

**NACC Uniform Data Set (UDS)**

**Follow-up Form D1: Clinician Diagnosis – Cognitive Status and Dementia**

Center: \_\_\_\_\_ ADC Subject ID: \_\_\_\_\_ Form Date: \_\_\_/\_\_\_/\_\_\_

**NOTE: This form is to be completed by the clinician. For diagnostic criteria, see UDS Coding Guidebook for Follow-up Visit Packet, Form D1. Check only one box per response category.**

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

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

1. Responses are based on:  1 Diagnosis from single clinician  2 Consensus diagnosis

2. Does the subject have normal cognition (no MCI, dementia, or other neurological condition resulting in cognitive impairment)?  1 Yes (If yes, skip to #14)  0 No (If no, continue to #3)

3. Does the subject meet criteria for dementia (in accordance with standard criteria for dementia of the Alzheimer's type or for other non-Alzheimer's dementing disorders)?  1 Yes (If yes, skip to #5)  0 No (If no, continue to #4)

4. If the subject does not have normal cognition and is not clinically demented, indicate the type of cognitive impairment (*choose only one impairment from items 4a thru 4e as being "present"; mark all others "absent"*) and then designate the suspected underlying cause(s) of the impairment by completing items 5–30:

	Present	Absent	Domains	Yes	No
4a. Amnestic MCI – memory impairment only	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
4b. Amnestic MCI – memory impairment plus one or more other domains ( <i>if present, check one or more domain boxes "yes" and check all other domain boxes "no"</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 0	1) Language	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			2) Attention	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			3) Executive function	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			4) Visuospatial	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4c. Non-amnestic MCI – single domain ( <i>if present, check only <u>one</u> domain box "yes"; check <u>all other</u> domain boxes "no"</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 0	1) Language	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			2) Attention	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			3) Executive function	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			4) Visuospatial	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4d. Non-amnestic MCI – multiple domains ( <i>if present, check <u>two</u> or more domain boxes "yes" and check all other domain boxes "no"</i> )	<input type="checkbox"/> 1	<input type="checkbox"/> 0	1) Language	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			2) Attention	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			3) Executive function	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			4) Visuospatial	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4e. Impaired, not MCI	<input type="checkbox"/> 1	<input type="checkbox"/> 0			

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

Please indicate if the following conditions are present or absent. If present, also indicate if the condition is primary or contributing to the observed cognitive impairment (reported in items 3 or 4), based on the clinician's best judgment. Mark only one condition as primary.

	Present	Absent	If Present:	
			Primary	Contributing
5. Probable AD (NINCDS/ADRDA) <i>(if present, skip to item #7)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 0	5a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
6. Possible AD (NINCDS/ADRDA) <i>(if #5 is present, leave this blank)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 0	6a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
7. Dementia with Lewy bodies	<input type="checkbox"/> 1	<input type="checkbox"/> 0	7a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
8. Vascular dementia (NINDS/AIREN Probable) <i>(if present, skip to item #10)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 0	8a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
9. Vascular dementia (NINDS/AIREN Possible) <i>(if #8 is present, leave this blank)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 0	9a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
10. Alcohol-related dementia	<input type="checkbox"/> 1	<input type="checkbox"/> 0	10a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
11. Dementia of undetermined etiology	<input type="checkbox"/> 1	<input type="checkbox"/> 0	11a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
12. Frontotemporal dementia (behavioral/executive dementia)	<input type="checkbox"/> 1	<input type="checkbox"/> 0	12a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
13. Primary progressive aphasia (aphasic dementia)	<input type="checkbox"/> 1	<input type="checkbox"/> 0	13a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>(If PPA is present, specify type by checking <u>one</u> box below "present" and <u>all others</u> "absent"):</i>				
1) Progressive nonfluent aphasia	<input type="checkbox"/> 1	<input type="checkbox"/> 0		
2) Semantic dementia – anomia plus word comprehension	<input type="checkbox"/> 1	<input type="checkbox"/> 0		
3) Semantic dementia – agnosic variant	<input type="checkbox"/> 1	<input type="checkbox"/> 0		
4) Other (e.g., logopenic, anomic, transcortical, word deafness, syntactic comprehension, motor speech disorder)	<input type="checkbox"/> 1	<input type="checkbox"/> 0		

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

For subjects with normal cognition, indicate whether the following conditions are present or absent. If the subject is cognitively impaired, indicate also whether the condition is primary, contributing or non-contributing to the observed cognitive impairment, based on your best judgment. Mark only one condition as primary.

	Present	Absent	If Present:		
			Primary	Contributing	Non-contrib.
14. Progressive supranuclear palsy	<input type="checkbox"/> 1	<input type="checkbox"/> 0	14a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
15. Corticobasal degeneration	<input type="checkbox"/> 1	<input type="checkbox"/> 0	15a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16. Huntington's disease	<input type="checkbox"/> 1	<input type="checkbox"/> 0	16a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17. Prion disease	<input type="checkbox"/> 1	<input type="checkbox"/> 0	17a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18. Cognitive dysfunction from medications	<input type="checkbox"/> 1	<input type="checkbox"/> 0	18a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. Cognitive dysfunction from medical illnesses	<input type="checkbox"/> 1	<input type="checkbox"/> 0	19a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20. Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 0	20a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
21. Other major psychiatric illness	<input type="checkbox"/> 1	<input type="checkbox"/> 0	21a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
22. Down's syndrome	<input type="checkbox"/> 1	<input type="checkbox"/> 0	22a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
23. Parkinson's disease	<input type="checkbox"/> 1	<input type="checkbox"/> 0	23a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
24. Stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 0	24a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
25. Hydrocephalus	<input type="checkbox"/> 1	<input type="checkbox"/> 0	25a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
26. Traumatic brain injury	<input type="checkbox"/> 1	<input type="checkbox"/> 0	26a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
27. CNS neoplasm	<input type="checkbox"/> 1	<input type="checkbox"/> 0	27a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
28. Other ( <i>specify</i> ): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	28a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
29. Other ( <i>specify</i> ): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	29a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
30. Other ( <i>specify</i> ): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	30a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3