

HALT-C Trial

CIDI-12 – Cognitive Effects AS

Form # 153 Version A: 06/15/2000 (Rev. 05/28/2002)

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →

A2. Patient initials: _ _ _ _

A3. Visit number: _ _ _ _

A4. Date form completed: (MM/DD/YYYY) ___ / ___ / _____

A5. Initials of person completing form: _ _ _

SECTION B: CIDI-12

B1. Date test administered: (MM/DD/YYYY) ___ / ___ / _____

B2. ID Code _ _ _ _ _ Visit # (1 digit), patient ID (6 digits)
 Visit # defined: (W24=1, M12=2, M24=3, M36=4, M48=5, M54=6, W48=7, W72=8, R00=9)

B3. CIDI-12 administrator: Respondent 1
 Interviewer 2

B4. Language: English 1
 Other language 2

B5. Any CIDI-12 diagnoses? Yes 1
 No 2 **(END OF FORM)**

B6. Number of DSM-IV diagnoses _ _

B7. CIDI-12 DSM-IV Diagnoses

a. <u>Diagnostic Code</u>	b. <u>Diagnostic Criteria</u>	c. <u>Onset Code</u>	d. <u>Age of Onset</u>	e. <u>Recency Code</u>	f. <u>Age of Recency</u>
1. a. _ _ _ . _ _	b. _ _ _	c. _ _ _	d. _ _ _	e. _ _ _	f. _ _ _
g. (DSM-IV diagnosis) _____					
2. a. _ _ _ . _ _	b. _ _ _	c. _ _ _	d. _ _ _	e. _ _ _	f. _ _ _
g. (DSM-IV diagnosis) _____					
3. a. _ _ _ . _ _	b. _ _ _	c. _ _ _	d. _ _ _	e. _ _ _	f. _ _ _
g. (DSM-IV diagnosis) _____					
4. a. _ _ _ . _ _	b. _ _ _	c. _ _ _	d. _ _ _	e. _ _ _	f. _ _ _
g. (DSM-IV diagnosis) _____					
5. a. _ _ _ . _ _	b. _ _ _	c. _ _ _	d. _ _ _	e. _ _ _	f. _ _ _
g. (DSM-IV diagnosis) _____					