

HALT-C Trial

Years of Education – Cognitive Effects AS

Form # 157 Version A: 06/15/2000

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: ____

Note: Information in Section B should be collected by patient interview.

SECTION B: SAMPLE COLLECTION

B1. WHAT IS THE HIGHEST DEGREE OR LEVEL OF SCHOOL YOU HAVE COMPLETED? IF YOU ARE CURRENTLY ENROLLED, MARK THE PREVIOUS GRADE OR HIGHEST DEGREE RECEIVED. EVEN IF YOU RECEIVED A GED, CIRCLE ONLY THE HIGHEST GRADE OF FORMAL EDUCATION YOU COMPLETED.

- No schooling completed 1
- Nursery school to 4th grade 2
- 5th grade or 6th grade 3
- 7th grade or 8th grade 4
- 9th grade 5
- 10th grade 6
- 11th grade 7
- 12th grade - no diploma 8
- High school graduate with high school diploma 9
- Some college credit, but less than 1 year 10
- 1 or more years of college, no degree 11
- Associate degree (for example: AA, AS) 12
- Bachelor's degree (for example: BA, AB, BS) 13
- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA) 14
- Professional degree (for example: MD, DDS, DVM, LLB, JD) 15
- Doctorate degree (for example: PhD, EdD) 16