



NACC Uniform Data Set (UDS) Form M1: Milestones

Center: _____ ADC Subject ID: _____ Form Date: ___/___/_____

Please submit a new Milestones Form as soon as possible after each milestone event has occurred. The format for each date is mm/dd/yyyy. Examiner's initials: ___ ___
If either the month or day is unknown, enter "99" for that element only.
The year must be entered. NOTE: Complete only those items reporting milestone events.

1. <input type="checkbox"/> Subject has died.	Date of death: ___/___/_____
1a. <input type="checkbox"/> ADC autopsy done (data pending or submitted).	
2. <input type="checkbox"/> Subject has discontinued ADC participation.	Date discontinued: ___/___/_____
2a. Primary reason (<i>check only one</i>):	
<input type="checkbox"/> 1 Refused further participation in ADC	<input type="checkbox"/> 3 Discontinued by ADC decision/protocol
<input type="checkbox"/> 2 Moved out of area	<input type="checkbox"/> 4 Seeking care elsewhere
<input type="checkbox"/> 8 Other (<i>specify</i>): _____	
3. <input type="checkbox"/> Subject has rejoined ADC participation after discontinuing.	
4. <input type="checkbox"/> Subject has entered nursing home with expectation of permanent residence.	Date: ___/___/_____
5. Subject's NACC data collection protocol has changed as indicated below (<i>check only one</i>):	
<input type="checkbox"/> 1 To UDS telephone follow-up.	
<input type="checkbox"/> 2 To minimal ADC contact (e.g., followed only to obtain autopsy).	
<input type="checkbox"/> 3 To UDS in-person visit.	

If there has been a change in the data collection protocol to UDS telephone follow-up or to minimal ADC contact, indicate the reasons below:

6. <input type="checkbox"/> Unable to collect neuropsychological test data. Due to (<i>check all that apply</i>):
a. <input type="checkbox"/> Too cognitively impaired.
b. <input type="checkbox"/> Too physically impaired.
c. <input type="checkbox"/> Homebound/nursing home/cannot travel.
d. <input type="checkbox"/> Refused testing.
e. <input type="checkbox"/> Other (<i>specify</i>): _____
7. <input type="checkbox"/> Unable to collect physical/neurological data. Due to (<i>check all that apply</i>):
a. <input type="checkbox"/> Too cognitively impaired.
b. <input type="checkbox"/> Too physically impaired.
c. <input type="checkbox"/> Homebound/nursing home/cannot travel.
d. <input type="checkbox"/> Refused examination.
e. <input type="checkbox"/> Other (<i>specify</i>): _____