

## Algometer

	<p><i>With this test we will assess your sensibility to pressure pain. In a moment, I will press this pressure measuring instrument on the tip of your finger. This will cause initially a feeling of pressure; eventually, the pressure will be painful. Please, say immediately “Stop” when you feel no longer only pressure but, in addition, pain. Do not wait until the pain becomes unbearable but rather say “Stop” just in the moment when you start feeling pain. Now, I will show it to you on the middle finger. Then, we will carry out the actual measurement on the index finger.</i></p>			
	Insert the value in kg	x0am01	<div style="border: 1px solid black; width: 100px; height: 30px; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 25px; height: 20px;"></div> <div style="border-right: 1px solid black; width: 25px; height: 20px;"></div> <div style="margin: 0 5px;">.</div> <div style="border: 1px solid black; width: 25px; height: 20px;"></div> </div>	
	The measurement was carried out on the following index finger:	x0am02	<div style="display: flex; justify-content: space-around; align-items: center;"> <div> <input type="checkbox"/> 1   left         </div> <div> <input type="checkbox"/> 2   right         </div> </div>	

## Mini Mental State Examination (MMSE)<sup>1</sup> – Orientation

In use since 2014-09-01

	<b>Intro</b>				
<b>x0mm01</b>			<div>True</div> <div>False</div>		
		x0mm01	What year is this? <input type="checkbox"/> 1 <input type="checkbox"/> 2		
		x0mm02	Which season is this? <input type="checkbox"/> 1 <input type="checkbox"/> 2		
		x0mm03	What month is this? <input type="checkbox"/> 1 <input type="checkbox"/> 2		
		x0mm04	What is today's date? <input type="checkbox"/> 1 <input type="checkbox"/> 2		
		x0mm05	What day of the week is this? <input type="checkbox"/> 1 <input type="checkbox"/> 2		
<b>x0mm06</b>	Where are we now?		<div>True</div> <div>False</div>		
		x0mm06	What country are we in? <input type="checkbox"/> 1 <input type="checkbox"/> 2		
		x0mm07	What province are we in? <input type="checkbox"/> 1 <input type="checkbox"/> 2		
		x0mm08	What town are we in? <input type="checkbox"/> 1 <input type="checkbox"/> 2		
		x0mm09	What is the name of this building? <input type="checkbox"/> 1 <input type="checkbox"/> 2		
		x0mm10	What floor are we on? <input type="checkbox"/> 1 <input type="checkbox"/> 2		

## Mini Mental State Examination (MMSE)<sup>1</sup> – Registration

In use since 2014-09-01

	<p><i>SAY: I am going to name three objects. When I am finished, I want you to repeat them. Remember what they are because I am going to ask you to name them again in a few minutes.</i></p> <p><i>Say the following words slowly at 1-second intervals - BALL/ CAR/ MAN</i></p>				
<b>x0mm11</b>	Please, repeat the three objects:		<div>True</div> <div>False</div>		
		x0mm11	BALL <input type="checkbox"/> 1 <input type="checkbox"/> 2		
		x0mm12	CAR <input type="checkbox"/> 1 <input type="checkbox"/> 2		
		x0mm13	MAN <input type="checkbox"/> 1 <input type="checkbox"/> 2		
	Number of tries:	x0mm31	_		
	<p><b>Intro</b></p> <p><i>Spell the word WORLD.</i></p>				

<b>x0mm14</b>	Now spell it backwards			True	False	
		x0mm14	D	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
		x0mm15	L	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
		x0mm16	R	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
		x0mm17	O	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
		x0mm18	W	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<b>x0mm19</b>	Now what were the three objects I asked you to remember?			True	False	
		x0mm19		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
		x0mm20	BALL	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
		x0mm21	CAR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
			MAN	<input type="checkbox"/> 1	<input type="checkbox"/> 2	

## Mini Mental State Examination (MMSE)<sup>1</sup> – Language

In use since 2014-09-01

<b>x0mm22</b>	What is this called? (SHOW wristwatch)  What is this called? (SHOW pencil)			True	False	
		x0mm22	wristwatch	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
		x0mm23	pencil	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<b>x0mm24</b>	I would like you to repeat this phrase after me:			True	False	
		x0mm24	"No ifs, ands or buts."	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<b>x0mm25</b>	Read the words on the page and then do what it says.  <b>INT:</b> Then hand the person the sheet with CLOSE YOUR EYES on it.  If the subject reads and does not close their eyes, repeat up to three times. Score only if subject closes eyes			True	False	
		x0mm25	(On the sheet: CLOSE YOUR EYES) <input type="checkbox"/> 1	<input type="checkbox"/> 2		
<b>x0mm26</b>	Write any complete sentence on that piece of paper.  <b>INT:</b> The sentence must make sense. Ignore spelling errors			True	False	
		x0mm26	Complete sentence	<input type="checkbox"/> 1	<input type="checkbox"/> 2	

<b>x0mm27</b>	Copy this design please. <b>INT:</b> Allow multiple tries. Wait until person is finished and hands it back. Score only for correctly copied diagram with a 4-sided figure between two 5-sided figures.	x0mm27	Design copied	True <input type="checkbox"/> 1	False <input type="checkbox"/> 2	
<b>x0mm28</b>	ASK the person if he is right or left-handed. Take a piece of paper and hold it up in front of the person.  SAY: Take this paper in your right/left hand (whichever is non-dominant), fold the paper in half once with both hands and put the paper down on the table.  <b>INT:</b> Score 1 point for each instruction executed correctly.	x0mm28	Takes paper correctly in hand	True <input type="checkbox"/> 1	False <input type="checkbox"/> 2	
		x0mm29	Folds it in half	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
		x0mm30	Puts it on the table	<input type="checkbox"/> 1	<input type="checkbox"/> 2	

<sup>1</sup> Folstein MF, Folstein SE, Mc Mugh PR. "Mini-mental state": a practical method for grading the cognitive state of patients for the clinician. J Psychiatr Res 1975; 12:189-198.

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## Sniffin'Sticks<sup>1</sup> - General

In use since 2014-09-01

	<i>Here the ability to indentify everyday smells by means of a card with 4 choices is determined. It is a multiple-choice procedure, which means the patient has to pick one of the 4 terms. Altogether, 16 odours are presented in the Identification Test.</i>				
<b>x0ol00</b>	Do you currently have ... a cold?	x0ol00a	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	<b>end</b>
	hay fever?	x0ol00b	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	<b>end</b>
	sinusitis?	x0ol00c	<input type="checkbox"/> 2 No	<input type="checkbox"/> 1 Yes	<b>end</b>

## Sniffin'Sticks<sup>1</sup> - Details

x0ol22	Please rate your olfactory sensibility. Is it decreased or increased?		<input type="checkbox"/> 1 Decreased				
		x0ol22	<input type="checkbox"/> 2 Normal <input type="checkbox"/> 3 Increased				
	Did the smell deterioration (or the loss of smell) happen after a viral infection or a sinusitis?	x0ol22a	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 I don't know				
x0ol23	Did you have a surgery on the paranasal sinuses or because of nasal polyps (even in childhood and adolescence)?		Yes      No      Don't know				
		x0ol23a	Paranasal sinuses	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3
		x0ol23b	Nasal polyps	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 3
x0ol24	Have you ever suffered a skull fracture?	x0ol24	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No <input type="checkbox"/> 3 I don't know			
	Localisation of the skull fractur	x0ol24a	<hr/>				

## Sniffin'Sticks<sup>1</sup> (1)

	How well can you identify smells? 16 smells known from everyday life will be presented to you. You have to assign each smell to one of four terms on a card that describes the smell best.			
<b>x0ol01</b>	Sniffin'Stick 1	x0ol01	<input type="checkbox"/> 1 Orange <input type="checkbox"/> 3 Strawberry <input type="checkbox"/> 2 Blackberry <input type="checkbox"/> 4 Pineapple	
	Sniffin'Stick 2	x0ol02	<input type="checkbox"/> 1 Smoke <input type="checkbox"/> 3 Leather <input type="checkbox"/> 2 Glue <input type="checkbox"/> 4 Grass	
	Sniffin'Stick 3	x0ol03	<input type="checkbox"/> 1 Honey <input type="checkbox"/> 3 Chocolate <input type="checkbox"/> 2 Vanilla <input type="checkbox"/> 4 Cinnamon	
	Sniffin'Stick 4	x0ol04	<input type="checkbox"/> 1 Chive <input type="checkbox"/> 3 Fir <input type="checkbox"/> 2 Peppermint <input type="checkbox"/> 4 Onion	
	Sniffin'Stick 5	x0ol05	<input type="checkbox"/> 1 Coconut <input type="checkbox"/> 3 Walnut <input type="checkbox"/> 2 Banana <input type="checkbox"/> 4 Cherry	
	Sniffin'Stick 6	x0ol06	<input type="checkbox"/> 1 Peach <input type="checkbox"/> 3 Lemon <input type="checkbox"/> 2 Apple <input type="checkbox"/> 4 Grapefruit	
	Sniffin'Stick 7	x0ol07	<input type="checkbox"/> 1 Liquorice <input type="checkbox"/> 3 Chewing gum <input type="checkbox"/> 2 Gummi bear <input type="checkbox"/> 4 Cookies	
	Sniffin'Stick 8	x0ol08	<input type="checkbox"/> 1 Mustard <input type="checkbox"/> 3 Menthol <input type="checkbox"/> 2 Rubber <input type="checkbox"/> 4 Turpentine	

## Sniffin'Sticks<sup>1</sup> (2)

<b>x0ol09</b>	Sniffin'Stick 9	x0ol09	<input type="checkbox"/> 1 Onion <input type="checkbox"/> 3 Garlic <input type="checkbox"/> 2 Sauerkraut <input type="checkbox"/> 4 Carrot	
	Sniffin'Stick 10	x0ol10	<input type="checkbox"/> 1 Cigarette <input type="checkbox"/> 3 Wine <input type="checkbox"/> 2 Coffee <input type="checkbox"/> 4 Smoke	

	Sniffin'Stick 11	x0ol11	<input type="checkbox"/> 1 Melon <input type="checkbox"/> 3 Orange <input type="checkbox"/> 2 Peach <input type="checkbox"/> 4 Apple	
	Sniffin'Stick 12	x0ol12	<input type="checkbox"/> 1 Clove <input type="checkbox"/> 3 Cinnamon <input type="checkbox"/> 2 Pepper <input type="checkbox"/> 4 Mustard	
	Sniffin'Stick 13	x0ol13	<input type="checkbox"/> 1 Pear <input type="checkbox"/> 3 Peach <input type="checkbox"/> 2 Plum <input type="checkbox"/> 4 Pineapple	
	Sniffin'Stick 14	x0ol14	<input type="checkbox"/> 1 Camomile <input type="checkbox"/> 3 Rose <input type="checkbox"/> 2 Raspberry <input type="checkbox"/> 4 Cherry	
	Sniffin'Stick 15	x0ol15	<input type="checkbox"/> 1 Anis <input type="checkbox"/> 3 Honey <input type="checkbox"/> 2 Rum <input type="checkbox"/> 4 Fir	
	Sniffin'Stick 16  Fish	x0ol16	<input type="checkbox"/> 1 Bread <input type="checkbox"/> 3 Cheese <input type="checkbox"/> 2 Fish <input type="checkbox"/> 4 Ham	

<sup>1</sup> Hummel T, Sekinger B, Wolf SR, Pauli E, Kobal G. 'Sniffin' sticks': olfactory performance assessed by the combined testing of odor identification, odor discrimination and olfactory threshold. Chem Senses. 1997 Feb;22(1):39-52.

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## Drug use (cleaned version)

	<b>Intro</b>				
<b>drug_usage_c</b>	Drug usage	x0dd01	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 2 No	<b>end</b>
<b>drug_type</b>	Type of drug	x0dd02	<input type="checkbox"/> 1 drug with ATC code (classical drug) <input type="checkbox"/> 2 food integrator and other <input type="checkbox"/> 3 homeopathy		
<b>atc_c</b>	ATC code (Anatomical Therapeutic Chemical classification system)	x0dd03	<hr/>		
<b>atc_1lev</b>	ATC 1st level of classification - anatomical main group	x0dd04	<input type="checkbox"/> 1 Alimentary tract and metabolism <input type="checkbox"/> 2 Antiinfectives for systemic use <input type="checkbox"/> 3 Antineoplastic and immunomodulating agents <input type="checkbox"/> 4 Antiparasitic products, insecticides and repellents <input type="checkbox"/> 5 Blood and blood forming organs <input type="checkbox"/> 6 Cardiovascular system <input type="checkbox"/> 7 Dermatologicals <input type="checkbox"/> 8 Genito urinary system and sex hormones <input type="checkbox"/> 9 Musculo-skeletal system <input type="checkbox"/> 10 Nervous system <input type="checkbox"/> 11 Respiratory system <input type="checkbox"/> 12 Sensory organs <input type="checkbox"/> 13 Systemic hormonal preparations, excl. sex hormones and insulins <input type="checkbox"/> 14 Various		
<b>atc_2lev</b>	ATC 2st level of classification - therapeutic subgroup	x0dd05	<hr/>		
<b>drug</b>	Active compound name	x0dd06	<hr/>		
<b>drug_name</b>	Commercial drug name	x0dd07	<hr/>		



<b>pharma_form_c</b>	Pharmacological form	x0dd08	_____	
<b>routeadm</b>	Route of administration	x0dd09	<input type="checkbox"/> 1 oral <input type="checkbox"/> 2 inhalation <input type="checkbox"/> 3 parenteral <input type="checkbox"/> 4 intraocular <input type="checkbox"/> 5 topical <input type="checkbox"/> 6 rectal <input type="checkbox"/> 7 intravescical <input type="checkbox"/> 8 oropharyngeal <input type="checkbox"/> 9 transdermal <input type="checkbox"/> 10 vaginal <input type="checkbox"/> 11 intrauterine	
<b>dose_rate</b>	Drug dosage	x0dd10	_____	
<b>decreed_c</b>	Drug prescribed by the doctor	x0dd11	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
<b>taking_mode_c</b>	Taking mode	x0dd12	<input type="checkbox"/> 1 Regularly <input type="checkbox"/> 2 If needed	
<b>taking_interval_c</b>	Taking frequency	x0dd13	<input type="checkbox"/> 1 daily <input type="checkbox"/> 2 2days <input type="checkbox"/> 3 3days <input type="checkbox"/> 4 4days <input type="checkbox"/> 5 >1week <input type="checkbox"/> 6 >1month	

<b>taking_period_c</b>	Length/duration of treatment/therapy	x0dd14	<input type="checkbox"/> 1 <1week <input type="checkbox"/> 2 >1week <input type="checkbox"/> 3 >4weeks <input type="checkbox"/> 4 >3months <input type="checkbox"/> 5 >6months <input type="checkbox"/> 6 >1year <input type="checkbox"/> 7 >3years	
<b>taken_today_c</b>	Taken today	x0dd15	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	
<b>note_c</b>	Notes on data cleaning	x0dd16	<input type="checkbox"/> 1 only anesthesia from dentist reported, drug usage set to NO <input type="checkbox"/> 2 error in drug attribution, one record removed for this AID <input type="checkbox"/> 3 taking_mode_=if needed, but taking_interval=daily. Put taking_interval_c as missing <input type="checkbox"/> empty cell: no specific comment added	
<b>producer</b>	Drug producer	x0dd17	_____	
<b>comment</b>	Comments by study assistants	x0dd18	_____	
<b>inserted_by</b>	Study assistant	x0dd19	<input type="checkbox"/> ByK <input type="checkbox"/> GrB <input type="checkbox"/> GuR <input type="checkbox"/> LiB <input type="checkbox"/> MoL <input type="checkbox"/> ObT <input type="checkbox"/> PaL <input type="checkbox"/> TeR <input type="checkbox"/> SaS	