Taped: Participant ID# T- Date:

WASHINGTON UNIVERSITY
MEMORY AND AGING PROJECT
INITIAL SUBJECT PROTOCOL (ISP) ©

Variable names are in red font in blue boxes

Participant Information

Date: _____

Phone: ( ) _____ - _____

*Sex: M _____ F _____

*Date of Birth _____ / _____ / _____
DAY MO YEAR

Age _____

SS# _____ - _____ - _____

Personal Physician as of ( )

Address: _____

_____

_____

Phone: ( ) _____ - _____

Personal Physician as of ( )

Address: _____

_____

_____

Phone: ( ) _____ - _____

Additional Remarks: _____

(Major Revision 01/98)

Taped: Participant ID# T- Date:

HOLLINGSHEAD INDEX OF SOCIAL POSITION

1. SCORING

OCCUPATION SCALE SCORE X 7 = _____

EDUCATION SCALE SCORE X 4 = _____

SOCIAL CLASS

I 11-17
II 18-27
III 28-43
IV 44-60
V 61-77

SUM _____

*SOCIAL CLASS _____

OCCUPATIONAL SCALE (Head of Household)

1. Higher executives, proprietors of large concerns, major professionals
2. Business managers; proprietors of medium sized business, lesser professionals
3. Administrative personnel; small independent business, minor professionals
4. Clerical and sales workers; owners of little business
5. Skilled manual employees
6. Machine operators; semi-skilled employees
7. Unskilled employees

EDUCATIONAL SCALE (Participant)

1. Graduate professional training
2. Standard college/university graduate
3. Partial college
4. High school graduate (12)
5. Partial high school (10,11)
6. Junior high school (7,8,9)
7. Less than 7 years of school

	Participant	**Spouse**
Occupation	_____	_____
*Years of education	_____	_____
College degree(s)	_____	_____
Major subject	_____	_____

(If P has a GED and no college education, years of education = $\frac{12 + \text{last grade}}{2}$)

Taped: Participant ID# T- Date:

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website: www.alz.washington.edu

NACC
National Alzheimer's Coordinating Center

NACC Uniform Data Set (UDS) – Initial Visit Packet

Form A1: Subject Demographics

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

NOTE: This form is to be completed by intake interviewer per ADC scheduling records, subject interview, medical records, and proxy informant report (as needed). For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A1. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

Source of Referral:

INMDS 1. Subject enrolled in NACC MDS:	☐ 1 Yes	☐ 0 No	
REASON 2. Primary reason for coming to ADC:	☐ 1 Participate in research study ☐ 2 Clinical evaluation	☐ 3 Other (*specify*): _____ REASONX ☐ 9 Unknown	
REFER 3. Principal referral source:	☐ 1 Self/relative/friend ☐ 2 Clinician ☐ 3 ADC solicitation ☐ 4 Non-ADC study ☐ 5 Clinic sample	☐ 6 Population sample ☐ 7 Non-ADC media appeal (e.g., Alzheimer's Association) ☐ 8 Other (*specify*): REFERX _____ ☐ 9 Unknown	
PRESTAT 4. Presumed disease status at enrollment:	☐ 1 Case/patient/proband ☐ 2 Control/normal	☐ 3 No presumed disease status	
PRESPART 5. Presumed participation:	☐ 1 Initial evaluation only	☐ 2 Longitudinal follow-up planned	

SOURCE 6. ADC enrollment type:	☐ 1 Clinical Core ☐ 2 Satellite Core	☐ 3 Other ADC Core/project ☐ 4 Center-affiliated/non-ADC

BIRTHMO BIRTHYR 7. Subject's month/year of birth: __ __/__ __ __ __

SEX 8. Subject's sex:	☐ 1 Male	☐ 2 Female

Taped: Participant ID# T- Date:

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

NOTE: This form is to be completed by intake interviewer per ADC scheduling records, subject interview, medical records, and proxy informant report (as needed). For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A1. Check only one box per question.

ADC Visit #:__ __ __

HISPANIC 9. 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 Yes ☐ 0 No	☐ 9 Unknown	
9a. If yes, what are the subject's reported origins?	☐ 1 Mexican/Chicano/ Mexican-American ☐ 2 Puerto Rican ☐ 3 Cuban ☐ 4 Dominican	☐ 5 Central American ☐ 6 South American ☐ 50 Other (*specify*): HISPORX _____ ☐ 99 Unknown	
RACE 10. What does subject report as his/her race?	☐ 1 White ☐ 2 Black or African American ☐ 3 American Indian or Alaska Native	☐ 4 Native Hawaiian or Other Pacific Islander ☐ 5 Asian ☐ 50 Other (*specify*): RACEX _____ ☐ 99 Unknown	
RACESEC 11. What additional race does subject report?	☐ 1 White ☐ 2 Black or African American ☐ 3 American Indian or Alaska Native ☐ 4 Native Hawaiian or Other Pacific Islander	☐ 5 Asian ☐ 50 Other (*specify*): RACESECX _____ ☐ 88 None reported ☐ 99 Unknown	
RACETER 12. What additional race, beyond what was indicated above in questions 10 and 11, does subject report?	☐ 1 White ☐ 2 Black or African American ☐ 3 American Indian or Alaska Native ☐ 4 Native Hawaiian or Other Pacific Islander	☐ 5 Asian ☐ 50 Other (*specify*): RACETERX _____ ☐ 88 None reported ☐ 99 Unknown	

Taped: Participant ID# T- Date:

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

NOTE: This form is to be completed by intake interviewer per ADC scheduling records, subject interview, medical records, and proxy informant report (as needed). For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A1. Check only one box per question.

ADC Visit #:__ __ __

PRIMLANG 13. Subject's primary language:	☐ 1 English ☐ 2 Spanish ☐ 3 Mandarin ☐ 4 Cantonese ☐ 5 Russian	☐ 6 Japanese ☐ 8 Other primary language PRIMLANX (*specify*): _____ ☐ 9 Unknown
EDUC 14. Subject's years of education (report achieved level using the codes below; if an attempted level is not completed, enter the number of years attended). High school/GED = 12; Bachelors degree = 16; Master's degree = 18; Doctorate = 20 years:	__ __ (*99 = Unknown*)	
LIVSIT 15. What is the subject's living situation?	☐ 1 Lives alone ☐ 2 Lives with spouse or partner ☐ 3 Lives with relative or friend	☐ 4 Lives with group ☐ 5 Other (*specify*): LIVSITX _____ ☐ 9 Unknown
INDEPEND 16. What is the subject's level of independence?	☐ 1 Able to live independently ☐ 2 Requires some assistance with complex activities	☐ 3 Requires some assistance with basic activities ☐ 4 Completely dependent ☐ 9 Unknown
RESIDENC 17. What is the subject's primary type of residence?	☐ 1 Single family residence ☐ 2 Retirement community ☐ 3 Assisted living/ boarding home/adult family home	☐ 4 Skilled nursing facility/ nursing home ☐ 5 Other (*specify*): RESIDENX _____ ☐ 9 Unknown
ZIP 18. Subject's primary residence zip code (first 3 digits):	__ __ __ (*leave blank if unknown*)	
MARISTAT 19. Subject's current marital status:	☐ 1 Married ☐ 2 Widowed ☐ 3 Divorced ☐ 4 Separated	☐ 5 Never married ☐ 6 Living as married ☐ 8 Other (*specify*): MARISTAX _____ ☐ 9 Unknown
HANDED 20. Is the subject left- or right-handed (for example, which hand would s/he normally use to write or throw a ball)?	☐ 1 Left-handed ☐ 2 Right-handed	☐ 3 Ambidextrous ☐ 9 Unknown

Taped: Participant ID# T- Date:

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NACC Uniform Data Set (UDS) – Initial Visit Packet

Form A2: Informant Demographics

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

NOTE: This form is to be completed by intake interviewer per informant's report. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A2. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

1. Informant's month/year of birth: INBIRMO / INBIRYR __ __/__ __ __ __ (*99/9999 = Unknown*)

2. Informant's sex: INSEX ☐ 1 Male ☐ 2 Female

3. Does the informant report being of Hispanic/Latino ethnicity (i.e., having origins from a mainly Spanish-speaking Latin American country), regardless of race? INHISP ☐ 1 Yes ☐ 0 No ☐ 9 Unknown

3a. If yes, what are the informant's reported origins? INHISPOR
☐ 1 Mexican/Chicano/ Mexican-American
☐ 2 Puerto Rican
☐ 3 Cuban
☐ 4 Dominican
☐ 5 Central American
☐ 6 South American
☐ 50 Other (*specify*): INHISPOX _____
☐ 99 Unknown

4. What does informant report as his/her race? INRACE
☐ 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*): INRACEX _____
☐ 99 Unknown

5. What additional race does informant report? INRASEC
☐ 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*): INRASECX _____
☐ 88 None reported
☐ 99 Unknown

Taped: Participant ID# T- Date:

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

ADC Visit #:__ __ __

NOTE: This form is to be completed by intake interviewer per informant's report. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A2. Check only one box per question.

INRATER

6. What additional race, beyond what was indicated above in questions 4 and 5, does informant report?

☐ 1 White
☐ 2 Black or African American
☐ 3 American Indian or Alaska Native
☐ 4 Native Hawaiian or Other Pacific Islander
☐ 5 Asian
☐ 50 Other (*specify*): INRATERX _____
☐ 88 None reported
☐ 99 Unknown

INEDUC

7. Informant's years of education (report achieved level using the codes below; if an attempted level is not completed, enter the number of years attended). High school/GED = 12; Bachelors degree = 16; Master's degree = 18; Doctorate = 20 years:

__ __ (*99 = Unknown*)

INRELTO

8. What is informant's relationship to subject?

☐ 1 Spouse/partner
☐ 2 Child
☐ 3 Sibling
☐ 4 Other relative
☐ 5 Friend/neighbor
☐ 6 Paid caregiver/provider
☐ 7 Other (*specify*): INRELTOX _____

INLIVWTH

9. Does the informant live with the subject?

☐ 1 Yes (*if yes, skip to #10*)
☐ 0 No

INVISITS

9a. If no, approximate frequency of in-person visits:

☐ 1 Daily
☐ 2 At least 3x/week
☐ 3 Weekly
☐ 4 At least 3x/month
☐ 5 Monthly
☐ 6 Less than once a month

INCALLS

9b. If no, approximate frequency of telephone contact:

☐ 1 Daily
☐ 2 At least 3x/week
☐ 3 Weekly
☐ 4 At least 3x/month
☐ 5 Monthly
☐ 6 Less than once a month

INRELY

10. Is there a question about the informant's reliability?

☐ 1 Yes
☐ 0 No

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NACC National Alzheimer's Coordinating Center

NACC Uniform Data Set (UDS) – Initial Visit Packet

Form A3: Subject Family History

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

NOTE: This form is to be completed by intake interviewer per subject/informant report. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A3.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

For the following questions:

Dementia refers to progressive loss of memory and cognition, and is often described as senility, dementia, Alzheimer's Disease, hardening of the arteries, or other causes that compromised the subject's social or occupational functioning and from which they did not recover.

Age at onset refers to the age at which dementia symptoms began, not the age at which the diagnosis was made.

Please consider blood relatives only.

PARENTS:

	a. Year of birth (9999=unknown)	b. Is the parent still living? Yes / No / Unknown	c. If deceased, indicate year of death (9999=unknown)	d. Does/did this parent have dementia (defined above), as indicated by symptoms, history or diagnosis? Yes / No / Unknown	e. If yes, indicate age at onset (999=unknown)
1. Mother	MOMYOB	☐ 1 MOMLIV ☐ 9	MOMYOD	☐ 1 MOMDEM ☐ 9	MOMONSET
2. Father	DADYOB	☐ 1 DADLIV ☐ 9	DADYOD	☐ 1 DADDEM ☐ 9	DADONSET

SIBLINGS:

3. Is the subject a twin? ☐ 1 Yes ☐ 0 No ☐ 9 Unknown — TWIN

3a. If yes, indicate type: ☐ 1 Monozygotic (i.e., identical) ☐ 2 Dizygotic (i.e., fraternal) ☐ 9 Unknown — TWINTYPE

4. How many full siblings did the subject have? (*99 = Unknown*) __ __ — SIBS

5. For all full siblings, indicate the following:

	5a. Year of birth (9999=unknown)	5b. Is the sibling still living? Yes / No / Unknown	5c. If deceased, indicate year of death (9999=unknown)	5d. Does/did this sibling have dementia (defined above), as indicated by symptoms, history or diagnosis? Yes / No / Unknown	5e. If yes, indicate age at onset (999=unknown)
Sibling 1	SIB1YOB	☐ 1 SIB1LIV ☐ 9	SIB1YOD	☐ 1 SIB1DEM ☐ 9	SIB1ONS
Sibling 2	SIB2YOB	☐ 1 SIB2LIV ☐ 9	SIB2YOD	☐ 1 SIB2DEM ☐ 9	SIB2ONS
Sibling 3	SIB3YOB	☐ 1 SIB3LIV ☐ 9	SIB3YOD	☐ 1 SIB3DEM ☐ 9	SIB3ONS

Taped: Participant ID# T- Date:

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

NOTE: This form is to be completed by intake interviewer per subject/informant report. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A3..

ADC Visit #:__ __ __

SIBLINGS: *(continued)*	5a. **Year of birth** *(9999=unknown)*	5b. **Is the sibling still living?** Yes No Unknown	5c. **If deceased, indicate year of death** *(9999=unknown)*	5d. **Does/did this sibling have dementia (defined above), as indicated by symptoms, history or diagnosis?** Yes No Unknown	5e. **If yes, indicate age at onset** *(999=unknown)*
Sibling 4	SIB4YOB	☐ 1 SIB4LIV ☐ 9	SIB4YOD	☐ 1 SIB4DEM ☐ 9	SIB4ONS
Sibling 5	SIB5YOB	☐ 1 SIB5LIV ☐ 9	SIB5YOD	☐ 1 SIB5DEM ☐ 9	SIB5ONS
Sibling 6	SIB6YOB	☐ 1 SIB6LIV ☐ 9	SIB6YOD	☐ 1 SIB6DEM ☐ 9	SIB6ONS
Sibling 7	SIB7YOB	☐ 1 SIB7LIV ☐ 9	SIB7YOD	☐ 1 SIB7DEM ☐ 9	SIB7ONS
Sibling 8	SIB8YOB	☐ 1 SIB8LIV ☐ 9	SIB8YOD	☐ 1 SIB8DEM ☐ 9	SIB8ONS
Sibling 9	SIB9YOB	☐ 1 SIB9LIV ☐ 9	SIB9YOD	☐ 1 SIB9DEM ☐ 9	SIB9ONS
Sibling 10	SIB10YOB	☐ 1 SIB10LIV ☐ 9	SIB10YOD	☐ 1 SIB10DEM ☐ 9	SIB10ONS
Sibling 11	SIB11YOB	☐ 1 SIB11LIV ☐ 9	SIB11YOD	☐ 1 SIB11DEM ☐ 9	SIB11ONS
Sibling 12	SIB12YOB	☐ 1 SIB12LIV ☐ 9	SIB12YOD	☐ 1 SIB12DEM ☐ 9	SIB12ONS
Sibling 13	SIB13YOB	☐ 1 SIB13LIV ☐ 9	SIB13YOD	☐ 1 SIB13DEM ☐ 9	SIB13ONS
Sibling 14	SIB14YOB	☐ 1 SIB14LIV ☐ 9	SIB14YOD	☐ 1 SIB14DEM ☐ 9	SIB14ONS
Sibling 15	SIB15YOB	☐ 1 SIB15LIV ☐ 9	SIB15YOD	☐ 1 SIB15DEM ☐ 9	SIB15ONS
Sibling 16	SIB16YOB	☐ 1 SIB16LIV ☐ 9	SIB16YOD	☐ 1 SIB16DEM ☐ 9	SIB16ONS
Sibling 17	SIB17YOB	☐ 1 SIB17LIV ☐ 9	SIB17YOD	☐ 1 SIB17DEM ☐ 9	SIB17ONS
Sibling 18	SIB18TOB	☐ 1 SIB18LIV ☐ 9	SIB19YOD	☐ 1 SIB18DEM ☐ 9	SIB18ONS
Sibling 19	SIB19YOB	☐ 1 SIB19LIV ☐ 9	SIB19YOD	☐ 1 SIB19DEM ☐ 9	SIB19ONS
Sibling 20	SIB20YOB	☐ 1 SIB20LIV ☐ 9	SIB20YOD	☐ 1 SIB20DEM ☐ 9	SIB20ONS

Taped: Participant ID# T- Date:

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

NOTE: This form is to be completed by intake interviewer per subject/informant report. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A3..

ADC Visit #:__ __ __

CHILDREN:

6. How many biological children did the subject have? (*99 = Unknown*) __ __

KIDS

7. For all biological children, indicate the following:

	7a. **Year of birth** *(9999=unknown)*	7b. **Is the child still living?** Yes / No / Unknown	7c. **If deceased, indicate year of death** *(9999=unknown)*	7d. **Does/did this child have dementia (defined above), as indicated by symptoms, history or diagnosis?** Yes / No / Unknown	7e. **If yes, indicate age at onset** *(999=unknown)*
Child 1	KID1YOB	☐ 1 KID1LIV ☐ 9	KID1YOD	☐ 1 KID1DEM ☐ 9	KID1ONS
Child 2	KID2YOB	☐ 1 KID2LIV ☐ 9	KID2YOD	☐ 1 KID2DEM ☐ 9	KID2ONS
Child 3	KID3YOB	☐ 1 KID3LIV ☐ 9	KID3YOD	☐ 1 KID3DEM ☐ 9	KID3ONS
Child 4	KID4YOB	☐ 1 KID4LIV ☐ 9	KID4YOD	☐ 1 KID4DEM ☐ 9	KID4ONS
Child 5	KID5YOB	☐ 1 KID5LIV ☐ 9	KID5YOD	☐ 1 KID5DEM ☐ 9	KID5ONS
Child 6	KID6YOB	☐ 1 KID6LIV ☐ 9	KID6YOD	☐ 1 KID6DEM ☐ 9	KID6ONS
Child 7	KID7YOB	☐ 1 KID7LIV ☐ 9	KID7YOD	☐ 1 KID7DEM ☐ 9	KID7ONS
Child 8	KID8YOB	☐ 1 KID8LIV ☐ 9	KID8YOD	☐ 1 KID8DEM ☐ 9	KID8ONS
Child 9	KID9YOB	☐ 1 KID9LIV ☐ 9	KID9YOD	☐ 1 KID9DEM ☐ 9	KID9ONS
Child 10	KID10YOB	☐ 1 KID10LIV ☐ 9	KID10YOD	☐ 1 KID10DEM ☐ 9	KID10ONS
Child ~~10~~ 11	KID11YOB	☐ 1 KID11LIV ☐ 9	KID11YOD	☐ 1 KID11DEM ☐ 9	KID11ONS
Child ~~11~~ 12	KID12YOB	☐ 1 KID12LIV ☐ 9	KID12YOD	☐ 1 KID12DEM ☐ 9	KID12ONS
Child 13	KID13YOB	☐ 1 KID13LIV ☐ 9	KID13YOD	☐ 1 KID13DEM ☐ 9	KID13ONS
Child 14	KDI14YOB	☐ 1 KID14LIV ☐ 9	KID14YO	☐ 1 KID14DEM ☐ 9	KID14ONS
Child 15	KID15YOB	☐ 1 KID15LIV ☐ 9	KID15YOD	☐ 1 KID15DEM ☐ 9	KID15ONS

Taped: Participant ID# T- Date:

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

ADC Visit #:__ __ __

NOTE: This form is to be completed by intake interviewer per subject/informant report. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A3..

OTHER DEMENTED RELATIVES:

8. Number of "other demented relatives" (cousins, aunts, uncles, grandparents, half siblings), as indicated by symptoms, history or diagnosis. (*99 = Unknown*) RELSDEM __ __

9. For all "other demented relatives" (cousins, aunts, uncles, grandparents, half siblings), indicate the following:

	9a. **Year of birth** *(9999=unknown)*	9b. **Is the relative still living?** **Yes** **No** **Unknown**	9c. **If deceased, indicate year of death** *(9999=unknown)*	9d. **Indicate age at onset** *(999=unknown)*
Relative 1	REL1YOB	☐ 1 REL1LIV ☐ 9	REL1YOD	REL1ONS
Relative 2	REL3YOB	☐ 1 REL2LIV ☐ 9	REL2YOD	REL2ONS
Relative 3	REL3YOB	☐ 1 REL3LIV ☐ 9	REL3YOD	REL3ONS
Relative 4	REL4YOB	☐ 1 REL4LIV ☐ 9	REL4YOD	REL4ONS
Relative 5	REL5YOB	☐ 1 REL5LIV ☐ 9	REL5YOD	REL5ONS
Relative 6	REL6YOB	☐ 1 REL6LIV ☐ 9	REL6YOD	REL6ONS
Relative 7	REL7YOB	☐ 1 REL7LIV ☐ 9	REL7YOD	REL7ON
Relative 8	REL8YOB	☐ 1 REL8LIV ☐ 9	REL8YOD	REL8ONS
Relative 9	REL9YOB	☐ 1 REL9LIV ☐ 9	REL9YOD	REL9ONS
Relative 10	REL10YOB	☐ 1 REL10LIV ☐ 9	REL10YOD	REL10ONS
Relative 11	REL11YOB	☐ 1 REL11LIV ☐ 9	REL11YOD	REL11ONS
Relative 12	REL12YOB	☐ 1 REL12LIV ☐ 9	REL12YOD	REL12ONS
Relative 13	REL13YOB	☐ 1 REL13LIV ☐ 9	REL13YOD	REL13ONS
Relative 14	REL14YOB	☐ 1 REL14LIV ☐ 9	REL14YOD	REL14ONS
Relative 15	REL15YOB	☐ 1 REL15LIV ☐ 9	REL15YOD	REL15ONS

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N Health History

*105a. How would you rate his/her overall physical health at the present time?

int407 a. excellent (1) b. good (2) c. fair (3) d. poor (4)

*104. Has he/she had physical health problems in the last 5 years? Describe:
int403 Yes (1) ____ No (0) _____ Medical records for this year requested _____

Falls "*A fall is an unexpected event in which a person comes to rest on the ground, floor, or a lower level.* ***In the past 12 months, has the Participant had any fall including a slip or trip in which he/she lost his/her balance and landed on the floor, ground or lower level?***"

650. Falls? NO _____ YES_____ If yes, (651) Number of Falls:_____
652. If had falls, did he/she have injuries as a result of his/her falls? ____No ____Yes
653. If yes to #652, how many falls with minor injury(ies)? _____ Give date (s) and describe injury:

654. If yes to #652, how many falls with serious injury(ies)(hospitalization, fracture etc)?_____. Give date(s) and describe:

List Surgeries (in the last 5 years): List Hospitalizations (in the last 5 years):

*105. Has he/she been treated for a psychiatric illness (depression or emotional/behavioral problem)
int416 in the last year? Yes 1 No 2 Describe:

120. In the last year, has he/she had problems with his/her:

Head	yes____	no ____	Breathing	yes____	no____
Eyes	yes ____	no ____	Heart	yes____	no____
Ears	yes ____	no ____	Bowels	yes____	no____
Nose	yes ____	no ____	Bladder	yes____	no____
Throat	yes ____	no ____	Mouth	yes____	no____

121. Weight yes ____ no ____

Describe yes responses from above:

?

Sleep Questionnaire (Boeve BR unpublished) Have the following occurred **at least 3 times** (in last 6 mos)?

*578. Have you ever seen him/her appear to "act out his/her dreams" while sleeping? (punched or flailed arms in the air, shouted or screamed)	YES	NO	DK
*579. Do his/her legs repeatedly jerk or twitch during sleep (not just when falling asleep)?	YES	NO	DK
*580. Does he/she complain of a restless, nervous, tingly, or creepy-crawly feeling in his/her legs that disrupts his/her ability to fall or stay asleep?	YES	NO	DK
*581. Has he/she ever snorted or choked him/herself awake?	YES	NO	DK
*582. Does he/she ever seem to stop breathing during sleep?	YES	NO	DK
*583. Does he/she have leg cramps/"Charlie Horse" at night?	YES	NO	DK

*584. Rate his/her general level of alertness for the past 3 weeks from 0 to 10
0 1 2 3 4 5 6 7 8 9 10
Sleep all day ----------Fully awake and normal

Taped: Participant ID# T- Date:

N

Does he/she have any of monYYS illnesses? *check this column for medically significant intercurrent event since last evaluation

	YES	NO	DK	ONSET	ILLNESS
conc *107	1	0	.Q	on_conc	LOC/Fainting
int380 *110				on_walk	Problems Walking
int381 *111				on_move	Abnormal Movements
int382 112				on_seiz	Seizures
pois *113				on_pois	Poison Exposure
lung *114				on_lung	Chronic Lung Disease
heart *115				on_heart	Heart Disease
liver *116				on_liver	Liver Disease
kidn *117				on_kidn	Kidney Disease
oper *119				on_oper	Operations
visi *331				on_visi	Glaucoma/Cataracts
tuber *332				on_tuber	Tuberculosis
circ *333				on_circ	Circulation Problems/Extremities
ulcer *334				on_ulcer	Ulcers/Digestive System
canc *335				on-canc	Cancer
anem 336				on_anem	Anemia
press *338				on_press	Pressure Sores/Leg Ulcers
fx *339				on_fx	Fractures
autoimm *553				on_autoimm	Autoimmune Disorders (Rheumatoid Arthritis, Lupus etc.)
healt *555				on_healt	Other:

Allergies: _____

N551. Has he/she taken medication to stimulate, or enhance thinking; or been in a drug study for Alzheimer's disease ever (if T1) or in the last year (if after T1)?
stimul No 0 *yes 1 If yes, complete dementia drug history below:

Name of Drug	Date Started	Date stopped
stim1	stim1b	stim1e
stim2	stim2b	stim2e
stim3	stim3b	stim3e
stim4	stim4b	stim4e
stim5	stim5b	stim5e

Taped: Participant ID# T- Date:

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e-mail: naccmail@u.washington.edu
website: www.alz.washington.edu

NACC
National Alzheimer's Coordinating Center

NACC Uniform Data Set (UDS) – Initial Visit Packet

Form A5: Subject Health History

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

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A5. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

Record the presence or absence of a history of these conditions at this visit as determined by the clinician's best judgment, based on informant report, medical records, and/or observation.

1. Cardiovascular disease	Absent	Recent/Active	Remote/Inactive	Unknown
CVHATT a. Heart attack/cardiac arrest	☐ 0	☐ 1	☐ 2	☐ 9
CVAFIB b. Atrial fibrillation	☐ 0	☐ 1	☐ 2	☐ 9
CVANGIO c. Angioplasty/endarterectomy/stent	☐ 0	☐ 1	☐ 2	☐ 9
CVBYPASS d. Cardiac bypass procedure	☐ 0	☐ 1	☐ 2	☐ 9
CVPACE e. Pacemaker	☐ 0	☐ 1	☐ 2	☐ 9
CVCHF f. Congestive heart failure	☐ 0	☐ 1	☐ 2	☐ 9
CVOTHR g. Other (*specify*): CVOTHRX _____	☐ 0	☐ 1	☐ 2	☐ 9

2. Cerebrovascular disease	Absent	Recent/Active	Remote/Inactive	Unknown
a. Stroke	☐ 0	☐ 1	☐ 2	☐ 9
CBSTROKE If recent/active or remote/inactive, indicate year(s) in which this occurred: (*9999 = Year unknown*)		STROK1YR 1) __ __ __ __ STROK2YR 2) __ __ __ __ STROK3YR 3) __ __ __ __ STROK4YR 4) __ __ __ __ STROK5YR 5) __ __ __ __ STROK6YR 6) __ __ __ __		
CBTIA b. Transient ischemic attack If recent/active or remote/inactive, indicate year(s) in which this occurred: (*9999 = Year unknown*)	☐ 0	☐ 1	☐ 2	☐ 9
		TIA1YR 1) __ __ __ __ TIA2YR 2) __ __ __ __ TIA3YR 3) __ __ __ __ TIA4YR 4) __ __ __ __ TIA5YR 5) __ __ __ __ TIA6YR 6) __ __ __ __		
CBOTHR c. Other (*specify*): CBOTHRX _____	☐ 0	☐ 1	☐ 2	☐ 9

(version 2.0, February 2008)

Taped: Participant ID# T- Date:

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

ADC Visit #:__ __ __

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A5. Check only one box per question.

3. Parkinsonian features		Absent	Recent/Active	Unknown
PD	a. Parkinson's disease	☐ 0	☐ 1	☐ 9
	If recent/active, indicate year of diagnosis: (*9999 = Year unknown*) PDYR __ __ __ __			
PDOTHR	b. Other Parkinsonism disorder	☐ 0	☐ 1	☐ 9
	If recent/active, indicate year of diagnosis: (*9999 = Year unknown*) PDOTHRYR __ __ __ __			

4. Other neurologic conditions		Absent	Recent/Active	Remote/Inactive	Unknown
SEIZURES	a. Seizures	☐ 0	☐ 1	☐ 2	☐ 9
	b. Traumatic brain injury				
TRAUMBRF	1) with brief loss of consciousness (< 5 minutes)	☐ 0	☐ 1	☐ 2	☐ 9
TRAUMEXT	2) with extended loss of consciousness (≥ 5 minutes)	☐ 0	☐ 1	☐ 2	☐ 9
TRAUMCHR	3) with chronic deficit or dysfunction	☐ 0	☐ 1	☐ 2	☐ 9
NCOTHR	c. Other (*specify*): NCOTHRX _____	☐ 0	☐ 1	☐ 2	☐ 9

5. Medical/metabolic conditions		Absent	Recent/Active	Remote/Inactive	Unknown
HYPERTEN	a. Hypertension	☐ 0	☐ 1	☐ 2	☐ 9
HYPERCHO	b. Hypercholesterolemia	☐ 0	☐ 1	☐ 2	☐ 9
DIABETES	c. Diabetes	☐ 0	☐ 1	☐ 2	☐ 9
B12DEF	d. B12 deficiency	☐ 0	☐ 1	☐ 2	☐ 9
THYROID	e. Thyroid disease	☐ 0	☐ 1	☐ 2	☐ 9
INCONT	f. Incontinence – urinary	☐ 0	☐ 1	☐ 2	☐ 9
INCONTF	g. Incontinence – bowel	☐ 0	☐ 1	☐ 2	☐ 9

Taped: Participant ID# T- Date:

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

ADC Visit #:__ __ __

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A5. Check only one box per question.

6. Depression	No	Yes	Unknown
DEP2YRS a. Active within past 2 years	☐ 0	☐ 1	☐ 9
DEPOTHR b. Other episodes (prior to 2 years)	☐ 0	☐ 1	☐ 9

7. Substance abuse and psychiatric disorders

ALCOHOL a. Substance abuse – alcohol

	Absent	Recent/Active	Remote/Inactive	Unknown
1) Clinically significant impairment occurring over a 12-month period manifested in one of the following: work, driving, legal or social.	☐ 0	☐ 1	☐ 2	☐ 9

b. Cigarette smoking history

	No	Yes	Unknown
TOBAC30 1) Has subject smoked within last 30 days?	☐ 0	☐ 1	☐ 9
TOBAC100 2) Has subject smoked more than 100 cigarettes in his/her life?	☐ 0	☐ 1	☐ 9

SMOKYRS 3) Total years smoked: (*88 = N/A; 99 = Unknown*) __ __

PACKSPER 4) Average number of packs/day smoked:

☐ 1 1 cigarette – < ½ pack ☐ 4 1½ – < 2 packs ☐ 9 Unknown

☐ 2 ½ – < 1 pack ☐ 5 ≥ 2 packs

☐ 3 1 – < 1½ pack ☐ 8 N/A

QUITSMOK 5) If subject quit smoking, specify age when last smoked (i.e., quit):

(*888 = N/A; 999 = Unknown*) __ __ __

c. Other abused substances

	Absent	Recent/Active	Remote/Inactive	Unknown
ABUSOTHR 1) Clinically significant impairment occurring over a 12-month period manifested in one of the following: work, driving, legal or social.	☐ 0	☐ 1	☐ 2	☐ 9

ABUSX If recent/active or remote/inactive, specify abused substance(s): _____

d. Psychiatric disorders ☐ 0 ☐ 1 ☐ 2 ☐ 9

PSYCDIS If recent/active or remote/inactive, specify disorder(s): _____

Taped: Participant ID# T- Date:

MEDICATION NAME	DOSAGE	ROUTE	FREQ.	DATE MED. STARTED

Taped: Participant ID# T- Date:

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website: www.alz.washington.edu

NACC Uniform Data Set (UDS) – Initial Visit Packet
Form A4: Subject Medications

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

NOTE: This form is to be completed by the clinician or ADC staff. Record ALL medications (prescription, non-prescription, and vitamin/supplements) taken by the subject within the past two weeks.

ADC Visit #:__ __ __

If a medication is not one of the 100 drugs listed below, specify the drug or brand name and determine its drugID by using the Lookup Tool on the NACC website at https://www.alz.washington.edu/NONMEMBER/UDS/DrugCodeLookUp.html.

Examiner's initials:__ __ __

Is the subject currently taking any medications? ☐ Yes ☐ No

Medication Name	drugID
☐ acetaminophen (Anacin, Tempra, Tylenol)	d00049
☐ acetaminophen-hydrocodone (Vicodin)	d03428
☐ albuterol (Proventil, Ventolin, Volmax)	d00749
☐ alendronate (Fosamax)	d03849
☐ allopurinol (Aloprim, Lopurin, Zyloprim)	d00023
☐ alprazolam (Niravam, Xanax)	d00168
☐ amitriptyline (Elavil, Endep, Vanatrip)	d00146
☐ amlodipine (Norvasc)	d00689
☐ ascorbic acid (C Complex, Vitamin C)	d00426
☐ aspirin	d00170
☐ atenolol (Senormin, Tenormin)	d00004
☐ atorvastatin (Lipitor)	d04105
☐ benazepril (Lotensin)	d00730
☐ bupropion (Budeprion, Wellbutrin, Zyban)	d00181
☐ calcium acetate (Calphron, PhosLo)	d03689
☐ calcium carbonate (Rolaids, Tums)	d00425
☐ calcium-vitamin D (Dical-D, O-Cal-D)	d03137
☐ carbidopa-levodopa (Atamet, Sinemet)	d03473
☐ celecoxib (Celebrex)	d04380
☐ citalopram (Celexa)	d04332
☐ clonazepam (Klonopin)	d00197
☐ clopidogrel (Plavix)	d04258
☐ conjugated estrogens (Cenestin, Premarin)	d00541
☐ conj. estrog.-medroxyprogesterone (Prempro)	d03819

Medication Name	drugID
☐ cyanocobalamin (Neuroforte-R, Vitamin B12)	d00413
☐ digoxin (Digitek, Lanoxin)	d00210
☐ diltiazem (Cardizem, Tiazac)	d00045
☐ divalproex sodium (Depakote)	d03833
☐ docusate (Calcium Stool Softener, Dioctyl SS)	d01021
☐ donepezil (Aricept)	d04099
☐ enalapril (Vasotec)	d00013
☐ ergocalciferol (Calciferol, Drisdol, Vitamin D)	d03128
☐ escitalopram (Lexapro)	d04812
☐ estradiol (Estrace, Estrogel, Fempatch)	d00537
☐ famotidine (Mylanta AR, Pepcid)	d00141
☐ ferrous sulfate (FeroSul, Iron Supplement)	d03824
☐ fexofenadine (Allegra)	d04040
☐ finasteride (Propecia, Proscar)	d00563
☐ fluoxetine (Prozac)	d00236
☐ folic acid (Folic Acid)	d00241
☐ furosemide (Lasix)	d00070
☐ gabapentin (Neurontin)	d03182
☐ galantamine (Razadyne, Reminyl)	d04750
☐ glipizide (Glucotrol)	d00246
☐ glucosamine (Hydrochloride)	d04418
☐ glyburide (DiaBeta, Glycron, Micronase)	d00248
☐ hydrochlorothiazide (Esidrix, Hydrodiuril)	d00253
☐ hydrochlorothiazide-triamterene (Dyazide)	d03052

Taped: Participant ID# T- Date:

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

NOTE: This form is to be completed by the clinician or ADC staff. Record ALL medications (prescription, non-prescription, and vitamin/supplements) taken by the subject within the past two weeks.

ADC Visit #:__ __ __

If a medication is not one of the 100 drugs listed below, specify the drug or brand name and determine its drugID by using the Lookup Tool on the NACC website at https://www.alz.washington.edu/NONMEMBER/UDS/DrugCodeLookUp.html.

Medication Name	drugID
☐ ibuprofen (Advil, Motrin, Nuprin)	d00015
☐ lansoprazole (Prevacid)	d03828
☐ latanoprost ophthalmic (Xalatan)	d04017
☐ levothyroxine (Levothroid, Levoxyl, Synthroid)	d00278
☐ lisinopril (Prinivil, Zestril)	d00732
☐ loratadine (Alavert, Claritin, Dimetapp, Tavist)	d03050
☐ lorazepam (Ativan)	d00149
☐ losartan (Cozaar)	d03821
☐ lovastatin (Altocor, Mevacor)	d00280
☐ medroxyprogesterone (Depo-Provera)	d00284
☐ memantine (Namenda)	d04899
☐ metformin (Glucophage, Riomet)	d03807
☐ metoprolol (Lopressor, Toprol-XL)	d00134
☐ mirtazapine (Remeron)	d04025
☐ multivitamin	d03140
☐ multivitamin with minerals	d03145
☐ naproxen (Aleve, Anaprox, Naprosyn)	d00019
☐ niacin (Niacor, Nico-400, Nicotinic Acid)	d00314
☐ nifedipine (Adalat, Procardia)	d00051
☐ nitroglycerin (Nitro-Bid, Nitro-Dur, Nitrostat)	d00321
☐ olanzapine (Zyprexa)	d04050
☐ omega-3 polyunsaturated fatty acids (Omacor)	d00497
☐ omeprazole (Prilosec)	d00325
☐ oxybutynin (Ditropan, Urotrol)	d00328
☐ pantoprazole (Protonix)	d04514
☐ paroxetine (Paxil, Paxil CR, Pexeva)	d03157
☐ phenytoin (Dilantin)	d00143
☐ potassium chloride (K-Dur 10, K-Lor, Slow-K)	d00345
☐ pravastatin (Pravachol)	d00348
☐ prednisone (Deltasone, Orasone)	d00350
☐ psyllium (Fiberall, Metamucil)	d01018

Medication Name	drugID
☐ pyridoxine (Vitamin B6)	d00412
☐ quetiapine (Seroquel)	d04220
☐ rabeprazole (Aciphex)	d04448
☐ raloxifene (Evista)	d04261
☐ ranitidine (Zantac)	d00021
☐ risperidone (Risperdal)	d03180
☐ rivastigmine (Exelon)	d04537
☐ sertraline (Zoloft)	d00880
☐ simvastatin (Zocor)	d00746
☐ tamsulosin (Flomax)	d04121
☐ temazepam (Restoril)	d00384
☐ terazosin (Hytrin)	d00386
☐ tolterodine (Detrol)	d04294
☐ trazodone (Desyrel)	d00395
☐ trolamine salicylate topical (Analgesia Creme)	d03884
☐ valsartan (Diovan)	d04113
☐ venlafaxine (Effexor)	d03181
☐ verapamil (Calan, Isoptin, Verelan)	d00048
☐ vitamin E (Aquavite-E, Centrum Singles)	d00405
☐ warfarin (Coumadin, Jantoven)	d00022
☐ zolpidem (Ambien)	d00910
☐ *Specify:*	d _ _ _ _ _
☐ *Specify:*	d _ _ _ _ _
☐ *Specify:*	d _ _ _ _ _
☐ *Specify:*	d _ _ _ _ _
☐ *Specify:*	d _ _ _ _ _
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☐ *Specify:*	d _ _ _ _ _
☐ *Specify:*	d _ _ _ _ _

Taped: Participant ID# T- Date:

COLLATERAL SOURCE INTERVIEW

*DATE: testdat

*INTERVIEWED BY:
Clinician: tester
Non-Physician: tester2
If T-1, Social Worker

*REVIEWED BY: ?

Note: Review previous health history pages before beginning interview.

**** START TAPE ****

? *579. CS#: How long has the CS known the Participant?
How often does the CS see the subject? talk with the Participant (e.g. phone)?

1. HISTORY OF PRESENT ILLNESS
(Summary of recent physical and mental health. Useful probes include ability to remember appointments, repeating questions or statements, misplacing items, word-finding difficulty, reduced ability in calculations, visuospatial problems, etc. Emphasis should be on change in mental function; separate change due to physical decline. If memory and thinking are impaired, when and how did it begin? course?)

(in the last 6 months) Ferman TJ et al Neurology 2004;62: 181-187.

*585. Is he/she drowsy and lethargic during the day despite getting enough sleep the night before? YES NO DK
drows

*586. Does he/she sleep 2 or more hours during the day (before 7 pm)? YES NO DK
sleeps2hrs

*587. Are there times when his/her flow of ideas is disorganized, unclear or not logical? YES NO DK
illogical

*588. Does he/she tend to stare into space for periods of time? YES NO DK
stares

Depressed Mood

6. In the past year has [P] appeared sad or blue, or depressed most of the day nearly every day for two weeks or more? **Y** ___ **N** ___

Recurrent Thoughts of death/Suicidal Ideation

15. In the last year, has [P] said he/she feels that life is not worth living, or has [P] expressed a wish to die or talked about committing suicide? **Y** ___ **N** ___

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Taped:

NACC Uniform Data Set (UDS) – Initial Visit Packet

Form B5: Behavioral Assessment – Neuropsychiatric Inventory Questionnaire (NPI-Q[1])

Center: _____ ADC Subject ID: __ __ __ __ __ __ __ __ __ __ Form Date: __ __/__ __/__ __ __ __ ADC Visit #:__ __ __

NOTE: This form is to be completed by the clinician or other trained health professional per informant interview, as described by the training video. (This is not to be completed by the subject as a paper-and-pencil self-report.) For information regarding NPI-Q Interviewer Certification, see UDS Coding Guidebook for Initial Visit Packet, Form B5. Check only one box for each category of response.

Examiner's initials:__ __ __

Please ask the following questions based upon changes. Indicate "yes" only if the symptom has been present in the past month; otherwise, indicate "no".

For each item marked "yes", rate the SEVERITY of the symptom (how it affects the patient):
1 = Mild (noticeable, but not a significant change)
2 = Moderate (significant, but not a dramatic change)
3 = Severe (very marked or prominent; a dramatic change)

NPIQINF NPI informant: ☐ 1 Spouse ☐ 2 Child ☐ 3 Other (*specify*): _____ NPIQINFX _____

		Yes	No		Severity
2. DELUSIONS: Does the patient believe that others are stealing from him or her, or planning to harm him or her in some way?	2a.	☐ 1 DEL	☐ 0	2b.	☐ 1 ☐ 2 ☐ 3 DELSEV
3. HALLUCINATIONS: Does the patient act as if he or she hears voices? Does he or she talk to people who are not there?	3a.	☐ 1 HALL	☐ 0	3b.	☐ 1 ☐ 2 ☐ 3 HALLSEV
4. AGITATION OR AGGRESSION: Is the patient stubborn and resistive to help from others?	4a.	☐ 1 AGIT	☐ 0	4b.	☐ 1 ☐ 2 ☐ 3 AGITSEV
5. DEPRESSION OR DYSPHORIA: Does the patient act as if he or she is sad or in low spirits? Does he or she cry?	5a.	☐ 1 DEPD	☐ 0	5b.	☐ 1 ☐ 2 ☐ 3 DEPDSEV
6. ANXIETY: Does the patient become upset when separated from you? Does he or she have any other signs of nervousness, such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?	6a.	☐ 1 ANX	☐ 0	6b.	☐ 1 ☐ 2 ☐ 3 ANXSEV

Participant ID#

T-

Date:

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(version 2.0, February 2008)

Center: _____ ADC Subject ID: __ __ __ __ __ __ __ __ __ __ Form Date: __ __/__ __/__ __ __ __ ADC Visit #:__ __ __

Taped:

NOTE: This form is to be completed by the clinician or other trained health professional per informant interview, as described by the training video. (This is not to be completed by the subject as a paper-and-pencil self-report.) For information regarding NPI-Q Interviewer Certification, see UDS Coding Guidebook for Initial Visit Packet, Form B5. Check only one box for each category of response.

Please ask the following questions based upon changes. Indicate "yes" only if the symptom has been present in the past month; otherwise, indicate "no".

For each item marked "yes", rate the SEVERITY of the symptom (how it affects the patient):
1 = Mild (noticeable, but not a significant change)
2 = Moderate (significant, but not a dramatic change)
3 = Severe (very marked or prominent; a dramatic change)

		Yes	No		Severity		
7. ELATION OR EUPHORIA: Does the patient appear to feel too good or act excessively happy?	7a.	☐ 1 ELAT	☐ 0	7b.	☐ 1	☐ 2	☐ 3 ELATSEV
8. APATHY OR INDIFFERENCE: Does the patient seem less interested in his or her usual activities and in the activities and plans of others?	8a.	☐ 1 APA	☐ 0	8b.	☐ 1	☐ 2	☐ 3 APASEV
9. DISINHIBITION: Does the patient seem to act impulsively? For example, does the patient talk to strangers as if he or she knows them, or does the patient say things that may hurt people's feelings?	9a.	☐ 1 DISN	☐ 0	9b.	☐ 1	☐ 2	☐ 3 DISNSEV
10. IRRITABILITY OR LABILITY: Is the patient impatient or cranky? Does he or she have difficulty coping with delays or waiting for planned activities?	10a.	☐ 1 IRR	☐ 0	10b.	☐ 1	☐ 2	☐ 3 IRRSEV
11. MOTOR DISTURBANCE: Does the patient engage in repetitive activities, such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?	11a.	☐ 1 MOT	☐ 0	11b.	☐ 1	☐ 2	☐ 3 MOTSEV
12. NIGHTTIME BEHAVIORS: Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?	12a.	☐ 1 NITE	☐ 0	12b.	☐ 1	☐ 2	☐ 3 NITESEV
13. APPETITE AND EATING: Has the patient lost or gained weight, or had a change in the food he or she likes?	13a.	☐ 1 APP	☐ 0	13b.	☐ 1	☐ 2	☐ 3 APPSEV

Participant ID#

T-

Date:

Taped: Participant ID# T- Date:

Collateral Source (DK = Doesn't Know)

MEMORY

*31. Does he/she have a problem with his/her memory or thinking? No (0) ___ Yes (1) ___
int324

*31b. If yes, is it a consistent problem (as opposed to inconstant)? No (0) ___ Yes (1) ___
int415

*32. Can he/she recall recent events? (Blessed) Usually (0) ___ Sometimes (.5) ___ Rarely (1) ___
BDS07

*33. Can he/she remember short lists (4 or 5 items) of items (shopping)? (Blessed)
BDS03
Usually (0) ___ Sometimes (.5) ___ Rarely (1) ___

*45. Has there been some decline in memory during the past year? No (0) ___ Yes (1) ___
int334

*46. Is his/her memory impaired to such a degree that it would have interfered with his/her activities of
int335 daily life a few years ago (or preretirement activities)? (Collateral Source's opinion)
No (0) ___ Yes (1) ___ DK (Q) ___

? *580. Does he/she have difficulty remembering appointments? No (0) ___ Yes (1) ___

*581. Does he/she repeat questions, stories or statements? No (0) ___ Yes (1) ___

IF PARTICIPANT HAS NO MEMORY PROBLEM, PROCEED TO PAGE 25

*38. Does he/she completely forget a major event (e.g., trip, party, family wedding) within a few
int329 weeks of the event?
Rarely or Never (0) ___ Usually (2) ___ DK (Q) ___
Example:

*39. Does he/she forget pertinent details of the major event?
int330
Rarely or Never (0) ___ Usually (2) ___ DK (Q) ___

*41. Does he/she completely forget important information of the distant past (e.g., birthdate, date of
int332 wedding, place of employment?)
Rarely or Never (0) ___ Sometimes (1) ___ Usually (2) ___ DK (Q) ___
Example:

*43. Onset
int009
Sudden (1) _____
Gradual (2) _____
Fluctuating (3) _____
Other (describe at left) (4) _____

*44. Course of memory problem:
int010
Stable (1) _____
Gradually Worse (2) _____
Episodically Worse (3) _____
Fluctuating (4) _____
Other (describe at left) (5) _____

Taped: Participant ID# T- Date:

Collateral Source

ORIENTATION

How often does he/she know the exact:

	Usually	Sometimes	Rarely or Never	CS Doesn't Know
*71. Date of the month? int344	(2)	(1)	(0)	(Q)
*72. Month? int345	(2)	(1)	(0)	(Q)
*73. Year? int346	(2)	(1)	(0)	(Q)
*74. Day of the week? int347	(2)	(1)	(0)	(Q)

*75. Does he/she tend to dwell in the past? BSD08

(Blessed) Rarely(0)____ Sometimes(.5)___ Often(1)___

*75a. Does he/she have difficulty with time relationships? int396 (When events happened in relation to each other) (Give example)

Rarely (0)___ Sometimes(.5)___ Usually (1)___

*77. Can he/she find his/her way about familiar streets? (Blessed) BDS05

Usually(0)___ Sometimes(.5)___ Rarely(1)___

*78. How often does he/she know how to get from one place to another outside his/her neighborhood? int351

Usually(2)___ Sometimes(1)___ Rarely(0)___ DK(Q)___

(If usually is answered for 78, can skip 79, which will be entered also as usually)

*79. How often can he/she find his/her way about indoors? BDS04 (own house or other familiar environment) (Blessed)

Usually(0)___ Sometimes(.5)___ Rarely(1)___

Taped: Participant ID# T- Date:

Collateral Source

JUDGMENT AND PROBLEM SOLVING

*80. In general, if you had to rate his/her abilities to handle and solve problems at the present time, int353 would you consider them:

Example: As good as they have ever been (1)____

Good, but not as good as before (2)____

Only fair (3)____

Very poor (4)____

No ability at all (5)____

	No Loss	Some Loss	Severe Loss
*96 Ability to cope with small sums of money BdS02 [Blessed] (eg, make change, leave a small tip)	0	0.5	1
*96a Ability to handle more complicated financial or business transactions int410 (eg, balance checkbook, pay bills)	0	0.5	1

*82. Can he/she handle a household emergency: (plumbing leak, small fire) int355

Better than before (1)____

As well as before (2)____

Worse than before because of trouble thinking (3)____

Worse than before for another reason (why?) (4)____

*76. Can he/she understand situations or explanations? (Blessed) BdS06

Usually(0)___ Sometimes(.5)___ Rarely(1)___ DK(Q)___

*76a. Does he/she exercise appropriate judgment in social situations and interactions with other people? int411

Usually(0)___ Sometimes(.5)___ Rarely(1)___ DK(Q)___

Taped: Participant ID# T- Date:

Collateral Source **COMMUNITY AFFAIRS**

Occupational

***N84**. Is the Participant still working? If NA, proceed to item 87. If yes, proceed to item 86, work proceed to item 85.

NA____ Yes _____ No _____

***N85**. Did memory or thinking problems contribute to the Participant's decision to retire? int357

No(0)___ Yes(1)___ DK(Q)___

(Skip Question 86)

***N86**. Does the Participant have significant difficulty in his/her job because of problems with memory or thinking? int358

Rarely or Never(0)___ Sometimes(1)___ Usually(2)___DK(Q)___

Social

***87.** Did he/she ever drive a car? Yes 1 No 0 everdriv

Does the Participant drive a car now? Yes 1 No 0 drive

If no, is this because of memory or thinking problems? int397

No(0)___ Yes(1) ___

***87a**. If he/she is still driving, are there problems or risks because of poor thinking? int397

No(0)___ Yes(1) ___

***90a**. Is he/she (cognitively) able independently to shop for needs? int412

Usually(0)___

Sometimes(1)____
(Shops for limited number of items, buys duplicate items or forgets needed items.)

Rarely or never(2)____
(Needs to be accompanied on any shopping trip.)

DK(Q)____

***90b**. Is he/she (cognitively) able independently to carry out activities outside the home? int413

Usually(0)____
(Meaningful participation in activities, eg,voting.)

Sometimes(1)____
(Limited and/or routine; eg, superficial participation in church or meetings; trips to beauty parlor.)

Rarely or never(2)____
(Generally unable to perform activities without help.)

DK (Q)____

***91**. Is he/she taken to social functions outside of family home? int636 Yes(1)____ No(0)_____

If no, why not? _____

***91b.** Would a casual observer of subject's behavior in community activities think the subject was ill? int414 No(0)___ Yes(1)___ NA(A)___

IMPORTANT: Is there enough information available to rate the subject's level of impairment in community affairs?

Community Affairs: such as going to church, visiting with friends or family, political activities, professional organizations such as bar association, other professional groups, social clubs, service organizations, educational programs. If in nursing home, does he/she participate in programs or social activities?

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website: www.alz.washington.edu

Taped:

NACC Uniform Data Set (UDS) – Initial Visit Packet

Form B7: Functional Assessment – Functional Assessment Questionnaire (FAQ[1])

Center: _____ ADC Subject ID: __ __ __ __ __ __ __ __ __ __ Form Date: __ __/__ __/__ __ __ __ ADC Visit #:__ __ __

NOTE: This form is to be completed by the clinician or other trained health professional, based on information provided by informant. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B7. Indicate the level of performance for each activity by circling the one appropriate response.

Examiner's initials:__ __ __

Participant ID#

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

T-

Date:

[1] Pfeffer RI, Kurosaki TT, Harrah CH, et al. Measurement of functional activities of older adults in the community. *J Gerontol* 37:323-9, 1982.

Taped: Participant ID# T- Date:

Collateral Source HOME AND HOBBIES

Homemaking Tasks: such as cooking, laundry, cleaning, grocery shopping, taking out garbage, yardwork, simple car maintenance, and basic home repair.

-- What changes have occurred in his/her (cognitive) abilities to perform household chores?

-- What can he/she still do well?

Hobbies: sewing, painting, handicrafts, reading, entertaining, photography, gardening, going to theater or symphony, woodworking, participation in sports.

-- What changes have occurred in his/her (cognitive) abilities to perform hobbies?

-- What can he/she still do well?

*582. Because of memory and thinking problems has he/she had reduced interest in hobbies/activities?
? No___ Yes ___ Don't Know ___

*583. Because of memory and thinking has he/she had trouble learning how to use a tool, appliance, or gadget (e.g. VCR, remote control, computer, microwave etc.)?
? No___ Yes ___ Don't Know ___

Everyday Activities (Blessed)	No Loss		Severe Loss
*95. Ability to perform household tasks	0	.5	1

BdS01

*549. The accuracy and reliability of the collateral source information are judged to be:
? Good (0) _____ Questionable (0.5) _____ Poor (1) _____

Insufficient exposure _____ Denial/minimize _____ Secondary gain _____ Cognitive impairment _____
Other_____ Explain:

Important: Is there enough information available to rate the subject's level of impairment in HOME& HOBBIES? A guide to level of function in household tasks is:

No meaningful function (CDR 3): _____
(Performs simple activities, such as making a bed, only with much supervision or not at all)

Function in limited activites only (CDR 2): _____
With some supervision, washes dishes with acceptable cleanliness; sets table)

Functions independently in some activities (CDR 1): _____
(Operates appliances, such as a vacuum cleaner; prepares simple meals)

Functions in usual activities but not at usual level (CDR 0.5): _____

Normal function in usual activities (CDR 0): _____

IF APPLICABLE, COMPLETE APHASIA CHECKLIST (on tape)

Taped: Participant ID# T- Date:

***** STOP TAPE *****

Collateral Source **PERSONAL CARE**

(SCORE BASED ON SEVERITY OF COGNITIVE LOSS; NOT FREQUENCY)
(SCORE DOES NOT CORRELATE DIRECTLY WITH CDR RATING)

What is your estimate of his/her mental ability in the following areas:

	Unaided	Occ. Misplaced buttons, etc.	Wrong sequence, commonly forgotten items	Unable to dress
N*97. dressing Blessed) BdS10	0	1	2	3
N*99 washing, grooming int371	Needs Unaided 0	Sometimes prompting 1	Always or nearly needs help 2	always needs help 3
N*100. eating habits (Blessed) BdS09	Cleanly, proper utensils 0	Messily, Spoon 1	Simple solids 2	Has to be fed Completely 3
N*101. sphincter control (Blessed) BdS11	Normal complete control 0	Occ. Wets bed 1	Freq. wets bed 2	Doubly incontinent 3

N*Cognitive Milestones		mmmyy Month	Year	NA	DK
*Unable to help with dressing	miles1	_____	_____	____	____
*Unable to walk unassisted	miles2	_____	_____	____	____
*Unable to use spoon for eating	miles3	_____	_____	____	____
*Bladder or bowel incontinence once a week	miles4	_____	_____	____	____
*Bladder or bowel incontinence daily	miles5	_____	_____	____	____
*Permanent nursing home admission	miles6	_____	____	____	____

Clinician: Turn to page 34 to obtain CS recent events.

Taped: Participant ID# T- Date:

CS-Geriatric Depression Scale

Circle the best answer for how the person you came with to Memory and Aging Project has felt over the past week:

1. Is he/or she basically satisfied with his/her life? Yes/No
2. Has he/she dropped many of his/her activities and interests? Yes/No
3. Does he/she feel his/her life is empty? Yes/No
4. Does he/she often get bored? Yes/No
5. Is he/she in good spirits most of the time? Yes/No
6. Is he/she afraid that something bad is going to happen to him/her? Yes/No
7. Does he/she feel happy most of the time? Yes/No
8. Does he/she feel helpless? Yes/No
9. Does he/she prefer to stay at home, rather than going out and doing new things? Yes/No
10. Does he/she feel he/she has more problems with memory than most? Yes/No
11. Does he/she think it is wonderful to be alive now? Yes/No
12. Does he/she feel pretty worthless the way he/she is now? Yes/No
13. Does he/she feel full of energy? Yes/No
14. Does he/she feel his/her situation is hopeless? Yes/No
15. Does he/she think that most people are better off than he/she is? Yes/No

Yesavage JA, Brink TL, Rose TL, Lum O, Huang V, Adey MB, Leirer VO: Development and validation of a geriatric depression scale: A preliminary report. *Journal of Psychiatric Research 17:* 37-49, 1983.

Sheikh JI, Yesavage JA, Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. Clinical Gerontology: A Guide to Assessment and Intervention 165-173, NY: Haworth Press, 1986.

-INTENTIONALLY BLANK-

Taped: Participant ID# T- Date:

-Participant Interview-

*****START TAPE*****

GENERAL HEALTH
(Sympathetic and interested conversation, taking lead from opening remarks)

UA = Unable to answer
DK = Don't know

202. Have you had any problems with your health lately? Yes(1)____ No(0)____ UA(.C)____ :
If yes, describe.

*203. Have you had any problem with your thinking or memory? Yes(1)____ No(0)____ UA(.C)____ If
int501 yes: a. please describe: (record reply verbatim)

*226. (Ask only if subject admits having memory or thinking problems.) How long have you been having
int513 memory or thinking problems? (Subject's estimate in months) _____

How consistent is the memory problem?

205. Why are you here today? Explain: Knows _____ Confabulates _____ DK _____

Taped: Participant ID# T- Date:

Collateral Source

MEMORY

*47. How long ago did the memory/thinking problem start? (**ASK AT EVERY VISIT**)

DURAT

Number of years to nearest decimal _____ Not applicable _____

RECENT MEMORY EVALUATION TEST ITEMS

2) Tell me about some recent events in his/her life that he/she should remember?

(for later testing – pg 31)

Within 1 week _____

_____

_____

_____

_____

_____

_____

_____

_____

Within 1 month_____

_____

_____

_____

_____

_____

_____

_____

_____

Examples:

Any injury or illness in him/her or someone else in home/close family?
Any letters or phone calls from someone who doesn't usually contact him/her?
Any visitors?
Any trips?
Any bad news?
Any special events (holidays, family events)?

Taped: Participant ID# T- Date:

Participant

MEMORY

227. RECENT MEMORY EVALUATION

Tell me about some things that have happened lately (illness, etc.)

Within 1 week _____

1 – Largely correct _____ 0.5 _____ 0 – Largely incorrect _____

Within 1 month _____

1 – Largely correct _____ 0.5 _____ 0 – Largely incorrect _____

*228. Total correct
(may give half credit) _____

int579

-INTENTIONALLY BLANK-

Taped: Participant ID# T- Date:

phone: (206) 543-8637; fax: (206) 616-5927
e-mail: naccmail@u.washington.edu
website: www.alz.washington.edu

NACC Uniform Data Set (UDS) – Initial Visit Packet

Form B6: Behavioral Assessment – Geriatric Depression Scale (GDS[1])

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

NOTE: This form is to be completed by the clinician or other trained health professional, based on subject response. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B6. Circle only one number per question. ADC Visit #:__ __ __

Examiner's initials:__ __ __

NOGDS ☐ Check this box and enter "88" below for the Total GDS Score if and only if the subject: 1) does not attempt the GDS, or 2) answers fewer than twelve questions.

Instruct the subject: "In the next part of this interview, I will ask you questions about your feelings. Some of the questions I will ask you may not apply, and some may make you feel uncomfortable. For each question, please answer "yes" or "no", depending on how you have been feeling **in the past week, including today**."

		Yes	No
1. Are you basically satisfied with your life?	SATIS	0	1
2. Have you dropped many of your activities and interests?	DROPACT	1	0
3. Do you feel that your life is empty?	EMPTY	1	0
4. Do you often get bored?	BORE	1	0
5. Are you in good spirits most of the time?	SPIRITS	0	1
6. Are you afraid that something bad is going to happen to you?	AFRAID	1	0
7. Do you feel happy most of the time?	HAPPY	0	1
8. Do you often feel helpless?	HELPLESS	1	0
9. Do you prefer to stay at home, rather than going out and doin	STAYHOME	1	0
10. Do you feel you have more problems with memory than most	MEMPROB	1	0
11. Do you think it is wonderful to be alive now?	WONDRFUL	0	1
12. Do you feel pretty worthless the way you are now?	WRTHLESS	1	0
13. Do you feel full of energy?	ENERGY	0	1
14. Do you feel that your situation is hopeless?	HOPELESS	1	0
15. Do you think that most people are better off than you are?	BETTER	1	0

16. **Sum all circled answers for a Total GDS Score** (maximum score = 15) (*did not complete = 88*) GDS __ __

[1] Sheikh JI, Yesavage JA. Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. Clinical Gerontology: A Guide to Assessment and Intervention 165-173, NY: The Haworth Press, 1986. Reproduced by permission of the publisher.

Taped: Participant ID# T- Date:

D E P R E S S I V E F E A T U R E S B A T T E R Y –
Version 8/14/00

RESPONDENT: P

Depressed Mood

215. In the past year, have you felt sad or blue or depressed most of the day nearly every day for two weeks or more? **Y ___ N ___**

Recurrent Thoughts of Death/Suicidal Ideation

224. In the last year, have you felt that life is not worth living or expressed a wish to die or talked about committing suicide? **Y ___ N ___**

Additional medical attention recommended (circle one) Yes No

Taped: Participant ID# T- Date:

N

Q & A

Documenting Participant Understanding and Assent

Ask the subject to answer "Yes" or "No":
(Circle the Participant's initial response. If the Participant gives incorrect response, discuss that element of consent to achieve understanding).

*N564 assent1	You are here for a birthday party.	Yes	No
*N565 assent2	You are here to volunteer for a research study.	Yes	No
*N566 assent3	Part of today's tests include a chest x-ray.	Yes	No
*N567 assent4	You will be asked questions to test your memory and thinking.	Yes	No
*N568 assent5	Information from this research study may help people who have memory problems.	Yes	No
*N569 assent6	You may benefit from learning about any memory problems you may have.	Yes	No
*N570 assent7	A frequent side effect from taking part in this study is the development of a rash.	Yes	No
*N571 assent8	You may become tired from answering questions.	Yes	No
*N572 assent9	You will be asked to return for repeat evaluations every year.	Yes	No
*N573 assent10	The confidential information we collect from you will be published in the newspaper.	Yes	No
*N574 assent11	You can choose to stop answering our questions at any time.	Yes	No
*N575 assent12	Is it alright to continue with the testing today?	Yes	No

Signature of the Clinician

Signature of Participant

Comments (Note if there was discussion about any questions and if understanding is achieved):

N206.B Expressive Language

(Show cookie theft picture) "Tell me everything you see going on in this picture."

Response:

RATING SCALE PROFILE OF SPEECH CHARACTERISTICS

	0	1	2	3	4	5	6
a) MELODIC LINE intonational contour	Absent			Limited to short phrases and stereotyped expressions			Runs thru entire sentence
b) PHRASE LENGTH longest occasional (1/10) uninterrupted word runs	x 1 word	x	x	x 4 words	x	x	x 7 words
c) ARTICULATORY AGILITY facility at phonemic and syllable level	x always impaired or impossible	x	x	x normal only in familiar words and phases	x	x	x never impaired
d) GRAMMATICAL FORM variety of gram-matical construc-tion (even if incomplete)	x not available	x	x	x limited to simple declarative stereotypes	x	x	x normal range
e) PARAPHASIA IN RUNNING SPEECH	x present in every utterance	x	x	x once per minute of conversation	x	x	x absent
f) WORD FINDING informational content in relation to fluency	x fluent without information	x	x	x information proportional to fluency	x	x	x normal

*207 Speech Score: $\frac{(\sum a \text{ to } f)}{6} = \frac{\_\_\_\_\_}{6} = \_\_\_\_\_$

int065

C. Oral Naming

Tell me the name of the thing I point to: Card 2)

	Correct	Incorrect
Chair	1	0
H	1	0
Square	1	0
Key	1	0
Glove	1	0
Feather	1	0

*208. Oral Naming Score _____

int066

Taped: Participant ID# T- Date:

D. Reading Comprehension

Read this card aloud; show me the answer for each line or do what it says

	Correct	Incorrect
Make a fist	1	0
How many ears does a person have	1	0
Show what you do when your nose starts to itch	1	0
Point to the second word in this sentence	1	0

int067 *209. Reading Score _____

E. Reception – Answer "Yes" or "No"

	Correct	Incorrect
Will a wooden board generally sink in water? (No)	1	0
Will a stone sink in water? (Yes)_____	1	0
Is a hammer good for cutting wood? (No)_____	1	0
Do two pounds of flour weigh more than one pound? (Yes)	1	0
Will water go through a good pair of rubber boots? (No)	1	0

int069 *210. Reception Score _____

F. Show me each after I name it (Card 2)

	Correct	Incorrect
Chair	1	0
L	1	0
Circle	1	0
Key	1	0
Glove	1	0

int070 *211. Show Score_____

---

2) **Point** to your:

	Correct	Incorrect
ear	1	0
nose	1	0
shoulder	1	0
eyelid	1	0
neck	1	0

int071 *212. Point Score _____

NH. Written Expression

Write the name of the one I point to (Card 2)

	Correct	Incorrect
Key	1	0
Chair	1	0
Circle	1	0
Square	1	0

int068 *213. Written Score_____

***214 Clinician's assessment of Aphasia:**

int074

0 = Absent

1 = Questionable

2 = Present

1. Mini-Mental State Examination Summary for Form C1			
1a. The administration of the MMSE was:	❑ 1. In ADC/clinic	❑ 2. In home	❑ 3. In person-other
1b. Orientation subscale score			
1) Time:	___ ___ (0 – 5) (MMSEORDA)		
2) Place:	___ ___ (0 – 5) (MMSEORLO)		
1c. Total MMSE score (using D-L-R-O-W)	___ ___ (0 – 30) (MMSE)		

Taped: Participant ID# T- Date:

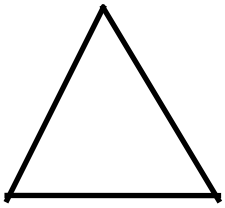
N

*N287. Draw a clock with all the numbers; then show me 2:45

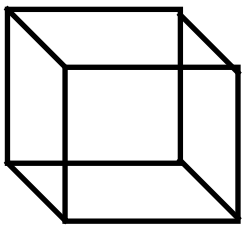
int073

0 = Correct
1 = Partially correct
2 = Incorrect

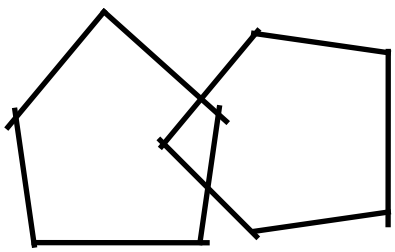
Please copy these drawings as closely as you can.



N*288 0 = Correct
int562 1 = Partially correct
2 = Incorrect



N*291 0 = Correct
int565 1 = Partially correct
2 = Incorrect



(Not for data entry)
draw N*548 0 = Correct
(MMSE) 2 = Incorrect
(see MOO for correct scoring)

Taped: Participant ID# T- Date:

Worksheet for MINI MENTAL STATE EXAMINATION (MMSE)

Instructions: Words in boldface type should be read aloud clearly and slowly to the examinee. Item substitutions appear in parentheses. Administration should be conducted privately and in the examinee's primary language. Circle "0" if the response is incorrect, or "1" if the response is correct. Begin by asking the following two questions:

Do you have any trouble with your memory? **May I ask you some questions about your memory?**

ORIENTATION TO TIME		RESPONSE	SCORE (circle one)	
What is the…	**year?**		0	1
	season?	seas	0	1
	month of the year?		0	1
	day of the week?	MSO02	0	1
	date?	MSO01	0	1

ORIENTATION TO PLACE

(Alternative place words that are appropriate for the setting and increasingly precise may be substituted and noted.)

Where are we now? What is the...			
state (province)**?**	loca	0	1
county (city/town)**?**	coun	0	1
city/town (or part of city/neighborhood)**?**	int548	0	1
building (name or type)**?**	MSO03	0	1
floor of the building (room number or address)**?**	leve	0	1

REGISTRATION

(Alternative word sets [e.g., PONY, QUARTER, ORANGE] may be substituted and noted when retesting an examinee.)

Listen carefully. I am going to say three words. You say them back after I stop. Ready?
Here they are...APPLE [pause], **PENNY** [pause], **TABLE** [pause]. **Now repeat those words back to me.**
[*Repeat up to 5 times, but score only the first trial.*]

APPLE	?	0	1
PENNY		0	1
TABLE		0	1

Now keep those words in mind. I am going to ask you to say them again in a few minutes.

ATTENTION

The word WORLD is spelled W-O-R-L-D.
Spell WORLD backwards.
[*Allow additional trials if requested.*]

int089a

(D=1)	(L=1)	(R=1)	(O=1)	(W=1)	(0 to 5)

(continued) ⟶

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Taped: Participant ID# T- Date:

RECALL

What were those words I asked you to remember?

APPLE	_____ ? _____	0	1
PENNY	_____ _____	0	1
TABLE	_____ _____	0	1

NAMING	RESPONSE	SCORE (circle one)	
penc **What is this?** [*Point to a pencil or pen.*]	_____	0	1
watc **What is this?** [*Point to a watch.*]	_____	0	1

(Alternative common objects [e.g., eyeglasses, chair, keys] may be substituted and noted.)

phra REPETITION

Now I am going to ask you to repeat what I say. Ready? "NO IFS, ANDS, OR BUTS." Now you say that.
[*Repeat up to 5 times, but score only the first trial.*]

NO IFS, ANDS, OR BUTS	_____	0	1

Use the following 3-segment page for the remaining items (cut the page along the dotted lines). Use the upper portion of the page (blank) for the *Comprehension*, *Writing*, and *Drawing* items that follow. Use the middle portion of the page ("CLOSE YOUR EYES") as a stimulus form for the *Reading* item. Use the lower portion (intersecting pentagons) for the *Drawing* item.

COMPREHENSION

Listen carefully because I am going to ask you to do something.
Take this paper in your right hand [pause]**, fold it in half** [pause]**, and put it on the floor (***or* **table).**

righ	TAKE IN RIGHT HAND	_____	0	1
fold	FOLD IN HALF	_____	0	1
lap	PUT ON FLOOR (*or* TABLE)	_____	0	1

redo READING

Please read this and do what it says. [Show examinee the words on the stimulus form.]**.**

CLOSE YOUR EYES	_____	0	1

sent WRITING

(Place the blank piece of paper (unfolded) in front of the subject and provide a pen or pencil.)
Please write a sentence. [If examine does not respond, say: **Write about the weather.**] 0 1

Score 1 point if the sentence is comprehensible and contains a subject and a verb.
Ignore errors in grammar or spelling.

DRAWING

Please copy this design. [Display the intersecting pentagons on the stimulus form.] 0 1

Score 1 point if the drawing consists of two 5-sided figures that intersect to form a 4-sided figure.

Assessment of level of consciousness.

Alert/ Responsive | **Drowsy** | **Stuporous** | **Comatose/ Unresponsive**

Total Score = _____
(Sum all item scores) *(30 points max.)*

March 2006

Taped: Participant ID# T- Date:

Collateral Source **PAST MEMORY EVALUATION**

N49. Date of subject's birth _____

N50. Place of subject's birth _____

N51. How old is the subject _____

N52. Subject's mother's full maiden name _____

N53. Subject's last school: name _____

grade _____

place _____

*N54. Present status – ☐ married ☐ divorced ☐ widowed ☐ separated ☐ never married

int008

N55. Since _____

N56a. Has the subject been married more than once ? _____

N57. Name of subject's current (most recent) spouse _____
(or oldest sibling if never married and circle spouse or sibling)

N59. Subject's present (home) telephone number _____
If subject does not have a telephone, then subject's present address

_____
(If currently in nursing home, use last phone and address before nursing home entry)

N60. How many children? _____

N62. Subject's (or spouse's) main occupation? _____
(Spouse's if subject not substantially employed)

N62a. What was subject's or spouse's last major job? _____

N63. Subject's (or spouse's) retirement date? _____

Circumstances? _____

Taped: Participant ID# T- Date:

Participant

Correct **Incorrect**

*N232. What is your name? (Blessed II)_____ _____(1) _____(0)
int516

*N233. When were you born? _____ _____(0) _____(1)
MSQ06 (Exact month, day, year) (Pfeiffer)

*N234. Where were you born? (Blessed II) _____ _____(1) _____(0)
int518

*N235. How old are you? (Pfeiffer)_____ _____(0) _____(1)
MSQ05

*N236. What was your mother's full maiden name? (Pfeiffer - *Any female first name and last name
MSQ09 other than subjects own.) _____ _____(0) _____(1)

What was the last school you attended?

*N237. Name (Blessed II) _____ int521 _____ _____(1) _____(0)

*N238. Grade_____ int522 _____ _____(1) _____(0)

*N239. Place (Blessed II)_____ int523 _____ _____(1) _____(0)

*N240. What is your marital status? int524 _____ _____(1) _____(0)

(year or # of years)
*N241. How long? _____ int525 _____ _____(1) _____(0)

*N242. Have you been married more than once?
int526 _____ _____(1) _____(0)

*N243. What is (was) your spouse's name (or oldest sibling)?
int527 (Blessed II) _____ _____(1) _____(0)

*N244. What is your (home) telephone number? (Pfeiffer)
MSQ04 _____ _____(0) _____(1)

If person does not have a telephone, then ask: What is your address?
(If currently in nursing home, ask for last phone or address before entry?)

*N246. How many children did you have? _____ _____(1) _____(0)
int529

*N247. What was your main occupation (job)?_____ _____(1) _____(0)
int530 (Blessed II) (Spouse's if subject was not employed; cf. 62)

*N248. What was your last major job? _____ _____(1) _____(0)
int531 (BlessedII)(Spouse's if subject not employed; cf. 62a)

*N249. When did you (or spouse) retire and why?(cf. 63) _____ _____(1) _____(0)
int532 (year or # of years – not age at time of retirement)

*N250. Who is the President of the U.S. now?_____ _____(0) _____(1)
MSQ07 (last name sufficient)(Pfeiffer)

*N251. Who was President just before him/her? _____ _____(0) _____(1)
MSQ08 (last name sufficient)(Pfeiffer)

*N252. Count aloud from 1 to 20 by 1 (Blessed II) 0 1 2 Errors
int533

Taped: Participant ID# T- Date:

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NACC Uniform Data Set (UDS) – Initial Visit Packet

Form B1: Evaluation Form – Physical

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

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B1.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

SUBJECT PHYSICAL MEASUREMENTS		
1. Subject height (inches):	(*99.9 = unknown*)	HEIGHT __ __ . __
2. Subject weight (lbs.):	(*999 = unknown*)	WEIGHT __ __ __
3. Subject blood pressure (sitting)	(*999/999 = unknown*)	BPSYS __ __ __ / BPDIAS __ __ __
4. Subject resting heart rate (pulse)	(*999 = unknown*)	HRATE __ __ __

	ADDITIONAL PHYSICAL OBSERVATIONS	Yes	No	Unknown
VISION	5. Without corrective lenses, is the subject's vision functionally normal?	☐ 1	☐ 0	☐ 9
VISCORR	6. Does the subject usually wear corrective lenses?	☐ 1	☐ 0	☐ 9
VISWCORR	6a. If yes, is the subject's vision functionally normal <u>with</u> corrective lenses?	☐ 1	☐ 0	☐ 9
HEARING	7. Without a hearing aid(s), is the subject's hearing functionally normal?	☐ 1	☐ 0	☐ 9
HEARAID	8. Does the subject usually wear a hearing aid(s)?	☐ 1	☐ 0	☐ 9
HEARWAID	8a. If yes, is the subject's hearing functionally normal <u>with</u> a hearing aid(s)?	☐ 1	☐ 0	☐ 9

Taped: Participant ID# T- Date:

N Participant ID#_____

Date:_____ T-time ____

Physical Performance Test

5) I'd like you to stand up with me. I am going to place a penny on the floor when I say "go" I'd like you to bend over, pick it up and then straighten back up at your normal pace. Do you have any questions? Ready, go.

(Place the penny approximately one foot from the subject's foot on the dominant side. The examiner begins timing when he/she says "go" and until the subject picks up the penny and returns to an erect posture.)

Time Item #5:	____ ____ . ____
	Round to the nearest tenth
Please note: If time ≥ 99 sec subject is unable	
If unable, Time = 99 and circle one:	
C	= cognitively unable
I	= physically unable
R	= subject refused
M	= not attempted

7) When I say "go" walk to me and as soon as you get to me we will turn around and walk back to the starting point together. Do you have any questions? Ready, go.

(Bring the subject to a start of a 50 foot walk test course that is 25 feet out and 25 feet back. Ask the subject from the command "go" to walk at their <u>normal pace</u> to the 25 foot mark and back to the starting point. After the subjects arrives to 25 foot mark and turns around the examiner walks with the subject back to the starting point. Be certain to allow the subject to set the pace. The examiner times from the word go and continues until the starting line is crossed by the subjects' first foot on the way back)

Time Item #7:	____ ____ . ____
	Round to the nearest tenth
Please note: If time ≥ 99 sec subject is unable	
If unable, Time = 99 and circle one:	
C	= cognitively unable
I	= physically unable
R	= subject refused
M	= not attempted

8) Sit in the chair with your arms folded across your chest. When I say "go, " stand and sit 5 times as fast as possible. Are there any questions? Ready, go.

(Demonstrate the task. Time the subject from the command "go" until they are seated after the fifth repetition. Count the repetitions silently to avoid pacing the subject. Use a chair with a level, 16" seat bottom and no arms).

Time Item #8:	____ ____ . ____
	Round to the nearest tenth
Please note: If time ≥ 99 sec subject is unable	
If unable, Time = 99 and circle one:	
C	= cognitively unable
I	= physically unable
R	= subject refused
M	= not attempted

9**)** I would like you to stand and place your feet in the 3 positions I will demonstrate.

a. side-by-side – feet are tight against each other in a side-by-side.

b. semi-tandem – ball of one foot is placed lightly against the arch of the other foot.

c. full tandem – one foot is placed directly in front of the other with heel-toe contact.

(Balance is evaluated by measuring how long (max = 10 sec.) the subject can stand in each of the three different foot stances. Demonstrate each position, assist the subject into each foot position as need, be very strict with foot positioning. No out-toeing is permitted. If subject cannot attain the proper position for a stance the time score is zero. Only one trial is allowed for each stance.)

side-by-side time	**semi-tandem time**	**tandem time**
____ ____ . ___	____ ____ . ___	____ ____ . ___
Round to the nearest tenth	Round to the nearest tenth	Round to the nearest tenth

If unable, Time = 99 and circle one:	
C	= cognitively unable
I	= physically unable
R	= subject refused
M	= not attempted

Taped: Participant ID# T- Date:

ORIENTATION, MEMORY AND CONCENTRATION

*229. I will give you a name and address to remember for a few minutes. Listen to me say the entire name and address, and then repeat it after me:

?

John Brown, 42 Market Street, Chicago

John Brown, 42 Market Street, Chicago

John Brown, 42 Market Street, Chicago

(underline words repeated correctly in each trial)

int515 Trials to criterion_____(can't do in 3 trials = C)

Good, now remember that name and address for a few minutes.

*271. Without looking at your watch or clock, tell me about what time it is. Correct Incorrect

ksbt3 If response is vague, prompt for specific response. 0 1

(within 1 hour) (Katzman) _____

Actual time: _____

*253. Count aloud backwards from 20 to 1 (Katzman) 0 1 2 Errors

ksbt4 If Subject starts counting forward or forgets the task, repeat instructions and score one error.

(Mark correctly sequenced numerals)

20 19 18 17 16 15 14 13 12 11

10 9 8 7 6 5 4 3 2 1

*254. Name the months of the year starting with last month of the year and going backwards. (Katzman)

ksbt5 If the Clinician needs to prompt with name of the last month of the year, one error should be scored.

(Mark correctly sequenced months)

D N O S A JL JN MY AP MR F J 0 1 2 Errors

*245. Repeat the name and address I asked you to remember. (Katzman)

ksbt6 The thoroughfare term (Street) is not required.

(John Brown, 42 Market Street, Chicago) 0 1 2 3 4 5 Errors

_____, _____, ___, _____, _____

Check correct items

Taped: Participant ID# T- Date:

JUDGMENT & PROBLEM SOLVING Participant

ABSTRACTIONS *Instructions: If initial response by subject does not merit a grade 0, press the matter to identify the subject's best understanding of the problem. Circle score.

A. Similarities Example: How are a pencil and a pen alike? (writing instruments)

"How are these things alike?" **Participant's Response:**

*273. Turnip . . . . . cauliflower _____
int551 (0 = vegetables)
(1 = edible foods, living things, can be cooked, etc.)
(2 = answers not pertinent; differences; buy them)

*274. Desk . . . . . bookcase _____
int552 (0 = furniture, office furniture; both hold books)
(1 = wooden, legs)
(2 = not pertinent, differences)

B. Differences Example: What is the difference between sugar and vinegar? (sweet vs sour)

"Can you tell me what is the difference between these things?" **Participant's Response**:

*275. Lie . . . . . mistake _____
int533 (0 = one deliberate, one unintentional)
(1 = one bad, the other good – or explains only one)
(2 = anything else, similarities)

*277. River . . . . . canal _____
int555 (0 = natural – artificial)
(2 = anything else)

C. Calculations

	Correct	Incorrect
*278. a) How many nickels in a dollar? (20)_____	0	1
int556 ncorrect for 278, can skip 279, which will be entered also as Incorrect)		
Check here if you have skipped question 279_____		
*279. b) How many quarters in $6.75? (27)_____	0	1
int557		
*280. c) Subtract 3 from 20 and keep subtracting 3 from each new number,		
MSQ10 e way down. (Pfeiffer) _____	0	1

D. Judgment

*282. Upon arriving in a strange city, how would a person locate a friend there that they wished to see?
int560 0 = try the telephone book, city directory, internet search, call a mutual friend
1 = call the police, call operator (usually will not give address)
2 = no clear response
Response:

*284. Subject's assessment of disability and station in life and under standing of why he/she is present at
int064 examination (may have been covered earlier, but rate here) **Explain:**

Good insight 0___ Partial insight 1___ Little insight 2___

IF APPLICABLE, COMPLETE APHASIA CHECKLIST (on tape)

Taped: Participant ID# T- Date:

*****STOP TAPE*****

Physical Examination

N576. Abdominal Girth _____ N 577. Hgb A1C_____

Vision (Rosenbaum Card at 14 inches) **with best correction**

*N296.OD visionod _____ Better than 20/50 Yes 1 No 0 Rt 20-50

*N297.OS visionos _____ Better than 20/50 Yes 1 No 0 Lt 20-50

***295. Visual fields** Normal 0 Abnormal 1 (describe)
visfield

298. Extraocular movements: Normal_____

Abnormal (describe) _____Nystagmus (describe)_____

299. Pupil size **Reactivity** **Optic Fundi**

OD_____ _____ _____

OS_____ _____ _____

300. Cranial nerves V
VII
VIII
IX
X
XI
XII

301. Neck_____ Bruits?_____

302. Sensory: pain (pinprick) _____ Described Details
position_____
vibration_____
stereognosis_____

303. Reflexes	Absent	Weak or Normal	Increased
Tendon			
Right biceps			
Right triceps			
Right knee			
Right ankle			
Left biceps			
Left triceps			
Left knee			
Left ankle			

*304. Abnormal plantar reflex Present 1 Absent 0

int116

Taped: Participant ID# T- Date:

Motor:		Present RUE(1)	LUE(2)	Other (describe)	Absent
	Tone:				
int121	*309. Spasticity	___	___	_____	(0)___
int122	*310. Cogwheel rigidity	___	___	_____	___
int123	*311. Gegenhalten	___	___	_____	___
	Abnormal movements:				
int566	*312. Myoclonus	___	___	_____	___
int567	*313. Resting tremor	___	___	_____	___
int568	*314. Essential/senile tremor	___	___	_____	___
int569	*315. Other (describe)	___	___	_____	___

int124 *316. Bradykinesia: Present (1)___ Absent (0)___

int570 *317. Extrapyramidal disorder: Present (1) ____Questionable (2)____Absent (0) ____

int571 *318. Other neurological abnormalities: (Describe)

*319. Gait Normal(0)_____ Abnormal(1)_____

Define: short steps_____ shuffle_____ lack of arm swing____ flexed/stooped posture_____

int572 turns en bloc____ wide-based____ poor tandem____ Other(describe)_____

*320. Posture: Normal(0)_____ Abnormal(1)_____

int573 (Explain)

*320a. Limb coordination Normal (0)____ Abnormal (1)_____

int581

Praxis		Normal (0)	Abnormal (Explain) (1)
	*323. a. Dressing: Blouse/shirt or jacket/socks/shoes		_____
prax2	b. Show use of: Toothbrush		_____
prax3	c. Key		_____
prax4	d. Pencil		_____

(Objects to be provided)

324. Summary of important neurological findings

325. Summary of important non-neurological findings

Taped: Participant ID# T- Date:

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NACC Uniform Data Set (UDS) – Initial Visit Packet

Form B3: Evaluation Form – Unified Parkinson's Disease Rating Scale (UPDRS[1]) – Motor Exam

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

NOTE: This form is to be completed by the clinician or other trained health professional. ADC Visit #: __ __ __
For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B3.Check only one box per question. Examiner's initials: __ __ __

PDNORMAL

☐ [Optional] If the clinician completes the UPDRS examination and determines all items are normal, check this box and end form here.

1. Speech	☐ 0 Normal. ☐ 1 Slight loss of expression, diction and/or volume. ☐ 2 Monotone, slurred but understandable; moderately impaired.	☐ 3 Marked impairment, difficult to understand. ☐ 4 Unintelligible. ☐ 8 Untestable (*specify reason*):	SPEECH SPEECHX
2. Facial expression	☐ 0 Normal. ☐ 1 Minimal hypomimia, could be normal "poker face". ☐ 2 Slight but definitely abnormal diminution of facial expression.	☐ 3 Moderate hypomimia; lips parted some of the time. ☐ 4 Masked or fixed facies with severe or complete loss of facial expression; lips parted ¼ inches or more. ☐ 8 Untestable (*specify reason*):	FACEXP FACEXPX

3. Tremor at rest			
3a. Face, lips, chin	☐ 0 Absent. ☐ 1 Slight and infrequently present. ☐ 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present.	☐ 3 Moderate in amplitude and present most of the time. ☐ 4 Marked in amplitude and present most of the time. ☐ 8 Untestable (*specify reason*):	TRESTFAC TRESTFAX
3b. Right hand	☐ 0 Absent. ☐ 1 Slight and infrequently present. ☐ 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present.	☐ 3 Moderate in amplitude and present most of the time. ☐ 4 Marked in amplitude and present most of the time. ☐ 8 Untestable (*specify reason*):	TRESTRHD TRESTRHX

[1] Fahn S, Elton RL, UPDRS Development Committee. The Unified Parkinson's Disease Rating Scale. In Fahn S, Marsden CD, Calne DB, Goldstein M, eds. Recent developments in Parkinson's disease, Vol. 2. Florham Park, NJ: Macmillan Healthcare Information, 1987:153-163, 293-304. Reproduced by permission of the author.

Taped: Participant ID# T- Date:

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

NOTE: This form is to be completed by the clinician or other trained health professional. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B3.Check only one box per question. ADC Visit #: __ __ __

3c. Left hand TRESTLHD	☐ 0 Absent. ☐ 1 Slight and infrequently present. ☐ 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present.	☐ 3 Moderate in amplitude and present most of the time. ☐ 4 Marked in amplitude and present most of the time. ☐ 8 Untestable (*specify reason*): TRESTLHX _____
3d. Right foot TRESTRFT	☐ 0 Absent. ☐ 1 Slight and infrequently present. ☐ 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present.	☐ 3 Moderate in amplitude and present most of the time. ☐ 4 Marked in amplitude and present most of the time. ☐ 8 Untestable (*specify reason*): TRESTRFX _____
3e. Left foot TRESTLFT	☐ 0 Absent. ☐ 1 Slight and infrequently present. ☐ 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present.	☐ 3 Moderate in amplitude and present most of the time. ☐ 4 Marked in amplitude and present most of the time. ☐ 8 Untestable (*specify reason*): TRESTLFX _____

4. Action or postural tremor of hands		
4a. Right hand TRACTRHD	☐ 0 Absent. ☐ 1 Slight; present with action. ☐ 2 Moderate in amplitude, present with action.	☐ 3 Moderate in amplitude with posture holding as well as action. ☐ 4 Marked in amplitude; interferes with feeding. ☐ 8 Untestable (*specify reason*): TRACTRHX _____
4b. Left hand TRACTLHD	☐ 0 Absent. ☐ 1 Slight; present with action. ☐ 2 Moderate in amplitude, present with action.	☐ 3 Moderate in amplitude with posture holding as well as action. ☐ 4 Marked in amplitude; interferes with feeding. ☐ 8 Untestable (*specify reason*): TRACTLHX _____

5. Rigidity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored)		
5a. Neck RIGDNECK	☐ 0 Absent. ☐ 1 Slight or detectable only when activated by mirror or other movements. ☐ 2 Mild to moderate.	☐ 3 Marked, but full range of motion easily achieved. ☐ 4 Severe; range of motion achieved with difficulty. ☐ 8 Untestable (*specify reason*): RIGDNEX _____

Taped: Participant ID# T- Date:

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

NOTE: This form is to be completed by the clinician or other trained health professional. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B3.Check only one box per question. ADC Visit #: __ __ __

5b. Right upper extremity RIGDUPRT	☐ 0 Absent. ☐ 1 Slight or detectable only when activated by mirror or other movements. ☐ 2 Mild to moderate.	☐ 3 Marked, but full range of motion easily achieved. ☐ 4 Severe; range of motion achieved with difficulty. ☐ 8 Untestable (*specify reason*): RIGDUPRX _____
5c. Left upper extremity RIGDUPLF	☐ 0 Absent. ☐ 1 Slight or detectable only when activated by mirror or other movements. ☐ 2 Mild to moderate.	☐ 3 Marked, but full range of motion easily achieved. ☐ 4 Severe; range of motion achieved with difficulty. ☐ 8 Untestable (*specify reason*): RIGDUPLX _____
5d. Right lower extremity RIGDLORT	☐ 0 Absent. ☐ 1 Slight or detectable only when activated by mirror or other movements. ☐ 2 Mild to moderate.	☐ 3 Marked, but full range of motion easily achieved. ☐ 4 Severe; range of motion achieved with difficulty. ☐ 8 Untestable (*specify reason*): RIGDLORX _____
5e. Left lower extremity RIGDLOLF	☐ 0 Absent. ☐ 1 Slight or detectable only when activated by mirror or other movements. ☐ 2 Mild to moderate.	☐ 3 Marked, but full range of motion easily achieved. ☐ 4 Severe; range of motion achieved with difficulty. ☐ 8 Untestable (*specify reason*): RIGDLOLX _____

6. Finger taps (patient taps thumb with index finger in rapid succession)		
6a. Right hand TAPSRT	☐ 0 Normal. ☐ 1 Mild slowing and/or reduction in amplitude. ☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.	☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. ☐ 4 Can barely perform the task. ☐ 8 Untestable (*specify reason*): TAPSRTX _____
6b. Left hand TAPSLF	☐ 0 Normal. ☐ 1 Mild slowing and/or reduction in amplitude. ☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.	☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. ☐ 4 Can barely perform the task. ☐ 8 Untestable (*specify reason*): TAPSLFX _____

7. Hand movements (patient opens and closes hands in rapid succession)		
7a. Right hand HANDMOVR	☐ 0 Normal. ☐ 1 Mild slowing and/or reduction in amplitude. ☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.	☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. ☐ 4 Can barely perform the task. ☐ 8 Untestable (*specify reason*): HANDMVRX _____

7b. Left hand — HANDMOVL

☐ 0 Normal.
☐ 1 Mild slowing and/or reduction in amplitude.
☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.
☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.
☐ 4 Can barely perform the task.
☐ 8 Untestable (*specify reason*): HANDMVLX _____

8. Rapid alternating movements of hands (pronation-supination movements of hands, vertically and horizontally, with as large an amplitude as possible, both hands simultaneously)

8a. Right hand — HANDALTR

☐ 0 Normal.
☐ 1 Mild slowing and/or reduction in amplitude.
☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.
☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.
☐ 4 Can barely perform the task.
☐ 8 Untestable (*specify reason*): HANDATRX _____

8b. Left hand — HANDALTL

☐ 0 Normal.
☐ 1 Mild slowing and/or reduction in amplitude.
☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.
☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.
☐ 4 Can barely perform the task.
☐ 8 Untestable (*specify reason*): HANDATLX _____

9. Leg agility (patient taps heel on the ground in rapid succession, picking up entire leg; amplitude should be at least 3 inches)

9a. Right leg — LEGRT

☐ 0 Normal.
☐ 1 Mild slowing and/or reduction in amplitude.
☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.
☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.
☐ 4 Can barely perform the task.
☐ 8 Untestable (*specify reason*): LEGRTX _____

9b. Left leg — LEGLF

☐ 0 Normal.
☐ 1 Mild slowing and/or reduction in amplitude.
☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.
☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.
☐ 4 Can barely perform the task.
☐ 8 Untestable (*specify reason*): LEGLFX _____

Taped: Participant ID# T- Date:

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

NOTE: This form is to be completed by the clinician or other trained health professional. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B3.Check only one box per question. ADC Visit #: __ __ __

10. Arising from chair (patient attempts to rise from a straight-backed chair, with arms folded across chest)

ARISING

☐ 0 Normal.
☐ 1 Slow; or may need more than one attempt.
☐ 2 Pushes self up from arms of seat.
☐ 3 Tends to fall back and may have to try more than one time, but can get up without help.
☐ 4 Unable to arise without help.
☐ 8 Untestable (*specify reason*):

ARISINGX _____

11. Posture

POSTURE

☐ 0 Normal.
☐ 1 Not quite erect, slightly stooped posture; could be normal for older person.
☐ 2 Moderately stooped posture, definitely abnormal; can be slightly leaning to one side.
☐ 3 Severely stooped posture with kyphosis; can be moderately leaning to one side.
☐ 4 Marked flexion with extreme abnormality of posture.
☐ 8 Untestable (*specify reason*):

POSTUREX _____

12. Gait

GAIT

☐ 0 Normal.
☐ 1 Walks slowly; may shuffle with short steps, but no festination (hastening steps) or propulsion.
☐ 2 Walks with difficulty, but requires little or no assistance; may have some festination, short steps, or propulsion.
☐ 3 Severe disturbance of gait requiring assistance.
☐ 4 Cannot walk at all, even with assistance.
☐ 8 Untestable (*specify reason*):

GAITX _____

13. Posture stability (response to sudden, strong posterior displacement produced by pull on shoulders while patient erect with eyes open and feet slightly apart; patient is prepared)

POSSTAB

☐ 0 Normal erect.
☐ 1 Retropulsion, but recovers unaided.
☐ 2 Absence of postural response; would fall if not caught by examiner.
☐ 3 Very unstable, tends to lose balance spontaneously.
☐ 4 Unable to stand without assistance.
☐ 8 Untestable (*specify reason*):

POSSTABX _____

14. Body bradykinesia and hypokinesia (combining slowness, hesitancy, decreased arm swing, small amplitude, and poverty of movement in general)

BRADYKIN

☐ 0 None.
☐ 1 Minimal slowness, giving movement a deliberate character; could be normal for some persons; possibly reduced amplitude.
☐ 2 Mild degree of slowness and poverty of movement which is definitely abnormal. Alternatively, some reduced amplitude.
☐ 3 Moderate slowness, poverty or small amplitude of movement.
☐ 4 Marked slowness, poverty or small amplitude of movement.
☐ 8 Untestable (*specify reason*):

BRADYKIX _____

Taped: Participant ID# T- Date:

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website: www.alz.washington.edu

NACC Uniform Data Set (UDS) – Initial Visit Packet

Form B8: Evaluation – Physical/Neurological Exam Findings

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

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B8. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

	PHYSICAL/NEUROLOGICAL EXAM FINDINGS	Yes	No	Unknown
NORMAL	1. Are all findings unremarkable (normal or normal for age)?	☐ 1	☐ 0	☐ 9
FOCLDEF	2. Are focal deficits present indicative of central nervous system disorder?	☐ 1	☐ 0	☐ 9
GAITDIS	3. Is gait disorder present indicative of central nervous system disorder?	☐ 1	☐ 0	☐ 9
EYEMOVE	4. Are there eye movement abnormalities present indicative of central nervous system disorder?	☐ 1	☐ 0	☐ 9

Taped: Participant ID# T- Date:

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website: www.alz.washington.edu

NACC Uniform Data Set (UDS) – Initial Visit Packet

Form B2: Evaluation Form – HIS and CVD

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

NOTE: This form is to be completed by the clinician or other trained health professional. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B2.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

HACHINSKI ISCHEMIC SCORE [1]

Please complete the following scale using information obtained from history/physical/neurological exam and/or medical records. Circle the appropriate value to indicate if a specific item is present (characteristic of the patient) or absent.

		Present	Absent
ABRUPT	1. Abrupt onset (re: cognitive status)	2	0
STEPWISE	2. Stepwise deterioration (re: cognitive status)	1	0
SOMATIC	3. Somatic complaints	1	0
EMOT	4. Emotional incontinence	1	0
HXHYPER	5. History or presence of hypertension	1	0
HXSTROKE	6. History of stroke	2	0
FOCLSYM	7. Focal neurological symptoms	2	0
FOCLSIGN	8. Focal neurological signs	2	0
	9. **Sum all circled answers for a Total Score:**	__ __	

HACHIN
int576

[1] Rosen Modification of Hachinski Ischemic Score (*Ann Neurol* 7:486-488, 1980). Copyright© John Wiley & Sons, Inc. Reproduced by permission.

(version 2.0, February 2008)

Taped: Participant ID# T- Date:

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

ADC Visit #:__ __ __

NOTE: This form is to be completed by the clinician or other trained health professional. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B2.

CEREBROVASCULAR DISEASE	Yes	No	N/A
CVDCOG 10. Using your best judgment, do you believe that cerebrovascular disease (CVD) is contributing to the cognitive impairment?	☐ 1	☐ 0	☐ 8
STROKCOG 11. If there is a stroke, is there a temporal relationship between stroke and onset of cognitive impairment?	☐ 1	☐ 0	☐ 8
CVDIMAG 12. Is there imaging evidence which supports that CVD is contributing to the cognitive impairment?	☐ 1	☐ 0	☐ 8
12a. If yes, indicate which imaging evidence was found:			
CVDIMAG1 1) Single strategic infarct	☐ 1	☐ 0	
CVDIMAG2 2) Multiple infarcts	☐ 1	☐ 0	
CVDIMAG3 3) Extensive white matter hyperintensity	☐ 1	☐ 0	
CVDIMAG4 4) Other (*specify*): _____	☐ 1	☐ 0	

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NACC Uniform Data Set (UDS) – Initial Visit Packet

Form B4: Global Staging – Clinical Dementia Rating (CDR): Standard and Supplemental

Center: _____ ADC Subject ID: __ __ __ __ __ __ __ __ __ __ Form Date: __ __/__ __/__ __ __ __ ADC Visit #:__ __ __

NOTE: This form is to be completed by the clinician or other trained health professional, based on informant report and neurological exam of the subject. In the extremely rare instances when no informant is available, the clinician or other trained health professional must complete this form utilizing all other available information and his/her best clinical judgment. Score only as decline from previous level due to cognitive loss, not impairment due to other factors. For further information, see UDS Coding Guidebook for Initial Visit Packet, Form B4.

Examiner's initials:__ __ __

Participant ID#

T-

Date:

SECTION 1: STANDARD CDR[1]

	IMPAIRMENT				
Please enter scores below	**None 0**	**Questionable 0.5**	**Mild 1**	**Moderate 2**	**Severe 3**
1. MEMORY MEMORY int110 __ . __	No memory loss, or slight inconsistent forgetfulness.	Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness.	Moderate memory loss, more marked for recent events; defect interferes with everyday activities.	Severe memory loss; only highly learned material retained; new material rapidly lost.	Severe memory loss; only fragments remain.
2. ORIENTATION ORIENT int111 __ . __	Fully oriented.	Fully oriented except for slight difficulty with time relationships.	Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere.	Severe difficulty with time relationships; usually disoriented to time, often to place.	Oriented to person only.
3. JUDGMENT & PROBLEM SOLVING JUDGMENT int112 __ . __	Solves everyday problems, handles business & financial affairs well; judgment good in relation to past performance.	Slight impairment in solving problems, similarities, and differences.	Moderate difficulty in handling problems, similarities, and differences; social judgment usually maintained.	Severely impaired in handling problems, similarities, and differences; social judgment usually impaired.	Unable to make judgments or solve problems.
4. COMMUNITY AFFAIRS COMMUN int113 __ . __	Independent function at usual level in job, shopping, volunteer and social groups.	Slight impairment in these activities.	Unable to function independently at these activities, although may still be engaged in some; appears normal to casual inspection.	No pretense of independent function outside the home; appears well enough to be taken to functions outside the family home.	No pretense of independent function outside the home; appears too ill to be taken to functions outside the family home.
5. HOME & HOBBIES HOMEHOBB int114 __ . __	Life at home, hobbies, and intellectual interests well maintained.	Life at home, hobbies, and intellectual interests slightly impaired.	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned.	Only simple chores preserved; very restricted interests, poorly maintained.	No significant function in the home.
6. PERSONAL CARE PERSCARE int115 __ . 0	Fully capable of self-care (= 0).		Needs prompting.	Requires assistance in dressing, hygiene, keeping of personal effects.	Requires much help with personal care; frequent incontinence.
7. __ __ . __	**STANDARD CDR SUM OF BOXES** CDRSUM				
8. __ . __	**STANDARD GLOBAL CDR** CDRGLOB				

[1] Morris JC. The Clinical Dementia Rating (CDR): Current version and scoring rules. *Neurology* 43(11):2412-4, 1993. Copyright© Lippincott, Williams & Wilkins. Reproduced by permission.

Center: _____ ADC Subject ID: __ __ __ __ __ __ __ __ __ __ Form Date: __ __/__ __/__ __ __ __ ADC Visit #:__ __ __

Taped:

NOTE: This form is to be completed by the clinician or other trained health professional, based on informant report and neurological exam of the subject. In the extremely rare instances when no informant is available, the clinician or other trained health professional must complete this form utilizing all other available information and his/her best clinical judgment. Score only as decline from previous level due to cognitive loss, not impairment due to other factors. For further information, see UDS Coding Guidebook for Initial Visit Packet, Form B4.

SECTION 2: SUPPLEMENTAL CDR

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

11. __ __ . __	**SUPPLEMENTAL CDR SUM OF BOXES**
12. __ __ . __	**STANDARD & SUPPLEMENTAL CDR SUM OF BOXES**

Participant ID#

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

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

Assignment of CDR rating

Use all information and make the best judgment. Score each category (M, O, JPS, CA, HH, PC) as independently as possible. Mark in only one box, for each category, rating impairment as decline from the person's usual level due to cognitive loss alone, not impairment due to other factors, such as physical handicap or depression. Occasionally the evidence is ambiguous and the clinician's best judgment is that a category could be rated in either one of two adjacent boxes, such as mild (1) or moderate (2) impairment. In that situation the standard procedure is to check the box of greater impairment.

Aphasia is taken into account by assessing both language and nonlanguage function in each cognitive category. If aphasia is present to a greater degree than the general dementia, the subject is rated according to the general dementia. Supply evidence of nonlanguage cognitive function.

The global CDR is derived from the scores in each of the six categories ("box scores") as follows. Memory (M) is considered the primary category and all others are secondary. CDR = M if at least three secondary categories are given the same score as memory. Whenever three or more secondary categories are given a score greater or less than the memory score, CDR = score of majority of secondary categories on whichever side of M has the greater number of secondary categories. When three secondary categories are scored on one side of M and two secondary categories are scored on the other side of M, CDR=M.

When M = 0.5, CDR = 1 if at least three of the other categories are scored one or greater. If M = 0.5, CDR cannot be 0; it can only be 0.5 or 1. If M = 0, CDR = 0 unless there is impairment (0.5 or greater) in two or more secondary categories, in which case CDR = 0.5.

Although applicable to most Alzheimer's disease situations, these rules do not cover all possible scoring combinations. Unusual circumstances which occur occasionally in Alzheimer's disease and may be expected in non-Alzheimer dementia as well are scored as follows:

(1) With ties in the secondary categories on one side of M, choose the tied scores closest to M for CDR (e.g., M and another secondary category = 3, two secondary categories = 2, and two secondary categories = 1; CDR = 2).

(2) When only one or two secondary categories are given the same score as M, CDR = M as long as no more than two secondary categories are on either side of M.

(3) When M = 1 or greater, CDR cannot be 0; in this circumstance, CDR = 0.5 when the majority of secondary categories are 0.

NOTES:

1) Participants with questionable dementia (CDR 0.5) must be categorized either as "Uncertain dementia," or as one of the dementing disorders, e.g., "DAT/SDAT". That is, clinicians must decide, using their best judgment, whether or not the CDR 0.5 Participantt is experiencing the very mildest ("earliest") manifestations of a dementing illness versus a nondementing condition.
2) For purposes of data entry, the number of diagnoses for an individual Participant is limited to 5 or less.

DAT = Dementia of the Alzheimer Type
ProAphasia = Progressive Aphasia
PCD = Posterior Cortical Dysfunction
FLD = Frontal Lobe Dementia
MAP = Memory and Aging Project

"Relationship of Condition to DAT" refers to the relation of the onset of the unusual feature to the occurrence of DAT. For example, ProAphasia may occur before (prior), at the same time (with), or subsequent (after) to onset of DAT. In the situation where ProAphasia is an isolated condition (i.e., no other cognitive deficits), there is no clinical relationship to other cognitive syndromes (no DAT).

Taped: Participant ID# T- Date:

Clinical Dementia Rating

Supplemental Behavioral Checklist for
subjects with significant aphasia

I Memory

Yes No

___ ___ a) Subject does normal daily routine about house without becoming upset and obviously confused.

___ ___ b) Subject spontaneously prepares for routine household events (meals, prayers, bed)

___ ___ c) Subject spontaneously prepares for routine weekly events in home and community (church, routine family gatherings, etc.)

___ ___ d) Subject spontaneously prepares for major holidays and family member`s birthdays.

___ ___ e) Subject walks about local, familiar streets without getting lost.

___ ___ f) Subject drives or takes the bus about community without getting lost.

___ ___ g) Subject operates washer/dryer, TV, radio in home without difficulty.

___ ___ h) Subject carries out operations outside the home in church, volunteer groups, or work without assistance.

II Orientation

___ ___ a) Subject responds to usual form of address

___ ___ b) Subject appears to recognize and react appropriately to close friends and relatives.

___ ___ c) Subject behaves appropriately in home, other dwellings, and public places (as though he/she knows where he/she is)

___ ___ d) Subject follows normal sleep/wakefulness pattern

___ ___ e) Subject prepares for temporally fixed events (such as meals, bedtime) at the correct time.

III Judgment and Problem Solving

___ ___ a) Subject behaves appropriately in routine household events

___ ___ b) Subject solves minor household problems and minor emergencies without more help than usual.

___ ___ c) Subject solves major problems arising outside the family environment without help.

IV Community Affairs

Yes No

___ ___ a) Subject behaves normally in immediate neighborhood outside home

___ ___ b) Subject behaves appropriately at structured community events

___ ___ c) Subject spontaneously takes up new outside activities and behaves appropriately

V Home - Hobbies

___ ___ a) Subject carries out routine, simple household chores normally (with or without reminding).

___ ___ b) Subject maintains nonverbal hobbies normally.

VI Personal Care

___ ___ a) Subject uses toilet normally

___ ___ b) Subject uses bathing and grooming apparatus and appliances normally

___ ___ c) Subject dresses normally once clothes are selected

___ ___ d) Subject dresses normally without aid and always appears normally attired

___ ___ e) Subject takes normal care of personal objects

Data Entry initials: _____

Date: _____

Taped: Participant ID# T- Date:

A. Presence or Absence of Dementia

1 **NO DEMENTIA**

2 **UNCERTAIN DEMENTIA**

List attributable factors (if any):_____

3 **DAT**

50 **0.5 in Memory only**

DAT WITH Unusual features:

	Relationship of condition to DAT: Prior	With	After
Language dysfunction		?	
Disturbed social comportment			
Visuospatial dysfunction			
Other:(specify):			

other_a

DAT WITH other potentially demenging illnesses (more than one may be present); believed to contribute importantly to dementia

NO		YES
5	cerebrovascular disease	10
6	idiopathic parkinsonism	11
119	depression	120
9	other disorder(s); specify below	14

NON-DAT DEMENTIA

____Uncertain

121 Incipient (Single Box Score Impaired)

Diagnosis	1⁰	2⁰
Vascular dementia	122	123
Dementia associated with Parkinson's Disease	124	125
Dementia with Lewy Bodies	126	127
Frontotemporal dementia	?	?
DAT (cannot be primary)		
Other: other_a	129	130

B. List of Potentially Dementing Disorders

(may be present in absence of Dementia.)

ACTIVE: Defined as a current episode within the 3 months prior to the clinical assessment or an ongoing management problem with the potential to contribute to dementia

REMOTE: Defined as a condition resolved or having occurred greater than three months prior to the clinical assessment, or remains an ongoing but stable management problem.

Active		Remote
	Parkinsonism	
201	Idiopathic Parkinson's Disease	301
202	Drug-induced	302
204	Cerebrovascular disease	304
?	Mood disorder (any type)	?
?	Bereavement	?
206	Medication-induced cognitive dysfunction	306
207	Hypothyroidism	307
208	Hydrocephalus	308
209	B-12 deficiency	309
210	Alcoholism	310
211	Huntington's Disease 319	311
214	Progressive supranuclear palsy	314
215	Corticobasal ganglionic degeneration	315
212	Major head trauma	312
213	Seizure disorder	313
216	Amnestic syndrome	316
217	Down syndrome	317
218	Global cerebral hypoperfusion	318
219	Other neurologic, psychiatric or medical diagnoses:	319

List: 1. other_b _____

2. other_b2 _____

!!! Alert (other_b3???) RION disorders !!!

? **YES** ? **NO (If yes, mark below)**

Creutzfeldt-Jakob disease (CJD) or related prior disorder

? clinically diagnosed

? possible (e.g., unusual ataxia, visuospatial deficits, myoclonus)

74 Rapid course (not resulting in CJD diagnosis)

Other potential transmissible disorders:

HIV ? Hepatitis ? Other ?

Specify: ? _____

****

___ Std. MAP Proc. or Special Proc._____ Enrolled in Study:_____

____NO Tape Review Necessary (not applicable at T1 unless ACS):_____

____ Not Eligible at T1 (Explain) _____

____ Special or Expedited TR (Explain) _____

Thurs. Mtg. Disc. (Explain) _____

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NACC Uniform Data Set (UDS) – Initial Visit Packet

Form B9: Clinician Judgment of Symptoms

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

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

ADC Visit #:__ __ __

Examiner's initials:__ __ __

MEMORY COMPLAINT/AGE OF ONSET:		**Yes**	**No**
Relative to previously attained abilities:			
DECSUB	1. Does the subject report a decline in memory?	☐ 1	☐ 0
DECIN	2. Does the informant report a decline in subject's memory?	☐ 1	☐ 0
DECCLIN	3a. Does the clinician believe there has been a current meaningful decline in the subject's memory, non-memory cognitive abilities, behavior, or ability to manage his/her affairs, or have there been motor/movement changes?	☐ 1	☐ 0 (*If no, end form here*)
DECAGE	3b. At what age did the cognitive decline begin (based upon the clinician's assessment)?	__ __ __	(*999 = Unknown*) (*888 = N/A*)

COGNITIVE SYMPTOMS:		**Yes**	**No**	**Unknown**
	4. Indicate whether the subject currently is impaired meaningfully, relative to previously attained abilities, in the following cognitive domains or has fluctuating cognition:			
COGMEM	a. **Memory** (For example, does s/he forget conversations and/or dates; repeat questions and/or statements; misplace more than usual; forget names of people s/he knows well?)	☐ 1	☐ 0	☐ 9
COGJUDG	b. **Judgment and problem-solving** (For example, does s/he have trouble handling money (tips); paying bills; shopping; preparing meals; handling appliances; handling medications; driving?)	☐ 1	☐ 0	☐ 9
COGLANG	c. **Language** (For example, does s/he have hesitant speech; have trouble finding words; use inappropriate words without self-correction?)	☐ 1	☐ 0	☐ 9
COGVIS	d. **Visuospatial function** (Difficulty interpreting visual stimuli and finding his/her way around.)	☐ 1	☐ 0	☐ 9
COGATTN	e. **Attention/concentration** (For example, does the subject have a short attention span or ability to concentrate? Is s/he easily distracted?)	☐ 1	☐ 0	☐ 9
COGFLUX	f. **Fluctuating cognition** (Does s/he have pronounced variation in attention and alertness, noticeably over hours or days? For example, long periods of staring into space or lapses, or times when his/her ideas have a disorganized flow.)	☐ 1	☐ 0	☐ 9
COGOTHR	g. **Other** (*If yes, then specify*): _____ COGOTHRX _____	☐ 1	☐ 0	☐ 9

(continued on next page)

Taped: Participant ID# T- Date:

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

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B9. Check only one box per question. ADC Visit #:__ __ __

5. Indicate the predominant symptom which was first recognized as a decline in the subject's cognition: COGFRST

☐ 1 Memory
☐ 2 Judgment and problem solving
☐ 3 Language
☐ 4 Visuospatial function
☐ 5 Attention/concentration
☐ 6 Other (*specify*): _____ COGFRSTX
☐ 7 Fluctuating cognition
☐ 88 N/A
☐ 99 Unknown

6. Mode of onset of cognitive symptoms: COGMODE

☐ 1 Gradual (> *6 months*)
☐ 2 Subacute (≤ *6 months*)
☐ 3 Abrupt (*within days*)
☐ 4 Other (*specify*): _____ COGMODEX
☐ 88 N/A
☐ 99 Unknown

BEHAVIOR SYMPTOMS:	**Yes**	**No**	**Unknown**
7. Indicate whether the subject currently manifests the following behavioral symptoms:			
a. **Apathy/withdrawal** (Has the subject lost interest in or displayed a reduced ability to initiate usual activities and social interaction, such as conversing with family and/or friends?) BEAPATHY	☐ 1	☐ 0	☐ 9
b. **Depression** (Has the subject seemed depressed for more than two weeks at a time; e.g., loss of interest or pleasure in nearly all activities; sadness, hopelessness, loss of appetite, fatigue?) BEDEP	☐ 1	☐ 0	☐ 9
c. **Psychosis**			
1) Visual hallucinations BEVHALL	☐ 1	☐ 0	☐ 9
a) If yes, are the hallucinations well-formed and detailed? BEVWELL	☐ 1	☐ 0	☐ 9
2) Auditory hallucinations BEAHALL	☐ 1	☐ 0	☐ 9
3) Abnormal/false/delusional beliefs BEDEL	☐ 1	☐ 0	☐ 9
d. **Disinhibition** (Does the subject use inappropriate coarse language or exhibit inappropriate speech or behaviors in public or in the home? Does s/he talk personally to strangers or have disregard for personal hygiene?) BEDISIN	☐ 1	☐ 0	☐ 9
e. **Irritability** (Does the subject overreact, such as shouting at family members or others?) BEIRRIT	☐ 1	☐ 0	☐ 9
f. **Agitation** (Does the subject have trouble sitting still; does s/he shout, hit, and/or kick?) BEAGIT	☐ 1	☐ 0	☐ 9
g. **Personality change** (Does the subject exhibit bizarre behavior or behavior uncharacteristic of the subject, such as unusual collecting, suspiciousness [without delusions], unusual dress, or dietary changes? Does the subject fail to take other's feelings into account?) BEPERCH	☐ 1	☐ 0	☐ 9
h. **REM sleep behavior disorder** (Does the subject appear to act out his/her dreams while sleeping (e.g., punch or flail their arms, shout or scream?) BEREM	☐ 1	☐ 0	☐ 9
i. **Other** (*If yes, then specify*): BEOTHR _____ BEOTHRX _____	☐ 1	☐ 0	☐ 9

(continued on next page)

Taped: Participant ID# T- Date:

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

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B9. Check only one box per question. ADC Visit #:__ __ __

8. Indicate the predominant symptom which was first recognized as a decline in the subject's behavioral symptoms: BEFRST

☐ 1 Apathy/withdrawal
☐ 2 Depression
☐ 3 Psychosis
☐ 4 Disinhibition
☐ 5 Irritability
☐ 6 Agitation
☐ 7 Personality change
☐ 8 Other (*specify*): BEFRSTX _____
☐ 9 REM sleep behavior disorder
☐ 88 N/A
☐ 99 Unknown

9. Mode of onset of behavioral symptoms: BEMODE

☐ 1 Gradual (> *6 months*)
☐ 2 Subacute (≤ *6 months*)
☐ 3 Abrupt (*within days*)
☐ 4 Other (*specify*): BEMODEX _____
☐ 88 N/A
☐ 99 Unknown

MOTOR SYMPTOMS:

	Yes	No	Unknown
10. Indicate whether the subject currently has the following motor symptoms:			
a. **Gait disorder** (Has the subject's walking changed, not specifically due to arthritis or an injury? Is s/he unsteady, or does s/he shuffle when walking, have little or no arm-swing, or drag a foot?) MOGAIT	☐ 1	☐ 0	☐ 9
b. **Falls** (Does the subject fall more than usual?) MOFALLS	☐ 1	☐ 0	☐ 9
c. **Tremor** (Has the subject had rhythmic shaking, especially in the hands, arms, legs, head, mouth, or tongue?) MOTREM	☐ 1	☐ 0	☐ 9
d. **Slowness** (Has the subject noticeably slowed down in walking or moving or handwriting, other than due to an injury or illness? Has his/her facial expression changed, or become more "wooden" or masked and unexpressive?) MOSLOW	☐ 1	☐ 0	☐ 9

11. Indicate the predominant symptom which was first recognized as a decline in the subject's motor symptoms: MOFRST

☐ 1 Gait disorder
☐ 2 Falls
☐ 3 Tremor
☐ 4 Slowness
☐ 88 N/A
☐ 99 Unknown

12. Mode of onset of motor symptoms: MOMODE

☐ 1 Gradual (> *6 months*)
☐ 2 Subacute (≤ *6 months*)
☐ 3 Abrupt (*within days*)
☐ 4 Other (*specify*): MOMODEX _____
☐ 88 N/A
☐ 99 Unknown

a. If there were changes in motor function, were these suggestive of parkinsonism? MOMOPARK

☐ 1 Yes
☐ 0 No
☐ 88 N/A

OVERALL SUMMARY OF SYMPTOMS ONSET:

13. Course of overall cognitive/behavioral/motor syndrome: COURSE

☐ 1 Gradually progressive
☐ 2 Stepwise
☐ 3 Static
☐ 4 Fluctuating
☐ 5 Improved
☐ 9 Unknown

14. Indicate the predominant domain which was first recognized as changed in the subject: FRSTCHG

☐ 1 Cognition
☐ 2 Behavior
☐ 3 Motor function
☐ 9 Unknown

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NACC Uniform Data Set (UDS) – Initial Visit Packet

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

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

NOTE: This form is to be completed by the clinician. For diagnostic criteria, see UDS Coding Guidebook for Initial Visit Packet, Form D1. Check only one box per response category.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

1. Responses are based on: ☐ 1 Diagnosis from single clinician ☐ 2 Consensus diagnosis

WHODIDDX

2. Does the subject have normal cognition (no MCI, dementia, or other neurological condition resulting in cognitive impairment)? ☐ 1 Yes (*If yes, skip to #14*) ☐ 0 No (*If no, continue to #3*)

NORMCOG

3. Does the subject meet criteria for dementia (in accordance with standard criteria for dementia of the Alzheimer's type or for other non-Alzheimer's dementing disorders)? ☐ 1 Yes (*If yes, skip to #5*) ☐ 0 No (*If no, continue to #4*)

DEMENTED

4. If the subject does not have normal cognition and is not clinically demented, indicate the type of cognitive impairment (*choose only one impairment from items 4a thru 4e as being "present"; mark all others "absent"*) **and then designate the suspected underlying cause(s) of the impairment by completing items 5–30**:

	Present	Absent	Domains	Yes	No
MCIAMEM 4a. Amnestic MCI – memory impairment only	☐ 1	☐ 0			
MCIAPLUS 4b. Amnestic MCI – memory impairment plus one or more other domains (*if present, check one or more domain boxes "yes" and check all other domain boxes "no"*)	☐ 1	MCIAPLAN	1) Language	☐ 1	☐ 0
		MCIAPATT	2) Attention	☐ 1	☐ 0
		MCIAPEX	3) Executive function	☐ 1	☐ 0
		MCIAPVIS	4) Visuospatial	☐ 1	☐ 0
MCINON1 4c. Non-amnestic MCI – single domain (*if present, check only one domain box "yes"; check all other domain boxes "no"*)	☐ 1	MCIN1LAN	1) Language	☐ 1	☐ 0
		MCIN1ATT	2) Attention	☐ 1	☐ 0
		MCIN1EX	3) Executive function	☐ 1	☐ 0
		MCIN1VIS	4) Visuospatial	☐ 1	☐ 0
MCINON2 4d. Non-amnestic MCI – multiple domains (*if present, check two or more domain boxes "yes" and check all other domain boxes "no"*)	☐ 1	MCIN2LAN	1) Language	☐ 1	☐ 0
		MCIN2ATT	2) Attention	☐ 1	☐ 0
		MCIN2EX	3) Executive function	☐ 1	☐ 0
		MCIN2VIS	4) Visuospatial	☐ 1	☐ 0
IMPNOMCI 4e. Impaired, not MCI	☐ 1	☐ 0			

Taped: Participant ID# T- Date:

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

ADC Visit #:__ __ __

NOTE: This form is to be completed by the clinician. For diagnostic criteria, see UDS Coding Guidebook for Initial Visit Packet, Form D1. Check only one box per response category.

Please indicate if the following conditions are present or absent. If present, also indicate if the condition is primary or contributing to the observed cognitive impairment (reported in items 3 or 4), based on the clinician's best judgment. Mark only one condition as primary.

		Present	Absent		If Present: Primary	If Present: Contributing	
5.	Probable AD (NINCDS/ADRDA) (*if present, skip to item #7*)	☐ 1	☐ 0	5a.	☐ 1	☐ 2	PROBAD / PROBADIF
6.	Possible AD (NINCDS/ADRDA) (*if #5 is present, leave this blank*)	☐ 1	☐ 0	6a.	☐ 1	☐ 2	POSSAD / POSSADIF
7.	Dementia with Lewy bodies	☐ 1	☐ 0	7a.	☐ 1	☐ 2	DLB / DLBIF
8.	Vascular dementia (NINDS/AIREN Probable) (*if present, skip to item #10*)	☐ 1	☐ 0	8a.	☐ 1	☐ 2	VASC / VASCIF
9.	Vascular dementia (NINDS/AIREN Possible) (*if #8 is present, leave this blank*)	☐ 1	☐ 0	9a.	☐ 1	☐ 2	VASCPS / VASCPSIF
10.	Alcohol-related dementia	☐ 1	☐ 0	10a.	☐ 1	☐	ALCDEM / ALCDEMIF
11.	Dementia of undetermined etiology	☐ 1	☐ 0	11a.	☐ 1	☐	DEMUN / DEMUNIF
12.	Frontotemporal dementia (behavioral/executive dementia)	☐ 1	☐ 0	12a.	☐ 1	☐ 2	FTD / FTDIF
13.	Primary progressive aphasia (aphasic dementia)	☐ 1	☐ 0	13a.	☐ 1	☐ 2	PPAPH / PPAPHI

(*If PPA is present, specify type by checking one box below "present" and all others "absent"*):

1)	Progressive nonfluent aphasia	☐ 1 ☐ 0	PNAPH
2)	Semantic dementia – anomia plus word comprehension	☐ 1 ☐ 0	SEMDEMAN
3)	Semantic dementia – agnostic variant	☐ 1 ☐ 0	SEMDEMAG
4)	Other (e.g., logopenic, anomic, transcortical, word deafness, syntactic comprehension, motor speech disorder)	☐ 1 ☐ 0	PPAOTHR

Taped: Participant ID# T- Date:

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

ADC Visit #:__ __ __

NOTE: This form is to be completed by the clinician. For diagnostic criteria, see UDS Coding Guidebook for Initial Visit Packet, Form D1. Check only one box per response category.

For subjects with normal cognition, indicate whether the following conditions are present or absent. If the subject is cognitively impaired, indicate also whether the condition is primary, contributing or non-contributing to the observed cognitive impairment, based on your best judgment. Mark only one condition as primary.

		Present	Absent	If Present: Primary	Contributing	Non-contrib.	
PSP	14. Progressive supranuclear palsy	☐ 1	☐ 0	14a. ☐ 1	☐ 2	☐ 3	PSPI
CORT	15. Corticobasal degeneration	☐ 1	☐ 0	15a. ☐ 1	☐ 2	☐ 3	CORTIF
HUNT	16. Huntington's disease	☐ 1	☐ 0	16a. ☐ 1	☐ 2	☐ 3	HUNTIF
PRION	17. Prion disease	☐ 1	☐ 0	17a. ☐ 1	☐ 2	☐ 3	PRIONIF
MEDS	18. Cognitive dysfunction from medications	☐ 1	☐ 0	18a. ☐ 1	☐ 2	☐ 3	MEDSIF
DYSILL	19. Cognitive dysfunction from medical illnesses	☐ 1	☐ 0	19a. ☐ 1	☐ 2	☐ 3	DYSILLIF
DEP	20. Depression	☐ 1	☐ 0	20a. ☐ 1	☐ 2	☐ 3	DEPIF
OTHPSY	21. Other major psychiatric illness	☐ 1	☐ 0	21a. ☐ 1	☐ 2	☐	OTHPSYIF
DOWNS	22. Down's syndrome	☐ 1	☐ 0	22a. ☐ 1	☐ 2	☐	DOWNSIF
PARK	23. Parkinson's disease	☐ 1	☐ 0	23a. ☐ 1	☐ 2	☐ 3	PARKIF
STROKE	24. Stroke	☐ 1	☐ 0	24a. ☐ 1	☐ 2	☐ 3	STROKIF
HYCEPH	25. Hydrocephalus	☐ 1	☐ 0	25a. ☐ 1	☐ 2	☐	HYCEPHIF
BRNINJ	26. Traumatic brain injury	☐ 1	☐ 0	26a. ☐ 1	☐ 2	☐	BRNINJIF
NEOP	27. CNS neoplasm	☐ 1	☐ 0	27a. ☐ 1	☐ 2	☐ 3	NEOPIF
COGOTH	28. Other (*specify*): COGOTHX _____	☐ 1	☐ 0	28a. ☐ 1	☐ 2	☐ 3	COGOTHIF
COGOTH2	29. Other (*specify*): COGOTH2X _____	☐ 1	☐ 0	29a. ☐ 1	☐ 2	☐ 3	COGOTH2F
COGOTH3	30. Other (*specify*): COGOTH3X _____	☐ 1	☐ 0	30a. ☐ 1	☐ 2	☐ 3	COGOTH3F

Taped: Participant ID# T- Date:

phone: (206) 543-8637; fax: (206) 616-5927
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website: www.alz.washington.edu

NACC Uniform Data Set (UDS)

Form M1: Milestones

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

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

Examiner's initials:__ __ __

1. ☐ Subject has died. Date of death: __ __ /__ __ /__ __ __ __

   1a. ☐ ADC autopsy done (data pending or submitted).

2. ☐ Subject has discontinued ADC participation. Date discontinued: __ __ /__ __ /__ __ __ __

   2a. Primary reason (*check only one*):

   ☐ 1 Refused further participation in ADC
   ☐ 2 Moved out of area
   ☐ 3 Discontinued by ADC decision/protocol
   ☐ 4 Seeking care elsewhere
   ☐ 8 Other (*specify*): _____

3. ☐ Subject has rejoined ADC participation after discontinuing.

4. ☐ Subject has entered nursing home with expectation of permanent residence. Date: __ __ /__ __ /__ __ __ __

5. Subject's NACC data collection protocol has changed as indicated below (*check only one*):

   ☐ 1 To UDS telephone follow-up.
   ☐ 2 To minimal ADC contact (e.g., followed only to obtain autopsy).
   ☐ 3 To UDS in-person visit.

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

6. ☐ Unable to collect neuropsychological test data.
   Due to (*check all that apply*):
   a. ☐ Too cognitively impaired.
   b. ☐ Too physically impaired.
   c. ☐ Homebound/nursing home/cannot travel.
   d. ☐ Refused testing.
   e. ☐ Other (*specify*): _____

7. ☐ Unable to collect physical/neurological data.
   Due to (*check all that apply*):
   a. ☐ Too cognitively impaired.
   b. ☐ Too physically impaired.
   c. ☐ Homebound/nursing home/cannot travel.
   d. ☐ Refused examination.
   e. ☐ Other (*specify*): _____