Instructions for UDS Form M1: MILESTONES

The purpose of this form is to record important events or changes which may occur any time after the subject is enrolled in the ADC and which may affect the subject's continuing level of participation in the ADC. More than one Milestones form may be submitted per subject.

For continuing subjects who do not experience one of the listed events, this form is <u>not</u> required.

•		Yes	No
1.	Are you <u>unable</u> to collect neuropsychological test data on subject? If yes, indicate reason(s):	□ 1	$\Box 0$
	1a. Too cognitively impaired	\Box 1	$\square 0$
	1b. Too physically ill to travel/participate	\Box 1	$\square 0$
	1c. Homebound/entered nursing home for permanent care	□ 1	$\Box 0$
	1d. Other reason (specify):	\Box 1	$\Box 0$
	During the course of follow-up or illness, among either subjects or normal controls, which make the collection of neuropsychological testing data impossible. These ev direct result of the subject's cognitive or physical condition, or other reasons. "Clinic the primary means of deciding whether the clinician is unable to collect neuropsyches."	ents may be cian's judgn	e the nent" is
	Clinician judgment is also used to determine the <u>reason</u> the data cannot be collected specified in items 1a–1c. That judgment may be based on interviews with subject a neurological exam, cognitive screening tests, medical records, study protocol, etc.		
	If the subject is deceased, check number 1 for "Other reason" and specify 'dead' or space provided.	'deceased'	in the
2.	Are you <u>unable</u> to collect physical/neurological exam data on subject? If yes, indicate reason(s):	□ 1	□ 0
	2a. Too cognitively impaired	□ 1	$\Box 0$
	2b. Too physically ill to travel/participate	□ 1	\square 0
	2c. Homebound/entered nursing home for permanent care	\Box 1	$\Box 0$
	2d. Other reason (specify):	□ 1	$\Box 0$
	During the course of follow-up or illness, among either subjects or normal controls, events can occur which make the collection of neuropsychological testing data impossible. These events may be the direct result of the subject's cognitive or physical condition, or other reasons. "Clinician's judgment" is the primary means of deciding whether the clinician is unable to collect these data.		
	Clinician judgment is also used to determine the <u>reason</u> the data cannot be collected specified in items 1a–1c. That judgment may be based on interviews with subject a neurological exam, cognitive screening tests, medical records, study protocol, etc.		
	If the subject is deceased, check box 1 for "Other reason" and specify 'dead' or 'de provided.	ceased' in t	he space

		Yes	No
3.	Has the subject entered a nursing home with expectation of permanent residence?	□ 1	
	If the subject enters a nursing home with the expectation of permanent residence in this context, nursing home reflects primarily skilled nursing facilities. It does not homes, retirement residences, or other similar facilities.		
	An "expectation of permanent residence" <u>excludes</u> persons who enter a nursing rehab resulting from an injury, surgery, or other medical condition where such re to last three months or less.		
	3a. If yes, date entered nursing home://		
	If a subject enters the nursing home anticipating a short-term stay and the st to be permanent, without transferring or releasing the subject, then record th entered the facility, rather than the date that the status was changed to perm	e date the pat	
4.	Has the subject discontinued?	□ 1	
	4a. If yes, date discontinued:/		
	If the subject has discontinued participation as an enrollee in the ADC, check nudate of occurrence.	mber 1 and re	cord the
	4b. Reason discontinued: □ 1 Refused to return □ 2 Moved out of area □ 3 Discontinued due to Center protocol □ 4 Seeking care elsewhere □ 8 Other (specify): □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □		
	Select the most appropriate reason to explain why the subject discontinued. "Disprotocol" includes any decisions made by the ADC regarding the inclusion, exclusible subjects as ADC participants.		
	If the subject is deceased, check number 8 and specify 'dead' or 'deceased' in the	e space provi	ded.
		□ 1	
5.	Is the subject deceased?	□ 1	$\square 0$
	5a. If yes, date of death://		
	If the subject has died, check number 1 and record the date of death.		
	5b. If yes, was autopsy performed?	□ 1	$\Box 0$
	If an autopsy was performed at your ADC or an affiliated ADC, such that ne diagnosis, neuropathological features, and tissue specimens are/will be directly ADC, check 1. Please ensure that the NACC Neuropathology Data forms a	ctly available	to your
	fashion.	re completed	n a timely
		ormation on	

6.	What is the subject's status following the milestone event(s) indicated above:
	\Box 1 Active: further in-person visits expected
	☐ 2 Active: telephone or other contact expected
	\Box 3 Active: followed for autopsy only
	☐ 4 Inactive: no further data expected
	Check the most appropriate box for the subject's status following completion of this form. For discontinued and deceased subjects, check number 4.