PARTICIPANT ID	DATE	STAFF ID	VISIT
			Year 5
Y6PPTID	Y6DATE	Y6STAFID	

## HEART AND SOUL STUDY

## **COGNITIVE FUNCTION**

First Name	Last Name
Y6CFXFNM	Y6CFXLNM

Now, I'm going to ask you a few basic memory questions.

Note to interviewer (Do not read to patient): No aids to memory, such as looking at a calendar or newspaper, or asking for hints, are permitted. Refusal to answer any question usually means that the patient does not know the answer, and the item should be scored as incorrect.

,	Correct	Incorrect
1. What is the date today? (Exact month, day, year required) Y6C0FX1	0	1
2. What day of the week is it?  Y6C0FX2	0	1
3. Where are you right now? (Any correct description acceptable) Y6COFX3	0	1
4. What is your date of birth? (Exact month day, day, year required) <b>Y6COFX4</b>	0	1
5. How old are you? (Correct if corresponds to DOB)  Y6COFX5	0	1
6. Who is the president of the United States now? (Correct if knows last name only)  Y6COFX6	0	1
7. Who was the president just before him? (Correct if knows last name only)  Y6COFX7	0	1
8. What was your mother's maiden name? (Correct if last name other than subject's last name is given)  Y6COFX8	0	1
9. Please subtract 3 from 20, and keep subtracting 3 from each new number, all the way down. (Any error is scored as incorrect. Entire series must be performed correctly: 17, 14, 11, 8, 5, 2.) <b>Y6COFX9</b>	0	1



PARTICIPANT	ID

## HEART AND SOUL STUDY

Since your last Heart and Soul study interview, have you had any of the following (or in the past year, do you know whether Mr./Mrs had any of the following)?			
Heart Attack or myocardial infarction Y6EVENTA			
Coronary artery bypass surgery Y6EVENTB			
Coronary angioplasty (inflating a balloon in heart vessel or placing a stent in heart vessel)			
Y6EVENTC  Angina (cardiac chest pain) requiring admission to a hospital Y6EVENTD			
Congestive heart failure requiring admission to a hospital <b>Y6EVENTE</b>			
Stroke (blockage or rupture of a blood vessel in the brain) Y6EVENTF			
Other hospitalization Y6EVENTG  Explain in box below:			
None of the above Y6UHOSOT Y6EVENTH			
Please fill out separate hospitalization form for each reported hospitalization.			