



NACC UNIFORM DATA SET

Data Element Dictionary For Initial Visit Visit Packet

Version 3.0, March 2015

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

Revisions made to this DED since UDS3 implementation (March 15, 2015)

Date yyyy-mm-dd	Description	Form(s) affected	Question(s) affected	Data element(s) affected
2018-04-02	Form Z1 replaced by Form Z1X	Z1	All	New data elements added on language of administration
2017-10-18	Blank corrected from “Blank if Question 4a FOTH-MUT \neq 8 (Other)” to “Blank if Question 4a FOTHMUT \neq 1 (Yes)”	A3	4a1	FOTHMUTX
2017-03-07	Name of form changed from Functional Activities Questionnaire (FAQ). All items and coding remain unchanged.	B7	N/A	N/A
2017-02-14	Code changed from 1 to 0 in skip pattern to read “If Question 11 ARTH = 0 (No) ...” Also, blank instructions for 11a1 were moved from skip column to blank column.	D2	11 11a1	ARTH, ARTYPEX
2016-11-09	Allowable code of 77 added to blanks	A3	6a – 6at7	(All)
2016-11-09	Allowable code added for 77=Adopted, unknown; new 77 code added to skip pattern	A3	6	SIBS
2016-09-09	New Center codes added	All	Form header	ADCID
2015-10-26	Skip instruction added	B9	9c1	BEVHALL
2015-10-26	Blank instruction corrected from “if BEVHALL = 0 (No)” to “if BEVHALL \neq 1 (Yes)”	B9	9c1a	BEVWELL
2015-10-26	Blank instruction corrected from “if BEVHALL = 0 (No)” to “if BEVHALL \neq 1 (Yes)”	B9	9c1b	BEVHAGO
2015-08-12	Added three new ADCs and their allowable codes to Form Header section	All	N/A	ADCID
2015-07-29	Allowable codes for mother’s and father’s year of birth changed to allow for earlier dates	A3	5a2, 5b2	MOMYOB, DADYOB
2015-07-01	Note added to Form B5 DED entry highlighting change of FORMVER variable to 3.1 (change affects Form B5 only; all other forms remain version 3.0).	B5	N/A	FORMVER
2015-06-16	Text of questions in Form B5 revised for consistency with original instrument.	B5	All	N/A
2015-06-11	In Form A5, variable name in skips corrected from CVGATT to CVHATT.	A5	2a	CVHATT

2015-05-12	In Form A2, code for “At least 3 times per month” corrected to 4.	A2	9b	INCALLS
2015-05-12	In Form A2, text for blank corrected to read “Blank if Question 9 INLIVWTH = 1 (Yes)”	A2	9a, 9b	INVISITS, INCALLS
2015-04-03	In Form A3, allowable codes for age of onset were changed from 15-110, 999 to 0-110, 999 .	A3	5a7, 5b7, 6aa7-6at7, 7aa7-7ao7	MOMAGEO, DADAGEO, SIB(1-20)AGO, KID(1-15)AGO
2015-04-03	In Form A3, allowable codes for age of death were changed from 15-110, 999 to 0-110, 999 .	A3	5a3, 5b3, 6aa3-6at3, 7aa7-7ao7	MOMDAGE, DADDAGE, SIB(1-20)AGD, KID(1-15)AGD

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	I = Initial Visit Packet	
OB	FORMID	3	Form ID	3	4 – 6	Char	A1 – A5 B1, B4 – B9 C2 D1 – D2	
OC	FORMVER	3	Form version number	3	8 – 10	Num	See bottom of current form; use integer portion of version number.	Example: version 3.0 is FORMVER = 3.

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

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

Form Z1X: Form Checklist

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

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4c	A4NOT	3	If A4 not submitted, specify reason	2	65 - 66	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #4b A4SUB = 1 (Yes)	
5a	LANGA5	3	A5 Subject Health History — language	1	68 - 68	Num	1 = English 2 = Spanish		
6a	LANGB1	3	B1 Evaluation Form: Physical — language	1	70 - 70	Num	1 = English 2 = Spanish	Blank if #6b B1SUB = 0 (No)	
6b	B1SUB	3	B1 Evaluation Form: Physical — submitted	1	72 - 72	Num	0 = No 1 = Yes		
6c	B1NOT	3	If B1 not submitted, specify reason	2	74 - 75	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #6b B1SUB = 1 (Yes)	
7a	LANGB4	3	B4 Global Staging — CDR: Standard and Supplemental — language	1	77 - 77	Num	1 = English 2 = Spanish		
8a	LANGB5	3	B5 Behavioral Assessment: NPI-Q — language	1	79 - 79	Num	1 = English 2 = Spanish	Blank if #8b B5SUB = 0 (No)	
8b	B5SUB	3	B5 Behavioral Assessment: NPI-Q — submitted	1	81 - 81	Num	0 = No 1 = Yes		
8c	B5NOT	3	If B5 not submitted, specify reason	2	83 - 84	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #8b B5SUB = 1 (Yes)	
9a	LANGB6	3	B6 Behavioral Assessment: GDS — language	1	86 - 86	Num	1 = English 2 = Spanish	Blank if #9b B6SUB = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
9b	B6SUB	3	B6 Behavioral Assessment: GDS — submitted	1	88 - 88	Num	0 = No 1 = Yes		
9c	B6NOT	3	If B6 not submitted, specify reason	2	90 - 91	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #9b B6SUB = 1 (Yes)	
10a	LANGB7	3	B7 Functional Assessment: FAS language	1	93 - 93	Num	1 = English 2 = Spanish	Blank if #10b B7SUB = 0 (No)	
10b	B7SUB	3	B7 Functional Assessment: FAS — submitted	1	95 - 95	Num	0 = No 1 = Yes		
10c	B7NOT	3	If B7 not submitted, specify reason	2	97 - 98	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #10b B7SUB = 1 (Yes)	
11a	LANGB8	3	B8 Neurological Examination Findings — language	1	100 - 100	Num	1 = English 2 = Spanish		
12a	LANGB9	3	B9 Clinician Judgment of Symptoms — language	1	102 - 102	Num	1 = English 2 = Spanish		
13a	LANGC2	3	C2 Neurological Battery Scores — language	1	104 - 104	Num	1 = English 2 = Spanish		
14a	LANGD1	3	D1 Clinician Diagnosis — language	1	106 - 106	Num	1 = English 2 = Spanish		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
15a	LANGD2	3	D2 Clinician-assessed Medical Conditions — language	1	108 - 108	Num	1 = English 2 = Spanish		
16a	LANGA3A	3	A3A Record of consent for biologic specimen use — language	1	110 - 110	Num	1 = English 2 = Spanish	Blank if #16b FT-DA3AFS = 0 (No)	
16b	FTDA3AFS	3	A3A Record of consent for biologic specimen use — submitted	1	112 - 112	Num	0 = No 1 = Yes		
16c	FTDA3AFR	3	If A3A not submitted, specify reason	2	114 - 115	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal 99 = Unknown or inadequate information	Blank if #16b FT-DA3AFS = 1 (Yes)	
17a	LANGB3F	3	B3F Supplemental UPDRS — language	1	117 - 117	Num	1 = English 2 = Spanish		
18a	LANGB9F	3	B9F Clinical PPA and bvFTD Features — language	1	119 - 119	Num	1 = English 2 = Spanish		
19a	LANGC1F	3	C1F Neuropsychological Battery Summary Scores — language	1	121 - 121	Num	1 = English 2 = Spanish		
20a	LANGC2F	3	C2F Social Norms Questionnaire — language	1	123 - 123	Num	1 = English 2 = Spanish		
21a	LANGC3F	3	C3F Social Behavior Observer Checklist — language	1	125 - 125	Num	1 = English 2 = Spanish		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
22a	LANGC4F	3	C4F Behavioral Inhibition Scale — language	1	127 - 127	Num	1 = English 2 = Spanish	Blank if #22b FTD-C4FS = 0 (No)	
22b	FTDC4FS	3	C4F Behavioral Inhibition Scale — submitted	1	129 - 129	Num	0 = No 1 = Yes		
22c	FTDC4FR	3	If C4F not submitted, specify reason	2	131 - 132	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal 99 = Unknown or inadequate information	Blank if #22b FTD-C4FS = 1 (Yes)	
23a	LANGC5F	3	C5F Interpersonal Reactivity Index — language	1	134 - 134	Num	1 = English 2 = Spanish	Blank if #23b FTD-C5FS = 0 (No)	
23b	FTDC5FS	3	C5F Interpersonal Reactivity Index — submitted	1	136 - 136	Num	0 = No 1 = Yes		
23c	FTDC5FR	3	If C5F not submitted, specify reason	2	138 - 139	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal 99 = Unknown or inadequate information	Blank if #23b FTD-C5FS = 1 (Yes)	
24a	LANGC6F	3	C6F Revised self-monitoring scale — language	1	141 - 141	Num	1 = English 2 = Spanish	Blank if #24b FTD-C6FS = 0 (No)	
24b	FTDC6FS	3	C6F Revised self-monitoring scale — submitted	1	143 - 143	Num	0 = No 1 = Yes		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
24c	FTDC6FR	3	If C6F not submitted, specify reason	2	145 - 146	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal 99 = Unknown or inadequate information	Blank if #24b FTD-C6FS,= 1 (Yes)	
25a	LANG2F	3	E2F Imaging Available — language	1	148 - 148	Num	1 = English 2 = Spanish		
26a	LANG3F	3	E3F Imaging in Diagnosis — language	1	150 - 150	Num	1 = English 2 = Spanish		
27a	LANGCLS	3	CLS — Language — language	1	152 - 152	Num	1 = English 2 = Spanish	Blank if #27b CLS-SUB = 0 (No)	
27b	CLSSUB	3	CLS Subject Language History — submitted	1	154 - 154	Num	0 = No 1 = Yes		

Form A1: Participant Demographics

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	REASON	3	Primary reason for coming to ADC	1	45–45	Num	1 = To participate in a research study 2 = To have a clinical evaluation 4 = Both (to participate in a research study and to have a clinical evaluation) 9 = Unknown		
2a	REFERSC	3	Principal referral source:	1	47–47	Num	1 = Self-referral 2 = Non-professional contact (spouse/partner, relative, friend, coworker, etc.) 3 = ADC participant referral 4 = ADC clinician, staff, or investigator referral 5 = Nurse, doctor, or other health care provider 6 = Other research study clinician/staff/investigator (non-ADC; e.g., ADNI, Women's Health Initiative) 8 = Other 9 = Unknown		If Question 2a REFERSC = 1 (Self-referral), then continue to Question 2b If Question 2a REFERSC = 2 (Non-professional contact), then continue to Question 2b
2b	LEARNED	3	If the referral source was self-referral or a non-professional contact, how did the referral source learn of the ADC?	1	49–49	Num	1 = ADC advertisement (e.g., website, mailing, newspaper ad, community presentation) 2 = News article or TV program mentioning the ADC study 3 = Conference or community event (e.g., community memory walk) 4 = Another organizations's media appeal or website (e.g., Alzheimer's Association, clinicaltrials.gov) 8 = Other 9 = Unknown	Blank if Question 2a REFERSC ≠ 1 Blank if Question 2a REFERSC ≠ 2	
3	PRESTAT	3	Presumed disease status at enrollment	1	51–51	Num	1 = Case, patient, proband 2 = Control or normal 3 = No presumed disease status		
4	PRESPART	3	Presumed participation	1	53–53	Num	1 = Initial evaluation only 2 = Longitudinal follow-up planned		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5	SOURCENW	3	ADC enrollment type	1	55–55	Num	1 = Primarily ADC-funded (Clinical Core, Satellite Core, or other ADC Core or project) 2 = Subject is supported primarily by a non-ADC study (e.g., RO1, including non-ADC grants supporting the FTLD Module participation)		
6a	BIRTHMO	3	Subject's month of birth	2	57–58	Num	1–12		
6b	BIRTHYR	3	Subject's year of birth	4	60–63	Num	1875 to (current year minus 15)		
7	SEX	3	Subject's sex	1	65–65	Num	1 = Male 2 = Female		
8	HISPANIC	3	Does the subject report being of Hispanic/Latino ethnicity (i.e., having origins from a mainly Spanish-speaking Latin American country), regardless of race?	1	67–67	Num	0 = No 1 = Yes 9 = Unknown		If Question 8 HISPANIC = 0 (No), then skip to Question 9 If Question 8 HISPANIC = 9 (Unknown), then skip to Question 9
8a	HISPOR	3	If yes, what are the subject's reported origins?	2	69–70	Num	1 = Mexican, Chicano, or Mexican-American 2 = Puerto Rican 3 = Cuban 4 = Dominican 5 = Central American 6 = South American 50 = Other (specify) 99 = Unknown	Blank if Question 8 HISPANIC ≠ 1 (Yes)	
8a1	HISPORX	3	Other (specify):	60	72–131	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 8 HISPANIC ≠ 1 (Yes) Blank if Question 8a HISPOR ≠ 50 (Other)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
9	RACE	3	What does the subject report as his or her race?	2	133–134	Num	1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other (specify) 99 = Unknown		
9a	RACEX	3	Other (specify):	60	136–195	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 9 RACE ≠ 50 (Other)	
10	RACESEC	3	What additional race does subject report?	2	197–198	Num	1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other 88 = None reported 99 = Unknown		
10a	RACESECX	3	Other (specify):	60	200–259	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 10 RACESEC ≠ 50 (Other)	
11	RACETER	3	What additional race, beyond those reported in Questions 9 and 10, does subject report?	2	261–262	Num	1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other 88 = None reported 99 = Unknown		
11a	RACETERX	3	Other (specify):	60	264–323	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 11 RACETER ≠ 50 (Other)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
12	PRIMLANG	3	Subject's primary language:	1	325–325	Num	1 = English 2 = Spanish 3 = Mandarin 4 = Cantonese 5 = Russian 6 = Japanese 8 = Other primary language (specify) 9 = Unknown		
12a	PRIMLANX	3	Other (specify):	60	327–386	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 12 PRIMLANG ≠ 8 (Other)	
13	EDUC	3	Subject's years of education, use the codes below to report the level achieved; if an attempted level is not completed, enter the number of years completed: 12 = high school or GED, 16 = bachelor's degree, 18 = master's degree, 20 = doctorate, 99 = unknown	2	388–389	Num	0–36 99 = Unknown		
14	MARISTAT	3	Subject's current marital status:	1	391–391	Num	1 = Married 2 = Widowed 3 = Divorced 4 = Separated 5 = Never married (or marriage was annulled) 6 = Living as married/domestic partner 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
15	LIVSITUA	3	What is the subject's living situation?	1	393–393	Num	1 = Lives alone 2 = Lives with one other person: a spouse or partner 3 = Lives with one other person: a relative, friend, or roommate 4 = Lives with caregiver who is not spouse/partner, relative, or friend 5 = Lives with a group (related or not related) in a private residence 6 = Lives in a group home (e.g., assisted living, nursing home, convent) 9 = Unknown		
16	INDEPEND	3	What is the subject's level of independence?	1	395–395	Num	1 = Able to live independently 2 = Requires some assistance with complex activities 3 = Requires some assistance with basic activities 4 = Completely dependent 9 = Unknown		
17	RESIDENC	3	What is the subject's primary type of residence?	1	397–397	Num	1 = Single- or multi-family private residence (apartment, condo, house) 2 = Retirement community or independent group living 3 = Assisted living, adult family home, or boarding home 4 = Skilled nursing facility, nursing home, hospital, or hospice 9 = Unknown		
18	ZIP	3	ZIP Code (first three digits) of subject's primary residence:	3	399–401	Char	Must be valid ZIP Code, in the range 006–999	Blank if Question 18 ZIP is unknown	
19	HANDED	3	Is the subject left- or right-handed (for example, which hand would s/he normally use to write or throw a ball)?	1	403–403	Num	1 = Left-handed 2 = Right-handed 3 = Ambidextrous 9 = Unknown		

Form A2: Co-participant Demographics

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1a	INBIRMO	3	Co-participant's month of birth:	2	45–46	Num	1–12 99 = Unknown		
1b	INBIRYR	3	Co-participant's year of birth	4	48–51	Num	1875 to (current year minus 15) 9999 = Unknown		
2	INSEX	3	Co-participant's sex:	1	53–53	Num	1 = Male 2 = Female		
3	INHISP	3	Does the co-participant report being of Hispanic/Latino ethnicity (i.e., having origins from mainly Spanish-speaking Latin American country), regardless of race?	1	55–55	Num	0 = No 1 = Yes 9 = Unknown		If Question 3 INHISP = 0 (No), then skip to Question 4 If Question 3 INHISP = 9 (Unknown), then skip to Question 4
3a	INHISPOR	3	If yes, what are the co-participant's reported origins?	2	57–58	Num	1 = Mexican, Chicano, or Mexican-American 2 = Puerto Rican 3 = Cuban 4 = Dominican 5 = Central American 6 = South American 50 = Other (specify) 99 = Unknown	Blank if Question 3 INHISP ≠ 1 (Yes)	
3a1	INHISPOX	3	Other (specify):	60	60–119	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 3a INHISPOR ≠ 50 (Other)	
4	INRACE	3	What does the co-participant report as his or her race?	2	121–122	Num	1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other (specify) 99 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4a	INRACEX	3	Other (specify):	60	124–183	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 4 INRACE ≠ 50 (Other)	
5	INRASEC	3	What additional race does co-participant report?	2	185–186	Num	1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other 88 = None reported 99 = Unknown		
5a	INRASECX	3	Other (specify)	60	188–247	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 5 INRASEC ≠ 50 (Other)	
6	INRATER	3	What additional race, beyond those reported in Questions 4 and 5, does the co-participant report?	2	249–250	Num	1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other 88 = None Reported 99 = Unknown		
6a	INRATERX	3	Other (specify)	60	252–311	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 6 INRATER ≠ 50 (Other)	
7	INEDUC	3	Co-participant's years of education — use the codes below to report the level achieved; if an attempted level is not completed, enter the number of years completed:	2	313–314	Num	0–36 99 = Unknown		

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

Form A3: Family History

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	AFFFAMM	3	Are there affected first-degree relatives (biological parents, full siblings, or biological children)?	1	45–45	Num	0 = No 1 = Yes 9 = Unknown		
2a	FADMUT	3	In this family, is there evidence for an AD mutation? If Yes, select predominant mutation.	1	47–47	Num	0 = No 1 = Yes, APP 2 = Yes, PS-1 (PSEN-1) 3 = Yes, PS-2 (PSEN-2) 8 = Yes, Other (specify) 9 = Unknown whether mutation exists		If Question 2a FADMUT = 0 (No), then skip to Question 3a If Question 2a FADMUT = 9 (Unknown), then skip to Question 3a
2a1	FADMUTX	3	If Yes, Other (specify):	60	49–108	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 2a FADMUT ≠ 8 (Other)	
2b	FADMUSO	3	Source of evidence for AD mutation	1	110–110	Num	1 = Family report (no test documentation available) 2 = Commercial test documentation 3 = Research lab test documentation 8 = Other (specify) 9 = Unknown	Blank if Question 2a FADMUT = 0 (No) Blank if Question 2a FADMUT = 9 (Unknown)	
2b1	FADMUSOX	3	If other, specify	60	112–171	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 2a FADMUT = 0 (No) Blank if Question 2a FADMUT = 9 (Unknown) Blank if Question 2b FADMUSO ≠ 8 (Other)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
3a	FFTDMUT	3	In this family, is there evidence for an FTLD mutation? If Yes, select predominant mutation.	1	173–173	Num	0 = No 1 = Yes, MAPT 2 = Yes, PGRN 3 = Yes, C9orf72 4 = Yes, FUS 8 = Yes, Other (specify) 9 = Unknown whether mutation exists		If Question 3a FADMUT = 0 (No), then skip to Question 4a If Question 2a FADMUT = 9 (Unknown), then skip to Question 4a
3a1	FFTDMUTX	3	If Yes, Other (specify)	60	175–234	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 3a FFTDMUT ≠ 8 (Other)	
3b	FFTDMUSO	3	Source of evidence for FTLD mutation	1	236–236	Num	1 = Family report (no test documentation available) 2 = Commercial test documentation 3 = Research lab test documentation 8 = Other (specify) 9 = Unknown	Blank if Question 3a FFTDMUT = 0 (No) Blank if Question 3a FFTDMUT = 9 (Unknown)	
3b1	FFTDMUSX	3	If other, specify:	60	238–297	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 3a FFTDMUT= 0 (No) Blank if Question 3a FFTDMUT= 9 (Unknown) Blank if Question 3b FFTDMUSO ≠ 8 (Other)	
4a	FOTHMUT	3	In this family, is there evidence for a mutation other than an AD or FTLD mutation?	1	299–299	Num	0 = No 1 = Yes (specify) 9 = Unknown		If Question 4a FOTHMUT = 0 (No), then, skip to Question 5a If Question 4a FOTHMUT = 9 (Unknown), then skip to Question 5a

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4a1	FOTHMUTX	3	If Yes, specify	60	301–360	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 4a FOTHMUT ≠ 1 (Yes)	
4b	FOTHMUSO	3	Source of evidence for other mutation	1	362–362	Num	1 = Family report (no test documentation available) 2 = Commercial test documentation 3 = Research lab test documentation 8 = Other (specify) 9 = Unknown	Blank if Question 4a FOTHMUT = 0 (No) Blank if Question 4a FOTHMUT = 9 (Unknown)	
4b1	FOTHMUSX	3	If other, specify	60	364–423	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 4a FOTHMUT = 0 (No) Blank if Question 4a FOTHMUT = 9 (Unknown) Blank if Question 4b FOTHMUSO ≠ 8 (Other)	
5a1	MOMMOB	3	Mother — birth month	2	425–426	Num	1–12 99 = Unknown		
5a2	MOMYOB	3	Mother — birth year	4	428–431	Num	1850 to current year minus 15 9999 = Unknown		
5a3	MOMDAGE	3	Mother — age at death	3	433–435	Num	0–110 888 = N/A 999 = Unknown		
5a4	MOMNEUR	3	Mother — neurological problem	1	437–437	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown		If Question 5a4 MOMNEUR = 8 (N/A), then skip the remaining questions in the row If Question 5a4 MOMNEUR = 9 (Unknown), then skip the remaining questions in the row

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5a5	MOMPRDX	3	Mother — primary diagnosis	3	439–441	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 5a4 MOMNEUR = 8 (N/A) Blank if Question 5a4 MOMNEUR = 9 (Unknown)	
5a6	MOMMOE	3	Mother — method of evaluation	1	443–443	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 5a4 MOMNEUR = 8 (N/A) Blank if Question 5a4 MOMNEUR = 9 (Unknown)	
5a7	MOMAGEO	3	Mother — age of onset	3	445–447	Num	0–110 999 = Unknown	Blank if Question 5a4 MOMNEUR = 8 (N/A) Blank if Question 5a4 MOMNEUR = 9 (Unknown)	
5b1	DADMOB	3	Father — birth month	2	449–450	Num	1–12 99 = Unknown		
5b2	DADYOB	3	Father — birth year	4	452–455	Num	1850 to current year minus 15 9999 = Unknown		
5b3	DADDAGE	3	Father — age at death	3	457–459	Num	0–110 888 = N/A 999 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5b4	DADNEUR	3	Father — neurological problem	1	461–461	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown		If Question 5b4 DADNEUR = 8 (N/A), then skip the remaining questions in the row If Question 5b4 DADNEUR = 9 (Unknown), then skip the remaining questions in the row
5b5	DADPRDX	3	Father — primary diagnosis	3	463–465	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 5b4 DADNEUR = 8 (N/A) Blank if Question 5b4 DADNEUR = 9 (Unknown)	
5b6	DADMOE	3	Father — method of evaluation	1	467–467	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 5b4 DADNEUR = 8 (N/A) Blank if Question 5b4 DADNEUR = 9 (Unknown)	
5b7	DADAGEO	3	Father — age of onset	3	469–471	Num	0–110 999 = Unknown	Blank if Question 5b4 DADNEUR = 8 (N/A) Blank if Question 5b4 DADNEUR = 9 (Unknown)	
6	SIBS	3	Number of full siblings?	2	473–474	Num	0–20 77 = Adopted, unknown		If Question 6 SIBS=0 or SIBS=77, then skip to Question 7

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6a1	SIB1MOB	3	Sibling 1 — birth month	2	476–477	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6a2	SIB1YOB	3	Sibling 1 — birth year	4	479–482	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6a3	SIB1AGD	3	Sibling 1 — age at death	3	484–486	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6a4	SIB1NEU	3	Sibling 1 — neurological problem	1	488–488	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6a4 SIB1NEU = 8 (N/A), then skip the remaining questions in the row If Question 6a4 SIB1NEU = 9 (Unknown), then skip the remain- ing questions in the row
6a5	SIB1PDX	3	Sibling 1 — primary diagnosis	3	490–492	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a4 SIB1NEU = 8 (N/A) Blank if Question 6a4 SIB1NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6a6	SIB1MOE	3	Sibling 1 — method of evaluation	1	494–494	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a4 SIB1NEU = 8 (N/A) Blank if Question 6a4 SIB1NEU = 9 (Unknown)	
6a7	SIB1AGO	3	Sibling 1 — age of onset	3	496–498	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a4 SIB1NEU = 8 (N/A) Blank if Question 6a4 SIB1NEU = 9 (Unknown)	
6b1	SIB2MOB	3	Sibling 2 — birth month	2	500–501	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6b2	SIB2YOB	3	Sibling 2 — birth year	4	503–506	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6b3	SIB2AGD	3	Sibling 2 — age at death	3	508–510	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6b4	SIB2NEU	3	Sibling 2 — neurological problem	1	512–512	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6b4 SIB2NEU = 8 (N/A), then skip the remaining questions in the row If Question 6b4 SIB2NEU = 9 (Unknown), then skip the remain- ing questions in the row
6b5	SIB2PDX	3	Sibling 2 — primary diagnosis	3	514–516	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6b4 SIB2NEU = 8 (N/A) Blank if Question 6b4 SIB2NEU = 9 (Unknown)	
6b6	SIB2MOE	3	Sibling 2 — method of evaluation	1	518–518	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6b4 SIB2NEU = 8 (N/A) Blank if Question 6b4 SIB2NEU = 9 (Unknown)	
6b7	SIB2AGO	3	Sibling 2 — age of onset	3	520–522	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6b4 SIB2NEU = 8 (N/A) Blank if Question 6b4 SIB2NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6c1	SIB3MOB	3	Sibling 3 — birth month	2	524–525	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6c2	SIB3YOB	3	Sibling 3 — birth year	4	527–530	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6c3	SIB3AGD	3	Sibling 3 — age at death	3	532–534	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6c4	SIB3NEU	3	Sibling 3 — neurological problem	1	536–536	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6c4 SIB3NEU = 8 (N/A), then skip the remaining questions in the row If Question 6c4 SIB3NEU = 9 (Unknown), then skip the remain- ing questions in the row
6c5	SIB3PDX	3	Sibling 3 — primary diagnosis	3	538–540	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6c4 SIB3NEU = 8 (N/A) Blank if Question 6c4 SIB3NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6c6	SIB3MOE	3	Sibling 3 — method of evaluation	1	542–542	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6c4 SIB3NEU = 8 (N/A) Blank if Question 6c4 SIB3NEU = 9 (Unknown)	
6c7	SIB3AGO	3	Sibling 3 — age of onset	3	544–546	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6c4 SIB3NEU = 8 (N/A) Blank if Question 6c4 SIB3NEU = 9 (Unknown)	
6d1	SIB4MOB	3	Sibling 4 — birth month	2	548–549	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6d2	SIB4YOB	3	Sibling 4 — birth year	4	551–554	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6d3	SIB4AGD	3	Sibling 4 — age at death	3	556–558	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6d4	SIB4NEU	3	Sibling 4 — neurological problem	1	560–560	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6d4 SIB4NEU = 8 (N/A), then skip the remaining questions in the row If Question 6d4 SIB4NEU = 9 (Unknown), then skip the remain- ing questions in the row
6d5	SIB4PDX	3	Sibling 4 — primary diagnosis	3	562–564	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6d4 SIB4NEU = 8 (N/A) Blank if Question 6d4 SIB4NEU = 9 (Unknown)	
6d6	SIB4MOE	3	Sibling 4 — method of evaluation	1	566–566	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6d4 SIB4NEU = 8 (N/A) Blank if Question 6d4 SIB4NEU = 9 (Unknown)	
6d7	SIB4AGO	3	Sibling 4 — age of onset	3	568–570	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6d4 SIB4NEU = 8 (N/A) Blank if Question 6d4 SIB4NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6e1	SIB5MOB	3	Sibling 5 — birth month	2	572–573	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6e2	SIB5YOB	3	Sibling 5 — birth year	4	575–578	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6e3	SIB5AGD	3	Sibling 5 — age at death	3	580–582	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6e4	SIB5NEU	3	Sibling 5 — neurological problem	1	584–584	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6e4 SIB5NEU = 8 (N/A), then skip the remaining questions in the row If Question 6d4 SIB5NEU = 9 (Unknown), then skip the remaining questions in the row
6e5	SIB5PDX	3	Sibling 5 — primary diagnosis	3	586–588	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6e4 SIB5NEU = 8 (N/A) Blank if Question 6e4 SIB5NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6e6	SIB5MOE	3	Sibling 5 — method of evaluation	1	590–590	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6e4 SIB5NEU = 8 (N/A) Blank if Question 6e4 SIB5NEU = 9 (Unknown)	
6e7	SIB5AGO	3	Sibling 5 — age of onset	3	592–594	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6e4 SIB5NEU = 8 (N/A) Blank if Question 6e4 SIB5NEU = 9 (Unknown)	
6f1	SIB6MOB	3	Sibling 6 — birth month	2	596–597	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6f2	SIB6YOB	3	Sibling 6 — birth year	4	599–602	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6f3	SIB6AGD	3	Sibling 6 — age at death	3	604–606	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6f4	SIB6NEU	3	Sibling 6 — neurological problem	1	608–608	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6f4 SIB6NEU = 8 (N/A), then skip the remaining questions in the row If Question 6f4 SIB6NEU = 9 (Unknown), then skip the remain- ing questions in the row
6f5	SIB6PDX	3	Sibling 6 — primary diagnosis	3	610–612	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6f4 SIB6NEU = 8 (N/A) Blank if Question 6f4 SIB6NEU = 9 (Unknown)	
6f6	SIB6MOE	3	Sibling 6 — method of evaluation	1	614–614	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6f4 SIB6NEU = 8 (N/A) Blank if Question 6f4 SIB6NEU = 9 (Unknown)	
6f7	SIB6AGO	3	Sibling 6 — age of onset	3	616–618	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6f4 SIB6NEU = 8 (N/A) Blank if Question 6f4 SIB6NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6g1	SIB7MOB	3	Sibling 7 — birth month	2	620–621	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6g2	SIB7YOB	3	Sibling 7 — birth year	4	623–626	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6g3	SIB7AGD	3	Sibling 7 — age at death	3	628–630	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6g4	SIB7NEU	3	Sibling 7 — neurological problem	1	632–632	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6g4 SIB7NEU = 8 (N/A), then skip the remaining questions in the row If Question 6g4 SIB7NEU = 9 (Unknown), then skip the remaining questions in the row
6g5	SIB7PDX	3	Sibling 7 — primary diagnosis	3	634–636	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6g4 SIB7NEU = 8 (N/A) Blank if Question 6g4 SIB7NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6g6	SIB7MOE	3	Sibling 7 — method of evaluation	1	638–638	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6g4 SIB7NEU = 8 (N/A) Blank if Question 6g4 SIB7NEU = 9 (Unknown)	
6g7	SIB7AGO	3	Sibling 7 — age of onset	3	640–642	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6g4 SIB7NEU = 8 (N/A) Blank if Question 6g4 SIB7NEU = 9 (Unknown)	
6h1	SIB8MOB	3	Sibling 8 — birth month	2	644–645	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6h2	SIB8YOB	3	Sibling 8 — birth year	4	647–650	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6h3	SIB8AGD	3	Sibling 8 — age at death	3	652–654	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6h4	SIB8NEU	3	Sibling 8 — neurological problem	1	656–656	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6h4 SIB8NEU = 8 (N/A), then skip the remaining questions in the row If Question 6h4 SIB8NEU = 9 (Unknown), then skip the remain- ing questions in the row
6h5	SIB8PDX	3	Sibling 8 — primary diagnosis	3	658–660	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6h4 SIB8NEU = 8 (N/A) Blank if Question 6h4 SIB8NEU = 9 (Unknown)	
6h6	SIB8MOE	3	Sibling 8 — method of evaluation	1	662–662	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6h4 SIB8NEU = 8 (N/A) Blank if Question 6h4 SIB8NEU = 9 (Unknown)	
6h7	SIB8AGO	3	Sibling 8 — age of onset	3	664–666	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6h4 SIB8NEU = 8 (N/A) Blank if Question 6h4 SIB8NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6i1	SIB9MOB	3	Sibling 9 — birth month	2	668–669	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6i2	SIB9YOB	3	Sibling 9 — birth year	4	671–674	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6i3	SIB9AGD	3	Sibling 9 — age at death	3	676–678	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6i4	SIB9NEU	3	Sibling 9 — neurological problem	1	680–680	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6i4 SIB9NEU = 8 (N/A), then skip the remaining questions in the row If Question 6i4 SIB9NEU = 9 (Unknown), then skip the remain- ing questions in the row
6i5	SIB9PDX	3	Sibling 9 — primary diagnosis	3	682–684	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6i4 SIB9NEU = 8 (N/A) Blank if Question 6i4 SIB9NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6i6	SIB9MOE	3	Sibling 9 — method of evaluation	1	686–686	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6i4 SIB9NEU = 8 (N/A) Blank if Question 6i4 SIB9NEU = 9 (Unknown)	
6i7	SIB9AGO	3	Sibling 9 — age of onset	3	688–690	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6i4 SIB9NEU = 8 (N/A) Blank if Question 6i4 SIB9NEU = 9 (Unknown)	
6j1	SIB10MOB	3	Sibling 10 — birth month	2	692–693	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6j2	SIB10YOB	3	Sibling 10 — birth year	4	695–698	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6j3	SIB10AGD	3	Sibling 10 — age at death	3	700–702	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6j4	SIB1ONEU	3	Sibling 10 — neurological problem	1	704–704	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6j4 SIB1ONEU = 8 (N/A), then skip the remaining questions in the row If Question 6j4 SIB1ONEU = 9 (Unknown), then skip the remain- ing questions in the row
6j5	SIB1OPDX	3	Sibling 10 — primary diagnosis	3	706–708	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6j4 SIB1ONEU = 8 (N/A) Blank if Question 6j4 SIB1ONEU = 9 (Unknown)	
6j6	SIB10MOE	3	Sibling 10 — method of evaluation	1	710–710	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6j4 SIB1ONEU = 8 (N/A) Blank if Question 6j4 SIB1ONEU = 9 (Unknown)	
6j7	SIB10AGO	3	Sibling 10 — age of onset	3	712–714	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6j4 SIB1ONEU = 8 (N/A) Blank if Question 6j4 SIB1ONEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6k1	SIB11MOB	3	Sibling 11 — birth month	2	716–717	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6k2	SIB11YOB	3	Sibling 11 — birth year	4	719–722	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6k3	SIB11AGD	3	Sibling 11 — age at death	3	724–726	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6k4	SIB11NEU	3	Sibling 11 — neurological problem	1	728–728	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6k4 SIB11NEU = 8 (N/A), then skip the remaining questions in the row If Question 6k4 SIB11NEU = 9 (Unknown), then skip the remaining questions in the row
6k5	SIB11PDX	3	Sibling 11 — primary diagnosis	3	730–732	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6k4 SIB11NEU = 8 (N/A) Blank if Question 6k4 SIB11NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6k6	SIB11MOE	3	Sibling 11 — method of evaluation	1	734–734	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6k4 SIB11NEU = 8 (N/A) Blank if Question 6k4 SIB11NEU = 9 (Unknown)	
6k7	SIB11AGO	3	Sibling 11 — age of onset	3	736–738	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6k4 SIB11NEU = 8 (N/A) Blank if Question 6k4 SIB11NEU = 9 (Unknown)	
6l1	SIB12MOB	3	Sibling 12 — birth month	2	740–741	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6l2	SIB12YOB	3	Sibling 12 — birth year	4	743–746	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6l3	SIB12AGD	3	Sibling 12 — age at death	3	748–750	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
614	SIB12NEU	3	Sibling 12 — neurological problem	1	752–752	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 614 SIB12NEU = 8 (N/A), then skip the remaining questions in the row If Question 614 SIB12NEU = 9 (Unknown), then skip the remain- ing questions in the row
615	SIB12PDX	3	Sibling 12 — primary diagnosis	3	754–756	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 614 SIB12NEU = 8 (N/A) Blank if Question 614 SIB12NEU = 9 (Unknown)	
616	SIB12MOE	3	Sibling 12 — method of evaluation	1	758–758	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 614 SIB12NEU = 8 (N/A) Blank if Question 614 SIB12NEU = 9 (Unknown)	
617	SIB12AGO	3	Sibling 12 — age of onset	3	760–762	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 614 SIB12NEU = 8 (N/A) Blank if Question 614 SIB12NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6m1	SIB13MOB	3	Sibling 13 — birth month	2	764–765	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6m2	SIB13YOB	3	Sibling 13 — birth year	4	767–770	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6m3	SIB13AGD	3	Sibling 13 — age at death	3	772–774	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6m4	SIB13NEU	3	Sibling 13 — neurological problem	1	776–776	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6m4 SIB13NEU = 8 (N/A), then skip the remaining questions in the row If Question 6m4 SIB13NEU = 9 (Unknown), then skip the remaining questions in the row
6m5	SIB13PDX	3	Sibling 13 — primary diagnosis	3	778–780	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6m4 SIB13NEU = 8 (N/A) Blank if Question 6m4 SIB13NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6m6	SIB13MOE	3	Sibling 13 — method of evaluation	1	782–782	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6m4 SIB13NEU = 8 (N/A) Blank if Question 6m4 SIB13NEU = 9 (Unknown)	
6m7	SIB13AGO	3	Sibling 13 — age of onset	3	784–786	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6m4 SIB13NEU = 8 (N/A) Blank if Question 6m4 SIB13NEU = 9 (Unknown)	
6n1	SIB14MOB	3	Sibling 14 — birth month	2	788–789	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6n2	SIB14YOB	3	Sibling 14 — birth year	4	791–794	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6n3	SIB14AGD	3	Sibling 14 — age at death	3	796–798	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6n4	SIB14NEU	3	Sibling 14 — neurological problem	1	800–800	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6n4 SIB14NEU = 8 (N/A), then skip the remaining questions in the row If Question 6n4 SIB14NEU = 9 (Unknown), then skip the remain- ing questions in the row
6n5	SIB14PDX	3	Sibling 14 — primary diagnosis	3	802–804	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6n4 SIB14NEU = 8 (N/A) Blank if Question 6n4 SIB14NEU = 9 (Unknown)	
6n6	SIB14MOE	3	Sibling 14 — method of evaluation	1	806–806	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6n4 SIB14NEU = 8 (N/A) Blank if Question 6n4 SIB14NEU = 9 (Unknown)	
6n7	SIB14AGO	3	Sibling 14 — age of onset	3	808–810	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6n4 SIB14NEU = 8 (N/A) Blank if Question 6n4 SIB14NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6o1	SIB15MOB	3	Sibling 15 — birth month	2	812–813	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6o2	SIB15YOB	3	Sibling 15 — birth year	4	815–818	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6o3	SIB15AGD	3	Sibling 15 — age at death	3	820–822	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6o4	SIB15NEU	3	Sibling 15 — neurological problem	1	824–824	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6o4 SIB15NEU = 8 (N/A), then skip the remaining questions in the row If Question 6o4 SIB15NEU = 9 (Unknown), then skip the remain- ing questions in the row
6o5	SIB15PDX	3	Sibling 15 — primary diagnosis	3	826–828	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6o4 SIB15NEU = 8 (N/A) Blank if Question 6o4 SIB15NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6o6	SIB15MOE	3	Sibling 15 — method of evaluation	1	830–830	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6o4 SIB15NEU = 8 (N/A) Blank if Question 6o4 SIB15NEU = 9 (Unknown)	
6o7	SIB15AGO	3	Sibling 15 — age of onset	3	832–834	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6o4 SIB15NEU = 8 (N/A) Blank if Question 6o4 SIB15NEU = 9 (Unknown)	
6p1	SIB16MOB	3	Sibling 16 — birth month	2	836–837	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6p2	SIB16YOB	3	Sibling 16 — birth year	4	839–842	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6p3	SIB16AGD	3	Sibling 16 — age at death	3	844–846	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6p4	SIB16NEU	3	Sibling 16 — neurological problem	1	848–848	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6p4 SIB16NEU = 8 (N/A), then skip the remaining questions in the row If Question 6p4 SIB16NEU = 9 (Unknown), then skip the remain- ing questions in the row
6p5	SIB16PDX	3	Sibling 16 — primary diagnosis	3	850–852	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6p4 SIB16NEU = 8 (N/A) Blank if Question 6p4 SIB16NEU = 9 (Unknown)	
6p6	SIB16MOE	3	Sibling 16 — method of evaluation	1	854–854	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6p4 SIB16NEU = 8 (N/A) Blank if Question 6p4 SIB16NEU = 9 (Unknown)	
6p7	SIB16AGO	3	Sibling 16 — age of onset	3	856–858	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6p4 SIB16NEU = 8 (N/A) Blank if Question 6p4 SIB16NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6q1	SIB17MOB	3	Sibling 17 — birth month	2	860–861	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6q2	SIB17YOB	3	Sibling 17 — birth year	4	863–866	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6q3	SIB17AGD	3	Sibling 17 — age at death	3	868–870	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6q4	SIB17NEU	3	Sibling 17 — neurological problem	1	872–872	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6q4 SIB17NEU = 8 (N/A), then skip the remaining questions in the row If Question 6q4 SIB17NEU = 9 (Unknown), then skip the remaining questions in the row
6q5	SIB17PDX	3	Sibling 17 — primary diagnosis	3	874–876	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6q4 SIB17NEU = 8 (N/A) Blank if Question 6q4 SIB17NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6q6	SIB17MOE	3	Sibling 17 — method of evaluation	1	878–878	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6q4 SIB17NEU = 8 (N/A) Blank if Question 6q4 SIB17NEU = 9 (Unknown)	
6q7	SIB17AGO	3	Sibling 17 — age of onset	3	880–882	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6q4 SIB17NEU = 8 (N/A) Blank if Question 6q4 SIB17NEU = 9 (Unknown)	
6r1	SIB18MOB	3	Sibling 18 — birth month	2	884–885	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6r2	SIB18YOB	3	Sibling 18 — birth year	4	887–890	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6r3	SIB18AGD	3	Sibling 18 — age at death	3	892–894	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6r4	SIB18NEU	3	Sibling 18 — neurological problem	1	896–896	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6r4 SIB18NEU = 8 (N/A), then skip the remaining questions in the row If Question 6r4 SIB18NEU = 9 (Unknown), then skip the remain- ing questions in the row
6r5	SIB18PDX	3	Sibling 18 — primary diagnosis	3	898–900	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6r4 SIB18NEU = 8 (N/A) Blank if Question 6r4 SIB18NEU = 9 (Unknown)	
6r6	SIB18MOE	3	Sibling 18 — method of evaluation	1	902–902	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6r4 SIB18NEU = 8 (N/A) Blank if Question 6r4 SIB18NEU = 9 (Unknown)	
6r7	SIB18AGO	3	Sibling 18 — age of onset	3	904–906	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6r4 SIB18NEU = 8 (N/A) Blank if Question 6r4 SIB18NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6s1	SIB19MOB	3	Sibling 19 — birth month	2	908–909	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6s2	SIB19YOB	3	Sibling 19 — birth year	4	911–914	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6s3	SIB19AGD	3	Sibling 19 — age at death	3	916–918	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6s4	SIB19NEU	3	Sibling 19 — neurological problem	1	920–920	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6s4 SIB19NEU = 8 (N/A), then skip the remaining questions in the row If Question 6s4 SIB19NEU = 9 (Unknown), then skip the remaining questions in the row
6s5	SIB19PDX	3	Sibling 19 — primary diagnosis	3	922–924	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6s4 SIB19NEU = 8 (N/A) Blank if Question 6s4 SIB19NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6s6	SIB19MOE	3	Sibling 19 — method of evaluation	1	926–926	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6s4 SIB19NEU = 8 (N/A) Blank if Question 6s4 SIB19NEU = 9 (Unknown)	
6s7	SIB19AGO	3	Sibling 19 — age of onset	3	928–930	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6s4 SIB19NEU = 8 (N/A) Blank if Question 6s4 SIB19NEU = 9 (Unknown)	
6t1	SIB20MOB	3	Sibling 20 — birth month	2	932–933	Num	1–12 99 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6t2	SIB20YOB	3	Sibling 20 — birth year	4	935–938	Num	1875 to current year 9999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	
6t3	SIB20AGD	3	Sibling 20 — age at death	3	940–942	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6t4	SIB2ONEU	3	Sibling 20 — neurological problem	1	944–944	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77	If Question 6t4 SIB2ONEU = 8 (N/A), then skip the remaining questions in the row If Question 6t4 SIB2ONEU = 9 (Unknown), then skip the remain- ing questions in the row
6t5	SIB2OPDX	3	Sibling 20 — primary diagnosis	3	946–948	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6t4 SIB2ONEU = 8 (N/A) Blank if Question 6t4 SIB2ONEU = 9 (Unknown)	
6t6	SIB2OMOE	3	Sibling 20 — method of evaluation	1	950–950	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6t4 SIB2ONEU = 8 (N/A) Blank if Question 6t4 SIB2ONEU = 9 (Unknown)	
6t7	SIB2OAGO	3	Sibling 20 — age of onset	3	952–954	Num	0–110 999 = Unknown	Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6t4 SIB2ONEU = 8 (N/A) Blank if Question 6t4 SIB2ONEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7	KIDS	3	Number of biological children?	2	956–957	Num	0–15		If no biological children, end form here.
7a1	KID1MOB	3	Child 1 — birth month	2	959–960	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0	
7a2	KID1YOB	3	Child 1 — birth year	4	962–965	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0	
7a3	KID1AGD	3	Child 1 — age at death	3	967–969	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0	
7a4	KID1NEU	3	Child 1 — neurological problem	1	971–971	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 7 KIDS = 0	If Question 7a4 KID1NEU = 8 (N/A), then skip the remaining questions in the row If Question 7a4 KID1NEU = 9 (Unknown), then skip the remaining questions in the row
7a5	KID1PDX	3	Child 1 — primary diagnosis	3	973–975	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a4 KID1NEU = 8 (N/A) Blank if Question 7a4 KID1NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7a6	KID1MOE	3	Child 1 — method of evaluation	1	977–977	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 7 KIDS = 0 Blank if Question 7a4 KID1NEU = 8 (N/A) Blank if Question 7a4 KID1NEU = 9 (Unknown)	
7a7	KID1AGO	3	Child 1 — age of onset	3	979–981	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7a4 KID1NEU = 8 (N/A) Blank if Question 7a4 KID1NEU = 9 (Unknown)	
7b1	KID2MOB	3	Child 2 — birth month	2	983–984	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0	
7b2	KID2YOB	3	Child 2 — birth year	4	986–989	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0	
7b3	KID2AGD	3	Child 2 — age at death	3	991–993	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7b4	KID2NEU	3	Child 2 — neurological problem	1	995–995	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 7 KIDS = 0	If Question 7b4 KID2NEU = 8 (N/A), then skip the remaining questions in the row If Question 7b4 KID2NEU = 9 (Unknown), then skip the remaining questions in the row
7b5	KID2PDX	3	Child 2 — primary diagnosis	3	997–999	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7b4 KID2NEU = 8 (N/A) Blank if Question 7b4 KID2NEU = 9 (Unknown)	
7b6	KID2MOE	3	Child 2 — method of evaluation	1	1001–1001	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 7 KIDS = 0 Blank if Question 7b4 KID2NEU = 8 (N/A) Blank if Question 7b4 KID2NEU = 9 (Unknown)	
7b7	KID2AGO	3	Child 2 — age of onset	3	1003–1005	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7b4 KID2NEU = 8 (N/A) Blank if Question 7b4 KID2NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7c1	KID3MOB	3	Child 3 — birth month	2	1007–1008	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0	
7c2	KID3YOB	3	Child 3 — birth year	4	1010–1013	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0	
7c3	KID3AGD	3	Child 3 — age at death	3	1015–1017	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0	
7c4	KID3NEU	3	Child 3 — neurological problem	1	1019–1019	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 7 KIDS = 0	If Question 7c4 KID3NEU = 8 (N/A), then skip the remaining questions in the row If Question 7c4 KID3NEU = 9 (Unknown), then skip the remain- ing questions in the row
7c5	KID3PDX	3	Child 3 — primary diagnosis	3	1021–1023	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7c4 KID3NEU = 8 (N/A) Blank if Question 7c4 KID3NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7c6	KID3MOE	3	Child 3 — method of evaluation	1	1025–1025	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 7 KIDS = 0 Blank if Question 7c4 KID3NEU = 8 (N/A) Blank if Question 7c4 KID3NEU = 9 (Unknown)	
7c7	KID3AGO	3	Child 3 — age of onset	3	1027–1029	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7c4 KID3NEU = 8 (N/A) Blank if Question 7c4 KID3NEU = 9 (Unknown)	
7d1	KID4MOB	3	Child 4 — birth month	2	1031–1032	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0	
7d2	KID4YOB	3	Child 4 — birth year	4	1034–1037	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0	
7d3	KID4AGD	3	Child 4 — age at death	3	1039–1041	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7d4	KID4NEU	3	Child 4 — neurological problem	1	1043–1043	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 7 KIDS = 0	If Question 7d4 KID4NEU = 8 (N/A), then skip the remaining questions in the row If Question 7d4 KID4NEU = 9 (Unknown), then skip the remaining questions in the row
7d5	KID4PDX	3	Child 4 — primary diagnosis	3	1045–1047	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7d4 KID4NEU = 8 (N/A) Blank if Question 7d4 KID4NEU = 9 (Unknown)	
7d6	KID4MOE	3	Child 4 — method of evaluation	1	1049–1049	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 7 KIDS = 0 Blank if Question 7d4 KID4NEU = 8 (N/A) Blank if Question 7d4 KID4NEU = 9 (Unknown)	
7d7	KID4AGO	3	Child 4 — age of onset	3	1051–1053	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7d4 KID4NEU = 8 (N/A) Blank if Question 7d4 KID4NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7e1	KID5MOB	3	Child 5 — birth month	2	1055–1056	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0	
7e2	KID5YOB	3	Child 5 — birth year	4	1058–1061	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0	
7e3	KID5AGD	3	Child 5 — age at death	3	1063–1065	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0	
7e4	KID5NEU	3	Child 5 — neurological problem	1	1067–1067	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 7 KIDS = 0	If Question 7e4 KID5NEU = 8 (N/A), then skip the remaining questions in the row If Question 7e4 KID5NEU = 9 (Unknown), then skip the remaining questions in the row
7e5	KID5PDX	3	Child 5 — primary diagnosis	3	1069–1071	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7e4 KID5NEU = 8 (N/A) Blank if Question 7e4 KID5NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7e6	KID5MOE	3	Child 5 — method of evaluation	1	1073–1073	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 7 KIDS = 0 Blank if Question 7e4 KID5NEU = 8 (N/A) Blank if Question 7e4 KID5NEU = 9 (Unknown)	
7e7	KID5AGO	3	Child 5 — age of onset	3	1075–1077	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7e4 KID5NEU = 8 (N/A) Blank if Question 7e4 KID5NEU = 9 (Unknown)	
7f1	KID6MOB	3	Child 6 — birth month	2	1079–1080	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0	
7f2	KID6YOB	3	Child 6 — birth year	4	1082–1085	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0	
7f3	KID6AGD	3	Child 6 — age at death	3	1087–1089	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7f4	KID6NEU	3	Child 6 — neurological problem	1	1091–1091	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 7 KIDS = 0	If Question 7f4 KID6NEU = 8 (N/A), then skip the remaining questions in the row If Question 7f4 KID6NEU = 9 (Unknown), then skip the remaining questions in the row
7f5	KID6PDX	3	Child 6 — primary diagnosis	3	1093–1095	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7f4 KID6NEU = 8 (N/A) Blank if Question 7f4 KID6NEU = 9 (Unknown)	
7f6	KID6MOE	3	Child 6 — method of evaluation	1	1097–1097	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 7 KIDS = 0 Blank if Question 7f4 KID6NEU = 8 (N/A) Blank if Question 7f4 KID6NEU = 9 (Unknown)	
7f7	KID6AGO	3	Child 6 — age of onset	3	1099–1101	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7f4 KID6NEU = 8 (N/A) Blank if Question 7f4 KID6NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7g1	KID7MOB	3	Child 7 — birth month	2	1103–1104	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0	
7g2	KID7YOB	3	Child 7 — birth year	4	1106–1109	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0	
7g3	KID7AGD	3	Child 7 — age at death	3	1111–1113	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0	
7g4	KID7NEU	3	Child 7 — neurological problem	1	1115–1115	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 7 KIDS = 0	If Question 7g4 KID7NEU = 8 (N/A), then skip the remaining questions in the row If Question 7g4 KID7NEU = 9 (Unknown), then skip the remaining questions in the row
7g5	KID7PDX	3	Child 7 — primary diagnosis	3	1117–1119	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7g4 KID7NEU = 8 (N/A) Blank if Question 7g4 KID7NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7g6	KID7MOE	3	Child 7 — method of evaluation	1	1121–1121	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 7 KIDS = 0 Blank if Question 7g4 KID7NEU = 8 (N/A) Blank if Question 7g4 KID7NEU = 9 (Unknown)	
7g7	KID7AGO	3	Child 7 — age of onset	3	1123–1125	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7g4 KID7NEU = 8 (N/A) Blank if Question 7g4 KID7NEU = 9 (Unknown)	
7h1	KID8MOB	3	Child 8 — birth month	2	1127–1128	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0	
7h2	KID8YOB	3	Child 8 — birth year	4	1130–1133	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0	
7h3	KID8AGD	3	Child 8 — age at death	3	1135–1137	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7h4	KID8NEU	3	Child 8 — neurological problem	1	1139–1139	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 7 KIDS = 0	If Question 7h4 KID8NEU = 8 (N/A), then skip the remaining questions in the row If Question 7h4 KID8NEU = 9 (Unknown), then skip the remaining questions in the row
7h5	KID8PDX	3	Child 8 — primary diagnosis	3	1141–1143	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7h4 KID8NEU = 8 (N/A) Blank if Question 7h4 KID8NEU = 9 (Unknown)	
7h6	KID8MOE	3	Child 8 — method of evaluation	1	1145–1145	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 7 KIDS = 0 Blank if Question 7h4 KID8NEU = 8 (N/A) Blank if Question 7h4 KID8NEU = 9 (Unknown)	
7h7	KID8AGO	3	Child 8 — age of onset	3	1147–1149	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7h4 KID8NEU = 8 (N/A) Blank if Question 7h4 KID8NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7i1	KID9MOB	3	Child 9 — birth month	2	1151–1152	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0	
7i2	KID9YOB	3	Child 9 — birth year	4	1154–1157	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0	
7i3	KID9AGD	3	Child 9 — age at death	3	1159–1161	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0	
7i4	KID9NEU	3	Child 9 — neurological problem	1	1163–1163	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 7 KIDS = 0	If Question 7i4 KID9NEU = 8 (N/A), then skip the remaining questions in the row If Question 7i4 KID9NEU = 9 (Unknown), then skip the remain- ing questions in the row
7i5	KID9PDX	3	Child 9 — primary diagnosis	3	1165–1167	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7i4 KID9NEU = 8 (N/A) Blank if Question 7i4 KID9NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7i6	KID9MOE	3	Child 9 — method of evaluation	1	1169–1169	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 7 KIDS = 0 Blank if Question 7i4 KID9NEU = 8 (N/A) Blank if Question 7i4 KID9NEU = 9 (Unknown)	
7i7	KID9AGO	3	Child 9 — age of onset	3	1171–1173	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7i4 KID9NEU = 8 (N/A) Blank if Question 7i4 KID9NEU = 9 (Unknown)	
7j1	KID10MOB	3	Child 10 — birth month	2	1175–1176	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0	
7j2	KID10YOB	3	Child 10 — birth year	4	1178–1181	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0	
7j3	KID10AGD	3	Child 10 — age at death	3	1183–1185	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7j4	KID1ONEU	3	Child 10 — neurological problem	1	1187–1187	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 7 KIDS = 0	If Question 7j4 KID1ONEU = 8 (N/A), then skip the remaining questions in the row If Question 7j4 KID1ONEU = 9 (Unknown), then skip the remaining questions in the row
7j5	KID1OPDX	3	Child 10 — primary diagnosis	3	1189–1191	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7j4 KID1ONEU = 8 (N/A) Blank if Question 7j4 KID1ONEU = 9 (Unknown)	
7j6	KID10MOE	3	Child 10 — method of evaluation	1	1193–1193	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 7 KIDS = 0 Blank if Question 7j4 KID1ONEU = 8 (N/A) Blank if Question 7j4 KID1ONEU = 9 (Unknown)	
7j7	KID10AGO	3	Child 10 — age of onset	3	1195–1197	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7j4 KID1ONEU = 8 (N/A) Blank if Question 7j4 KID1ONEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7k1	KID11MOB	3	Child 11 — birth month	2	1199–1200	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0	
7k2	KID11YOB	3	Child 11 — birth year	4	1202–1205	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0	
7k3	KID11AGD	3	Child 11 — age at death	3	1207–1209	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0	
7k4	KID11NEU	3	Child 11 — neurological problem	1	1211–1211	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 7 KIDS = 0	If Question 7k4 KID11NEU = 8 (N/A), then skip the remaining questions in the row If Question 7k4 KID11NEU = 9 (Unknown), then skip the remain- ing questions in the row
7k5	KID11PDX	3	Child 11 — primary diagnosis	3	1213–1215	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7k4 KID11NEU = 8 (N/A) Blank if Question 7k4 KID11NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7k6	KID11MOE	3	Child 11 — method of evaluation	1	1217–1217	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 7 KIDS = 0 Blank if Question 7k4 KID11NEU = 8 (N/A) Blank if Question 7k4 KID11NEU = 9 (Unknown)	
7k7	KID11AGO	3	Child 11 — age of onset	3	1219–1221	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7k4 KID11NEU = 8 (N/A) Blank if Question 7k4 KID11NEU = 9 (Unknown)	
7l1	KID12MOB	3	Child 12 — birth month	2	1223–1224	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0	
7l2	KID12YOB	3	Child 12 — birth year	4	1226–1229	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0	
7l3	KID12AGD	3	Child 12 — age at death	3	1231–1233	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
714	KID12NEU	3	Child 12 — neurological problem	1	1235–1235	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 7 KIDS = 0	If Question 714 KID12NEU = 8 (N/A), then skip the remaining questions in the row If Question 714 KID12NEU = 9 (Unknown), then skip the remain- ing questions in the row
715	KID12PDX	3	Child 12 — primary diagnosis	3	1237–1239	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 714 KID12NEU = 8 (N/A) Blank if Question 714 KID12NEU = 9 (Unknown)	
716	KID12MOE	3	Child 12 — method of evaluation	1	1241–1241	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 7 KIDS = 0 Blank if Question 714 KID12NEU = 8 (N/A) Blank if Question 714 KID12NEU = 9 (Unknown)	
717	KID12AGO	3	Child 12 — age of onset	3	1243–1245	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 714 KID12NEU = 8 (N/A) Blank if Question 714 KID12NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7m1	KID13MOB	3	Child 13 — birth month	2	1247–1248	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0	
7m2	KID13YOB	3	Child 13 — birth year	4	1250–1253	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0	
7m3	KID13AGD	3	Child 13 — age at death	3	1255–1257	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0	
7m4	KID13NEU	3	Child 13 — neurological problem	1	1259–1259	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 7 KIDS = 0	If Question 7m4 KID13NEU = 8 (N/A), then skip the remaining questions in the row If Question 7m4 KID13NEU = 9 (Unknown), then skip the remaining questions in the row
7m5	KID13PDX	3	Child 13 — primary diagnosis	3	1261–1263	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7m4 KID13NEU = 8 (N/A) Blank if Question 7m4 KID13NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7m6	KID13MOE	3	Child 13 — method of evaluation	1	1265–1265	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 7 KIDS = 0 Blank if Question 7m4 KID13NEU = 8 (N/A) Blank if Question 7m4 KID13NEU = 9 (Unknown)	
7m7	KID13AGO	3	Child 13 — age of onset	3	1267–1269	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7m4 KID13NEU = 8 (N/A) Blank if Question 7m4 KID13NEU = 9 (Unknown)	
7n1	KID14MOB	3	Child 14 — birth month	2	1271–1272	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0	
7n2	KID14YOB	3	Child 14 — birth year	4	1274–1277	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0	
7n3	KID14AGD	3	Child 14 — age at death	3	1279–1281	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7n4	KID14NEU	3	Child 14 — neurological problem	1	1283–1283	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 7 KIDS = 0	If Question 7n4 KID14NEU = 8 (N/A), then skip the remaining questions in the row If Question 7n4 KID14NEU = 9 (Unknown), then skip the remaining questions in the row
7n5	KID14PDX	3	Child 14 — primary diagnosis	3	1285–1287	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7n4 KID14NEU = 8 (N/A) Blank if Question 7n4 KID14NEU = 9 (Unknown)	
7n6	KID14MOE	3	Child 14 — method of evaluation	1	1289–1289	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 7 KIDS = 0 Blank if Question 7n4 KID14NEU = 8 (N/A) Blank if Question 7n4 KID14NEU = 9 (Unknown)	
7n7	KID14AGO	3	Child 14 — age of onset	3	1291–1293	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7n4 KID14NEU = 8 (N/A) Blank if Question 7n4 KID14NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7o1	KID15MOB	3	Child 15 — birth month	2	1295–1296	Num	1–12 99 = Unknown	Blank if Question 7 KIDS = 0	
7o2	KID15YOB	3	Child 15 — birth year	4	1298–1301	Num	1910 to current year 9999 = Unknown	Blank if Question 7 KIDS = 0	
7o3	KID15AGD	3	Child 15 — age at death	3	1303–1305	Num	0–110 888 = N/A 999 = Unknown	Blank if Question 7 KIDS = 0	
7o4	KID15NEU	3	Child 15 — neurological problem	1	1307–1307	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if Question 7 KIDS = 0	If Question 7o4 KID15NEU = 8 (N/A), then skip the remaining questions in the row If Question 7o4 KID15NEU = 9 (Unknown), then skip the remain- ing questions in the row
7o5	KID15PDX	3	Child 15 — primary diagnosis	3	1309–1311	Num	40–490 999 = Specific diagnosis unknown	Blank if Question 7 KIDS = 0 Blank if Question 7o4 KID15NEU = 8 (N/A) Blank if Question 7o4 KID15NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7o6	KID15MOE	3	Child 15 — method of evaluation	1	1313–1313	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if Question 7 KIDS = 0 Blank if Question 7o4 KID15NEU = 8 (N/A) Blank if Question 7o4 KID15NEU = 9 (Unknown)	
7o7	KID15AGO	3	Child 15 — age of onset	3	1315–1317	Num	0–110 999 = Unknown	Blank if Question 7 KIDS = 0 Blank if Question 7o4 KID15NEU = 8 (N/A) Blank if Question 7o4 KID15NEU = 9 (Unknown)	

Form A4G: Subject Medications, General

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

Form A4D: Subject Medications, Detail

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

Form A5: Subject Health History

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1a	TOBAC30	3	Has subject smoked within the last 30 days?	1	45–45	Num	0 = No 1 = Yes 9 = Unknown		
1b	TOBAC100	3	Has subject smoked more than 100 cigarettes in his/her life?	1	47–47	Num	0 = No 1 = Yes 9 = Unknown		If Question 1b TOBAC100 = 0 (No), then skip to question 1f If Question 1b TOBAC100 = 9 (Unknown), then skip to question 1f
1c	SMOKYRS	3	Total years smoked	2	49–50	Num	0–87 99 = Unknown	Blank if Question 1b TOBAC100 ≠ 1 (Yes)	
1d	PACKSPER	3	Average number of packs smoked per day	1	52–52	Num	1 = 1 cigarette to less than 1/2 pack 2 = 1/2 pack to less than 1 pack 3 = 1 pack to 1 1/2 packs 4 = 1 1/2 packs to 2 packs 5 = More than two packs 9 = Unknown	Blank if Question 1b TOBAC100 ≠ 1 (Yes)	
1e	QUITSMOK	3	If the subject quit smoking, specify age at which he/she last smoked (i.e., quit)	3	54–56	Num	8–110 888 = N/A 999 = Unknown	Blank if Question 1b TOBAC100 ≠ 1 (Yes)	
1f	ALCOCCAS	3	In the past three months, has the subject consumed any alcohol?	1	58–58	Num	0 = No 1 = Yes 9 = Unknown		If Question 1f ALCOCCAS = 0 (No), then skip to Question 2a If Question 1f ALCOCCAS = 9 (Unknown), then skip to Question 2a

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1g	ALCFREQ	3	During the past three months, how often did the subject have at least one drink of any alcoholic beverage such as wine, beer, malt liquor, or spirits?	1	60–60	Num	0 = Less than once a month 1 = About once a month 2 = About once a week 3 = A few times a week 4 = Daily or almost daily 9 = Unknown	Blank if Question 1f ALCOCCAS ≠ 1 (Yes)	
2a	CVHATT	3	Heart attack/cardiac arrest	1	62–62	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		If Question 2a CVHATT = 0 (Absent), then skip to Question 2b If Question 2a CVHATT = 9 (Unknown), then skip to Question 2b
2a1	HATTMULT	3	More than one heart attack?	1	64–64	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 2a CVHATT = 0 (Absent) Blank if Question 2a CVHATT = 9 (Unknown)	
2a2	HATTYEAR	3	Year of most recent heart attack	4	66–69	Num	1900–current year 9999 = Unknown	Blank if Question 2a CVHATT = 0 (Absent) Blank if Question 2a CVHATT = 9 (Unknown)	
2b	CVAFIB	3	Atrial fibrillation	1	71–71	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
2c	CVANGIO	3	Angioplasty/endarterectomy/stent	1	73–73	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
2d	CVBYPASS	3	Cardiac bypass procedure	1	75–75	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
2e	CVPACDEF	3	Pacemaker and/or de-fibrillator	1	77–77	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
2f	CVCHF	3	Congestive heart failure	1	79–79	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
2g	CVANGINA	3	Angina	1	81–81	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
2h	CVHVALVE	3	Heart valve replacement or repair	1	83–83	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
2i	CVOTHR	3	Other cardiovascular disease	1	85–85	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
2i1	CVOTHRX	3	Other cardiovascular disease (specify):	60	87–146	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 2i CVOTHR = 0 (Absent) Blank if Question 2i CVOTHR = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
3a	CBSTROKE	3	Stroke—by history, not exam (imaging is not required)	1	148–148	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		If Question 3a CBSTROKE = 0 (Absent), then skip to Question 3b If Question 3a CBSTROKE = 9 (Unknown), then skip to Question 3b
3a1	STROKMUL	3	More than one stroke?	1	150–150	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3a CBSTROKE = 0 (Absent) Blank if Question 3a CBSTROKE = 9 (Unknown)	
3a2	STROKYR	3	Year of most recent stroke	4	152–155	Num	1900–current year 9999 = Unknown	Blank if Question 3a CBSTROKE = 0 (Absent) Blank if Question 3a CBSTROKE = 9 (Unknown)	
3b	CBTIA	3	Transient ischemic attack (TIA)	1	157–157	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		If Question 3b CBTIA = 0 (Absent), then skip to Question 4a If Question 3b CBTIA = 9 (Unknown), then skip to Question 3b
3b1	TIAMULT	3	More than one TIA	1	159–159	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3b CBTIA = 0 (Absent) Blank if Question 3b CBTIA = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
3b2	TIAYEAR	3	Year of most recent TIA	4	161–164	Num	1900–current year 9999=Unknown	Blank if Question 3b CBTIA = 0 (Absent) Blank if Question 3b CBTIA = 9 (Unknown)	
4a	PD	3	Parkinson's disease (PD)	1	166–166	Num	0 = Absent 1 = Recent/Active 9 = Unknown		If Question 4a PD = 0 (Absent), then skip to Question 4b If Question 4a PD = 9 (Unknown), then skip to Question 4b
4a1	PDYR	3	Year of PD diagnosis	4	168–171	Num	1900–current year 9999 = Unknown	Blank if Question 4a PD = 0 (Absent) Blank if Question 4a PD = 9 (Unknown)	
4b	PDOTHR	3	Other parkinsonian disorder	1	173–173	Num	0 = Absent 1 = Recent/Active 9 = Unknown		If Question 4b PDOTHR = 0 (Absent), then skip to Question 4c If Question 4b PDOTHR = 9 (Unknown), then skip to Question 4c
4b1	PDOTHR YR	3	Year of parkinsonian disorder diagnosis	4	175–178	Num	1900–current year 9999 = Unknown	Blank if Question 4b PDOTHR = 0 (Absent) Blank if Question 4b PDOTHR = 9 (Unknown)	
4c	SEIZURES	3	Seizures	1	180–180	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4d	TBI	3	Traumatic brain injury (TBI)	1	182–182	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		If Question 4d TBI = 0 (Absent), then skip to Question 5a If Question 4d TBI = 9 (Unknown), then skip to Question 5a
4d1	TBIBRIEF	3	TBI with brief loss of consciousness (< 5 minutes)	1	184–184	Num	0 = No 1 = Single 2 = Repeated/multiple 9 = Unknown	Blank if Question 4d TBI = 0 (Absent) Blank if Question 4d TBI = 9 (Unknown)	
4d2	TBIEXTEN	3	TBI with extended loss of consciousness (5 minutes or longer)	1	186–186	Num	0 = No 1 = Single 2 = Repeated/multiple 9 = Unknown	Blank if Question 4d TBI = 0 (Absent) Blank if Question 4d TBI = 9 (Unknown)	
4d3	TBIWOLOS	3	TBI without loss of consciousness (as might result from military detonations or sports injuries)?	1	188–188	Num	0 = No 1 = Single 2 = Repeated/multiple 9 = Unknown	Blank if Question 4d TBI = 0 (Absent) Blank if Question 4d TBI = 9 (Unknown)	
4d4	TBIYEAR	3	Year of most recent TBI	4	190–193	Num	1900–current year 9999 = Unknown	Blank if Question 4d TBI = 0 (Absent) or 9 (Unknown)	
5a	DIABETES	3	Diabetes	1	195–195	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		If Question 5a DIABETES = 0 (Absent), then skip to Question 5b If Question 5a DIABETES = 9 (Unknown), then skip to Question 5b

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5a1	DIABTYPE	3	If Recent/active or Remote/inactive, which type?	1	197–197	Num	1 = Type 1 2 = Type 2 3 = Other type (diabetes insipidus, latent autoimmune diabetes/type 1.5, gestational diabetes) 9 = Unknown	Blank if Question 5a DIABETES = 0 (Absent) Blank if Question 5a DIABETES = 9 (Unknown)	
5b	HYPERTEN	3	Hypertension	1	199–199	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
5c	HYPERCHO	3	Hypercholesterolemia	1	201–201	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
5d	B12DEF	3	B12 deficiency	1	203–203	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
5e	THYROID	3	Thyroid disease	1	205–205	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
5f	ARTHRIT	3	Arthritis	1	207–207	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		If Question 5f ARTHRIT = 0 (Absent), then skip to Question 5g If Question 5f ARTHRIT = 9 (Unknown), then skip to Question 5g

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5f1	ARTHTYPE	3	Type of arthritis	1	209–209	Num	1 = Rheumatoid 2 = Osteoarthritis 3 = Other 9 = Unknown	Blank if Question 5f ARTHRIT = 0 (Absent) Blank if Question 5f ARTHRIT = 9 (Unknown)	
5f1a	ARTHYPX	3	Other arthritis (specify)	60	211–270	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 5f ARTHRIT = 0 (Absent) Blank if Question 5f ARTHRIT = 9 (Unknown) Blank if Question 5f1 ARTHTYPE ≠ 3 (Other)	
5f2a	ARTHUPEX	3	Region affected: upper extremity	1	272–272	Num	0 = Blank 1 = Upper Extremity	Blank if Question 5f ARTHRIT = 0 (Absent) Blank if Question 5f ARTHRIT = 9 (Unknown)	
5f2b	ARTHLOEX	3	Region affected: lower extremity	1	274–274	Num	0 = Blank 1 = Lower Extremity	Blank if Question 5f ARTHRIT = 0 (Absent) Blank if Question 5f ARTHRIT = 9 (Unknown)	
5f2c	ARTHSPIN	3	Region affected: spine	1	276–276	Num	0 = Blank 1 = Spine	Blank if Question 5f ARTHRIT = 0 (Absent) Blank if Question 5f ARTHRIT = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5f2d	ARTHUNK	3	Region affected: unknown	1	278–278	Num	0 = Blank 1 = Unknown	Blank if Question 5f ARTHRIT = 0 (Absent) Blank if Question 5f ARTHRIT = 9 (Unknown)	
5g	INCONTU	3	Incontinence — Urinary	1	280–280	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
5h	INCONTF	3	Incontinence — Bowel	1	282–282	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
5i	APNEA	3	Sleep apnea	1	284–284	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
5j	RBD	3	REM sleep behavior disorder (RBD)	1	286–286	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
5k	INSOMN	3	Hyposomnia/insomnia	1	288–288	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
5l	OTHSLEEP	3	Other sleep disorder	1	290–290	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
51l	OTHSLEEX	3	Other sleep disorder (specify)	60	292–351	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 51 OTHSLEEP = 0 (Absent) Blank if Question 51 OTHSLEEP = 9 (Unknown)	
6a	ALCOHOL	3	Alcohol abuse: Clinically significant impairment occurring over a 12-month period manifested in one of the following areas: work, driving, legal, or social	1	353–353	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
6b	ABUSOTHR	3	Other abused substances: Clinically significant impairment occurring over a 12-month period manifested in one of the following areas: work, driving, legal, or social	1	355–355	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		If Question 6b ABUSOTHER = 0 (Absent), then skip to Question 7a If Question 6b ABUSOTHER = 9 (Unknown), then skip to Question 7a
6b1	ABUSX	3	If Question 6b = 1 (Recent/active) or 2 (Remote/inactive), then specify abused substance(s)	60	357–416	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 6b ABUSOTHR = 0 (Absent) Blank if Question 6b ABUSOTHR = 9 (Unknown)	
7a	PTSD	3	Post-traumatic stress disorder (PTSD)	1	418–418	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7b	BIPOLAR	3	Bipolar disorder	1	420–420	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
7c	SCHIZ	3	Schizophrenia	1	422–422	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
7d1	DEP2YRS	3	Active depression in the last two years	1	424–424	Num	0 = No 1 = Yes 9 = Unknown		
7d2	DEPOTHR	3	Depression episodes more than two years ago	1	426–426	Num	0 = No 1 = Yes 9 = Unknown		
7e	ANXIETY	3	Anxiety	1	428–428	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
7f	OCD	3	Obsessive-compulsive disorder (OCD)	1	430–430	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
7g	NPSYDEV	3	Developmental neuropsychiatric disorders (e.g., autism spectrum disorder [ASD], attention-deficit hyperactivity disorder [ADHD], dyslexia)	1	432–432	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7h	PSYCDIS	3	Other psychiatric disorders	1	434–434	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		If Question 7h PSYCDIS = 0 (Absent), then end form here If Question 7h PSYCDIS = 9 (Unknown), then end form here
7h1	PSYCDISX	3	If recent/active or remote/inactive, specify disorder	60	436–495	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 7h PSYCDIS = 0 (Absent) or 9 (Unknown)	

Form B1: Physical

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	HEIGHT	3	Subject height (inches):	4	45–48	Num	36.0–87.9 88.8 = not assessed		
2	WEIGHT	3	Subject weight (lbs)	3	50–52	Num	50–400 888 = Not assessed		
3a	BPSYS	3	Subject blood pressure (sitting)	3	54–56	Num	70-230 888 = Not assessed		
3b	BPDIAS	3	Subject blood pressure (sitting), diastolic	3	58-60	Num	30-140 888 = Not assessed		
4	HRATE	3	Subject resting heart rate (pulse)	3	62–64	Num	33–160 888 = Not assessed		
5	VISION	3	Without corrective lenses, is the subject's vision functionally normal?	1	66–66	Num	0 = No 1 = Yes 9 = Unknown		
6	VISCORR	3	Does the subject usually wear corrective lenses?	1	68–68	Num	0 = No 1 = Yes 9 = Unknown		
6a	VISWCORR	3	If yes, is the subject's vision functionally normal with corrective lenses?	1	70–70	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 6 VISCORR ≠ 1 (Yes)	
7	HEARING	3	Without a hearing aid(s), is the subject's hearing functionally normal?	1	72–72	Num	0 = No 1 = Yes 9 = Unknown		
8	HEARAID	3	Does the subject usually wear a hearing aid(s)?	1	74–74	Num	0 = No 1 = Yes 9 = Unknown		
8a	HEARWAID	3	If yes, is the subject's hearing functionally normal with a hearing aid(s)?	1	76–76	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 HEARAID ≠ 1 (Yes)	

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

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	MEMORY	3	MEMORY	3	45–47	Num	0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		
2	ORIENT	3	ORIENTATION	3	49–51	Num	0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		
3	JUDGMENT	3	JUDGMENT AND PROBLEM-SOLVING	3	53–55	Num	0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		
4	COMMUN	3	COMMUNITY AFFAIRS	3	57–59	Num	0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		
5	HOMEHOBB	3	HOME AND HOBBIES	3	61–63	Num	0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		
6	PERSCARE	3	PERSONAL CARE	3	65–67	Num	0.0 = No impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		
7	CDRSUM	3	CDR SUM OF BOXES	4	69–72	Num	00.0, 00.5, 01.0, 01.5, ..., 18.0 (except scores of 16.5 and 17.5 not possible)		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
8	CDRGLOB	3	GLOBAL CDR	3	74–76	Num	0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		
9	COMPORT	3	Behavior, comportment, and personality	3	78–80	Num	0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		
10	CDRLANG	3	Language	4	82–84	Num	0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment		

Form B5: Neuropsychiatric Inventory Questionnaire (NPI-Q)

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

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	NPIQINF	3	NPI CO-PARTICIPANT	1	45–45	Num	1 = Spouse 2 = Child 3 = Other		
1a	NPIQINFx	3	If NPI informant other — specify	60	47–106	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 1 NPIQINF ≠ 3 (Other)	
2a	DEL	3	DELUSIONS: Does the patient have false beliefs, such as thinking that others are stealing from him/her or planning to harm him/her in some way?	1	108–108	Num	0 = No 1 = Yes 9 = Unknown		
2b	DELSEV	3	If DELUSIONS, rate severity	1	110–110	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if Question 2a DEL ≠ 1 (Yes)	
3a	HALL	3	HALLUCINATIONS: Does the patient have hallucinations such as false visions or voices? Does he or she seem to hear or see things that are not present?	1	112–112	Num	0 = No 1 = Yes 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
3b	HALLSEV	3	If HALLUCINATIONS, rate severity	1	114–114	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if Question 3a HALL ≠ 1 (Yes)	
4a	AGIT	3	AGITATION/AGGRESSION: Is the patient resistant to help from others at times, or hard to handle?	1	116–116	Num	0 = No 1 = Yes 9 = Unknown		
4b	AGITSEV	3	If AGITATION/AGGRESSION, rate severity	1	118–118	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if Question 4a AGIT ≠ 1 (Yes)	
5a	DEPD	3	DEPRESSION/DYSPHORIA: Does the patient seem sad or say that he / she is depressed?	1	120–120	Num	0 = No 1 = Yes 9 = Unknown		
5b	DEPDSEV	3	If DEPRESSION/DYSPHORIA, rate severity	1	122–122	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if Question 5a DEPD ≠ 1 (Yes)	
6a	ANX	3	ANXIETY: Does the patient become upset when separated from you? Does he/she have any other signs of nervousness such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?	1	124–124	Num	0 = No 1 = Yes 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6b	ANXSEV	3	If ANXIETY, rate severity	1	126–126	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if Question 6a ANX ≠ 1 (Yes)	
7a	ELAT	3	ELATION/EUPHORIA: Does the patient appear to feel too good or act excessively happy?	1	128–128	Num	0 = No 1 = Yes 9 = Unknown		
7b	ELATSEV	3	If ELATION/EUPHORIA, rate severity	1	130–130	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if Question 7a ELAT ≠ 1 (Yes)	
8a	APA	3	APATHY/INDIFFERENCE: Does the patient seem less interested in his/her usual activities or in the activities and plans of others?	1	132–132	Num	0 = No 1 = Yes 9 = Unknown		
8b	APASEV	3	If APATHY/INDIFFERENCE, rate severity	1	134–134	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if Question 8a APA ≠ 1 (Yes)	
9a	DISN	3	DISINHIBITION: Does the patient seem to act impulsively, for example, talking to strangers as if he/she knows them, or saying things that may hurt people's feelings?	1	136–136	Num	0 = No 1 = Yes 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
9b	DISNSEV	3	If DISINHIBITION, rate severity:	1	138–138	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if Question 9a DISN ≠ 1 (Yes)	
10a	IRR	3	IRRITABILITY/LABILITY: Is the patient impatient and cranky? Does he/she have difficulty coping with delays or waiting for planned activities?	1	140–140	Num	0 = No 1 = Yes 9 = Unknown		
10b	IRRSEV	3	If IRRITABILITY/LABILITY, rate severity	1	142–142	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if Question 10a IRR ≠ 1 (Yes)	
11a	MOT	3	MOTOR DISTURBANCE: Does the patient engage in repetitive activities such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?	1	144–144	Num	0 = No 1 = Yes 9 = Unknown		
11b	MOTSEV	3	If MOTOR DISTURBANCE, rate severity	1	146–146	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if Question 11a MOT ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
12a	NITE	3	NIGHTTIME BEHAVIORS: Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?	1	148–148	Num	0 = No 1 = Yes 9 = Unknown		
12b	NITSEV	3	If NIGHTTIME BEHAVIORS, rate severity:	1	150–150	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if Question 12a NITE ≠ 1 (Yes)	
13a	APP	3	APPETITE/EATING: Has the patient lost or gained weight, or had a change in the type of food he/she likes?	1	152–152	Num	0 = No 1 = Yes 9 = Unknown		
13b	APPSEV	3	If APPETITE/EATING, rate severity:	1	154–154	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if Question 13a APP ≠ 1 (Yes)	

Form B6: Geriatric Depression Scale (GDS)

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

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

Form B7: NACC Functional Assessment Scale (FAS)

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

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

Form B8: Neurological Examination Findings

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

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

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

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4	POSTCORT	3	Higher cortical visual problem suggesting posterior cortical atrophy (e.g., prosopagnosia, simultagnosia, Balint's syndrome) or apraxia of gaze	1	85–85	Num	0 = No 1 = Yes	Blank if Question 1 NORMEXAM ≠ 1 (Yes)	
5	PSPCBS	3	Findings suggestive of progressive supranuclear palsy (PSP), corticobasal syndrome, or other related disorders	1	87–87	Num	0 = No 1 = Yes	Blank if Question 1 NORMEXAM ≠ 1 (Yes)	If Question 5 PSPCBS = 0 (No), then skip to Question 6
5a	EYEPS	3	Eye movement changes consistent with PSP	1	89–89	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5b	DYSPSP	3	Dysarthria consistent with PSP	1	91–91	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5c	AXIALPSP	3	Axial rigidity consistent with PSP	1	93–93	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5d	GAITPSP	3	Gait disorder consistent with PSP	1	95–95	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5e	APRAXSP	3	Apraxia of speech	1	97–97	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5f1	APRAXL	3	Apraxia consistent with CBS — left side	1	99–99	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5f2	APRAXR	3	Apraxia consistent with CBS — right side	1	101–101	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5g1	CORTSENL	3	Cortical sensory deficits consistent with CBS — left side	1	103–103	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5g2	CORTSENR	3	Cortical sensory deficits consistent with CBS — right side	1	105–105	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5h1	ATAXL	3	Ataxia consistent with CBS — left side	1	107–107	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5h2	ATAXR	3	Ataxia consistent with CBS — right side	1	109–109	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5i1	ALIENLML	3	Alien limb consistent with CBS — left side	1	111–111	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5i2	ALIENLMR	3	Alien limb consistent with CBS — right side	1	113–113	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5j1	DYSTONL	3	Dystonia consistent with CBS, PSP, or related disorder — left side	1	115–115	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5j2	DYSTONR	3	Dystonia consistent with CBS, PSP, or related disorder — right side	1	117–117	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5k1	MYOCLLT	3	Myoclonus consistent with CBS — left side	1	119–119	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
5k2	MYOCLRT	3	Myoclonus consistent with CBS — right side	1	121–121	Num	0 = No 1 = Yes 8 = Not assessed	Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No)	
6	ALS FIND	3	Findings suggesting ALS (e.g., muscle wasting, fasciculations, upper motor and/or lower motor neuron signs)	1	123–123	Num	0 = No 1 = Yes	Blank if Question 1 NORMEXAM ≠ 1 (Yes)	
7	GAITNPH	3	Normal pressure hydrocephalus: gait apraxia	1	125–125	Num	0 = No 1 = Yes	Blank if Question 1 NORMEXAM ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
8	OTHNEUR	3	Other findings (e.g., cerebella ataxia, chorea, myoclonus) (NOTE: For this question, do not specify symptoms that have already been checked above)	1	127–127	Num	0 = No 1 = Yes	Blank if Question 1 NORMEXAM = 0 (No)	
8a	OTHNEURX	3	Other findings (specify)	60	129–188	Char	Any text or numbers, with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%)	Blank if Question 1 NORMEXAM = 0 (No) Blank if Question 8 OTHNEUR = 0 (No)	

Form B9: Clinician Judgment of Symptoms

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	DECSUB	3	Does the subject report a decline in memory (relative to previously attained abilities)?	1	45–45	Num	0 = No 1 = Yes 8 = Could not be assessed/subject too impaired		
2	DECIN	3	Does the co-participant report a decline in subject's memory (relative to previously attained abilities)?	1	47–47	Num	0 = No 1 = Yes 8 = There is no co-participant		
3	DECCLCOG	3	Based on the clinician's judgment, is the subject currently experiencing meaningful impairment in cognition?	1	49–49	Num	0 = No 1 = Yes		If Question 3 DECCLCOG = 0 (No), then skip to Question 8
4a	COGMEM	3	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in memory	1	51–51	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 DECCLCOG = 0 (No)	
4b	COGORI	3	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in orientation	1	53–53	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 DECCLCOG = 0 (No)	
4c	COGJUDG	3	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in executive function — judgment, planning, or problem-solving	1	55–55	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 DECCLCOG = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4d	COGLANG	3	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in language	1	57–57	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 DECCLCOG = 0 (No)	
4e	COGVIS	3	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in visuospatial function	1	59–59	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 DECCLCOG = 0 (No)	
4f	COGATTN	3	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in attention or concentration	1	61–61	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 DECCLCOG = 0 (No)	
4g	COGFLUC	3	Indicate whether the subject currently has fluctuating cognition	1	63–63	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 3 DECCLCOG = 0 (No)	
4g1	COGFLAGO	3	At what age did the fluctuating cognition begin?	3	65–67	Num	15–110	Blank if Question 4g COGFLUC ≠ 1 (Yes)	
4h	COGOTHR	3	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in other cognitive domains	1	69–69	Num	0 = No 1 = Yes	Blank if Question 3 DECCLCOG = 0 (No)	
4h1	COGOTHRX	3	Specification of other cognitive impairment	60	71–130	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 4h COGOTHR ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5	COGFPRED	3	Indicate the predominant symptom that was first recognized as a decline in the subject's cognition	2	132–133	Num	1 = Memory 2 = Orientation 3 = Executive function — judgment, planning, problem-solving 4 = Language 5 = Visuospatial function 6 = Attention/concentration 7 = Fluctuating cognition 8 = Other (specify) 99 = Unknown	Blank if Question 3 DECCLCOG = 0 (No)	
5a	COGFPREX	3	Specification for Other predominant symptom first recognized as a decline in the subject's cognition	60	135–194	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 5 COGFPRED ≠ 8 (Other)	
6	COGMODE	3	Mode of onset of cognitive symptoms	2	196–197	Num	1 = Gradual 2 = Subacute 3 = Abrupt 4 = Other (specify) 99 = Unknown	Blank if Question 3 DECCLCOG = 0 (No)	
6a	COGMODEX	3	Specification for mode of onset of other cognitive symptoms	60	199–258	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 6 COGMODE ≠ 4 (Other)	
7	DECAGE	3	Based on clinician's assessment, at what age did the cognitive decline begin? (The clinician must use his/her best judgment to estimate an age of onset.)	3	260–262	Num	15–110	Blank if Question 3 DECCLCOG = 0 (No)	
8	DECCLBE	3	Based on clinician's judgment, is the subject currently experiencing any kind of behavioral symptoms?	1	264–264	Num	0 = No 1 = Yes		If Question 8 = 0 (No), then skip to Question 13

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
9a	BEAPATHY	3	Subject currently manifests meaningful change in behavior — Apathy, withdrawal	1	266–266	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9b	BEDEP	3	Subject currently manifests meaningful change in behavior — Depressed mood	1	268–268	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9c1	BEVHALL	3	Subject currently manifests meaningful change in behavior — Psychosis — Visual hallucinations	1	270–270	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	If Question 9c1 BEVHALL = 0 (No), then skip to Question 9c2.
9c1a	BEVWELL	3	If yes, are the hallucinations well-formed and detailed?	1	272–272	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No) Blank if Question 9c1 BEVHALL ≠ 1 (Yes)	
9c1b	BEVHAGO	3	If well-formed, clear-cut visual hallucinations, at what age did these hallucinations begin?	3	274–276	Num	15–110 888 = N/A, not well-formed	Blank if Question 8 DECCLBE = 0 (No) Blank if Question 9c1 BEVHALL ≠ 1 (Yes)	
9c2	BEAHALL	3	Subject currently manifests meaningful change in behavior — Psychosis — Auditory hallucinations	1	278–278	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9c3	BEDEL	3	Subject currently manifests meaningful change in behavior — Psychosis — Abnormal, false, or delusional beliefs	1	280–280	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9d	BEDISIN	3	Subject currently manifests meaningful change in behavior — Disinhibition	1	282–282	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
9e	BEIRRIT	3	Subject currently manifests meaningful change in behavior — Irritability	1	284–284	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9f	BEAGIT	3	Subject currently manifests meaningful change in behavior — Agitation	1	286–286	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9g	BEPERCH	3	Subject currently manifests meaningful change in behavior — Personality change	1	288–288	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9h	BEREM	3	Subject currently manifests meaningful change in behavior — REM sleep behavior disorder	1	290–290	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9h1	BEREMAGO	3	If Yes, at what age did the REM sleep behavior disorder begin? (The clinician must use his/her best judgment to estimate an age of onset.)	3	292–294	Num	15–110	Blank if Question 9h BEREM ≠ 1 (Yes)	
9i	BEANX	3	Subject currently manifests meaningful change in behavior — Anxiety	1	296–296	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
9j	BEOTHR	3	Subject currently manifests meaningful change in behavior — Other	1	298–298	Num	0 = No 1 = Yes	Blank if Question 8 DECCLBE = 0 (No)	
9j1	BEOTHRX	3	Subject currently manifests meaningful change in behavior — Other, specify	60	300–359	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 9j BEOTHR ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
10	BEFPRED	3	Indicate the predominant symptom that was first recognized as a decline in the subject's behavior	2	361–362	Num	1 = Apathy / withdrawal 2 = Depressed mood 3 = Psychosis 4 = Disinhibition 5 = Irritability 6 = Agitation 7 = Personality change 8 = REM sleep behavior disorder 9 = Anxiety 10 = Other (specify) 99 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
10a	BEFPREDX	3	Specification of other predominant symptom that was first recognized as a decline in the subject's behavior	60	364–423	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 10 BEFPRED ≠ 10 (Other)	
11	BEMODE	3	Mode of onset of behavioral symptoms	2	425–426	Num	1 = Gradual 2 = Subacute 3 = Abrupt 4 = Other (specify) 99 = Unknown	Blank if Question 8 DECCLBE = 0 (No)	
11a	BEMODEX	3	Specification of other mode of onset of behavioral symptoms	60	428–487	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 11 BEMODE ≠ 4 (Other)	
12	BEAGE	3	Based on the clinician's assessment, at what age did the behavioral symptoms begin? (The clinician must use his/her best judgment to estimate an age of onset.)	3	489–491	Num	15–110	Blank if Question 8 DECCLBE = 0 (No)	
13	DECCLMOT	3	Based on clinician's judgment, is the subject currently experiencing any motor symptoms?	1	493–493	Num	0 = No 1 = Yes		If Question 13 = 0 (No) then skip to Question 20

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
14a	MOGAIT	3	Indicate whether the subject currently has meaningful changes in motor function — Gait disorder	1	495–495	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 13 DECCLMOT = 0 (No)	
14b	MOFALLS	3	Indicate whether the subject currently has meaningful changes in motor function — Falls	1	497–497	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 13 DECCLMOT = 0 (No)	
14c	MOTREM	3	Indicate whether the subject currently has meaningful changes in motor function — Tremor	1	499–499	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 13 DECCLMOT = 0 (No)	
14d	MOSLOW	3	Indicate whether the subject currently has meaningful changes in motor function — Slowness	1	501–501	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 13 DECCLMOT = 0 (No)	
15	MOFRST	3	Indicate the predominant symptom that was first recognized as a decline in the subject's motor function	2	503–504	Num	1 = Gait disorder 2 = Falls 3 = Tremor 4 = Slowness 99 = Unknown	Blank if Question 13 DECCLMOT = 0 (No)	
16	MOMODE	3	Mode of onset of motor symptoms	2	506–507	Num	1 = Gradual 2 = Subacute 3 = Abrupt 4 = Other 99 = Unknown	Blank if Question 13 DECCLMOT = 0 (No)	
16a	MOMODEX	3	Specification for other mode of onset of motor symptoms	60	509–568	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 16 MOMODE ≠ 4 (Other)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
17	MOMOPARK	3	Were changes in motor function suggestive of parkinsonism?	1	570–570	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 13 DECCLMOT = 0 (No)	If Question 17 MOMOPARK = 0 (No), then skip to Question 18 If Question 17 MOMOPARK = 9 (Unknown), then skip to Question 18
17a	PARKAGE	3	If yes, at what age did the motor symptoms suggestive of parkinsonism begin	3	572–574	Num	15–110	Blank if Question 17 MOMOPARK ≠ 1 (Yes)	
18	MOMOALS	3	Were changes in motor function suggestive of amyotrophic lateral sclerosis?	1	576–576	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 13 DECCLMOT = 0 (No)	If Question 18 MOMOALS = 0 (No), then skip to Question 19 If Question 18 MOMOALS = 9 (Unknown), then skip to Question 19
18a	ALSAGE	3	If yes, at what age did the motor symptoms suggestive of ALS begin?	3	578–580	Num	15–110	Blank if Question 18 MOMOALS ≠ 1 (Yes)	
19	MOAGE	3	Based on clinician's assessment, at what age did the motor changes begin? (The clinician must use his/her best judgment to estimate an age of onset.)	3	582–584	Num	15–110	Blank if Question 13 DECCLMOT = 0 (No)	
20	COURSE	3	Overall course of decline of cognitive/behavioral/ motor syndrome	1	586–586	Num	1 = Gradually progressive 2 = Stepwise 3 = Static 4 = Fluctuating 5 = Improved 8 = N/A 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
21	FRSTCHG	3	Indicate the predominant domain that was first recognized as changed in the subject	1	588–588	Num	1 = Cognition 2 = Behavior 3 = Motor function 8 = N/A 9 = Unknown		
22	LBDEVAL	3	Is the subject a potential candidate for further evaluation for Lewy body disease?	1	590–590	Num	0 = No 1 = Yes		
23	FTLDEVAL	3	Is the subject a potential candidate for further evaluation for frontotemporal lobar degeneration?	1	592–592	Num	0 = No 1 = Yes		

Form C2: Neuropsychological Battery Scores

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

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1g	MOCATRAI	3	MoCA: Visuospatial/executive — Trails	2	122–123	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1h	MOCACUBE	3	MoCA: Visuospatial/executive — Cube	2	125–126	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1i	MOCACLOC	3	MoCA: Visuospatial/executive — Clock contour	2	128–129	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1j	MOCACLON	3	MoCA: Visuospatial/executive — Clock numbers	2	131–132	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1k	MOCACLOH	3	MoCA: Visuospatial/executive — Clock hands	2	134–135	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1l	MOCANAMI	3	MoCA: Language — Naming	2	137–138	Num	0–3 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1m	MOCAREGI	3	MoCA: Memory — Registration (two trials)	2	140–141	Num	0–10 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1n	MOCADIGI	3	MoCA: Attention — Digits	2	143–144	Num	0–2 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1o	MOCALETT	3	MoCA: Attention — Letter A	2	146–147	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1p	MOCASER7	3	MoCA: Attention — Serial 7s	2	149–150	Num	0–3 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1q	MOCAREPE	3	MoCA: Language — Repetition	2	152–153	Num	0–2 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1r	MOCAFLUE	3	MoCA: Language — Fluency	2	155–156	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1s	MOCAABST	3	MoCA: Abstraction	2	158–159	Num	0–2 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1t	MOCARECN	3	MoCA: Delayed recall — No cue	2	161–162	Num	0–5 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1u	MOCARECC	3	MoCA: Delayed recall — Category cue	2	164–165	Num	0–5 88 = Not applicable	Blank if Question 1a MOCACOMP = 0 (No)	
1v	MOCARECR	3	MoCA: Delayed recall — Recognition	2	167–168	Num	0–5 88 = Not applicable	Blank if Question 1a MOCACOMP = 0 (No)	
1w	MOCAORDT	3	MoCA: Orientation — Date	2	170–171	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1x	MOCAORMO	3	MoCA: Orientation — Month	2	173–174	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1y	MOCAORYR	3	MoCA: Orientation — Year	2	176–177	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1z	MOCAORDY	3	MoCA: Orientation — Day	2	179–180	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1aa	MOCAORPL	3	MoCA: Orientation — Place	2	182–183	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
1bb	MOCAORCT	3	MoCA: Orientation — City	2	185–186	Num	0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if Question 1a MOCACOMP = 0 (No)	
2a	NPSYCLOC	3	The tests following the MoCA were administered	1	188–188	Num	1 = In ADC or clinic 2 = In home 3 = In person — other		
2b	NPSYLAN	3	Test following MoCA: Language of test administration	1	190–190	Num	1 = English 2 = Spanish 3 = Other		
2b1	NPSYLANX	3	Testa following MoCA: Language of test administration — Other specify	60	192–251	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Questions 2b NPSYLAN ≠ 3 (Other)	
3a	CRAFTVRS	3	Craft Story 21 Recall (Immediate): Total story units recalled, verbatim scoring	2	253–254	Num	0–44 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If Question 3a CRAFTVRS = 95–98, then skip to Question 4a
3b	CRAFTURS	3	Craft Story 21 Recall (Immediate): Total story units recalled, paraphrase scoring	2	256–257	Num	0–25	Blank if Question 3a CRAFTVRS = 95–98	
4a	UDSBENTC	3	Benson Complex Figure Copy: Total Score for copy of Benson figure	2	259–260	Num	0–17 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5a	DIGFORCT	3	Number Span Test: Forward—Number of correct trials	2	262–263	Num	0–14 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If Question 5a DIGFORCT = 95–98, then skip to Question 6a
5b	DIGFORSL	3	Number Span Test: Forward — Longest span forward	2	265–266	Num	0 3–9	Blank if Question 5a DIGFORCT = 95–98	
6a	DIGBACCT	3	Number Span Test: Backward — Number of correct trials	2	268–269	Num	0–14 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If Question 6a DIGBACCT = 95–98, then skip to Question 7a
6b	DIGBACLS	3	Number Span Test: Backward — Longest span backward	2	271–272	Num	0 2–8	Blank if Question 6a DIGBACCT = 95–98	
7a	ANIMALS	3	Category Fluency — Animals: Total number of animals named in 60 seconds	2	274–275	Num	0–77 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		
7b	VEG	3	Category Fluency — Vegetables: Total number of vegetables named in 60 seconds	2	277–278	Num	0–77 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		
8a	TRAILA	3	Trail Making Test — Part A: Total number of seconds to complete	3	280–282	Num	0–150 995 = Physical problem 996 = Cognitive/behavior problem 997 = Other problem 998 = Verbal refusal		If Question 8a TRAILA = 995–998, then skip to Question 8b

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
8a1	TRAILARR	3	Trail Making Test — Part A: Number of commission errors	2	284–285	Num	0–40	Blank if Question 8a TRAILA = 995–998	
8a2	TRAILALI	3	Trail Making Test — Part A: Number of correct lines	2	287–288	Num	0–24	Blank if Question 8a TRAILA = 995–998	
8b	TRAILB	3	Trail Making Test Part B: Total number of seconds to complete	3	290–292	Num	0–300 995 = Physical problem 996 = Cognitive/behavior problem 997 = Other problem 998 = Verbal refusal		If Question 8b TRAILB = 995–998, then skip to Question 9a
8b1	TRAILBRR	3	Trail Making Test Part B: Number of commission errors	2	294–295	Num	0–40	Blank if Question 8b TRAILB = 995–998	
8b2	TRAILBLI	3	Trail Making Test Part B: Number of correct lines	2	297–298	Num	0–24	Blank if Question 8b TRAILB is 995–998	
9a	CRAFTDVR	3	Craft Story 21 Recall (Delayed): Total story units recalled, verbatim scoring	2	300–301	Num	0–44 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If Question 9a CRAFTDVR = 95–98, then skip to Question 10a
9b	CRAFTDRE	3	Craft Story 21 Recall (Delayed): Total story units recalled, paraphrase scoring	2	303–304	Num	0–25	Blank if Question 9a CRAFTDVR = 95–98	
9c	CRAFTDTI	3	Craft Story 21 Recall (Delayed): Delay time	2	306–307	Num	0–85 99 = Unknown	Blank if Question 9a CRAFTDVR = 95–98	
9d	CRAFTCUE	3	Craft Story 21 Recall (Delayed): Cue (boy) needed	1	309–309	Num	0 = No 1 = Yes	Blank if Question 9a CRAFTDVR is 95–98	
10a	UDSBENTD	3	Benson Complex Figure Recall — Total score for drawing of Benson figure following 10- to 15-minuted delay	2	311–312	Num	0–17 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If Question 10a UDSBENTD = 95–98, then skip to Question 11a

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
10b	UDSBENRS	3	Benson Complex Figure Recall — Recognized original stimulus among four options	1	314–314	Num	0 = No 1 = Yes	Blank if Question 10a UDSBENTD = 95–98	
11a	MINTTOTS	3	Multilingual Naming Test (MINT) — Total score	2	316–317	Num	0–32 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If Question 11a MINTTOTS = 95–98, then skip to Question 12a
11b	MINTTOTW	3	Multilingual Naming Test (MINT) — Total correct without semantic cue	2	319–320	Num	0–32	Blank if Question 11a MINTTOTS = 95–98	
11c	MINTSCNG	3	Multilingual Naming Test (MINT) — Semantic cues: Number given	2	322–323	Num	0–32	Blank if Question 11a MINTTOTS = 95–98	
11d	MINTSCNC	3	Multilingual Naming Test (MINT) — Semantic cues: Number correct with cue	2	325–326	Num	0–32 88 = Not applicable	Blank if Question 11a MINTTOTS = 95–98	
11e	MINTPCNG	3	Multilingual Naming Test (MINT) — Phonemic cues: Number given	2	328–329	Num	0–32	Blank if Question 11a MINTTOTS = 95–98	
11f	MINTPCNC	3	Multilingual Naming Test (MINT) — Phonemic cues: Number correct with cue	2	331–332	Num	0–32 88 = Not applicable	Blank if Question 11a MINTTOTS = 95–98	
12a	UDSVERFC	3	Verbal Fluency: Phonemic Test — Number of correct F-words generated in 1 minute	2	334–335	Num	0–40 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If Question 12a UDSVERFC = 95–98, then skip to Question 12d
12b	UDSVERFN	3	Verbal Fluency: Phonemic Test — Number of correct F-words repeated in 1 minute	2	337–338	Num	0–15	Blank if Question 12a UDSVERFC is 95–98	If Question 12a UDSVERFC = 95–98, then skip to Question 12d

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
12c	UDSVERNF	3	Verbal Fluency: Phonemic Test — Number of non-F-words and rule violation errors in 1 minute	2	340–341	Num	0–15	Blank if Question 12a UDSVERFC is 95–98	If Question 12a UDSVERFC = 95–98, then skip to Question 12d
12d	UDSVERLC	3	Verbal Fluency: Phonemic Test — Number of correct L-words generated in 1 minute	2	343–344	Num	0–40 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If Question 12d UDSVERLC = 95–98, then skip to Question 13a
12e	UDSVERLR	3	Verbal Fluency: Phonemic Test — Number of correct L-words repeated in 1 minute	2	346–347	Num	0–15	Blank if Question 12d UDSVERLC = 95–98	
12f	UDSVERLN	3	Verbal Fluency: Phonemic Test — Number of non-L-words and rule violation errors in 1 minute	2	349–350	Num	0–15	Blank if Question 12d UDSVERLC = 95–98	
12g	UDSVERTN	3	Verbal Fluency: Phonemic Test — Total number of correct F-words and L-words	2	352–353	Num	0–80	Blank if Question 12d UDSVERLC = 95–98	
12h	UDSVERTE	3	Verbal Fluency: Phonemic Test — Total number of F-word and L-words repetition errors	2	355–356	Num	0–30	Blank if Question 12d UDSVERLC = 95–98	
12i	UDSVERTI	3	Verbal Fluency: Phonemic Test — Number of non-F/L-words and rule violation errors	2	358–359	Num	0–30	Blank if Question 2d UDSVERLC = 95–98	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
13a	COGSTAT	3	Overall appraisal: Per the clinician (e.g., neuropsychologist, behavioral neurologist, or other suitably qualified clinician), based on the UDS neuropsychological examination, the subjects cognitive status is deemed	1	361–361	Num	1 = Better than normal for age 2 = Normal for age 3 = One or two test scores abnormal 4 = Three or more scores are abnormal or lower than expected 0 = Clinician unable to render opinion		

Form D1: Clinician Diagnosis

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

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

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

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

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

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

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

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

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

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

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

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
22a	EPILEPIF	3	Epilepsy, primary or contributing	1	396–396	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 22 EPILEP ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
23	NEOP	3	CNS neoplasm	1	398–398	Num	0 = Absent 1 = Present		
23a	NEOPIF	3	CNS neoplasm, primary or contributing	1	400–400	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 23 NEOP ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
23b	NEOPSTAT	3	CNS neoplasm, benign or malignant?	1	402–402	Num	1 = Benign 2 = Malignant	Blank if Question 23, NEOP ≠ 1 (Present)	
24	HIV	3	Human immunodeficiency virus (HIV)	1	404–404	Num	0 = Absent 1 = Present		
24a	HIVIF	3	Human immunodeficiency virus (HIV), primary or contributing	1	406–406	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 24 HIV ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
25	OTHCOG	3	Cognitive impairment due to other neurologic, genetic, or infectious conditions not listed above	1	408–408	Num	0 = Absent 1 = Present		
25a	OTHCOGIF	3	Cognitive impairment due to other neurologic, genetic, or infectious conditions not listed above, primary or contributing	1	410–410	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 25 OTHCOG ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
25b	OTHCOGX	3	Cognitive impairment due to other neurologic, genetic, or infectious conditions not listed above — if Present, specify:	60	412–471	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 25 OTHCOG ≠ 1 (Present)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
26	DEP	3	Active depression	1	473–473	Num	0 = Absent 1 = Present		
26a	DEPIF	3	Active depression, primary or contributing	1	475–475	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 26 DEP ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
26b	DEPTREAT	3	If Present, select one:	1	477–477	Num	0 = Untreated 1 = Treated with medication and/or counseling	Blank if Question 26 DEP ≠ 1 (Present)	
27	BIPOLDX	3	Bipolar disorder	1	479–479	Num	0 = Absent 1 = Present		
27a	BIPOLDIF	3	Bipolar disorder, primary or contributing	1	481–481	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 27 BIPOLDX ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
28	SCHIZOP	3	Schizophrenia or other psychosis	1	483–483	Num	0 = Absent 1 = Present		
28a	SCHIZOIF	3	Schizophrenia or other psychosis, primary or contributing	1	485–485	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 28 SCHIZOP ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
29	ANXIET	3	Anxiety disorder	1	487–487	Num	0 = Absent 1 = Present		
29a	ANXIETIF	3	Anxiety disorder, primary or contributing	1	489–489	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 29 ANXIET ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
30	DELIR	3	Delirium	1	491–491	Num	0 = Absent 1 = Present		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
30a	DELIRIF	3	Delirium, primary or contributing	1	493–493	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 30 DELIR ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
31	PTSDDX	3	Post-traumatic stress disorder (PTSD)	1	495–495	Num	0 = Absent 1 = Present		
31a	PTSDDXIF	3	Post-traumatic stress disorder (PTSD), primary or contributing	1	497–497	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 31 PTSDDX ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
32	OTHPSY	3	Other psychiatric disease	1	499–499	Num	0 = Absent 1 = Present		
32a	OTHPSYIF	3	Other psychiatric disease, primary or contributing	1	501–501	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 32 OTHPSY ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
32b	OTHPSYX	3	Other psychiatric disease — if Present, specify:	60	503–562	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 32 OTHPSY ≠ 1 (Present)	
33	ALCDEM	3	Cognitive impairment due to alcohol abuse	1	564–564	Num	0 = Absent 1 = Present		
33a	ALCDEMIF	3	Cognitive impairment due to alcohol abuse, primary or contributing	1	566–566	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 33 ALCDEM ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
33b	ALCABUSE	3	Current alcohol abuse:	1	568–568	Num	0 = No 1 = Yes 9 = Unknown	Blank if Question 33 ALCDEM ≠ 1 (Present)	
34	IMPSUB	3	Cognitive impairment due to other substance abuse	1	570–570	Num	0 = Absent 1 = Present		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
34a	IMPSUBIF	3	Cognitive impairment due to other substance abuse, primary or contributing	1	572–572	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 34 IMPSUB ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
35	DYSILL	3	Cognitive impairment due to systemic disease/medical illness (as indicated on Form D2)	1	574–574	Num	0 = Absent 1 = Present		
35a	DYSILLIF	3	Cognitive impairment due to systemic disease/medical illness, primary or contributing	1	576–576	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 35 DYSILL ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
36	MEDS	3	Cognitive impairment due to medications	1	578–578	Num	0 = Absent 1 = Present		
36a	MEDSIF	3	Cognitive impairment due to medications, primary or contributing	1	580–580	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 36 MEDS ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
37	COGOTH	3	Cognitive impairment NOS	1	582–582	Num	0 = Absent 1 = Present		
37a	COGOTHIF	3	Cognitive impairment NOS, primary or contributing	1	584–584	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 37 COGOTH ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
37b	COGOTHX	3	Cognitive impairment NOS — if Present, specify:	60	586–645	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 37 COGOTH ≠ 1 (Present)	
38	COGOTH2	3	Cognitive impairment NOS	1	647–647	Num	0 = Absent 1 = Present		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
38a	COGOTH2F	3	Cognitive impairment NOS, primary or contributing	1	649–649	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 38 COGOTH2 ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
38b	COGOTH2X	3	Cognitive impairment NOS — if Present, specify:	60	651–710	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 38 COGOTH2 ≠ 1 (Present)	
39	COGOTH3	3	Cognitive impairment NOS	1	712–712	Num	0 = Absent 1 = Present		
39a	COGOTH3F	3	Cognitive impairment NOS, primary or contributing	1	714–714	Num	1 = Primary 2 = Contributing 3 = Non-contributing	Blank if Question 39 COGOTH3 ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes)	
39b	COGOTH3X	3	Cognitive impairment NOS — if Present, specify:	60	716–775	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if Question 39 COGOTH3 ≠ 1 (Present)	

Form D2: Clinician-assessed Medical Conditions

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	CANCER	3	Cancer (excluding non-melanoma skin cancer), primary or metastatic	1	45–45	Num	0 = No 1 = Yes, primary/non-metastatic 2 = Yes, metastatic 8 = Not assessed		If Question 1 CANCER = 0 (No), then skip to Question 2 If Question 1 CANCER = 8 (Not assessed), then skip to Question 2
1a	CANCSITE	3	Cancer primary site specification	60	47–106	Char	Any text or numbers, with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%)	Blank if Question 1 CANCER = 0 (No) Blank if Question 1 CANCER = 8 (Not assessed)	
2	DIABET	3	Diabetes	1	108–108	Num	0 = No 1 = Yes, Type I 2 = Yes, Type II 3 = Yes, other type 9 = Not assessed or unknown		
3	MYOINF	3	Myocardial infarct	1	110–110	Num	0 = No 1 = Yes 8 = Not assessed		
4	CONGHRT	3	Congestive heart failure	1	112–112	Num	0 = No 1 = Yes 8 = Not assessed		
5	AFIBRILL	3	Atrial fibrillation	1	114–114	Num	0 = No 1 = Yes 8 = Not assessed		
6	HYPERT	3	Hypertension	1	116–116	Num	0 = No 1 = Yes 8 = Not assessed		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7	ANGINA	3	Angina	1	118–118	Num	0 = No 1 = Yes 8 = Not assessed		
8	HYPCHOL	3	Hypercholesterolemia	1	120–120	Num	0 = No 1 = Yes 8 = Not assessed		
9	VB12DEF	3	B12 deficiency	1	122–122	Num	0 = No 1 = Yes 8 = Not assessed		
10	THYDIS	3	Thyroid disease	1	124–124	Num	0 = No 1 = Yes 8 = Not assessed		
11	ARTH	3	Arthritis	1	126–126	Num	0 = No 1 = Yes 8 = Not assessed		If Question 11 ARTH = 0 (No), then skip to Question 12 If Question 11 ARTH = 8 (Not assessed), then skip to Question 12
11a	ARTYPE	3	Arthritis type	1	128–128	Num	1 = Rheumatoid 2 = Osteoarthritis 3 = Other (specify) 9 = Unknown	Blank if Question 11 ARTH = 0 (No) Blank if Question 11 ARTH = 8 (Not assessed)	
11a1	ARTYPEX	3	Other arthritis type specification	60	130–189	Char	Any text or numbers, with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%)	Blank if Question 11a ARTYPE ≠ 3 (Other)	
11b1	ARTUPEX	3	Arthritis region affected — upper extremity	1	191–191	Num	0 = No 1 = Yes	Blank if Question 11 ARTH = 0 (No) Blank if Question 11 ARTH = 8 (Not assessed)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
11b2	ARTLOEX	3	Arthritis region affected — lower extremity	1	193–193	Num	0 = No 1 = Yes	Blank if Question 11 ARTH = 0 (No) Blank if Question 11 ARTH = 8 (Not assessed)	
11b3	ARTSPIN	3	Arthritis region affected — spine	1	195–195	Num	0 = No 1 = Yes	Blank if Question 11 ARTH = 0 (No) Blank if Question 11 ARTH = 8 (Not assessed)	
11b4	ARTUNKN	3	Arthritis region affected — unknown	1	197–197	Num	0 = No 1 = Yes	Blank if Question 11 ARTH = 0 (No) Blank if Question 11 ARTH = 8 (Not assessed)	
12	URINEINC	3	Incontinence — urinary	1	199–199	Num	0 = No 1 = Yes 8 = Not assessed		
13	BOWLINC	3	Incontinence — bowel	1	201–201	Num	0 = No 1 = Yes 8 = Not assessed		
14	SLEEPAP	3	Sleep apnea	1	203–203	Num	0 = No 1 = Yes 8 = Not assessed		
15	REMDIS	3	REM sleep behavior disorder (RBD)	1	205–205	Num	0 = No 1 = Yes 8 = Not assessed		
16	HYPOSOM	3	Hyposomnia/insomnia	1	207–207	Num	0 = No 1 = Yes 8 = Not assessed		
17	SLEEPOTH	3	Other sleep disorder	1	209–209	Num	0 = No 1 = Yes 8 = Not assessed		

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