

NP FORM 7
BACKGROUND INFO
 (Visit 1 only)

MACS ID and Visit #:

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Date: _____

Examiner #: _____

Complete this section only if this is the participant's first Phase 1 NP screening examination. You will need to have the participant fill in the self-report handedness questionnaire to complete items 4 through 7. You will also need to have the participant complete the Shipley-Hartford.

- 1) Date of birth (mm/dd/yy) _____
- 2) Education (number of years) _____
- 3) Age at completion of education _____
- 4) Handedness: (1) Right (2) Left (3) Ambidextrous _____
- 5) Family History of Left-handedness: (1) Yes (2) No (3) Unknown _____
- 6) Score on Handedness Questionnaire: (5-25) _____
- 7) Writing style: (1) Non-inverted (2) Inverted (3) Unknown _____
- 8) History of Learning Disorder: *"Have you ever been told that you had a learning disorder?"* (1) Yes (2) No (3) Unk _____
- 9) *"Have you ever had any kind of head injury that resulted in a loss of consciousness?"* If so, *"How long were you unconscious?"*
 - (1) no loss of consciousness (LOC)
 - (2) LOC less than 1 hour
 - (3) LOC from 1-24 hours
 - (4) LOC greater than 24 hours
 - (5) unknown/missing _____
- 10a) Native Language: (1) English (2) Spanish (3) Other _____
 If other, specify: _____
- 10b) If Native Language is not English, Age began speaking English (never=98) _____
- 11) Race:
 - (1) White Non-Hispanic
 - (2) White Hispanic
 - (3) Black Non-Hispanic
 - (4) Black Hispanic
 - (5) American Indian or Alaskan Native
 - (6) Asian or Pacific Islander
 - (7) Other _____
- 12) *"Do you have any permanent physical limitations that might influence your performance on the neuropsychological testing?"* (1) Yes (2) No _____
 If Yes, specify: _____
- 13) Shipley-Hartford

	Vocabulary Raw Score	_____
	Abstraction Raw Score	_____

