

C-Dim-COG

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK COHORT STUDY
DIMINISHED COGNITIVE FUNCTION FORM # 150**

This form should be completed for each participant whose cognitive function has diminished. This form should be completed by the Principal Investigator. Upon data entry of this form, the following forms will no longer be required for this participant: Form 180 (SF36), Form 186 (Jackson Heart A), Form 187 (Jackson Heart B), Form 190 (Beck Depression), and Form 191 (Diener Satisfaction). However, the following forms can be completed by a care giver if it is felt that a participant's cognitive function has diminished: Form 111 (Visit Form - symptom section), Form 85 (Exposures), and Form 174 (Sleep).

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1. Identification Number...

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2. Name Code...

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3. Visit Number...

4. Date the principal investigator recognized that this participant's cognitive function has diminished (mm/dd/yyyy) / / *dim-dt*

5. Is this participant being treated or being seen by a physician for dementia? (0=no, 1=yes) *treated*

200. Date this form completed (mm/dd/yyyy) / / *compl-by*

201. Certification ID of person reviewing this form *compl-dt*

For Clinical Center Use Only:

Certification ID of person entering this form: _____

Date Entered: ____/____/____