1. From whom/ what were the medical history data obtained? (Choose all that apply.)

[ ]  Participant/ subject (Skip 35)

[ ]  Friend

[ ]  Chart/ Medical record

[ ]  Family, specify relation:

[ ]  Physician

[ ]  Other, specify:

1. If the medical historydata were not obtained from the participant/ subject, indicate the reason(s) why: (Choose all that apply)

[ ]  Dementia

[ ]  Aphasia

[ ]  Not fluent in examiner's language

[ ]  Other, specify:

[ ]  Other cognitive impairment

[ ]  Poor historian

1. Overall assessment of the reliability of the medical history data 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.

All elements on this CRF are classified as Exploratory and should only be collected if the research team considers them appropriate for their study.

## 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.