



NACC UNIFORM DATA SET

Data Element Dictionary For Follow-up Visit Packet

Version 3.0, March 2015

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PLEASE SEE INSIDE COVER FOR LIST OF REVISIONS MADE
TO THIS DOCUMENT SINCE UDS3 IMPLEMENTATION

Revisions made to this DED 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 by Form Z1X	Z1	All	Numerous data elements added on language of administration
2017-10-18	Blank corrected from “Blank if Question 4a FOTHMUT ≠ 8 (Other)” to “Blank if Question 4a FOTHMUT ≠ 1 (Yes)”	A3	4a1	FOTHMUTX
2017-03-07	Name of form changed from Functional Activities Questionnaire (FAQ). All items and coding remain unchanged.	B7	N/A	N/A
2017-02-14	Code changed from 1 to 0 in skip pattern to read “If Question 11 ARTH = 0 (No) ...” Also, blank instructions for 11a1 were moved from skip column to blank column.	D2	11 11a1	ARTH, ARTYPEX
2016-11-09	Allowable code of 77 added to blanks	A3	6a – 6at7	(All)
2016-11-09	Allowable code added for 77=Adopted, unknown; new 77 code added to skip pattern	A3	6	SIBS
2016-09-09	New Center codes added	All	Form header	ADCID
2016-08-03	“99 = Unknown” removed as allowable code	A3	6, 7	SIBS, KIDS
2016-02-23	Added variable MEDSIF	D1	36a	MEDSIF
2015-10-26	Skip instruction added	B9	9c1	BEVHALL
2015-10-26	Blank instruction corrected from “if BEVHALL = 0 (No)” to “if BEVHALL ≠ 1 (Yes)”	B9	9c1a	BEVWELL
2015-10-26	Blank instruction corrected from “if BEVHALL = 0 (No)” to “if BEVHALL ≠ 1 (Yes)”	B9	9c1b	BEVHAGO
2015-08-12	Added three new ADCs and their allowable codes to Form Header section	All	N/A	ADCID
2015-07-29	Allowable codes for mother’s and father’s year of birth changed to allow for earlier dates	A3	5a2, 5b2	MOMYOB, DADYOB
2015-07-01	Note added to Form B5 DED entry highlighting change of FORMVER variable to 3.1 (change affects Form B5 only; all other forms remain version 3.0).	B5	N/A	FORMVER
2015-06-16	Text of questions in Form B5 revised for consistency with original instrument	B5	All	N/A
2015-05-19	Allowable codes 888 and 999 added	A3	5b3	DADDAGE

2015-05-18	In Form A3, column positions corrected for KID1AGD	A3	7aa3	KID1AGD
2015-05-12	In Form 2A, text for blanks corrected to read "Blank if Question 10 INLIVWTH = 1 (Yes)"	A2	9a, 9b	INVISITS, INCALLS
2015-05-08	Typo in allowable range corrected: was 115 – 110, now 15 – 110.	B9	18a	ALSAGE
2015-04-03	In Form C1, the question number for TRAILB was corrected from 7B to 8B	C1	7B, 8B	TRAILB
2015-04-03	In Form A3, allowable codes for age of onset were changed from 15-110, 999 to 0-110, 999 .	A3	5a7, 5b7, 6aa7-6at7, 7aa7-7ao7	MOMAGEO, DADAGEO, SIB(1-20)AGO, KID(1-15)AGO
2015-04-03	In Form A3, allowable codes for age of death were changed from 15-110, 999 to 0-110, 999 .	A3	5a3, 5b3, 6aa3-6at3, 7aa7-7ao7	MOMDAGE, DADDAGE, SIB(1-20)AGD, KID(1-15)AGD
2015-03-27	In Form D1, Questions 37 through 39b had been omitted and were restored.	D1	37, 37a, 37b, 38, 38a, 38b, 29, 39a, 39b	COGOTH, COGOTHIF, COGOTHIX, COGOTH2, COGOTH2F, COGOTH2X, COGOX3, COGOTH3F, COGOTH3X
2015-03-27	In the form header section, the allowable code for PACKET was corrected to F .	Form Header	0A	PACKET

GLOSSARY OF TERMS

Variable number	Indicates order of appearance on the UDS form
Variable name	For non-fixed-format files, variable name must match exactly
Version	3
UDS question	The question as it appears on the UDS form
Length of field	For fixed-field formats, number of columns for this variable
Column positions	For fixed-field formats, column numbers for this variable
Data type	For non-fixed-field formats, variable type as numerical or character
Allowable codes	List of codes with mapping instructions
Blanks and skips	Instructions for skip patterns
Comments	Other instructions as needed

Form Header

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Comment
OA	PACKET	3	Packet code	2	1 – 2	Char	F = Follow-up Visit Packet	
OB	FORMID	3	Form ID	3	4 – 6	Char	A1 – A5 B1, B4 – B9 C2 D1 – D2	
OC	FORMVER	3	Form version number	3	8 – 10	Num	See bottom of current form; use integer portion of version number.	Example: version 3.0 is FORMVER = 3.

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Comment
OD	ADCID	3	Center ID	2	12 – 13	Num	2 – 43; use appropriate code below: 2 = Boston University 3 = Case Western University 4 = Columbia University 5 = Duke University 6 = Emory University 7 = Massachusetts ADRC 8 = Indiana University 9 = Johns Hopkins University 10 = Mayo Clinic 11 = Mount Sinai 12 = New York University 13 = Northwestern University 14 = Oregon Health & Science University 15 = Rush University 16 = University of California, Davis 17 = University of California, Los Angeles 18 = University of California, San Diego 19 = University of Kentucky 20 = University of Michigan 21 = University of Pennsylvania 22 = University of Pittsburgh 25 = University of Texas Southwestern 26 = University of Washington 27 = Washington University in St. Louis 28 = University of Alabama 30 = University of Southern California 31 = University of California, Irvine 32 = Stanford University 33 = Arizona ADC 34 = University of Arkansas 35 = University of California, San Francisco 36 = Florida ADC 37 = University of Wisconsin 38 = University of Kansas 39 = Stanford University #2 40 = Yale University 41 = 1Florida ADRC 42 = Wake Forest University 43 = University of Michigan ADC	Note: ADCID is replaced by a randomly generated NACCADC in research data sets generated by NACC.

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Comment
OE	PTID	3	ADC subject ID	10	15 – 24	Char	Follow your Center's Patient ID scheme; use same ID as in MDS, if subject is enrolled in MDS.	Number must be unique within data from your Center and be used across all visits for the subject. NOTE: PTID is replaced by a randomly generated NACCID in research data sets generated by NACC.
OF	VISITMO	3	Form date — month	2	26 – 27	Num	1 – 12	Visit date cannot precede September 1, 2005.
OG	VISITDAY	3	Form date — day	2	29 – 30	Num	1 – 31	Visit date cannot precede September 1, 2005.
OH	VISITYR	3	Form date — year	4	32 – 35	Num	2005 to the present year	Visit date cannot precede September 1, 2005.
OI	VISITNUM	3	ADC visit ID	3	37 – 39	Char	Can be determined by Center.	The Center may use its existing visit number scheme. It is not required to start with 1.
OJ	INITIALS	3	Examiner's initials	3	41 – 43	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	NOTE: INITIALS is never released in research data sets generated by NACC.

Form Z1X: Form Checklist

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1a	LANGA1	3	A1 Subject Demographics — language	1	45 - 45	Num	1 = English 2 = Spanish		
2a	LANGA2	3	A2 Co-participant Demographics — language	1	47 - 47	Num	1 = English 2 = Spanish	Blank if #2b A2SUB = 0 (No)	
2b	A2SUB	3	A2 Co-participant Demographics — submitted	1	49 - 49	Num	0 = No 1 = Yes		
2c	A2NOT	3	If A2 not submitted, specify reason	2	51 - 52	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #2b A2SUB = 1 (Yes)	
3a	LANGA3	3	A3 Subject Family History — language	1	54 - 54	Num	1 = English 2 = Spanish	Blank if #3b A3SUB = 0 (No)	
3b	A3SUB	3	A3 Subject Family History — submitted	1	56 - 56	Num	0 = No 1 = Yes		
3c	A3NOT	3	If A3 not submitted, specify reason	2	58 - 59	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #3b A3SUB = 1 (Yes)	
4a	LANGA4	3	A4 Subject Medications — language	1	61 - 61	Num	1 = English 2 = Spanish	Blank if #4b A4SUB = 0 (No)	
4b	A4SUB	3	A4 Subject Medications — submitted	1	63 - 63	Num	0 = No 1 = Yes		
4c	A4NOT	3	If A4 not submitted, specify reason	2	65 - 66	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #4b A4SUB = 1 (Yes)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5a	LANGB1	3	B1 Evaluation Form: Physical — language	1	68 - 68	Num	1 = English 2 = Spanish	Blank if #5b B1SUB = 0 (No)	
5b	B1SUB	3	B1 Evaluation Form: Physical — submitted	1	70 - 70	Num	0 = No 1 = Yes		
5c	B1NOT	3	If B1 not submitted, specify reason	2	72 - 73	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #5b B1SUB = 1 (Yes)	
6a	LANGB4	3	B4 Global Staging — CDR: Standard and Supplemental — language	1	75 - 75	Num	1 = English 2 = Spanish		
7a	LANGB5	3	B5 Behavioral Assessment: NPI-Q — language	1	77 - 77	Num	1 = English 2 = Spanish	Blank if #7b B5SUB = 0 (No)	
7b	B5SUB	3	B5 Behavioral Assessment: NPI-Q — submitted	1	79 - 79	Num	0 = No 1 = Yes		
7c	B5NOT	3	If B5 not submitted, specify reason	2	81 - 82	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #7b B5SUB = 1 (Yes)	
8a	LANGB6	3	B6 Behavioral Assessment: GDS — language	1	84 - 84	Num	1 = English 2 = Spanish	Blank if #8b B6SUB = 0 (No)	
8b	B6SUB	3	B6 Behavioral Assessment: GDS — submitted	1	86 - 86	Num	0 = No 1 = Yes		
8c	B6NOT	3	If B6 not submitted, specify reason	2	88 - 89	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #8b B6SUB = 1 (Yes)	
9a	LANGB7	3	B7 Functional Assessment: FAS language	1	91 - 91	Num	1 = English 2 = Spanish	Blank if #9b B7SUB = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	
9b	B7SUB	3	B7 Functional Assessment: FAS — submitted	1	93 - 93	Num	0 = No 1 = Yes		
9c	B7NOT	3	If B7 not submitted, specify reason	2	95 - 96	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #9b B7SUB = 1 (Yes)	
10a	LANGB8	3	B8 Neurological Examination Findings — language	1	98 - 98	Num	1 = English 2 = Spanish		
11a	LANGB9	3	B9 Clinician Judgment of Symptoms — language	1	100 - 100	Num	1 = English 2 = Spanish		
12a	LANGC1	3	C1 Neurological Battery Scores — language	1	102 - 102	Num	1 = English 2 = Spanish	Blank if #13a LANGC2 = 1 (English) or 2 (Spanish)	
13a	LANGC2	3	C2 Neurological Battery Scores — language	1	104 - 104	Num	1 = English 2 = Spanish	Blank if #12a LANGC1 = 1 (English) or 2 (Spanish)	
14a	LANGD1	3	D1 Clinician Diagnosis — language	1	106 - 106	Num	1 = English 2 = Spanish		
15a	LANGD2	3	D2 Clinician-assessed Medical Conditions — language	1	108 - 108	Num	1 = English 2 = Spanish		
16a	LANGA3A	3	A3A Record of consent for biologic specimen use — language	1	110 - 110	Num	1 = English 2 = Spanish	Blank if #16b FTDA3AFS = 0 (No)	
16b	FTDA3AFS	3	A3A Record of consent for biologic specimen use — submitted	1	112 - 112	Num	0 = No 1 = Yes		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
16c	FTDA3AFR	3	If A3A not submitted, specify reason	2	114 - 115	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal 99 = Unknown or inadequate information	Blank if #16b FT-DA3AFS = 1 (Yes)	
17a	LANGB3F	3	B3F Supplemental UPDRS — language	1	117 - 117	Num	1 = English 2 = Spanish		
18a	LANGB9F	3	B9F Clinical PPA and bvFTD Features — language	1	119 - 119	Num	1 = English 2 = Spanish		
19a	LANGC1F	3	C1F Neuropsychological Battery Summary Scores — language	1	121 - 121	Num	1 = English 2 = Spanish		
20a	LANGC2F	3	C2F Social Norms Questionnaire — language	1	123 - 123	Num	1 = English 2 = Spanish		
21a	LANGC3F	3	C3F Social Behavior Observer Checklist — language	1	125 - 125	Num	1 = English 2 = Spanish		
22a	LANGC4F	3	C4F Behavioral Inhibition Scale — language	1	127 - 127	Num	1 = English 2 = Spanish	Blank if #22b FTD-C4FS = 0 (No)	
22b	FTDC4FS	3	C4F Behavioral Inhibition Scale — submitted	1	129 - 129	Num	0 = No 1 = Yes		
22c	FTDC4FR	3	If C4F not submitted, specify reason	2	131 - 132	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal 99 = Unknown or inadequate information	Blank if #22b FTD-C4FS = 1 (Yes)	
23a	LANGC5F	3	C5F Interpersonal Reactivity Index — language	1	134 - 134	Num	1 = English 2 = Spanish	Blank if #23b FTD-C5FS = 0 (No)	
23b	FTDC5FS	3	C5F Interpersonal Reactivity Index — submitted	1	136 - 136	Num	0 = No 1 = Yes		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	
23c	FTDC5FR	3	If C5F not submitted, specify reason	2	138 - 139	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal 99 = Unknown or inadequate information	Blank if #23b FTDC5FS = 1 (Yes)	
24a	LANGC6F	3	C6F Revised self-monitoring scale — language	1	141 - 141	Num	1 = English 2 = Spanish	Blank if #24b FTDC6FS = 0 (No)	
24b	FTDC6FS	3	C6F Revised self-monitoring scale — submitted	1	143 - 143	Num	0 = No 1 = Yes		
24c	FTDC6FR	3	If C6F not submitted, specify reason	2	145 - 146	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal 99 = Unknown or inadequate information	Blank if #24b FTDC6FS, = 1 (Yes)	
25a	LANGE2F	3	E2F Imaging Available — language	1	148 - 148	Num	1 = English 2 = Spanish		
26a	LANGE3F	3	E3F Imaging in Diagnosis — language	1	150 - 150	Num	1 = English 2 = Spanish		
27a	LANGCLS	3	CLS Language — language	1	152 - 152	Num	1 = English 2 = Spanish	Blank if #27b CLSSUB = 0 (No)	
27b	CLSSUB	3	CLS Subject Language History — submitted	1	154 - 154	Num	0 = No 1 = Yes		

Form A1: Subject Demographics

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1a	BIRTHMO	3	Subject's month of birth	2	45–46	Num	1–12		
1b	BIRTHYR	3	Subject's year of birth	4	48–51	Num	1875 to (current year minus 15)		
2	MARISTAT	3	Subject's current marital status	1	53–53	Num	1 = Married 2 = Widowed 3 = Divorced 4 = Separated 5 = Never married (or marriage was annulled) 6 = Living as married/domestic partner 9 = Unknown		
3	SEX	3	Subject's sex	1	55–55	Num	1 = Male 2 = Female		
4	LIVSITUA	3	What is the subject's living situation?	1	57–57	Num	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, convent) 9 = Unknown		
5	INDEPEND	3	What is the subject's level of independence?	1	59–59	Num	1 = Able to live independently 2 = Requires some assistance with complex activities 3 = Requires some assistance with basic activities 4 = Completely dependent 9 = Unknown		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6	RESIDENC	3	What is the subject's type of residence?	1	61–61	Num	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	3	ZIP Code (first three digits) of subject's primary residence	3	63–65	Char	Must be valid ZIP Code, in the range 006–999	Blank if Question 6 RESIDENC = 9 (Unknown)	

Form A2: Co-participant Demographics

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1a	INBIRMO	3	Co-participant's month of birth	2	45–46	Num	1–12 99 = Unknown		
1b	INBIRYR	3	Co-participant's year of birth	4	48–51	Num	1875 to (current year minus 15) 9999 = Unknown		
2	INSEX	3	Co-participant's sex	1	53–53	Num	1 = Male 2 = Female		
3	NEWINF	3	Is this a new co-participant—i.e., one who was not a co-participant at any past UDS visit?	1	55–55	Num	0 = No 1 = Yes		If Question 3 NEWINF = 0 (No), then skip to Question 9
4	INHISP	3	Does the co-participant report being of Hispanic/Latino ethnicity (i.e., having origins from mainly Spanish-speaking Latin American country), regardless of race?	1	57–57	Num	0 = No 1 = Yes	Blank if Question 3 NEWINF = 0 (No)	If Question 4 INHISP = 0 (No), then skip to Question 5 If Question 4 INHISP = 9 (Unknown), then skip to Question 5
4a	INHISPOR	3	If Yes, what are the co-participant's reported origins?	2	59–60	Num	1 = Mexican, Chicano, or Mexican-American 2 = Puerto Rican 3 = Cuban 4 = Dominican 5 = Central American 6 = South American 50 = Other (specify) 99 = Unknown	Blank if Question 4 INHISP ≠ 1 (Yes)	
4a1	INHISPOX	3	Other (specify):	60	62–121	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 4a INHISPOR ≠ 50 (Other)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5	INRACE	3	What does co-participant report as his or her race?	2	123–124	Num	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	Blank if Question 3 NEWINF = 0 (No)	
5a	INRACEX	3	Other (specify):	60	126–185	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 5 INRACE ≠ 50 (Other)	
6	INRASEC	3	What additional race does co-participant report?	2	187–188	Num	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	Blank if Question 3 NEWINF = 0 (No)	
6a	INRASECX	3	Other (specify):	60	190–249	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 6 INRASEC ≠ 50 (Other)	
7	INRATER	3	What additional race, beyond those reported in Questions 4 and 5, does the co-participant report?	2	251–252	Num	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 Blank if Question 3 NEWINF = 0 (No)	Blank if Question 3 NEWINF = 0 (No)	
7a	INRATERX	3	Other (specify):	60	254–313	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 7 INRATER ≠ 50 (Other)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
8	INEDUC	3	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	2	315–316	Num	0–3	Blank if Question 3 NEWINF = 0 (No)	
9	INRELTO	3	What is co-participant's relationship to subject?	1	318–318	Num	1 = Spouse, partner, or companion 2 = Child 3 = Sibling 4 = Other relative 5 = Friend, neighbor, or someone known through family, friends, work, or community 6 = Paid caregiver, health care provider, or clinician		
9a	INKNOWN	3	How long has the co-participant know the subject?	3	320–322	Num	0–120 999 = Unknown		
10	INLIVWTH	3	Does the co-participant live with the subject?	1	324–324	Num	0 = No 1 = Yes		If Question 10 INLIVWTH = 1 (Yes), then skip to Question 11
10a	INVISITS	3	If no, approximate frequency of in-person visits:	1	326–326	Num	1 = Daily 2 = At least 3 times per week 3 = Weekly 4 = At least 3 times per month 5 = Monthly 6 = Less than once a month	Blank if Question 10 INLIVWTH = 1 (Yes)	
10b	INCALLS	3	If no, approximate frequency of telephone contact	1	328–328	Num	1 = Daily 2 = At least 3 times per week 3 = Weekly 4 = At least 3 times per month 5 = Monthly 6 = Less than once a month	Blank if Question 10 INLIVWTH = 1 (Yes)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
11	INRELY	3	Is there a question about the co-participant's reliability?	1	330-330	Num	0 = No 1 = Yes		

Form A3: Family History

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	NWINFMUT	3	New information available concerning genetic mutations?	1	45–45	Num	0 = No 1 = Yes 9 = Unknown		If Question 1 NWINFMUT = 0 (No), then skip to Question 5 If Question 1 NWINFMUT = 9 (Unknown), then skip to Question 5
2a	FADMUT	3	In this family, is there evidence for an AD mutation? If Yes, select predominant mutation	1	47–47	Num	0 = No 1 = Yes, APP 2 = Yes, PS-1 (PSEN-1) 3 = Yes, PS-2 (PSEN-2) 8 = Yes, Other (specify) 9 = Unknown whether mutation exists	Blank if Question 1 NWINFMUT ≠ 1 (Yes)	If Question 2a FADMUT = 0 (No), then skip to Question 3a If Question 2a FADMUT = 9 (Unknown), then skip to Question 3a
2a1	FADMUTX	3	If Yes, other (specify):	60	49–108	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 2a FADMUT ≠ 8 (Other) Blank if Question 1 NWINFMUT ≠ 1 (Yes)	
2b	FADMUSO	3	Source of evidence for AD mutation:	1	110–110	Num	1 = Family report (no test documentation available) 2 = Commercial test documentation 3 = Research lab test documentation 8 = Other (specify) 9 = Unknown	Blank if Question 2a FADMUT = 0 (No) Blank if Question 2a = 9 (Unknown) Blank if Question 1 NWINFMUT ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
2b1	FADMUSOX	3	If other, specify:	60	112–171	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 2a FADMUT = 0 (No) Blank if Question 2a = 9 (Unknown) Blank if Question 2b FADMUSO ≠ 8 (Other) Blank if Question 1 NWINFMUT ≠ 1 (Yes)	
3a	FFDMUT	3	In this family, is there evidence for an FTL mutation? If Yes, select predominant mutation	1	173–173	Num	0 = No 1 = Yes, MAPT 2 = Yes, PGRN 3 = Yes, C9orf72 4 = Yes, FUS 8 = Yes, Other (specify) 9 = Unknown whether mutation exists	Blank if Question 1 NWINFMUT ≠ 1 (Yes)	If Question 3a FFDMUT = 0 (No), then skip to Question 4a If Question 3a FFDMUT = 9 (Unknown), then skip to Question 4a
3a1	FFDMUTX	3	If Yes, other (specify):	60	175–234	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 3a FFDMUT ≠ 8 (Other) Blank if Question 1 NWINFMUT ≠ 1 (Yes)	
3b	FFDMUSO	3	Source of evidence for FTL mutation	1	236–236	Num	1 = Family report (no test documentation available) 2 = Commercial test documentation 3 = Research lab test documentation 8 = Other (specify) 9 = Unknown	Blank if Question 3a FFDMUT = 0 (No) Blank if Question 3a FFDMUT = 9 (Unknown) Blank if Question 1 NWINFMUT ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
3b1	FFDMUSX	3	If other, specify:	60	238–297	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 3a FFTDMUT = 0 (No) Blank if Question 3a FFTDMUT = 9 (Unknown) Blank if Question 3b FFTDMUSO ≠ 8 (Other) Blank if Question 1 NWINFMUT ≠ 1 (Yes)	
4a	FOTHMUT	3	In this family, is there evidence for a mutation other than an AD or FTL mutation?	1	299–299	Num	0 = No 1 = Yes (specify) 9 = Unknown	Blank if Question 1 NWINFMUT ≠ 1 (Yes)	If Question 4a FOTHMUT = 0 (No), then skip to Question 5 If Question 4a FOTHMUT = 9 (Unknown), then skip to Question 5
4a1	FOTHMUTX	3	If Yes, specify:	60	301–360	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 4a FOTHMUT ≠ 1 (Yes) Blank if Question 1 NWINFMUT ≠ 1 (Yes)	
4b	FOTHMUSO	3	Source of evidence for other mutation	1	362–362	Num	1 = Family report (no test documentation available) 2 = Commercial test documentation 3 = Research lab test documentation 8 = Other (specify) 9 = Unknown	Blank if Question 4a FOTHMUT = 0 (No) Blank if Question 4a FOTHMUT = 9 (Unknown) Blank if Question 1 NWINFMUT ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4b1	FOTHMUSX	3	If other, specify:	60	364–423	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 4a FOTHMUT = 0 (No) Blank if Question 4a FOTHMUT = 9 (Unknown) Blank if Question 4b FOTHMUSO ≠ 8 (Other) Blank if Question 1 NWINFMUT ≠ 1 (Yes)	
5	NWINFPAR	3	New information available on parents' status?	1	425–425	Num	0 = No 1 = Yes		If Question 5 NWINFPAR = 0 (No), then skip to Question 6
5a1	MOMMOB	3	Mother — birth month	2	427–428	Num	1–12 99 = Unknown	Blank if Question 5 NWINFPAR = 0 (No)	
5a2	MOMYOB	3	Mother — birth year	4	430–433	Num	1850 to current year minus 15 9999 = Unknown	Blank if Question 5 NWINFPAR = 0 (No)	
5a3	MOMDAGE	3	Mother — age at death	3	435–437	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 5 NWINFPAR = 0 (No)	
5a4	MOMNEUR	3	Mother — neurological problem	1	439–439	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 5 NWINFPAR = 0 (No)	If Question 5a4 MOMNEUR = 8 (N/A), skip the remaining questions in the row If Question 5a4 MOMNEUR = 9 (Unknown), skip the remaining questions in the row

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5a5	MOMPRDX	3	Mother — primary diagnosis	3	441–443	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 5 NWINFPAAR = 0 (No) Blank if Question 5a4 MOMNEUR = 8 (N/A) Blank if Question 5a4 MOMNEUR = 9 (Unknown)	
5a6	MOMMOE	3	Mother — method of evaluation	1	445–445	Num	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	Blank if Question 5 NWINFPAAR = 0 (No) Blank if Question 5a4 MOMNEUR = 8 (N/A) Blank if Question 5a4 MOMNEUR = 9 (Unknown)	
5a7	MOMAGEO	3	Mother — age of onset	3	447–449	Num	0–110 999 = Unknown	Blank if Question 5 NWINFPAAR = 0 (No) Blank if Question 5a4 MOMNEUR = 8 (N/A) Blank if Question 5a4 MOMNEUR = 9 (Unknown)	
5b1	DADMOB	3	Father — birth month	2	451–452	Num	1–12 99 = Unknown	Blank if Question 5 NWINFPAAR = 0 (No)	
5b2	DADYOB	3	Father — birth year	4	454–457	Num	1850 to current year minus 15 9999 = Unknown	Blank if Question 5 NWINFPAAR = 0 (No)	
5b3	DADDAGE	3	Father — age at death	3	459–461	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 5 NWINFPAAR = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5b4	DADNEUR	3	Father — neurological problem	1	463–463	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 5 NWINFPAR = 0 (No)	If Question 5b4 DADNEUR = 8 (N/A), skip the remaining questions in the row If Question 5a4 DADNEUR = 9 (Unknown), skip the remaining questions in the row
5b5	DADPRDX	3	Father — primary diagnosis	3	465–467	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 5 NWINFPAR = 0 (No) Blank if Question 5b4 DADNEUR = 8 (N/A) Blank if Question 5B4 DADNEUR = 9 (Unknown)	
5b6	DADMOE	3	Father — method of evaluation	1	469–469	Num	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	Blank if Question 5 NWINFPAR = 0 (No) Blank if Question 5b4 DADNEUR = 8 (N/A) Blank if Question 5B4 DADNEUR = 9 (Unknown)	
5b7	DADAGEO	3	Father — age of onset	3	471–473	Num	0–110 999 = Unknown	Blank if Question 5 NWINFPAR = 0 (No) Blank if Question 5b4 DADNEUR = 8 (N/A) Blank if Question 5B4 DADNEUR = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6	SIBS	3	Number of full siblings?	2	475–476	Num	0–20 77 = Adopted, unknown		If Question 6 SIBS=0 or SIBS=77, then skip to Question 7
6a	NWINFSIB	3	New information on affected siblings?	1	478–478	Num	0 = No 1 = Yes	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6a NWINFSIB = 0 (No), then skip to Question 7
6aa1	SIB1MOB	3	Sibling 1 — birth month	2	480–481	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6aa2	SIB1YOB	3	Sibling 1 — birth year	4	483–486	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6aa3	SIB1AGD	3	Sibling 1 — age at death	3	488–490	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6aa4	SIB1NEU	3	Sibling 1 — neurological problem	1	492–492	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6aa4 SIB1NEU = 8 (N/A), then skip the remaining questions in the row If Question 6aa4 SIB1NEU = 9 (Unknown), then skip the remaining questions in the row

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6aa5	SIB1PDX	3	Sibling 1 — primary diagnosis	3	494–496	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6aa4 SIB1NEU = 8 (N/A) Blank if Question 6aa4 SIB1NEU = 9 (Unknown)	
6aa6	SIB1MOE	3	Sibling 1 — method of evaluation	1	498–498	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6aa4 SIB1NEU = 8 (N/A) Blank if Question 6aa4 SIB1NEU = 9 (Unknown)	
6aa7	SIB1AGO	3	Sibling 1 — age of onset	3	500–502	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6aa4 SIB1NEU = 8 (N/A) Blank if Question 6aa4 SIB1NEU = 9 (Unknown)	
6ab1	SIB2MOB	3	Sibling 2 — birth month	2	504–505	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ab2	SIB2YOB	3	Sibling 2 — birth year	4	507–510	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ab3	SIB2AGD	3	Sibling 2 — age at death	3	512–514	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ab4	SIB2NEU	3	Sibling 2 — neurological problem	1	516–516	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6ab4 SIB2NEU = 8 (N/A), then skip the remaining questions in the row If Question 6ab4 SIB2NEU = 9 (Unknown), then skip the remaining questions in the row
6ab5	SIB2PDX	3	Sibling 2 — primary diagnosis	3	518–520	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ab4 SIB2NEU = 8 (N/A) Blank if Question 6ab4 SIB2NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ab6	SIB2MOE	3	Sibling 2 — method of evaluation	1	522–522	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ab4 SIB2NEU = 8 (N/A) Blank if Question 6ab4 SIB2NEU = 9 (Unknown)	
6ab7	SIB2AGO	3	Sibling 2 — age of onset	3	524–526	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ab4 SIB2NEU = 8 (N/A) Blank if Question 6ab4 SIB2NEU = 9 (Unknown)	
6ac1	SIB3MOB	3	Sibling 3 — birth month	2	528–529	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ac2	SIB3YOB	3	Sibling 3 — birth year	4	531–534	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ac3	SIB3AGD	3	Sibling 3 — age at death	3	536–538	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ac4	SIB3NEU	3	Sibling 3 — neurological problem	1	540–540	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6ac4 SIB3NEU = 8 (N/A), then skip the remaining questions in the row If Question 6ac4 SIB3NEU = 9 (Unknown), then skip the remaining questions in the row
6ac5	SIB3PDX	3	Sibling 3 — primary diagnosis	3	542–544	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ac4 SIB3NEU = 8 (N/A) Blank if Question 6ac4 SIB3NEU = 8 (N/A)	
6ac6	SIB3MOE	3	Sibling 3 — method of evaluation	1	546–546	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ac4 SIB3NEU = 8 (N/A) Blank if Question 6ac4 SIB3NEU = 8 (N/A)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ac7	SIB3AGO	3	Sibling 3 — age of onset	3	548–550	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ac4 SIB3NEU = 8 (N/A)	
6ad1	SIB4MOB	3	Sibling 4 — birth month	2	552–553	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ad2	SIB4YOB	3	Sibling 4 — birth year	4	555–558	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ad3	SIB4AGD	3	Sibling 4 — age at death	3	560–562	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ad4	SIB4NEU	3	Sibling 4 — neurological problem	1	564–564	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6ad4 SIB4NEU = 8 (N/A), then skip the remaining questions in the row If Question 6ad4 SIB4NEU = 9 (Unknown), then skip the remaining questions in the row

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ad5	SIB4PDX	3	Sibling 4 — primary diagnosis	3	566–568	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ad4 SIB4NEU = 8 (N/A) Blank if Question 6ad4 SIB4NEU = 9 (Unknown)	
6ad6	SIB4MOE	3	Sibling 4 — method of evaluation	1	570–570	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ad4 SIB4NEU = 8 (N/A) Blank if Question 6ad4 SIB4NEU = 9 (Unknown)	
6ad7	SIB4AGO	3	Sibling 4 — age of onset	3	572–574	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ad4 SIB4NEU = 8 (N/A) Blank if Question 6ad4 SIB4NEU = 9 (Unknown)	
6ae1	SIB5MOB	3	Sibling 5 — birth month	2	576–577	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ae2	SIB5YOB	3	Sibling 5 — birth year	4	579–582	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ae3	SIB5AGD	3	Sibling 5 — age at death	3	584–586	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ae4	SIB5NEU	3	Sibling 5 — neurological problem	1	588–588	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6ae4 SIB5NEU = 8 (N/A), then skip the remaining questions in the row If Question 6ae4 SIB5NEU = 9 (Unknown), then skip the remaining questions in the row
6ae5	SIB5PDX	3	Sibling 5 — primary diagnosis	3	590–592	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ae4 SIB5NEU = 8 (N/A) Blank if Question 6ae4 SIB5NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ae6	SIB5MOE	3	Sibling 5 — method of evaluation	1	594–594	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ae4 SIB5NEU = 8 (N/A) Blank if Question 6ae4 SIB5NEU = 9 (Unknown)	
6ae7	SIB5AGO	3	Sibling 5 — age of onset	3	596–598	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ae4 SIB5NEU = 8 (N/A) Blank if Question 6ae4 SIB5NEU = 9 (Unknown)	
6af1	SIB6MOB	3	Sibling 6 — birth month	2	600–601	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6af2	SIB6YOB	3	Sibling 6 — birth year	4	603–606	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6af3	SIB6AGD	3	Sibling 6 — age at death	3	608–610	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6af4	SIB6NEU	3	Sibling 6 — neurological problem	1	612–612	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6af4 SIB6NEU = 8 (N/A), then skip the remaining questions in the row If Question 6af4 SIB6NEU = 9 (Unknown), then skip the remaining questions in the row
6af5	SIB6PDX	3	Sibling 6 — primary diagnosis	3	614–616	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6af4 SIB6NEU = 8 (N/A) Blank if Question 6af4 SIB6NEU = 9 (Unknown)	
6af6	SIB6MOE	3	Sibling 6 — method of evaluation	1	618–618	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6af4 SIB6NEU = 8 (N/A) Blank if Question 6af4 SIB6NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6af7	SIB6AGO	3	Sibling 6 — age of onset	3	620–622	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6af4 SIB6NEU = 8 (N/A) Blank if Question 6af4 SIB6NEU = 9 (Unknown)	
6ag1	SIB7MOB	3	Sibling 7 — birth month	2	624–625	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ag2	SIB7YOB	3	Sibling 7 — birth year	4	627–630	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ag3	SIB7AGD	3	Sibling 7 — age at death	3	632–634	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ag4	SIB7NEU	3	Sibling 7 — neurological problem	1	636–636	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6ag4 SIB7NEU = 8 (N/A), then skip the remaining questions in the row If Question 6ag4 SIB7NEU = 9 (Unknown), then skip the remaining questions in the row

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ag5	SIB7PDX	3	Sibling 7 — primary diagnosis	3	638–640	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ag4 SIB7NEU = 8 (N/A) Blank if Question 6ag4 SIB7NEU = 9 (Unknown)	
6ag6	SIB7MOE	3	Sibling 7 — method of evaluation	1	642–642	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ag4 SIB7NEU = 8 (N/A) Blank if Question 6ag4 SIB7NEU = 9 (Unknown)	
6ag7	SIB7AGO	3	Sibling 7 — age of onset	3	644–646	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ag4 SIB7NEU = 8 (N/A) Blank if Question 6ag4 SIB7NEU = 9 (Unknown)	
6ah1	SIB8MOB	3	Sibling 8 — birth month	2	648–649	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ah2	SIB8YOB	3	Sibling 8 — birth year	4	651–654	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ah3	SIB8AGD	3	Sibling 8 — age at death	3	656–658	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ah4	SIB8NEU	3	Sibling 8 — neurological problem	1	660–660	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6ah4 SIB8NEU = 8 (N/A), then skip the remaining questions in the row If Question 6ah4 SIB8NEU = 9 (Unknown), then skip the remaining questions in the row
6ah5	SIB8PDX	3	Sibling 8 — primary diagnosis	3	662–664	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ah4 SIB8NEU = 8 (N/A) Blank if Question 6ah4 SIB8NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ah6	SIB8MOE	3	Sibling 8 — method of evaluation	1	666–666	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ah4 SIB8NEU = 8 (N/A) Blank if Question 6ah4 SIB8NEU = 9 (Unknown)	
6ah7	SIB8AGO	3	Sibling 8 — age of onset	3	668–670	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ah4 SIB8NEU = 8 (N/A) Blank if Question 6ah4 SIB8NEU = 9 (Unknown)	
6ai1	SIB9MOB	3	Sibling 9 — birth month	2	672–673	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ai2	SIB9YOB	3	Sibling 9 — birth year	4	675–678	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ai3	SIB9AGD	3	Sibling 9 — age at death	3	680–682	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ai4	SIB9NEU	3	Sibling 9 — neurological problem	1	684–684	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6ai4 SIB9NEU = 8 (N/A), then skip the remaining questions in the row If Question 6ai4 SIB9NEU = 9 (Unknown), then skip the remaining questions in the row
6ai5	SIB9PDX	3	Sibling 9 — primary diagnosis	3	686–688	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ai4 SIB9NEU = 8 (N/A) Blank if Question 6ai4 SIB9NEU = 9 (Unknown)	
6ai6	SIB9MOE	3	Sibling 9 — method of evaluation	1	690–690	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ai4 SIB9NEU = 8 (N/A) Blank if Question 6ai4 SIB9NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ai7	SIB9AGO	3	Sibling 9 — age of onset	3	692–694	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ai4 SIB9NEU = 8 (N/A) Blank if Question 6ai4 SIB9NEU = 9 (Unknown)	
6aj1	SIB10MOB	3	Sibling 10 — birth month	2	696–697	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6aj2	SIB10YOB	3	Sibling 10 — birth year	4	699–702	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6aj3	SIB10AGD	3	Sibling 10 — age at death	3	704–706	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6aj4	SIB10NEU	3	Sibling 10 — neurological problem	1	708–708	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6aj4 SIB10NEU = 8 (N/A), then skip the remaining questions in the row If Question 6aj4 SIB10NEU = 9 (Unknown), then skip the remaining questions in the row

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6aj5	SIB10PDX	3	Sibling 10 — primary diagnosis	3	710–712	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6aj4 SIB10NEU = 8 (N/A) Blank if Question 6aj4 SIB10NEU = 9 (Unknown)	
6aj6	SIB10MOE	3	Sibling 10 — method of evaluation	1	714–714	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6aj4 SIB10NEU = 8 (N/A) Blank if Question 6aj4 SIB10NEU = 9 (Unknown)	
6aj7	SIB10AGO	3	Sibling 10 — age of onset	3	716–718	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6aj4 SIB10NEU = 8 (N/A) Blank if Question 6aj4 SIB10NEU = 9 (Unknown)	
6ak1	SIB11MOB	3	Sibling 11 — birth month	2	720–721	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ak2	SIB11YOB	3	Sibling 11 — birth year	4	723–726	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ak3	SIB11AGD	3	Sibling 11 — age at death	3	728–730	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ak4	SIB11NEU	3	Sibling 11 — neurological problem	1	732–732	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6ak4 SIB11NEU = 8 (N/A), then skip the remaining questions in the row If Question 6ak4 SIB11NEU = 9 (Unknown), then skip the remaining questions in the row
6ak5	SIB11PDX	3	Sibling 11 — primary diagnosis	3	734–736	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ak4 SIB11NEU = 8 (N/A) Blank if Question 6ak4 SIB11NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ak6	SIB11MOE	3	Sibling 11 — method of evaluation	1	738–738	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ak4 SIB11NEU = 8 (N/A) Blank if Question 6ak4 SIB11NEU = 9 (Unknown)	
6ak7	SIB11AGO	3	Sibling 11 — age of onset	3	740–742	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ak4 SIB11NEU = 8 (N/A) Blank if Question 6ak4 SIB11NEU = 9 (Unknown)	
6al1	SIB12MOB	3	Sibling 12 — birth month	2	744–745	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6al2	SIB12YOB	3	Sibling 12 — birth year	4	747–750	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6al3	SIB12AGD	3	Sibling 12 — age at death	3	752–754	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6a4	SIB12NEU	3	Sibling 12 — neurological problem	1	756–756	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6a4 SIB12NEU = 8 (N/A), then skip the remaining questions in the row If Question 6a4 SIB12NEU = 9 (Unknown), then skip the remaining questions in the row
6a5	SIB12PDX	3	Sibling 12 — primary diagnosis	3	758–760	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6a4 SIB12NEU = 8 (N/A) Blank if Question 6a4 SIB12NEU = 9 (Unknown)	
6a6	SIB12MOE	3	Sibling 12 — method of evaluation	1	762–762	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6a4 SIB12NEU = 8 (N/A) Blank if Question 6a4 SIB12NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6a7	SIB12AGO	3	Sibling 12 — age of onset	3	764–766	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6a4 SIB12NEU = 8 (N/A) Blank if Question 6a4 SIB12NEU = 9 (Unknown)	
6am1	SIB13MOB	3	Sibling 13 — birth month	2	768–769	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6am2	SIB13YOB	3	Sibling 13 — birth year	4	771–774	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6am3	SIB13AGD	3	Sibling 13 — age at death	3	776–778	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6am4	SIB13NEU	3	Sibling 13 — neurological problem	1	780–780	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6am4 SIB13NEU = 8 (N/A), then skip the remaining questions in the row If Question 6am4 SIB13NEU = 9 (Unknown), then skip the remaining questions in the row

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6am5	SIB13PDX	3	Sibling 13 — primary diagnosis	3	782–784	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6am4 SIB13NEU = 8 (N/A) Blank if Question 6am4 SIB13NEU = 9 (Unknown)	
6am6	SIB13MOE	3	Sibling 13 — method of evaluation	1	786–786	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6am4 SIB13NEU = 8 (N/A) Blank if Question 6am4 SIB13NEU = 9 (Unknown)	
6am7	SIB13AGO	3	Sibling 13 — age of onset	3	788–790	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6am4 SIB13NEU = 8 (N/A) Blank if Question 6am4 SIB13NEU = 9 (Unknown)	
6an1	SIB14MOB	3	Sibling 14 — birth month	2	792–793	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6an2	SIB14YOB	3	Sibling 14 — birth year	4	795–798	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6an3	SIB14AGD	3	Sibling 14 — age at death	3	800–802	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6an4	SIB14NEU	3	Sibling 14 — neurological problem	1	804–804	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6an4 SIB14NEU = 8 (N/A), then skip the remaining questions in the row If Question 6an4 SIB14NEU = 9 (Unknown), then skip the remaining questions in the row
6an5	SIB14PDX	3	Sibling 14 — primary diagnosis	3	806–808	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6an4 SIB14NEU = 8 (N/A) Blank if Question 6an4 SIB14NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6an6	SIB14MOE	3	Sibling 14 — method of evaluation	1	810–810	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6an4 SIB14NEU = 8 (N/A) Blank if Question 6an4 SIB14NEU = 9 (Unknown)	
6an7	SIB14AGO	3	Sibling 14 — age of onset	3	812–814	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6an4 SIB14NEU = 8 (N/A) Blank if Question 6an4 SIB14NEU = 9 (Unknown)	
6ao1	SIB15MOB	3	Sibling 15 — birth month	2	816–817	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ao2	SIB15YOB	3	Sibling 15 — birth year	4	819–822	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ao3	SIB15AGD	3	Sibling 15 — age at death	3	824–826	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ao4	SIB15NEU	3	Sibling 15 — neurological problem	1	828–828	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6ao4 SIB15NEU = 8 (N/A), then skip the remaining questions in the row If Question 6ao4 SIB15NEU = 9 (Unknown), then skip the remaining questions in the row
6ao5	SIB15PDX	3	Sibling 15 — primary diagnosis	3	830–832	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ao4 SIB15NEU = 8 (N/A) Blank if Question 6ao4 SIB15NEU = 9 (Unknown)	
6ao6	SIB15MOE	3	Sibling 15 — method of evaluation	1	834–834	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ao4 SIB15NEU = 8 (N/A) Blank if Question 6ao4 SIB15NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ao7	SIB15AGO	3	Sibling 15 — age of onset	3	836–838	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ao4 SIB15NEU = 8 (N/A) Blank if Question 6ao4 SIB15NEU = 9 (Unknown)	
6ap1	SIB16MOB	3	Sibling 16 — birth month	2	840–841	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ap2	SIB16YOB	3	Sibling 16 — birth year	4	843–846	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ap3	SIB16AGD	3	Sibling 16 — age at death	3	848–850	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ap4	SIB16NEU	3	Sibling 16 — neurological problem	1	852–852	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6ap4 SIB16NEU = 8 (N/A), then skip the remaining questions in the row If Question 6ap4 SIB16NEU = 9 (Unknown), then skip the remaining questions in the row

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ap5	SIB16PDX	3	Sibling 16 — primary diagnosis	3	854–856	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ap4 SIB16NEU = 8 (N/A) Blank if Question 6ap4 SIB16NEU = 9 (Unknown)	
6ap6	SIB16MOE	3	Sibling 16 — method of evaluation	1	858–858	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ap4 SIB16NEU = 8 (N/A) Blank if Question 6ap4 SIB16NEU = 9 (Unknown)	
6ap7	SIB16AGO	3	Sibling 16 — age of onset	3	860–862	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ap4 SIB16NEU = 8 (N/A) Blank if Question 6ap4 SIB16NEU = 9 (Unknown)	
6aq1	SIB17MOB	3	Sibling 17 — birth month	2	864–865	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6aq2	SIB17YOB	3	Sibling 17 — birth year	4	867–870	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6aq3	SIB17AGD	3	Sibling 17 — age at death	3	872–874	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6aq4	SIB17NEU	3	Sibling 17 — neurological problem	1	876–876	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6aq4 SIB17NEU = 8 (N/A), then skip the remaining questions in the row If Question 6aq4 SIB17NEU = 9 (Unknown), then skip the remaining questions in the row
6aq5	SIB17PDX	3	Sibling 17 — primary diagnosis	3	878–880	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6aq4 SIB17NEU = 8 (N/A) Blank if Question 6aq4 SIB17NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6aq6	SIB17MOE	3	Sibling 17 — method of evaluation	1	882–882	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6aq4 SIB17NEU = 8 (N/A) Blank if Question 6aq4 SIB17NEU = 9 (Unknown)	
6aq7	SIB17AGO	3	Sibling 17 — age of onset	3	884–886	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6aq4 SIB17NEU = 8 (N/A) Blank if Question 6aq4 SIB17NEU = 9 (Unknown)	
6ar1	SIB18MOB	3	Sibling 18 — birth month	2	888–889	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ar2	SIB18YOB	3	Sibling 18 — birth year	4	891–894	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6ar3	SIB18AGD	3	Sibling 18 — age at death	3	896–898	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6ar4	SIB18NEU	3	Sibling 18 — neurological problem	1	900–900	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6ar4 SIB18NEU = 8 (N/A), then skip the remaining questions in the row If Question 6ar4 SIB18NEU = 9 (Unknown), then skip the remaining questions in the row
6ar5	SIB18PDX	3	Sibling 18 — primary diagnosis	3	902–904	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ar4 SIB18NEU = 8 (N/A) Blank if Question 6ar4 SIB18NEU = 9 (Unknown)	
6ar6	SIB18MOE	3	Sibling 18 — method of evaluation	1	906–906	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6ar4 SIB18NEU = 8 (N/A) Blank if Question 6ar4 SIB18NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6a7	SIB18AGO	3	Sibling 18 — age of onset	3	908–910	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6a4 SIB18NEU = 8 (N/A) Blank if Question 6a4 SIB18NEU = 9 (Unknown)	
6a1	SIB19MOB	3	Sibling 19 — birth month	2	912–913	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6a2	SIB19YOB	3	Sibling 19 — birth year	4	915–918	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6a3	SIB19AGD	3	Sibling 19 — age at death	3	920–922	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6a4	SIB19NEU	3	Sibling 19 — neurological problem	1	924–924	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6a4 SIB19NEU = 8 (N/A), then skip the remaining questions in the row If Question 6a4 SIB19NEU = 9 (Unknown), then skip the remaining questions in the row

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6as5	SIB19PDX	3	Sibling 19 — primary diagnosis	3	926–928	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6as4 SIB19NEU = 8 (N/A) Blank if Question 6as4 SIB19NEU = 9 (Unknown)	
6as6	SIB19MOE	3	Sibling 19 — method of evaluation	1	930–930	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6as4 SIB19NEU = 8 (N/A) Blank if Question 6as4 SIB19NEU = 9 (Unknown)	
6as7	SIB19AGO	3	Sibling 19 — age of onset	3	932–934	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6as4 SIB19NEU = 8 (N/A) Blank if Question 6as4 SIB19NEU = 9 (Unknown)	
6at1	SIB20MOB	3	Sibling 20 — birth month	2	936–937	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6at2	SIB20YOB	3	Sibling 20 — birth year	4	939–942	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6at3	SIB20AGD	3	Sibling 20 — age at death	3	944–946	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	
6at4	SIB20NEU	3	Sibling 20 — neurological problem	1	948–948	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No)	If Question 6at4 SIB20NEU = 8 (N/A), then skip the remaining questions in the row If Question 6at4 SIB20NEU = 9 (Unknown), then skip the remaining questions in the row
6at5	SIB20PDX	3	Sibling 20 — primary diagnosis	3	950–952	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6at4 SIB20NEU = 8 (N/A) Blank if Question 6at4 SIB20NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6at6	SIB20MOE	3	Sibling 20 — method of evaluation	1	954–954	Num	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	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6at4 SIB2ONEU = 8 (N/A) Blank if Question 6at4 SIB2ONEU = 9 (Unknown)	
6at7	SIB20AGO	3	Sibling 20 — age of onset	3	956–958	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a NWINFSIB = 0 (No) Blank if Question 6at4 SIB2ONEU = 8 (N/A) Blank if Question 6at4 SIB2ONEU = 9 (Unknown)	
7	KIDS	3	Number of biological children?	2	960–961	Num	0–15		If Question 7 KIDS = 0, then end form here
7a	NWINKID	3	New information on biological children?	1	963–963	Num	0 = No 1 = Yes		If Question 7a NWINKID = 0 (No), then end form here
7aa1	KID1MOB	3	Child 1 — birth month	2	965–966	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	
7aa2	KID1YOB	3	Child 1 — birth year	4	968–971	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7aa3	KID1AGD	3	Child 1 — age at death	3	973–975	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	
7aa4	KID1NEU	3	Child 1 — neurological problem	1	977–977	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	If Question 7aa4 KID1NEU = 8 (N/A), then skip the remaining questions in the row If Question 7aa4 KID1NEU = 9 (Unknown), then skip the remaining questions in the row
7aa5	KID1PDX	3	Child 1 — primary diagnosis	3	979–981	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7aa4 KID1NEU = 8 (N/A) Blank if Question 7aa4 KID1NEU = 9 (Unknown)	
7aa6	KID1MOE	3	Child 1 — method of evaluation	1	983–983	Num	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	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7aa4 KID1NEU = 8 (N/A) Blank if Question 7aa4 KID1NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7aa7	KID1AGO	3	Child 1 — age of onset	3	985–987	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7aa4 KID1NEU = 8 (N/A) Blank if Question 7aa4 KID1NEU = 9 (Unknown)	
7ab1	KID2MOB	3	Child 2 — birth month	2	989–990	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	
7ab2	KID2YOB	3	Child 2 — birth year	4	992–995	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No)	
7ab3	KID2AGD	3	Child 2 — age at death	3	997–999	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	
7ab4	KID2NEU	3	Child 2 — neurological problem	1	1001–1001	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown 9 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	If Question 7ab4 KID2NEU = 8 (N/A), then skip the remaining questions in the row If Question 7ab4 KID2NEU = 9 (Unknown), then skip the remaining questions in the row

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7ab5	KID2PDX	3	Child 2 — primary diagnosis	3	1003–1005	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7ab4 KID2NEU = 8 (N/A) Blank if Question 7ab4 KID2NEU = 9 (Unknown)	
7ab6	KID2MOE	3	Child 2 — method of evaluation	1	1007–1007	Num	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	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7ab4 KID2NEU = 8 (N/A) Blank if Question 7ab4 KID2NEU = 9 (Unknown)	
7ab7	KID2AGO	3	Child 2 — age of onset	3	1009–1011	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7ab4 KID2NEU = 8 (N/A) Blank if Question 7ab4 KID2NEU = 9 (Unknown)	
7ac1	KID3MOB	3	Child 3 — birth month	2	1013–1014	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7ac2	KID3YOB	3	Child 3 — birth year	4	1016–1019	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No)	
7ac3	KID3AGD	3	Child 3 — age at death	3	1021–1023	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	
7ac4	KID3NEU	3	Child 3 — neurological problem	1	1025–1025	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown 9 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	If Question 7ac4 KID3NEU = 8 (N/A), then skip the remaining questions in the row If Question 7ac4 KID3NEU = 9 (Unknown), then skip the remaining questions in the row
7ac5	KID3PDX	3	Child 3 — primary diagnosis	3	1027–1029	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7ac4 KID3NEU = 8 (N/A) Blank if Question 7ac4 KID3NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7ac6	KID3MOE	3	Child 3 — method of evaluation	1	1031–1031	Num	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	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No) Blank if Question 7ac4 KID3NEU = 8 (N/A) Blank if Question 7ac4 KID3NEU = 9 (Unknown)	
7ac7	KID3AGO	3	Child 3 — age of onset	3	1033–1035	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No) Blank if Question 7ac4 KID3NEU = 8 (N/A) Blank if Question 7ac4 KID3NEU = 9 (Unknown)v	
7ad1	KID4MOB	3	Child 4 — birth month	2	1037–1038	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0	
7ad2	KID4YOB	3	Child 4 — birth year	4	1040–1043	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No)	
7ad3	KID4AGD	3	Child 4 — age at death	3	1045–1047	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7ad4	KID4NEU	3	Child 4 — neurological problem	1	1049–1049	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown 9 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0	If Question 7ad4 KID4NEU = 8 (N/A), then skip the remaining questions in the row If Question 7ad4 KID4NEU = 9 (Unknown), then skip the remaining questions in the row
7ad5	KID4PDX	3	Child 4 — primary diagnosis	3	1051–1053	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No) Blank if Question 7ad4 KID4NEU = 8 (N/A) Blank if Question 7ad4 KID4NEU = 9 (Unknown)	
7ad6	KID4MOE	3	Child 4 — method of evaluation	1	1055–1055	Num	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	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No) Blank if Question 7ad4 KID4NEU = 8 (N/A) Blank if Question 7ad4 KID4NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7ad7	KID4AGO	3	Child 4 — age of onset	3	1057–1059	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7ad4 KID4NEU = 8 (N/A) Blank if Question 7ad4 KID4NEU = 9 (Unknown)	
7ae1	KID5MOB	3	Child 5 — birth month	2	1061–1062	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	
7ae2	KID5YOB	3	Child 5 — birth year	4	1064–1067	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No)	
7ae3	KID5AGD	3	Child 5 — age at death	3	1069–1071	Num	0–110	999 = N/A	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0
7ae4	KID5NEU	3	Child 5 — neurological problem	1	1073–1073	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown 9 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	If Question 7ae4 KID5NEU = 8 (N/A), then skip the remaining questions in the row If Question 7ae4 KID5NEU = 9 (Unknown), then skip the remaining questions in the row

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7ae5	KID5PDX	3	Child 5 — primary diagnosis	3	1075–1077	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7ae4 KID5NEU = 8 (N/A) Blank if Question 7ae4 KID5NEU = 9 (Unknown)	
7ae6	KID5MOE	3	Child 5 — method of evaluation	1	1079–1079	Num	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	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7ae4 KID5NEU = 8 (N/A) Blank if Question 7ae4 KID5NEU = 9 (Unknown)	
7ae7	KID5AGO	3	Child 5 — age of onset	3	1081–1083	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7ae4 KID5NEU = 8 (N/A) Blank if Question 7ae4 KID5NEU = 9 (Unknown)	
7af1	KID6MOB	3	Child 6 — birth month	2	1085–1086	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7af2	KID6YOB	3	Child 6 — birth year	4	1088–1091	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No)	
7af3	KID6AGD	3	Child 6 — age at death	3	1093–1095	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	
7af4	KID6NEU	3	Child 6 — neurological problem	1	1097–1097	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown 9 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	If Question 7af4 KID6NEU = 8 (N/A), then skip the remaining questions in the row If Question 7af4 KID6NEU = 9 (Unknown), then skip the remaining questions in the row
7af5	KID6PDX	3	Child 6 — primary diagnosis	3	1099–1101	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 Blank if Question 7a4 KID6NEU = 8 (N/A) Blank if Question 7a4 KID6NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7af6	KID6MOE	3	Child 6 — method of evaluation	1	1103–1103	Num	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	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 Blank if Question 7aF4 KID6NEU = 8 (N/A) Blank if Question 7a4 KID6NEU = 9 (Unknown)	
7af7	KID6AGO	3	Child 6 — age of onset	3	1105–1107	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 Blank if Question 7aF4 KID6NEU = 8 (N/A) Blank if Question 7a4 KID6NEU = 9 (Unknown)	
7ag1	KID7MOB	3	Child 7 — birth month	2	1109–1110	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0	
7ag2	KID7YOB	3	Child 7 — birth year	4	1112–1115	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No)	
7ag3	KID7AGD	3	Child 7 — age at death	3	1117–1119	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7ag4	KID7NEU	3	Child 7 — neurological problem	1	1121–1121	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown 9 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0	If Question 7ag4 KID7NEU = 8 (N/A), then skip the remaining questions in the row If Question 7ag4 KID7NEU = 9 (Unknown), then skip the remaining questions in the row
7ag5	KID7PDX	3	Child 7 — primary diagnosis	3	1123–1125	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No) Blank if Question 7ag4 KID7NEU = 8 (N/A) Blank if Question 7ag4 KID7NEU = 9 (Unknown)	
7ag6	KID7MOE	3	Child 7 — method of evaluation	1	1127–1127	Num	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	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No) Blank if Question 7ag4 KID7NEU = 8 (N/A) Blank if Question 7ag4 KID7NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7ag7	KID7AGO	3	Child 7 — age of onset	3	1129–1131	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7ag4 KID7NEU = 8 (N/A) Blank if Question 7ag4 KID7NEU = 9 (Unknown)	
7ah1	KID8MOB	3	Child 8 — birth month	2	1133–1134	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	
7ah2	KID8YOB	3	Child 8 — birth year	4	1136–1139	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No)	
7ah3	KID8AGD	3	Child 8 — age at death	3	1141–1143	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	
7ah4	KID8NEU	3	Child 8 — neurological problem	1	1145–1145	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown 9 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	If Question 7ah4 KID8NEU = 8 (N/A), then skip the remaining questions in the row If Question 7ah4 KID8NEU = 9 (Unknown), then skip the remaining questions in the row

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7ah5	KID8PDX	3	Child 8 — primary diagnosis	3	1147–1149	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7ah4 KID8NEU = 8 (N/A) Blank if Question 7ah4 KID8NEU = 9 (Unknown)	
7ah6	KID8MOE	3	Child 8 — method of evaluation	1	1151–1151	Num	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	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7ah4 KID8NEU = 8 (N/A) Blank if Question 7ah4 KID8NEU = 9 (Unknown)	
7ah7	KID8AGO	3	Child 8 — age of onset	3	1153–1155	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7ah4 KID8NEU = 8 (N/A) Blank if Question 7ah4 KID8NEU = 9 (Unknown)	
7ai1	KID9MOB	3	Child 9 — birth month	2	1157–1158	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7ai2	KID9YOB	3	Child 9 — birth year	4	1160–1163	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No)	
7ai3	KID9AGD	3	Child 9 — age at death	3	1165–1167	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	
7ai4	KID9NEU	3	Child 9 — neurological problem	1	1169–1169	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown 9 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	If Question 7ai4 KID9NEU = 8 (N/A), then skip the remaining questions in the row If Question 7ai4 KID9NEU = 9 (Unknown), then skip the remaining questions in the row
7ai5	KID9PDX	3	Child 9 — primary diagnosis	3	1171–1173	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7ai4 KID9NEU = 8 (N/A) Blank if Question 7ai4 KID9NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7ai6	KID9MOE	3	Child 9 — method of evaluation	1	1175–1175	Num	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	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No) Blank if Question 7ai4 KID9NEU = 8 (N/A) Blank if Question 7ai4 KID9NEU = 9 (Unknown)	
7ai7	KID9AGO	3	Child 9 — age of onset	3	1177–1179	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No) Blank if Question 7ai4 KID9NEU = 8 (N/A) Blank if Question 7ai4 KID9NEU = 9 (Unknown)	
7aj1	KID10MOB	3	Child 10 — birth month	2	1181–1182	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0	
7aj2	KID10YOB	3	Child 10 — birth year	4	1184–1187	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No)	
7aj3	KID10AGD	3	Child 10 — age at death	3	1189–1191	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7aj4	KID1ONEU	3	Child 10 — neurological problem	1	1193–1193	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown 9 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0	If Question 7aj4 KID1ONEU = 8 (N/A), then skip the remaining questions in the row If Question 7aj4 KID1ONEU = 9 (Unknown), then skip the remaining questions in the row
7aj5	KID1OPDX	3	Child 10 — primary diagnosis	3	1195–1197	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No) Blank if Question 7aj4 KID1ONEU = 8 (N/A) Blank if Question 7aj4 KID1ONEU = 9 (Unknown)	
7aj6	KID10MOE	3	Child 10 — method of evaluation	1	1199–1199	Num	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	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No) Blank if Question 7aj4 KID1ONEU = 8 (N/A) Blank if Question 7aj4 KID1ONEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7aj7	KID10AGO	3	Child 10 — age of onset	3	1201–1203	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No) Blank if Question 7aj4 KID10NEU = 8 (N/A) Blank if Question 7aj4 KID10NEU = 9 (Unknown)	
7ak1	KID11MOB	3	Child 11 — birth month	2	1205–1206	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0	
7ak2	KID11YOB	3	Child 11 — birth year	4	1208–1211	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No)	
7ak3	KID11AGD	3	Child 11 — age at death	3	1213–1215	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0	
7ak4	KID11NEU	3	Child 11 — neurological problem	1	1217–1217	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown 9 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0	If Question 7ak4 KID11NEU = 8 (N/A), then skip the remaining questions in the row If Question 7ak4 KID11NEU = 9 (Unknown), then skip the remaining questions in the row

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7ak5	KID11PDX	3	Child 11 — primary diagnosis	3	1219–1221	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7ak4 KID11NEU = 8 (N/A) Blank if Question 7ak4 KID11NEU = 9 (Unknown)	
7ak6	KID11MOE	3	Child 11 — method of evaluation	1	1223–1223	Num	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	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7ak4 KID11NEU = 8 (N/A) Blank if Question 7ak4 KID11NEU = 9 (Unknown)	
7ak7	KID11AGO	3	Child 11 — age of onset	3	1225–1227	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7ak4 KID11NEU = 8 (N/A) Blank if Question 7ak4 KID11NEU = 9 (Unknown)	
7al1	KID12MOB	3	Child 12 — birth month	2	1229–1230	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7a2	KID12YOB	3	Child 12 — birth year	4	1232–1235	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No)	
7a3	KID12AGD	3	Child 12 — age at death	3	1237–1239	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	
7a4	KID12NEU	3	Child 12 — neurological problem	1	1241–1241	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown 9 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	If Question 7a4 KID12NEU = 8 (N/A), then skip the remaining questions in the row If Question 7a4 KID12NEU = 9 (Unknown), then skip the remaining questions in the row
7a5	KID12PDX	3	Child 12 — primary diagnosis	3	1243–1245	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7a4 KID12NEU = 8 (N/A) Blank if Question 7a4 KID12NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7a16	KID12MOE	3	Child 12 — method of evaluation	1	1247–1247	Num	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	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No) Blank if Question 7a14 KID12NEU = 8 (N/A) Blank if Question 7a14 KID12NEU = 9 (Unknown)	
7a17	KID12AGO	3	Child 12 — age of onset	3	1249–1251	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No) Blank if Question 7a14 KID12NEU = 8 (N/A) Blank if Question 7a14 KID12NEU = 9 (Unknown)	
7am1	KID13MOB	3	Child 13 — birth month	2	1253–1254	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0	
7am2	KID13YOB	3	Child 13 — birth year	4	1256–1259	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No)	
7am3	KID13AGD	3	Child 13 — age at death	3	1261–1263	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7am4	KID13NEU	3	Child 13 — neurological problem	1	1265–1265	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown 9 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0	If Question 7am4 KID13NEU = 8 (N/A), then skip the remaining questions in the row If Question 7am4 KID13NEU = 9 (Unknown), then skip the remaining questions in the row
7am5	KID13PDX	3	Child 13 — primary diagnosis	3	1267–1269	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No) Blank if Question 7am4 KID13NEU = 8 (N/A) Blank if Question 7am4 KID13NEU = 9 (Unknown)	
7am6	KID13MOE	3	Child 13 — method of evaluation	1	1271–1271	Num	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	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No) Blank if Question 7am4 KID13NEU = 8 (N/A) Blank if Question 7am4 KID13NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7am7	KID13AGO	3	Child 13 — age of onset	3	1273–1275	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7am4 KID13NEU = 8 (N/A) Blank if Question 7am4 KID13NEU = 9 (Unknown)	
7an1	KID14MOB	3	Child 14 — birth month	2	1277–1278	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	
7an2	KID14YOB	3	Child 14 — birth year	4	1280–1283	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No)	
7an3	KID14AGD	3	Child 14 — age at death	3	1285–1287	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	
7an4	KID14NEU	3	Child 14 — neurological problem	1	1289–1289	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown 9 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	If Question 7an4 KID14NEU = 8 (N/A), then skip the remaining questions in the row If Question 7an4 KID14NEU = 9 (Unknown), then skip the remaining questions in the row

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7an5	KID14PDX	3	Child 14 — primary diagnosis	3	1291–1293	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7an4 KID14NEU = 8 (N/A) Blank if Question 7an4 KID14NEU = 9 (Unknown)	
7an6	KID14MOE	3	Child 14 — method of evaluation	1	1295–1295	Num	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	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7an4 KID14NEU = 8 (N/A) Blank if Question 7an4 KID14NEU = 9 (Unknown)	
7an7	KID14AGO	3	Child 14 — age of onset	3	1297–1299	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7an4 KID14NEU = 8 (N/A) Blank if Question 7an4 KID14NEU = 9 (Unknown)	
7ao1	KID15MOB	3	Child 15 — birth month	2	1301–1302	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7ao2	KID15YOB	3	Child 15 — birth year	4	1304–1307	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No)	
7ao3	KID15AGD	3	Child 15 — age at death	3	1309–1311	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	
7ao4	KID15NEU	3	Child 15 — neurological problem	1	1313–1313	Num	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, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown 9 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0	If Question 7ao4 KID15NEU = 8 (N/A), then skip the remaining questions in the row If Question 7ao4 KID15NEU = 9 (Unknown), then skip the remaining questions in the row
7ao5	KID15PDX	3	Child 15 — primary diagnosis	3	1315–1317	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINKID = 0 (No) Blank if Question 7ao4 KID15NEU = 8 (N/A) Blank if Question 7ao4 KID15NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7ao6	KID15MOE	3	Child 15 — method of evaluation	1	1319–1319	Num	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	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No) Blank if Question 7ao4 KID15NEU = 8 (N/A) Blank if Question 7ao4 KID15NEU = 9 (Unknown)	
7ao7	KID15AGO	3	Child 15 — age of onset	3	1321–1323	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a NWINFKID = 0 (No) Blank if Question 7ao4 KID15NEU = 8 (N/A) Blank if Question 7ao4 KID15NEU = 9 (Unknown)	

Form A4G: Subject Medications, General

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	ANYMEDS	3	Is the subject currently taking any medications?	1	45–45	Num	0 = No 1 = Yes		

Form A4D: Subject Medications, Detail

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	DRUGID	3	What is the Drug ID of the medication?	6	45–50	Char	Preprinted drug IDs on the UDS form or drug IDs obtained from using the lookup tool on the NACC website		

Form B1: Physical

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	HEIGHT	3	Subject height (inches):	4	45–48	Num	36.0–87.9 88.8 = not assessed		
2	WEIGHT	3	Subject weight (lbs)	3	50–52	Num	50–400 888 = not assessed		
3a	BPSYS	3	Subject blood pressure (sitting)	3	54–56	Num	70-230 888 = not assessed		
3b	BPDIAS	3	Subject blood pressure (sitting), diastolic	3	58-60	Num	30-140 888 = not assessed		
4	HRATE	3	Subject resting heart rate (pulse)	3	62–64	Num	33–160 888 = not assessed		
5	VISION	3	Without corrective lenses, is the subject's vision functionally normal?	1	66–66	Num	0 = No 1 = Yes 9 = Unknown		
6	VISCORR	3	Does the subject usually wear corrective lenses?	1	68–68	Num	0 = No 1 = Yes 9 = Unknown		
6a	VISWCORR	3	If Yes, is the subject's vision functionally normal with corrective lenses?	1	70–70	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 6 VISCORR ≠ 1 (Yes)	
7	HEARING	3	Without a hearing aid(s), is the subject's hearing functionally normal?	1	72–72	Num	0 = No 1 = Yes 9 = Unknown		
8	HEARAID	3	Does the subject usually wear a hearing aid(s)?	1	74–74	Num	0 = No 1 = Yes 9 = Unknown		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
8a	HEARWAID	3	If Yes, is the subject's hearing functionally normal with a hearing aid(s)?	1	76-76	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 HEARAID ≠ 1 (Yes)	

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

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	MEMORY	3	Memory	3	45–47	Num	0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		
2	ORIENT	3	Orientation	3	49–51	Num	0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		
3	JUDGMENT	3	Judgment and problem-solving	3	53–55	Num	0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		
4	COMMUN	3	Community affairs	3	57–59	Num	0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		
5	HOMEHOBB	3	Home and hobbies	3	61–63	Num	0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		
6	PERSCARE	3	Personal care	3	65–67	Num	0.0 = No impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7	CDRSUM	3	CDR sum of boxes	4	69–72	Num	Allowable Codes :	00.0, 00.5, 01.0, 01.5, ..., 18.0 (except scores of 16.5 and 17.5 not possible)	
8	CDRGLOB	3	Global CDR	3	74–76	Num	0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		
9	COMPOR	3	Comportment, behavior	3	78–80	Num	0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		
10	CDRLANG	3	Language	3	82–84	Num	0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		

Form B5: Neuropsychiatric Inventory Questionnaire (NPI-Q)

PLEASE NOTE that the form version variable for Form B5 should be 3.1 (FORMVER=3.1) to indicate that the corrected version of the NPI-Q was used. For all the other forms, 3.0 remains the correct form version variable (FORMVER=3.0).

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	NPIQINF	3	NPI CO-PARTICIPANT:	1	45–45	Num	1 = Spouse 2 = Child 3 = Other		
1a	NPIQINF X	3	If NPI informant Other — specify:	60	47–106	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 1 NPIQINF ≠ 3 (Other)	
2a	DEL	3	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?	1	108–108	Num	0 = No 1 = Yes 9 = Unknown		
2b	DELSEV	3	If DELUSIONS, rate severity	1	110–110	Num	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) 9 = Unknown	Blank if Question 2a DEL ≠ 1 (Yes)	
3a	HALL	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?	1	112–112	Num	0 = No 1 = Yes 9 = Unknown		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
3b	HALLSEV	3	If HALLUCINATIONS, rate severity	1	114–114	Num	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) 9 = Unknown	Blank if Question 3a HALL ≠ 1 (Yes)	
4a	AGIT	3	AGITATION/AGGRESSION: Is the patient resistive to help from others at times, or hard to handle?	1	116–116	Num	0 = No 1 = Yes 9 = Unknown		
4b	AGITSEV	3	If AGITATION/AGGRESSION, rate severity	1	118–118	Num	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) 9 = Unknown	Blank if Question 4a AGIT ≠ 1 (Yes)	
5a	DEPD	3	DEPRESSION/DYSPHORIA: Does the patient seem sad or say that he /she is depressed?	1	120–120	Num	0 = No 1 = Yes 9 = Unknown		
5b	DEPDSEV	3	If DEPRESSION/DYSPHORIA, rate severity	1	122–122	Num	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) 9 = Unknown	Blank if Question 5a DEPD ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6a	ANX	3	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?	1	124–124	Num	0 = No 1 = Yes 9 = Unknown		
6b	ANXSEV	3	If ANXIETY, rate severity	1	126–126	Num	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) 9 = Unknown	Blank if Question 6a ANX ≠ 1 (Yes)	
7a	ELAT	3	ELATION/EUPHORIA: Does the patient appear to feel too good or act excessively happy?	1	128–128	Num	0 = No 1 = Yes 9 = Unknown		
7b	ELATSEV	3	If ELATION/EUPHORIA, rate severity	1	130–130	Num	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) 9 = Unknown	Blank if Question 7a ELAT ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
8a	APA	3	APATHY/INDIFFERENCE: Does the patient seem less interested in his/her usual activities or in the activities and plans of others?	1	132–132	Num	0 = No 1 = Yes 9 = Unknown		
8b	APASEV	3	If APATHY/INDIFFERENCE, rate severity	1	134–134	Num	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) 9 = Unknown	Blank if Question 8a APA ≠ 1 (Yes)	
9a	DISN	3	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?	1	136–136	Num	0 = No 1 = Yes 9 = Unknown		
9b	DISNSEV	3	If DISINHIBITION, rate severity:	1	138–138	Num	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) 9 = Unknown	Blank if Question 9a DISN ≠ 1 (Yes)	
10a	IRR	3	IRRITABILITY/LABILITY: Is the patient impatient and cranky? Does he/she have difficulty coping with delays or waiting for planned activities?	1	140–140	Num	0 = No 1 = Yes 9 = Unknown		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
10b	IRRSEV	3	If IRRITABILITY/LABILITY, rate severity	1	142–142	Num	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) 9 = Unknown	Blank if Question 10a IRR ≠ 1 (Yes)	
11a	MOT	3	MOTOR DISTURBANCE: Does the patient engage in repetitive activities such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?	1	144–144	Num	0 = No 1 = Yes 9 = Unknown		
11b	MOTSEV	3	If MOTOR DISTURBANCE, rate severity	1	146–146	Num	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) 9 = Unknown	Blank if Question 11a MOT ≠ 1 (Yes)	
12a	NITE	3	NIGHTTIME BEHAVIORS: Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?	1	148–148	Num	0 = No 1 = Yes 9 = Unknown		
12b	NITSEV	3	If NIGHTTIME BEHAVIORS, rate severity:	1	150–150	Num	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) 9 = Unknown	Blank if Question 12a NITE ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
13a	APP	3	APPETITE/EATING: Has the patient lost or gained weight, or had a change in the type of food he/she likes?	1	152–152	Num	0 = No 1 = Yes 9 = Unknown		
13b	APPSEV	3	If APPETITE/EATING, rate severity:	1	154–154	Num	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) 9 = Unknown	Blank if Question 13a APP ≠ 1 (Yes)	

Form B6: Geriatric Depression Scale (GDS)

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
G1	NOGDS	3	Check this box if the subject is not able to complete the GDS, based on the clinician's best judgment	1	45–45	Num	0 = Able to complete (box not checked) 1 = Not able to complete (box checked)		
1	SATIS	3	Are you basically satisfied with your life?	1	47–47	Num	0 = Yes 1 = No 9 = Did not answer		
2	DROPACT	3	Have you dropped many of your activities and interests?	1	49–49	Num	0 = No 1 = Yes 9 = Did not answer		
3	EMPTY	3	Do you feel that your life is empty?	1	51–51	Num	0 = No 1 = Yes 9 = Did not answer		
4	BORED	3	Do you often get bored?	1	53–53	Num	0 = No 1 = Yes 9 = Did not answer		
5	SPIRITS	3	Are you in good spirits most of the time?	1	55–55	Num	0 = Yes 1 = No 9 = Did not answer		
6	AFRAID	3	Are you afraid that something bad is going to happen to you?	1	57–57	Num	0 = No 1 = Yes 9 = Did not answer		
7	HAPPY	3	Do you feel happy most of the time?	1	59–59	Num	0 = Yes 1 = No 9 = Did not answer		
8	HELPLESS	3	Do you often feel helpless?	1	61–61	Num	0 = No 1 = Yes 9 = Did not answer		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
9	STAYHOME	3	Do you prefer to stay at home, rather than going out and doing new things?	1	63–63	Num	0 = No 1 = Yes 9 = Did not answer		
10	MEMPROB	3	Do you feel you have more problems with memory than most?	1	65–65	Num	0 = No 1 = Yes 9 = Did not answer		
11	WONDRFUL	3	Do you think it is wonderful to be alive now?	1	67–67	Num	0 = Yes 1 = No 9 = Did not answer		
12	WRTHLESS	3	Do you feel pretty worthless the way you are now?	1	69–69	Num	0 = No 1 = Yes 9 = Did not answer		
13	ENERGY	3	Do you feel full of energy?	1	71–71	Num	0 = Yes 1 = No 9 = Did not answer		
14	HOPELESS	3	Do you feel that your situation is hopeless?	1	73–73	Num	0 = No 1 = Yes 9 = Did not answer		
15	BETTER	3	Do you think that most people are better off than you are?	1	75–75	Num	0 = No 1 = Yes 9 = Did not answer		
16	GDS	3	Sum of all circled answers for a Total GDS Score	2	77–78	Num	0–15 88 = Did not complete		

Form B7: NACC Functional Assessment Scale (FAS)

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	BILLS	3	In the past four weeks, did the subject have any difficulty or need help with: Writing checks, paying bills, or balancing a checkbook	1	45–45	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		
2	TAXES	3	In the past four weeks, did the subject have any difficulty or need help with: Assembling tax records, business affairs, or other papers	1	47–47	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		
3	SHOPPING	3	In the past four weeks, did the subject have any difficulty or need help with: Shopping alone for clothes, household necessities, or groceries	1	49–49	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		
4	GAMES	3	In the past four weeks, did the subject have any difficulty or need help with: Playing a game of skill such as bridge or chess, working on a hobby	1	51–51	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		
5	STOVE	3	In the past four weeks, did the subject have any difficulty or need help with: Heating water, making a cup of coffee, turning off the stove	1	53–53	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6	MEALPREP	3	In the past four weeks, did the subject have any difficulty or need help with: Preparing a balanced meal	1	55–55	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		
7	EVENTS	3	In the past four weeks, did the subject have any difficulty or need help with: Keeping track of current events	1	57–57	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		
8	PAYATTN	3	In the past four weeks, did the subject have any difficulty or need help with: Paying attention to and understanding a TV program, book, or magazine	1	59–59	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		
9	REMDATES	3	In the past four weeks, did the subject have any difficulty or need help with: Remembering appointments, family occasions, holidays, medications	1	61–61	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		
10	TRAVEL	3	In the past four weeks, did the subject have any difficulty or need help with: Traveling out of the neighborhood, driving, or arranging to take public	1	63–63		0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		

Form B8: Neurological Examination Findings

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	NORMEXAM	3	Were there abnormal neurological exam findings?	1	45–45	Num	0 = No abnormal findings 1 = Yes — abnormal findings were consistent with syndromes listed in Questions 2–8 2 = Yes — abnormal findings were consistent with age-associated changes or irrelevant to dementing disorders (e.g., Bell's palsy)		If Question 1 NORMEXAM = 0 (No), then end form here If Question 1 NORMEXAM = 2 (Yes), then skip to Question 8
2	PARKSIGN	3	Parkinsonian signs	1	47–47	Num	0 = No 1 = Yes	Blank if Question 1 NORMEXAM ≠ 1 (Yes)	If Question 2 PARKSIGN = 0 (No), then skip to Question 3
2a1	RESTTRL	3	Resting tremor — left arm	1	49–49	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No)	
2a2	RESTRR	3	Resting tremor — right arm	1	51–51	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No)	
2b1	SLOWINGL	3	Slowing of fine motor movements — left side	1	53–53	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No)	
2b2	SLOWINGR	3	Slowing of fine motor movements — right side	1	55–55	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
2c1	RIGIDL	3	Rigidity — left arm	1	57–57	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No)	
2c2	RIGIDR	3	Rigidity — right arm	1	59–59	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No)	
2d	BRADY	3	Bradykinesia	1	61–61	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No)	
2e	PARKGAIT	3	Parkinsonian gait disorder	1	63–63	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No)	
2f	POSTINST	3	Postural instability	1	65–65	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No)	
3	CVDSIGNS	3	Neurological sign considered by examiner to be most likely consistent with cerebrovascular disease	1	67–67	Num	0 = No 1 = Yes	Blank if Question 1 NORMEXAM ≠ 1 (Yes)	If Question 3 CVDSIGNS = 0 (No), then skip to Question 4
3a	CORTDEF	3	Cortical cognitive deficit (e.g., aphasia, apraxia, neglect)	1	69–69	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 3 CVDSIGNS = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
3b	SIVDFIND	3	Focal or other neurological findings consistent with SIVD (subcortical ischemic vascular dementia)	1	71–71	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 3 CVDSIGNS = 0 (No)	
3c1	CVDMOTL	3	Motor (may include weakness of combination of face, arm, and leg; reflex changes, etc.) — left side	1	73–73	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 3 CVDSIGNS = 0 (No)	
3c2	CVDMOTR	3	Motor (may include weakness of combination of face, arm, and leg; reflex changes, etc.) — right side	1	75–75	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 3 CVDSIGNS = 0 (No)	
3d1	CORTVISL	3	Cortical visual field loss — left side	1	77–77	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 3 CVDSIGNS = 0 (No)	
3d2	CORTVISR	3	Cortical visual field loss — right side	1	79–79	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 3 CVDSIGNS = 0 (No)	
3e1	SOMATL	3	Somatosensory loss — left side	1	81–81	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 3 CVDSIGNS = 0 (No)	
3e2	SOMATR	3	Somatosensory loss — right side	1	83–83	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 3 CVDSIGNS = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4	POSTCORT	3	Higher cortical visual problem suggesting posterior cortical atrophy (e.g., prosopagnosia, simultagnosia, Balint's syndrome) or apraxia of gaze	1	85–85	Num	0 = No 1 = Yes	Blank if Question 1 NORMEXAM ≠ 1 (Yes)	
5	PSPCBS	3	Findings suggestive of progressive supranuclear palsy (PSP), corticobasal syndrome, or other related disorders	1	87–87	Num	0 = No 1 = Yes	Blank if Question 1 NORMEXAM ≠ 1 (Yes)	If Question 5 PSP-CBS = 0 (No), then skip to Question 6
5a	EYEPSP	3	Eye movement changes consistent with PSP	1	89–89	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5b	DYSPSP	3	Dysarthria consistent with PSP	1	91–91	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5c	AXIALPSP	3	Axial rigidity consistent with PSP	1	93–93	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5d	GAITPSP	3	Gait disorder consistent with PSP	1	95–95	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5e	APRAXSP	3	Apraxia of speech	1	97–97	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5f1	APRAXL	3	Apraxia consistent with CBS — left side	1	99–99	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5f2	APRAXR	3	Apraxia consistent with CBS — right side	1	101–101	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5g1	CORTSENL	3	Cortical sensory deficits consistent with CBS — left side	1	103–103	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5g2	CORTSENR	3	Cortical sensory deficits consistent with CBS — right side	1	105–105	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5h1	ATAXL	3	Ataxia consistent with CBS — left side	1	107–107	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5h2	ATAXR	3	Ataxia consistent with CBS — right side	1	109–109	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5i1	ALIENLML	3	Alien limb consistent with CBS — left side	1	111–111	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5i2	ALIENLMR	3	Alien limb consistent with CBS — right side	1	113–113	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5j1	DYSTONL	3	Dystonia consistent with CBS, PSP, or related disorder — left side	1	115–115	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5j2	DYSTONR	3	Dystonia consistent with CBS, PSP, or related disorder — right side	1	117–117	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5k1	MYOCLLT	3	Myoclonus consistent with CBS — left side	1	119–119	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5k2	MYOCLRT	3	Myoclonus consistent with CBS — right side	1	121–121	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6	ALS FIND	3	Findings suggesting ALS (e.g., muscle wasting, fasciculations, upper motor and/or lower motor neuron signs)	1	123–123	Num	0 = No 1 = Yes	Blank if Question 1 NORMEXAM ≠ 1 (Yes)	
7	GAIT NPH	3	Normal pressure hydrocephalus: gait apraxia	1	125–125	Num	0 = No 1 = Yes	Blank if Question 1 NORMEXAM ≠ 1 (Yes)	
8	OTH NEUR	3	Other findings (e.g., cerebella ataxia, chorea, myoclonus) (NOTE: For this question, do not specify symptoms that have already been checked above)	1	127–127	Num	0 = No 1 = Yes	Blank if Question 1 NORMEXAM = 0 (No)	
8a	OTH NEURX	3	Other findings (specify)	60	129–188	Char	Any text or numbers, with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%)	Blank if Question 1 NORMEXAM = 0 (No) Blank if Question 8 OTHNEUR = 0 (No)	

Form B9: Clinician Judgment of Symptoms

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	DECSUB	3	Does the subject report a decline in memory (relative to previously attained abilities)?	1	45–45	Num	0 = No 1 = Yes 8 = Could not be assessed/subject too impaired		
2	DECIN	3	Does the co-participant report a decline in subject's memory (relative to previously attained abilities)?	1	47–47	Num	0 = No 1 = Yes 8 = There is no co-participant		
3	DECCLCOG	3	Based on the clinician's judgment, is the subject currently experiencing meaningful impairment in cognition?	1	49–49	Num	0 = No 1 = Yes		If Question 3 DECCLCOG = 0 (No), then skip to Question 8
4a	COGMEM	3	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in memory	1	51–51	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 DECCLCOG = 0 (No)	
4b	COGORI	3	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in orientation	1	53–53	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 DECCLCOG = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4c	COGJUDG	3	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in executive function — judgment, planning, or problem-solving	1	55–55	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 DECCLCOG = 0 (No)	
4d	COGLANG	3	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in language	1	57–57	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 DECCLCOG = 0 (No)	
4e	COGVIS	3	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in visuospatial function	1	59–59	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 DECCLCOG = 0 (No)	
4f	COGATTN	3	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in attention or concentration	1	61–61	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 DECCLCOG = 0 (No)	
4g	COGFLUC	3	Indicate whether the subject currently has fluctuating cognition	1	63–63	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 DECCLCOG = 0 (No)	
4g1	COGFLAGO	3	At what age did the fluctuating cognition begin?	3	65–67	Num	15–110 777 = Age of onset provided at previous UDS visit	Blank if Question 4g COGFLUC ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4h	COGOTHR	3	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in other cognitive domains	1	69–69	Num	0 = No 1 = Yes	Blank if Question 3 DECCLCOG = 0 (No)	
4h1	COGOTHRX	3	Specification of other cognitive impairment	60	71–130	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 4h COGOTHR ≠ 1 (Yes)	
5	COGFPRED	3	Indicate the predominant symptom that was first recognized as a decline in the subject's cognition	2	132–133	Num	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	Blank if Question 3 DECCLCOG = 0 (No)	
5a	COGFPREX	3	Specification for Other predominant symptom first recognized as a decline in the subject's cognition	60	135–194	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 5 COGFPRED ≠ 8 (Other)	
6	COGMODE	3	Mode of onset of cognitive symptoms	2	196–197	Num	1 = Gradual 2 = Subacute 3 = Abrupt 4 = Other (specify) 99 = Unknown	Blank if Question 3 DECCLCOG = 0 (No)	
6a	COGMODEX	3	Specification for mode of onset of other cognitive symptoms	60	199–258	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 6 COGMODE ≠ 4 (Other)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7	DECAGE	3	Based on clinician's assessment, at what age did the cognitive decline begin? (The clinician must use his/her best judgment to estimate an age of onset.)	3	260–262	Num	15–110 777 = Age of onset provided at previous UDS visit	Blank if Question 3 DECCLCOG = 0 (No)	
8	DECCLBE	3	Based on clinician's judgment, is the subject currently experiencing any kind of behavioral symptoms?	1	264–264	Num	0 = No 1 = Yes		If Question 8 DECCLBE = 0 (No), then skip to Question 13
9a	BEAPATHY	3	Subject currently manifests meaningful change in behavior — Apathy, withdrawal	1	266–266	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9b	BEDEP	3	Subject currently manifests meaningful change in behavior — Depressed mood	1	268–268	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9c1	BEVHALL	3	Subject currently manifests meaningful change in behavior — Psychosis; visual hallucinations	1	270–270	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	If Question 9c1 BEVHALL ≠ 1 (Yes), then skip to Question 9c2
9c1a	BEVWELL	3	If Yes, are the hallucinations well-formed and detailed?	1	272–272	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No) Blank if Question 9c1 BEVHALL ≠ 1 (Yes)	
9c1b	BEVHAGO	3	If well-formed, clear-cut visual hallucinations, at what age did these hallucinations begin?	3	274–276	Num	15–110 777 = Age of onset provided at previous UDS visit 888 = N/A, not well formed	Blank if Question 8 DECCLBE = 0 (No) Blank if Question 9c1 BEVHALL ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
9c2	BEAHALL	3	Subject currently manifests meaningful change in behavior — Psychosis; Auditory hallucinations	1	278–278	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9c3	BEDEL	3	Subject currently manifests meaningful change in behavior — Psychosis; Abnormal, false, or delusional beliefs	1	280–280	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9d	BEDISIN	3	Subject currently manifests meaningful change in behavior — Disinhibition	1	282–282	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9e	BEIRRIT	3	Subject currently manifests meaningful change in behavior — Irritability	1	284–284	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9f	BEAGIT	3	Subject currently manifests meaningful change in behavior — Agitation	1	286–286	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9g	BEPERCH	3	Subject currently manifests meaningful change in behavior — personality change	1	288–288	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9h	BEREM	3	Subject currently manifests meaningful change in behavior — REM sleep behavior disorder	1	290–290	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
9h1	BEREMAGO	3	If Yes, at what age did the REM sleep behavior disorder begin? (The clinician must use his/her best judgment to estimate an age of onset.)	3	292–294	Num	15–110 777 = Age of onset provided at previous UDS visit	Blank if Question 9h BEREM ≠ 1 (Yes)	
9i	BEANX	3	Subject currently manifests meaningful change in behavior — Anxiety	1	296–296	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9j	BEOTHR	3	Subject currently manifests meaningful change in behavior — Other	1	298–298	Num	0 = No 1 = Yes	Blank if Question 8 DECCLBE = 0 (No)	
9j1	BEOTHRX	3	Subject currently manifests meaningful change in behavior — Other, specify	60	300–359	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 9j BEOTHR ≠ 1 (Yes)	
10	BEFPRED	3	Indicate the predominant symptom that was first recognized as a decline in the subject's behavior	2	361–362	Num	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	Blank if Question 8 DECCLBE = 0 (No)	
10a	BEFPREDX	3	Specification of other predominant symptom that was first recognized as a decline in the subject's behavior	60	364–423	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 10 BEFPRED ≠ 10 (Other)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
11	BEMODE	3	Mode of onset of behavioral symptoms	2	425–426	Num	1 = Gradual 2 = Subacute 3 = Abrupt 4 = Other (specify) 99 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
11a	BEMODEX	3	Specification of other mode of onset of behavioral symptoms	60	428–487	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 11 BEMODE ≠ 4 (Other)	
12	BEAGE	3	Based on the clinician's assessment, at what age did the behavioral symptoms begin? (The clinician must use his/her best judgment to estimate an age of onset.)	3	489–491	Num	15–110 777 = Age of onset provided at previous UDS visit	Blank if Question 8 DECCLBE = 0 (No)	
13	DECCLMOT	3	Based on clinician's judgment, is the subject currently experiencing any motor symptoms?	1	493–493	Num	0 = No 1 = Yes		If Question 13 DECCLMOT = 0 (No), then skip to Question 20
14a	MOGAIT	3	Indicate whether the subject currently has meaningful changes in motor function — Gait disorder	1	495–495	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 13 DECCLMOT = 0 (No)	
14b	MOFALLS	3	Indicate whether the subject currently has meaningful changes in motor function — Falls	1	497–497	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 13 DECCLMOT = 0 (No)	
14c	MOTREM	3	Indicate whether the subject currently has meaningful changes in motor function — Tremor	1	499–499	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 13 DECCLMOT = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
14d	MOSLOW	3	Indicate whether the subject currently has meaningful changes in motor function — Slowness	1	501–501	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 13 DECCLMOT = 0 (No)	
15	MOFRST	3	Indicate the predominant symptom that was first recognized as a decline in the subject's motor function	2	503–504	Num	0 = Assessed at a previous UDS visit 1 = Gait disorder 2 = Falls 3 = Tremor 4 = Slowness 99 = Unknown	Blank if Question 13 DECCLMOT = 0 (No)	
16	MOMODE	3	Mode of onset of motor symptoms	2	506–507	Num	1 = Gradua 2 = Subacute 3 = Abrupt 4 = Other 99 = Unknown	Blank if Question 13 DECCLMOT = 0 (No)	
16a	MOMODEX	3	Specification for other mode of onset of motor symptoms	60	509–568	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 16 MOMODE ≠ 4 (Other)	
17	MOMOPARK	3	Were changes in motor function suggestive of parkinsonism?	1	570–570	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 13 DECCLMOT = 0 (No)	If Question 17 MOMOPARK = 0 (No), then skip to Question 18 If Question 17 MOMOPARK = 9 (Unknown), then skip to Question 18
17a	PARKAGE	3	If Yes, at what age did the motor symptoms suggestive of parkinsonism begin ?	3	572–574	Num	15–110 777 = Age of onset provided at previous UDS visit	Blank if Question 17 MOMOPARK ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
18	MOMOALS	3	Were changes in motor function suggestive of amyotrophic lateral sclerosis?	1	576–576	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 13 DECCLMOT = 0 (No)	If Question 18 MOMOALS = 0 (No), then skip to Question 19 If Question 18 MOMOALS = 9 (Unknown), then skip to Question 19
18a	ALSAGE	3	If Yes, at what age did the motor symptoms suggestive of ALS begin?	3	578–580	Num	15–110 777 = Age of onset provided at previous UDS visit	Blank if Question 18 MOMOALS ≠ 1 (Yes)	
19	MOAGE	3	Based on clinician's assessment, at what age did the motor changes begin? (The clinician must use his/her best judgment to estimate an age of onset.)	3	582–584	Num	15–110 777 = Age of onset provided at previous UDS visit	Blank if Question 13 DECCLMOT = 0 (No)	
20	COURSE	3	Overall Course of decline of cognitive/ behavioral/ motor syndrome	1	586–586	Num	1 = Gradually progressive 2 = Stepwise 3 = Static 4 = Fluctuating 5 = Improved 8 = N/A 9 = Unknown		
21	FRSTCHG	3	Indicate the predominant domain that was first recognized as changed in the subject	1	588–588	Num	0 = Assessed at a previous UDS visit 1 = Cognition 2 = Behavior 3 = Motor function 8 = N/A 9 = Unknown		
22	LBDEVAL	3	Is the subject a potential candidate for further evaluation for Lewy body disease?	1	590–590	Num	0 = No 1 = Yes		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
23	FTLDEVAL	3	Is the subject a potential candidate for further evaluation for frontotemporal lobar degeneration?	1	592–592	Num	0 = No 1 = Yes		

Form C1: Neuropsychological Battery Summary Scores (UDS2)

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	MMSECOMP	3	Was any part of the MMSE completed?	1	45–45	Num	0 = No 1 = Yes		
1no	MMSEREAS	3	Reason code for not completing MMSE	2	47–48	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1 MMSECOMP = 0 (No)	If Question 1 MMSECOMP = 0 (No), then skip to Question 2a
1a	MMSELOC	3	Administration of the MMSE was	1	50–50	Num	1 = In ADC/clinic 2 = In home 3 = In person — other	Blank if Question 1 MMSECOMP = 0 (No)	
1a1	MMSELAN	3	Language of MMSE administration	1	52–52	Num	1 = English 2 = Spanish 3 = Other	Blank if Question 1 MMSECOMP = 0 (No)	
1a2	MMSELANX	3	Language of MMSE administration — Other (specify)	60	54–113	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 1a1 MMSELAN ≠ 3 (Other)	
1b	MMSEVIS	3	Subject was unable to complete one or more sections due to visual impairment	1	115–115	Num	0 = No 1 = Yes	Blank if Question 1 MMSECOMP = 0 (No)	
1c	MMSEHEAR	3	Subject was unable to complete one or more sections due to hearing impairment	1	117–117	Num	0 = No 1 = Yes	Blank if Question 1 MMSECOMP = 0 (No)	
1d1	MMSEORDA	3	Orientation subscale score — Time	2	119–120	Num	0–5 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1 MMSECOMP = 0 (No)	

Form C1: Neuropsychological Battery Summary Scores (UDS2) (cont.)

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1d2	MMSEORLO	3	Orientation subscale score — Place	2	122–123	Num	0–5 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1 MMSECOMP = 0 (No)	
1e	PENTAGON	3	Intersecting pentagon subscale score	2	125–126	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1 MMSECOMP = 0 (No)	
1f	MMSE	3	Total MMSE score (using D-L-R-O-W)	2	128–129	Num	0–30 88 = Missing	Blank if Question 1 MMSECOMP = 0 (No)	
2a	NPSYCLOC	3	The remainder of the battery was administered	1	131–131	Num	1 = In ADC/clinic 2 = In home 3 = In person-other		
2b	NPSYLAN	3	Language of test administration	1	133–133	Num	1 = English 2 = Spanish 3 = Other		
2b1	NPSYLANX	3	Language of test administration—Other (specify)	60	135–194	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 2b NPSYLAN ≠ 3 (Other)	
3amo	LOGIMO	3	If this test has been administered to the subject within the past 3 months, specify the date previously administered (month)	2	196–197	Num	1–12 88 = N/A		
3ady	LOGIDAY	3	If this test has been administered to the subject within the past 3 months, specify the date previously administered (day)	2	199-200	Num	0-31 88 = N/A		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
3ayr	LOGIYR	3	If this test has been administered to the subject within the past 3 months, specify the date previously administered (year)	4	202-205	Num	Current Year or Previous Year 8888 = N/A		
3a1	LOGIPREV	3	Total score from the previous test administration	2	207-208	Num	0-25 88 = N/A		
3b	LOGIMEM	3	Total number of story units recalled from this current test administration	2	210-211	Num	0-25 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		
4a	UDSBENTC	3	Total score for copy of Bension figure	2	213-214	Num	0-17 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		
5a	DIGIF	3	Total number of trials correct before to two consecutive errors at the same digit length	2	216-217	Num	0-12 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If test not completed, enter reason code, 95-98, and skip to Question 6a
5b	DIGIFLEN	3	Digit span forward length	2	219-220	Num	0-8	Blank if Question 5a DIGIF = 95-98	
6a	DIGIB	3	Total number of trials correct before to two consecutive errors at the same digit length	2	222-223	Num	0-12 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If test not completed, enter reason code, 95-98, and skip to Question 7a
6b	DIGIBLEN	3	Digit span backward length	2	225-226	Num	0-7	Blank if Question 6a DIGIB = 95-98	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7a	ANIMALS	3	Animals — Total number of animals named in 60 seconds	2	228–229	Num	0–77 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		
7b	VEG	3	Vegetables — Total number of vegetables named in 60 seconds	2	231–232	Num	0–77 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		
8a	TRAILA	3	Part A — Total number of seconds to complete	3	234–236	Num	0–150		If test not completed, enter reason code, 995–998, and skip to Question 8b
8a1	TRAILARR	3	Part A — Number of commission errors	2	238–239	Num	0–40	Blank if Question 8a TRAILA = 995–998	
8a2	TRAILALI	3	Part A — Number of correct lines	2	241–242	Num	0–24	Blank if Question 8a TRAILA = 995–998	
8b	TRAILB	3	Part B — Total number of seconds to complete	3	244–246	Num	0–300		If test not completed, enter reason code, 995–998, and skip to Question 9a
8b1	TRAILBRR	3	Part B — Number of commission errors	2	248–249	Num	0–40	Blank if Question 8b TRAILB = 995–998	
8b2	TRAILBLI	3	Part B — Number of correct lines	2	251–252	Num	0–24	Blank if Question 8b TRAILB = 995–998	
9a	MEMUNITS	3	Logical Memory IIA–Delayed — Total number of story units recalled	2	254–255	Num	0–25 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If test not completed, enter reason code, 95–98, and skip to Question 10a

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
9b	MEMTIME	3	Logical Memory IIA–Delayed–Time elapsed since Logical Memory IA–Immediate	2	257–258	Num	0–85	Blank if Question 9a MEMUNITS = 95–98	
10a	UDSBENTD	3	Total score for 10- to 15-minute delayed drawing of Bension figure	2	260–261	Num	0–17 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If test not completed, enter reason code, 95–98, and skip to Question 11a
10b	UDSBENRS	3	Recognized original stimulus from among four options	1	263–263	Num	0 = No 1 = Yes	Blank if Question 10 UDSBENTD = 95–98	
11a	BOSTON	3	Boston Naming Test (30)–Total score	2	265–266	Num	0–30 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		
12a	UDSVERFC	3	Number of correct F-words generated in 1 minute	2	268–269	Num	0–40 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If test not completed, enter reason code, 95–98, and skip to Question 12d
12b	UDSVERFN	3	Number of F-words repeated in 1 minute	2	271–272	Num	0–15	Blank if Question 12a UDSVERFC = 95–98	
12c	UDSVERN	3	Number of non-F-words and rule violation errors in 1 minute	2	274–275	Num	0–15	Blank if Question 12a UDSVERFC = 95–98	
12d	UDSVERLC	3	Number of correct L-words generated in 1 minute	2	277–278	Num	0–40 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If test not completed, enter reason code, 95–98, and skip to Question 13a
12e	UDSVERLR	3	Number of L-words repeated in 1 minute	2	280–281	Num	0–15	Blank if Question 12d UDSVERLC = 95–98	

Form C1: Neuropsychological Battery Summary Scores (UDS2) (cont.)

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
12f	UDSVERLN	3	Number of non-L-words and rule violation errors in 1 minute	2	283–284	Num	0–15	Blank if Question 12d UDSVERLC = 95–98	
12g	UDSVERTN	3	Total number of correct F-words and L-words	2	286–287	Num	0–80	Blank if Question 12d UDSVERLC = 95–98	
12h	UDSVERTE	3	Total number of F-word and L-word repetition errors	2	289–290	Num	0–30	Blank if Question 12d UDSVERLC = 95–98	
12i	UDSVERTI	3	Total number of non-F/L-words and rule violation errors	2	292–293	Num	0–30	Blank if Question 12d UDSVERLC = 95–98	
13a	COGSTAT	3	Per Clinician, based on the neuropsychological examination, the subject's cognitive status is deemed	1	295–296	Num	1 = Better than normal for age 2 = Normal for age 3 = One or two test scores abnormal 4 = Three or more scores are abnormal or lower than expected 0 = Clinician unable to render opinion		

Form C2: Neuropsychological Battery Scores (UDS3)

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1a	MOCACOMP	3	Was any part of MoCA administered?	1	45–45	Num	0 = No 1 = Yes		
1a1	MOCAREAS	3	Was any part of MoCA administered? If No, enter reason code	2	47–48	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 1 (Yes)	If Question 1a MOCAREAS = 95–98, then skip to Question 2a
1b	MOCALOC	3	MoCA was administered?	1	50–50	Num	1 = In ADC or Clinic 2 = In Home 3 = In-person — other	Blank if Question 1a MOCACOMP = 0 (No)	
1c	MOCALAN	3	Language of MoCA administration	1	52–52	Num	1 = English 2 = Spanish 3 = Other	Blank if Question 1a MOCACOMP = 0 (No)	
1c1	MOCALANX	3	Language of MoCA administration—other specify	60	54–113	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 1a MOCACOMP = No (0) or 1c = 1 or 2	
1d	MOCAVIS	3	Subject was unable to complete one or more sections due to visual impairment	1	115–115	Num	0 = No 1 = Yes	Blank if Question 1a MOCACOMP = 0 (No)	
1e	MOCAHEAR	3	Subject was unable to complete one or more sections due to hearing impairment	1	117–117	Num	0 = No 1 = Yes	Blank if Question 1a MOCACOMP = 0 (No)	
1f	MOCATOTS	3	MoCA Total raw score—uncorrected	2	119–120	Num	0–30 88 = Item not administered	Blank if Question 1a MOCACOMP = 0 (No)	
1g	MOCATRAI	3	MoCA: Visuospatial/ executive — Trails	2	122–123	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1h	MOCACUBE	3	MoCA: Visuospatial/ executive — Cube	2	125–126	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1i	MOCACLOC	3	MoCA: Visuospatial/ executive — Clock contour	2	128–129	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1j	MOCACLON	3	MoCA: Visuospatial/ executive — Clock numbers	2	131–132	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1k	MOCACLOH	3	MoCA: Visuospatial/ executive — Clock hands	2	134–135	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1l	MOCANAMI	3	MoCA: Language — Naming	2	137–138	Num	0–3 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1m	MOCAREGI	3	MoCA: Memory: Registration (two trials)	2	140–141	Num	0–10 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1n	MOCADIGI	3	MoCA: Attention — Digits	2	143–144	Num	0–2 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1o	MOCALETT	3	MoCA: Attention — Letter A	2	146–147	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1p	MOCASER7	3	MoCA: Attention — Serial 7s	2	149–150	Num	0–3 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1q	MOCAREPE	3	MoCA: Language — Repetition	2	152–153	Num	0–2 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1r	MOCAFLUE	3	MoCA: Language — Fluency	2	155–156	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1s	MOCAABST	3	MoCA: Abstraction	2	158–159	Num	0–2 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1t	MOCARECN	3	MoCA: Delayed recall — No cue	2	161–162	Num	0–5 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1u	MOCARECC	3	MoCA: Delayed recall — Category cue	2	164–165	Num	0–5 88 = Not Applicable	Blank if Question 1a MOCACOMP = 0 (No)	
1v	MOCARECR	3	MoCA: Delayed recall — Recognition	2	167–168	Num	0–5 88 = Not applicable	Blank if Question 1a MOCACOMP = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1w	MOCAORDT	3	MoCA: Orientation — Date	2	170–171	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1x	MOCAORMO	3	MoCA: Orientation — Month	2	173–174	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1y	MOCAORYR	3	MoCA: Orientation — Year	2	176–177	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP 0 (No)	
1z	MOCAORDY	3	MoCA: Orientation — Day	2	179–180	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1aa	MOCAORPL	3	MoCA: Orientation — Place	2	182–183	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1bb	MOCAORCT	3	MoCA: Orientation — City	2	185–186	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
2a	NPSYCLOC	3	The tests following the MoCA were administered	1	188–188	Num	1 = In ADC or clinic 2 = In home 3 = In person — other		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
2b	NPSYLAN	3	Tests following MoCA: Language of test administration	1	190–190	Num	1 = English 2 = Spanish 3 = Other		
2b1	NPSYLANX	3	Test following MoCA: Language of test administration — Other specify	60	192–251	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 2b not = Other (3)	
3a	CRAFTVRS	3	Craft Story 21 Recall: Total story units recalled, verbatim scoring	2	253–254	Num	0–44 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If Question 3a CRAFTVRS = 95–98, and then skip to Question 4a
3b	CRAFTURS	3	Craft Story 21 Recall: Total story units recalled, paraphrase scoring	2	256–257	Num	0–25	Blank if Question 3a CRAFTVRS = 95–98	
4a	UDSBENTC	3	Benson Complex Figure Copy: Total Score for copy of Benson Figure	2	259–260	Num	0–17 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		
5a	DIGFORCT	3	Number Span Test Forward — Number of correct trials	2	262–263	Num	0–14 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If Question 5a DIGFORCT = 95–98, then skip to Question 6a
5b	DIGFORSL	3	Number Span Test Forward — Longest span forward	2	265–266	Num	0, 3–9	Blank if Question 5a DIGFORCT = 95–98	
6a	DIGBACCT	3	Number Span Test: Backward — Number of correct trials	2	268–269	Num	0–14 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If Question 6a DIGBACCT = 95–98, then skip to Question 7a

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6b	DIGBACLS	3	Number Span Test Backward — Longest span backward	2	271–272	Num	0, 2–8	Blank if Question 6a DIGBACCT = 95–98	
7a	ANIMALS	3	Category Fluency — Animals: Total number of animals named in 60 seconds	2	274–275	Num	0–77 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		
7b	VEG	3	Category Fluency — Vegetables: Total number of vegetables named in 60 seconds	2	277–278	Num	0–77 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		
8a	TRAILA	3	Trail Making Test — Part A: Total number of seconds to complete	3	280–282	Num	0–150 995 = Physical problem 996 = Cognitive/behavior problem 997 = Other problem 998 = Verbal refusal		If Question 8a TRAILA = 995–998, then skip to Question 8b
8a1	TRAILARR	3	Trail Making Test — Part A: Number of commission errors	2	284–285	Num	0–40	Blank if Question 8a TRAILA = 995–998	
8a2	TRAILALI	3	Trail Making Test Part A: Number of correct lines	2	287–288	Num	0–24	Blank if Question 8a TRAILA = 995–998	
8b	TRAILB	3	Trail Making Test Part B: Total number of seconds to complete	3	290–292	Num	0–300 995 = Physical problem 996 = Cognitive/behavior problem 997 = Other problem 998 = Verbal refusal		If Question 8b TRAILB = 995–998, then skip to Question 9a
8b1	TRAILBRR	3	Trail Making Test Part B: Number of commission errors	2	294–295	Num	0–40	Blank if Question 8b TRAILB is 995–998	
8b2	TRAILBLI	3	Trail Making Test Part B: Number of correct lines	2	297–298	Num	0–24	Blank if Question 8b TRAILB is 995–998	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
9a	CRAFTDVR	3	Craft Story 21 Recall (Delayed): Total story units recalled, verbatim scoring	2	300–301	Num	0–44 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If Question 9a CRAFTDVR = 95–98, then skip to Question 10a
9b	CRAFTDRE	3	Craft Story 21 Recall (Delayed): Total story units recalled, paraphrase scoring	2	303–304	Num	0–25	Blank if Question 9a CRAFTDVR is 95–98	
9c	CRAFTDTI	3	Craft Story 21 Recall (Delayed): Delay time	2	306–307	Num	0–85 99 = Unknown	Blank if Question 9a CRAFTDVR is 95–98	
9d	CRAFTCUE	3	Craft Story 21 Recall (Delayed): Cue (boy) needed	1	309–309	Num	0 = No 1 = Yes	Blank if Question 9a CRAFTDVR is 95–98	
10a	UDSBENTD	3	Benson Complex Figure Recall — Total score for drawing of Benson Figure following 10- to 15-minute delay	2	311–312	Num	0–17 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If Question 10 UDSBENTD = 95–98, then skip to Question 11a
10b	UDSBENRS	3	Benson Complex Figure Recall — Recognized original stimulus among four options	1	314–314	Num	0 = No 1 = Yes	Blank if Question 10a UDSBENTD is 95–98	
11a	MINTTOTS	3	Multilingual Naming Test (MINT) — Total score	2	316–317	Num	0–32 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If Question 11a MINTTOTS = 95–98, then skip to Question 12a
11b	MINTTOTW	3	Multilingual Naming Test (MINT) — Total correct without semantic cue	2	319–320	Num	0–32	Blank if Question 11a MINTTOTS is 95–98	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
11c	MINTSCNG	3	Multilingual Naming Test (MINT) — Semantic cues: Number given	2	322–323	Num	0–32	Blank if Question 11a MINTTOTS is 95–98	
11d	MINTSCNC	3	Multilingual Naming Test (MINT) — Semantic cues: Number correct with cue	2	325–326	Num	0–32 88 = Not Applicable	Blank if Question 11a MINTTOTS is 95–98	
11e	MINTPCNG	3	Multilingual Naming Test (MINT) — Phonemic cues: Number given	2	328–329	Num	0–32	Blank if Question 11a MINTTOTS is 95–98	
11f	MINTPCNC	3	Multilingual Naming Test (MINT) — Phonemic cues: Number correct with cue	2	331–332	Num	0–32 88 = Not Applicable	Blank if Question 11a MINTTOTS is 95–98	
12a	UDSVERFC	3	Verbal Fluency: Phonemic Test — Number of correct F-words generated in 1 minute	2	334–335	Num	0–40 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If Question 12a UDSVERFC = 95–98, then skip to Question 12d
12b	UDSVERFN	3	Verbal Fluency: Phonemic Test — Number of correct F-words repeated in 1 minute	2	337–338	Num	0–15	Blank if Question 12a UDSVERFC is 95–98	
12c	UDSVERN	3	Verbal Fluency: Phonemic Test — Number of non-F-words and rule violation errors in 1 minute	2	340–341	Num	0–15	Blank if Question 12a UDSVERFC is 95–98	
12d	UDSVERLC	3	Verbal Fluency: Phonemic Test — Number of correct L-words generated in 1 minute	2	343–344	Num	0–40 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		

Form C2: Neuropsychological Battery Scores (UDS3) (cont.)

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
12e	UDSVERLR	3	Verbal Fluency: Phonemic Test — Number of correct L-words repeated in 1 minute	2	346–347	Num	0–15	Blank if Question 12d UDSVERLC is 95–98	
12f	UDSVERLN	3	Verbal Fluency: Phonemic Test — Number of non-L-words and rule violation errors in 1 minute	2	349–350	Num	0–15	Blank if Question 12d UDSVERLC is 95–98	
12g	UDSVERTN	3	Verbal Fluency: Phonemic Test — Total number of correct F-words and L-words	2	352–353	Num	0–80	Blank if Question 12d UDSVERLC is 95–98	
12h	UDSVERTE	3	Verbal Fluency: Phonemic Test—Total number of F-word and L-words repetition errors	2	355–356	Num	0–30	Blank if Question 12d UDSVERLC is 95–98	
12i	UDSVERTI	3	Verbal Fluency: Phonemic Test — Number of non-F/L-words and rule violation errors	2	358–359	Num	0–30	Blank if Question 12d UDSVERLC is 95–98	
13a	COGSTAT	3	Overall appraisal: Per the clinician (e.g., neuropsychologist, behavioral neurologist, or other suitably qualified clinician), based on the UDS neuropsychological examination, the subjects cognitive status is deemed	1	361–361	Num	1 = Better than normal for age 2 = Normal for age 3 = One or two test scores abnormal 4 = Three or more scores are abnormal or lower than expected 0 = Clinician unable to render opinion		

Form D1: Clinician Diagnosis

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	DXMETHOD	3	Diagnosis method — Responses in this form are based on diagnosis by:	1	45–45	Num	1 = A single clinician 2 = A formal consensus panel 3 = Other (two or more clinicians or informal group)		
2	NORMCOG	3	Does the subject have normal cognition (global CDR=0 and/ or neuropsychological testing withing normal range) and normal behavior (i.e., the subject does not exhibit behavior sufficient to diagnose MCI or dementia due to FTLT or LBD)?	1	47–47	Num	0 = No 1 = Yes		If Question 2 NORMCOG = 1 (Yes), then skip to Question 6
3	DEMENTED	3	Does the subject meet criteria for dementia?	1	49–49	Num	0 = No 1 = Yes	Blank if Question 2 NORMCOG = 1 (Yes)	If Question 3 DEMENTED = 0 (No), then skip to Question 5
4a	AMNDEM	3	Amnesic multidomain dementia syndrome	1	51–51	Num	0 = Absent 1 = Present	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 0 (No)	
4b	PCA	3	Posterior cortical atrophy syndrome (or primary visual presentation)	1	53–53	Num	0 = Absent 1 = Present	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 0 (No)	
4c	PPASYN	3	Primary progressive aphasia (PPA) syndrome	1	55–55	Num	0 = Absent 1 = Present	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 0 (No)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4c1	PPASYNT	3	If PPA present	1	57–57	Num	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	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 0 (No) Blank if Question 4c PPASYN ≠ 1 (Present)	
4d	FTDSYN	3	Behavioral variant FTD (bvFTD) syndrome	1	59–59	Num	0 = Absent 1 = Present	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 0 (No)	
4e	LBDSYN	3	Lewy body dementia syndrome	1	61–61	Num	0 = Absent 1 = Present	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 0 (No)	
4f	NAMNDEM	3	Non-amnestic multi-domain dementia, not PCA, PPA, bvFTD, or DLB syndrome	1	63–63	Num	0 = Absent 1 = Present	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 0 (No)	
5a	MCIAMEM	3	Amnestic MCI, single domain (aMCI SD)	1	65–65	Num	0 = Absent 1 = Present	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes)	
5b	MCIAPLUS	3	Amnestic MCI, multiple domains (aMCI MD)	1	67–67	Num	0 = Absent 1 = Present	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes)	
5b1	MCIAPLAN	3	Amnestic MCI, multiple domains — language	1	69–69	Num	0 = No 1 = Yes	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5b MCIAPLUS ≠ 1 (Present)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5b2	MCIAPATT	3	Amnesic MCI, multiple domains — Attention	1	71–71	Num	0 = No 1 = Yes	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5b MCIAPLUS ≠ 1 (Present)	
5b3	MCIAPEX	3	Amnesic MCI, multiple domains — Executive	1	73–73	Num	0 = No 1 = Yes	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5b MCIAPLUS ≠ 1 (Present)	
5b4	MCIAPVIS	3	Amnesic MCI, multiple domains — Visuospatial	1	75–75	Num	0 = No 1 = Yes	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5b MCIAPLUS ≠ 1 (Present)	
5c	MCINON1	3	Non-amnesic MCI, single domain (naMCI SD)	1	77–77	Num	0 = Absent 1 = Present	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes)	
5c1	MCIN1LAN	3	Non-amnesic MCI, single domain — Language	1	79–79	Num	0 = No 1 = Yes	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5c MCINON1 ≠ 1 (Present)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5c2	MCIN1ATT	3	Non-amnestic MCI, single domain — Attention	1	81–81	Num	0 = No 1 = Yes	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5c MCINON1 ≠ 1 (Present)	
5c3	MCIN1EX	3	Non-amnestic MCI, single domain — Executive	1	83–83	Num	0 = No 1 = Yes	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5c MCINON1 ≠ 1 (Present)	
5c4	MCIN1VIS	3	Non-amnestic MCI, single domain — Visuospatial	1	85–85	Num	0 = No 1 = Yes	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5c MCINON1 ≠ 1 (Present)	
5d	MCINON2	3	Non-amnestic MCI, multiple domains (naMCI MD)	1	87–87	Num	0 = Absent 1 = Present	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes)	
5d1	MCIN2LAN	3	Non-amnestic MCI, multiple domains — Language	1	89–89	Num	0 = No 1 = Yes	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5d MCINON2 ≠ 1 (Present)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5d2	MCIN2ATT	3	Non-amnestic MCI, multiple domains — Attention	1	91–91	Num	0 = No 1 = Yes	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5d MCINON2 ≠ 1 (Present)	
5d3	MCIN2EX	3	Non-amnestic MCI, multiple domains — Executive	1	93–93	Num	0 = No 1 = Yes	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5d MCINON2 ≠ 1 (Present)	
5d4	MCIN2VIS	3	Non-amnestic MCI, multiple domains — Visuospatial	1	95–95	Num	0 = No 1 = Yes	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5d MCINON2 ≠ 1 (Present)	
5e	IMPNO MCI	3	Cognitively impaired, not MCI	1	97–97	Num	0 = Absent 1 = Present	Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes)	
6a	AMYPET	3	Biomarker findings — Abnormally elevated amyloid on PET	1	99–99	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6b	AMYLCSF	3	Biomarker findings — Abnormally low amyloid in CSF	1	101–101	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6c	FDGAD	3	Biomarker findings — FDG-PET pattern of AD	1	103–103	Num	0 = No 1 = Yes 8 = Unknown/not assessed		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6d	HIPPATR	3	Biomarker findings — Hippocampal atrophy	1	105–105	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6e	TAUPETAD	3	Biomarker findings — Tau PET evidence for AD	1	107–107	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6f	CSFTAU	3	Biomarker findings — Abnormally elevated CSF Tau or pTau	1	109–109	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6g	FDGFTLD	3	Biomarker findings — FDG-PET evidence for frontal or anterior temporal hypometabolism for FTLD	1	111–111	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6h	TPETFTLD	3	Biomarker findings — Tau PET evidence for FTLD	1	113–113	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6i	MRFTLD	3	Biomarker findings — Structural MR evidence for frontal or anterior temporal atrophy for FTLD	1	115–115	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6j	DATSCAN	3	Biomarker findings — Dopamine transporter scan (DATscan) evidence for Lewy body disease	1	117–117	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6k	OTHBIOM	3	Biomarker findings — Other	1	119–119	Num	0 = No 1 = Yes		
6k1	OTHBIOMX	3	Biomarker findings — Other (SPECIFY)	60	121–180	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 6k OTHBIOM = 0 (No)	
7a	IMAGLINF	3	Imaging findings — Large vessel infarct(s)	1	182–182	Num	0 = No 1 = Yes 8 = Unknown/not assessed		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7b	IMAGLAC	3	Imaging findings — Lacunar infarct(s)	1	184–184	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
7c	IMAGMACH	3	Imaging findings — Macrohemorrhage(s)	1	186–186	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
7d	IMAGMICH	3	Imaging findings — Microhemorrhage(s)	1	188–188	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
7e	IMAGMWMH	3	Imaging findings — Moderate white-matter hyperintensity (CHS score 5–6)	1	190–190	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
7f	IMAGEWMH	3	Imaging findings — Extensive white-matter hyperintensity (CHS score 7–8)	1	192–192	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
8	ADMUT	3	Does the subject have a dominantly inherited AD mutation (PSEN1, PSEN2, APP)?	1	194–194	Num	0 = No 1 = Yes 9 = Unknown/not assessed		
9	FTLDMUT	3	Does the subject have a hereditary FTL mutation (e.g., GRN, VCP, TARBP, FUS, C9orf72, CHMP2B, MAPT)?	1	196–196	Num	0 = No 1 = Yes 9 = Unknown/not assessed		
10	OTHMUT	3	Does the subject have a hereditary mutation other than an AD or FTL mutation?	1	198–198	Num	0 = No 1 = Yes 9 = Unknown/not assessed		
10a	OTHMUTX	3	If yes, specify	60	200–259	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 10 OTHMUT = 0 (No) or 9 (Unknown)	
11	ALZDIS	3	Alzheimer's disease	1	261–261	Num	0 = Absent 1 = Present		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
11a	ALZDISIF	3	Alzheimer's disease, primary or contributing	1	263–263	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 11 ALZDIS ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
12	LBDIS	3	Lewy body disease	1	265–265	Num	0 = Absent 1 = Present		
12a	LBDIF	3	Lewy body disease, primary or contributing	1	267–267	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 12 LBDIS ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
12b	PARK	3	Parkinson's disease	1	269–269	Num	0 = Absent 1 = Present	Blank if Question 12 LBDIS ≠ 1	
13	MSA	3	Multiple system atrophy	1	271–271	Num	0 = Absent 1 = Present		
13a	MSAIF	3	Multiple system atrophy, primary or contributing	1	273–273	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 13 MSA ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
14a	PSP	3	Progressive supranuclear palsy (PSP)	1	275–275	Num	0 = Absent 1 = Present		
14a1	PSPIF	3	Progressive supranuclear palsy (PSP), primary or contributing	1	277–277	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 14a PSP ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
14b	CORT	3	Corticobasal degeneration (CBD)	1	279–279	Num	0 = Absent 1 = Present		
14b1	CORTIF	3	Corticobasal degeneration (CBD), primary or contributing	1	281–281	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 14b CORT ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
14c	FTLDMO	3	FTLD with motor neuron disease	1	283–283	Num	0 = Absent 1 = Present		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
14c1	FTLDMOIF	3	FTLD with motor neuron disease, primary or contributing	1	285–285	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 14c FTLDMO ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
14d	FTLDNOS	3	FTLD NOS	1	287–287	Num	0 = Absent 1 = Present		
14d1	FTLDNOIF	3	FTLD NOS, primary or contributing	1	289–289	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 14d FTLDNOS ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
14e	FTLDSUBT	3	If FTLD (Questions 14a– 14d) are Present, specify FTLD subtype	1	291–291	Num	1 = Tauopathy 2 = TDP-43 proteinopathy 3 = Other 9 = Unknown	Blank if Question 14a PSP ≠ 1 (Present) and Question 14b CORT ≠ 1 (Present) and Question 14c FTLDMO ≠ 1 (Present) and Question 14d FTLDNOS ≠ 1 (Present)	
14e1	FTLDSUBX	3	Other FTLD, specify	60	293–352	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 14e FTLDSUBT ≠ 3	
15	CVD	3	Vascular brain injury (based on clinical and imaging evidence)	1	354–354	Num	0 = Absent 1 = Present		If Question 15 CVD = 0 (Absent), then skip to Question 16
15a	CVDIF	3	Vascular brain injury, primary or contributing	1	356–356	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 15 CVD ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
15b	PREVSTK	3	Previous symptomatic stroke?	1	358–358	Num	0 = No 1 = Yes	Blank if Question 15 CVD ≠ 1 (Present)	If Question 15b PREVSTK = 0 (No), then skip to Question 15c

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
15b1	STROKDEC	3	Temporal relationship between stroke and cognitive decline?	1	360–360	Num	0 = No 1 = Yes	Blank if Question 15 CVD ≠ 1 (Present) Blank if Question 15b PREVSTK ≠ 1	
15b2	STKIMAG	3	Confirmation of stroke by neuroimaging?	1	362–362	Num	0 = No 1 = Yes 9 = Unknown, no relevant imaging data available	Blank if Question 15 CVD ≠ 1 (Present) Blank if Question 15b PREVSTK ≠ 1	
15c	INFNETW	3	Is there imaging evidence of cystic infarction in cognitive network(s)?	1	364–364	Num	0 = No 1 = Yes 9 = Unknown, no relevant imaging data available	Blank if Question 15 CVD ≠ 1 (Present)	
15d	INFWMH	3	Is there imaging evidence of cystic infarction, imaging evidence of extensive WMH (CHS grade 7–8), and impairment in executive function?	1	366–366	Num	0 = No 1 = Yes 9 = Unknown, no relevant imaging data available	Blank if Question 15 CVD ≠ 1 (Present)	
16	ESSTREM	3	Essential tremor	1	368–368	Num	0 = Absent 1 = Present		
16a	ESSTREIF	3	Essential tremor, primary or contributing	1	370–370	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 16 ESSTREM ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
17	DOWNNS	3	Down syndrome	1	372–372	Num	0 = Absent 1 = Present		
17a	DOWNNSIF	3	Down syndrome, primary or contributing	1	374–374	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 17 DOWNNS ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
18	HUNT	3	Huntington's disease	1	376–376	Num	0 = Absent 1 = Present		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
18a	HUNTIF	3	Huntington's disease, primary or contributing	1	378–378	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 18 HUNT ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
19	PRION	3	Prion disease (CJD, other)	1	380–380	Num	0 = Absent 1 = Present		
19a	PRIONIF	3	Prion disease (CJD, other), primary or contributing	1	382–382	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 19 PRION ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
20	BRNINJ	3	Traumatic brain injury	1	384–384	Num	0 = Absent 1 = Present		
20a	BRNINJIF	3	Traumatic brain injury, primary or contributing	1	386–386	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 20 BRNINJ ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
20b	BRNINCTE	3	If Present, does the subject have symptoms consistent with chronic traumatic encephalopathy?	1	388–388	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 20 BRNINJ ≠ 1 (Present)	
21	HYCEPH	3	Normal-pressure hydrocephalus	1	390–390	Num	0 = Absent 1 = Present		
21a	HYCEPHIF	3	Normal-pressure hydrocephalus, primary or contributing	1	392–392	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 21 HYCEPH ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
22	EPILEP	3	Epilepsy	1	394–394	Num	0 = Absent 1 = Present		
22a	EPILEPIF	3	Epilepsy, primary or contributing	1	396–396	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 22 EPILEP ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
23	NEOP	3	CNS neoplasm	1	398–398	Num	0 = Absent 1 = Present		
23a	NEOPIF	3	CNS neoplasm, primary or contributing	1	400–400	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 23 NEOP ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
23b	NEOPSTAT	3	CNS neoplasm, benign or malignant?	1	402–402	Num	1 = Benign 2 = Malignant	Blank if Question 23, NEOP ≠ 1 (Present)	
24	HIV	3	Human immunodeficiency virus (HIV)	1	404–404	Num	0 = Absent 1 = Present		
24a	HIVIF	3	Human immunodeficiency virus (HIV), primary or contributing	1	406–406	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 24 HIV ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
25	OTHCOG	3	Cognitive impairment due to other neurologic, genetic, or infectious conditions not listed above	1	408–408	Num	0 = Absent 1 = Present		
25a	OTHCOGIF	3	Cognitive impairment due to other neurologic, genetic, or infectious conditions not listed above, primary or contributing	1	410–410	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 25 OTHCOG ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
25b	OTHCOGX	3	Cognitive impairment due to other neurologic, genetic, or infectious conditions not listed above — if Present, specify:	60	412–471	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 25 OTHCOG ≠ 1 (Present)	
26	DEP	3	Active depression	1	473–473	Num	0 = Absent 1 = Present		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
26a	DEPIF	3	Active depression, primary or contributing	1	475–475	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 26 DEP ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
26b	DEPTREAT	3	If Present, select one:	1	477–477	Num	0 = Untreated 1 = Treated with medication and/or counseling	Blank if Question 26 DEP ≠ 1 (Present)	
27	BIPOLDX	3	Bipolar disorder	1	479–479	Num	0 = Absent 1 = Present		
27a	BIPOLDIF	3	Bipolar disorder, primary or contributing	1	481–481	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 27 BIPOLDX ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
28	SCHIZOP	3	Schizophrenia or other psychosis	1	483–483	Num	0 = Absent 1 = Present		
28a	SCHIZOIF	3	Schizophrenia or other psychosis, primary or contributing	1	485–485	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 28 SCHIZOP ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
29	ANXIET	3	Anxiety disorder	1	487–487	Num	0 = Absent 1 = Present		
29a	ANXIETIF	3	Anxiety disorder, primary or contributing	1	489–489	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 29 ANXIET ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
30	DELIR	3	Delirium	1	491–491	Num	0 = Absent 1 = Present		
30a	DELIRIF	3	Delirium, primary or contributing	1	493–493	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 30 DELIR ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
31	PTSDDX	3	Post-traumatic stress disorder (PTSD)	1	495–495	Num	0 = Absent 1 = Present		
31a	PTSDDXIF	3	Post-traumatic stress disorder (PTSD), primary or contributing	1	497–497	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 31 PTSDDX ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
32	OTHPSY	3	Other psychiatric disease	1	499–499	Num	0 = Absent 1 = Present		
32a	OTHPSYIF	3	Other psychiatric disease, primary or contributing	1	501–501	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 32 OTHPSY ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
32b	OTHPSYX	3	Other psychiatric disease — if Present, specify:	60	503–562	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 32 OTHPSY ≠ 1 (Present)	
33	ALCDEM	3	Cognitive impairment due to alcohol abuse	1	564–564	Num	0 = Absent 1 = Present		
33a	ALCDEMIF	3	Cognitive impairment due to alcohol abuse, primary or contributing	1	566–566	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 33 ALCDEM ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
33b	ALCABUSE	3	Current alcohol abuse:	1	568–568	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 33 ALCDEM ≠ 1 (Present)	
34	IMPSUB	3	Cognitive impairment due to other substance abuse	1	570–570	Num	0 = Absent 1 = Present		
34a	IMPSUBIF	3	Cognitive impairment due to other substance abuse, primary or contributing	1	572–572	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 34 IMPSUB ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
35	DYSILL	3	Cognitive impairment due to systemic disease/medical illness	1	574–574	Num	0 = Absent 1 = Present		
35a	DYSILLIF	3	Cognitive impairment due to systemic disease/medical illness, primary or contributing	1	576–576	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 35 DYSILL ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
36	MEDS	3	Cognitive impairment due to medications	1	578–578	Num	0 = Absent 1 = Present		
36a	MEDSIF	3	Cognitive impairment due to medications, primary or contributing	1	580–580	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 36 MEDS ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
37	COGOTH	3	Cognitive impairment NOS	1	582–582	Num	0 = Absent 1 = Present		
37a	COGOTHIF	3	Cognitive impairment NOS, primary or contributing	1	584–584	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 37 COGOTH ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
37b	COGOTHX	3	Cognitive impairment NOS — if Present, specify:	60	586–645	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 37 COGOTH ≠ 1 (Present)	
38	COGOTH2	3	Cognitive impairment NOS	1	647–647	Num	0 = Absent 1 = Present		
38a	COGOTH2F	3	Cognitive impairment NOS, primary or contributing	1	649–649	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 38 COGOTH2 ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
38b	COGOTH2X	3	Cognitive impairment NOS — if Present, specify:	60	651–710	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 38 COGOTH2 ≠ 1 (Present)	

Form D2: Clinician-assessed Medical Conditions

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
39	COGOTH3	3	Cognitive impairment NOS	1	712–712	Num	0 = Absent 1 = Present		
39a	COGOTH3F	3	Cognitive impairment NOS, primary or contributing	1	714–714	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 39 COGOTH3 ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
39b	COGOTH3X	3	Cognitive impairment NOS — if Present, specify:	60	716–775	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 39 COGOTH3 ≠ 1 (Present)	
1	CANCER	3	Cancer (excluding non-melanoma skin cancer), primary or metastatic	1	45–45	Num	0 = No 1 = Yes, primary/non-metastatic 2 = Yes, metastatic 8 = Not assessed		If Question 1 CANCER = 0 (No), then skip to Question 2 If Question 1 CANCER = 8 (Not assessed), then skip to Question 2
1a	CANCSITE	3	Cancer primary site specification	60	47–106	Char	Any text or numbers, with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%)	Blank if Question 1 CANCER = 0 (No) Blank if Question 1 CANCER = 8 (Not assessed)	
2	DIABET	3	Diabetes	1	108–108	Num	0 = No 1 = Yes, Type I 2 = Yes, Type II 3 = Yes, other type 9 = Not assessed or unknown		
3	MYOINF	3	Myocardial infarct	1	110–110	Num	0 = No 1 = Yes 8 = Not assessed		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4	CONGHRT	3	Congestive heart failure	1	112–112	Num	0 = No 1 = Yes 8 = Not assessed		
5	AFIBRILL	3	Atrial fibrillation	1	114–114	Num	0 = No 1 = Yes 8 = Not assessed		
6	HYPERT	3	Hypertension	1	116–116	Num	0 = No 1 = Yes 8 = Not assessed		
7	ANGINA	3	Angina	1	118–118	Num	0 = No 1 = Yes 8 = Not assessed		
8	HYPCHOL	3	Hypercholesterolemia	1	120–120	Num	0 = No 1 = Yes 8 = Not assessed		
9	VB12DEF	3	B12 deficiency	1	122–122	Num	0 = No 1 = Yes 8 = Not assessed		
10	THYDIS	3	Thyroid disease	1	124–124	Num	0 = No 1 = Yes 8 = Not assessed		
11	ARTH	3	Arthritis	1	126–126	Num	0 = No 1 = Yes 8 = Not assessed		If Question 11 ARTH = 0 (No), then skip to Question 12 If Question 11 ARTH = 8 (Not assessed), then skip to Question 12
11a	ARTYPE	3	Arthritis type	1	128–128	Num	1 = Rheumatoid 2 = Osteoarthritis 3 = Other (specify) 9 = Unknown	Blank if Question 11 ARTH = 0 (No) Blank if Question 11 ARTH = 8 (Not assessed)	

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
11a1	ARTYPEX	3	Other arthritis type specification	60	130–189	Char	Any text or numbers, with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%)	Blank if Question 11a ARTYPE ≠ 3 (Other)	
11b1	ARTUPEX	3	Arthritis region affected — upper extremity	1	191–191	Num	0 = No 1 = Yes	Blank if Question 11 ARTH = 0 (No) Blank if Question 11 ARTH = 8 (Not assessed)	
11b2	ARTLOEX	3	Arthritis region affected — lower extremity	1	193–193	Num	0 = No 1 = Yes	Blank if Question 11 ARTH = 0 (No) Blank if Question 11 ARTH = 8 (Not assessed)	
11b3	ARTSPIN	3	Arthritis region affected — spine	1	195–195	Num	0 = No 1 = Yes	Blank if Question 11 ARTH = 0 (No) Blank if Question 11 ARTH = 8 (Not assessed)	
11b4	ARTUNKN	3	Arthritis region affected — unknown	1	197–197	Num	0 = No 1 = Yes	Blank if Question 11 ARTH = 0 (No) Blank if Question 11 ARTH = 8 (Not assessed)	
12	URINEINC	3	Incontinence — urinary	1	199–199	Num	0 = No 1 = Yes 8 = Not assessed		
13	BOWLINC	3	Incontinence — bowel	1	201–201	Num	0 = No 1 = Yes 8 = Not assessed		
14	SLEEPAP	3	Sleep apnea	1	203–203	Num	0 = No 1 = Yes 8 = Not assessed		
15	REMDIS	3	REM sleep behavior disorder (RBD)	1	205–205	Num	0 = No 1 = Yes 8 = Not assessed		

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
16	HYPOSOM	3	Hyposomnia/insomnia	1	207–207	Num	0 = No 1 = Yes 8 = Not assessed		
17	SLEEPTH	3	Other sleep disorder	1	209–209	Num	0 = No 1 = Yes 8 = Not assessed		
17a	SLEEPOTX	3	Other sleep disorder specification	60	211–270	Char	Any text or numbers, with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%)	Blank if Question 17 SLEEPTH ≠ 1 (Yes)	
18	ANGIOCP	3	Carotid procedure: angioplasty, endarterectomy, or stent	1	272–272	Num	0 = No 1 = Yes 8 = Not assessed		
19	ANGIOPCI	3	Percutaneous coronary intervention: angioplasty and/or stent	1	274–274	Num	0 = No 1 = Yes 8 = Not assessed		
20	PACEMAKE	3	Procedure: pacemaker and/or defibrillator	1	276–276	Num	0 = No 1 = Yes 8 = Not assessed		
21	HVALVE	3	Procedure: heart valve replacement or repair	1	278–278	Num	0 = No 1 = Yes 8 = Not assessed		
22	ANTIENC	3	Antibody-mediated encephalopathy	1	280–280	Num	0 = No 1 = Yes 8 = Not assessed		
22a	ANTIENCX	3	Antibody-mediated encephalopathy, specify	60	282–341	Char	Any text or numbers, with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%)	Blank if Question 22 ANTIENC ≠ 1 (Yes)	
23	OTHCOND	3	Other medical conditions or procedures not listed above	1	343–343	Num	0 = No 1 = Yes		
23a	OTHCONDX	3	Other medical conditions specification	60	345–404	Char	Any text or numbers, with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%)	Blank if Question 23 OTHCOND ≠ 1 (Yes)	