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NACC Uniform Data Set (UDS)

FORMS – Follow-up Visit Packet

(Version 1.2, September 2006)

NOTE: Version 1.2 is NOT the most current version of the UDS forms and is no longer used for data submission. For the most current version, please visit http://www.alz.washington.edu.

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NACC Uniform Data Set (UDS)

Follow-Up Form Z1: Form Checklist

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by clinic staff. ADC Visit #:__ __ __

Examiner's initials: __ __ __

NACC expects and intends that all UDS forms will be attempted on all subjects, but we realize this may be impossible when the patient is terminally ill, or when there is no informant, or for other reasons. NACC requires that Forms Z1, A1, A5, B4, B9, C1, D1, and E1 be submitted for a subject to be included in the UDS database, even though these forms may include some missing data.

For forms not designated as required, if it is not feasible to collect all or almost all of the data elements for a subject and the ADC therefore decides not to attempt collection of those data, an explanation must be provided. Please indicate this decision below by including the appropriate explanatory code and any additional comments.

KEY: If the specified form was not completed, please enter one of the following codes:

95 = Physical problem
96 = Cognitive/behavior problem
97 = Other problem
98 = Verbal refusal

Form	Description	Submitted: Yes	Submitted: No	If not submitted, specify reason (see Key)	Comments (provide if needed)
A1	Subject Demographics	**REQUIRED**		n/a	n/a
A2	Informant Demographics	☐ 1	☐ 0	__ __	
A3	Subject Family History	☐ 1	☐ 0	__ __	
A4	Subject Medications	☐ 1	☐ 0	__ __	
A5	Subject Health History	**REQUIRED**		n/a	n/a
B1	Evaluation Form – Physical	☐ 1	☐ 0	__ __	
B2	Eval. Form – Hachinski Ischemic Scale	☐ 1	☐ 0	__ __	
B3	Evaluation Form – UPDRS	☐ 1	☐ 0	__ __	
B4	Global Staging – CDR	**REQUIRED**		n/a	n/a
B5	Behavioral Assessment – NPI-Q	☐ 1	☐ 0	__ __	
B6	Behavioral Assessment – GDS	☐ 1	☐ 0	__ __	
B7	Functional Assessment – FAQ	☐ 1	☐ 0	__ __	
B8	Evaluation – Physical/Neurological Exam Findings	☐ 1	☐ 0	__ __	

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by clinic staff. ADC Visit #:__ __ __

Examiner's initials: __ __ __

KEY: If the specified form was not completed, please enter one of the following codes:

95 = Physical problem
96 = Cognitive/behavior problem
97 = Other problem
98 = Verbal refusal

Form	Description	Submitted: Yes	Submitted: No	If not submitted, specify reason (see Key)	Comments (provide if needed)
B9	Clinician Judgment of Symptoms	**REQUIRED**		n/a	n/a
C1	MMSE and Neuropsychological Battery	**REQUIRED**		n/a	n/a
D1	Clinician Diagnosis – Cognitive Status and Dementia	**REQUIRED**		n/a	n/a
E1	Imaging/Labs	**REQUIRED**		n/a	n/a

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Follow-up Form A1: Subject Demographics

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by intake interviewer per ADC scheduling records, subject interview, medical records, and proxy informant report (as needed). ADC Visit #:__ __ __
For additional clarification and examples, see UDS Coding Guidebook pages 4–6.
Check only one box per question. Examiner's initials:__ __ __

To print a copy of data collected for this form at the previous UDS visit, access the UDS Data Submission System at https://www.alz.washington.edu/MEMBER/siteprint.html.

1.	Subject's month/year of birth:	__ __/__ __ __ __		
2.	Subject's sex:	☐ 1 Male	☐ 2 Female	
3.	What is the subject's living situation?	☐ 1 Lives alone ☐ 2 Lives with spouse or partner ☐ 3 Lives with relative or friend	☐ 4 Lives with group ☐ 5 Other (*specify*): _____ ☐ 9 Unknown	
4.	What is the subject's level of independence?	☐ 1 Able to live independently ☐ 2 Requires some assistance with complex activities	☐ 3 Requires some assistance with basic activities ☐ 4 Completely dependent ☐ 9 Unknown	
5.	What is the subject's type of residence?	☐ 1 Single family residence ☐ 2 Retirement community ☐ 3 Assisted living/ boarding home/adult family home	☐ 4 Skilled nursing facility/ nursing home ☐ 5 Other (*specify*): _____ ☐ 9 Unknown	
6.	Subject's primary residence zip code (first 3 digits):	__ __ __ (*leave blank if unknown*)		
7.	Subject's current marital status:	☐ 1 Married ☐ 2 Widowed ☐ 3 Divorced ☐ 4 Separated	☐ 5 Never married ☐ 6 Living as married ☐ 8 Other (*specify*): _____ ☐ 9 Unknown	

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NACC Uniform Data Set (UDS)

Follow-up Form A2: Informant Demographics

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by intake interviewer per informant's report. For additional clarification and examples, see UDS Coding Guidebook pages 6–8. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

To print a copy of data collected for this form at the previous UDS visit, access the UDS Data Submission System at https://www.alz.washington.edu/MEMBER/siteprint.html.

1. Informant's month/year of birth:	__ __/__ __ __ __ (*99/9999 = Unknown*)	
2. Informant's sex:	☐ 1 Male	☐ 2 Female
3. Is this a new informant? (If no, skip to item #9)	☐ 1 Yes	☐ 0 No
4a. Does the informant report being of Hispanic/Latino ethnicity (i.e., having origins from a mainly Spanish-speaking Latin American country), regardless of race?	☐ 1 Yes	☐ 0 No ☐ 9 Unknown
4b. If yes, what are the informant's reported origins?	☐ 1 Mexican/Chicano/ Mexican-American/ ☐ 2 Puerto Rican ☐ 3 Cuban ☐ 4 Dominican	☐ 5 Central American ☐ 6 South American ☐ 50 Other (*specify*): _____ ☐ 99 Unknown
5. What does informant report as his/her race?	☐ 1 White ☐ 2 Black or African American ☐ 3 American Indian or Alaska Native	☐ 4 Native Hawaiian or Other Pacific Islander ☐ 5 Asian ☐ 50 Other (*specify*): _____ ☐ 99 Unknown
6. What additional race does informant report?	☐ 1 White ☐ 2 Black or African American ☐ 3 American Indian or Alaska Native ☐ 4 Native Hawaiian or Other Pacific Islander	☐ 5 Asian ☐ 50 Other (*specify*): _____ ☐ 88 None reported ☐ 99 Unknown

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by intake interviewer per informant's report. For additional clarification and examples, see UDS Coding Guidebook pages 6–8. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

To print a copy of data collected for this form at the previous UDS visit, access the UDS Data Submission System at https://www.alz.washington.edu/MEMBER/siteprint.html.

7. What additional race, beyond what was indicated above in questions 5 and 6, does informant report?

☐ 1 White
☐ 2 Black or African American
☐ 3 American Indian or Alaska Native
☐ 4 Native Hawaiian or Other Pacific Islander
☐ 5 Asian
☐ 50 Other (*specify*): _____
☐ 88 None reported
☐ 99 Unknown

8. Informant's years of education (report achieved level using the codes below; if an attempted level is not completed, enter the number of years attended). High school/GED = 12; Bachelors degree = 16; Master's degree = 18; Doctorate = 20 years: __ __ (*99 = Unknown*)

9. What is informant's relationship to subject?

☐ 1 Spouse/partner
☐ 2 Child
☐ 3 Sibling
☐ 4 Other relative
☐ 5 Friend/neighbor
☐ 6 Paid caregiver/provider
☐ 7 Other (*specify*): _____

10. Does the informant live with the subject?

☐ 1 Yes (*if yes, skip to #11*)
☐ 0 No

10a. If no, approximate frequency of in-person visits:

☐ 1 Daily
☐ 2 At least 3x/week
☐ 3 Weekly
☐ 4 At least 3x/month
☐ 5 Monthly
☐ 6 Less than once a month

10b. Approximate frequency of telephone contact:

☐ 1 Daily
☐ 2 At least 3x/week
☐ 3 Weekly
☐ 4 At least 3x/month
☐ 5 Monthly
☐ 6 Less than once a month

11. Is there a question about the informant's reliability?

☐ 1 Yes
☐ 0 No

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Follow-up Form A3: Subject Family History

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by intake interviewer per subject/informant report. For additional clarification and examples, see UDS Coding Guidebook pages 9–13. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

To print a copy of data collected for this form at the previous UDS visit, access the UDS Data Submission System at https://www.alz.washington.edu/MEMBER/siteprint.html.

For the following questions:

Dementia refers to progressive loss of memory and cognition, and may be described as senility, dementia, Alzheimer's Disease, hardening of the arteries, or other causes that compromised the subject's social or occupational functioning and from which they did not recover.

Age at onset refers to the age at which dementia symptoms began, not the age at which the diagnosis was made.

☐ Review with the subject/informant the data collected for this form at the previous UDS visit; if there have been no changes, check this box and end form here.

Please consider blood relatives only.

PARENTS:

☐ Check this box if there has been no change to PARENTS information and then proceed to SIBLINGS. Otherwise, complete items 1 and 2 below.

1. Did the subject's mother have dementia (as defined above), as indicated by symptoms, history or diagnosis? ☐ 1 Yes ☐ 0 No ☐ 9 Unknown

   a. If the subject's mother had dementia, indicate the age at which she developed dementia symptoms (age at onset, as defined above). (*999 = Age unknown; 888 = N/A*) __ __ __ (years)

   b. If the subject's mother has dementia and is living, indicate her current age. (*999 = Age unknown; 888 = N/A*) __ __ __ (years)

   c. If the subject's mother had dementia and is deceased, indicate her age at death. (*999 = Age unknown; 888 = N/A*) __ __ __ (years)

2. Did the subject's father have dementia (as defined above), as indicated by symptoms, history or diagnosis? ☐ 1 Yes ☐ 0 No ☐ 9 Unknown

   a. If the subject's father had dementia, indicate the age at which he developed dementia symptoms (age at onset, as defined above). (*999 = Age unknown; 888 = N/A*) __ __ __ (years)

   b. If the subject's father has dementia and is living, indicate his current age. (*999 = Age unknown; 888 = N/A*) __ __ __ (years)

   c. If the subject's father had dementia and is deceased, indicate his age at death. (*999 = Age unknown; 888 = N/A*) __ __ __ (years)

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by intake interviewer per subject/informant report. For additional clarification and examples, see UDS Coding Guidebook pages 9–13. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

To print a copy of data collected for this form at the previous UDS visit, access the UDS Data Submission System at https://www.alz.washington.edu/MEMBER/siteprint.html.

SIBLINGS:

☐ Check this box if there has been no change to SIBLINGS information and then proceed to CHILDREN. Otherwise, complete items 3–5 below.

3. Is the subject a twin? ☐ 1 Yes ☐ 0 No ☐ 9 Unknown

3a. If yes, indicate type: ☐ 1 Monozygotic (i.e., identical) ☐ 2 Dizygotic (i.e., fraternal) ☐ 8 N/A ☐ 9 Unknown

4. How many full siblings did the subject have? (*99 = Unknown*) __ __

5. How many of these siblings had dementia (as defined above), as indicated by symptoms, history or diagnosis? (*99 = Unknown; 88 = N/A*) __ __

For each sibling with dementia, indicate age at onset (as defined above) if living or deceased, and current age if living:

	1) Age at onset	2) Current age if living	
a. Sibling 1	__ __ __ (years)	__ __ __ (years)	(*999 = Age unknown; 888 = N/A*)
b. Sibling 2	__ __ __ (years)	__ __ __ (years)	
c. Sibling 3	__ __ __ (years)	__ __ __ (years)	
d. Sibling 4	__ __ __ (years)	__ __ __ (years)	
e. Sibling 5	__ __ __ (years)	__ __ __ (years)	
f. Sibling 6	__ __ __ (years)	__ __ __ (years)	

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by intake interviewer per subject/informant report. For additional clarification and examples, see UDS Coding Guidebook pages 9–13. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

To print a copy of data collected for this form at the previous UDS visit, access the UDS Data Submission System at https://www.alz.washington.edu/MEMBER/siteprint.html.

CHILDREN:

☐ Check this box if there has been no change to CHILDREN information and then proceed to OTHER RELATIVES. Otherwise, complete items 6 and 7 below.

6. How many biological children did the subject have? (*99 = Unknown*) __ __

7. How many of these children had dementia (as defined above), as indicated by symptoms, history or diagnosis? (*99 = Unknown; 88 = N/A*) __ __

For each child with dementia, indicate age at onset (as defined above) if living or deceased, and current age if living:

	1) Age at onset	2) Current age if living	
a. Child 1	__ __ __ (years)	__ __ __ (years)	(*999 = Age unknown; 888 = N/A*)
b. Child 2	__ __ __ (years)	__ __ __ (years)	
c. Child 3	__ __ __ (years)	__ __ __ (years)	
d. Child 4	__ __ __ (years)	__ __ __ (years)	
e. Child 5	__ __ __ (years)	__ __ __ (years)	
f. Child 6	__ __ __ (years)	__ __ __ (years)	

OTHER RELATIVES:

☐ Check this box if there has been no change to OTHER RELATIVES information and then end form here. Otherwise, complete item 8 below.

8. Number of other blood relatives with dementia (as defined above) (cousins, aunts, uncles, grandparents, half siblings), as indicated by symptoms, history or diagnosis. (*99 = Unknown*) __ __

For each other blood relative with dementia, indicate age at onset (as defined above) if living or deceased, and current age if living:

	1) Age at onset	2) Current age if living	
a. Relative 1	__ __ __ (years)	__ __ __ (years)	(*999 = Age unknown; 888 = N/A*)
b. Relative 2	__ __ __ (years)	__ __ __ (years)	
c. Relative 3	__ __ __ (years)	__ __ __ (years)	
d. Relative 4	__ __ __ (years)	__ __ __ (years)	
e. Relative 5	__ __ __ (years)	__ __ __ (years)	
f. Relative 6	__ __ __ (years)	__ __ __ (years)	

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NACC Uniform Data Set (UDS)
Follow-up Form A4: Subject Medications

Center: _____ ADC Subject ID: _____ Visit Date: __ __/__ __/__ __ __ __ ADC Visit #: __ __ __

NOTE: This form is to be completed by the clinician or ADC staff. Record ALL medications (prescription, non-prescription, and vitamins/supplements) taken by the subject within the past two weeks. For additional clarification, see UDS Coding Guidebook page 14.

Examiner's initials: __ __ __

Include the strength of the medication, the corresponding unit (micrograms, milliliters, international units), and the number of doses (pills, injections, drops, puffs) prescribed per day/week/month. Indicate if the medication is prescribed to be used only as needed (PRN) and the average frequency of use of the PRN medication (number of pills, injections, drops, puffs taken per day/week/month). It is helpful to ask the subject to bring the medications to the research assessment, so more complete information can be obtained. If the subject does not bring the medications or a detailed list to the assessment, telephone follow-up may be necessary. Record the name and dosage of the medication as the subject is actually taking it.

1. Is the subject currently taking any prescription medications? 1 ☐ Yes 2 ☐ No

	Medication strength: Enter numeric value for strength, then indicate the appropriate unit of measure (µg, mg, mL, IU)					**Frequency:** Enter numeric value for total number of doses taken per Day, Week, or Month				**Prescribed as PRN?** (if yes, also indicate PRN frequency)		**PRN Frequency (average for the past 2 weeks):** Enter numeric value for total number of doses taken per Day, Week, or Month			
Prescription medication name (please PRINT clearly)	(1) **Strength**	(2) **µg**	**mg**	**mL**	**IU**	(3) **# Doses**	(4) **D**	**W**	**M**	(5) **Yes**	**No**	(6) **# Doses**	(7) **D**	**W**	**M**
a.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
b.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
c.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
d.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
e.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
f.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
g.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
h.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3

Center: _____ ADC Subject ID: _____ Visit Date: __ __/__ __/__ __ __ __ ADC Visit #: __ __ __

NOTE: This form is to be completed by the clinician or ADC staff. Record ALL medications (prescription, non-prescription, and vitamins/supplements) taken by the subject within the past two weeks. For additional clarification, see UDS Coding Guidebook page 14.

Examiner's initials: __ __ __

	Medication strength: Enter numeric value for strength, then indicate the appropriate unit of measure (µg, mg, mL, IU)					**Frequency:** Enter numeric value for total number of doses taken per Day, Week, or Month			**Prescribed as PRN?** (if yes, also indicate PRN frequency)		**PRN Frequency (average for the past 2 weeks):** Enter numeric value for total number of doses taken per Day, Week, or Month			
Prescription medication name (please PRINT clearly)	(1) **Strength**	(2) **µg**	**mg**	**mL**	**IU**	(3) **# Doses**	(4) **D**	**W**	**M**	(5) **Yes**	**No**	(6) **# Doses**	(7) **D**	**W**	**M**
i.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
j.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
k.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
l.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
m.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
n.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
o.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
p.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
q.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
r.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
s.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3
t.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3	☐ 1	☐ 0		☐ 1	☐ 2	☐ 3

Center: _____ ADC Subject ID: _____ Visit Date: __ __/__ __/__ __ __ __ ADC Visit #: __ __ __

NOTE: This form is to be completed by the clinician or ADC staff. Record ALL medications (prescription, non-prescription, and vitamins/supplements) taken by the subject within the past two weeks. For additional clarification, see UDS Coding Guidebook page 14.

Examiner's initials: __ __ __

2. Is the subject currently taking any non-prescription medications (OTC)? ☐ Yes ☐ No

	Medication strength: Enter numeric value for strength, then indicate the appropriate unit of measure (µg, mg, mL, IU)					**Frequency:** Enter numeric value for total number of doses taken per Day, Week, or Month			
OTC medication name (please PRINT clearly)	(1) **Strength**	(2) **µg**	**mg**	**mL**	**IU**	(3) **# Doses**	(4) **D**	**W**	**M**
a.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
b.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
c.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
d.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
e.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
f.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
g.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
h.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
i.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
j.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
k.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
l.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
m.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
n.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
o.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3

NOTE: This form is to be completed by the clinician or ADC staff. Record ALL medications (prescription, non-prescription, and vitamins/supplements) taken by the subject within the past two weeks. For additional clarification, see UDS Coding Guidebook page 14.

Examiner's initials: __ __ __

	Medication strength: Enter numeric value for strength, then indicate the appropriate unit of measure (µg, mg, mL, IU)					**Frequency:** Enter numeric value for total number of doses taken per Day, Week, or Month			
OTC medication name (please PRINT clearly)	(1) **Strength**	(2) **µg**	**mg**	**mL**	**IU**	(3) **# Doses**	(4) **D**	**W**	**M**
p.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
q.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
r.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
s.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
t.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3

3. Is the subject currently taking any vitamins or supplements? ☐ Yes ☐ No

	Medication strength: Enter numeric value for strength, then indicate the appropriate unit of measure (µg, mg, mL, IU)					**Frequency:** Enter numeric value for total number of doses taken per Day, Week, or Month			
Vitamin/supplement name (please PRINT clearly)	(1) **Strength**	(2) **µg**	**mg**	**mL**	**IU**	(3) **# Doses**	(4) **D**	**W**	**M**
a.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
b.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
c.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
d.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
e.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
f.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
g.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3

NOTE: This form is to be completed by the clinician or ADC staff. Record ALL medications (prescription, non-prescription, and vitamins/supplements) taken by the subject within the past two weeks. For additional clarification, see UDS Coding Guidebook page 14.

Examiner's initials: __ __ __

	Medication strength: Enter numeric value for strength, then indicate the appropriate unit of measure (µg, mg, mL, IU)					**Frequency:** Enter numeric value for total number of doses taken per Day, Week, or Month			
Vitamin/supplement name (please PRINT clearly)	(1) **Strength**	(2) **µg**	**mg**	**mL**	**IU**	(3) **# Doses**	(4) **D**	**W**	**M**
h.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
i.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
j.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
k.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
l.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
m.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
n.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
o.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
p.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
q.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
r.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
s.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3
t.		☐ 1	☐ 2	☐ 3	☐ 4		☐ 1	☐ 2	☐ 3

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NACC Uniform Data Set (UDS)

Follow-up Form A5: Subject Health History

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook pages 15–18.
Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

To print a copy of data collected for this form at the previous UDS visit, access the UDS Data Submission System at https://www.alz.washington.edu/MEMBER/siteprint.html.

Record the presence or absence of a history of these conditions at this visit as determined by the clinician's best judgment, based on informant report, medical records, and/or observation.

1. Cardiovascular disease	Absent	Active	Inactive	Unknown
a. Heart attack/cardiac arrest	☐ 0	☐ 1	☐ 2	☐ 9
b. Atrial fibrillation	☐ 0	☐ 1	☐ 2	☐ 9
c. Angioplasty/endarterectomy/stent	☐ 0	☐ 1	☐ 2	☐ 9
d. Cardiac bypass procedure	☐ 0	☐ 1	☐ 2	☐ 9
e. Pacemaker	☐ 0	☐ 1	☐ 2	☐ 9
f. Congestive heart failure	☐ 0	☐ 1	☐ 2	☐ 9
g. Other (*specify*): _____	☐ 0	☐ 1	☐ 2	☐ 9

2. Cerebrovascular disease	Absent	Active	Inactive	Unknown
a. Stroke	☐ 0	☐ 1	☐ 2	☐ 9
If active, indicate year(s) in which this occurred: (*9999 = Year unknown*)	1) __ __ __ __	2) __ __ __ __	3) __ __ __ __	
	4) __ __ __ __	5) __ __ __ __	6) __ __ __ __	
b. Transient ischemic attack	☐ 0	☐ 1	☐ 2	☐ 9
If active, indicate year(s) in which this occurred: (*9999 = Year unknown*)	1) __ __ __ __	2) __ __ __ __	3) __ __ __ __	
	4) __ __ __ __	5) __ __ __ __	6) __ __ __ __	
c. Other (*specify*): _____	☐ 0	☐ 1	☐ 2	☐ 9

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook pages 15–18. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

To print a copy of data collected for this form at the previous UDS visit, access the UDS Data Submission System at https://www.alz.washington.edu/MEMBER/siteprint.html.

3. Parkinsonian features	Absent	Active	Unknown
a. Parkinson's disease	☐ 0	☐ 1	☐ 9
If active, indicate year of diagnosis: (*9999 = Year unknown*)	__ __ __ __		
b. Other Parkinsonism disorder	☐ 0	☐ 1	☐ 9
If active, indicate year of diagnosis: (*9999 = Year unknown*)	__ __ __ __		

4. Other neurologic conditions	Absent	Active	Inactive	Unknown
a. Seizures	☐ 0	☐ 1	☐ 2	☐ 9
b. Traumatic brain injury				
1) with brief loss of consciousness (< 5 minutes)	☐ 0	☐ 1	☐ 2	☐ 9
2) with extended loss of consciousness (≥ 5 minutes)	☐ 0	☐ 1	☐ 2	☐ 9
3) with chronic deficit or dysfunction	☐ 0	☐ 1	☐ 2	☐ 9
c. Other (*specify*): _____	☐ 0	☐ 1	☐ 2	☐ 9

5. Medical/metabolic conditions	Absent	Active	Inactive	Unknown
a. Hypertension	☐ 0	☐ 1	☐ 2	☐ 9
b. Hypercholesterolemia	☐ 0	☐ 1	☐ 2	☐ 9
c. Diabetes	☐ 0	☐ 1	☐ 2	☐ 9
d. B12 deficiency	☐ 0	☐ 1	☐ 2	☐ 9
e. Thyroid disease	☐ 0	☐ 1	☐ 2	☐ 9
f. Incontinence – urinary	☐ 0	☐ 1	☐ 2	☐ 9
g. Incontinence – bowel	☐ 0	☐ 1	☐ 2	☐ 9

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook pages 15–18. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

To print a copy of data collected for this form at the previous UDS visit, access the UDS Data Submission System at https://www.alz.washington.edu/MEMBER/siteprint.html.

6. Depression	No	Yes	Unknown
a. Active within past 2 years	☐ 0	☐ 1	☐ 9
b. Other episodes (prior to 2 years)	☐ 0	☐ 1	☐ 9

7. Substance abuse and psychiatric disorders

a. Substance abuse – alcohol	Absent	Active	Inactive	Unknown
1) Clinically significant impairment occurring over a 12-month period manifested in one of the following: work, driving, legal or social.	☐ 0	☐ 1	☐ 2	☐ 9

b. Cigarette smoking history	No	Yes	Unknown
1) Has subject smoked within last 30 days?	☐ 0	☐ 1	☐ 9
2) Has subject smoked more than 100 cigarettes in his/her life?	☐ 0	☐ 1	☐ 9

3) Total years smoked: (*88 = N/A; 99 = Unknown*) __ __

4) Average number of packs/day smoked:

☐ 1 1 cigarette – < ½ pack ☐ 4 1½ – < 2 packs ☐ 9 Unknown
☐ 2 ½ – < 1 pack ☐ 5 ≥ 2 packs
☐ 3 1 – < 1½ pack ☐ 8 N/A

5) If subject quit smoking, specify age when last smoked (i.e., quit):
(*888 = N/A; 999 = Unknown*) __ __ __

c. Other abused substances	Absent	Active	Inactive	Unknown
1) Clinically significant impairment occurring over a 12-month period manifested in one of the following: work, driving, legal or social.	☐ 0	☐ 1	☐ 2	☐ 9

If active or inactive, specify abused substance(s): _____

d. Psychiatric disorders	☐ 0	☐ 1	☐ 2	☐ 9

If active or inactive, specify disorder(s): _____

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NACC Uniform Data Set (UDS)

Follow-up Form B1: Evaluation Form – Physical

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook page 19.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

SUBJECT PHYSICAL MEASUREMENTS		
1. Subject height (inches):	(*99.9 = unknown*)	__ __ . __
2. Subject weight (lbs.):	(*999 = unknown*)	__ __ __
3. Subject blood pressure (sitting)	(*999/999 = unknown*)	__ __ __ /__ __ __
4. Subject resting heart rate (pulse)	(*999 = unknown*)	__ __ __

ADDITIONAL PHYSICAL OBSERVATIONS	Yes	No	Unknown
5. Without corrective lenses, is the subject's vision functionally normal?	☐ 1	☐ 0	☐ 9
6. Does the subject usually wear corrective lenses?	☐ 1	☐ 0	☐ 9
6a. If yes, is the subject's vision functionally normal <u>with</u> corrective lenses?	☐ 1	☐ 0	☐ 9
7. Without a hearing aid(s), is the subject's hearing functionally normal?	☐ 1	☐ 0	☐ 9
8. Does the subject usually wear a hearing aid(s)?	☐ 1	☐ 0	☐ 9
8a. If yes, is the subject's hearing functionally normal <u>with</u> a hearing aid(s)?	☐ 1	☐ 0	☐ 9

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NACC Uniform Data Set (UDS)

Follow-up Form B2: Evaluation Form – Hachinski Ischemic Scale

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook page 20.
Circle only one number per characteristic.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

HACHINSKI ISCHEMIC SCORE [1]		
Please complete the following scale using information obtained from history/physical/neurological exam and/or medical records. Indicate if a characteristic is present or characteristic of the patient by circling the appropriate value.		
	Present	**Absent**
1. Abrupt onset (re: cognitive status)	2	0
2. Stepwise deterioration (re: cognitive status)	1	0
3. Somatic complaints	1	0
4. Emotional incontinence	1	0
5. History or presence of hypertension	1	0
6. History of stroke	2	0
7. Focal neurological symptoms	2	0
8. Focal neurological signs	2	0

9. **Sum all circled answers for a Total Score:** __ __

[1] Rosen Modification of Hachinski Ischemic Score (*Ann Neurol* 7:486-488, 1980).

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NACC Uniform Data Set (UDS)

Follow-up Form B3: Evaluation Form – Unified Parkinson's Disease Rating Scale (UPDRS[1]) – Motor Exam

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook pages 21–26. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

☐ If the clinician completes the UPDRS examination and determines all items are normal, check this box and end form here.

UPDRS MOTOR EXAMINATION

1. Speech

☐ 0 Normal.

☐ 1 Slight loss of expression, diction and/or volume.

☐ 2 Monotone, slurred but understandable; moderately impaired.

☐ 3 Marked impairment, difficult to understand.

☐ 4 Unintelligible.

2. Facial expression

☐ 0 Normal.

☐ 1 Minimal hypomimia, could be normal "poker face".

☐ 2 Slight but definitely abnormal diminution of facial expression.

☐ 3 Moderate hypomimia; lips parted some of the time.

☐ 4 Masked or fixed facies with severe or complete loss of facial expression; lips parted ¼ inch or more.

[1] Fahn S, Elton RL, UPDRS Development Committee. The Unified Parkinson's Disease Rating Scale. In Fahn S, Marsden CD, Calne DB, Goldstein M, eds. Recent developments in Parkinson's disease, Vol. 2. Florham Park, NJ: Macmillan Healthcare Information, 1987:153-163, 293-304. Reproduced by permission of the author.

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook pages 21–26. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

3a. Tremor at rest – Face, lips, chin

- ☐ 0 Absent.
- ☐ 1 Slight and infrequently present.
- ☐ 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present.
- ☐ 3 Moderate in amplitude and present most of the time.
- ☐ 4 Marked in amplitude and present most of the time.

3b. Tremor at rest – Right hand

- ☐ 0 Absent.
- ☐ 1 Slight and infrequently present.
- ☐ 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present.
- ☐ 3 Moderate in amplitude and present most of the time.
- ☐ 4 Marked in amplitude and present most of the time.

3c. Tremor at rest – Left hand

- ☐ 0 Absent.
- ☐ 1 Slight and infrequently present.
- ☐ 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present.
- ☐ 3 Moderate in amplitude and present most of the time.
- ☐ 4 Marked in amplitude and present most of the time.

3d. Tremor at rest – Right foot

- ☐ 0 Absent.
- ☐ 1 Slight and infrequently present.
- ☐ 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present.
- ☐ 3 Moderate in amplitude and present most of the time.
- ☐ 4 Marked in amplitude and present most of the time.

3e. Tremor at rest – Left foot

☐ 0 Absent.

☐ 1 Slight and infrequently present.

☐ 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present.

☐ 3 Moderate in amplitude and present most of the time.

☐ 4 Marked in amplitude and present most of the time.

4a. Action or postural tremor of hands – Right hand

☐ 0 Absent.

☐ 1 Slight; present with action.

☐ 2 Moderate in amplitude, present with action.

☐ 3 Moderate in amplitude with posture holding as well as action.

☐ 4 Marked in amplitude; interferes with feeding.

4b. Action or postural tremor of hands – Left hand

☐ 0 Absent.

☐ 1 Slight; present with action.

☐ 2 Moderate in amplitude, present with action.

☐ 3 Moderate in amplitude with posture holding as well as action.

☐ 4 Marked in amplitude; interferes with feeding.

5a. Rigidity – Neck (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored)

☐ 0 Absent.

☐ 1 Slight or detectable only when activated by mirror or other movements.

☐ 2 Mild to moderate.

☐ 3 Marked, but full range of motion easily achieved.

☐ 4 Severe; range of motion achieved with difficulty.

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook pages 21–26.
Check only <u>one</u> box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

5b. Rigidity – Right upper extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored)

- ☐ 0 Absent.
- ☐ 1 Slight or detectable only when activated by mirror or other movements.
- ☐ 2 Mild to moderate.
- ☐ 3 Marked, but full range of motion easily achieved.
- ☐ 4 Severe; range of motion achieved with difficulty.

5c. Rigidity – Left upper extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored)

- ☐ 0 Absent.
- ☐ 1 Slight or detectable only when activated by mirror or other movements.
- ☐ 2 Mild to moderate.
- ☐ 3 Marked, but full range of motion easily achieved.
- ☐ 4 Severe; range of motion achieved with difficulty.

5d. Rigidity – Right lower extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored)

- ☐ 0 Absent.
- ☐ 1 Slight or detectable only when activated by mirror or other movements.
- ☐ 2 Mild to moderate.
- ☐ 3 Marked, but full range of motion easily achieved.
- ☐ 4 Severe; range of motion achieved with difficulty.

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook pages 21–26. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

5e. Rigidity – Left lower extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored)

- ☐ 0 Absent.
- ☐ 1 Slight or detectable only when activated by mirror or other movements.
- ☐ 2 Mild to moderate.
- ☐ 3 Marked, but full range of motion easily achieved.
- ☐ 4 Severe; range of motion achieved with difficulty.

6a. Finger taps – Right hand (patient taps thumb with index finger in rapid succession)

- ☐ 0 Normal.
- ☐ 1 Mild slowing and/or reduction in amplitude.
- ☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.
- ☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.
- ☐ 4 Can barely perform the task.
- ☐ 8 Untestable (specify reason): _____

6b. Finger taps – Left hand (patient taps thumb with index finger in rapid succession)

- ☐ 0 Normal.
- ☐ 1 Mild slowing and/or reduction in amplitude.
- ☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.
- ☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.
- ☐ 4 Can barely perform the task.
- ☐ 8 Untestable (*specify reason*): _____

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook pages 21–26. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

7a. Hand movements – Right hand (patient opens and closes hands in rapid succession)

- ☐ 0 Normal.
- ☐ 1 Mild slowing and/or reduction in amplitude.
- ☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.
- ☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.
- ☐ 4 Can barely perform the task.
- ☐ 8 Untestable (*specify reason*): _____

7b. Hand movements – Left hand (patient opens and closes hands in rapid succession)

- ☐ 0 Normal.
- ☐ 1 Mild slowing and/or reduction in amplitude.
- ☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.
- ☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.
- ☐ 4 Can barely perform the task.
- ☐ 8 Untestable (*specify reason*): _____

8a. Rapid alternating movements of hands – Right hand (pronation-supination movements of hands, vertically and horizontally, with as large an amplitude as possible, both hands simultaneously)

- ☐ 0 Normal.
- ☐ 1 Mild slowing and/or reduction in amplitude.
- ☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.
- ☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.
- ☐ 4 Can barely perform the task.
- ☐ 8 Untestable (*specify reason*): _____

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook pages 21–26. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

8b. Rapid alternating movements of hands – Left hand (pronation-supination movements of hands, vertically and horizontally, with as large an amplitude as possible, both hands simultaneously)

☐ 0 Normal.

☐ 1 Mild slowing and/or reduction in amplitude.

☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.

☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.

☐ 4 Can barely perform the task.

☐ 8 Untestable (*specify reason*): _____

9a. Leg agility – Right leg (patient taps heel on the ground in rapid succession, picking up entire leg; amplitude should be at least 3 inches)

☐ 0 Normal.

☐ 1 Mild slowing and/or reduction in amplitude.

☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.

☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.

☐ 4 Can barely perform the task.

☐ 8 Untestable (*specify reason*): _____

9b. Leg agility – Left leg (patient taps heel on the ground in rapid succession, picking up entire leg; amplitude should be at least 3 inches)

☐ 0 Normal.

☐ 1 Mild slowing and/or reduction in amplitude.

☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.

☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.

☐ 4 Can barely perform the task.

☐ 8 Untestable (*specify reason*): _____

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook pages 21–26. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

10. Arising from chair (patient attempts to rise from a straight-backed chair, with arms folded across chest)

- ☐ 0 Normal.
- ☐ 1 Slow; or may need more than one attempt.
- ☐ 2 Pushes self up from arms of seat.
- ☐ 3 Tends to fall back and may have to try more than one time, but can get up without help.
- ☐ 4 Unable to arise without help.
- ☐ 8 Untestable (*specify reason*): _____

11. Posture

- ☐ 0 Normal.
- ☐ 1 Not quite erect, slightly stooped posture; could be normal for older person.
- ☐ 2 Moderately stooped posture, definitely abnormal; can be slightly leaning to one side.
- ☐ 3 Severely stooped posture with kyphosis; can be moderately leaning to one side.
- ☐ 4 Marked flexion with extreme abnormality of posture.
- ☐ 8 Untestable (*specify reason*): _____

12. Gait

- ☐ 0 Normal.
- ☐ 1 Walks slowly; may shuffle with short steps, but no festination (hastening steps) or propulsion.
- ☐ 2 Walks with difficulty, but requires little or no assistance; may have some festination, short steps, or propulsion.
- ☐ 3 Severe disturbance of gait requiring assistance.
- ☐ 4 Cannot walk at all, even with assistance.
- ☐ 8 Untestable (*specify reason*): _____

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook pages 21–26. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

13. Posture stability (response to sudden, strong posterior displacement produced by pull on shoulders while patient erect with eyes open and feet slightly apart; patient is prepared)

- ☐ 0 Normal erect.
- ☐ 1 Retropulsion, but recovers unaided.
- ☐ 2 Absence of postural response; would fall if not caught by examiner.
- ☐ 3 Very unstable, tends to lose balance spontaneously.
- ☐ 4 Unable to stand without assistance.
- ☐ 8 Untestable (*specify reason*): _____

14. Body bradykinesia and hypokinesia (combining slowness, hesitancy, decreased arm swing, small amplitude, and poverty of movement in general)

- ☐ 0 None.
- ☐ 1 Minimal slowness, giving movement a deliberate character; could be normal for some persons; possibly reduced amplitude.
- ☐ 2 Mild degree of slowness and poverty of movement which is definitely abnormal. Alternatively, some reduced amplitude.
- ☐ 3 Moderate slowness, poverty or small amplitude of movement.
- ☐ 4 Marked slowness, poverty or small amplitude of movement.

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NACC Uniform Data Set (UDS)

Follow-up Form B4: Global Staging – Clinical Dementia Rating (CDR[1])

Center: _____ ADC Subject ID: _____ Visit Date: __ __/__ __/__ __ __ __ ADC Visit #: __ __ __

NOTE: This form is to be completed by the clinician, based on informant report and neurological exam of the subject. In the extremely rare instances when no informant is available, the clinician must complete the CDR utilizing all other available information and his/her best clinical judgment. Score only as decline from previous level due to cognitive loss, not impairment due to other factors. For further information, see UDS Coding Guidebook pages 27–28.

Examiner's initials:__ __ __

	IMPAIRMENT				
Please enter scores below	**None 0**	**Questionable 0.5**	**Mild 1**	**Moderate 2**	**Severe 3**
1. MEMORY __ . __	No memory loss, or slight inconsistent forgetfulness.	Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness.	Moderate memory loss, more marked for recent events; defect interferes with everyday activities.	Severe memory loss; only highly learned material retained; new material rapidly lost.	Severe memory loss; only fragments remain.
2. ORIENTATION __ . __	Fully oriented.	Fully oriented except for slight difficulty with time relationships.	Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere.	Severe difficulty with time relationships; usually disoriented to time, often to place.	Oriented to person only.
3. JUDGMENT & PROBLEM SOLVING __ . __	Solves everyday problems, handles business & financial affairs well; judgment good in relation to past performance.	Slight impairment in solving problems, similarities, and differences.	Moderate difficulty in handling problems, similarities, and differences; social judgment usually maintained.	Severely impaired in handling problems, similarities, and differences; social judgment usually impaired.	Unable to make judgments or solve problems.
4. COMMUNITY AFFAIRS __ . __	Independent function at usual level in job, shopping, volunteer and social groups.	Slight impairment in these activities.	Unable to function independently at these activities, although may still be engaged in some; appears normal to casual inspection.	No pretense of independent function outside the home; appears well enough to be taken to functions outside the family home.	No pretense of independent function outside the home; appears too ill to be taken to functions outside the family home.
5. HOME & HOBBIES __ . __	Life at home, hobbies, and intellectual interests well maintained.	Life at home, hobbies, and intellectual interests slightly impaired.	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned.	Only simple chores preserved; very restricted interests, poorly maintained.	No significant function in the home.
6. PERSONAL CARE __ . __	Fully capable of self-care (= 0).		Needs prompting.	Requires assistance in dressing, hygiene, keeping of personal effects.	Requires much help with personal care; frequent incontinence.
7. __ __ . __	**CDR SUM OF BOXES**				
8. __ . __	**GLOBAL CDR**				

[1] Morris JC. The Clinical Dementia Rating (CDR): Current version and scoring rules. *Neurology* 43(11):2412-4, 1993. Copyright© Lippincott, Williams & Wilkins. Reproduced by permission.

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NACC Uniform Data Set (UDS)

Follow-up Form B5: Behavioral Assessment – Neuropsychiatric Inventory Questionnaire (NPI-Q[1])

Center: _____ ADC Subject ID: _____ Visit Date: __ __/__ __/__ __ __ __ ADC Visit #: __ __ __

NOTE: This form is to be completed by the clinician per informant interview, as described by the training video. (This is not to be completed by the subject as a paper-and-pencil self-report.) For information regarding NPI-Q Interviewer Certification, see UDS Coding Guidebook page 30. Check only one box for each category of response. Examiner's initials:__ __ __

Please ask the following questions based upon changes. Indicate "yes" only if the symptom has been present in the past month; otherwise, indicate "no".

For each item marked "yes", rate the SEVERITY of the symptom (how it affects the patient):
1 = Mild (noticeable, but not a significant change)
2 = Moderate (significant, but not a dramatic change)
3 = Severe (very marked or prominent; a dramatic change)

1. NPI informant: ☐ 1 Spouse ☐ 2 Child ☐ 3 Other (*specify*): _____

	Yes	No	Severity
2. DELUSIONS: Does the patient believe that others are stealing from him or her, or planning to harm him or her in some way?	2a. ☐ 1	☐ 0	2b. ☐ 1 ☐ 2 ☐ 3
3. HALLUCINATIONS: Does the patient act as if he or she hears voices? Does he or she talk to people who are not there?	3a. ☐ 1	☐ 0	3b. ☐ 1 ☐ 2 ☐ 3
4. AGITATION OR AGGRESSION: Is the patient stubborn and resistive to help from others?	4a. ☐ 1	☐ 0	4b. ☐ 1 ☐ 2 ☐ 3
5. DEPRESSION OR DYSPHORIA: Does the patient act as if he or she is sad or in low spirits? Does he or she cry?	5a. ☐ 1	☐ 0	5b. ☐ 1 ☐ 2 ☐ 3
6. ANXIETY: Does the patient become upset when separated from you? Does he or she have any other signs of nervousness, such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?	6a. ☐ 1	☐ 0	6b. ☐ 1 ☐ 2 ☐ 3

Center: _____ ADC Subject ID: _____ Visit Date: __ __/__ __/__ __ __ __ ADC Visit #: __ __ __

NOTE: This form is to be completed by the clinician per informant interview, as described by the training video. (This is <u>not</u> to be completed by the subject as a paper-and-pencil self-report.) For information regarding NPI-Q Interviewer Certification, see UDS Coding Guidebook page 30. Check only <u>one</u> box for each category of response.

Examiner's initials:__ __ __

Please ask the following questions based upon <u>changes</u>. Indicate "yes" only if the symptom has been present in the <u>past month</u>; otherwise, indicate "no".

For each item marked "yes", rate the SEVERITY of the symptom (how it affects the patient):
1 = Mild (noticeable, but not a significant change)
2 = Moderate (significant, but not a dramatic change)
3 = Severe (very marked or prominent; a dramatic change)

	Yes	No		Severity		
7. ELATION OR EUPHORIA: Does the patient appear to feel too good or act excessively happy?	7a. ☐ 1	☐ 0		7b. ☐ 1	☐ 2	☐ 3
8. APATHY OR INDIFFERENCE: Does the patient seem less interested in his or her usual activities and in the activities and plans of others?	8a. ☐ 1	☐ 0		8b. ☐ 1	☐ 2	☐ 3
9. DISINHIBITION: Does the patient seem to act impulsively? For example, does the patient talk to strangers as if he or she knows them, or does the patient say things that may hurt people's feelings?	9a. ☐ 1	☐ 0		9b. ☐ 1	☐ 2	☐ 3
10. IRRITABILITY OR LABILITY: Is the patient impatient or cranky? Does he or she have difficulty coping with delays or waiting for planned activities?	10a. ☐ 1	☐ 0		10b. ☐ 1	☐ 2	☐ 3
11. MOTOR DISTURBANCE: Does the patient engage in repetitive activities, such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?	11a. ☐ 1	☐ 0		11b. ☐ 1	☐ 2	☐ 3
12. NIGHTTIME BEHAVIORS: Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?	12a. ☐ 1	☐ 0		12b. ☐ 1	☐ 2	☐ 3
13. APPETITE AND EATING: Has the patient lost or gained weight, or had a change in the food he or she likes?	13a. ☐ 1	☐ 0		13b. ☐ 1	☐ 2	☐ 3

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Follow-up Form B6: Behavioral Assessment – Geriatric Depression Scale (GDS[1])

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician, based on subject response. ADC Visit #:__ __ __
For additional clarification and examples, see UDS Coding Guidebook page 31.
Circle only one number per question. Examiner's initials:__ __ __

☐ Check this box and enter "88"(did not complete) below for the Total GDS Score only if the subject: 1) does not attempt the GDS, or 2) does not answer four or more of the questions.

Instruct the subject: "In the next part of this interview, I will ask you questions about your feelings. Some of the questions I will ask you may not apply, and some may make you feel uncomfortable. For each question, please answer "yes" or "no", depending on how you have been feeling **in the past week, including today**."

In the past week:	Yes	No
1. Are you basically satisfied with your life?	0	1
2. Have you dropped many of your activities and interests?	1	0
3. Do you feel that your life is empty?	1	0
4. Do you often get bored?	1	0
5. Are you in good spirits most of the time?	0	1
6. Are you afraid that something bad is going to happen to you?	1	0
7. Do you feel happy most of the time?	0	1
8. Do you often feel helpless?	1	0
9. Do you prefer to stay at home, rather than going out and doing new things?	1	0
10. Do you feel you have more problems with memory than most?	1	0
11. Do you think it is wonderful to be alive now?	0	1
12. Do you feel pretty worthless the way you are now?	1	0
13. Do you feel full of energy?	0	1
14. Do you feel that your situation is hopeless?	1	0
15. Do you think that most people are better off than you are?	1	0

16. **Sum all circled answers for a Total GDS Score** (maximum score = 15) (*did not complete = 88*) — —

[1] Sheikh JI, Yesavage JA. Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. Clinical Gerontology: A Guide to Assessment and Intervention 165-173, NY: The Haworth Press, 1986. Reproduced by permission of the publisher.

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Follow-up Form B7: Functional Assessment – Functional Assessment Questionnaire (FAQ[1])

Center: _____ ADC Subject ID: _____ Visit Date: __ __/__ __/__ __ __ __ ADC Visit #: __ __ __

NOTE: This form is to be completed by the clinician, based on information provided by informant. For additional clarification and examples, see UDS Coding Guidebook page 32. Indicate the level of performance for each activity by circling the one appropriate response.

Examiner's initials:__ __ __

In the past four weeks, did the subject have any difficulty or need help with:	Not applicable (e.g., never did)	Normal	Has difficulty, but does by self	Requires assistance	Dependent
1. Writing checks, paying bills, or balancing a checkbook.	8	0	1	2	3
2. Assembling tax records, business affairs, or other papers.	8	0	1	2	3
3. Shopping alone for clothes, household necessities, or groceries.	8	0	1	2	3
4. Playing a game of skill such as bridge or chess, working on a hobby.	8	0	1	2	3
5. Heating water, making a cup of coffee, turning off the stove.	8	0	1	2	3
6. Preparing a balanced meal.	8	0	1	2	3
7. Keeping track of current events.	8	0	1	2	3
8. Paying attention to and understanding a TV program, book, or magazine.	8	0	1	2	3
9. Remembering appointments, family occasions, holidays, medications.	8	0	1	2	3
10. Traveling out of the neighborhood, driving, or arranging to take public transportation.	8	0	1	2	3

[1] Pfeffer RI, Kurosaki TT, Harrah CH, et al. Measurement of functional activities of older adults in the community. *J Gerontol* 37:323-9, 1982. Copyright© 1982. The Gerontological Society of America. Reproduced by permission of the publisher.

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Follow-up Form B8: Evaluation – Physical/Neurological Exam Findings

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook page 33.
Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

PHYSICAL/NEUROLOGICAL EXAM FINDINGS	Yes	No	Unknown
1. Are all findings unremarkable (normal or normal for age)?	☐ 1	☐ 0	☐ 9
2. Are focal deficits present indicative of central nervous system disorder?	☐ 1	☐ 0	☐ 9
3. Is gait disorder present indicative of central nervous system disorder?	☐ 1	☐ 0	☐ 9
4. Are there eye movement abnormalities present indicative of central nervous system disorder?	☐ 1	☐ 0	☐ 9

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NACC Uniform Data Set (UDS)

Follow-up Form B9: Clinician Judgment of Symptoms

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook pages 34–39. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

To print a copy of data collected for this form at the previous UDS visit, access the UDS Data Submission System at https://www.alz.washington.edu/MEMBER/siteprint.html.

Indicate whether the information has changed since the previous UDS visit by checking only one of the three boxes below and following the corresponding instructions:

☐ There have been no meaningful changes in the subject's cognition, behavior, or motor function since the previous UDS visit. (If this box is checked, end form here.)

☐ At the previous UDS visit, the clinician DID NOT report a decline in the subject's memory, non-memory cognitive abilities, behavior, or motor function (i.e., question 3a = '0'). However, there have been meaningful changes since then. (If this box is checked, complete this entire form.)

☐ At the previous UDS visit, the clinician DID report a decline in the subject's memory, non-memory cognitive abilities, behavior, or motor function (i.e., question 3a = '1'). Since then, there have been additional meaningful changes. (If this box is checked, complete questions 4, 7, and 10 only.)

MEMORY COMPLAINT/AGE OF ONSET:	**Yes**	**No**
1. Does the subject report a decline in memory?	☐ 1	☐ 0
2. Does the informant report a decline in subject's memory?	☐ 1	☐ 0
3a. Does the clinician believe there has been a current meaningful decline in the subject's memory, non-memory cognitive abilities, behavior, or ability to manage his/her affairs?	☐ 1	☐ 0 (*If no, end form here*)
3b. At what age did the decline begin (based upon the clinician's assessment)?	__ __ __ (*999 = Unknown*)	

COGNITIVE SYMPTOMS:	**Yes**	**No**	**Unknown**
4. Has there been a meaningful decline in the subject's usual abilities for any of the following?:			
a. **Memory** (For example, does s/he forget conversations and/or dates; repeat questions and/or statements; misplace more than usual; forget names of people s/he knows well?)	☐ 1	☐ 0	☐ 9
b. **Judgment and problem-solving** (For example, does s/he have trouble handling money (tips); paying bills; shopping; preparing meals; handling appliances; handling medications; driving?)	☐ 1	☐ 0	☐ 9
c. **Language** (For example, does s/he have hesitant speech; have trouble finding words; use inappropriate words without self-correction?)	☐ 1	☐ 0	☐ 9

(continued on next page)

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook pages 34–39. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

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	Yes	No	Unknown
d. **Visuospatial function** (Difficulty interpreting visual stimuli and finding his/her way around.)	☐ 1	☐ 0	☐ 9
e. **Attention/concentration** (For example, does the subject have a short attention span or ability to concentrate? Is s/he easily distracted?)	☐ 1	☐ 0	☐ 9
f. **Other** (*If yes, then specify*): _____	☐ 1	☐ 0	☐ 9

5. Indicate the predominant symptom which was first recognized as a decline in the subject's cognition:	☐ 1 Memory ☐ 2 Judgment and problem solving ☐ 3 Language ☐ 4 Visuospatial function	☐ 5 Attention/concentration ☐ 6 Other (*specify*): _____ ☐ 88 N/A ☐ 99 Unknown
6. Mode of onset of cognitive symptoms:	☐ 1 Gradual (> *6 months*) ☐ 2 Subacute (≤ *6 months*) ☐ 3 Abrupt (*within days*)	☐ 4 Other (*specify*): _____ ☐ 88 N/A ☐ 99 Unknown

BEHAVIOR SYMPTOMS:	Yes	No	Unknown
7. Which of the following meaningful changes in behavior have been present during the course of the illness?			
a. **Apathy/withdrawal** (Has the subject lost interest in or displayed a reduced ability to initiate usual activities and social interaction, such as conversing with family and/or friends?)	☐ 1	☐ 0	☐ 9
b. **Depression** (Has the subject seemed depressed for more than two weeks at a time; e.g., loss of interest or pleasure in nearly all activities; sadness, hopelessness, loss of appetite, fatigue?)	☐ 1	☐ 0	☐ 9
c. **Psychosis**			
1) Visual hallucinations	☐ 1	☐ 0	☐ 9
2) Auditory hallucinations	☐ 1	☐ 0	☐ 9
3) Abnormal/false/delusional beliefs	☐ 1	☐ 0	☐ 9
d. **Disinhibition** (Does the subject use inappropriate coarse language or exhibit inappropriate speech or behaviors in public or in the home? Does s/he talk personally to strangers or have disregard for personal hygiene?)	☐ 1	☐ 0	☐ 9
e. **Irritability** (Does the subject overreact, such as shouting at family members or others?)	☐ 1	☐ 0	☐ 9
f. **Agitation** (Does the subject have trouble sitting still; does s/he shout, hit, and/or kick?)	☐ 1	☐ 0	☐ 9

(continued on next page)

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook pages 34–39. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

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	Yes	No	Unknown
g. **Personality change** (Does the subject exhibit bizarre behavior or behavior uncharacteristic of the subject, such as unusual collecting, suspiciousness [without delusions], unusual dress, or dietary changes? Does the subject fail to take other's feelings into account?)	☐ 1	☐ 0	☐ 9
h. **Other** (*If yes, then specify*): _____	☐ 1	☐ 0	☐ 9

8. Indicate the predominant symptom which was first recognized as a decline in the subject's behavioral symptoms:
   - ☐ 1 Apathy/withdrawal
   - ☐ 2 Depression
   - ☐ 3 Psychosis
   - ☐ 4 Disinhibition
   - ☐ 5 Irritability
   - ☐ 6 Agitation
   - ☐ 7 Personality change
   - ☐ 8 Other (*specify*): _____
   - ☐ 88 N/A
   - ☐ 99 Unknown

9. Mode of onset of behavioral symptoms:
   - ☐ 1 Gradual (> *6 months*)
   - ☐ 2 Subacute (≤ *6 months*)
   - ☐ 3 Abrupt (*within days*)
   - ☐ 4 Other (*specify*): _____
   - ☐ 88 N/A
   - ☐ 99 Unknown

MOTOR SYMPTOMS:	Yes	No	Unknown
10. Which of the following meaningful changes in motor function have been present during the course of the illness?			
a. **Gait disorder** (Has the subject's walking changed, not specifically due to arthritis or an injury? Is s/he unsteady, or does s/he shuffle when walking, have little or no arm-swing, or drag a foot?)	☐ 1	☐ 0	☐ 9
b. **Falls** (Does the subject fall more than usual?)	☐ 1	☐ 0	☐ 9
c. **Tremor** (Has the subject had rhythmic shaking, especially in the hands, arms, legs, head, mouth, or tongue?)	☐ 1	☐ 0	☐ 9
d. **Slowness** (Has the subject noticeably slowed down in walking or moving or handwriting, other than due to an injury or illness? Has his/her facial expression changed, or become more "wooden" or masked and unexpressive?)	☐ 1	☐ 0	☐ 9

11. Indicate the predominant symptom which was first recognized as a decline in the subject's motor symptoms:
   - ☐ 1 Gait disorder
   - ☐ 2 Falls
   - ☐ 3 Tremor
   - ☐ 4 Slowness
   - ☐ 88 N/A
   - ☐ 99 Unknown

12. Mode of onset of motor symptoms:
   - ☐ 1 Gradual (> *6 months*)
   - ☐ 2 Subacute (≤ *6 months*)
   - ☐ 3 Abrupt (*within days*)
   - ☐ 4 Other (*specify*): _____
   - ☐ 88 N/A
   - ☐ 99 Unknown

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook pages 34–39. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

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OVERALL SUMMARY OF SYMPTOMS ONSET:				
13. Course of overall cognitive/behavioral/ motor syndrome:	☐ 1	Gradually progressive	☐ 4	Fluctuating
	☐ 2	Stepwise	☐ 5	Improved
	☐ 3	Static	☐ 9	Unknown
14. Indicate the predominant domain which was first recognized as changed in the subject:	☐ 1	Cognition	☐ 3	Motor function
	☐ 2	Behavior	☐ 9	Unknown

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Follow-up Form C1: MMSE and Neuropsychological Battery

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by ADC or clinic staff.
For test administration and scoring, see UDS Coding Guidebook pages 40–44.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

KEY: If the subject cannot complete any of the following exams, please use the following codes for test scores (except for the Trail Making Test):

95 = Physical problem
96 = Cognitive/behavior problem
97 = Other problem
98 = Verbal refusal

1. Mini-Mental State Examination

1a. The administration of the MMSE was: ☐ 1 In ADC/ clinic ☐ 2 In home ☐ 3 In person–other

1) Language of MMSE administration: ☐ 1 English ☐ 2 Spanish ☐ 3 Other (*specify*): _____

1b. Orientation subscale score

1) Time: __ __ (0–5) *see Key*

2) Place: __ __ (0–5) *see Key*

1c. Total MMSE score (using D-L-R-O-W) __ __ (0–30) *see Key*

2. The remainder of the battery (below) was administered: ☐ 1 In ADC/ clinic ☐ 2 In home ☐ 3 In person–other

2a. Language of test administration: ☐ 1 English ☐ 2 Spanish ☐ 3 Other (*specify*): _____

3. Logical Memory IA – Immediate

3a. If this test has been administered to the subject within the past 3 months, specify the date previously administered: __ __/__ __/__ __ __ __ (88/88/8888 = N/A)

3b. Total score from the previous test administration: __ __ (0–25; 88 = N/A)

3c. Total number of story units recalled from this current test administration: __ __ (0–25) *see Key*

4. Digit Span Forward

4a. Total number of trials correct prior to two consecutive errors at the same digit length: __ __ (0–12) *see Key*

4b. Digit span forward length: __ __ (0–8) *see Key*

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by ADC or clinic staff.
For test administration and scoring, see UDS Coding Guidebook pages 40–44.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

5. **Digit Span Backward**		
5a. Total number of trials correct prior to two consecutive errors at the same digit length:	__ __	(0–12) *see Key*
5b. Digit span backward length:	__ __	(0–7) *see Key*
6. **Category Fluency**		
6a. Animals – Total number of animals named in 60 seconds:	__ __	(0–77) *see Key*
6b. Vegetables – Total number of vegetables named in 60 seconds:	__ __	(0–77) *see Key*

KEY 2: If necessary, use the following codes for the Trail Making Test only:

995 = Physical problem
996 = Cognitive/behavior problem
997 = Other problem
998 = Verbal refusal

7. **Trail Making Test**		
7a. Part A–Total number of seconds to complete (if not finished by 150 seconds, enter 150):	__ __ __	(0–150) *see Key 2*
7b. Part B–Total number of seconds to complete (if not finished by 300 seconds, enter 300):	__ __ __	(0–300) *see Key 2*
8. **WAIS-R Digit Symbol**		
8a. Total number of items correctly completed in 90 seconds:	__ __	(0–93) *see Key*
9. **Logical Memory IIA – Delayed**		
9a. Total number of story units recalled:	__ __	(0–25) *see Key*
9b. Time elapsed since Logical Memory IA – Immediate:	__ __	(0–85 minutes) (*88 = N/A*) (*99 = Unknown*)
10. **Boston Naming Test (30 Odd-numbered items)**		
10a. Total score:	__ __	(0–30) *see Key*

Check only <u>one</u> box below:

11. **Overall Appraisal**

11a. Based on the neuropsychological examination, the subject's cognitive status is deemed:

- ☐ 1 Better than normal for age
- ☐ 2 Normal for age
- ☐ 3 One or two test scores abnormal
- ☐ 4 Most test scores are abnormal or lower than expected
- ☐ 0 Clinician unable to render opinion

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NACC Uniform Data Set (UDS)

Follow-up Form D1: Clinician Diagnosis – Cognitive Status and Dementia

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician. ADC Visit #:__ __ __
For diagnostic criteria, see UDS Coding Guidebook pages 45–64.
Check only <u>one</u> box per response category. Examiner's initials:__ __ __

1. Responses are based on: ☐ 1 Diagnosis from single clinician ☐ 2 Consensus diagnosis

2. Does the subject have normal cognition (no MCI, dementia, or other neurological condition resulting in cognitive impairment)? ☐ 1 Yes (*If yes, skip to #13*) ☐ 0 No (*If no, continue to #3*)

3. Does the subject meet criteria for dementia (in accordance with standard criteria for dementia of the Alzheimer's type or for other non-Alzheimer's dementing disorders)? ☐ 1 Yes (*If yes, skip to #5*) ☐ 0 No (*If no, continue to #4*)

4. If the subject does not have normal cognition and is not clinically demented, indicate the type of cognitive impairment (*choose only <u>one</u> impairment from items 4a thru 4e as being "present"; mark <u>all others</u> "absent"*) **and then designate the suspected cause(s) of the impairment by completing items 5–27**:

	Present	Absent	Domains	Yes	No
4a. Amnestic MCI – memory impairment only	☐ 1	☐ 0			
4b. Amnestic MCI – memory impairment plus one or more other domains (*if present, check one or more domain boxes "yes" and check all other domain boxes "no"*)	☐ 1	☐ 0	1) Language	☐ 1	☐ 0
			2) Attention	☐ 1	☐ 0
			3) Executive function	☐ 1	☐ 0
			4) Visuospatial	☐ 1	☐ 0
4c. Non-amnestic MCI – single domain (*if present, check only <u>one</u> domain box "yes"; check <u>all other</u> domain boxes "no"*)	☐ 1	☐ 0	1) Language	☐ 1	☐ 0
			2) Attention	☐ 1	☐ 0
			3) Executive function	☐ 1	☐ 0
			4) Visuospatial	☐ 1	☐ 0
4d. Non-amnestic MCI – multiple domains (*if present, check <u>two</u> or more domain boxes "yes" and check all other domain boxes "no"*)	☐ 1	☐ 0	1) Language	☐ 1	☐ 0
			2) Attention	☐ 1	☐ 0
			3) Executive function	☐ 1	☐ 0
			4) Visuospatial	☐ 1	☐ 0
4e. Impaired, not MCI	☐ 1	☐ 0			

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician. ADC Visit #:__ __ __
For diagnostic criteria, see UDS Coding Guidebook pages 45–64.
Check only <u>one</u> box per response category. Examiner's initials:__ __ __

Please indicate if the following conditions are present or absent. If present, also indicate if the condition is primary or contributing to the observed cognitive impairment (reported in items 3 or 4), based on the clinician's best judgment.

Mark only <u>one</u> condition as primary.	**Present**	**Absent**		**If Present: Primary**	**If Present: Contributing**
5. Probable AD (NINCDS/ADRDA) (*if present, skip to item #7*)	☐ 1	☐ 0	5a.	☐ 1	☐ 2
6. Possible AD (NINCDS/ADRDA) (*if #5 is present, leave this blank*)	☐ 1	☐ 0	6a.	☐ 1	☐ 2
7. Dementia with Lewy bodies	☐ 1	☐ 0	7a.	☐ 1	☐ 2
8. Vascular dementia (NINDS/AIREN Probable)	☐ 1	☐ 0	8a.	☐ 1	☐ 2
9. Alcohol-related dementia	☐ 1	☐ 0	9a.	☐ 1	☐ 2
10. Dementia of undetermined etiology	☐ 1	☐ 0	10a.	☐ 1	☐ 2
11. Frontotemporal dementia (behavioral/executive dementia)	☐ 1	☐ 0	11a.	☐ 1	☐ 2
12. Primary progressive aphasia (aphasic dementia)	☐ 1	☐ 0	12a.	☐ 1	☐ 2
(*If PPA is present, specify type by checking <u>one</u> box below "present" and <u>all others</u> "absent"*):					
1) Progressive nonfluent aphasia	☐ 1	☐ 0			
2) Semantic dementia – anomia plus word comprehension	☐ 1	☐ 0			
3) Semantic dementia – agnostic variant	☐ 1	☐ 0			
4) Other (e.g., logopenic, anomic, transcortical, word deafness, syntactic comprehension, motor speech disorder)	☐ 1	☐ 0			

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician. ADC Visit #:__ __ __
For diagnostic criteria, see UDS Coding Guidebook pages 45–64.
Check only one box per response category. Examiner's initials:__ __ __

If the subject has normal cognition, indicate only if the following conditions are present or absent. If the subject is cognitively impaired, indicate if the condition is present and also whether the condition is primary, contributing, or non-contributing to the observed cognitive impairment (reported in items 3 or 4), based on your best judgment.

Mark only one condition as primary.	**Present**	**Absent**		**If Present: Primary**	**Contributing**	**Non-contrib.**
13. Progressive supranuclear palsy	☐ 1	☐ 0	13a.	☐ 1	☐ 2	☐ 3
14. Corticobasal degeneration	☐ 1	☐ 0	14a.	☐ 1	☐ 2	☐ 3
15. Huntington's disease	☐ 1	☐ 0	15a.	☐ 1	☐ 2	☐ 3
16. Prion disease	☐ 1	☐ 0	16a.	☐ 1	☐ 2	☐ 3
17. Cognitive dysfunction from medications	☐ 1	☐ 0	17a.	☐ 1	☐ 2	☐ 3
18. Cognitive dysfunction from medical illnesses	☐ 1	☐ 0	18a.	☐ 1	☐ 2	☐ 3
19. Depression	☐ 1	☐ 0	19a.	☐ 1	☐ 2	☐ 3
20. Other major psychiatric illness	☐ 1	☐ 0	20a.	☐ 1	☐ 2	☐ 3
21. Down's syndrome	☐ 1	☐ 0	21a.	☐ 1	☐ 2	☐ 3
22. Parkinson's disease	☐ 1	☐ 0	22a.	☐ 1	☐ 2	☐ 3
23. Stroke	☐ 1	☐ 0	23a.	☐ 1	☐ 2	☐ 3
24. Hydrocephalus	☐ 1	☐ 0	24a.	☐ 1	☐ 2	☐ 3
25. Traumatic brain injury	☐ 1	☐ 0	25a.	☐ 1	☐ 2	☐ 3
26. CNS neoplasm	☐ 1	☐ 0	26a.	☐ 1	☐ 2	☐ 3
27. Other (*specify*): _____	☐ 1	☐ 0	27a.	☐ 1	☐ 2	☐ 3

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NACC Uniform Data Set (UDS)

Follow-up Form E1: Imaging/Labs

Center: _____ ADC Subject ID:_____ Visit Date:__ __/__ __/__ __ __ __

NOTE: This form is to be completed by ADC or clinic staff. For additional clarification and examples, see UDS Coding Guidebook page 65.
Check only one box per response category.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

To print a copy of data collected for this form at the previous UDS visit, access the UDS Data Submission System at https://www.alz.washington.edu/MEMBER/siteprint.html.

Since the last visit, has any of the following imaging been completed at your ADC?	**Film**			**Digital image**		
		Yes	**No**		**Yes**	**No**
1. Computed tomography	1a.	☐ 1	☐ 0	1b.	☐ 1	☐ 0
2. Magnetic resonance imaging – Clinical study	2a.	☐ 1	☐ 0	2b.	☐ 1	☐ 0
3. Magnetic resonance imaging – Research study/structural	3a.	☐ 1	☐ 0	3b.	☐ 1	☐ 0
4. Magnetic resonance imaging – Research study/functional	4a.	☐ 1	☐ 0	4b.	☐ 1	☐ 0
5. Magnetic resonance spectroscopy	5a.	☐ 1	☐ 0	5b.	☐ 1	☐ 0
6. SPECT	6a.	☐ 1	☐ 0	6b.	☐ 1	☐ 0
7. PET	7a.	☐ 1	☐ 0	7b.	☐ 1	☐ 0

Since the last visit, have specimens of any of the following been drawn at your ADC?	**Yes**	**No**
8. DNA	☐ 1	☐ 0
9. Cerebrospinal fluid – ante-mortem	☐ 1	☐ 0
10. Serum/plasma	☐ 1	☐ 0

Since the last visit, has genotyping been completed?	**Yes**	**No**
11. APOE	☐ 1	☐ 0