



**NACC Uniform Data Set (UDS)**  
**Follow-up 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 Follow-up Visit Packet, Form B1.**

ADC Visit #: \_\_\_\_\_

Examiner's initials: \_\_\_\_\_

SUBJECT PHYSICAL MEASUREMENTS	
1. Subject height (inches):	(99.9 = unknown) ___ . ___
2. Subject weight (lbs.):	(999 = unknown) ___
3. Subject blood pressure (sitting)	(999/999 = unknown) ___ / ___
4. Subject resting heart rate (pulse)	(999 = unknown) ___

ADDITIONAL PHYSICAL OBSERVATIONS	Yes	No	Unknown
5. Without corrective lenses, is the subject's vision functionally normal?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
6. Does the subject usually wear corrective lenses?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
6a. If yes, is the subject's vision functionally normal <u>with</u> corrective lenses?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9

7. Without a hearing aid(s), is the subject's hearing functionally normal?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
8. Does the subject usually wear a hearing aid(s)?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
8a. If yes, is the subject's hearing functionally normal <u>with</u> a hearing aid(s)?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9