



NACC UNIFORM DATA SET **LBD MODULE**

Data Element Dictionary

For Initial Visit Visit Packet

UDS Version 3.0, March 2015

LBD Module, August 2017

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Revisions made to this DED since LBD Module implementation (August 2017)

Date yyyymm-dd	Description	Form(s) affected	Question(s) affected	Data element(s) affected
2017-08-28	Range changed from 1-99 to 0-99	B7	3a1	LBSCYRS

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	IL = Initial Visit Packet, LBD Module	
OB	FORMID	3	Form ID	3	4 – 6	Char	B1L – B9L C1L E1L – E3L D1L	
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 June 1, 2017.
OG	VISITDAY	3	Form date — day	2	29 – 30	Num	1 – 31	Visit date cannot precede June 1, 2017.
OH	VISITYR	3	Form date — year	4	32 – 35	Num	2017 to the current year	Visit date cannot precede June 1, 2017.
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.

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
Form B1L: Clinical Symptoms and Exam								
1	LBSSALIV	3	Does the participant dribble saliva during the day?	1	45 – 45	Num	0 = No 1 = Yes 9 = Unknown	
2	LBSSWALL	3	Does the participant have difficulty swallowing?	1	47–47	Num	0 = No 1 = Yes 9 = Unknown	
3	LBSINSEX	3	Does the participant have altered interest in sex?	1	49–49	Num	0 = No 1 = Yes 9 = Unknown	
4	LBSPRSEX	3	Does the participant have problems having sex?	1	51–51	Num	0 = No 1 = Yes 9 = Unknown	
5	LBSWEIGH	3	Does the participant have a recent change in weight (not related to dieting)?	1	53–53	Num	0 = No 1 = Yes 9 = Unknown	
6	LBSSMELL	3	Does the participant report a change in the ability to taste or smell?	1	55–55	Num	0 = No 1 = Yes 9 = Unknown	
7	LBSSWEAT	3	Does the participant experience excessive sweating (not related to hot weather)?	1	57–57	Num	0 = No 1 = Yes 9 = Unknown	
8	LBSTOLCD	3	Does the participant report having difficulty tolerating cold weather?	1	59–59	Num	0 = No 1 = Yes 9 = Unknown	
9	LBSTOLHT	3	Does the participant report having difficulty tolerating hot weather?	1	61–61	Num	0 = No 1 = Yes 9 = Unknown	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
10	LBSDBVIS	3	Does the participant experience double vision (two separate real objects, and not blurred vision)?	1	63–63	Num	0 = No 1 = Yes 9 = Unknown		
11	LBSCONST	3	Does the participant have problems with constipation?	1	65–65	Num	0 = No 1 = Yes 9 = Unknown		
12	LBSHDSTL	3	Does the participant have to strain to pass hard stools?	1	67–67	Num	0 = No 1 = Yes 9 = Unknown		
13	LBSLSSTL	3	Has the participant had involuntary loss of stools?	1	69–69	Num	0 = No 1 = Yes 9 = Unknown		
14	LBSUBLAD	3	Has the participant had the feeling that after passing urine, their bladder was not completely empty?	1	71–71	Num	0 = No 1 = Yes 9 = Unknown		
15	LBSUSTRM	3	Has the participant's stream of urine been weak or reduced?	1	73–73	Num	0 = No 1 = Yes 9 = Unknown		
16	LBSUPASS	3	Has the participant had to pass urine within two hours of the previous urination?	1	75–75	Num	0 = No 1 = Yes 9 = Unknown		
17	LBSDZSTU	3	Has the participant complained of feeling light-headed or dizzy when standing up?	1	77–77	Num	0 = No 1 = Yes 9 = Unknown		
18	LBSDZSTN	3	Has the participant become light-headed after standing for some time?	1	79–79	Num	0 = No 1 = Yes 9 = Unknown		

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
19	LBSFAINT	3	Has the participant fainted?	1	81–81	Num	0 = No 1 = Yes 9 = Unknown		
20	LBSPSYM	3	Indicate the first predominant symptom to appear during the participant's lifetime.	2	83–84	Num	1 = Dribbling saliva during the day 2 = Difficulty swallowing 3 = Altered interest in sex 4 = Problems having sex 5 = Recent change in weight not related to dieting 6 = Change in ability to taste or smell 7 = Excessive sweating 8 = Difficulty tolerating cold weather 9 = Difficulty tolerating hot weather 10 = Double vision 11 = Constipation 12 = Straining to pass hard stools 13 = Involuntary loss of stools 14 = Feeling after passing urine that bladder is not completely empty 15 = Stream of urine is weak or reduced 16 = Passing urine within two hours of previous urination 17 = Feeling light-headed or dizzy when standing up 18 = Feeling light-headed after standing for some time 19 = Fainting 88 = Not applicable–never experienced any of these symptoms 99 = Unknown		
21	LBPSYAGE	3	At what age did the first predominant symptom appear?	3	86–88	Num	15–110 888 = Not applicable 999 = Unknown		
22	LBSSUPSY	3	Systolic blood pressure, supine position	3	90–92	Num	65–230 888 = Not assessed		

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
23	LBSSUPDI	3	Diastolic blood pressure, supine position	3	94–96	Num	25–140 888 = Not assessed		
24	LBSSUPHT	3	Heart rate, supine position	3	98–100	Num	20–160 888 = Not assessed		
25	LBSSTNSY	3	Systolic blood pressure, standing position	3	102–104	Num	50–240 888 = Not assessed		
26	LBSSTNDI	3	Diastolic blood pressure, standing position	3	106–108	Num	20–150 888 = Not assessed		
27	LBSSTNHT	3	Heart rate, standing position	3	110–112	Num	33–180 888 = Not assessed		
28	LBSAGERM	3	Age of onset of probable REM sleep behavior disorder	3	114–116	Num	15–110 888 = Not applicable 999 = Unknown		
29	LBSAGESM	3	Age of onset of impaired smell	3	118–120	Num	15–110 888 = Not applicable 999 = Unknown		
30	LBSAGEGT	3	Age of onset of gait disorder	3	122–124	Num	9–110 888 = Not applicable 999 = Unknown		
31	LBSAGEFL	3	Age of onset of falls	3	126–128	Num	9–110 888 = Not applicable 999 = Unknown		
32	LBSAGETR	3	Age of onset of tremor	3	130–132	Num	9–110 888 = Not applicable 999 = Unknown		
33	LBSAGEBR	3	Age of onset of bradykinesia	3	134–136	Num	9–110 888 = Not applicable 999 = Unknown		
34	LBSSCLAU	3	Was a standardized scale of autonomic symptoms completed at this visit?	1	138–138	Num	0 = No 1 = Yes		If Question 34 LBSS-CLAU = 0 (No), then end form here

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
34a	LBSSCLVR	3	If yes, which version	1	140–140	Num	1 = NMSS 2 = SCOPA-AUT 8 = Other	Blank if Question 34 LBSSCLAU = 0 (No)
34a1	LBSSCLOT	3	Other	30	142–171	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).	Blank if Question 34 LBSSCLAU = 0 (No) or Question 34a LBSSCLVR ≠ 8 (Other)
34b	LBSSCOR	3	If yes, what was the score	3	173–175	Num	0–998 999 = Unknown	Blank if Question 34 LBSSCLAU = 0 (No)

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
Form B2L: UPDRS Part II — Activities of Daily Living								
1	LBUDSPCH	3	Speech	1	45–45	Num	0 = Normal. 1 = Mildly affected. No difficulty being understood. 2 = Moderately affected. Sometimes asked to repeat statements. 3 = Severely affected. Frequently asked to repeat statements. 4 = Unintelligible most of the time. 8 = Not applicable. 9 = Unknown.	
2	LBUDSALV	3	Salivation	1	47–47	Num	0 = Normal. 1 = Slight but definite excess of saliva in mouth; may have night time drooling. 2 = Moderately excessive saliva; may have minimal drooling. 3 = Marked excess of saliva with some drooling. 4 = Marked drooling, requires constant tissue or handkerchief. 8 = Not applicable. 9 = Unknown.	
3	LBUDSWAL	3	Swallowing	1	49–49	Num	0 = Normal. 1 = Rare choking. 2 = Occasional choking. 3 = Requires soft food. 4 = Requires NG tube or gastrostomy feeding. 8 = Not applicable. 9 = Unknown.	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
4	LBWRITE	3	Handwriting	1	51–51	Num	0 = Normal. 1 = Slightly slow or small. 2 = Moderately slow or small; all words are legible. 3 = Severely affected; not all words are legible. 4 = The majority of words are not legible. 8 = Not applicable. 9 = Unknown.		
5	LBUDFOOD	3	Cutting food and handling utensils	1	53–53	Num	0 = Normal. 1 = Somewhat slow and clumsy, but no help needed. 2 = Can cut most foods, although clumsy and slow; some help needed. 3 = Food must be cut by someone, but can still feed slowly. 4 = Needs to be fed. 8 = Not applicable. 9 = Unknown.		
6	LBUDRESS	3	Dressing	1	55–55	Num	0 = Normal. 1 = Somewhat slow, but no help needed. 2 = Occasional assistance with buttoning, getting arms in sleeves. 3 = Considerable help required, but can do some things alone. 4 = Helpless. 8 = Not applicable. 9 = Unknown.		

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
7	LBUDHYGN	3	Hygiene	1	57–57	Num	0 = Normal. 1 = Somewhat slow, but no help needed. 2 = Needs help to shower or bathe; or very slow in hygienic care. 3 = Requires assistance for washing, brushing teeth, combing hair, going to bathroom. 4 = Foley catheter or other mechanical aids. 8 = Not applicable. 9 = Unknown.		
8	LBUDTURN	3	Turning in bed and adjusting bedclothes	1	59–59	Num	0 = Normal. 1 = Somewhat slow and clumsy, but no help needed. 2 = Can turn alone or adjust sheets, but with great difficulty. 3 = Can initiate, but not turn or adjust sheets alone. 4 = Helpless. 8 = Not applicable. 9 = Unknown.		
9	LBUDFALL	3	Falling (unrelated to freezing)	1	61–61	Num	0 = None. 1 = Rare falling. 2 = Occasionally falls, less than once per day. 3 = Fall an average of once daily. 4 = Falls more than once daily. 8 = Not applicable. 9 = Unknown.		

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
10	LBUDFRZ	3	Freezing when walking	1	63–63	Num	0 = None. 1 = Rare freezing when walking; may have start-hesitation. 2 = Occasional freezing when walking. 3 = Frequent freezing. Occasionally falls from freezing. 4 = Frequent falls from freezing. 8 = Not applicable. 9 = Unknown.		
11	LBUDWALK	3	Walking	1	65–65	Num	0 = Normal. 1 = Mild difficulty. May not swing arms or may tend to drag leg. 2 = Moderate difficulty, but requires little or no assistance. 3 = Severe disturbance of walking, requiring assistance. 4 = Cannot walk at all, even with assistance. 8 = Not applicable. 9 = Unknown.		
12	LBUDTREM	3	Tremor	1	67–67	Num	0 = Absent. 1 = Slight and infrequently present. 2 = Moderate; bothersome to participant. 3 = Severe; interferes with many activities. 4 = Marked; interferes with most activities. 8 = Not applicable. 9 = Unknown.		

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
13	LBUSENS	3	Sensory complaints related to parkinsonism	1	69–69	Num	0 = None. 1 = Occasionally has numbness, tingling, or mild aching. 2 = Frequently has numbness, tingling, or aching; not distressing. 3 = Frequent painful sensations. 4 = Excruciating pain. 8 = Not applicable. 9 = Unknown.		

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
Form B3L: UPDRS Part III — Motor Examination								
1	LBUMSPCH	3	Speech	1	45–45	Num	0 = Normal. 1 = Slight loss of expression, diction, and/or volume. 2 = Monotone, slurred but understandable; moderately impaired. 3 = Marked impairment, difficult to understand. 4 = Unintelligible. 8 = Untestable.	
1a	LBUMSPCX	3	Reason	60	47–106	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 1 LBUMSPCH ≠ 8 (Untestable)
2	LBUMFACE	3	Facial Expression	1	108–108	Num	0 = Normal. 1 = Minimal hypomimia, could be normal "poker face". 2 = Slight but definitely abnormal diminution of facial expression. 3 = Moderate hypomimia; lips parted some of the time. 4 = Masked or fixed facies with severe or complete loss of facial expression; lips parted 1/4 inch or more. 8 = Untestable.	
2a	LBUMFACX	3	Reason	60	110–169	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 2 LBUMFACE ≠ 8 (Untestable)

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
3a	LBUMTRFA	3	Tremor at rest — face, lips, chin	1	171–171	Num	0 = Absent. 1 = Slight and infrequently present. 2 = Mild in amplitude and persistent. Or moderate in amplitude, but only intermittently present. 3 = Moderate in amplitude and present most of the time. 4 = Marked in amplitude and present most of the time. 8 = Untestable.		
3a1	LBUTRFAX	3	Reason	60	173–232	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 3a LBUMTRFA ≠ 8 (Untestable)	
3b	LBUMTRRH	3	Tremor at rest — right hand	1	234–234	Num	0 = Absent. 1 = Slight and infrequently present. 2 = Mild in amplitude and persistent. Or moderate in amplitude, but only intermittently present. 3 = Moderate in amplitude and present most of the time. 4 = Marked in amplitude and present most of the time. 8 = Untestable.		
3b1	LBUTRRHX	3	Reason	60	236–295	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 3b LBUMTRRH ≠ 8 (Untestable)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
3c	LBUMTRLH	3	Tremor at rest — left hand	1	297–297	Num	0 = Absent. 1 = Slight and infrequently present. 2 = Mild in amplitude and persistent. Or moderate in amplitude, but only intermittently present. 3 = Moderate in amplitude and present most of the time. 4 = Marked in amplitude and present most of the time. 8 = Untestable.		
3c1	LBUTRLHX	3	Reason	60	299–358	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 3c LBUMTRLH ≠ 8 (Untestable)	
3d	LBUMTRRF	3	Tremor at rest — right foot	1	360–360	Num	0 = Absent. 1 = Slight and infrequently present. 2 = Mild in amplitude and persistent. Or moderate in amplitude, but only intermittently present. 3 = Moderate in amplitude and present most of the time. 4 = Marked in amplitude and present most of the time. 8 = Untestable.		
3d1	LBUTRRFX	3	Reason	60	362–421	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 3d LBUMTRRF ≠ 8 (Untestable)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
3e	LBUMTRLF	3	Tremor at rest — left foot	1	423–423	Num	0 = Absent. 1 = Slight and infrequently present. 2 = Mild in amplitude and persistent. Or moderate in amplitude, but only intermittently present. 3 = Moderate in amplitude and present most of the time. 4 = Marked in amplitude and present most of the time. 8 = Untestable.		
3e1	LBUTRLFX	3	Reason	60	425–484	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 3e LBUMTRLF ≠ 8 (Untestable)	
4a	LBUMATRH	3	Action or postural tremor of hands — right hand	1	486–486	Num	0 = Absent. 1 = Slight; present with action. 2 = Moderate in amplitude, present with action. 3 = Moderate in amplitude with posture holding as well as action. 4 = Marked in amplitude; interferes with feeding. 8 = Untestable.		
4a1	LBUATRHX	3	Reason	60	488–547	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 4a LBUMATRH ≠ 8 (Untestable)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
4b	LBUMATLH	3	Action or postural tremor of hands — left hand	1	549–549	Num	0 = Absent. 1 = Slight; present with action. 2 = Moderate in amplitude, present with action. 3 = Moderate in amplitude with posture holding as well as action. 4 = Marked in amplitude; interferes with feeding. 8 = Untestable.		
4b1	LBUATLHX	3	Reason	60	551–610	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 4b LBUMATLH ≠ 8 (Untestable)	
5a	LBUMRGNK	3	Rigidity — neck	1	612–612	Num	0 = Absent. 1 = Slight or detectable only when activated by mirror or other movements. 2 = Mild to moderate. 3 = Marked, but full range of motion easily achieved. 4 = Severe, range of motion achieved with difficulty. 8 = Untestable.		
5a1	LBURGNKX	3	Reason	60	614–673	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 5a LBUMRGNK ≠ 8 (Untestable)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
5b	LBUMRGRU	3	Rigidity — right upper extremity	1	675–675	Num	0 = Absent. 1 = Slight or detectable only when activated by mirror or other movements. 2 = Mild to moderate. 3 = Marked, but full range of motion easily achieved. 4 = Severe, range of motion achieved with difficulty. 8 = Untestable.		
5b1	LBURGRUX	3	Reason	60	677–736	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 5b LBUMRGRU ≠ 8 (Untestable)	
5c	LBUMRGLU	3	Rigidity — left upper extremity	1	738–738	Num	0 = Absent. 1 = Slight or detectable only when activated by mirror or other movements. 2 = Mild to moderate. 3 = Marked, but full range of motion easily achieved. 4 = Severe, range of motion achieved with difficulty. 8 = Untestable.		
5c1	LBURGLUX	3	Reason	60	740–799	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 5c LBUMRGLU ≠ 8 (Untestable)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
5d	LBUMRGRL	3	Rigidity — right lower extremity	1	801–801	Num	0 = Absent. 1 = Slight or detectable only when activated by mirror or other movements. 2 = Mild to moderate. 3 = Marked, but full range of motion easily achieved. 4 = Severe, range of motion achieved with difficulty. 8 = Untestable.		
5d1	LBURGLX	3	Reason	60	803–862	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 5d LBUMRGRL ≠ 8 (Untestable)	
5e	LBUMRGLL	3	Rigidity — left lower extremity	1	864–864	Num	0 = Absent. 1 = Slight or detectable only when activated by mirror or other movements. 2 = Mild to moderate. 3 = Marked, but full range of motion easily achieved. 4 = Severe, range of motion achieved with difficulty. 8 = Untestable.		
5e1	LBURGLLX	3	Reason	60	866–925	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 5e LBUMRGLL ≠ 8 (Untestable)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
6a	LBUMFTRH	3	Finger taps — right hand	1	927–927	Num	0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement. 3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable.		
6a1	LBUFTRHX	3	Reason	60	929–988	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 6a LBUMFTRH ≠ 8 (Untestable)	
6b	LBUMFTLH	3	Finger taps — left hand	1	990–990	Num	0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement. 3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable.		
6b1	LBUFTLHX	3	Reason	60	992–1051	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 6b LBUMFTLH ≠ 8 (Untestable)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
7a	LBUMHRH	3	Hand movements — right hand	1	1053–1053	Num	0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement. 3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable.		
7a1	LBUHRHX	3	Reason	60	1055–1114	Char	Any text or numbers with the exception of single quotes ('), double quotes (""), ampersands (&), and percentage signs (%).	Blank if Question 7a LBUMHRH ≠ 8 (Untestable)	
7b	LBUHMLH	3	Hand movements — left hand	1	1116–1116	Num	0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement. 3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable.		
7b1	LBUHMLHX	3	Reason	60	1118–1177	Char	Any text or numbers with the exception of single quotes ('), double quotes (""), ampersands (&), and percentage signs (%).	Blank if Question 7b LBUHMLH ≠ 8 (Untestable)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
8a	LBUMPSRH	3	Rapid alternating movement of hands — right hand	1	1179–1179	Num	0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement. 3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable.		
8a1	LBUPSRHX	3	Reason	60	1181–1240	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 8a LBUMPSRH ≠ 8 (Untestable)	
8b	LBUMPSLH	3	Rapid alternating movement of hands — left hand	1	1242–1242	Num	0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement. 3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable.		
8b1	LBUMPSLHX	3	Reason	60	1244–1303	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 8b LBUMPSLH ≠ 8 (Untestable)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
9a	LBUMLGRL	3	Leg agility — right leg	1	1305–1305	Num	0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement. 3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable.		
9a1	LBULGRLX	3	Reason	60	1307–1366	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 9a LBUMLGRL ≠ 8 (Untestable)	
9b	LBUMLGLL	3	Leg agility — left leg	1	1368–1368	Num	0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired. Definite and early fatiguing. May have occasional arrests in movement. 3 = Severely impaired. Frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable.		
9b1	LBULGLLX	3	Reason	60	1370–1429	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 9b LBUMLGLL ≠ 8 (Untestable)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
10	LBUMRISE	3	Arising from chair	1	1431–1431	Num	0 = Normal. 1 = Slow; or may need more than one attempt. 2 = Pushes self up from arms of seat. 3 = Tends to fall back and may have to try more than one time, but can get up without help. 4 = Unable to arise without help. 8 = Untestable.		
10a	LBUMRISX	3	Reason	60	1433–1492	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 10 LBUMRISE ≠ 8 (Untestable)	
11	LBUMPOST	3	Posture	1	1494–1494	Num	0 = Normal erect. 1 = Not quite erect, slightly stooped posture; could be normal for older person. 2 = Moderately stooped posture, definitely abnormal; can be slightly leaning to one side. 3 = Severely stooped posture with kyphosis; can be moderately leaning to one side. 4 = Marked flexion with extreme abnormality of posture. 8 = Untestable.		
11a	LBUMPOSX	3	Reason	60	1496–1555	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 11 LBUMPOST ≠ 8 (Untestable)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
12	LBUMGAIT	3	Gait	1	1557–1557	Num	0 = Normal. 1 = Walks slowly, may shuffle with short steps, but no festination or propulsion. 2 = Walks with difficulty, but requires little or no assistance; may have some festination, short steps, or propulsion. 3 = Severe disturbance of gait, requiring assistance. 4 = Cannot walk at all, even with assistance. 8 = Untestable.		
12a	LBUMGAIX	3	Reason	60	1559–1618	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 12 LBUMGAIT ≠ 8 (Untestable)	
13	LBUPSTBL	3	Postural stability	1	1620–1620	Num	0 = Normal. 1 = Retropulsion, but recovers unaided. 2 = Absence of postural response; would fall if not caught by examiner. 3 = Very unstable, tends to lose balance spontaneously. 4 = Unable to stand without assistance. 8 = Untestable.		
13a	LBUPSTBX	3	Reason	60	1622–1681	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 13 LBUPSTBL ≠ 8 (Untestable)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
14	LBUMBRAD	3	Body bradykinesia and hypokinesia	1	1683–1683	Num	<p>0 = None.</p> <p>1 = Minimal slowness, giving movement a deliberate character; could be normal for some persons. Possibly reduced amplitude.</p> <p>2 = Mild degree of slowness and poverty of movement which is definitely abnormal. Alternatively, some reduced amplitude.</p> <p>3 = Moderate slowness, poverty, or small amplitude of movement.</p> <p>4 = Marked slowness, poverty, or small amplitude of movement.</p> <p>8 = Untestable.</p>		
14a	LBUMBRAX	3	Reason	60	1685–1744	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 14 LBUMBRAD ≠ 8 (Untestable)	
15	LBUMHNYR	3	Modified Hoehn and Yahr staging	1	1746–1746	Num	<p>0 = Stage 0 = No signs of disease.</p> <p>1 = Stage 1 = Unilateral disease.</p> <p>2 = Stage 1.5 = Unilateral plus axial involvement.</p> <p>3 = Stage 2 = Bilateral disease, without impairment of balance.</p> <p>4 = Stage 2.5 = Mild bilateral disease, with recovery on pull test.</p> <p>5 = Stage 3 = Mild to moderate bilateral disease; some postural instability; physically independent.</p> <p>6 = Stage 4 = Severe disability; still able to walk or stand unassisted.</p> <p>7 = Stage 5 = Wheelchair-bound or bedridden unless aided.</p> <p>8 = Untestable.</p>		

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
15a	LBUMHNYX	3	Reason	60	1748–1807	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 15 LBUMHNYR ≠ 8 (Untestable)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
Form B4L: Neuropsychiatric Inventory (NPI)								
1	LBDELUS	3	Does the participant have beliefs that you know are not true (for example, insisting that people are trying to harm him/her or steal from him/her)? Has he/she said that family members are not who they say they are or that the house is not their home? I'm not asking about mere suspiciousness; I am interested if the participant is convinced that these things are happening to him/her.	1	45–45	Num	0 = No 1 = Yes 8 = Not applicable	If Question 1 LBDELUS ≠ 1 (Yes), then skip to Question 2
1a	LBDHURT	3	Does the participant believe that he/she is in danger — that others are planning to hurt him/her?	1	47–47	Num	0 = No 1 = Yes	Blank if Question 1 LBDELUS ≠ 1 (Yes)
1b	LBDSTEAL	3	Does the participant believe that others are stealing from him/her?	1	49–49	Num	0 = No 1 = Yes	Blank if Question 1 LBDELUS ≠ 1 (Yes)
1c	LBDAFFR	3	Does the participant believe that his/her spouse/partner is having an affair?	1	51–51	Num	0 = No 1 = Yes	Blank if Question 1 LBDELUS ≠ 1 (Yes)
1d	LBDGUEST	3	Does the participant believe that unwelcome guests are living in his/her house?	1	53–53	Num	0 = No 1 = Yes	Blank if Question 1 LBDELUS ≠ 1 (Yes)

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
1e	LBDIMPOS	3	Does the participant believe that his/her spouse or others are not who they claim to be?	1	55–55	Num	0 = No 1 = Yes	Blank if Question 1 LBDELUS ≠ 1 (Yes)	
1f	LBDHOME	3	Does the participant believe that his/her house is not his/her home?	1	57–57	Num	0 = No 1 = Yes	Blank if Question 1 LBDELUS ≠ 1 (Yes)	
1g	LBDABAND	3	Does the participant believe that family members plan to abandon him/her?	1	59–59	Num	0 = No 1 = Yes	Blank if Question 1 LBDELUS ≠ 1 (Yes)	
1h	LBDPRES	3	Does the participant believe that television or magazine figures are actually present in the room? [Does he/she try to talk or interact with them?]	1	61–61	Num	0 = No 1 = Yes	Blank if Question 1 LBDELUS ≠ 1 (Yes)	
1i	LBDOTHER	3	Does the participant believe any other unusual things that I haven't asked about?	1	63–63	Num	0 = No 1 = Yes	Blank if Question 1 LBDELUS ≠ 1 (Yes)	
1j	LBDELFRQ	3	FREQUENCY	1	65–65	Num	1 = Occasionally — less than once per week 2 = Often — about once per week 3 = Frequently — several times per week but less than every day 4 = Very frequently — once or more per day	Blank if Question 1 LBDELUS ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
1k	LBDELSEV	3	SEVERITY	1	67–67	Num	1 = Mild — delusions present but seem harmless and produce little distress in the participant 2 = Moderate — delusions are distressing and disruptive 3 = Marked — delusions are very disruptive and are a major source of behavioral disruption (if PRN medications are prescribed, their use signals that the delusions are of marked severity)	Blank if Question 1 LBDELUS ≠ 1 (Yes)	
1l	LBDEL DST	3	How emotionally distressing do you find this behavior?	1	69–69	Num	0 = Not at all 1 = Minimally 2 = Mildly 3 = Moderately 4 = Severely 5 = Very severely or extremely	Blank if Question 1 LBDELUS ≠ 1 (Yes)	
2	LBHALL	3	Does the participant have hallucinations such as seeing false visions or hearing imaginary voices? Does he/she seem to see, hear, or experience things that are not present? By this question, we do not mean just mistaken beliefs such as stating that someone who has died is still alive; rather we are asking if the participant actually has abnormal experiences of sounds or visions.	1	71–71	Num	0 = No 1 = Yes 8 = Not applicable		If Question 2 LBHALL ≠ 1 (Yes), then skip to Question 3
2a	LBHVOICE	3	Does the participant describe hearing voices or acts as if he/she hears voices?	1	73–73	Num	0 = No 1 = Yes	Blank if Question 2 LBHALL ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
2b	LBHPEOPL	3	Does the participant talk to people who are not there?	1	75–75	Num	0 = No 1 = Yes	Blank if Question 2 LBHALL ≠ 1 (Yes)	
2c	LBHNOTPR	3	Does the participant describe seeing things not seen by others or behave as if he/she is seeing things not seen by others?	1	77–77	Num	0 = No 1 = Yes	Blank if Question 2 LBHALL ≠ 1 (Yes)	
2d	LBHODOR	3	Does the participant report smelling odors not smelled by others?	1	79–79	Num	0 = No 1 = Yes	Blank if Question 2 LBHALL ≠ 1 (Yes)	
2e	LBHFEEL	3	Does the participant describe feeling things on his/her skin or otherwise appear to be feeling things crawling on or touching him/her?	1	81–81	Num	0 = No 1 = Yes	Blank if Question 2 LBHALL ≠ 1 (Yes)	
2f	LBHTASTE	3	Does the participant describe tastes that are without any known cause?	1	83–83	Num	0 = No 1 = Yes	Blank if Question 2 LBHALL ≠ 1 (Yes)	
2g	LBHOTSEN	3	Does the participant describe any other unusual sensory experiences?	1	85–85	Num	0 = No 1 = Yes	Blank if Question 2 LBHALL ≠ 1 (Yes)	
2h	LBHALFRQ	3	FREQUENCY	1	87–87	Num	1 = Occasionally — less than once per week 2 = Often — about once per week 3 = Frequently — several times per week but less than every day 4 = Very frequently — once or more per day	Blank if Question 2 LBHALL ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
2i	LBHALSEV	3	SEVERITY	1	89–89	Num	1 = Mild — hallucinations present but seem harmless and produce little distress for the participant 2 = Moderate — hallucinations are distressing and disruptive to the participant 3 = Marked — hallucinations are very disruptive and are a major source of behavioral disruption. PRN medications may be required to control them.	Blank if Question 2 LBHALL ≠ 1 (Yes)	
2j	LBHALDST	3	How emotionally distressing do you find this behavior?	1	91–91	Num	0 = Not at all 1 = Minimally 2 = Mildly 3 = Moderately 4 = Severely 5 = Very severely or extremely	Blank if Question 2 LBHALL ≠ 1 (Yes)	
3	LBANXIET	3	Is the participant very nervous, worried, or frightened for no apparent reason? Does he/she seem very tense or fidgety? Is the participant afraid to be apart from you?	1	93–93	Num	0 = No 1 = Yes 8 = Not applicable		If Question 3 LBANXIET ≠ 1 (Yes), then skip to Question 4
3a	LBANEVNT	3	Does the participant say that he/she is worried about planned events?	1	95–95	Num	0 = No 1 = Yes	Blank if Question 3 LBANXIET ≠ 1 (Yes)	
3b	LBANRELX	3	Does the participant have periods of feeling shaky, unable to relax, or feeling excessively tense?	1	97–97	Num	0 = No 1 = Yes	Blank if Question 3 LBANXIET ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
3c	LBANBRTH	3	Does the participant have periods of (or complain of) shortness of breath, gasping, or sighing for no reason other than nervousness?	1	99–99	Num	0 = No 1 = Yes	Blank if Question 3 LBANXIET ≠ 1 (Yes)	
3d	LBANBUTT	3	Does the participant complain of butterflies in his/her stomach, or of racing or pounding of the heart in association with nervousness (symptoms not explained by ill health)?	1	101–101	Num	0 = No 1 = Yes	Blank if Question 3 LBANXIET ≠ 1 (Yes)	
3e	LBANPLAC	3	Does the participant avoid certain places or situations that make him/her more nervous such as riding in the car, meeting with friends, or being in crowds?	1	103–103	Num	0 = No 1 = Yes	Blank if Question 3 LBANXIET ≠ 1 (Yes)	
3f	LBANSEPR	3	Does the participant become nervous and upset when separated from you [or his/her caregiver]? [Does he/she cling to you to keep from being separated?]	1	105–105	Num	0 = No 1 = Yes	Blank if Question 3 LBANXIET ≠ 1 (Yes)	
3g	LBANOTHR	3	Does the participant show any other signs of anxiety?	1	107–107	Num	0 = No 1 = Yes	Blank if Question 3 LBANXIET ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
3h	LBANXFRQ	3	FREQUENCY	1	109–109	Num	1 = Occasionally — less than once per week 2 = Often — about once per week 3 = Frequently — several times per week but less than every day 4 = Very frequently — once or more per day	Blank if Question 3 LBANXIET ≠ 1 (Yes)
3i	LBANXSEV	3	SEVERITY	1	111–111	Num	1 = Mild — anxiety is distressing but usually responds to redirection or reassurance 2 = Moderate — anxiety is distressing, anxiety symptoms are spontaneously voiced by the participant and difficult to alleviate 3 = Marked — anxiety is very distressing and a major source of suffering for the participant	Blank if Question 3 LBANXIET ≠ 1 (Yes)
3j	LBANXDST	3	How emotionally distressing do you find this behavior?	1	113–113	Num	0 = Not at all 1 = Minimally 2 = Mildly 3 = Moderately 4 = Severely 5 = Very severely or extremely	Blank if Question 3 LBANXIET ≠ 1 (Yes)
4	LBAPATHY	3	Has the participant lost interest in the world around him/her? Has he/she lost interest in doing things or lack motivation for starting new activities? Is he/she more difficult to engage in conversation or in doing chores? Is the participant apathetic or indifferent?	1	115–115	Num	0 = No 1 = Yes 8 = Not applicable	If Question 4 LBAPATHY ≠ 1 (Yes), then skip to Question 5
4a	LBAPSPNT	3	Does the participant seem less spontaneous and active than usual?	1	117–117	Num	0 = No 1 = Yes	Blank if Question 4 LBAPATHY ≠ 1 (Yes)

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
4b	LBAPCONV	3	Is the participant less likely to initiate a conversation?	1	119–119	Num	0 = No 1 = Yes	Blank if Question 4 LBAPATHY ≠ 1 (Yes)	
4c	LBAPAFF	3	Is the participant less affectionate or lacking in emotions when compared to his/her usual self?	1	121–121	Num	0 = No 1 = Yes	Blank if Question 4 LBAPATHY ≠ 1 (Yes)	
4d	LBAPCHOR	3	Does the participant contribute less to household chores?	1	123–123	Num	0 = No 1 = Yes	Blank if Question 4 LBAPATHY ≠ 1 (Yes)	
4e	LBAPINT	3	Does the participant seem less interested in the activities and plans of others?	1	125–125	Num	0 = No 1 = Yes	Blank if Question 4 LBAPATHY ≠ 1 (Yes)	
4f	LBAPFAML	3	Has the participant lost interest in friends and family members?	1	127–127	Num	0 = No 1 = Yes	Blank if Question 4 LBAPATHY ≠ 1 (Yes)	
4g	LBAPINTR	3	Is the participant less enthusiastic about his/her usual interests?	1	129–129	Num	0 = No 1 = Yes	Blank if Question 4 LBAPATHY ≠ 1 (Yes)	
4h	LBAPOTH	3	Does the participant show any other signs that he/she doesn't care about doing new things?	1	131–131	Num	0 = No 1 = Yes	Blank if Question 4 LBAPATHY ≠ 1 (Yes)	
4i	LBAPAFRQ	3	FREQUENCY	1	133–133	Num	1 = Occasionally — less than once per week 2 = Often — about once per week 3 = Frequently — several times per week but less than every day 4 = Very frequently — nearly always present	Blank if Question 4 LBAPATHY ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
4j	LBAPASEV	3	SEVERITY	1	135–135	Num	1 = Mild— apathy is notable but produces little interference with daily routines; only mildly different from participant's usual behavior; participant responds to suggestions to engage in activities 2 = Moderate — apathy is very evident; may be overcome by the caregiver with coaxing and encouragement; responds spontaneously only to powerful events such as visits from close relatives or family members 3 = Marked — apathy is very evident and usually fails to respond to any encouragement or external events	Blank if Question 4 LBAPATHY ≠ 1 (Yes)	
4k	LBAPADST	3	How emotionally distressing do you find this behavior?	1	137–137	Num	0 = Not at all 1 = Minimally 2 = Mildly 3 = Moderately 4 = Severely 5 = Very severely or extremely	Blank if Question 4 LBAPATHY ≠ 1 (Yes)	
5	LBDOPAM	3	Is the participant currently on dopaminergic agents?	1	139–139	Num	0 = No 1 = Yes 9 = Unknown		If Question 5 LBDO-PAM ≠ 1 (Yes), then skip to Question 6
5a1	LBDAAGE	3	Age at initiation of dopaminergic agents?	3	141–143	Num	15–110 999 = Unknown	Blank if Question 5 LBDOPAM ≠ 1 (Yes)	
5a2	LBDDRUG1	3	Drug code (drugID)	6	145–150	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 5 LBDOPAM ≠ 1 (Yes)	
5a3	LBDDOSE1	3	Dose	30	152–181	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 5 LBDOPAM ≠ 1 (Yes)	
5a4	LBDAAGE2	3	Age at initiation of dopaminergic agents?	3	183–185	Num	15–110 999 = Unknown	Blank if Question 5 LBDOPAM ≠ 1 (Yes) or if not applicable	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
5a5	LBDDRUG2	3	Drug code (drugID)	6	187–192	Char	Any text or numbers with the exception of single quotes (‘), double quotes (“), ampersands (&), and percentage signs (%).	Blank if Question 5 LBOPAM ≠ 1 (Yes) or if not applicable	
5a6	LBDDOSE2	3	Dose	30	194–223	Char	Any text or numbers with the exception of single quotes (‘), double quotes (“), ampersands (&), and percentage signs (%).	Blank if Question 5 LBOPAM ≠ 1 (Yes) or if not applicable	
6a	LBDELAGE	3	Age of onset of delusions?	3	225–227	Num	15–110 888 = Not applicable 999 = Unknown	Blank if Question 1 LBDELUS, Question 2 LBHALL, Question 3 LBANXIET, and Question 4 LBAPATHY = 0 (No)	If Question 1 LBD-ELUS, Question 2 LBHALL, Question 3 LBANXIET, and Question 4 LBAPATHY = 0 (No), then end form here. If Question 1 LBD-ELUS ≠ 1 (Yes), then enter 888 for Question 6a and skip to Question 7.
6b	LBDELMED	3	Delusions currently being treated with medication?	1	229–229	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 1 LBDELUS, Question 2 LBHALL, Question 3 LBANXIET, and Question 4 LBAPATHY = 0 (No) Blank if Question 6a LBDELAGE = 888 (Not applicable)	If Question 6b LBD-ELMED ≠ 1 (Yes), then skip to Question 7
6c	LBDELMD1	3	Medication 1	6	231–236	Char	Any text or numbers with the exception of single quotes (‘), double quotes (“), ampersands (&), and percentage signs (%).	Blank if Question 1 LBDELUS, Question 2 LBHALL, Question 3 LBANXIET, and Question 4 LBAPATHY = 0 (No) Blank if Question 6a LBDELAGE = 888 (Not applicable) Blank if Question 6b LBDELMED ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
6d	LBDELMD2	3	Medication 2	6	238–243	Char	Any text or numbers with the exception of single quotes (‘), double quotes (“), ampersands (&), and percentage signs (%).	Blank if Question 1 LBDELUS, Question 2 LBHALL, Question 3 LBANXIET, and Question 4 LBAPATHY = 0 (No) Blank if Question 6a LBDELAGE = 888 (Not applicable) Blank if Question 6b LBDELMED ≠ 1 (Yes)
7a	LBHALAGE	3	Age of onset of hallucinations?	3	245–247	Num	15–110 888 = Not applicable 999 = Unknown	Blank if Question 1 LBDELUS, Question 2 LBHALL, Question 3 LBANXIET, and Question 4 LBAPATHY = 0 (No) If Question 2 LBHALL ≠ 1 (Yes), then enter 888 for Question 7a and skip to Question 8.
7b	LBHALMED	3	Hallucinations currently being treated with medication?	1	249–249	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 1 LBDELUS, Question 2 LBHALL, Question 3 LBANXIET, and Question 4 LBAPATHY = 0 (No) Blank if Question 7a LBHALAGE = 888 (Not applicable) If Question 7b LBHALMED ≠ 1 (Yes), then skip to Question 8
7c	LBHALMD1	3	Medication 1	6	251–256	Char	Any text or numbers with the exception of single quotes (‘), double quotes (“), ampersands (&), and percentage signs (%).	Blank if Question 1 LBDELUS, Question 2 LBHALL, Question 3 LBANXIET, and Question 4 LBAPATHY = 0 (No) Blank if Question 7a LBHALAGE = 888 (Not applicable) Blank if Question 7b LBHALMED ≠ 1 (Yes)
7d	LBHALMD2	3	Medication 2	6	258–263	Char	Any text or numbers with the exception of single quotes (‘), double quotes (“), ampersands (&), and percentage signs (%).	Blank if Question 1 LBDELUS, Question 2 LBHALL, Question 3 LBANXIET, and Question 4 LBAPATHY = 0 (No) Blank if Question 7a LBHALAGE = 888 (Not applicable) Blank if Question 7b LBHALMED ≠ 1 (Yes)

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
8a	LBANXAGE	3	Age of onset of anxiety?	3	265–267	Num	15–110 888 = Not applicable 999 = Unknown	Blank if Question 1 LBDELUS, Question 2 LBHALL, Question 3 LBANXIET, and Question 4 LBAPATHY = 0 (No)	If Question 3 LBANXIET ≠ 1 (Yes), then enter 888 for Question 8a and skip to Question 9.
8b	LBANXMED	3	Anxiety currently being treated with medication?	1	269–269	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 1 LBDELUS, Question 2 LBHALL, Question 3 LBANXIET, and Question 4 LBAPATHY = 0 (No) Blank if Question 8a LBANXAGE = 888 (Not applicable)	If Question 8b LBANXMED ≠ 1 (Yes), then skip to Question 9
8c	LBANXMD1	3	Medication 1	6	271–276	Char	Any text or numbers with the exception of single quotes (‘), double quotes (“), ampersands (&), and percentage signs (%).	Blank if Question 1 LBDELUS, Question 2 LBHALL, Question 3 LBANXIET, and Question 4 LBAPATHY = 0 (No) Blank if Question 8a LBANXAGE = 888 (Not applicable) Blank if Question 8b LBANXMED ≠ 1 (Yes)	
8d	LBANXMD2	3	Medication 2	6	278–283	Char	Any text or numbers with the exception of single quotes (‘), double quotes (“), ampersands (&), and percentage signs (%).	Blank if Question 1 LBDELUS, Question 2 LBHALL, Question 3 LBANXIET, and Question 4 LBAPATHY = 0 (No) Blank if Question 8a LBANXAGE = 888 (Not applicable) Blank if Question 8b LBANXMED ≠ 1 (Yes) or if not applicable	
9a	LBAPAAGE	3	Age of onset of apathy/indifference?	3	285–287	Num	15–110 888 = Not applicable 999 = Unknown	Blank if Question 1 LBDELUS, Question 2 LBHALL, Question 3 LBANXIET, and Question 4 LBAPATHY = 0 (No)	SKIPS : If Question 4 LBAPATHY ≠ 1 (Yes), then enter 888 for Question 9a and end form here.

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
9b	LBAPAMED	3	Apathy/indifference currently being treated with medication?	1	289–289	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 1 LBDELUS, Question 2 LBHALL, Question 3 LBANXIET, and Question 4 LBAPATHY = 0 (No) Blank if Question 9a LBAPAAGE = 888 (Not applicable)	If Question 9b LBAPAMED ≠ 1 (Yes), then end form here
9c	LBAPAMD1	3	Medication 1	6	291–296	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 1 LBDELUS, Question 2 LBHALL, Question 3 LBANXIET, and Question 4 LBAPATHY = 0 (No) Blank if Question 9a LBAPAAGE = 888 (Not applicable) Blank if Question 9b LBAPAMED ≠ 1 (Yes)	
9d	LBAPAMD2	3	Medication 2	6	298–303	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 1 LBDELUS, Question 2 LBHALL, Question 3 LBANXIET, and Question 4 LBAPATHY = 0 (No) or Question 9a LBAPAAGE = 888 (Not applicable) or Question 9b LBAPAMED ≠ 1 (Yes) or if not applicable	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
Form B5L: Mayo Fluctuations Scale								
1	LBMLTHRG	3	Is the participant drowsy and lethargic during the day, despite getting enough sleep the night before?	1	45–45	Num	0 = No 1 = Yes 9 = Unknown	
2	LBMSLEEP	3	Does the participant sleep 2 or more hours during the day (before 7:00 p.m.)?	1	47–47	Num	0 = No 1 = Yes 9 = Unknown	
3	LBMDISRG	3	Are there times when the participant's flow of ideas is disorganized, unclear, or not logical?	1	49–49	Num	0 = No 1 = Yes 9 = Unknown	
4	LBMSTARE	3	Does the participant tend to stare into space for long periods of time?	1	51–51	Num	0 = No 1 = Yes 9 = Unknown	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
Form B6L: Mayo Sleep Questionnaire — Participant								
0	LBSPCGIM	3	Is the participant too cognitively impaired (e.g., CDR>1) to complete this form?	1	45–45	Num	0 = No 1 = Yes	If Question 0 LBSPCGIM = 1 (Yes), then end form here
1	LBSPDRM	3	Have you ever been told that you seem to “act out your dreams” while sleeping (punched or flailed arms in the air, shouted or screamed)?	1	47–47	Num	0 = No 1 = Yes	Blank if Question 0 LBSPCGIM = 1 (Yes) If Question 1 LBSPDRM = 0 (No), then skip to Question 2
1a1	LBSPYRS	3	How many months or years has this been going on? (years)	2	49–50	Num	0–99	Blank if Question 0 LBSPCGIM = 1 (Yes) or Question 1 LBSPDRM = 0 (No)
1a2	LBSPMOS	3	How many months or years has this been going on? (months)	2	52–53	Num	0–11	Blank if Question 0 LBSPCGIM = 1 (Yes) or Question 1 LBSPDRM = 0 (No)
1b	LBSPINJS	3	Have you ever been injured from these behaviors (bruises, cuts, broken bones)?	1	55–55	Num	0 = No 1 = Yes	Blank if Question 0 LBSPCGIM = 1 (Yes) or Question 1 LBSPDRM = 0 (No)
1c	LBSPINJP	3	Has a bedpartner ever been injured from these behaviors (bruises, blows, pulled hair)?	1	57–57	Num	0 = No 1 = Yes 8 = No bedpartner	Blank if Question 0 LBSPCGIM = 1 (Yes) or Question 1 LBSPDRM = 0 (No)
1d	LBSPCHAS	3	Have you had dreams of being chased or attacked, or that involve defending yourself?	1	59–59	Num	0 = No 1 = Yes	Blank if Question 0 LBSPCGIM = 1 (Yes) or Question 1 LBSPDRM = 0 (No)
1e	LBSPMOVE	3	Have you been told that you make movements while sleeping that seem to match the details of your dream?	1	61–61	Num	0 = No 1 = Yes	Blank if Question 0 LBSPCGIM = 1 (Yes) or Question 1 LBSPDRM = 0 (No)

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
2	LBSPLEGS	3	Have you been told that your legs repeatedly jerk or twitch during sleep (not just when falling asleep)?	1	63–63	Num	0 = No 1 = Yes	Blank if Question 0 LBSPCGIM = 1 (Yes)	
3	LBSPNERV	3	Does a restless, nervous, tingly, or creepy-crawly feeling in your legs make it hard to fall or stay asleep?	1	65–65	Num	0 = No 1 = Yes	Blank if Question 0 LBSPCGIM = 1 (Yes)	If Question 3 LBSPNERV = 0 (No), then skip to Question 4
3a	LBSPURGL	3	Do you experience an irresistible urge to move the legs at those times?	1	67–67	Num	0 = No 1 = Yes	Blank if Question 0 LBSPCGIM = 1 (Yes) or Question 3 LBSPNERV = 0 (No)	
3b	LBSPESENS	3	Do the uncomfortable leg sensations decrease when you move them or when you walk around?	1	69–69	Num	0 = No 1 = Yes	Blank if Question 0 LBSPCGIM = 1 (Yes) or Question 3 LBSPNERV = 0 (No)	
3c	LBSPWORS	3	When do these sensations seem to be worse?	1	71–71	Num	1 = Before 6:00 p.m. 2 = After 6:00 p.m.	Blank if Question 0 LBSPCGIM = 1 (Yes) or Question 3 LBSPNERV = 0 (No)	
4	LBSPWALK	3	Have you ever walked around the bedroom or house in your sleep?	1	73–73	Num	0 = No 1 = Yes	Blank if Question 0 LBSPCGIM = 1 (Yes)	
5	LBSPAWAK	3	Have you ever snorted or choked yourself awake?	1	75–75	Num	0 = No 1 = Yes	Blank if Question 0 LBSPCGIM = 1 (Yes)	
6	LBSPBRTH	3	Have you ever been told that you stop breathing in your sleep?	1	77–77	Num	0 = No 1 = Yes	Blank if Question 0 LBSPCGIM = 1 (Yes)	If Question 6 LBSPBRTH = 0 (No), then skip to Question 7
6a	LBSPTRT	3	Are you currently being treated for this (e.g., CPAP)?	1	79–79	Num	0 = No 1 = Yes	Blank if Question 0 LBSPCGIM = 1 (Yes) or Question 6 LBSPBRTH = 0 (No)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
7	LBSPCRMP	3	Do you experience leg cramps at night (e.g., also called a “charlie horse” with intense pain in certain muscles in the leg)?	1	81–81	Num	0 = No 1 = Yes	Blank if Question 0 LBSPCGIM = 1 (Yes)	
8	LBSPALRT	3	Rate your general level of alertness for the past 3 weeks on a scale from 0 to 10:	2	83–84	Num	1–10; 0 = Sleep all day, 10 = Fully and normally awake	Blank if Question 0 LBSPCGIM = 1 (Yes)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
Form B7L: Mayo Sleep Questionnaire — Co-participant								
1	LBSC LIV	3	Do you live with the participant?	1	45–45	Num	0 = No 1 = Yes	If Question 1 LBSC LIV = 0 (No), then end form here
2	LBSCSLP	3	Do you sleep in the same room as the participant?	1	47–47	Num	0 = No 1 = Yes	Blank if Question 1 LBSC LIV = 0 (No) If Question 2 LBSCSLP = 1 (Yes), then skip to Question 3
2a	LBSCBEHV	3	If no, is it because of his/her sleep behaviors (i.e., snores too loud, acts out dreams, etc.)?	1	49–49	Num	0 = No 1 = Yes	Blank if Question 1 LBSC LIV = 0 (No) or Question 2 LBSCSLP = 1 (Yes)
3	LBSCDRM	3	Have you ever seen the participant appear to “act out his/her dreams” while sleeping (punched or flailed arms in the air, shouted or screamed)?	1	51–51	Num	0 = No 1 = Yes	Blank if Question 1 LBSC LIV = 0 (No) If Question 3 LBSCDRM = 0 (No), then skip to Question 4
3a1	LBSCYRS	3	How many months or years has this been going on? (years)	2	53–54	Num	0–99	Blank if Question 1 LBSC LIV = 0 (No) or Question 3 LBSCDRM = 0 (No)
3a2	LBSCMOS	3	How many months or years has this been going on? (months)	2	56–57	Num	0–11	Blank if Question 1 LBSC LIV = 0 (No) or Question 3 LBSCDRM = 0 (No)
3b	LBSCINJS	3	Has the participant ever been injured from these behaviors (bruises, cuts, broken bones)?	1	59–59	Num	0 = No 1 = Yes	Blank if Question 1 LBSC LIV = 0 (No) or Question 3 LBSCDRM = 0 (No)
3c	LBSCINJP	3	Has a bedpartner ever been injured from these behaviors (bruises, blows, pulled hair)?	1	61–61	Num	0 = No 1 = Yes 8 = No bedpartner	Blank if Question 1 LBSC LIV = 0 (No) or Question 3 LBSCDRM = 0 (No)

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
3d	LBSCCHAS	3	Has the participant told you about dreams of being chased or attacked, or that involve defending himself/herself?	1	63–63	Num	0 = No 1 = Yes 8 = Never told me about dreams	Blank if Question 1 LBSCCLIV = 0 (No) or Question 3 LBSCDRM = 0 (No)
3e	LBSCMOVE	3	If the participant woke up and told you about a dream, did the details of the dream match the movements made while sleeping?	1	65–65	Num	0 = No 1 = Yes 8 = Never told me about dreams	Blank if Question 1 LBSCCLIV = 0 (No) or Question 3 LBSCDRM = 0 (No)
4	LBSCLEGS	3	Do the participant's legs repeatedly jerk or twitch during sleep (not just when falling asleep)?	1	67–67	Num	0 = No 1 = Yes	Blank if Question 1 LBSCCLIV = 0 (No)
5	LBSCNERV	3	Does the participant complain of a restless, nervous, tingly, or creepy-crawly feeling in his/her legs that disrupts his/her ability to fall or stay asleep?	1	69–69	Num	0 = No 1 = Yes	Blank if Question 1 LBSCCLIV = 0 (No) If Question 5 LBSCNERV = 0 (No), then skip to Question 6
5a	LBSCSENS	3	Does the participant tell you that these leg sensations decrease when he/she moves them or walks around?	1	71–71	Num	0 = No 1 = Yes	Blank if Question 1 LBSCCLIV = 0 (No) or Question 5 LBSCNERV = 0 (No)
5b	LBSCWORS	3	When do these sensations seem to be the worst?	1	73–73	Num	1 = Before 6:00 p.m. 2 = After 6:00 p.m.	Blank if Question 1 LBSCCLIV = 0 (No) or Question 5 LBSCNERV = 0 (No)
6	LBSCWALK	3	Has the participant ever walked around the bedroom or house while asleep?	1	75–75	Num	0 = No 1 = Yes	Blank if Question 1 LBSCCLIV = 0 (No)

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
7	LBSCAWAK	3	Has the participant ever snorted or choked him/herself awake?	1	77–77	Num	0 = No 1 = Yes	Blank if Question 1 LBSCLIV = 0 (No)	
8	LBSCBRTH	3	Does the participant ever seem to stop breathing during sleep?	1	79–79	Num	0 = No 1 = Yes	Blank if Question 1 LBSCLIV = 0 (No)	If Question 8 LBSCBRTH = 0 (No), then skip to Question 9
8a	LBSCRTT	3	Is the participant currently being treated for this (e.g., CPAP)?	1	81–81	Num	0 = No 1 = Yes	Blank if Question 1 LBSCLIV = 0 (No) or Question 8 LBSCBRTH = 0 (No)	
9	LBSCCRMP	3	Does the participant have leg cramps at night (e.g., also called a “charlie horse” with intense pain in certain muscles in the leg)?	1	83–83	Num	0 = No 1 = Yes	Blank if Question 1 LBSCLIV = 0 (No)	
10	LBSCALRT	3	Rate the participant’s general level of alertness for the past 3 weeks on a scale from 0 to 10:	2	85–86	Num	0-10; 0 = Sleep all day, 10 = Fully and normally awake	Blank if Question 1 LBSCLIV = 0 (No)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
Form B8L: SCOPA Sleep — Participant Version								
0	PACOGIMP	3	Is the participant too cognitively impaired (e.g., CDR > 1) to complete this form	1	45–45	Num	0 = No 1 = Yes	If Question 0 PACOGIMP = 1 (Yes), then end form here.
1	PANSFALL	3	Had trouble falling asleep when you went to bed at night	1	47–47	Num	0 = Not at all 1 = A little 2 = Quite a bit 3 = A lot	Blank if Question 0 PACOGIMP = 1 (Yes)
2	PANSWKOF	3	Felt that you have woken too often	1	49–49	Num	0 = Not at all 1 = A little 2 = Quite a bit 3 = A lot	Blank if Question 0 PACOGIMP = 1 (Yes)
3	PANSLYAW	3	Felt that you have been lying awake for too long at night	1	51–51	Num	0 = Not at all 1 = A little 2 = Quite a bit 3 = A lot	Blank if Question 0 PACOGIMP = 1 (Yes)
4	PANSWKER	3	Felt that you have woken too early in the morning	1	53–53	Num	0 = Not at all 1 = A little 2 = Quite a bit 3 = A lot	Blank if Question 0 PACOGIMP = 1 (Yes)
5	PANSLTTL	3	Felt you have had too little sleep at night	1	55–55	Num	0 = Not at all 1 = A little 2 = Quite a bit 3 = A lot	Blank if Question 0 PACOGIMP = 1 (Yes)
6	SCPARATE	3	Overall, how well have you slept at night during the past month?	1	57–57	Num	1 = Very well 2 = Well 3 = Rather well 4 = Not well but not badly 5 = Rather badly 6 = Badly 7 = Very badly	Blank if Question 0 PACOGIMP = 1 (Yes)

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
7	PADSUNEX	3	Fallen asleep unexpectedly during the day or in the evening	1	59–59	Num	0 = Never 1 = Sometimes 2 = Regularly 3 = Often	Blank if Question 0 PACOGIMP = 1 (Yes)	
8	PADSSITP	3	Fallen asleep while sitting peacefully	1	61–61	Num	0 = Never 1 = Sometimes 2 = Regularly 3 = Often	Blank if Question 0 PACOGIMP = 1 (Yes)	
9	PADSWATV	3	Fallen asleep while watching TV or reading	1	63–63	Num	0 = Never 1 = Sometimes 2 = Regularly 3 = Often	Blank if Question 0 PACOGIMP = 1 (Yes)	
10	PADSTALK	3	Fallen asleep while talking to someone	1	65–65	Num	0 = Never 1 = Sometimes 2 = Regularly 3 = Often	Blank if Question 0 PACOGIMP = 1 (Yes)	
11	PADSAWDY	3	Had trouble staying awake during the day or in the evening	1	67–67	Num	0 = Never 1 = Sometimes 2 = Regularly 3 = Often	Blank if Question 0 PACOGIMP = 1 (Yes)	
12	PADSFLDY	3	Experienced falling asleep during the day as a problem	1	69–69	Num	0 = Never 1 = Sometimes 2 = Regularly 3 = Often	Blank if Question 0 PACOGIMP = 1 (Yes)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
Form B9L: SCOPA Sleep — Co-participant Version								
1	CONSFALL	3	Had trouble falling asleep when they went to bed at night	1	45–45	Num	0 = Not at all 1 = A little 2 = Quite a bit 3 = A lot	
2	CONSWKOF	3	Felt that they have woken too often	1	47–47	Num	0 = Not at all 1 = A little 2 = Quite a bit 3 = A lot	
3	CONSLYAW	3	Felt that they have been lying awake for too long at night	1	49–49	Num	0 = Not at all 1 = A little 2 = Quite a bit 3 = A lot	
4	CONSWKER	3	Felt that they have woken too early in the morning	1	51–51	Num	0 = Not at all 1 = A little 2 = Quite a bit 3 = A lot	
5	CONSLTTL	3	Felt they have had too little sleep at night	1	53–53	Num	0 = Not at all 1 = A little 2 = Quite a bit 3 = A lot	
6	SCCORATE	3	Overall, how well has the participant slept at night during the past month?	1	55–55	Num	1 = Very well 2 = Well 3 = Rather well 4 = Not well but not badly 5 = Rather badly 6 = Badly 7 = Very badly	
7	CODSUNEX	3	Fallen asleep unexpectedly during the day or in the evening	1	57–57	Num	0 = Never 1 = Sometimes 2 = Regularly 3 = Often	
8	CODSSITP	3	Fallen asleep while sitting peacefully	1	59–59	Num	0 = Never 1 = Sometimes 2 = Regularly 3 = Often	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
9	CODSWATV	3	Fallen asleep while watching TV or reading	1	61–61	Num	0 = Never 1 = Sometimes 2 = Regularly 3 = Often		
10	CODSTALK	3	Fallen asleep while talking to someone	1	63–63	Num	0 = Never 1 = Sometimes 2 = Regularly 3 = Often		
11	CODSAWDY	3	Had trouble staying awake during the day or in the evening	1	65–65	Num	0 = Never 1 = Sometimes 2 = Regularly 3 = Often		
12	CODSFLDY	3	Experienced falling asleep during the day as a problem	1	67–67	Num	0 = Never 1 = Sometimes 2 = Regularly 3 = Often		
13	SCCOFRST	3	Indicate the first predominant symptom to appear during the participant's lifetime.	1	69–69	Num	1 = Disturbed nighttime sleep 2 = Excessive daytime sleepiness 8 = Not applicable–never experienced disturbed nighttime sleep or excessive daytime sleepiness		If Question 13 SCCOFRST = 8 (Not applicable), then skip to Question 16
14	SCCOAGEN	3	At what age did the disturbed nighttime sleep first appear?	3	71–73	Num	15–110 888 = Not applicable 999 = Unknown	Blank if Question 13 SCCOFRST = 8 (Not applicable)	
15	SCCOAGED	3	At what age did the excessive daytime sleepiness first appear?	3	75–77	Num	15–110 888 = Not applicable 999 = Unknown	Blank if Question 13 SCCOFRST = 8 (Not applicable)	
16	SCCOCOMP	3	Was a standardized scale of daytime sleepiness completed at this visit?	1	79–79	Num	0 = No 1 = Yes		If Question 16 SCCOCOMP = 0 (No), then end form here
16a	SCCOSCVR	3	Which version?	1	81–81	Num	1 = Epworth 2 = Stanford 3 = Other	Blank if Question 16 SCCOCOMP = 0 (No)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
16a1	SCCOOTH	3	Specify	30	83–112	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 16 SCCOCOMP = 0 (No) or Question 16a SCCOSCVR ≠ 3 (Other)
16b	SCCOSCOR	3	What was the score:	3	114–116	Num	0–998 999 = Unknown	Blank if Question 16 SCCOCOMP = 0 (No)

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
Form C1L: Neuropsychological Battery Scores								
1a	LBNSWORD	3	Speeded Attention Task — Raw Word Score	3	45–47	Num	0–150 995 = Physical problem 996 = Cognitive/behavior problem 997 = Other problem 998 = Verbal refusal	If test not completed, enter reason code (995-998), and skip to Question 2
1b	LBNSCOLR	3	Speeded Attention Task — Raw Color Score	3	49–51	Num	0–150	Blank if Question 1a LBNSWORD = 995-998
1c	LBNSCLWD	3	Speeded Attention Task — Raw Color-word Score	3	53–55	Num	0–150	Blank if Question 1a LBNSWORD = 995-998
2a	LBNPFACE	3	Noise Pareidolia Task — Correct Face Responses	2	57–58	Num	0–7 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	If test not completed, enter reason code (95-98), and end form here
2b	LBNPNOIS	3	Noise Pareidolia Task — Correct Noise Responses	2	60–61	Num	0–13	Blank if Question 2a LBNPFACE = 95-98
2c	LBNPTCOR	3	Noise Pareidolia Task — Total Correct Responses	2	63–64	Num	0–20	Blank if Question 2a LBNPFACE = 95-98
2d	LBNPPARD	3	Noise Pareidolia Task — Noise (Pareidolia) Responses	2	66–67	Num	0–13	Blank if Question 2a LBNPFACE = 95-98

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
Form D1L: Clinical DLB and PD Features								
1	LBCDSCOG	3	Is an acquired disorder of cognition a prominent element of the clinical presentation of the participant? (I.e., at least one of the characteristics described in Questions 1a-1e is "Definitely present.")	1	45–45	Num	0 = No 1 = Yes	If Question 1 LBCDSCOG = 0 (No), then skip to Question 2.
1a	LBCMEMP	3	Episodic memory deficits	1	47–47	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 1 LBCDSCOG = 0 (No).
1b	LBCCLANG	3	Language deficits	1	49–49	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 1 LBCDSCOG = 0 (No).
1c	LBCATT	3	Attention deficits	1	51–51	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 1 LBCDSCOG = 0 (No).
1d	LBCCEXDE	3	Executive deficits	1	53–53	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 1 LBCDSCOG = 0 (No).
1e	LBCCVIS	3	Visuoperceptual deficits	1	55–55	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 1 LBCDSCOG = 0 (No).

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
2	LBCDSMOV	3	Is an acquired disorder of movement a prominent element of the clinical presentation of the participant? (i.e., at least one of the characteristics described in Questions 2a–2h is “Definitely present.”)	1	57–57	Num	0 = No 1 = Yes	If Question 2 LBCDSMOV = 0 (No), then skip to Question 3.
2a	LBCMBRAD	3	Bradykinesia	1	59–59	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 2 LBCDSMOV = 0 (No).
2b	LBCMRIGD	3	Rigidity (with or without cogwheel characteristics)	1	61–61	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 2 LBCDSMOV = 0 (No).
2c	LBCMRTRM	3	Rest tremor	1	63–63	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 2 LBCDSMOV = 0 (No).
2d	LBCMPTRM	3	Postural tremor	1	65–65	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 2 LBCDSMOV = 0 (No).
2e	LBCMATRM	3	Action tremor	1	67–67	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 2 LBCDSMOV = 0 (No).
2f	LBCMMYOC	3	Myoclonus	1	69–69	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 2 LBCDSMOV = 0 (No).
2g	LBCMGAIT	3	Gait abnormality	1	71–71	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 2 LBCDSMOV = 0 (No).

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
2h	LBCMPINS	3	Postural instability	1	73–73	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 2 LBCDSMOV = 0 (No).	
3	LBCDSBEV	3	Is an acquired disorder of behavior a prominent element of the clinical presentation of the participant? (i.e., at least one of the characteristics described in Questions 3a-3e is “Definitely present.”)	1	75–75	Num	0 = No 1 = Yes		If Question 3 LBCDSBEV = 0 (No), then skip to Question 4.
3a	LBCBDEP	3	Depression	1	77–77	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 3 LBCDSBEV = 0 (No).	
3b	LBCBAPA	3	Apathy	1	79–79	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 3 LBCDSBEV = 0 (No).	
3c	LBCBANX	3	Anxiety	1	81–81	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 3 LBCDSBEV = 0 (No).	
3d	LBCBHALL	3	Hallucinations	1	83–83	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 3 LBCDSBEV = 0 (No).	
3e	LBCBDEL	3	Delusions	1	85–85	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 3 LBCDSBEV = 0 (No).	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
4	LBCDSAUT	3	Is an acquired disorder of autonomic or constitutional features a prominent element of the clinical presentation of the participant? (i.e., at least one of the characteristics described in Questions 4a-4l is "Definitely present.")	1	87-87	Num	0 = No 1 = Yes	If Question 4 LBCDSAUT = 0 (No), then skip to Question 5.
4a	LBCAREM	3	REM sleep behavior disorder	1	89-89	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 4 LBCDSAUT = 0 (No).
4b	LBCAAPN	3	Obstructive sleep apnea	1	91-91	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 4 LBCDSAUT = 0 (No).
4c	LBCALGSL	3	Periodic leg movements of sleep	1	93-93	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 4 LBCDSAUT = 0 (No).
4d	LBCARSLE	3	Restless leg syndrome	1	95-95	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 4 LBCDSAUT = 0 (No).
4e	LBCADTSL	3	Excessive daytime sleepiness	1	97-97	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 4 LBCDSAUT = 0 (No).
4f	LBCACGFL	3	Cognitive fluctuations	1	99-99	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 4 LBCDSAUT = 0 (No).

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
4g	LBCAHYPT	3	Orthostatic hypotension	1	101–101	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 4 LBCDSAUT = 0 (No).	
4h	LBCACONS	3	Constipation	1	103–103	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 4 LBCDSAUT = 0 (No).	
4i	LBCAHYPS	3	Hyposmia	1	105–105	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 4 LBCDSAUT = 0 (No).	
4j	LBCAFALL	3	Falls	1	107–107	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 4 LBCDSAUT = 0 (No).	
4k	LBCASYNC	3	Syncope	1	109–109	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 4 LBCDSAUT = 0 (No).	
4l	LBCASNAP	3	Severe sensitivity to anti-psychotic agents	1	111–111	Num	0 = Absent 1 = Questionably present 2 = Definitely present 8 = Not evaluated	Blank if Question 4 LBCDSAUT = 0 (No).	
5	LBCOGST	3	What is the participant's cognitive status?	1	113–113	Num	1 = Normal cognition 2 = Cognitively impaired, not MCI 3 = MCI 4 = Dementia		
6	LBCOGDX	3	Which etiologic diagnosis best characterizes the participant?	1	115–115	Num	1 = Dementia with Lewy bodies 2 = Parkinson's disease 3 = Alzheimer's disease 4 = Vascular disease 5 = FTLTD 6 = Other 8 = Not applicable — no neurodegenerative disease and no cognitive impairment		

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
Form E1L: Genetics								
1	LBGLRRK2	3	LRRK2	1	45–45	Num	0 = No 1 = Yes 9 = Unknown	If No or Unknown, then skip to Question 2
1a	LBGLRKIS	3	If Yes, information source	1	47–47	Num	1 = Commercial laboratory test documentation 2 = Research laboratory test documentation 3 = Family report (select only if no laboratory test was done) 9 = Unknown	Blank if Question 1 LBGLRRK2 = 0 (No) or 9 (Unknown)
2	LBGPARK2	3	PARK2	1	49–49	Num	0 = No 1 = Yes 9 = Unknown	If No or Unknown, then skip to Question 3
2a	LBGPK2IS	3	If Yes, information source	1	51–51	Num	1 = Commercial laboratory test documentation 2 = Research laboratory test documentation 3 = Family report (select only if no laboratory test was done) 9 = Unknown	Blank if Question 2 LBGPARK2 = 0 (No) or 9 (Unknown)
3	LBGPARK7	3	PARK7	1	53–53	Num	0 = No 1 = Yes 9 = Unknown	If No or Unknown, then skip to Question 4
3a	LBGPK7IS	3	If Yes, information source	1	55–55	Num	1 = Commercial laboratory test documentation 2 = Research laboratory test documentation 3 = Family report (select only if no laboratory test was done) 9 = Unknown	Blank if Question 3 LBGPARK7 = 0 (No) or 9 (Unknown)
4	LBGPINK1	3	PINK1	1	57–57	Num	0 = No 1 = Yes 9 = Unknown	If No or Unknown, then skip to Question 5

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
4a	LBGPNKIS	3	If Yes, information source	1	59–59	Num	1 = Commercial laboratory test documentation 2 = Research laboratory test documentation 3 = Family report (select only if no laboratory test was done) 9 = Unknown	Blank if Question 4 LBGPINK1 = 0 (No) or 9 (Unknown)	
5	LBGSNCA	3	SNCA	1	61–61	Num	0 = No 1 = Yes 9 = Unknown		If No or Unknown, then skip to Question 6
5a	LBGSNCIS	3	If Yes, information source	1	63–63	Num	1 = Commercial laboratory test documentation 2 = Research laboratory test documentation 3 = Family report (select only if no laboratory test was done) 9 = Unknown	Blank if Question 5 LBGSNCA= 0 (No) or 9 (Unknown)	
6	LBGGBA	3	GBA	1	65–65	Num	0 = No 1 = Yes 9 = Unknown		If No or Unknown, then skip to Question 7
6a	LBGGBAIS	3	If Yes, information source	1	67–67	Num	1 = Commercial laboratory test documentation 2 = Research laboratory test documentation 3 = Family report (select only if no laboratory test was done) 9 = Unknown	Blank if Question 6 LBGGBA = 0 (No) or 9 (Unknown)	
7	LBGOTHR	3	Other	1	69–69	Num	0 = No 1 = Yes 9 = Unknown		If No or Unknown then end form here
7a	LBGOTHIS	3	If Yes, information source	1	71–71	Num	1 = Commercial laboratory test documentation 2 = Research laboratory test documentation 3 = Family report (select only if no laboratory test was done) 9 = Unknown	Blank if Question 7 LBGOTHR = 0 (No) or 9 (Unknown)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
7a1	LBGOTHX	3	Specify	30	73–102	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 7 LBGOTHR = 9 (Unknown).	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
Form E2L: Neuroimaging Available and Findings								
1	LBISMRI	3	Has the participant had at least one structural MRI scan, obtained as part of the current evaluation or a previous evaluation?	1	45–45	Num	0 = No or unknown 1 = Yes	If Question 1 LBISMRI = 0 (No or unknown), then skip to Question 2.
1a1	LBISMMO	3	Date of most recent scan (month)	2	47–48	Num	1–12	Blank if Question 1 LBISMRI = 0 (No or unknown)
1a2	LBISMDY	3	Date of most recent scan (day)	2	50–51	Num	1–31 99 = Unknown	Blank if Question 1 LBISMRI = 0 (No or unknown)
1a3	LBISMYR	3	Date of most recent scan (year)	4	53–56	Num	2000–current year	Blank if Question 1 LBISMRI = 0 (No or unknown)
1b	LBISMQAV	3	Are results of quantitative image analysis available?	1	58–58	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 1 LBISMRI = 0 (No or unknown) If Question 1b LBISMQAV ≠ 1 (Yes), then skip to Question 1d.
1c	LBISMHIP	3	Was there an MRI finding of hippocampal atrophy, according to your Center's standards for positivity? (REPORT MOST RECENT)	1	60–60	Num	0 = No 1 = Yes 8 = Results not available 9 = Unknown	Blank if Question 1 LBISMRI = 0 (No or unknown) Blank if Question 1b LBISMQAV ≠ 1 (Yes)
1d	LBISMAVL	3	Is an MRI available for data sharing?	1	62–62	Num	0 = No or unknown 1 = Yes	Blank if Question 1 LBISMRI = 0 (No or unknown) If Question 1d LBISMAVL = 0 (No or unknown), then skip to Question 2
1e	LBISMDCM	3	Is it in DICOM format or other electronic format?	1	64–64		0 = No 1 = Yes 9 = Unknown	Blank if Question 1 LBISMRI = 0 (No or unknown) Blank if Question 1d LBISMAVL = 0 (No or unknown)

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
1e1	LBISMFMT	3	Specify format	30	66–95	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 1 LBISMRI = 0 (No or unknown) Blank if Question 1d LBISMAVL = 0 (No or unknown) Blank if Question 1e LBISMDCM ≠ 1 (Yes)
1f	LBISMADN	3	Was ADNI protocol used?	1	97–97	Num	0 = No 1 = Yes 9 = Unkown	Blank if Question 1 LBISMRI = 0 (No or unknown) Blank if Question 1d LBISMAVL = 0 (No or unknown)
1f1	LBISMVER	3	ADNI version	10	99–108	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 1 LBISMRI = 0 (No or unknown) Blank if Question 1d LBISMAVL = 0 (No or unknown) Blank if Question 1f LBISMADN ≠ 1 (Yes)
1g	LBISMMAN	3	Scan manufacturer	1	110–110	Num	1 = GE 2 = Siemens 3 = Philips 4 = Other 9 = Unknown	Blank if Question 1 LBISMRI = 0 (No or unknown) Blank if Question 1d LBISMAVL = 0 (No or unknown)
1g1	LBISMOM	3	Other manufacturer	30	112–141	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 1 LBISMRI = 0 (No or unknown) Blank if Question 1d LBISMAVL = 0 (No or unknown) Blank if Question 1g LBISMMAN ≠ 4 (Other)
1h	LBISMSTR	3	Field strength	1	143–143	Num	1 = 1.5T 2 = 3T 3 = 7T 4 = Other 9 = Unknown	Blank if Question 1 LBISMRI = 0 (No or unknown) Blank if Question 1d LBISMAVL = 0 (No or unknown)
1h1	LBISMOS	3	Other strength	30	145– 174	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 1 LBISMRI = 0 (No or unknown) Blank if if Question 1d LBISMAVL = 0 (No or unknown) Blank if Question 1h LBISMSTR ≠ 4 (Other)

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
2	LBIFPET	3	Has the participant had at least one FDG-PET scan, obtained as part of the current evaluation or a previous evaluation?	1	176– 176	Num	0 = No or unknown 1 = Yes		If Question 2 LBI-FPET = 0 (No or unknown), then skip to Question 3.
2a1	LBIFPMO	3	Date of most recent scan (month)	2	178–179	Num	1–12	Blank if Question 2 LBIFPET = 0 (No or unknown)	
2a2	LBIFPDY	3	Date of most recent scan (day)	2	181–182	Num	1–31 99 = Unknown	Blank if Question 2 LBIFPET = 0 (No or unknown)	
2a3	LBIFPYR	3	Date of most recent scan (year)	4	184–187	Num	2000–current year	Blank if Question 2 LBIFPET = 0 (No or unknown)	
2b	LBIFQAV	3	Are results of quantitative image analysis available?	1	189–189	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 2 LBIFPET = 0 (No or unknown)	If Question 2b LBI-FQAV ≠ 1 (Yes), then skip to Question 2f.
2c	LBIFPOCC	3	Was there an FDG-PET finding of occipital hypometabolism consistent with LBD, according to your Center's standards for positivity?	1	191–191	Num	0 = No 1 = Yes 8 = Results not available 9 = Unknown	Blank if Question 2 LBIFPET = 0 (No or unknown) Blank if Question 2b LBIFQAV ≠ 1 (Yes)	
2d	LBIFPTPP	3	Was there an FDG-PET finding of temporoparietal hypometabolism suggestive of AD, according to your Center's standards for positivity?	1	193–193	Num	0 = No 1 = Yes 8 = Results not available 9 = Unknown	Blank if Question 2 LBIFPET = 0 (No or unknown) Blank if Question 2b LBIFQAV ≠ 1 (Yes)	
2e	LBIFPISL	3	Was there an FDG-PET finding of cingulate island sign consistent with LBD, according to your Center's standards for positivity?	1	195–195	Num	0 = No 1 = Yes 8 = Results not available 9 = Unknown	Blank if Question 2 LBIFPET = 0 (No or unknown) Blank if Question 2b LBIFQAV ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
2f	LBIFPAVL	3	Is an FDG-PET available for data sharing?	1	197–197	Num	0 = No or unknown 1 = Yes	Blank if Question 2 LBIFPET = 0 (No or unknown)	If Question 2f LBI-FPAVL = 0 (No or unknown), then skip to Question 3.
2g	LBIFPDCM	3	Is it in DICOM format or other electronic format?	1	199–199	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 2 LBIFPET = 0 (No or unknown) Blank if Question 2f LBIFPAVL = 0 (No or unknown)	
2g1	LBIFPFMT	3	Specify format	30	201–230	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 2 LBIFPET = 0 (No or unknown) Blank if Question 2f LBIFPAVL = 0 (No or unknown) Blank if Question 2g LBIFPDCM ≠ 1 (Yes)	
2h	LBIFPADN	3	Was ADNI protocol used?	1	232–232	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 2 LBIFPET = 0 (No or unknown) Blank if Question 2f LBIFPAVL = 0 (No or unknown)	
2h1	LBIFPVER	3	ADNI version	10	234–243	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 2 LBIFPET = 0 (No or unknown) Blank if Question 2f LBIFPAVL = 0 (No or unknown) Blank if Question 2h LBIFPADN ≠ 1 (Yes)	
2i	LBIFPMAN	3	Scan manufacturer	1	245–245	Num	1 = GE 2 = Siemens 3 = Philips 4 = Other 9 = Unknown	Blank if Question 2 LBIFPET = 0 (No or unknown) Blank if Question 2f LBIFPAVL = 0 (No or unknown)	
2i1	LBIFPOM	3	Other manufacturer	30	247–276	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 2 LBIFPET = 0 (No or unknown) Blank if Question 2f LBIFPAVL = 0 (No or unknown) Blank if Question 2i LBIFPMAN ≠ 4 (Other)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
3	LBIAPET	3	Has the participant had at least one amyloid PET scan, obtained as part of the current evaluation or a previous evaluation?	1	278–278	Num	0 = No or unknown 1 = Yes		If Question 3 LBIAPET = 0 (No or unknown), then skip to Question 4.
3a1	LBIAPMO	3	Date of most recent scan (month)	2	280–281	Num	1–12	Blank if Question 3 LBIAPET = 0 (No or unknown)	
3a2	LBIAPDY	3	Date of most recent scan (day)	2	283–284	Num	1–31 99 = Unknown	Blank if Question 3 LBIAPET = 0 (No or unknown)	
3a3	LBIAPYR	3	Date of most recent scan (year)	4	286–289	Num	2000–current year	Blank if Question 3 LBIAPET = 0 (No or unknown)	
3b	LBIAPQAV	3	Are results of quantitative image analysis available?	1	291–291	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 LBIAPET = 0 (No or unknown)	
3c	LBIAPAVL	3	Is an amyloid PET available for data sharing?	1	293–293	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 LBIAPET = 0 (No or unknown)	If Question 3c LBIAPAVL ≠ 1 (Yes), then skip to Question 4.
3d	LBIAPDCM	3	Is it in DICOM format or other electronic format?	1	295–295	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 LBIAPET = 0 (No or unknown) Blank if Question 3c LBIAPAVL ≠ 1 (Yes)	
3d1	LBIAPFMT	3	Specify format	30	297–326	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 3 LBIAPET = 0 (No or unknown) Blank if Question 3c LBIAPAVL ≠ 1 (Yes) Blank if Question 3d LBIAPDCM ≠ 1 (Yes)	
3e	LBIAPLIG	3	Ligand used	1	328–328	Num	1 = 11C-PIB 2 = 18F-AV45 3 = Flutemetamol 4 = Other 9 = Unknown	Blank if Question 3 LBIAPET = 0 (No or unknown) Blank if Question 3c LBIAPAVL ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
3e1	LBIAPOL	3	Other ligand	30	330–359	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 3 LBIAPET = 0 (No or unknown) Blank if Question 3c LBIAPAVL ≠ 1 (Yes) Blank if Question 3e LBIAPLIG ≠ 4 (Other)
3f	LBIAPADN	3	Was ADNI protocol used?	1	361–361	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 LBIAPET = 0 (No or unknown) Blank if Question 3c LBIAPAVL ≠ 1 (Yes)
3f1	LBIAPVER	3	ADNI version	10	363–372	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 3 LBIAPET = 0 (No or unknown) Blank if Question 3c LBIAPAVL ≠ 1 (Yes) Blank if Question 3f LBIAPADN ≠ 1 (Yes)
3g	LBIAPMAN	3	Scan manufacturer	1	374–374	Num	1 = GE 2 = Siemens 3 = Philips 4 = Other 9 = Unknown	Blank if Question 3 LBIAPET = 0 (No or unknown) Blank if Question 3c LBIAPAVL ≠ 1 (Yes)
3g1	LBIAPOM	3	Other manufacturer	30	376–405	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 3 LBIAPET = 0 (No or unknown) Blank if Question 3c LBIAPAVL ≠ 1 (Yes) Blank if Question 3g LBIAPMAN ≠ 4 (Other)
4	LBITPET	3	Has the participant had at least one Tau PET scan, obtained as part of the current evaluation or a previous evaluation?	1	407–407	Num	0 = No or unknown 1 = Yes	If Question 4 LBITPET = 0 (No or unknown), then skip to Question 5.
4a1	LBITPMO	3	Date of scan (month)	2	409–410	Num	1–12	Blank if Question 4 LBITPET = 0 (No or unknown)
4a2	LBITPDY	3	Date of scan (day)	2	412–413	Num	1–31 99 = Unknown	Blank if Question 4 LBITPET = 0 (No or unknown)
4a3	LBITPYR	3	Date of scan (year)	4	415–418	Num	2000–current year	Blank if Question 4 LBITPET = 0 (No or unknown)

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
4b	LBITQAV	3	Are results of quantitative image analysis available?	1	420–420	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 4 LBITPET = 0 (No or unknown)	
4c	LBITPAVL	3	Is a Tau PET available for data sharing?	1	422–422	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 4 LBITPET = 0 (No or unknown)	If Question 4c LBITPAVL ≠ 1 (Yes), then skip to Question 5.
4d	LBITPCDM	3	Is it in DICOM format or other electronic format?	1	424–424	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 4 LBITPET = 0 (No or unknown) Blank if Question 4c LBITPAVL ≠ 1 (Yes)	
4d1	LBITPFMT	3	Specify format	30	426–455	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 4 LBITPET = 0 (No or unknown) Blank if Question 4c LBITPAVL ≠ 1 (Yes) Blank if Question 4d LBITPCDM ≠ 1 (Yes)	
4e	LBITPLIG	3	Ligand used	1	457–457	Num	1 = 18F-AV1451 (T807) 2 = 18F-THK5351 3 = Other	Blank if Question 4 LBITPET = 0 (No or unknown) Blank if Question 4c LBITPAVL ≠ 1 (Yes).	
4e1	LBITPOL	3	Other ligand	30	459–488	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 4 LBITPET = 0 (No or unknown) Blank if Question 4c LBITPAVL ≠ 1 (Yes) Blank if Question 4e LBITPLIG ≠ 3 (Other)	
4f	LBITPADN	3	Was ADNI protocol used?	1	490–490	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 4 LBITPET = 0 (No or unknown) Blank if Question 4c LBITPAVL ≠ 1 (Yes)	
4f1	LBITPVER	3	ADNI version	10	492–501	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 4 LBITPET = 0 (No or unknown) Blank if Question 4c LBITPAVL ≠ 1 (Yes) Blank if Question 4f LBITPADN ≠ 1 (Yes)	
4g	LBITPMAN	3	Scan manufacturer	1	503–503	Num	1 = GE 2 = Siemens 3 = Philips 4 = Other 9 = Unknown	Blank if Question 4 LBITPET = 0 (No or unknown) Blank if Question 4c LBITPAVL ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
4g1	LBITPOM	3	Other manufacturer	30	505–534	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 4 LBITPET = 0 (No or unknown) Blank if Question 4c LBITPAVL ≠ 1 (Yes) Blank if Question 4g LBITPMAN ≠ 4 (Other)
5	LBIDATS	3	Has the participant had at least one DaTScan scan, obtained as part of the current evaluation or a previous evaluation?	1	536–536	Num	0 = No or unknown 1 = Yes	If Question 5 LBI-DATS = 0 (No or unknown), then end form here.
5a1	LBIDSMO	3	Date of most recent scan (month)	2	538–539	Num	1–12	Blank if Question 5 LBIDATS = 0 (No or unknown)
5a2	LBIDSDY	3	Date of most recent scan (day)	2	541–542	Num	1–31 99 = Unknown	Blank if Question 5 LBIDATS = 0 (No or unknown)
5a3	LBIDSYR	3	Date of most recent scan (year)	4	544–547	Num	2000–current year	Blank if Question 5 LBIDATS = 0 (No or unknown)
5b	LBIDSQAV	3	Are results of quantitative image analysis available?	1	549–549	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 5 LBIDATS = 0 (No or unknown) If Question 5b LBIDSQAV ≠ 1 (Yes), then end form here
5c	LBIDSABN	3	Were there abnormal DaTScan findings consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	1	551–551	Num	0 = No 1 = Yes 8 = Results not available 9 = Unknown	Blank if Question 5 LBIDATS = 0 (No or unknown) Blank if Question 5b LBIDSQAV ≠ 1 (Yes)

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips
Form E3L: Other Labs and Findings								
1	LBOPOLYS	3	Has the participant had at least one polysomnography, obtained as part of the current evaluation or a previous evaluation?	1	45–45	Num	0 = No or unknown 1 = Yes	If Question 1 LBOPOLYS = 0 (No or unknown), then skip to Question 2.
1a1	LBOPOSMO	3	Date of most recent polysomnography (month)	2	47–48	Num	1–12	Blank if Question 1 LBOPOLYS = 0 (No or unknown)
1a2	LBOPOS DY	3	Date of most recent polysomnography (day)	2	50–51	Num	1–31 99 = Unknown	Blank if Question 1 LBOPOLYS = 0 (No or unknown)
1a3	LBOPOS YR	3	Date of most recent polysomnography (year)	4	53–56	Num	2000–current year	Blank if Question 1 LBOPOLYS = 0 (No or unknown)
1b	LBOPOPOS	3	Was there polysomnographic confirmation of REM sleep without atonia, +/- dream enactment behavior, consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	1	58–58	Num	0 = No 1 = Yes 8 = Results not available 9 = Unknown	Blank if Question 1 LBOPOLYS = 0 (No or unknown)
1c	LBOPOAVL	3	Is a polysomnography available for data sharing?	1	60–60	Num	0 = No or unknown 1 = Yes	Blank if Question 1 LBOPOLYS = 0 (No or unknown)
2	LBOCMIBG	3	Has the participant had at least one cardiac-MIBG scintigraphy, obtained as part of the current evaluation or a previous evaluation?	1	62–62	Num	0 = No or unknown 1 = Yes	If Question 2 LBOCMIBG = 0 (No or unknown), then skip to Question 3.

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
2a1	LBOCMMO	3	Date of most recent cardiac-MIBG scintigraphy (month)	2	64–65	Num	1–12	Blank if Question 2 LBOCMIBG = 0 (No or unknown)	
2a2	LBOCMDY	3	Date of most recent cardiac-MIBG scintigraphy (day)	2	67–68	Num	1–31 99 = Unknown	Blank if Question 2 LBOCMIBG = 0 (No or unknown)	
2a3	LBOCMYR	3	Date of most recent cardiac-MIBG scintigraphy (year)	4	70–73	Num	2000–current year	Blank if Question 2 LBOCMIBG = 0 (No or unknown)	
2b	LBOCMPOS	3	Were there abnormal (low uptake) MIBG myocardial scintigraphy results consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	1	75–75	Num	0 = No 1 = Yes 8 = Results not available 9 = Unknown	Blank if Question 2 LBOCMIBG = 0 (No or unknown)	
2c	LBOCMAVL	3	Is a cardiac-MIBG available for data sharing?	1	77–77	Num	0 = No or unknown 1 = Yes, raw data available 2 = Yes, processed data available 3 = Yes, both raw and processed data available	Blank if Question 2 LBOCMIBG = 0 (No or unknown)	
3	LBOANOS	3	Has the participant had at least one anosmia test, obtained as part of the current evaluation or a previous evaluation?	1	79–79	Num	0 = No or unknown 1 = Yes		If Question 3 LBOANOS = 0 (No or unknown), then skip to Question 4.
3a1	LBOANMO	3	Date of most recent anosmia test (month)	2	81–82	Num	1–12	Blank if Question 3 LBOANOS = 0 (No or unknown)	
3a2	LBOANDY	3	Date of most recent anosmia test (day)	2	84–85	Num	1–31 99 = Unknown	Blank if Question 3 LBOANOS = 0 (No or unknown)	
3a3	LBOANYR	3	Date of most recent anosmia test (year)	4	87–90	Num	2000–current year	Blank if Question 3 LBOANOS = 0 (No or unknown)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
3b	LBOANPOS	3	Were the anosmia test results consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	1	92–92	Num	0 = No 1 = Yes 8 = Results not available 9 = Unknown	Blank if Question 3 LBOANOS = 0 (No or unknown)	
3c	LBOANAVL	3	Are anosmia test data available for sharing?	1	94–94	Num	0 = No or unknown 1 = Yes	Blank if Question 3 LBOANOS = 0 (No or unknown)	If Question 3c LBOANAVL = 0 (No or unknown), then skip to Question 4.
3d	LBOANVER	3	Which test was done (that is available for sharing)?	1	96–96	Num	1 = University of Pennsylvania Smell Identification Test (UPSIT) 2 = Brief-smell identification test (B-SIT) 3 = Sniffin Sticks 4 = Other	Blank if Question 3 LBOANOS = 0 (No or unknown) Blank if Question 3c LBOANAVL = 0 (No or unknown).	
3d1	LBOANOTH	3	Other test	30	98–127	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 3 LBOANOS = 0 (No or unknown) Blank if 3c LBOANAVL = 0 (No or unknown) Blank if Question 3d LBOANVER ≠ 4 (Other)	
4	LBOEEG	3	Has the participant had at least one electroencephalogram, obtained as part of the current evaluation or a previous evaluation?	1	129–129	Num	0 = No or unknown 1 = Yes		If Question 4 LBOEEG = 0 (No or unknown), then skip to Question 5.
4a1	LBOEGMO	3	Date of most recent electroencephalogram (month)	2	131–132	Num	1–12	Blank if Question 4 LBOEEG = 0 (No or unknown)	
4a2	LBOEGDY	3	Date of most recent electroencephalogram (day)	2	134–135	Num	1–31 99 = Unknown	Blank if Question 4 LBOEEG = 0 (No or unknown)	
4a3	LBOEGYR	3	Date of most recent electroencephalogram (year)	4	137–140	Num	2000–current year	Blank if Question 4 LBOEEG = 0 (No or unknown)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
4b	LBOEGPOS	3	Was there prominent posterior slow wave activity on EEG with periodic fluctuations in the prealpha/theta range, consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	1	142–142	Num	0 = No 1 = Yes 8 = Results not available 9 = Unknown	Blank if Question 4 LBOEEG = 0 (No or unknown)	
4c	LBOEGAVL	3	Is an electroencephalogram available for data sharing?	1	144–144	Num	0 = No or unknown 1 = Yes, raw data available 2 = Yes, processed data available 3 = Yes, both raw and processed data available	Blank if Question 4 LBOEEG = 0 (No or unknown)	
5	LBOMSLT	3	Has the participant had at least one MSLT, obtained as part of the current evaluation or a previous evaluation?	1	146–146	Num	0 = No or unknown 1 = Yes		If Question 5 LBOMSLT = 0 (No or unknown), then skip to Question 6.
5a1	LBOMSMO	3	Date of most recent MSLT (month)	2	148–149	Num	1–12	Blank if Question 5 LBOMSLT = 0 (No or unknown)	
5a2	LBOMSDY	3	Date of most recent MSLT (day)	2	151–152	Num	1–31 99 = Unknown	Blank if Question 5 LBOMSLT = 0 (No or unknown)	
5a3	LBOMSYR	3	Date of most recent MSLT (year)	4	154–157	Num	2000–current year	Blank if Question 5 LBOMSLT = 0 (No or unknown).	
5b	LBOMSPOS	3	Were the MSLT results consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	1	159–159	Num	0 = No 1 = Yes 8 = Results not available 9 = Unknown	Blank if Question 5 LBOMSLT = 0 (No or unknown)	
5c	LBOMSAVL	3	Are MSLT data available for sharing?	1	161–161	Num	0 = No or unknown 1 = Yes	Blank if Question 5 LBOMSLT = 0 (No or unknown)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
6	LBOTILT	3	Has the participant had at least one tilt table test, obtained as part of the current evaluation or a previous evaluation?	1	163–163	Num	0 = No or unknown 1 = Yes		If Question 6 LBOTILT = 0 (No or unknown), then skip to Question 7.
6a1	LBOTLMO	3	Date of most recent tilt table test (month)	2	165–166	Num	1–12	Blank if Question 6 LBOTILT = 0 (No or unknown)	
6a2	LBOTLDY	3	Date of most recent tilt table test (day)	2	168–169	Num	1–31 99 = Unknown	Blank if Question 6 LBOTILT = 0 (No or unknown)	
6a3	LBOTLYR	3	Date of most recent tilt table test (year)	4	171–174	Num	2000–current year	Blank if Question 6 LBOTILT = 0 (No or unknown)	
6b	LBOTLPOS	3	Were the tilt table test results consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	1	176–176	Num	0 = No 1 = Yes 8 = Results not available 9 = Unknown	Blank if Question 6 LBOTILT = 0 (No or unknown)	
6c	LBOTLAVL	3	Are tilt table test data available for sharing?	1	178–178	Num	0 = No or unknown 1 = Yes	Blank if Question 6 LBOTILT = 0 (No or unknown)	
7	LBOQSART	3	Has the participant had at least one QSART, obtained as part of the current evaluation or a previous evaluation?	1	180–180	Num	0 = No or unknown 1 = Yes		If Question 7 LBOQSART = 0 (No or unknown), then skip to Question 8.
7a1	LBOQSMO	3	Date of most recent QSART (month)	2	182–183	Num	1–12	Blank if Question 7 LBOQSART = 0 (No or unknown)	
7a2	LBOQSDY	3	Date of most recent QSART (day)	2	185–186	Num	1–31 99 = Unknown	Blank if Question 7 LBOQSART = 0 (No or unknown)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
7a3	LBOQSYR	3	Date of most recent QSART (year)	4	188–191	Num	2000–current year	Blank if Question 7 LBOQSART = 0 (No or unknown)	
7b	LBOQSPoS	3	Were the QSART results consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	1	193–193	Num	0 = No 1 = Yes 8 = Results not available 9 = Unknown	Blank if Question 7 LBOQSART = 0 (No or unknown)	
7c	LBOSGAVL	3	Are QSART data available for sharing?	1	195–195	Num	0 = No or unknown 1 = Yes	Blank if Question 7 LBOQSART = 0 (No or unknown)	
8	LBOTHERM	3	Has the participant had at least one thermoregulatory sweat test, obtained as part of the current evaluation or a previous evaluation?	1	197–197	Num	0 = No or unknown 1 = Yes		If Question 8 LBOTHERM = 0 (No or unknown), then skip to Question 9.
8a1	LBOTHMO	3	Date of most recent thermoregulatory sweat test (month)	2	199–200	Num	1–12	Blank if Question 8 LBOTHERM = 0 (No or unknown)	
8a2	LBOTHDY	3	Date of most recent thermoregulatory sweat test (day)	2	202–203	Num	1–31 99 = Unknown	Blank if Question 8 LBOTHERM = 0 (No or unknown)	
8a3	LBOTHYR	3	Date of most recent thermoregulatory sweat test (year)	4	205–208	Num	2000–current year	Blank if Question 8 LBOTHERM = 0 (No or unknown)	
8b	LBOTHPOS	3	Were the thermoregulatory sweat test results consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	1	210–210	Num	0 = No 1 = Yes 8 = Results not available 9 = Unknown	Blank if Question 8 LBOTHERM = 0 (No or unknown)	
8c	LBOTHAVL	3	Are thermoregulatory sweat test data available for sharing?	1	212–212	Num	0 = No or unknown 1 = Yes	Blank if Question 8 LBOTHERM = 0 (No or unknown)	

Q #	Data element name	UDS Ver	LBD question	Length of field	Column positions	Data type	Allowable codes	Blanks/Skips	
9	LBOCGAIT	3	Has the participant had at least one computerized gait testing, obtained as part of the current evaluation or a previous evaluation?	1	214–214	Num	0 = No or unknown 1 = Yes		If Question 9 LBOCGAIT = 0 (No or unknown), then end form here.
9a1	LBOCGMO	3	Date of most recent computerized gait testing (month)	2	216–217	Num	1–12	Blank if Question 9 LBOCGAIT = 0 (No or unknown)	
9a2	LBOCGDY	3	Date of most recent computerized gait testing (day)	2	219–220	Num	1–31 99 = Unknown	Blank if Question 9 LBOCGAIT = 0 (No or unknown)	
9a3	LBOCGYR	3	Date of most recent computerized gait testing (year)	4	222–225	Num	2000–current year	Blank if Question 9 LBOCGAIT = 0 (No or unknown)	
9b	LBOCGPOS	3	Were the computerized gait testing results consistent with LBD, according to your Center's standards for positivity? (REPORT MOST RECENT)	1	227–227	Num	0 = No 1 = Yes 8 = Results not available 9 = Unknown	Blank if Question 9 LBOCGAIT = 0 (No or unknown)	
9c	LBOCGAVL	3	Are computerized gait testing data available for sharing?	1	229–229	Num	0 = No or unknown 1 = Yes, raw data available 2 = Yes, processed data available 3 = Yes, both raw and processed data available	Blank if Question 9 LBOCGAIT = 0 (No or unknown)	