

Michigan Alzheimer's Disease Research Center
Participant Information Form (Prescreen)

Today's Date: _____

Name: _____

How did you hear about the MADRC?

- Own doctor
- MADRC web site
- MADRC newsletter
- Alzheimer's Association
- Newspaper ad
- Radio announcement
- TV
- Event (research talk or Memory Walk) _____
- Health Fair
- Other _____

Name of Patient:(if someone other than you) _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth _____ Age: _____

Male or Female: _____

Are you interested in serving as a healthy volunteer (normal control) for a study or are you concerned that your memory has changed?

If concerned about memory, when did you start noticing memory changes? _____

Have you seen a physician for this? _____

Do you receive your medical care at U of M? _____

If yes, can we look at your medical information to help us find the best study for you?

Yes CPI#: _____

No

Medical History

Do you have, or have you had in the past, any difficulty with the following?

1. Seizures? Yes No (if yes when?) _____

2. Stroke? Yes No (if yes, when?) _____

3. Head Injury? Yes No (if yes, when?) _____

Did it involve loss of consciousness? Yes No (if yes, for how long?) _____

Were you hospitalized? Yes No (if yes, for how long?) _____

4. Cancer? Yes No (if yes, when?) _____

5. Pacemaker? Yes No (if yes, when?) _____

6. Severe hearing or vision problems? Yes No

(If yes, are they corrected?) _____

7. Have you ever needed treatment for alcohol abuse? Yes No

8. Learning disorders or difficulties in school? Yes No

9. Language problems? Yes No

10. What language do you speak everyday? _____

Is this your first language? Yes No

Are there other languages you speak fluently? _____

11. Other severe medical problems? Yes No

Are you seeing a physician for any other current medical illnesses? Yes No

Current Medications: _____

Do you live alone? Yes No

Do you have someone that could serve as a study partner or informant for a study?

(generally a spouse, family member or close friend)

Yes (who?) _____ No

Some studies involve specific procedures. Do you have any problems with the following procedures?

MRI/CT Scans? Yes No

Blood Draws? Yes No

Tests of memory or thinking? Yes No

Genetic testing? Yes No

(all information is de-identified and not linked with an individual's name)

The MADRC is also conducting a series of very important and promising studies to learn more about early brain changes that occur with aging or when we first might develop memory difficulties. These studies may also prove essential in differentiating among the various types of dementias, so these different illnesses may be better and more effectively treated. It is very important that we have both persons with mild memory concerns, as well as patients with dementia, in these studies. This research includes having one or more PET scans on one occasion or across several years, depending on which study someone qualifies for or might want to participate in. A PET scan requires a person to lie still for 90 minutes, a somewhat longer procedure than an MRI scan. Participants do receive a monetary compensation for these different studies. Are you interested in being considered for a PET study? Yes No

Thank you for taking the time to fill this out. Please send it to the address listed below. We will review your information and contact you within the next month to discuss studies that we would recommend for you. If you have any questions, comments or concerns please feel free to contact the study coordinator at (734) 764-8445 or visit our web site at <http://www.med.umich.edu/alzheimers>.

Study Coordinator
2101 Commonwealth Blvd., Suite D
Ann Arbor, MI 48105