

HALT-C Trial

Occupational Status – Cognitive Effects AS

Form # 158 Version A: 07/29/2003

SECTION A: GENERAL INFORMATION

A1. Affix ID Label Here →

_____ - _____ - ____

A2. Patient initials: __ __ __

A3. Visit number: **W 0 0**

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

A5. Initials of person completing Sections A and B: __ __ __

A6. Initials of Neuropsychologist completing Section C: __ __ __

Note: Information in Section B should be completed by patient interview and/or chart review.

Note: Information in Section C should be completed by neuropsychologist.

SECTION B: BASELINE OCCUPATIONAL STATUS

B1. On the day of the Baseline visit, was the patient working for pay part-time or full-time, or a full-time homemaker?

- Yes1
- No2 **(B3)**

B2. Please specify patient's occupation at the Baseline visit:

SPECIFY: _____ **(C1)**

B3. On the day of the Baseline visit, which situation best described the patient's employment status?

- Going to school full time1
- Retired2
- Unemployed3
- Unable to work because of illness or disability4

B4. How many years had it been since the patient was last working for pay?

- Less than ten years1
- Ten or more years2 **(C1)**

B5. When last working for pay, what kind of work was the patient doing?

SPECIFY: _____

Patient ID: _____ - _____ - _____

B6. When last working for pay, what were the patient's most important job activities or duties?

SPECIFY: _____ (C1)

SECTION C: OCCUPATIONAL CATEGORY

C1. What is the patient's occupational code?

- Unskilled labor, farm labor 1
- Semi-skilled, operative, service, farmers (includes housewife) 2
- Not in work force (disabled, unemployed, retired > 10 years) 3
- Skilled labor, craftsman, foreman 4
- Managers, officials, clerical, sales work..... 5
- Professional, technical..... 6