1. Indicate how the medical/family history information was obtained. Choose all that apply.

[ ]  Participant/Subject

[ ]  Family, specify relation:

[ ]  Friend

[ ]  Physician

[ ]  Chart/Medical record

[ ]  Other, specify:

1. If the medical/ family history information was not obtained from the participant/subject, indicate the reason(s) the information were obtained from alternate source(s). Choose all that apply.

[ ]  Dementia

[ ]  Aphasia

[ ]  Other cognitive impairment

[ ]  Not fluent in examiner’s language

[ ]  Poor historian

[ ]  Too young

[ ]  Other, specify:

1. Overall assessment of the reliability of the medical/family history information obtained:

[ ]  Definitely reliable [ ]  Probably reliable [ ]  Not reliable

## General Instructions

This case report form (CRF) contains data elements related to the data source and reliability of the responses.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

The CRF includes all instructions available for the data elements at this time