

**Section 2: V5/NCS Stage I Forms****Subjective Memory Form: FORM CODE=SMF VERSION=1.0****Instructions:** This form should be completed during the participant's visit.

<i>Vers</i>		<i>Vers</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
6495	0100	

<i>EventName</i>		<i>EventName</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
6495	Visit 5 / NCS Stage 1	

<i>Occurrence</i>		<i>Occurrence</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
6489	1	
5	2	
1	3	

<i>SMF0a</i>		<i>Completion Date</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
6423	Range	01/17/2011 - 08/30/2013
72		Missing

<i>SMF0b</i>		<i>Staff ID</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
6424	Present	Text suppressed
71		Missing

<i>SMF1</i>		<i>Times in past month misplaced items</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2208	1	Almost Never
3293	2	Sometimes
670	3	Often
238	4	Very Often
86		Missing

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<i>SMF2</i>		<i>Times in past month write reminder notes to self</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
2632	1	Almost Never
1881	2	Sometimes
1177	3	Often
718	4	Very Often
87		Missing

<i>SMF3</i>		<i>Times in past month trouble remembering recent conversations</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
3030	1	Almost Never
2588	2	Sometimes
564	3	Often
225	4	Very Often
88		Missing

<i>SMF4</i>		<i>Family expressed concern about memory loss</i>
<i>N</i>	<i>Value</i>	<i>Description</i>
5451	0	No
957	1	Yes
87		Missing