

University of Pennsylvania Smell Identification Test

* Required fields

* Name of Site: _____	* Type of Visit: _____ e.g. Screening, Baseline, 6 months, 12 months, 18 months, 24 months, 30 months, 36 months, 42 months, 48 months, 54 months, 60 months, 72 months.
* Date of Visit: _____	* GUID: _____

Subject ID: _____

Score

Instructions: Have participant complete the 4 booklets of the University of Pennsylvania Smell Identification Test, and record their score here.

1) Was the UPSIT test completed?

- Completed
- Partially completed
- Not completed

Enter individual book scores in questions 2-5 if test was partially completed. Only enter total score in question 6 if all four booklets were fully administered and scored.

2) Book 1 Score: _____ (Number between 0- 10)

3) Book 2 Score: _____ (Number between 0- 10)

4) Book 3 Score: _____ (Number between 0- 10)

5) Book 4 Score: _____ (Number between 0- 10)

6) Total Score (books 1-4): _____
(Enter value 0-40 only if all four booklets were completed and scored)