NACC UNIFORM DATA SET

Telephone Follow-up Packet

Version 3.0, March 2015

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Revisions made to the telephone follow-up packet since UDS3 implementation (March 15, 2015)

Date yyyy-mm-dd	Description	Form(s) affected	Question(s) affected	Data element(s) affected
2018-04-02	Form Z1 replaced with Form Z1X	Z1	All	N/A
2018-03-06	Form Z1X corrected to list Form A2 as required	Z1X	A2	A2SUB, A2NOT
2017-03-07	Name of the form was changed from Functional Assessment Questionnaire (FAQ). Only the name was affected; all items and scoring remain unchanged.	B7	N/A	N/A
2016-08-12	Clarification added to Form B5, v3.1, instructions: NPI-Q to be given to all UDS subjects.	B5	N/A	N/A
2015-06-17	Version 3.0 of Form B5 is now supplanted by **Version 3.1 of Form B5, dated June 2015**. The version change applies to Form B5 only; all other current UDS forms remain Version 3.0, dated March 2015.	B5	N/A	N/A
2015-06-17	Instructions corrected for consistency with original instrument	B5	All	N/A
2015-06-17	Text of Question 3 changed to make it explicit that question applies to both visual and auditory hallucinations; minor wording changes made in explanatory text of other questions.	B5	Question 3; minor changes in 2, 4, 5	N/A
2015-05-07	Instructions added before Question 1 on how to complete form for subject receiving UDS v3 Form A3 for the first time	A3	1, 5, 6a, 7a	N/A

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Form Z1X: Form Checklist

ADC name: ______ Subject ID: ______ Form date: ___/___/______

Visit #: ______ Examiner's initials: ______

INSTRUCTIONS: This form is to be completed by clinic personnel.

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 co-participant, or for other reasons. An explanation is required below for forms that are not submitted.

UDS

Form	Language: English	Language: Spanish	Description	Submitted: Yes	Submitted: No	If not submitted, specify reason (see KEY):
T1	☐ 1	☐ 2	Inclusion Form	**Required**		
A1	☐ 1	☐ 2	Subject Demographics	**Required**		
A2	☐ 1	☐ 2	Co-participant Demographics	**Required**		
A3	☐ 1	☐ 2	Subject Family History	☐ 1	☐ 0	— —
A4	☐ 1	☐ 2	Subject Medications	☐ 1	☐ 0	— —
B4	☐ 1	☐ 2	Global Staging — CDR: Standard and Supplemental	**Required**		
B5	☐ 1	☐ 2	BEHAVIORAL ASSESSMENT NPI-Q	☐ 1	☐ 0	— —
B7	☐ 1	☐ 2	FUNCTIONAL ASSESSMENT NACC FAS	☐ 1	☐ 0	— —
B9	☐ 1	☐ 2	Clinician Judgment of Symptoms	**Required**		
D1	☐ 1	☐ 2	Clinician Diagnosis	**Required**		
D2	☐ 1	☐ 2	Clinician-assessed Medical Conditions	**Required**		

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

95 = Physical problem
96 = Cognitive or behavioral problem
97 = Other problem
98 = Verbal refusal

CLS FORM

Form	Language: English	Language: Spanish	Description	Submitted: Yes	Submitted: No	
CLS	☐ 1	☐ 2	Subject's Language History	☐ 1	☐ 0	**Submit only once**

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TELEPHONE FOLLOW-UP PACKET NACC UNIFORM DATA SET (UDS)

Form T1: Inclusion Form

ADC name: ______ Subject ID: ______ Form date: __ __ / __ __ / __ __ __ __

Visit #: ______ Examiner's initials: ______

INSTRUCTIONS: This form is to be completed by the clinician or clinical interviewer who will participate in the telephone follow-up. For additional clarification and examples, see UDS Coding Guidebook for Telephone Follow-up Packet, Form T1.

To print a copy of data previously collected for this form, go to https://www.alz.washington.edu/MEMBER/siteprint.html .

Please complete the following before continuing with the Telephone Follow-up Packet.

1. Why is the UDS telephone follow-up protocol being used to obtain data about the subject?	**NO**	**YES**
a. Subject is too cognitively impaired for an in-person UDS visit	☐ 0	☐ 1
b. Subject is too physically impaired (medical illness or injury) to attend an in-person UDS visit.	☐ 0	☐ 1
c. Subject is homebound or in a nursing home and cannot travel.	☐ 0	☐ 1
d. Subject or co-participant refused an in-person UDS visit.	☐ 0	☐ 1
e. Other (SPECIFY): ______ (ADC staff convenience is not an acceptable reason.)	☐ 0	☐ 1

			UNKNOWN
2. Is the subject likely to resume in-person UDS follow-up evaluation? If Yes or Unknown, and this is the first telephone packet submitted for the subject, then **END FORM HERE**. If No or Unknown but two or more consecutive telephone packets have been submitted for this subject, then **CONTINUE TO QUESTION 3**.	☐ 0	☐ 1	☐ 9
3. Has a Milestones Form documenting the change to telephone follow-up been completed? (If no, complete a Milestones Form now.)	☐ 0	☐ 1	☐ 9

TELEPHONE FOLLOW-UP PACKET NACC UNIFORM DATA SET (UDS)

Form A1: Subject Demographics

ADC name: ______________ Subject ID: __ __ __ __ __ __ __ __ __ __ Form date: __ __ / __ __ / __ __ __ __

Visit #: __ __ __ Examiner's initials: __ __ __

INSTRUCTIONS: This form is to be completed by the clinician or clinical interviewer based upon co-participant report plus ADC scheduling and medical records. For additional clarification and examples, see UDS Coding Guidebook for Telephone Follow-up Packet, Form A1. Check only one box per question.

To print a copy of data collected for this form at a previous UDS visit, go to https://www.alz.washington.edu/MEMBER/siteprint.html**.**

1. Subject's month and year of birth (MM / YYYY):	__ __ / __ __ __ __
2. Subject's current marital status:	☐1 Married ☐2 Widowed ☐3 Divorced ☐4 Separated ☐5 Never married (or marriage was annulled) ☐6 Living as married / domestic partner ☐9 Unknown
3. Subject's sex:	☐1 Male ☐2 Female
4. What is the subject's living situation?	☐1 Lives alone ☐2 Lives with one other person: a spouse or partner ☐3 Lives with one other person: a relative, friend, or roommate ☐4 Lives with caregiver who is not spouse/partner, relative, or friend ☐5 Lives with a group (related or not related) in a private residence ☐6 Lives in a group home (e.g., assisted living, nursing home, or convent) ☐9 Unknown
5. 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
6. What is the subject's primary type of residence?	☐1 Single- or multi-family private residence (apartment, condo, house) ☐2 Retirement community or independent group living ☐3 Assisted living, adult family home, or boarding home ☐4 Skilled nursing facility, nursing home, hospital, or hospice ☐9 Unknown
7. ZIP Code (first three digits) of subject's primary residence:	__ __ __ *(If unknown, leave blank)*

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Form A2: Co-participant Demographics

ADC name: ______________ Subject ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Form date: ___ ___ / ___ ___ / ___ ___ ___ ___

Visit #: ___ ___ ___ Examiner's initials: ___ ___ ___

INSTRUCTIONS: This form is to be completed by the clinician or clinical interviewer based on co-participant's report. For additional clarification and examples, see UDS Coding Guidebook for Telephone Follow-up Packet, Form A2. Check only one box per question.

1. Co-participant's month and year of birth (MM / YYYY):	___ ___ / ___ ___ ___ ___ *(99/9999 = unknown)*
2. Co-participant's sex:	☐ 1 Male ☐ 2 Female
3. Is this a new co-participant — i.e., one who was not a co-participant at any past UDS visit?	☐ 0 No (If No, **SKIP TO QUESTION 9**) ☐ 1 Yes
4. Does the co-participant report being of Hispanic/Latino ethnicity (i.e., having origins from a mainly Spanish-speaking Latin American country), regardless of race?	☐ 0 No (If No, **SKIP TO QUESTION 5**) ☐ 1 Yes ☐ 9 Unknown (If Unknown, **SKIP TO QUESTION 5**)
4a. If yes, what are the co-participant's reported origins?	☐ 1 Mexican, Chicano, or Mexican-American ☐ 2 Puerto Rican ☐ 3 Cuban ☐ 4 Dominican ☐ 5 Central American ☐ 6 South American ☐ 50 Other (SPECIFY): ______________ ☐ 99 Unknown
5. What does the co-participant report as his or 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 the co-participant 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

7. What additional race, beyond those reported in Questions 5 and 6, does the co-participant 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. Co-participant's years of education — use the codes below to report the level achieved; if an attempted level is not completed, enter the number of years completed: **12 = high school or GED 16 = bachelor's degree 18 = master's degree 20 = doctorate 99 = unknown**	__ __
9. What is co-participant's relationship to the subject?	☐1 Spouse, partner, or companion (include ex-spouse, ex-partner, fiancé(e), boyfriend, girlfriend) ☐2 Child (by blood or through marriage or adoption) ☐3 Sibling (by blood or through marriage or adoption) ☐4 Other relative (by blood or through marriage or adoption) ☐5 Friend, neighbor, or someone known through family, friends, work, or community (e.g., church) ☐6 Paid caregiver, health care provider, or clinician
9a. How long has the co-participant known the subject?	__ __ __ years *(999=unknown)*
10. Does the co-participant live with the subject?	☐0 No ☐1 Yes (If Yes, **SKIP TO QUESTION 11**)
10a. If no, approximate frequency of in-person visits?	☐1 Daily ☐2 At least three times per week ☐3 Weekly ☐4 At least three times per month ☐5 Monthly ☐6 Less than once a month
10b. If no, approximate frequency of telephone contact?	☐1 Daily ☐2 At least three times per week ☐3 Weekly ☐4 At least three times per month ☐5 Monthly ☐6 Less than once a month
11. Is there a question about the co-participant's reliability?	☐0 No ☐1 Yes

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TELEPHONE FOLLOW-UP PACKET NACC UNIFORM DATA SET (UDS)

Form A3: Subject Family History

ADC name: ______ Subject ID: ______ Form date: ___ / ___ / ______

Visit #: ______ Examiner's initials: ______

INSTRUCTIONS: This form is to be completed by a clinician with experience in evaluating patients with neurological problems and psychiatric conditions. For additional clarification and examples, see UDS Coding Guidebook for Telephone Follow-up Packet, Form A3.

SPECIAL INSTRUCTIONS for subjects who are receiving UDS Version 3 of Form A3 for the first time:

NOTE: A subject is receiving UDS v3 Form A3 for the first time if:

- *No A3 data has been submitted yet for this subject –OR–*
- *A3 data has been submitted for this subject, but it was collected using UDS v2*

For such subjects, you must fill out this form in its entirety, meaning:

1. You must answer **1=Yes** to Question 1 on genetic mutations and complete 2a – 4b.
2. You must answer **1=Yes** to Question 5 on parents and complete 5a – 5b.
3. You must answer **1=Yes** to Question 6a on siblings and complete 6aa – 6at, as appropriate.
4. You must answer **1=Yes** to Question 7a on children and complete 7aa – 7ao, as appropriate.

Corrections or new information on previously submitted family members — For family members who were denoted as being "affected" with a neurological or psychiatric condition or who were not affected at a previous UDS visit, any corrections to their data should be made to that previous A3 Form. Any newly obtained information (e.g., new mutation information, new diagnoses, new method of evaluation), including for family members previously reported as being affected at a past UDS visit, should be indicated on this form and should not be submitted as a correction to a previously submitted Form A3.

A summary of all previously submitted family history data can be found at: **https://www.alz.washington.edu/MEMBER/siteprint.html.**

Question	Response
1. Since the last visit, is new information available concerning genetic mutations addressed by Questions 2a through 4b, below?	☐ 0 No **(SKIP TO QUESTION 5)** ☐ 1 Yes ☐ 9 Unknown **(SKIP TO QUESTION 5)**
2a. In this family, is there evidence for an AD mutation? If Yes, select predominant mutation. NOTE: APOE should not be reported here.	☐ 0 No (**SKIP TO QUESTION 3a**) ☐ 1 Yes, APP ☐ 2 Yes, PS-1 (PSEN 1) ☐ 3 Yes, PS-2 (PSEN 2) ☐ 8 Yes, other (SPECIFY): ______ ☐ 9 Unknown whether mutation exists (**SKIP TO QUESTION 3a**)
2b. Source of evidence for AD mutation (check one):	☐ 1 Family report (no test documentation available) ☐ 2 Commercial test documentation ☐ 3 Research lab test documentation ☐ 8 Other (SPECIFY): ______ ☐ 9 Unknown

Question	Response
3a. In this family, is there evidence for an FTLD mutation? If Yes, select predominant mutation.	☐ 0 No (**SKIP TO QUESTION 4a**) ☐ 1 Yes, MAPT ☐ 2 Yes, PGRN ☐ 3 Yes, C9orf72 ☐ 4 Yes, FUS ☐ 8 Yes, other (SPECIFY): ____________ ☐ 9 Unknown whether mutation exists (**SKIP TO QUESTION 4a**)
3b. Source of evidence for FTLD mutation (check one):	☐ 1 Family report (no test documentation available) ☐ 2 Commercial test documentation ☐ 3 Research lab test documentation ☐ 8 Other (SPECIFY): ____________ ☐ 9 Unknown
4a. In this family, is there evidence for a mutation other than an AD or FTLD mutation? (If No or Unknown, **SKIP TO QUESTION 5**)	☐ 0 No (**SKIP TO QUESTION 5**) ☐ 1 Yes (SPECIFY): ____________ ☐ 9 Unknown (**SKIP TO QUESTION 5**)
4b. Source of evidence for other mutation (check one):	☐ 1 Family report (no test documentation available) ☐ 2 Commercial test documentation ☐ 3 Research lab test documentation ☐ 8 Other (SPECIFY): ____________ ☐ 9 Unknown

BIOLOGICAL PARENTS

5. Since the last UDS visit, is new information available concerning the status of the subject's biological mother or father?

☐ 0 No **(SKIP TO QUESTION 6)** ☐ 1 Yes **(COMPLETE QUESTIONS 5A–5B, AS APPLICABLE)**

If birth year is unknown, please provide an approximate year on the Initial Visit Form A3 and ensure that it is consistently reported on all Forms A3 submitted (Initial Visit and Follow-up). If it is impossible for the subject and co-participant to estimate year of birth, enter *9999=Unknown.* For any biological parent with a neurological or psychiatric problem, the entire row must be filled out. If the clinician cannot determine the primary neurological problem/psychiatric condition after reviewing all available evidence, enter *9=Unknown* in the **Primary neurological problem/psychiatric condition** column, and then skip the subsequent questions in the row. If the parent has no neurological or psychiatric problem, enter *8=N/A — no neurological problem or psychiatric condition* in the **Primary neurological problem/psychiatric condition** column, and then skip the subsequent questions in the row.

	Birth month/year (99/9999=Unknown)	Age at death (888=N/A, 999=Unknown)	Primary neurological problem/psychiatric condition*	Primary Dx**	Method of evaluation***	Age of onset (999=unknown)
			See CODES below this table			
5a. Mother	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
5b. Father	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __

***CODES for neurological problems and psychiatric conditions**

1 Cognitive impairment/behavior change
2 Parkinsonism
3 ALS
4 Other neurologic condition such as multiple sclerosis or stroke
5 Psychiatric condition such as schizophrenia, bipolar disorder, alcoholism, or depression
8 N/A — no neurological problem or psychiatric condition
9 Unknown

****CODES for primary diagnosis**

See Appendix 1 on page 5 of this form.

*****CODES for method of evaluation**

1 Autopsy
2 Examination
3 Medical record review from formal dementia evaluation
4 Review of general medical records AND co-participant and/or subject telephone interview
5 Review of general medical records only
6 Subject and/or co-participant telephone interview
7 Family report

Year of birth for full siblings and biological children: If birth year is unknown, please provide an approximate year on UDS Initial Visit Form A3 and UDS Follow-up Visit Form A3 so that the sibling/child with unknown birth year ends up in correct birth order relative to the other siblings/children.

Example: A subject is the oldest of three children. The subject was born in 1940 and the middle sibling in 1943; the youngest sibling's birth year is unknown. An approximate birth year of 1944 or later should be assigned to the youngest sibling.

Use that same birth year on FTLD Module Form A3a, if applicable, and across all UDS visits so that any new information on a particular sibling or child can be linked to previously submitted information. If it is impossible for the subject and co-participant to estimate year of birth, enter *9999=Unknown.*

FULL SIBLINGS

6. How many full siblings does the subject have? __ __ If subject has no full siblings, **SKIP TO QUESTION 7.**

6a. Since the last UDS visit, is new information available concerning the status of the subject's siblings?

☐ 0 No **(SKIP TO QUESTION 7)** ☐ 1 Yes **(COMPLETE QUESTIONS 6aa–6at, AS APPLICABLE)**

For any full sibling with a neurological or psychiatric problem, the entire row must be filled out. If the clinician cannot determine the primary neurological problem/psychiatric condition after reviewing all available evidence, enter *9=Unknown* in the **Primary neurological problem/psychiatric condition** column, and then skip the subsequent questions in the row. If the sibling has no neurological or psychiatric problem, enter *8=N/A — no neurological problem or psychiatric condition* in the **Primary neurological problem/psychiatric condition** column, and then skip the subsequent questions in the row.

	Birth month/year (99/9999=Unknown)	Age at death (888=N/A, 999=unknown)	Primary neurological problem/psychiatric condition* (See CODES on page 4)	Primary Dx** (See CODES on page 4)	Method of evaluation*** (See CODES on page 4)	Age of onset (999=unknown)
6aa. Sibling 1	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6ab. Sibling 2	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6ac. Sibling 3	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6ad. Sibling 4	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6ae. Sibling 5	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6af. Sibling 6	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6ag. Sibling 7	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6ah. Sibling 8	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6ai. Sibling 9	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6aj. Sibling 10	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6ak. Sibling 11	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6al. Sibling 12	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6am. Sibling 13	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6an. Sibling 14	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6ao. Sibling 15	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6ap. Sibling 16	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6aq. Sibling 17	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6ar. Sibling 18	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6as. Sibling 19	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __
6at. Sibling 20	__ __ / __ __ __ __	__ __ __	__	__ __ __	__	__ __ __

BIOLOGICAL CHILDREN

7. How many biological children does the subject have? ⎵⎵ If subject has no biological children, **END FORM HERE**.

7a. Since the last UDS visit, is new information available concerning the status of the subject's biological children?

☐ 0 No **(END FORM HERE)** ☐ 1 Yes **(COMPLETE QUESTIONS 7aa–7ao, AS APPLICABLE)**

For any biological child with a neurological or psychiatric problem, the entire row must be filled out. If the clinician cannot determine the primary neurological problem/psychiatric condition after reviewing all available evidence, enter *9=Unknown* in the **Primary neurological problem/psychiatric condition** column, and then skip the subsequent questions in the row. If the child has no neurological or psychiatric problem, enter *8=N/A — no neurological problem or psychiatric condition* in the **Primary neurological problem/psychiatric condition** column, and then skip the subsequent questions in the row.

	Birth month/year (99/9999=Unknown)	Age at death (888=N/A, 999=unknown)	Primary neurological problem/ psychiatric condition*	Primary Dx**	Method of evaluation***	Age of onset (999=unknown)
			See CODES below this table			
7aa. Child 1	⎵⎵/⎵⎵⎵⎵	⎵⎵⎵	⎵	⎵⎵⎵	⎵	⎵⎵⎵
7ab. Child 2	⎵⎵/⎵⎵⎵⎵	⎵⎵⎵	⎵	⎵⎵⎵	⎵	⎵⎵⎵
7ac. Child 3	⎵⎵/⎵⎵⎵⎵	⎵⎵⎵	⎵	⎵⎵⎵	⎵	⎵⎵⎵
7ad. Child 4	⎵⎵/⎵⎵⎵⎵	⎵⎵⎵	⎵	⎵⎵⎵	⎵	⎵⎵⎵
7ae. Child 5	⎵⎵/⎵⎵⎵⎵	⎵⎵⎵	⎵	⎵⎵⎵	⎵	⎵⎵⎵
7af. Child 6	⎵⎵/⎵⎵⎵⎵	⎵⎵⎵	⎵	⎵⎵⎵	⎵	⎵⎵⎵
7ag. Child 7	⎵⎵/⎵⎵⎵⎵	⎵⎵⎵	⎵	⎵⎵⎵	⎵	⎵⎵⎵
7ah. Child 8	⎵⎵/⎵⎵⎵⎵	⎵⎵⎵	⎵	⎵⎵⎵	⎵	⎵⎵⎵
7ai. Child 9	⎵⎵/⎵⎵⎵⎵	⎵⎵⎵	⎵	⎵⎵⎵	⎵	⎵⎵⎵
7aj. Child 10	⎵⎵/⎵⎵⎵⎵	⎵⎵⎵	⎵	⎵⎵⎵	⎵	⎵⎵⎵
7ak. Child 11	⎵⎵/⎵⎵⎵⎵	⎵⎵⎵	⎵	⎵⎵⎵	⎵	⎵⎵⎵
7al. Child 12	⎵⎵/⎵⎵⎵⎵	⎵⎵⎵	⎵	⎵⎵⎵	⎵	⎵⎵⎵
7am. Child 13	⎵⎵/⎵⎵⎵⎵	⎵⎵⎵	⎵	⎵⎵⎵	⎵	⎵⎵⎵
7an. Child 14	⎵⎵/⎵⎵⎵⎵	⎵⎵⎵	⎵	⎵⎵⎵	⎵	⎵⎵⎵
7ao. Child 15	⎵⎵/⎵⎵⎵⎵	⎵⎵⎵	⎵	⎵⎵⎵	⎵	⎵⎵⎵

***CODES for neurological problems and psychiatric conditions**

1 Cognitive impairment/behavior change
2 Parkinsonism
3 ALS
4 Other neurologic condition such as multiple sclerosis or stroke
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****CODES for primary diagnosis**

See Appendix 1 on page 5 of this form.

*****CODES for method of evaluation**

1 Autopsy
2 Examination
3 Medical record review from formal dementia evaluation
4 Review of general medical records AND co-participant and/or subject telephone interview
5 Review of general medical records only
6 Subject and/or co-participant telephone interview
7 Family report

**APPENDIX 1: PRIMARY DIAGNOSIS CODES

Code	Diagnosis
040	Mild cognitive impairment (MCI), not otherwise specified
041	MCI — single domain amnestic
042	MCI — multiple domain with amnesia
043	MCI — single domain nonamnestic
044	MCI — multiple domain nonamnestic
045	Impaired, but not MCI
050	Alzheimer's disease dementia
070	Dementia with Lewy bodies
080	Vascular cognitive impairment or dementia
100	Impairment due to alcohol abuse
110	Dementia of undetermined etiology
120	Behavioral variant frontotemporal dementia
130	Primary progressive aphasia, semantic variant
131	Primary progressive aphasia, nonfluent/agrammatic variant
132	Primary progressive aphasia, logopenic variant
133	Primary progressive aphasia, not otherwise specified
140	Clinical progressive supranuclear palsy
150	Clinical corticobasal syndrome/corticobasal degeneration
160	Huntington's disease
170	Clinical prion disease
180	Cognitive dysfunction from medications
190	Cognitive dysfunction from medical illness
200	Depression
210	Other major psychiatric illness
220	Down syndrome
230	Parkinson's disease
240	Stroke
250	Hydrocephalus
260	Traumatic brain injury
270	CNS neoplasm
280	Other
310	Amyotrophic lateral sclerosis
320	Multiple sclerosis
999	Specific diagnosis unknown *(acceptable if method of evaluation is not by autopsy, examination, or dementia evaluation)*

Neuropathology diagnosis from autopsy	
400	Alzheimer's disease neuropathology
410	Lewy body disease — neuropathology
420	Gross infarct(s) neuropathology
421	Hemorrhage(s) neuropathology
422	Other cerebrovascular disease neuropathology
430	ALS/MND
431	FTLD with Tau pathology — Pick's disease
432	FTLD with Tau pathology — CBD
433	FTLD with Tau pathology — PSP
434	FTLD with Tau pathology — argyrophyllic grains
435	FTLD with Tau pathology — other
436	FTLD with TDP-43
439	FTLD other (FTLD-FUS, FTLD-UPS, FTLD NOS)
440	Hippocampal sclerosis
450	Prion disease neuropathology
490	Other neuropathologic diagnosis not listed above

***APPENDIX 2: METHOD OF EVALUATION

1. **Autopsy**

   If the autopsy was performed at an outside institution, **you must have the report** to code as diagnosis by autopsy.

2. **Examination**

   The subject must have been examined in person at your ADC/ institution or by genetic studies staff associated with your ADC/ institution to code as diagnosis by examination. Medical records may or may not have been used when assigning diagnosis.

3. **Medical record review from formal dementia evaluation**

   Medical records should be from an examination that focused specifically on dementia; that was performed by a neurologist, geriatrician, or psychiatrist; and that includes a neurologic examination, an imaging study, and cognitive testing (e.g., MMSE, Blessed, or more formal tests). A telephone interview may also be used to collect additional information.

4. **Review of general medical records AND co-participant and/or subject telephone interview**

   General medical records can be of various types, including those from a primary-care physician's office, hospitalization records, nursing home records, etc. They may include a neurologic exam and a cognitive test such as the MMSE along with a medical history. **The telephone interview** with the subject and/or the co-participant should include a medical history to capture the nature and presentation of cognitive deficits, if present, and age of onset if symptomatic. If the subject is normal or is in the early stages of cognitive impairment, brief formal cognitive testing should be included in the interview.

5. **Review of general medical records ONLY**

   See definition No. 4 above. If general medical records are used to diagnose a subject as demented or not demented, they should include a medical history, neurologic exam, and a cognitive test such as an MMSE. In most cases, general medical records alone should not be used to assign a diagnosis of mild cognitive impairment, or of any of the FTLD spectrum subtypes, or of parkinsonian disorders other than Parkinson's disease.

6. **Subject and/or co-participant telephone interview**

   See definition No. 4 above.

7. **Family report**

   Family report should be coded when the co-participant for the family reports a subject as having been diagnosed with a particular disorder. In most cases, family report alone should not be used to assign a diagnosis of mild cognitive impairment, or of any of the FTLD spectrum subtypes, or of parkinsonian disorders other than Parkinson's disease.

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TELEPHONE FOLLOW-UP PACKET NACC UNIFORM DATA SET (UDS)

Form A4: Subject Medications

ADC name: ________ Subject ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Form date: ___ ___ / ___ ___ / ___ ___ ___ ___

Visit #: ___ ___ ___ Examiner's initials: ___ ___ ___

INSTRUCTIONS: This form is to be completed by the clinician or ADC staff. The purpose of this form is to record all prescription medications taken by the subject **within the two weeks before the current visit.** *For prescription medications not listed here, please follow the instructions at the end of this form. OTC (non-prescription) medications need not be reported; however, a short list of medications that could be either prescription or OTC follows the prescription list.*

Is the subject currently taking any medications? ☐ 0 No **(END FORM HERE)** ☐ 1 Yes

MEDICATION NAME	DrugID
☐ acetaminophen-HYDROcodone (Vicodin)	d03428
☐ albuterol (Proventil, Ventolin, Volmax)	d00749
☐ alendronate (Fosamax)	d03849
☐ allopurinol (Aloprim, Lopurin, Zyloprim)	d00023
☐ alprazolam (Niravam, Xanax)	d00168
☐ amlodipine (Norvasc)	d00689
☐ atenolol (Senormin, Tenormin)	d00004
☐ atorvastatin (Lipitor)	d04105
☐ benazepril (Lotensin)	d00730
☐ bupropion (Budeprion, Wellbutrin, Zyban)	d00181
☐ calcium acetate (Calphron, PhosLo)	d03689
☐ carbidopa-levodopa (Atamet, Sinemet)	d03473
☐ carvedilol (Coreg, Carvedilol)	d03847
☐ celecoxib (Celebrex)	d04380
☐ cetirizine (Zyrtec)	d03827
☐ citalopram (Celexa)	d04332
☐ clonazepam (Klonopin)	d00197
☐ clopidogrel (Plavix)	d04258
☐ conjugate estrogens (Cenestin, Premarin)	d00541
☐ cyanocobalamin (Neuroforte-R, Vitamin B12)	d00413
☐ digoxin (Digitek, Lanoxin)	d00210
☐ diltiazem (Cardizem, Tiazac)	d00045
☐ donepezil (Aricept)	d04099
☐ duloxetine (Cymbalta)	d05355
☐ enalapril (Vasotec)	d00013
☐ ergocalciferol (Calciferol, Disdol, Vitamin D)	d03128
☐ escitalopram (Lexapro)	d04812
☐ esomeprazole (Nexium)	d04749

MEDICATION NAME	DrugID
☐ estradiol (Estrace, Estrogel, Fempatch)	d00537
☐ ezetimibe (Zetia)	d04824
☐ ferrous sulfate (FeroSul, Iron Supplement)	d03824
☐ fexofenadine (Allegra)	d04040
☐ finasteride (Propecia, Proscar)	d00563
☐ fluoxetine (Prozac)	d00236
☐ fluticasone (Flovent)	d01296
☐ fluticasone nasal (Flonase, Veramyst)	d04283
☐ fluticasone-salmeterol (Advair)	d04611
☐ furosemide (Lasix)	d00070
☐ gabapentin (Neurontin)	d03182
☐ galantamine (Razadyne, Reminyl)	d04750
☐ glipizide (Glucotrol)	d00246
☐ hydrochlorothiazide (Esidrix, Hydrodiuril)	d00253
☐ hydrochlorothiazide-triamterene (Dyazide)	d03052
☐ latanoprost opthalmic (Xalatan)	d04017
☐ levothyroxine (Levothroid, Levoxyl, Synthroid)	d00278
☐ lisinopril (Prinivil, Zestril)	d00732
☐ lorazepam (Ativan)	d00149
☐ losartan (Cozaar)	d03821
☐ lovastatin (Altocor, Mevacor)	d00280
☐ meloxicam (Meloxicam, Mobic)	d04532
☐ memantine (Namenda)	d04899
☐ metformin (Glucophage, Riomet)	d03807
☐ metoprolol (Lopressor, Toprol-XL)	d00134
☐ mirtazapine (Remeron)	d04025
☐ montelukast (Singulair)	d04289
☐ naproxen (Aleve, Anaprox, Naprosyn)	d00019

	MEDICATION NAME	DrugID
☐	niacin (Niacor, Nico-400, Nicotinic Acid)	d00314
☐	nifedipine (Adalat, Procardia)	d00051
☐	nitroglycerin (Nitro-Bid, Nitro-Dur, Nitrostat)	d00321
☐	omega-3 polyunsaturated fatty acids (Omacor, Lovaza)	d00497
☐	omeprazole (Prilosec)	d00325
☐	oxybutynin (Ditropan, Urotrol)	d00328
☐	pantoprazole (Protonix)	d04514
☐	paroxetine (Paxil, Paxil CR, Pexeva)	d03157
☐	potassium chloride (K-Dur 10, K-Lor, Slow-K)	d00345
☐	pravastatin (Pravachol)	d00348
☐	quetiapine (Seroquel)	d04220
☐	ranitidine (Zantac)	d00021

	MEDICATION NAME	DrugID
☐	rivastigmine (Exelon)	d04537
☐	rosuvastatin (Crestor)	d04851
☐	sertraline (Zoloft)	d00880
☐	simvastatin (Zocor)	d00746
☐	tamsulosin (Flomax)	d04121
☐	terazosin (Hytrin)	d00386
☐	tramadol (Ryzolt, Ultram)	d03826
☐	trazodone (Desyrel)	d00395
☐	valsartan (Diovan)	d04113
☐	venlafaxine (Effexor)	d03181
☐	warfarin (Coumadin, Jantoven)	d00022
☐	zolpidem (Ambien)	d00910

Commonly reported medications that may be purchased over the counter (but that may also be prescription):

	Medication name	DrugID
☐	acetaminophen (Anacin, Tempra, Tylenol)	d00049
☐	ascorbic acid (C Complex, Vitamin C)	d00426
☐	aspirin	d00170
☐	calcium carbonate (Rolaids, Tums)	d00425
☐	calcium-vitamin D (Dical-D, O-Cal-D)	d03137
☐	cholecalciferol (Vitamin D3, Replesta)	d03129
☐	chondroitin-glucosamine (Cidaflex, Osteo Bi-Flex)	d04420
☐	docusate (Calcium Stool Softener, Dioctyl SS)	d01021
☐	folic acid (Folic Acid)	d00241
☐	glucosamine (Hydrochloride)	d04418

	Medication name	DrugID
☐	ibuprofen (Advil, Motrin, Nuprin)	d00015
☐	loratadine (Alavert, Claritin, Dimetapp, Tavist)	d03050
☐	melatonin (Melatonin, Melatonin Time Release)	d04058
☐	multivitamin	d03140
☐	multivitamin with minerals	d03145
☐	polyethylene glycol 3350 (Miralax)	d05350
☐	psyllium (Fiberall, Metamucil)	d01018
☐	pyroxidine (Vitamin B6)	d00412
☐	ubiquinone (Co Q-10)	d04523
☐	vitamin E (Aquavite-E, Centrum Singles)	d00405

If a medication is not listed above, specify the drug or brand name and determine its drugID by using the Lookup Tool on the NACC website at https://www.alz.washington.edu/MEMBER/DrugCodeLookUp.html.

☐ (SPECIFY:) ______________________________ d __ __ __ __ __

☐ (SPECIFY:) ______________________________ d __ __ __ __ __

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NACC National Alzheimer's Coordinating Center

TELEPHONE FOLLOW-UP PACKET NACC UNIFORM DATA SET (UDS)

Form B4: Global Staging — Clinical Dementia Rating (CDR) STANDARD AND SUPPLEMENTAL

ADC name: ________ Subject ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Form date: ___ ___ / ___ ___ / ___ ___ ___ ___ Visit #: ___ ___ ___ Examiner's initials: ___ ___ ___

INSTRUCTIONS: For information on the required online CDR training, see UDS Coding Guidebook for Telephone Follow-up Packet, Form B4. This form is to be completed by the clinician or other trained health professional, based on co-participant report and behavioral and neurological exam of the subject. In the extremely rare instances when no co-participant is available, the clinician or other trained health professional must complete this form using 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, such as physical disability. For further information, see UDS Coding Guidebook for Telephone Follow-up Packet, Form B4.

SECTION 1: STANDARD CDR[1]

Please enter score below:	IMPAIRMENT				
	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 and problem solving ___.___	Solves everyday problems, handles business and 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 and 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 ___.0	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. ___ ___.___	**STANDARD CDR SUM OF BOXES**				
8. ___.___	**STANDARD 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.

INSTRUCTIONS: For information on the required online CDR training, see UDS Coding Guidebook for Telephone Follow-up Packet, Form B4. This form is to be completed by the clinician or other trained health professional, based on co-participant report and behavioral and neurological exam of the subject. In the extremely rare instances when no co-participant is available, the clinician or other trained health professional must complete this form using 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, such as physical disability. For further information, see UDS Coding Guidebook for Telephone Follow-up Packet, Form B4.

SECTION 2: SUPPLEMENTAL CDR

Please enter score below:	IMPAIRMENT				
	None — 0	**Questionable — 0.5**	**Mild — 1**	**Moderate — 2**	**Severe — 3**
9. Behavior, comportment, and personality[2] __ . __	Socially appropriate behavior	Questionable changes in comportment, empathy, appropriateness of actions	Mild but definite changes in behavior	Moderate behavioral changes, affecting interpersonal relationships and interactions in a significant manner	Severe behavioral changes, making interpersonal interactions all unidirectional
10. Language[3] __ . __	No language difficulty, or occasional mild tip-of-the-tongue	Consistent mild word-finding difficulties; simplification of word choice; circumlocution; decreased phrase length; and/or mild comprehension difficulties	Moderate word-finding difficulty in speech; cannot name objects in environment; reduced phrase length and/or agrammatical speech and/or reduced comprehension in conversation and reading	Moderate to severe impairments in either speech or comprehension; has difficulty communicating thoughts; writing may be slightly more effective	Severe comprehension deficits; no intelligible speech

[2]Excerpted from the Frontotemporal Demential Multicenter Instrument & MR Study (Mayo Clinic, UCSF, UCLA, UW).

[3]Excerpted from the PPA-CDR: A modification of the CDR for assessing dementia severity in patients with primary progressive aphasia (Johnson N, Weintraub S, Mesulam MM), 2002.

This is Version 3.1 of Form B5. The instructions in the box below have changed significantly over Version 3.0.

NACC
National Alzheimer's Coordinating Center

TELEPHONE FOLLOW-UP PACKET NACC UNIFORM DATA SET (UDS)

Form B5: BEHAVIORAL ASSESSMENT Neuropsychiatric Inventory Questionnaire (NPI-Q[1])

ADC name: ________ Subject ID: ___ Form date: ___/___/___ Visit #: ___ Examiner's initials: ___

INSTRUCTIONS: This form is to be completed by the clinician or other trained health professional based on co-participant 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 on NPI-Q Interviewer Certification, see UDS Coding Guidebook for Telephone Follow-up Packet, Form B5. Check only one box for each category of response.

CORRECTED INSTRUCTIONS: Please answer the following questions based on changes that have occurred since the patient first began to experience memory (i.e., cognitive) problems. **Select 1=Yes only if the symptom(s) has been present in the last month. Otherwise, select 0=No.** *(NOTE: for the UDS, please administer the NPI-Q to all subjects.)*

For each item marked **1=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 CO-PARTICIPANT:** ☐ 1 Spouse ☐ 2 Child ☐ 3 Other (SPECIFY): ________

		Yes	No	Unknown		SEVERITY Mild	Mod	Severe	Unknown
2. **Delusions** — Does the patient have false beliefs, such as thinking that others are stealing from him/her or planning to harm him/her in some way?	2a.	☐ 1	☐ 0	☐ 9	2b.	☐ 1	☐ 2	☐ 3	☐ 9
3. **Hallucinations** — Does the patient have hallucinations such as false visions or voices? Does he or she seem to hear or see things that are not present?	3a.	☐ 1	☐ 0	☐ 9	3b.	☐ 1	☐ 2	☐ 3	☐ 9
4. **Agitation/aggression** — Is the patient resistive to help from others at times, or hard to handle?	4a.	☐ 1	☐ 0	☐ 9	4b.	☐ 1	☐ 2	☐ 3	☐ 9
5. **Depression/dysphoria** — Does the patient seem sad or say that he/she is depressed?	5a.	☐ 1	☐ 0	☐ 9	5b.	☐ 1	☐ 2	☐ 3	☐ 9

[1]Copyright© Jeffrey L. Cummings, MD. Reproduced by permission.

CORRECTED INSTRUCTIONS: Please answer the following questions based on changes that have occurred since the patient first began to experience memory (i.e., cognitive) problems. **Select 1=Yes only if the symptom(s) has been present in the last month. Otherwise, select 0=No.** *(NOTE: for the UDS, please administer the NPI-Q to all subjects.)*

For each item marked **1=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	Unknown		SEVERITY			Unknown
						Mild	Mod	Severe	
6. **Anxiety** — Does the patient become upset when separated from you? Does he/she have any other signs of nervousness such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?	**6a.**	☐ 1	☐ 0	☐ 9	**6b.**	☐ 1	☐ 2	☐ 3	☐ 9
7. **Elation/euphoria** — Does the patient appear to feel too good or act excessively happy?	**7a.**	☐ 1	☐ 0	☐ 9	**7b.**	☐ 1	☐ 2	☐ 3	☐ 9
8. **Apathy/indifference** — Does the patient seem less interested in his/her usual activities or in the activities and plans of others?	**8a.**	☐ 1	☐ 0	☐ 9	**8b.**	☐ 1	☐ 2	☐ 3	☐ 9
9. **Disinhibition** — Does the patient seem to act impulsively, for example, talking to strangers as if he/she knows them, or saying things that may hurt people's feelings?	**9a.**	☐ 1	☐ 0	☐ 9	**9b.**	☐ 1	☐ 2	☐ 3	☐ 9
10. **Irritability/lability** — Is the patient impatient and cranky? Does he/she have difficulty coping with delays or waiting for planned activities?	**10a.**	☐ 1	☐ 0	☐ 9	**10b.**	☐ 1	☐ 2	☐ 3	☐ 9
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	☐ 9	**11b.**	☐ 1	☐ 2	☐ 3	☐ 9
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	☐ 9	**12b.**	☐ 1	☐ 2	☐ 3	☐ 9
13. **Appetite/eating** — Has the patient lost or gained weight, or had a change in the type of food he/she likes?	**13a.**	☐ 1	☐ 0	☐ 9	**13b.**	☐ 1	☐ 2	☐ 3	☐ 9

TELEPHONE FOLLOW-UP PACKET NACC UNIFORM DATA SET (UDS)

NACC National Alzheimer's Coordinating Center

Form B7: FUNCTIONAL ASSESSMENT NACC Functional Assessment Scale (FAS[1])

ADC name: ______ Subject ID: ___ Form date: __ / __ / ____ Visit #: ___ Examiner's initials: ___

INSTRUCTIONS: This form is to be completed by the clinician or other trained health professional, based on information provided by the co-participant. For further information, see UDS Coding Guidebook for Telephone Follow-up Packet, Form B7. Indicate the level of performance for each activity by checking the one appropriate response.

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

[1]Adapted from table 4 of 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.

Form B9: Clinician Judgment of Symptoms

ADC name: ______________ Subject ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Form date: ___ ___ / ___ ___ / ___ ___ ___ ___

Visit #: ___ ___ ___ Examiner's initials: ___ ___ ___

INSTRUCTIONS: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Telephone Follow-up Visit Packet, Form B9. Check only one box per question.

Declines in memory reported by subject and co-participant	
1. Does the subject report a decline in memory (relative to previously attained abilities)?	☐ 0 No ☐ 1 Yes ☐ 8 Could not be assessed/subject is too impaired
2. Does the co-participant report a decline in the subject's memory (relative to previously attained abilities)?	☐ 0 No ☐ 1 Yes ☐ 8 There is no co-participant

Cognitive symptoms	
3. Based on the clinician's judgment, is the subject currently experiencing meaningful impairment in cognition?	☐ 0 No (If No, **SKIP TO QUESTION 8**) ☐ 1 Yes

4. Indicate whether the subject currently is meaningfully impaired, *relative to previously attained abilities,* in the following cognitive domains, or has fluctuating cognition:

	No	Yes	Unknown
4a. **Memory** For example, does s/he forget conversations and/or dates, repeat questions and/or statements, misplace things more than usual, forget names of people s/he knows well?	☐ 0	☐ 1	☐ 9
4b. **Orientation** For example, does s/he have trouble knowing the day, month, and year, or not recognize familiar locations, or get lost in familiar locations?	☐ 0	☐ 1	☐ 9
4c. **Executive function — judgment, planning, problem-solving** Does s/he have trouble handling money (e.g., tips), paying bills, preparing meals, shopping, using appliances, handling medications, driving?	☐ 0	☐ 1	☐ 9
4d. **Language** Does s/he have hesitant speech, have trouble finding words, use inappropriate words without self-correction?	☐ 0	☐ 1	☐ 9
4e. **Visuospatial function** Does s/he have difficulty interpreting visual stimuli and finding his/her way around?	☐ 0	☐ 1	☐ 9
4f. **Attention, concentration** Does the subject have a short attention span or limited ability to concentrate? Is s/he easily distracted?	☐ 0	☐ 1	☐ 9
4g. **Fluctuating cognition** Does the subject exhibit pronounced variation in attention and alertness, noticeably over hours or days — for example, long lapses or periods of staring into space, or times when his/her ideas have a disorganized flow? 4g1. If yes, at what age did the fluctuating cognition begin? ___ ___ ___ *(777 = Age of onset provided at a previous UDS visit.)* (The clinician must use his/her best judgment to estimate an age of onset.)	☐ 0	☐ 1	☐ 9
4h. **Other** (SPECIFY): ______________	☐ 0	☐ 1	

INSTRUCTIONS: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Telephone Follow-up Visit Packet, Form B9. Check only one box per question.

Question	Response
5. Indicate the **predominant** symptom that was first recognized as a decline in the subject's cognition: *NOTE: Enter 0 if this information was provided on a previously submitted Form B9.*	☐ 0 Assessed at a previous UDS visit ☐ 1 Memory ☐ 2 Orientation ☐ 3 Executive function — judgment, planning, problem-solving ☐ 4 Language ☐ 5 Visuospatial function ☐ 6 Attention/concentration ☐ 7 Fluctuating cognition ☐ 8 Other (SPECIFY): ______ ☐ 99 Unknown
6. Mode of onset of cognitive symptoms	☐ 1 Gradual ☐ 2 Subacute ☐ 3 Abrupt ☐ 4 Other (SPECIFY): ______ ☐ 99 Unknown

7. Based on the clinician's assessment, at what age did the cognitive decline begin? __ __ __
(777 = Age of cognitive decline entered at a previous UDS visit)
(The clinician must use her/his best judgment to estimate an age of onset of cognitive decline.)

Behavioral symptoms

Question	Response
8. Based on the clinician's judgment, is the subject currently experiencing any kind of behavioral symptoms?	☐ 0 No (If No, **SKIP TO QUESTION 13**) ☐ 1 Yes

9. Indicate whether the subject currently manifests meaningful change in behavior in any of the following ways:

	No	Yes	Unknown
9a. **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?	☐ 0	☐ 1	☐ 9
9b. **Depressed mood** Has the subject seemed depressed for more than two weeks at a time, e.g., shown loss of interest or pleasure in nearly all activities, sadness, hopelessness, loss of appetite, fatigue?	☐ 0	☐ 1	☐ 9
9c. **Psychosis**			
9c1. Visual hallucinations	☐ 0	☐ 1	☐ 9
9c1a. If yes, are the hallucinations well formed and detailed?	☐ 0	☐ 1	☐ 9
9c1b. If well formed and clear-cut, at what age did these visual hallucinations begin? __ __ __ *(777 = Age of onset provided at a previous UDS visit; 888 = N/A, not well-formed)* (The clinician must use his/her best judgment to estimate age of onset)			
9c2. Auditory hallucinations	☐ 0	☐ 1	☐ 9
9c3. Abnormal, false, or delusional beliefs	☐ 0	☐ 1	☐ 9
9d. **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?	☐ 0	☐ 1	☐ 9
9e. **Irritability** Does the subject overreact, e.g., by shouting at family members or others?	☐ 0	☐ 1	☐ 9

INSTRUCTIONS: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Telephone Follow-up Visit Packet, Form B9. Check only one box per question.

9f. **Agitation** Does the subject have trouble sitting still? Does s/he shout, hit, and/or kick?	☐ 0	☐ 1	☐ 9
9g. **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 others' feelings into account?	☐ 0	☐ 1	☐ 9
9h. **REM sleep behavior disorder** While sleeping, does the subject appear to act out his/her dreams (e.g., punch or flail their arms, shout, or scream)?	☐ 0	☐ 1	☐ 9
9h1. If yes, at what age did the REM sleep behavior disorder begin? __ __ __ *(777 = Age of onset provided at a previous UDS visit.)* (The clinician must use his/her best judgment to estimate an age of onset)			
9i. **Anxiety** For example, does s/he show signs of nervousness (e.g., frequent sighing, anxious facial expressions, or hand-wringing) and/or excessive worrying?	☐ 0	☐ 1	☐ 9
9j. **Other** (SPECIFY): ____________	☐ 0	☐ 1	

10. Indicate the **predominant** symptom that was first recognized as a decline in the subject's behavior:

NOTE: Enter 0 if this information was provided on a previously submitted Form B9.

- ☐ 0 Assessed at a previous UDS visit
- ☐ 1 Apathy/withdrawal
- ☐ 2 Depressed mood
- ☐ 3 Psychosis
- ☐ 4 Disinhibition
- ☐ 5 Irritability
- ☐ 6 Agitation
- ☐ 7 Personality change
- ☐ 8 REM sleep behavior disorder
- ☐ 9 Anxiety
- ☐ 10 Other (SPECIFY): ____________
- ☐ 99 Unknown

11. Mode of onset of behavioral symptoms:

- ☐ 1 Gradual
- ☐ 2 Subacute
- ☐ 3 Abrupt
- ☐ 4 Other (SPECIFY): ____________
- ☐ 99 Unknown

12. Based on the clinician's assessment, at what age did the behavioral symptoms begin? __ __ __

(777 = Age of onset provided at a previous UDS visit.)

(The clinician must use her/his best judgment to estimate age of onset of behavioral symptoms.)

Motor symptoms

13. Based on the clinician's judgment, is the subject currently experiencing any motor symptoms?

- ☐ 0 No (If No, **SKIP TO QUESTION 20**)
- ☐ 1 Yes

14. Indicate whether the subject currently has meaningful change in motor function in any of the following areas:

	No	Yes	Unknown
14a. **Gait disorder** Has 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?	☐ 0	☐ 1	☐ 9
14b. **Falls** Does the subject fall more than usual?	☐ 0	☐ 1	☐ 9
14c. **Tremor** Has the subject had rhythmic shaking, especially in the hands, arms, legs, head, mouth, or tongue?	☐ 0	☐ 1	☐ 9
14d. **Slowness** Has the subject noticeably slowed down in walking, moving, or writing by hand, other than due to an injury or illness? Has his/her facial expression changed or become more "wooden," or masked and unexpressive?	☐ 0	☐ 1	☐ 9

INSTRUCTIONS: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Telephone Follow-up Visit Packet, Form B9. Check only one box per question.

Question	Response
15. Indicate the predominant symptom that was first recognized as a decline in the subject's motor function: *NOTE: Enter 0 if this information was provided on a previously submitted Form B9.*	☐ 0 Assessed at a previous UDS visit ☐ 1 Gait disorder ☐ 2 Falls ☐ 3 Tremor ☐ 4 Slowness ☐ 99 Unknown
16. Mode of onset of motor symptoms:	☐ 1 Gradual ☐ 2 Subacute ☐ 3 Abrupt ☐ 4 Other (SPECIFY): ________ ☐ 99 Unknown
17. Were changes in motor function suggestive of parkinsonism?	☐ 0 No ☐ 1 Yes ☐ 9 Unknown If No or Unknown, **SKIP TO QUESTION 18**
17a. If yes, at what age did the motor changes suggestive of parkinsonism begin? (The clinician must use his/her best judgment to estimate an age of onset.)	___ ___ ___ *(777 = Provided at a previous UDS visit)*
18. Were changes in motor function suggestive of amyotrophic lateral sclerosis?	☐ 0 No ☐ 1 Yes ☐ 9 Unknown If No or Unknown, **SKIP TO QUESTION 19**
18a. If yes, at what age did the motor changes suggestive of ALS begin? (The clinician must use his/her best judgment to estimate an age of onset.)	___ ___ ___ *(777 = Provided at a previous UDS visit)*
19. Based on the clinician's assessment, at what age did the motor changes begin? (The clinician must use her/his best judgment to estimate an age of onset.)	___ ___ ___ *(777 = Provided at a previous UDS visit)*
Overall course of decline and predominant domain	
20. Overall course of decline of cognitive/behavioral/motor syndrome:	☐ 1 Gradually progressive ☐ 2 Stepwise ☐ 3 Static ☐ 4 Fluctuating ☐ 5 Improved ☐ 8 N/A ☐ 9 Unknown
21. Indicate the **predominant** domain that was first recognized as changed in the subject: *NOTE: Enter 0 if this information was provided on a previously submitted Form B9.*	☐ 0 Assessed at a previous UDS visit ☐ 1 Cognition ☐ 2 Behavior ☐ 3 Motor function ☐ 8 N/A ☐ 9 Unknown

Candidate for further evaluation for Lewy body disease or frontotemporal lobar degeneration	
22. Is the subject a potential candidate for further evaluation for Lewy body disease?	☐ 0 No ☐ 1 Yes
23. Is the subject a potential candidate for further evaluation for frontotemporal lobar degeneration?	☐ 0 No ☐ 1 Yes

Form D1: Clinician Diagnosis

ADC name: ______________ Subject ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Form date: ___ ___ / ___ ___ / ___ ___ ___ ___

Visit #: ___ ___ ___ Examiner's initials: ___ ___ ___

INSTRUCTIONS: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Telephone Follow-up Packet, Form D1. Check only one box per question.

This form is divided into three main sections:

Section 1	**Cognitive and behavioral status:** Normal cognition / MCI / dementia and dementia syndrome
Section 2	**Biomarkers, imaging, and genetics:** Neurodegenerative imaging and CSF biomarkers, imaging evidence for CVD, and known genetic mutations for AD and FTLD
Section 3	**Etiological diagnoses:** presumed etiological diagnoses for the cognitive disorder

1. Diagnosis method — responses in this form are based on diagnosis by:

☐ 1 A single clinician ☐ 2 A formal consensus panel ☐ 3 Other (e.g., two or more clinicians or other informal group)

SECTION 1: Cognitive and behavioral status

2. Does the subject have normal cognition (global CDR=0 and/or neuropsychological testing within normal range) and normal behavior (i.e., the subject does not exhibit behavior sufficient to diagnose MCI or dementia due to FTLD or LBD)?

☐ 0 No **(CONTINUE TO QUESTION 3)**

☐ 1 Yes **(SKIP TO QUESTION 6)**

ALL-CAUSE DEMENTIA

The subject has cognitive or behavioral (neuropsychiatric) symptoms that meet all of the following criteria:

- Interfere with ability to function as before at work or at usual activities?
- Represent a decline from previous levels of functioning?
- Are not explained by delirium or major psychiatric disorder?
- Include cognitive impairment detected and diagnosed through a combination of 1) history-taking and 2) objective cognitive assessment (bedside or neuropsychological testing)?

AND

Impairment in one* or more of the following domains.

- Impaired ability to acquire and remember new information
- Impaired reasoning and handling of complex tasks, poor judgment
- Impaired visuospatial abilities
- Impaired language functions
- Changes in personality, behavior, or comportment

** In the event of single-domain impairment (e.g., language in PPA, behavior in bvFTD, posterior cortical atrophy), the subject must not fulfill criteria for MCI.*

3. Does the subject meet the criteria for dementia?

☐ 0 No **(SKIP TO QUESTION 5)**

☐ 1 Yes **(CONTINUE TO QUESTION 4)**

4. If the subject meets criteria for dementia, answer Questions 4a–4f below and then SKIP TO QUESTION 6.

Based entirely on the history and examination (including neuropsychological testing), what is the cognitive/behavioral syndrome? **Select one or more as Present; all others will default to Absent in the NACC database.**

Dementia syndrome	Present
4a. Amnestic multidomain dementia syndrome	☐ 1
4b. Posterior cortical atrophy syndrome (or primary visual presentation)	☐ 1
4c. Primary progressive aphasia (PPA) syndrome 4c1. ☐ 1 Meets criteria for semantic PPA ☐ 2 Meets criteria for logopenic PPA ☐ 3 Meets criteria for nonfluent/agrammatic PPA ☐ 4 PPA other/not otherwise specified	☐ 1
4d. Behavioral variant FTD (bvFTD) syndrome	☐ 1
4e. Lewy body dementia syndrome	☐ 1
4f. Non-amnestic multidomain dementia, not PCA, PPA, bvFTD, or DLB syndrome	☐ 1

5. If the subject does not have normal cognition or behavior and is not clinically demented, indicate the type of cognitive impairment below.

MCI CORE CLINICAL CRITERIA

- Is the subject, the co-participant, or a clinician concerned about a change in cognition compared to the subject's previous level?
- Is there impairment in one or more cognitive domains (memory, language, executive function, attention, and visuospatial skills)?
- Is there largely preserved independence in functional abilities (no change from prior manner of functioning or uses minimal aids or assistance)?

Select one syndrome from 5a–5e as being Present (all others will default to Absent in the NACC database), and then **CONTINUE TO QUESTION 6**. If you select MCI below, it should meet the MCI core clinical criteria outlined above.

Type	Present	Affected domains	No	Yes
5a. Amnestic MCI, single domain (aMCI SD)	☐ 1			
5b. Amnestic MCI, multiple domains (aMCI MD)	☐ 1	**CHECK YES for at least one additional domain (besides memory):**		
		5b1. Language	☐ 0	☐ 1
		5b2. Attention	☐ 0	☐ 1
		5b3. Executive	☐ 0	☐ 1
		5b4. Visuospatial	☐ 0	☐ 1

Select one syndrome from 5a–5e as being Present (all others will default to Absent in the NACC database), and then **CONTINUE TO QUESTION 6**. If you select MCI below, it should meet the MCI core clinical criteria outlined above.

Type	Present	Affected domains	No	Yes
5c. Non-amnestic MCI, single domain (naMCI SD)	☐ 1	**CHECK YES to indicate the affected domain:**		
		5c1. Language	☐ 0	☐ 1
		5c2. Attention	☐ 0	☐ 1
		5c3. Executive	☐ 0	☐ 1
		5c4. Visuospatial	☐ 0	☐ 1
5d. Non-amnestic MCI, multiple domains (naMCI MD)	☐ 1	**CHECK YES for at least two domains:**		
		5d1. Language	☐ 0	☐ 1
		5d2. Attention	☐ 0	☐ 1
		5d3. Executive	☐ 0	☐ 1
		5d4. Visuospatial	☐ 0	☐ 1
5e. Cognitively impaired, not MCI	☐ 1			

SECTION 2: Biomarkers, imaging, and genetics

Section 2 must be completed for all subjects.

6. Indicate neurodegenerative biomarker status, using local standards for positivity.

Biomarker findings	No	Yes	Unknown/ not assessed
6a. Abnormally elevated amyloid on PET	☐ 0	☐ 1	☐ 8
6b. Abnormally low amyloid in CSF	☐ 0	☐ 1	☐ 8
6c. FDG-PET pattern of AD	☐ 0	☐ 1	☐ 8
6d. Hippocampal atrophy	☐ 0	☐ 1	☐ 8
6e. Tau PET evidence for AD	☐ 0	☐ 1	☐ 8
6f. Abnormally elevated CSF tau or ptau	☐ 0	☐ 1	☐ 8
6g. FDG-PET evidence for frontal or anterior temporal hypometabolism for FTLD	☐ 0	☐ 1	☐ 8
6h. Tau PET evidence for FTLD	☐ 0	☐ 1	☐ 8
6i. Structural MR evidence for frontal or anterior temporal atrophy for FTLD	☐ 0	☐ 1	☐ 8
6j. Dopamine transporter scan (DATscan) evidence for Lewy body disease	☐ 0	☐ 1	☐ 8
6k. Other (SPECIFY): ______________________	☐ 0	☐ 1	

7. Is there evidence for cerebrovascular disease (CVD) on imaging?

Imaging findings	No	Yes	Unknown/ not assessed
7a. Large vessel infarct(s)	☐ 0	☐ 1	☐ 8
7b. Lacunar infarct(s)	☐ 0	☐ 1	☐ 8
7c. Macrohemorrhage(s)	☐ 0	☐ 1	☐ 8
7d. Microhemorrhage(s)	☐ 0	☐ 1	☐ 8
7e. Moderate white-matter hyperintensity (CHS score 5–6)	☐ 0	☐ 1	☐ 8
7f. Extensive white-matter hyperintensity (CHS score 7–8+)	☐ 0	☐ 1	☐ 8

8. Does the subject have a dominantly inherited AD mutation (PSEN1, PSEN2, APP)?

☐ 0 No ☐ 1 Yes ☐ 9 Unknown/not assessed

9. Does the subject have a hereditary FTLD mutation (e.g., GRN, VCP, TARBP, FUS, C9orf72, CHMP2B, MAPT)?

☐ 0 No ☐ 1 Yes ☐ 9 Unknown/not assessed

10. Does the subject have a hereditary mutation other than an AD or FTLD mutation?

☐ 0 No ☐ 1 Yes (SPECIFY): ____________________ ☐ 9 Unknown/not assessed

SECTION 3: Etiologic diagnoses

Section 3 must be filled out for all subjects. Indicate presumptive etiologic diagnoses of the cognitive disorder and whether a given diagnosis is a primary, contributing, or non-contributing cause of the observed impairment, based on the clinician's best judgment. **Select one or more diagnoses as Present; all others will default to Absent in the NACC database.** Only one diagnosis should be selected as 1=Primary.

For subjects with normal cognition: Indicate the presence of any diagnoses by marking Present, and leave the questions on whether the diagnosis was primary, contributing, or non-contributing blank. Subjects with positive biomarkers but no clinical symptoms of Alzheimer's disease, Lewy body disease, or frontotemporal lobar degeneration **should not** have these diagnoses marked as Present. Instead, the biomarker data from Section 2 can be used to identify the presence of preclinical disease.

Etiologic diagnoses	Present	Primary	Contributing	Non-contributing
11. Alzheimer's disease	☐ 1	11a ☐ 1	☐ 2	☐ 3
12. Lewy body disease	☐ 1	12a ☐ 1	☐ 2	☐ 3
12b. ☐ 1 Parkinson's disease				
13. Multiple system atrophy	☐ 1	13a ☐ 1	☐ 2	☐ 3
14. Frontotemporal lobar degeneration				
14a. Progressive supranuclear palsy (PSP)	☐ 1	14a1 ☐ 1	☐ 2	☐ 3
14b. Corticobasal degeneration (CBD)	☐ 1	14b1 ☐ 1	☐ 2	☐ 3
14c. FTLD with motor neuron disease	☐ 1	14c1 ☐ 1	☐ 2	☐ 3
14d. FTLD NOS	☐ 1	14d1 ☐ 1	☐ 2	☐ 3
14e. If FTLD (Questions 14a – 14d) is Present, specify FTLD subtype: ☐ 1 Tauopathy ☐ 2 TDP-43 proteinopathy ☐ 3 Other (SPECIFY): ____________ ☐ 9 Unknown				

SECTION 3: Etiologic diagnoses (cont.)

Section 3 must be filled out for all subjects. Indicate presumptive etiologic diagnoses of the cognitive disorder and whether a given diagnosis is a primary, contributing, or non-contributing cause of the observed impairment, based on the clinician's best judgment. **Select one or more diagnoses as Present; all others will default to Absent in the NACC database.** Only one diagnosis should be selected as **1=Primary**.

For subjects with normal cognition: Indicate the presence of any diagnoses by selecting **1=Present**, and leave the questions on whether the diagnosis was primary, contributing, or non-contributing blank. Subjects with positive biomarkers but no clinical symptoms of Alzheimer's disease, Lewy body disease, or frontotemporal lobar degeneration **should not** have these diagnoses selected as Present. Instead, the biomarker data from Section 2 can be used to identify the presence of preclinical disease.

Etiologic diagnoses	Present	Primary	Contributing	Non-contributing
15. Vascular brain injury (based on clinical or imaging evidence) *If significant vascular brain injury is absent,* **SKIP TO QUESTION 16.**	☐ 1	15a ☐ 1	☐ 2	☐ 3
15b. Previous symptomatic stroke? ☐ 0 No **(SKIP TO QUESTION 15c)** ☐ 1 Yes 15b1. Temporal relationship between stroke and cognitive decline? ☐ 0 No ☐ 1 Yes				
15b2. Confirmation of stroke by neuroimaging? ☐ 0 No ☐ 1 Yes ☐ 9 Unknown; no relevant imaging data available				
15c. Is there imaging evidence of cystic infarction in cognitive network(s)? ☐ 0 No ☐ 1 Yes ☐ 9 Unknown; no relevant imaging data available				
15d. Is there imaging evidence of cystic infarction, imaging evidence of extensive white matter hyperintensity (CHS grade 7–8+), <u>and</u> impairment in executive function? ☐ 0 No ☐ 1 Yes ☐ 9 Unknown; no relevant imaging data available				
16. Essential tremor	☐ 1	16a ☐ 1	☐ 2	☐ 3
17. Down syndrome	☐ 1	17a ☐ 1	☐ 2	☐ 3
18. Huntington's disease	☐ 1	18a ☐ 1	☐ 2	☐ 3
19. Prion disease (CJD, other)	☐ 1	19a ☐ 1	☐ 2	☐ 3

Etiologic diagnoses	Present	Primary	Contributing	Non-contributing
20. Traumatic brain injury 20b. If Present, does the subject have symptoms consistent with chronic traumatic encephalopathy? ☐ 0 No ☐ 1 Yes ☐ 9 Unknown	☐ 1	20a ☐ 1	☐ 2	☐ 3
21. Normal-pressure hydrocephalus	☐ 1	21a ☐ 1	☐ 2	☐ 3
22. Epilepsy	☐ 1	22a ☐ 1	☐ 2	☐ 3
23. CNS neoplasm 23b. ☐ 1 Benign ☐ 2 Malignant	☐ 1	23a ☐ 1	☐ 2	☐ 3
24. Human immunodeficiency virus (HIV)	☐ 1	24a ☐ 1	☐ 2	☐ 3
25. Cognitive impairment due to other neurologic, genetic, or infectious conditions not listed above 25b. If Present, specify: ________________________	☐ 1	25a ☐ 1	☐ 2	☐ 3

Section 3 must be filled out for all subjects. Indicate presumptive etiologic diagnoses of the cognitive disorder and whether a given diagnosis is a primary, contributing, or non-contributing cause of the observed impairment, based on the clinician's best judgment. **Select one or more diagnoses as Present; all others will default to Absent in the NACC database.** Only one diagnosis should be selected as **1=Primary.**

For subjects with normal cognition: Indicate the presence of any diagnoses by selecting **1=Present**, and leave the questions on whether the diagnosis was primary, contributing, or non-contributing blank. Subjects with positive biomarkers but no clinical symptoms of Alzheimer's disease, Lewy body disease, or frontotemporal lobar degeneration **should not** have these diagnoses selected as Present. Instead, the biomarker data from Section 2 can be used to identify the presence of preclinical disease.

Condition	Present	Primary	Contributing	Non-contributing
26. Active depression 26b. If Present, select one: ☐ 0 Untreated ☐ 1 Treated with medication and/or counseling	☐ 1	26a ☐ 1	☐ 2	☐ 3
27. Bipolar disorder	☐ 1	27a ☐ 1	☐ 2	☐ 3
28. Schizophrenia or other psychosis	☐ 1	28a ☐ 1	☐ 2	☐ 3
29. Anxiety disorder	☐ 1	29a ☐ 1	☐ 2	☐ 3
30. Delirium	☐ 1	30a ☐ 1	☐ 2	☐ 3
31. Post-traumatic stress disorder (PTSD)	☐ 1	31a ☐ 1	☐ 2	☐ 3
32. Other psychiatric disease 32b. If Present, specify: ________________________	☐ 1	32a ☐ 1	☐ 2	☐ 3

33. Cognitive impairment due to alcohol abuse 33b. Current alcohol abuse: ☐0 No ☐1 Yes ☐9 Unknown	☐1	33a ☐1	☐2	☐3
34. Cognitive impairment due to other substance abuse	☐1	34a ☐1	☐2	☐3
35. Cognitive impairment due to systemic disease/ medical illness (as indicated on Form D2)	☐1	35a ☐1	☐2	☐3
36. Cognitive impairment due to medications	☐1	36a ☐1	☐2	☐3
37. Cognitive impairment NOS 37b. If Present, specify: ______________	☐1	37a ☐1	☐2	☐3
38. Cognitive impairment NOS 38b. If Present, specify: ______________	☐1	38a ☐1	☐2	☐3
39. Cognitive impairment NOS 39b. If Present, specify: ______________	☐1	39a ☐1	☐2	☐3

NACC
National Alzheimer's Coordinating Center

TELEPHONE FOLLOW-UP PACKET NACC UNIFORM DATA SET (UDS)

Form D2: Clinician-assessed Medical Conditions

ADC name: ____________ Subject ID: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Form date: ___ ___ / ___ ___ / ___ ___ ___ ___

Visit #: ___ ___ ___ Examiner's initials: ___ ___ ___

INSTRUCTIONS: This form is to be completed by a physician, physician's assistant, nurse practitioner, or other qualified practitioner. For additional clarifications and examples, see UDS Coding Guidebook for Telephone Follow-up Packet, Form D2.

Medical conditions and procedures

The following questions should be answered based on review of all available information, including new diagnoses made during the current visit, previous medical records, procedures, laboratory tests, and the clinical exam.

1. Cancer (excluding non-melanoma skin cancer), primary or metastatic
   - ☐ 0 No **(SKIP TO QUESTION 2)**
   - ☐ 1 Yes, primary/non-metastatic
   - ☐ 2 Yes, metastatic
   - ☐ 8 Not assessed **(SKIP TO QUESTION 2)**

   1a. If yes, specify primary site: ____________

If any of the conditions below are present (even if successfully treated), please check Yes.

2. Diabetes
   - ☐ 0 No
   - ☐ 1 Yes, Type I
   - ☐ 2 Yes, Type II
   - ☐ 3 Yes, other type (diabetes insipidus, latent autoimmune diabetes/type 1.5, gestational diabetes)
   - ☐ 9 Not assessed or unknown

	No	Yes	Not assessed
3. Myocardial infarct	☐ 0	☐ 1	☐ 8
4. Congestive heart failure	☐ 0	☐ 1	☐ 8
5. Atrial fibrillation	☐ 0	☐ 1	☐ 8
6. Hypertension	☐ 0	☐ 1	☐ 8
7. Angina	☐ 0	☐ 1	☐ 8
8. Hypercholesterolemia	☐ 0	☐ 1	☐ 8
9. B12 deficiency	☐ 0	☐ 1	☐ 8
10. Thyroid disease	☐ 0	☐ 1	☐ 8

If any of the conditions below are present (even if successfully treated), please check Yes.	No	Yes	Not assessed
11. Arthritis *If No or Not assessed,* **SKIP TO QUESTION 12** 11a. If yes, what type? ☐ 1 Rheumatoid ☐ 2 Osteoarthritis ☐ 3 Other (SPECIFY): ________ ☐ 9 Unknown 11b. If yes, regions affected (check at least one): 11b1. ☐ 1 Upper extremity 11b2. ☐ 1 Lower extremity 11b3. ☐ 1 Spine 11b4. ☐ 1 Unknown	☐ 0	☐ 1	☐ 8
12. Incontinence — urinary	☐ 0	☐ 1	☐ 8
13. Incontinence — bowel	☐ 0	☐ 1	☐ 8
14. Sleep apnea	☐ 0	☐ 1	☐ 8
15. REM sleep behavior disorder (RBD)	☐ 0	☐ 1	☐ 8
16. Hyposomnia/insomnia	☐ 0	☐ 1	☐ 8
17. Other sleep disorder (SPECIFY): ________	☐ 0	☐ 1	☐ 8
18. Carotid procedure: angioplasty, endarterectomy, or stent	☐ 0	☐ 1	☐ 8
19. Percutaneous coronary intervention: angioplasty and/or stent	☐ 0	☐ 1	☐ 8
20. Procedure: pacemaker and/or defibrillator	☐ 0	☐ 1	☐ 8
21. Procedure: heart valve replacement or repair	☐ 0	☐ 1	☐ 8
22. Antibody-mediated encephalopathy 22a. Specify antibody: ________	☐ 0	☐ 1	☐ 8
23. Other medical conditions or procedures not listed above (IF YES, SPECIFY): ________	☐ 0	☐ 1	