

**NACC Uniform Data Set (UDS)
 Form M1: Milestones**

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

NOTE: This form is to be completed by the clinician or ADC staff and submitted to NACC whenever a milestone occurs.

Examiner's initials: _____

	Yes	No
1. Are you <u>unable</u> to collect neuropsychological test data on subject? If yes, indicate reason(s):	<input type="checkbox"/> 1	<input type="checkbox"/> 0
1a. Too cognitively impaired	<input type="checkbox"/> 1	<input type="checkbox"/> 0
1b. Too physically ill to travel/participate	<input type="checkbox"/> 1	<input type="checkbox"/> 0
1c. Homebound/entered nursing home for permanent care	<input type="checkbox"/> 1	<input type="checkbox"/> 0
1d. Other reason (specify): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2. Are you <u>unable</u> to collect physical/neurological exam data on subject? If yes, indicate reason(s):	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2a. Too cognitively impaired	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2b. Too physically ill to travel/participate	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2c. Homebound/entered nursing home for permanent care	<input type="checkbox"/> 1	<input type="checkbox"/> 0
2d. Other reason (specify): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3. Has the subject entered a nursing home with expectation of permanent residence?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
3a. If yes, date entered nursing home: ___/___/_____		
4. Has the subject discontinued?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4a. If yes, date discontinued: ___/___/_____		
4b. Reason discontinued:	<input type="checkbox"/> 1 Refused to return	
	<input type="checkbox"/> 2 Moved out of area	
	<input type="checkbox"/> 3 Discontinued due to Center protocol	
	<input type="checkbox"/> 4 Seeking care elsewhere	
	<input type="checkbox"/> 8 Other (specify): _____	

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Examiner's initials: ___

	Yes	No
5. Is the subject deceased?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
5a. If yes, date of death: __/__/__		
5b. If yes, was autopsy performed?	<input type="checkbox"/> 1	<input type="checkbox"/> 0

6. What is the subject's status following the milestone event(s) indicated above:
<input type="checkbox"/> 1 Active: further in-person visits expected
<input type="checkbox"/> 2 Active: telephone or other contact expected
<input type="checkbox"/> 3 Active: followed for autopsy only
<input type="checkbox"/> 4 Inactive: no further data expected