

NACC BRIEF DATA SET

Form BDS: Brief Clinical Data Capture for NP Submission

ADC name: _____ Subject ID: _____ Form date: ____ / ____ / _____

Examiner's initials: _____

DEMOGRAPHICS	
INSTRUCTIONS: This section is to be completed based on medical records, existing research data, and proxy report.	
1. Participant's month and year of birth (MM/YYYY):	____ / ____
2. Participant's sex:	1. <input type="checkbox"/> Male 2. <input type="checkbox"/> Female
3. Did this participant report being of Hispanic/Latino ethnicity (i.e., having origins from a mainly Spanish-speaking Latin American country), regardless of race?	0. <input type="checkbox"/> No 1. <input type="checkbox"/> Yes 9. <input type="checkbox"/> Unknown
4. What did the participant report as his or her race?	1. <input type="checkbox"/> White 2. <input type="checkbox"/> Black or African American 3. <input type="checkbox"/> American Indian or Alaskan Native 4. <input type="checkbox"/> Native Hawaiian or Pacific Islander 5. <input type="checkbox"/> Asian 6. <input type="checkbox"/> Multiracial 9. <input type="checkbox"/> Unknown, ambiguous, or not reported
5. Participant's primary language:	1. <input type="checkbox"/> English 2. <input type="checkbox"/> Spanish 3. <input type="checkbox"/> Mandarin 4. <input type="checkbox"/> Cantonese 5. <input type="checkbox"/> Russian 6. <input type="checkbox"/> Japanese 8. <input type="checkbox"/> Other primary language (SPECIFY): _____ 9. <input type="checkbox"/> Unknown or not reported

<p>6. Participant's years of education — select the level achieved; if an attempted level is not completed, select the number of years completed.</p>	<p>0. <input type="checkbox"/> <12 = some high school or less 1. <input type="checkbox"/> 12 = high school or GED 2. <input type="checkbox"/> 16 = bachelor's degree 3. <input type="checkbox"/> 18 = master's degree 4. <input type="checkbox"/> 20 = doctorate 9. <input type="checkbox"/> Unknown</p>
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CLINICAL DIAGNOSIS

INSTRUCTIONS: This section is to be completed by a clinician and based on the most recent clinical assessment of the participant.

<p>7. Cognitive status at time of death</p>	<p>1. <input type="checkbox"/> Normal cognition (skip to question 11) 2. <input type="checkbox"/> Impaired, not MCI (skip to question 9) 3. <input type="checkbox"/> Mild cognitive impairment (continue) 4. <input type="checkbox"/> Dementia (skip to question 9) 9. <input type="checkbox"/> Unknown (skip to question 11)</p>
<p>8. Type of mild cognitive impairment</p>	<p>1. <input type="checkbox"/> Amnestic MCI — single domain 2. <input type="checkbox"/> Amnestic MCI — multiple domain 3. <input type="checkbox"/> Non-amnestic MCI — single domain 4. <input type="checkbox"/> Non-amnestic MCI — multiple domain 9. <input type="checkbox"/> Unknown</p>

<p>9. Primary clinical etiologic diagnosis (select one)</p>	<p>1. <input type="checkbox"/> Alzheimer’s disease (AD)</p> <p>2. <input type="checkbox"/> Lewy body disease (LBD)</p> <p>3. <input type="checkbox"/> Multiple system atrophy (MSA)</p> <p>4. <input type="checkbox"/> Progressive supranuclear palsy (PSP)</p> <p>5. <input type="checkbox"/> Corticobasal degeneration (CBD)</p> <p>6. <input type="checkbox"/> FTLD with motor neuron disease (e.g., ALS)</p> <p>7. <input type="checkbox"/> FTLD, other</p> <p>8. <input type="checkbox"/> Vascular brain injury or vascular dementia, including stroke</p> <p>9. <input type="checkbox"/> Traumatic brain injury (TBI)</p> <p>10. <input type="checkbox"/> Down syndrome</p> <p>11. <input type="checkbox"/> Other (SPECIFY): _____</p> <p>99. <input type="checkbox"/> Unknown</p>
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10. Contributing clinical etiologic diagnosis (select all that apply):			
	NO	YES	UNKNOWN
10a. Alzheimer’s disease	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
10b. Lewy body disease (LBD)	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
10c. Multiple system atrophy (MSA)	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
10d. Progressive supranuclear palsy (PSP)	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
10e. Corticobasal degeneration	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
10f. FTLD with motor neuron disease (e.g., ALS)	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
10g. FTLD, other	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
10h. Vascular brain injury or vascular dementia, including stroke	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
	NO	YES	UNKNOWN
10i. Traumatic brain injury (TBI)	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
10j. Down syndrome	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
10k. Other (SPECIFY): _____	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
10l. Other (SPECIFY): _____	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
10m. Other (SPECIFY): _____	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>

DATA AVAILABLE AT CENTER

INSTRUCTIONS: This section is to be completed based on existing research data. Indicate if the participant was assessed for the following and data is available at your center.

	NO	YES	UNKNOWN
11. Family health history	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
12. Medications	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
13. Participant health history	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
14. Physical exam	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
15. CDR [®] Dementia Staging Instrument	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
16. NPI-Q	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
17. GDS	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
18. FAS	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
19. Neurological exam	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
20. Clinical judgment of symptoms	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
21. MMSE or MoCA	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
22. Neuropsychologic test scores	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
23. Structural MRI scan	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
24. Amyloid PET scan	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
25. Tau PET scan	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
26. FDG PET scan	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
27. Amyloid CSF assay	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
28. Tau CSF assay	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>
29. DAT scan	0. <input type="checkbox"/>	1. <input type="checkbox"/>	9. <input type="checkbox"/>