

NACC Uniform Data Set (UDS) Follow-up 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). ADC Visit #: _____
For additional clarification and examples, see UDS Coding Guidebook for Follow-up Visit Packet, Form A1. Check only one box per question. Examiner's initials: _____

To print a copy of data collected for this form at previous UDS visit, go to
<https://www.alz.washington.edu/MEMBER/siteprint.html>.

1. Subject's month/year of birth: ___/____
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2. Subject's sex:	<input type="checkbox"/> 1 Male	<input type="checkbox"/> 2 Female
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3. What is the subject's living situation?	<input type="checkbox"/> 1 Lives alone	<input type="checkbox"/> 4 Lives with group
	<input type="checkbox"/> 2 Lives with spouse or partner	<input type="checkbox"/> 5 Other (<i>specify</i>): _____
	<input type="checkbox"/> 3 Lives with relative or friend	<input type="checkbox"/> 9 Unknown

4. What is the subject's level of independence?	<input type="checkbox"/> 1 Able to live independently	<input type="checkbox"/> 3 Requires some assistance with basic activities
	<input type="checkbox"/> 2 Requires some assistance with complex activities	<input type="checkbox"/> 4 Completely dependent
		<input type="checkbox"/> 9 Unknown

5. What is the subject's primary type of residence?	<input type="checkbox"/> 1 Single family residence	<input type="checkbox"/> 4 Skilled nursing facility/ nursing home
	<input type="checkbox"/> 2 Retirement community	<input type="checkbox"/> 5 Other (<i>specify</i>): _____
	<input type="checkbox"/> 3 Assisted living/ boarding home/adult family home	<input type="checkbox"/> 9 Unknown

6. Subject's primary residence zip code (first 3 digits):	___ __ __ (<i>leave blank if unknown</i>)
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7. Subject's current marital status:	<input type="checkbox"/> 1 Married	<input type="checkbox"/> 5 Never married
	<input type="checkbox"/> 2 Widowed	<input type="checkbox"/> 6 Living as married
	<input type="checkbox"/> 3 Divorced	<input type="checkbox"/> 8 Other (<i>specify</i>): _____
	<input type="checkbox"/> 4 Separated	<input type="checkbox"/> 9 Unknown