5 = 1-3 servings a week 6 = Less than 1 serving a week or none		LCS11
25	LCS12_1	4.1				LCS12_1
26	LCS12_2	4.1				LCS12_2
27	LCS12_3	4.1				LCS12_3
28	LCS12_4	4.1				LCS12_4
29	LCS12_5	4.1				LCS12_5
30	LCS13	2		7 = 4 servings or more per day 2 = 2-3 servings per day 3 = 1 serving per day 4 = 4-6 servings a week		LCS13

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
				5 = 1-3 servings a week 6 = Less than 1 serving a week or none		
32	LCS14_1	4.1				LCS14_1
33	LCS14_2	4.1				LCS14_2
34	LCS14_3	4.1				LCS14_3
35	LCS14_4	4.1				LCS14_4
36	LCS14_5	4.1				LCS14_5
37	LCS14_6	4.1				LCS14_6
38	LCS14_7	4.1				LCS14_7
40	LCS15_1	4.1				LCS15_1
41	LCS15_2	4.1				LCS15_2
42	LCS15_3	4.1				LCS15_3
43	LCS16	2		1 = Soft margarine with 60-80% fat (local brand names here) 2 = Vegetable sterol margarine (e.g. Benecol, ProActive) 3 = Reduced-fat margarine (28-59% fat) 4 = Butter-vegetable oil mixture		LCS16

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
				5 = Butter 6 = Nothing		
45	LCS17_1	4.1				LCS17_1
46	LCS17_2	4.1				LCS17_2
47	LCS17_3	4.1				LCS17_3
48	LCS18	2		1 = Less than 1 serving a week or none 2 = 1 serving a week 3 = 2-3 servings a week 4 = 4-6 servings a week 5 = 1 serving per day 6 = 2 servings or more per day		LCS18
49	LCS19	2		1 = Less than 1 serving a week or none 2 = 1-3 servings a week 3 = 4-6 servings a week 4 = 1 serving per day 5 = 2 servings or more per day 0		LCS19
51	LCS20_1	4.1				LCS20_1

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
52	LCS20_2	4.1				LCS20_2
53	LCS20_3	4.1				LCS20_3
54	LCS20_4	4.1				LCS20_4
55	LCS20_5	4.1				LCS20_5
56	LCS20_6	4.1				LCS20_6
57	LCS20_7	4.1				LCS20_7
58	LCS20_8	4.1				LCS20_8
59	LCS21	2		1 = 42 or more (or 1 bottle or more per day if you drink equally every day) 2 = 28-41 (or 4-6 units per day if you drink equally every day) 3 = 21-27 (or 3-4 units per day) 4 = 15-20 (or 2-3 units per day) 5 = 7-14 (or 1-2 units per day) 6 = 5-6 (or about 1 unit on most days or 1 bottle per week) 7 = 3-4 8 = 1-2 9 = None or less than 1 unit per week		LCS21

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
60 LCS22	2		1 = 42 or more (or 6 or more units per day in average) 2 = 28-41 (or 4-6 units per day) 3 = 21-27 (or 3-4 units per day) 4 = 15-20 (or 2-3 units per day) 5 = 7-14 (or 1-2 units per day) 6 = 5-6 (or about 1 unit per day) 7 = 3-4 8 = 1-2 9 = None or less than 1 unit per week		LCS22

| Was the assessment performed? | Yes ◯ | ① |
| | No ◯ | |

| If Yes, provide date of assessment | _____ | ② |

If No, Please provide reason.	Physically unwell ◯	③
	Mentally unwell ◯	
	Reasons external to participant ◯	
	Other reasons ◯	

If Yes, please complete the questions below.

Life events

Have you experienced any of the following events? If yes, please state your age at the time when the event occurred. If the event took place more than once, please state your age at each occasion.

Event	Death of mother ◯	⑥
	Death of father ◯	
	Parents' separation or divorce ◯	
	Being abused ◯	
	Termination of pregnancy ◯	
	Birth of own child with severe disabilities ◯	
	Divorce ◯	
	Death of spouse ◯	
	Loss of child ◯	
	Death of best friend ◯	
	Own severe illness ◯	
	Close relative's severe illness ◯	
	Moving from your own home to an assisted living facility (nursing home, retirement home etc.) ◯	
	Becoming unemployed ◯	
	Retirement ◯	
	Serious financial loss ◯	
	Legal problems/problems with justice ◯	
	Financial problems in your family during your childhood ◯	

Have you experienced the event?   Yes ◯ ⑦

                                                                   No ◯

Age _____ ⑧

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
1	ASSYN	1		1 = Yes 0 = No		ASSYN
2	ASSDAT	dd MMM yyyy				ASSDAT
3	HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2
6	LCS23_1	2		1 = Death of mother 2 = Death of father 3 = Parents' separation or divorce 4 = Being abused 5 = Termination of pregnancy 6 = Birth of own child with severe disabilities 7 = Divorce 8 = Death of spouse 9 = Loss of child 10 = Death of best friend 11 = Own severe illness		LCS23_1

Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
			12 = Close relative's severe illness 13 = Moving from your own home to an assisted living facility (nursing home, retirement home etc.) 14 = Becoming unemployed 15 = Retirement 16 = Serious financial loss 17 = Legal problems/problems with justice 18 = Financial problems in your family during your childhood		
⑦ LCS23_2	$10		YES = Yes NO = No		LCS23_2
⑧ LCS23_3	4.1				LCS23_3

Was the sample collected?   Yes ◯ **①**
                                                              No ◯

If No, Please provide reason.   Physically unwell ◯ **②**
                                                  Mentally unwell ◯
                                             Reasons external to ◯
                                                      participant
                                                    Other reasons ◯

If Yes, please provide details below

Date of collection   _____ **④**
Sample ID   _____ **⑤**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	HQ1	$20		Y = Yes N = No		HQ2
②	HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2
④	HQDAT	dd MMM yyyy				HQDAT
⑤	SAMPLEID	$50				SAMPLEID

EPAD_UoE_001_Version 6.0_09APR2018: UNIQUE
Project Name: EPAD_UoE_001
Form: CSF Sampling (Amendment 28FEB2017)
Generated On: 21 May 2018 07:42:10

Was the sample collected?	Yes ◯	**1**
	No ◯	

If No, Please provide reason.	Physically unwell ◯	**2**
	Mentally unwell ◯	
	Reasons external to participant ◯	
	Other reasons ◯	

If Yes, please provide details below

Date of collection	_____	**4**
Time of collection	_____	**5**
Kit Number	_____	**6**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
1	HQ1	$20		Y = Yes N = No		HQ2
2	HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2
4	HQDAT	dd MMM yyyy				HQDAT
5	HQTIME	HH:nn				HQTIME
6	SAMPLEID	$50				SAMPLEID

Was the sample collected?	Yes ◯	**1**
	No ◯	

If No, Please provide reason.	Physically unwell ◯	**2**
	Mentally unwell ◯	
	Reasons external to participant ◯	
	Other reasons ◯	

If Yes, please provide details below

Was the Subject Fasting?	Yes ◯	**4**
	No ◯	

Sample Type	Sodium citrate ◯	**5**
	Serum ◯	
	Whole blood for DNA ◯	
	Plasma ◯	
	Buffy coat ◯	
	PAXgene ◯	
	PBMCs ◯	

Date of collection	_____	**6**
Sample ID	_____	**7**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
1	HQ1	$20		Y = Yes N = No		HQ2
2	HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2
4	HQFAST	$3		YES = Yes NO = No		HQFAST
5	HQTYPE	1		1 = Sodium citrate 2 = Serum 3 = Whole blood for DNA 4 = Plasma 5 = Buffy coat 6 = PAXgene 7 = PBMCs		HQTYPE
6	HQDAT	dd MMM yyyy				HQDAT
7	SAMPLEID	$50				SAMPLEID

| Was the sample collected? | Yes ◯ | **1** |
| | No ◯ | |

If No, Please provide reason.	Physically unwell ◯	**2**
	Mentally unwell ◯	
	Reasons external to participant ◯	
	Other reasons ◯	

If Yes, please provide details below

| Was the Subject Fasting? | Yes ◯ | **4** |
| | No ◯ | |

Date of collection	_____	**5**
Time of collection	_____	**6**
Kit number	_____	**7**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
1	HQ1	$20		Y = Yes N = No		HQ2
2	HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2
4	HQFAST	$3		YES = Yes NO = No		HQFAST
5	HQDAT	dd MMM yyyy				HQDAT
6	HQTIM	HH:nn				HQTIM
7	SAMPLEID	$50				SAMPLEID

Was the sample collected? Yes ◯ ①

No ◯

If No, Please provide reason. Physically unwell ◯ ②

Mentally unwell ◯

Reasons external to ◯
participant

Other reasons ◯

If Yes, please provide details below

Date of collection _____ ④

Sample ID _____ ⑤

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
(1)	HQ1	$20		Y = Yes N = No		HQ2
(2)	HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2
(4)	HQDAT	dd MMM yyyy				HQDAT
(5)	SAMPLEID	$50				SAMPLEID

Was the sample collected?   Yes ◯ ①
                                                                                            No ◯

If No, Please provide reason.   Physically unwell ◯ ②
                                                                       Mentally unwell ◯
                                                            Reasons external to ◯
                                                                        participant
                                                                    Other reasons ◯

If Yes, please provide details below

Date of collection   _____ ④
Time of collection   _____ ⑤
Kit number   _____ ⑥

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	HQ1	$20		Y = Yes N = No		HQ2
②	HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2
④	HQDAT	dd MMM yyyy				HQDAT
⑤	HQTIM	HH:nn				HQTIM
⑥	SAMPLEID	$50				SAMPLEID

Are you currently taking steroidal anti-inflammatory drug?   Yes ◯ ①
                                                                    No ◯

If YES, please note that saliva should not be collected and treatment taken should be recorded on Concomitant Therapy page.

If NO, please complete question below:

Was the assessment performed?   Yes ◯ ④
                                                                    No ◯

If No, Please provide reason.   Physically unwell ◯ ⑤
                                                      Mentally unwell ◯
                                                  Reasons external to ◯
                                                          participant
                                                        Other reasons ◯

If Yes, please provide details below.

Day 1 Awakening time:	_____	⑦
Day 1 Bedtime:	_____	⑧
Day 2 Awakening time:	_____	⑨
Day 2 Bedtime:	_____	⑩

During one of these 2 days, have you experienced stressful(s)   Yes ◯ ⑪
event(s)?   No ◯

If Yes, specify when: ⑫
Date: _____

Time:	_____	⑬
Remarks:	_____	⑭

Are you currently taking hormonal contraception (pill, patch,   Yes ◯ ⑮
IUD) or hormone therapy for menopause?   No ◯
                                              Not applicable (male) ◯

If Yes, specify the treatment name on Concomitant Therapy page.

Tube n°:	_____	⑰
Date of collection	_____	⑱
Time of collection	_____	⑲
Sample ID	_____	⑳

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	SALIVAYN	$3		YES = Yes NO = No		SALIVAYN
④	SALIVAYN1	$3		YES = Yes NO = No		SALIVAYN1
⑤	HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2
⑦	SALIVATIME D1A	HH:nn				SALIVATIME D1A
⑧	SALIVATIME D1B	HH:nn				SALIVATIME D1B
⑨	SALIVATIME D2A	HH:nn				SALIVATIME D2A
⑩	SALIVATIME D2B	HH:nn				SALIVATIME D2B
⑪	LAST	$3		YES = Yes NO = No		LAST
⑫	WHNDAT	dd MMM yyyy				WHNDAT
⑬	WHNTIM	HH:nn				WHNTIM
⑭	WHTXT	$200				WHTXT
⑮	SALIVAYNN A	$10		YES = Yes NO = No NA = Not applicable (male)		SALIVAYNN A
⑰	SALIVANO	2				SALIVANO
⑱	COLLDAT	dd MMM yyyy				COLLDAT
⑲	COLLTIME	HH:nn				COLLTIME
⑳	SAMPLEID	$50				SAMPLEID

Are you currently taking steroidal anti-inflammatory drug?　　　　　Yes ◯ **①**
No ◯

If YES, please note that saliva should not be collected and treatment taken should be recorded on Concomitant Therapy page.

If NO, please complete question below:

Was the assessment performed?　　　　　　　　　　　　　　　Yes ◯ **④**
No ◯

If No, Please provide reason.　　　　　　　　　　　Physically unwell ◯ **⑤**
Mentally unwell ◯
Reasons external to ◯
participant
Other reasons ◯

If Yes, please provide details below.

Day 1 Awakening time:	_____	**⑦**
Day 1 Bedtime:	_____	**⑧**
Day 2 Awakening time:	_____	**⑨**
Day 2 Bedtime:	_____	**⑩**

During one of these 2 days, have you experienced stressful(s) event(s)?　　Yes ◯ **⑪**
No ◯

If Yes, specify when:　　　　　　　　　　　　　　　　　　　　　　**⑫**
Date:　　　　　　　　　　　　　　　　　　　　_____

Time:	_____	**⑬**
Remarks:	_____	**⑭**

Are you currently taking hormonal contraception (pill, patch, IUD) or hormone therapy for menopause?　　　　　　　Yes ◯ **⑮**
No ◯
Not applicable (male) ◯

If Yes, specify the treatment name on Concomitant Therapy page.

Tube n°:	_____	**⑰**
Date of collection	_____	**⑱**
Time of collection	_____	**⑲**
Kit number	_____	**⑳**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	SALIVAYN	$3		YES = Yes NO = No		SALIVAYN
④	SALIVAYN1	$3		YES = Yes NO = No		SALIVAYN1
⑤	HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2
⑦	SALIVATIME D1A	HH:nn				SALIVATIME D1A
⑧	SALIVATIME D1B	HH:nn				SALIVATIME D1B
⑨	SALIVATIME D2A	HH:nn				SALIVATIME D2A
⑩	SALIVATIME D2B	HH:nn				SALIVATIME D2B
⑪	LAST	$3		YES = Yes NO = No		LAST
⑫	WHNDAT	dd MMM yyyy				WHNDAT
⑬	WHNTIM	HH:nn				WHNTIM
⑭	WHTXT	$200				WHTXT
⑮	SALIVAYNN A	$10		YES = Yes NO = No NA = Not applicable (male)		SALIVAYNN A
⑰	SALIVANO	2				SALIVANO
⑱	COLLDAT	dd MMM yyyy				COLLDAT
⑲	COLLTIME	HH:nn				COLLTIME
⑳	SAMPLEID	$50				SAMPLEID

Was the sample collected?   Yes ◯ **①**
                                                                                        No ◯

If No, Please provide reason.   Physically unwell ◯ **②**
                                                                      Mentally unwell ◯
                                                                   Reasons external to ◯
                                                                           participant
                                                                        Other reasons ◯

If Yes, please provide details below

Was the Subject Fasting?   Yes ◯ **④**
                                                                                        No ◯

Date of collection   _____ **⑤**

Sample ID   _____ **⑥**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
(1)	HQ1	$20		Y = Yes N = No		HQ2
(2)	HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2
(4)	HQFAST	$3		YES = Yes NO = No		HQFAST
(5)	HQDAT	dd MMM yyyy				HQDAT
(6)	SAMPLEID	$50				SAMPLEID

| Was the sample collected? | Yes ◯ **1** |
| | No ◯ |

If No, Please provide reason.	Physically unwell ◯ **2**
	Mentally unwell ◯
	Reasons external to participant ◯
	Other reasons ◯

If Yes, please provide details below

| Was the Subject Fasting? | Yes ◯ **4** |
| | No ◯ |

Date of collection	_____ **5**
Time of collection	_____ **6**
Kit Number	_____ **7**
Last time of food and drink intake	_____ **8**
Consumption of alcohol 12h prior to collection	_____ **9**
Consumption of Caffeine 12h prior to collection	_____ **10**
Consumption of nicotine 12h prior to collection	_____ **11**
Consumption of medication 12h prior to collection	_____ **12**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
1	HQ1	$20		Y = Yes N = No		HQ2
2	HQ_2	1		1 = Physically unwell 2 = Mentally unwell 3 = Reasons external to participant 4 = Other reasons		HQ_2
4	HQFAST	$3		YES = Yes NO = No		HQFAST
5	HQDAT	dd MMM yyyy				HQDAT
6	HQTIM	HH:nn				HQTIM
7	SAMPLEID	$50				SAMPLEID
8	LTFFDINTK	HH:nn				LTFFDINTK
9	ALCOHOL	$100				ALCOHOL
10	CAFFEINE	$100				CAFFEINE
11	NICOTINE	$100				NICOTINE
12	MEDICATION	$100				MEDICATION

EPAD_UoE_001_Version 6.0_09APR2018: UNIQUE
Project Name: EPAD_UoE_001
Form: PoC trial participation
Generated On: 21 May 2018 07:42:10

Did patient participate to a PoC trial since previous visit?   Yes ◯ ①
                                                               No ◯

If Yes, please provide details below.

Trial name _____ ③
Subject ID _____ ④
 Start date of participation _____ ⑤
 End date of participation. _____ ⑥

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	POCYN	$20		Y = Yes N = No		POCYN
③	POCTRIAL	$12				POCTRIAL
④	POCSUBID	$9				POCSUBID
⑤	POCSTDAT	dd MMM yyyy				POCSTDAT
⑥	POCENDAT	dd MMM yyyy				POCENDAT

Where any samples retested?   Yes ◯ **①**
                                                                No ◯

If Yes, select the visit the sample taken   Visit 1 ◯ **②**
                                                            Visit 2 ◯
                                                            Visit 3 ◯
                                                            Visit 4 ◯
                                                            Visit 5 ◯

Reason for sample retest   Damaged sample ◯ **③**
                                                  Insufficient sample ◯
                                                 Non-validated result ◯
                                                                Other ◯

Type of Sample   Blood PBMC ◯ **④**
                                                           Blood SCT ◯
                                                           Blood DNA ◯
                                                           Blood SST ◯
                                                         Blood Plasma ◯
                                                      Blood Buffy coat ◯
                                                       Blood Paxgene ◯
                                                                Urine ◯
                                                             Drooling ◯
                                                                  CSF ◯

Kit Number   _____ **⑤**

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
1	RETESTYN	$20		YES = Yes NO = No		RETESTYN
2	REVISIT	$20		1 = Visit 1 2 = Visit 2 3 = Visit 3 4 = Visit 4 5 = Visit 5		REVISIT
3	REREASON RETEST	$20		1 = Damaged sample 2 = Insufficient sample 3 = Non-validate d result 4 = Other		REREASON RETEST
4	RESAMPLE _TYPE	$20		1 = Blood PBMC 2 = Blood SCT 3 = Blood DNA 4 = Blood SST 5 = Blood Plasma 6 = Blood Buffy coat 7 = Blood Paxgene 8 = Urine 9 = Drooling 10 = CSF		RESAMPLE _TYPE
5	REKITNUM	$6				REKITNUM

EPAD_UoE_001_Version 6.0_09APR2018: UNIQUE
Project Name: EPAD_UoE_001
Form: EPAD LCS Re-Informed Consent Form for Research Participants and Study Partner
Generated On: 21 May 2018 07:42:10

Has any significant change occurred which requires new informed consent to be signed?	Yes ◯	(1)
	No ◯	
Signed by	Research participant ◯	(2)
	Study Partner ◯	
Date of the signature on informed consent	_____	(3)
Reason for signing new Informed Consent:	New Protocol amendment ◯	(4)
	Safety information ◯	
	Other, please specify ◯	
If new Protocol amendment,Protocol version	Protocol version 2.2 ◯	(5)
	Protocol version 3.0 ◯	
If new Protocol amendment, Protocol version date	13-Jan-2016 ◯	(6)
	28-Feb-2017 ◯	
If safety information/other version number of approved informed consent	_____	(7)
If safety information/other version of approved informed consent date	_____	(8)

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	RETYN	$3		YES = Yes NO = No		RETYN
②	RESIGNBY	1		1 = Research participant 2 = Study Partner		RESIGNBY
③	REDAT	dd MMM yyyy				REDAT
④	REREAS	$2		1 = New Protocol amendment 2 = Safety information 3 = Other, please specify		REREAS
⑤	REPROTV	$2		1 = Protocol version 2.2 2 = Protocol version 3.0		REPROTV
⑥	REPROTVDAT	$2		1 = 13-Jan-2016 2 = 28-Feb-2017		REPROTVDAT
⑦	REICFVS	$50				REICFVS
⑧	RESAFOTH	dd MMM yyyy				RESAFOTH

Has study partner been changed during the trial?	Yes ◯	**1**
	No ◯	
Date of the signature on informed consent	_____	**2**
Under which protocol version did new study partner join the study	Protocol version 2.2 ◯	**3**
	Protocol version 3.0 ◯	
Protocol version date	13-Jan-2016 ◯	**4**
	28-Feb-2017 ◯	

	Field Name	Data Type	Units	Values	Pre-Filled Values	Include Field OID
①	PARTYN	$3		YES = Yes NO = No		PARTYN
②	PARTDAT	dd MMM yyyy				PARTDAT
③	PARTPVER SION	$2		1 = Protocol version 2.2 2 = Protocol version 3.0		PARTPVER SION
④	PARTICFDA T	$2		1 = 13-Jan-2016 2 = 28-Feb-2017		PARTICFDA T