



Department of Epidemiology, School of Public Health and Community Medicine, University of Washington

4311 11th Avenue NE #300
Seattle, WA 98105
phone: (206) 543-8637; fax: (206) 616-5927
e-mail: naccmail@u.washington.edu
website: <https://www.alz.washington.edu>

NACC Uniform Data Set (UDS) DATA ELEMENT DICTIONARY for Follow-up Visit Packet (FVP)

(Version 2.0, February 2008)

NOTE: Version 2 is NOT the most current version of the UDS forms and is no longer used for data submission. For the most current version, please visit <http://www.alz.washington.edu>.

This DED last modified June 9, 2014.

Copyright©2006, 2008 University of Washington

This publication was funded by the National Institutes of Health through the National Institute on Aging (Cooperative Agreement #AG016976)

Data Element Dictionary – NACC UDS Follow-up Visit Packet (FVP)

GLOSSARY OF TERMS

Variable Number: Indicates order of appearance on the UDS form.

Variable Name: For non-fixed-format files, variable name must match exactly.

Version: 2

Short Descriptor: Used on the web page to indicate variable.

Question: The question as it appears on the UDS form.

Length of Field: For fixed field formats, number of columns for this variable.

Column Positions: For fixed field formats, column numbers for this variable.

Data Type: For non-fixed field formats, variable type as numerical or character.

Allowable Codes: List of codes with mapping instructions.

Blanks and Skips: Instructions for skip patterns.

Comments: Other instructions as needed.

Form Header (all Follow-up Visit Packet forms)

Variable Number	0A
Variable Name	PACKET
Version	2
Short Descriptor	Packet code
UDS Question	
Length of Field	2
Column Positions	1 – 2
Data Type	Character
Allowable Codes	F = Follow-up Visit Packet
Variable Number	0B
Variable Name	FORMID
Version	2
Short Descriptor	Form ID
UDS Question	
Length of Field	3
Column Positions	4 – 6
Data Type	Character
Allowable Codes	A1 – A5 B1 – B9 C1 D1 E1 Z1
Variable Number	0C
Variable Name	FORMVER
Version	2
Short Descriptor	Form version number
UDS Question	
Length of Field	3
Column Positions	8 – 10
Data Type	Numeric
Allowable Codes	See bottom of current form, use integer portion of version number.
Comment	For example, version 2.0 is FORMVER = 2.

Form Header (all Follow-up Visit Packet forms)

Variable Number	0D
Variable Name	ADCID
Version	2
Short Descriptor	Center ID
UDS Question	
Length of Field	2
Column Positions	12 – 13
Data Type	Numeric
Allowable Codes	<p>2 – 38, Use code below as your Center ID:</p> <ul style="list-style-type: none"> 2 = Boston U 3 = Case Western 4 = Columbia 5 = Duke 6 = Emory 7 = Massachusetts ADRC 8 = Indiana U 9 = Johns Hopkins 10 = Mayo 11 = Mount Sinai 12 = New York U 13 = Northwestern 14 = Oregon Health & Science U 15 = Rush U 16 = U California, Davis 17 = U California, Los Angeles 18 = U California, San Diego 19 = U Kentucky 20 = U Michigan 21 = U Pennsylvania 22 = U Pittsburgh 25 = U Texas Southwestern 26 = U Washington 27 = Washington U, Saint Louis 28 = U Alabama 30 = U Southern California 31 = U California, Irvine 32 = Stanford 33 = Arizona ADC 34 = U Arkansas 35 = U California, San Francisco 36 = Florida ADC 37 = U Wisconsin 38 = U Kansas <p>Note: ADCID is replaced by a randomly generated NACCADC in research data sets generated by NACC.</p>

Form Header (all Follow-up Visit Packet forms)

Variable Number	0E
Variable Name	PTID
Version	2
Short Descriptor	ADC Subject ID
UDS Question	ADC Subject ID
Length of Field	10
Column Positions	15 – 24
Data Type	Character
Allowable Codes	Follow your Center's Patient ID scheme; use same ID as in MDS, if enrolled in MDS.
Comment	Number must be unique within data from your Center, and be used for each visit for subject. Note: PTID is replaced by a randomly generated NACCID in data sets generated by NACC.
Variable Number	0F
Variable Name	VISITMO
Version	2
Short Descriptor	Form Date – month
UDS Question	Form Date
Length of Field	2
Column Positions	26 – 27
Data Type	Numeric
Allowable Codes	1 – 12
Comment	Form date cannot precede September 1, 2005.
Variable Number	0G
Variable Name	VISITDAY
Version	1
Short Descriptor	Form Date – day
UDS Question	Form Date
Length of Field	2
Column Positions	29 – 30
Data Type	Numeric
Allowable Codes	1 – 31
Comment	Form date cannot precede September 1, 2005.

Form Header (all Follow-up Visit Packet forms)

Variable Number	0H
Variable Name	VISITYR
Version	2
Short Descriptor	Form Date – year
UDS Question	Form Date
Length of Field	4
Column Positions	32 – 35
Data Type	Numeric
Allowable Codes	2005 to present year
Comment	Visit date cannot precede September 1, 2005.
Variable Number	0I
Variable Name	VISITNUM
Version	2
Short Descriptor	ADC Visit ID
UDS Question	ADC Visit #
Length of Field	3
Column Positions	37 – 39
Data Type	Character
Allowable Codes	Can be determined by the Center.
Comment	The Center can use its existing visit number scheme, if desired.
Variable Number	0J
Variable Name	INITIALS
Version	1
Short Descriptor	Examiner's initials
UDS Question	Examiner's initials
Length of Field	3
Column Positions	41 – 43
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&) or percentage signs (%).
	Note: INITIALS is never released in research data sets generated by NACC.

Follow-up Form Z1: Form Checklist

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>1</p> <p>A2SUB</p> <p>2</p> <p>Form A2 submitted</p> <p>Form A2, Informant Demographics submitted</p> <p>1</p> <p>45</p> <p>Numeric</p> <p>0 = No 1 = Yes</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>1A</p> <p>A2NOT</p> <p>2</p> <p>Reason Form A2 not submitted</p> <p>Reason Form A2, Informant Demographics not submitted</p> <p>2</p> <p>47 – 48</p> <p>Numeric</p> <p>95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal</p> <p>Blank if #1, A2SUB = 1 (Yes).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>1B</p> <p>A2COMM</p> <p>2</p> <p>Form A2 comments</p> <p>Form A2, Informant Demographics, comments (provide if needed)</p> <p>60</p> <p>50 – 109</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).</p>

Follow-up Form Z1: Form Checklist

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>2</p> <p>A3SUB</p> <p>2</p> <p>Form A3 submitted</p> <p>Form A3, Subject Family History submitted</p> <p>1</p> <p>111</p> <p>Numeric</p> <p>0 = No 1 = Yes</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>2A</p> <p>A3NOT</p> <p>2</p> <p>Reason Form A3 not submitted</p> <p>Reason Form A3, Subject Family History not submitted</p> <p>2</p> <p>113 – 114</p> <p>Numeric</p> <p>95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal</p> <p>Blank if #2, A3SUB = 1 (Yes).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>2B</p> <p>A3COMM</p> <p>2</p> <p>Form A3 comments</p> <p>Form A3, Subject Family History, comments (provide if needed)</p> <p>60</p> <p>116 – 175</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).</p>

Follow-up Form Z1: Form Checklist

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>3</p> <p>A4SUB</p> <p>2</p> <p>Form A4 submitted</p> <p>Form A4, Subject Medications submitted</p> <p>1</p> <p>177</p> <p>Numeric</p> <p>0 = No 1 = Yes</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>3A</p> <p>A4NOT</p> <p>2</p> <p>Reason Form A4 not submitted</p> <p>Reason Form A4, Subject Medications not submitted</p> <p>2</p> <p>179 – 180</p> <p>Numeric</p> <p>95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal</p> <p>Blank if #3, A4SUB = 1 (Yes).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>3B</p> <p>A4COMM</p> <p>2</p> <p>Form A4 comments</p> <p>Form A4, Subject Medications, comments (provide if needed)</p> <p>60</p> <p>182 – 241</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).</p>

Follow-up Form Z1: Form Checklist

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>4</p> <p>B1SUB</p> <p>2</p> <p>Form B1 submitted</p> <p>Form B1, Evaluation Form – Physical submitted</p> <p>1</p> <p>243</p> <p>Numeric</p> <p>0 = No 1 = Yes</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4A</p> <p>B1NOT</p> <p>2</p> <p>Reason Form B1 not submitted</p> <p>Reason Form B1, Evaluation Form – Physical not submitted</p> <p>2</p> <p>245 – 246</p> <p>Numeric</p> <p>95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal</p> <p>Blank if #4, B1SUB = 1 (Yes).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>4B</p> <p>B1COMM</p> <p>2</p> <p>Form B1 comments</p> <p>Form B1, Evaluation Form – Physical, comments (provide if needed)</p> <p>60</p> <p>248 – 307</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).</p>

Follow-up Form Z1: Form Checklist

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	5 B2SUB 2 Form B2 submitted Form B2, Evaluation Form – HIS and CVD submitted 1 309 Numeric 0 = No 1 = Yes
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	5A B2NOT 2 Reason Form B2 not submitted Reason Form B2, Evaluation Form – HIS and CVD not submitted 2 311 – 312 Numeric 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal Blank if #5, B2SUB = 1 (Yes).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	5B B2COMM 2 Form B2 comments Form B2, Evaluation Form – HIS and CVD, comments (provide if needed) 60 314 – 373 Character Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).

Follow-up Form Z1: Form Checklist

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>6</p> <p>B3SUB</p> <p>2</p> <p>Form B3 submitted</p> <p>Form B3, Evaluation Form – UPDRS submitted</p> <p>1</p> <p>375</p> <p>Numeric</p> <p>0 = No 1 = Yes</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6A</p> <p>B3NOT</p> <p>2</p> <p>Reason Form B3 not submitted</p> <p>Reason Form B3 Evaluation Form – UPDRS not submitted</p> <p>2</p> <p>377 – 378</p> <p>Numeric</p> <p>95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal</p> <p>Blank if #6, B3SUB = 1 (Yes).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>6B</p> <p>B3COMM</p> <p>2</p> <p>Form B3 comments</p> <p>Form B3, Evaluation Form – UPDRS, comments (provide if needed)</p> <p>60</p> <p>380 – 439</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).</p>

Follow-up Form Z1: Form Checklist

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	7 B5SUB 2 Form B5 or B5S submitted Form B5 or B5S, Behavioral Assessment – NPI-Q submitted 1 441 Numeric 0 = No 1 = Yes
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	7A B5NOT 2 Reason Form B5 or B5S not submitted Reason Form B5 or B5S, Behavioral Assessment – NPI-Q not submitted 2 443 – 444 Numeric 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal Blank if #7, B5SUB = 1 (Yes).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	7B B5COMM 2 Form B5 or B5S comments Form B5 or B5S, Behavioral Assessment – NPI-Q, comments (provide if needed) 60 446 – 505 Character Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).

Follow-up Form Z1: Form Checklist

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>8</p> <p>B6SUB</p> <p>2</p> <p>Form B6 or B6S submitted</p> <p>Form B6 or B6S, Behavioral Assessment – GDS submitted</p> <p>1</p> <p>507</p> <p>Numeric</p> <p>0 = No 1 = Yes</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8A</p> <p>B6NOT</p> <p>2</p> <p>Reason Form B6 or B6S not submitted</p> <p>Reason Form B6 or B6S, Behavioral Assessment – GDS not submitted</p> <p>2</p> <p>509 – 510</p> <p>Numeric</p> <p>95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal</p> <p>Blank if #8, B6SUB = 1 (Yes).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>8B</p> <p>B6COMM</p> <p>2</p> <p>Form B6 or B6S comments</p> <p>Form B6 or B6S, Behavioral Assessment – GDS, comments (provide if needed)</p> <p>60</p> <p>512 – 571</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).</p>

Follow-up Form Z1: Form Checklist

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>9</p> <p>B7SUB</p> <p>2</p> <p>Form B7 or B7S submitted</p> <p>Form B7 or B7S, Functional Assessment – FAQ submitted</p> <p>1</p> <p>573</p> <p>Numeric</p> <p>0 = No 1 = Yes</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>9A</p> <p>B7NOT</p> <p>2</p> <p>Reason Form B7 or B7S not submitted</p> <p>Reason Form B7 or B7S, Functional Assessment – FAQ not submitted</p> <p>2</p> <p>575 – 576</p> <p>Numeric</p> <p>95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal</p> <p>Blank if #9, B7SUB = 1 (Yes).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>9B</p> <p>B7COMM</p> <p>2</p> <p>Form B7 or B7S comments</p> <p>Form B7 or B7S, Functional Assessment – FAQ, comments (provide if needed)</p> <p>60</p> <p>578 – 637</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).</p>

Follow-up Form Z1: Form Checklist

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	10 B8SUB 2 Form B8 submitted Form B8, Evaluation – Physical/Neurological Exam Findings 1 639 Numeric 0 = No 1 = Yes
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	10A B8NOT 2 Reason Form B8 not submitted Reason Form B8, Evaluation – Physical/Neurological Exam Findings not submitted 2 641 – 642 Numeric 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal Blank if #10, B8SUB = 1 (Yes).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	10B B8COMM 2 Form B8 comments Form B8, Evaluation – Physical/Neurological Exam Findings, comments (provide if needed) 60 644 – 703 Character Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).

Follow-up Form A1: Subject Demographics

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1A BIRTHMO 2 Subject's month of birth Subject's month of birth 2 45 – 46 Numeric 1 – 12 Note: BIRTHMO is available to all researchers upon request.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1B BIRTHYR 2 Subject's year of birth Subject's year of birth 4 48 – 51 Numeric 1875 to (current year minus 15)
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	2 SEX 2 Subject's sex Subject's sex 1 53 Numeric 1 = Male 2 = Female

Follow-up Form A1: Subject Demographics

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>3</p> <p>LIVSIT</p> <p>2</p> <p>Living situation</p> <p>What is the subject's living situation?</p> <p>1</p> <p>55</p> <p>Numeric</p> <p>1 = Lives alone</p> <p>2 = Lives with spouse or partner</p> <p>3 = Lives with relative or friend</p> <p>4 = Lives with group</p> <p>5 = Other</p> <p>9 = Unknown</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>3A</p> <p>LIVSITX</p> <p>2</p> <p>Living situation, other – specify</p> <p>Living situation, other – specify</p> <p>60</p> <p>57 – 116</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).</p> <p>Blank if #3, LIVSIT ≠ 5 (Other).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>4</p> <p>INDEPEND</p> <p>2</p> <p>Level of independence</p> <p>What is the subject's level of independence?</p> <p>1</p> <p>118</p> <p>Numeric</p> <p>1 = Able to live independently</p> <p>2 = Requires some assistance with complex activities</p> <p>3 = Requires some assistance with basic activities</p> <p>4 = Completely dependent</p> <p>9 = Unknown</p>

Follow-up Form A1: Subject Demographics

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>5</p> <p>RESIDENC</p> <p>2</p> <p>Type of residence</p> <p>What is the subject's type of residence?</p> <p>1</p> <p>120</p> <p>Numeric</p> <p>1 = Single family residence</p> <p>2 = Retirement community</p> <p>3 = Assisted living/boarding home/adult family home</p> <p>4 = Skilled nursing facility/nursing home</p> <p>5 = Other</p> <p>9 = Unknown</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>5A</p> <p>RESIDENX</p> <p>2</p> <p>Type of residence, other – specify</p> <p>Type of residence, other – specify</p> <p>60</p> <p>122 – 181</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).</p> <p>Blank if #5, RESIDENC ≠ 5 (Other).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>6</p> <p>ZIP</p> <p>2</p> <p>Zip code</p> <p>Subject's primary residence zip code (first 3 digits)</p> <p>3</p> <p>183 – 185</p> <p>Character</p> <p>Must be valid zip code, in the range 006 – 999.</p> <p>Note: ZIP is available to all researchers upon request.</p>

Follow-up Form A1: Subject Demographics

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	7 MARISTAT 2 Marital status Subject's current marital status 1 187 Numeric 1 = Married 2 = Widowed 3 = Divorced 4 = Separated 5 = Never married 6 = Living as married 8 = Other 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	7A MARISTAX 2 Marital status, other – specify Marital status, other – specify 60 189 – 248 Character Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). Blank if #7, MARISTAT ≠ 8 (Other).

Follow-up Form A2: Informant Demographics

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1A INBIRMO 2 Informant's month of birth Informant's month of birth 2 45 – 46 Numeric 1 – 12 99 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1B INBIRYR 2 Informant's year of birth Informant's year of birth 4 48 – 51 Numeric 1875 to (current year minus 15) 9999 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	2 INSEX 2 Informant's sex Informant's sex 1 53 Numeric 1 = Male 2 = Female

Follow-up Form A2: Informant Demographics

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Skips	3 NEWINF 2 New informant Is this a new informant? 1 55 Numeric 0 = No 1 = Yes If no, skip to item #9.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Skips	4 INHISP 2 Informant Hispanic/Latino ethnicity Does the informant report being of Hispanic/Latino ethnicity (i.e., having origins from a mainly Spanish-speaking Latin American country), regardless of race? 1 57 Numeric 0 = No 1 = Yes 9 = Unknown If no or unknown, go to #5.

Follow-up Form A2: Informant Demographics

Variable Number	4A
Variable Name	INHISPOR
Version	2
Short Descriptor	Informant Hispanic origins
UDS Question	If informant reports being of Hispanic/Latino ethnicity, what are the informant's reported origins?
Length of Field	2
Column Positions	59 – 60
Data Type	Numeric
Allowable Codes	1 = Mexican/Chicano/Mexican-American 2 = Puerto Rican 3 = Cuban 4 = Dominican 5 = Central American 6 = South American 50 = Other 99 = Unknown
Blanks	Blank if #4, INHISP = 0 (No) or 9 (Unknown).
Variable Number	4A1
Variable Name	INHISPOX
Version	2
Short Descriptor	Informant of Hispanic origins, other - specify
UDS Question	Informant of Hispanic origins, other - specify
Length of Field	60
Column Positions	62 – 121
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
Blanks	Blank if #4, INHISP = 0 (No) or 9 (Unknown), or #4A, INHISPOR ≠ 50 (Other).

Follow-up Form A2: Informant Demographics

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	5 INRACE 2 Informant race What does informant report as his/her race? 2 123 – 124 Numeric 1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other 99 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	5A INRACEX 2 Informant race, other – specify Informant race, other – specify 60 126 – 185 Character Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). Blank if #5, INRACE ≠ 50 (Other).

Follow-up Form A2: Informant Demographics

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	6 INRASEC 2 Informant additional race What additional race does informant report? 2 187 – 188 Numeric 1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other 88 = None reported 99 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	6A INRASECX 2 Informant additional race, other – specify Informant additional race, other – specify 60 190 – 249 Character Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). Blank if #6, INRASEC ≠ 50 (Other).

Follow-up Form A2: Informant Demographics

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>7</p> <p>INRATER</p> <p>2</p> <p>Informant additional race</p> <p>What additional race, beyond what was indicated above in questions 4 and 5, does informant report?</p> <p>2</p> <p>251 – 252</p> <p>Numeric</p> <p>1 = White</p> <p>2 = Black or African American</p> <p>3 = American Indian or Alaska Native</p> <p>4 = Native Hawaiian or Other Pacific Islander</p> <p>5 = Asian</p> <p>50 = Other</p> <p>88 = None reported</p> <p>99 = Unknown</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>7A</p> <p>INRATERX</p> <p>2</p> <p>Informant additional race, other – specify</p> <p>Informant additional race, other – specify</p> <p>60</p> <p>254 – 313</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).</p> <p>Blank if #7, INRATER ≠ 50 (Other).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>8</p> <p>INEDUC</p> <p>2</p> <p>Informant education</p> <p>Informant's years of education (report achieved level using the codes below; if an attempted level is not completed, enter the number of years attended). High school/GED = 12; Bachelors degree = 16; Master's degree = 18; Doctorate = 20)</p> <p>2</p> <p>315 – 316</p> <p>Numeric</p> <p>0 – 36</p> <p>99 = Unknown</p>

Follow-up Form A2: Informant Demographics

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>9</p> <p>INRELTO</p> <p>2</p> <p>Informant relationship</p> <p>What is informant's relationship to subject?</p> <p>1</p> <p>318</p> <p>Numeric</p> <p>1 = Spouse/partner</p> <p>2 = Child</p> <p>3 = Sibling</p> <p>4 = Other relative</p> <p>5 = Friend/neighbor</p> <p>6 = Paid caregiver/provider</p> <p>7 = Other</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>9A</p> <p>INRELTOX</p> <p>2</p> <p>Informant relationship, other – specify</p> <p>Informant relationship, other – specify</p> <p>60</p> <p>320 – 379</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).</p> <p>Blank if #9, INRELTO ≠ 7 (Other).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Skips</p>	<p>10</p> <p>INLIVWTH</p> <p>2</p> <p>Informant live with</p> <p>Does the informant live with the subject?</p> <p>1</p> <p>381</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>If yes, skip to #11.</p>

Follow-up Form A2: Informant Demographics

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>10A</p> <p>INVISITS</p> <p>2</p> <p>Informant visits</p> <p>If informant does not live with the subject, approximate frequency of in-person visits.</p> <p>1</p> <p>383</p> <p>Numeric</p> <p>1 = Daily</p> <p>2 = At least 3x/week</p> <p>3 = Weekly</p> <p>4 = At least 3x/month</p> <p>5 = Monthly</p> <p>6 = Less than once a month</p> <p>Blank if #10, INLIVWTH = 1 (Yes).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>10B</p> <p>INCALLS</p> <p>2</p> <p>Informant telephone calls</p> <p>If informant does not live with the subject, approximate frequency of telephone contact.</p> <p>1</p> <p>385</p> <p>Numeric</p> <p>1 = Daily</p> <p>2 = At least 3x/week</p> <p>3 = Weekly</p> <p>4 = At least 3x/month</p> <p>5 = Monthly</p> <p>6 = Less than once a month</p> <p>Blank if #10, INLIVWTH = 1 (Yes).</p>

Follow-up Form A2: Informant Demographics

Variable Number	11
Variable Name	INRELY
Version	2
Short Descriptor	Informant reliability
UDS Question	Is there a question about the informant's reliability?
Length of Field	1
Column Positions	387
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes

Follow-up Form A3: Subject Family History

<p>Variable Number Variable Name Version Short Descriptor UDS Question</p> <p>Length of Field Column Positions Data Type Allowable Codes</p> <p>Skip</p>	<p>G1 A3CHG 2 Changes in family history since previous UDS visit Review with the subject/informant the data collected for this form at the previous UDS visit. If a version 2.0 Form A3 has been submitted previously and if there have been no changes, check this box and end form here.</p> <p>1 45 Numeric 0 = box is not checked – subject/informant has changes in family history 1 = box is checked – no changes since previous visit, end form If box is checked, end form here.</p>
<p>Variable Number Variable Name Version Short Descriptor UDS Question</p> <p>Length of Field Column Positions Data Type Allowable Codes</p> <p>Blanks Skip</p>	<p>G2 PARCHG 2 Changes in parent information since previous UDS visit Provide all information below if it has not been previously submitted. If there has been any change, enter all data in the row for the appropriate parent. Otherwise, check this box and proceed to the next section.</p> <p>1 47 Numeric 0 = box is not checked – subject/informant has changes in parent history 1 = box is checked – no changes since previous visit Blank if #G1, A3CHG = 1. If box is checked proceed to the next section, siblings</p>
<p>Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes</p> <p>Blanks</p>	<p>1A MOMYOB 2 Mother's year of birth Mother's year of birth 4 49 – 52 Numeric 1850 to current year minus 15 9999 = Unknown Blank if #G1, A3CHG = 1 or #G2, PARCHG = 1.</p>

Follow-up Form A3: Subject Family History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	1B MOMLIV 2 Mother living Is subject's mother still living? 1 54 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #G1, A3CHG = 1 or #G2, PARCHG = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	1C MOMYOD 2 Mother's year of death If subject's mother is deceased, indicate year of death 4 56 – 59 Numeric 1875 to current year 9999 = Unknown Blank if #G1, A3CHG = 1 or #G2, PARCHG = 1 or #1B, MOMLIV ≠ 0 (No).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	1D MOMDEM 2 Mother demented Does/did subject's mother have dementia, as indicated by symptoms, history or diagnosis? 1 61 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #G1, A3CHG = 1 or #G2, PARCHG = 1.

Follow-up Form A3: Subject Family History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	1E MOMONSET 2 Mother's age at onset If subject's mother was demented, indicate age at onset. 3 63 – 65 Numeric 15 – 110 999 = Unknown Blank if #G1, A3CHG = 1 or #G2, PARCHG = 1 or #1D, MOMDEM ≠ 1 (Yes).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	2A DADYOB 2 Father's year of birth Father's year of birth 4 67 – 70 Numeric 1850 to current year minus 15 9999 = Unknown Blank if #G1, A3CHG = 1 or #G2, PARCHG = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	2B DADLIV 2 Father still living Is subject's father still living? 1 72 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #G1, A3CHG = 1 or #G2, PARCHG = 1.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>2C</p> <p>DADYOD</p> <p>2</p> <p>Father's year of death</p> <p>If subject's father is deceased, indicate year of death</p> <p>4</p> <p>74 – 77</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G2, PARCHG = 1 or #2B, DADLIV ≠ 0 (No).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>2D</p> <p>DADDEM</p> <p>2</p> <p>Father demented</p> <p>Does/did subject's father have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>79</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G2, PARCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>2E</p> <p>DADONSET</p> <p>2</p> <p>Father's age at onset.</p> <p>If subject's father was demented, indicate age at onset.</p> <p>3</p> <p>81 – 83</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G2, PARCHG = 1 or #2D, DADDEM ≠ 1 (Yes).</p>

Follow-up Form A3: Subject Family History

Variable Number	G3
Variable Name	SIBCHG
Version	2
Short Descriptor	Changes in sibling information since previous UDS visit
UDS Question	Provide all information below if it has not been previously submitted. If there has been any change, enter all data in the row for the appropriate sibling. Otherwise, check this box and proceed to the next section.
Length of Field	1
Column Positions	85
Data Type	Numeric
Allowable Codes	0 = box is not checked – subject/informant has changes in sibling history 1 = box is checked – no changes since previous visit
Blanks	Blank if #G1, A3CHG = 1.
Skip	If box is checked proceed to the next section, children
Variable Number	3
Variable Name	SIBS
Version	2
Short Descriptor	Siblings
UDS Question	How many full siblings did the subject have?
Length of Field	2
Column Positions	87 – 88
Data Type	Numeric
Allowable Codes	0 – 20 99 = Unknown
Blanks	Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.
Variable Number	4A1
Variable Name	SIB1YOB
Version	2
Short Descriptor	Sibling 1 year of birth
UDS Question	Sibling 1 year of birth
Length of Field	4
Column Positions	90 – 93
Data Type	Numeric
Allowable Codes	1875 to current year 9999 = Unknown
Blanks	Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4B1</p> <p>SIB1LIV</p> <p>2</p> <p>Sibling 1 living</p> <p>Is Sibling 1 still living?</p> <p>1</p> <p>95</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A1, SIB1YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C1</p> <p>SIB1YOD</p> <p>2</p> <p>Sibling 1 year of death</p> <p>If Sibling 1 is deceased, indicate year of death</p> <p>4</p> <p>97 – 100</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B1, SIB1LIV ≠ 0 (No) or #4A1, SIB1YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D1</p> <p>SIB1DEM</p> <p>2</p> <p>Sibling 1, demented?</p> <p>Does/did Sibling 1 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>102</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A1, SIB1YOB = Blank.</p>

Follow-up Form A3: Subject Family History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4E1 SIB1ONS 2 Sibling 1 age at onset If Sibling 1 demented, indicate age at onset 3 104 – 106 Numeric 15 – 110 999 = Age unknown Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D1, SIB1DEM ≠ 1 (Yes) or #4A1, SIB1YOB = Blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4A2 SIB2YOB 2 Sibling 2 year of birth Sibling 2 year of birth 4 108 – 111 Numeric 1875 to current year 9999 = Unknown Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4B2 SIB2LIV 2 Sibling 2 living Is Sibling 2 still living? 1 113 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A2, SIB2YOB = Blank.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C2</p> <p>SIB2YOD</p> <p>2</p> <p>Sibling 2 year of death</p> <p>If Sibling 2 is deceased, indicate year of death</p> <p>4</p> <p>115 – 118</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B2, SIB2LIV ≠ 0 (No) or #4A2, SIB2YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D2</p> <p>SIB2DEM</p> <p>2</p> <p>Sibling 2, demented</p> <p>Does/did Sibling 2 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>120</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A2, SIB2YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4E2</p> <p>SIB2ONS</p> <p>2</p> <p>Sibling 2 age at onset</p> <p>If Sibling 2 demented, indicate age at onset</p> <p>3</p> <p>122 – 124</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D2, SIB2DEM ≠ 1 (Yes) or #4A2, SIB2YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4A3</p> <p>SIB3YOB</p> <p>2</p> <p>Sibling 3 year of birth</p> <p>Sibling 3 year of birth</p> <p>4</p> <p>126 – 129</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4B3</p> <p>SIB3LIV</p> <p>2</p> <p>Sibling 3 living</p> <p>Is Sibling 3 still living?</p> <p>1</p> <p>131</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A3, SIB3YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C3</p> <p>SIB3YOD</p> <p>2</p> <p>Sibling 3 year of death</p> <p>If Sibling 3 is deceased, indicate year of death</p> <p>4</p> <p>133 – 136</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B3, SIB3LIV ≠ 0 (No) or #4A3, SIB3YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D3</p> <p>SIB3DEM</p> <p>2</p> <p>Sibling 3, demented</p> <p>Does/did Sibling 3 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>138</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A3, SIB3YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4E3</p> <p>SIB3ONS</p> <p>2</p> <p>Sibling 3 age at onset</p> <p>If Sibling 3 demented, indicate age at onset</p> <p>3</p> <p>140 – 142</p> <p>Numeric</p> <p>15 – 110 999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D3, SIB3DEM ≠ 1 (Yes) or #4A3, SIB3YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4A4</p> <p>SIB4YOB</p> <p>2</p> <p>Sibling 4 year of birth</p> <p>Sibling 4 year of birth</p> <p>4</p> <p>144 – 147</p> <p>Numeric</p> <p>1875 to current year 9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4B4</p> <p>SIB4LIV</p> <p>2</p> <p>Sibling 4 living</p> <p>Is Sibling 4 still living?</p> <p>1</p> <p>149</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A4, SIB4YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C4</p> <p>SIB4YOD</p> <p>2</p> <p>Sibling 4 year of death</p> <p>If Sibling 4 is deceased, indicate year of death</p> <p>4</p> <p>151 – 154</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B4, SIB4LIV ≠ 0 (No) or #4A4, SIB4YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D4</p> <p>SIB4DEM</p> <p>2</p> <p>Sibling 4, demented</p> <p>Does/did Sibling 4 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>156</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A4, SIB4YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4E4</p> <p>SIB4ONS</p> <p>2</p> <p>Sibling 4 age at onset</p> <p>If Sibling 4 demented, indicate age at onset</p> <p>3</p> <p>158 – 160</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D4, SIB4DEM ≠ 1 (Yes) or #4A4, SIB4YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4A5</p> <p>SIB5YOB</p> <p>2</p> <p>Sibling 5 year of birth</p> <p>Sibling 5 year of birth</p> <p>4</p> <p>162 – 165</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4B5</p> <p>SIB5LIV</p> <p>2</p> <p>Sibling 5 living</p> <p>Is Sibling 5 still living?</p> <p>1</p> <p>167</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A5, SIB5YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C5</p> <p>SIB5YOD</p> <p>2</p> <p>Sibling 5 year of death</p> <p>If Sibling 5 is deceased, indicate year of death</p> <p>4</p> <p>169 – 172</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B5, SIB5LIV ≠ 0 (No) or #4A5, SIB5YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D5</p> <p>SIB5DEM</p> <p>2</p> <p>Sibling 5, demented</p> <p>Does/did Sibling 5 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>174</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A5, SIB5YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4E5</p> <p>SIB5ONS</p> <p>2</p> <p>Sibling 5 age at onset</p> <p>If Sibling 5 demented, indicate age at onset</p> <p>3</p> <p>176 – 178</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D5, SIB5DEM ≠ 1 (Yes) or #4A5, SIB5YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4A6</p> <p>SIB6YOB</p> <p>2</p> <p>Sibling 6 year of birth</p> <p>Sibling 6 year of birth</p> <p>4</p> <p>180 – 183</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4B6</p> <p>SIB6LIV</p> <p>2</p> <p>Sibling 6 living</p> <p>Is Sibling 6 still living?</p> <p>1</p> <p>185</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A6, SIB6YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C6</p> <p>SIB6YOD</p> <p>2</p> <p>Sibling 6 year of death</p> <p>If Sibling 6 is deceased, indicate year of death</p> <p>4</p> <p>187 – 190</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B6, SIB6LIV ≠ 0 (No) or #4A6, SIB6YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D6</p> <p>SIB6DEM</p> <p>2</p> <p>Sibling 6, demented</p> <p>Did Sibling 6 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>192</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A6, SIB6YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4E6</p> <p>SIB6ONS</p> <p>2</p> <p>Sibling 6 age at onset</p> <p>If Sibling 6 demented, indicate age at onset</p> <p>3</p> <p>194 – 196</p> <p>Numeric</p> <p>15 – 110 999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D6, SIB6DEM ≠ 1 (Yes) or #4A6, SIB6YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4A7</p> <p>SIB7YOB</p> <p>2</p> <p>Sibling 7 year of birth</p> <p>Sibling 7 year of birth</p> <p>4</p> <p>198 – 201</p> <p>Numeric</p> <p>1875 to current year 9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4B7</p> <p>SIB7LIV</p> <p>2</p> <p>Sibling 7 living</p> <p>Is Sibling 7 still living?</p> <p>1</p> <p>203</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A7, SIB7YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C7</p> <p>SIB7YOD</p> <p>2</p> <p>Sibling 7 year of death</p> <p>If Sibling 7 is deceased, indicate year of death</p> <p>4</p> <p>205 – 208</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B7, SIB7LIV ≠ 0 (No) or #4A7, SIB7YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D7</p> <p>SIB7DEM</p> <p>2</p> <p>Sibling 7, demented?</p> <p>Does/did Sibling 7 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>210</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A7, SIB7YOB = Blank.</p>

Follow-up Form A3: Subject Family History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4E7 SIB7ONS 2 Sibling 7 age at onset If Sibling 7 demented, indicate age at onset 3 212 – 214 Numeric 15 – 110 999 = Age unknown Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D7, SIB7DEM ≠ 1 (Yes) or #4A7, SIB7YOB = Blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4A8 SIB8YOB 2 Sibling 8 year of birth Sibling 8 year of birth 4 216 – 219 Numeric 1875 to current year 9999 = Unknown Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4B8 SIB8LIV 2 Sibling 8 living Is Sibling 8 still living? 1 221 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A8, SIB8YOB = Blank.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C8</p> <p>SIB8YOD</p> <p>2</p> <p>Sibling 8 year of death</p> <p>If Sibling 8 is deceased, indicate year of death</p> <p>4</p> <p>223 – 226</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B8, SIB8LIV ≠ 0 (No) or #4A8, SIB8YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D8</p> <p>SIB8DEM</p> <p>2</p> <p>Sibling 8, demented</p> <p>Does/did Sibling 8 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>228</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A8, SIB8YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4E8</p> <p>SIB8ONS</p> <p>2</p> <p>Sibling 8 age at onset</p> <p>If Sibling 8 demented, indicate age at onset</p> <p>3</p> <p>230 – 232</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D8, SIB8DEM ≠ 1 (Yes) or #4A8, SIB8YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4A9</p> <p>SIB9YOB</p> <p>2</p> <p>Sibling 9 year of birth</p> <p>Sibling 9 year of birth</p> <p>4</p> <p>234 – 237</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4B9</p> <p>SIB9LIV</p> <p>2</p> <p>Sibling 9 living</p> <p>Is Sibling 9 still living?</p> <p>1</p> <p>239</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A9, SIB9YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C9</p> <p>SIB9YOD</p> <p>2</p> <p>Sibling 9 year of death</p> <p>If Sibling 9 is deceased, indicate year of death</p> <p>4</p> <p>241 – 244</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B9, SIB9LIV ≠ 0 (No) or #4A9, SIB9YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D9</p> <p>SIB9DEM</p> <p>2</p> <p>Sibling 9, demented</p> <p>Does/did Sibling 9 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>246</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A9, SIB9YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4E9</p> <p>SIB9ONS</p> <p>2</p> <p>Sibling 9 age at onset</p> <p>If Sibling 9 demented, indicate age at onset</p> <p>3</p> <p>248 – 250</p> <p>Numeric</p> <p>15 – 110 999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D9, SIB9DEM ≠ 1 (Yes) or #4A9, SIB9YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4A10</p> <p>SIB10YOB</p> <p>2</p> <p>Sibling 10 year of birth</p> <p>Sibling 10 year of birth</p> <p>4</p> <p>252 – 255</p> <p>Numeric</p> <p>1875 to current year 9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4B10</p> <p>SIB10LIV</p> <p>2</p> <p>Sibling 10 living</p> <p>Is Sibling 10 still living?</p> <p>1</p> <p>257</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A10, SIB10YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C10</p> <p>SIB10YOD</p> <p>2</p> <p>Sibling 10 year of death</p> <p>If Sibling 10 is deceased, indicate year of death</p> <p>4</p> <p>259 – 262</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B10, SIB10LIV ≠ 0 (No) or #4A10, SIB10YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D10</p> <p>SIB10DEM</p> <p>2</p> <p>Sibling 10, demented</p> <p>Does/did Sibling 10 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>264</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A10, SIB10YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4E10</p> <p>SIB10ONS</p> <p>2</p> <p>Sibling 10 age at onset</p> <p>If Sibling 10 demented, indicate age at onset</p> <p>3</p> <p>266 – 268</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D10, SIB10DEM ≠ 1 (Yes) or #4A10, SIB10YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4A11</p> <p>SIB11YOB</p> <p>2</p> <p>Sibling 11 year of birth</p> <p>Sibling 11 year of birth</p> <p>4</p> <p>270 – 273</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4B11</p> <p>SIB11LIV</p> <p>2</p> <p>Sibling 11 living</p> <p>Is Sibling 11 still living?</p> <p>1</p> <p>275</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A11, SIB11YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C11</p> <p>SIB11YOD</p> <p>2</p> <p>Sibling 11 year of death</p> <p>If Sibling 11 is deceased, indicate year of death</p> <p>4</p> <p>277 – 280</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B11, SIB11LIV ≠ 0 (No) or #4A11, SIB11YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D11</p> <p>SIB11DEM</p> <p>2</p> <p>Sibling 11, demented</p> <p>Does/did Sibling 11 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>282</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A11, SIB11YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4E11</p> <p>SIB11ONS</p> <p>2</p> <p>Sibling 11 age at onset</p> <p>If Sibling 11 demented, indicate age at onset</p> <p>3</p> <p>284 – 286</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D11, SIB11DEM ≠ 1 (Yes) or #4A11, SIB11YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4A12</p> <p>SIB12YOB</p> <p>2</p> <p>Sibling 12 year of birth</p> <p>Sibling 12 year of birth</p> <p>4</p> <p>288 – 291</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4B12</p> <p>SIB12LIV</p> <p>2</p> <p>Sibling 12 living</p> <p>Is Sibling 12 still living?</p> <p>1</p> <p>293</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A12, SIB12YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C12</p> <p>SIB12YOD</p> <p>2</p> <p>Sibling 12 year of death</p> <p>If Sibling 12 is deceased, indicate year of death</p> <p>4</p> <p>295 – 298</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B12, SIB12LIV ≠ 0 (No) or #4A12, SIB12YOB = Blank.</p>

Follow-up Form A3: Subject Family History

Variable Number	4D12
Variable Name	SIB12DEM
Version	2
Short Descriptor	Sibling 12, demented
UDS Question	Did Sibling 12 have dementia, as indicated by symptoms, history or diagnosis?
Length of Field	1
Column Positions	300
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes 9 = Unknown
Blanks	Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A12, SIB12YOB = Blank.
Variable Number	4E12
Variable Name	SIB12ONS
Version	2
Short Descriptor	Sibling 12 age at onset
UDS Question	If Sibling 12 demented, indicate age at onset
Length of Field	3
Column Positions	302 – 304
Data Type	Numeric
Allowable Codes	15 – 110 999 = Age unknown
Blanks	Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D12, SIB12DEM ≠ 1 (Yes) or #4A12, SIB12YOB = Blank.
Variable Number	4A13
Variable Name	SIB13YOB
Version	2
Short Descriptor	Sibling 13 year of birth
UDS Question	Sibling 13 year of birth
Length of Field	4
Column Positions	306 – 309
Data Type	Numeric
Allowable Codes	1875 to current year 9999 = Unknown
Blanks	Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4B13</p> <p>SIB13LIV</p> <p>2</p> <p>Sibling 13 living</p> <p>Is Sibling 13 still living?</p> <p>1</p> <p>311</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A13, SIB13YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C13</p> <p>SIB13YOD</p> <p>2</p> <p>Sibling 13 year of death</p> <p>If Sibling 13 is deceased, indicate year of death</p> <p>4</p> <p>313 – 316</p> <p>Numeric</p> <p>1875 to current year 9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B13, SIB13LIV ≠ 0 (No) or #4A13, SIB13YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D13</p> <p>SIB13DEM</p> <p>2</p> <p>Sibling 13, demented</p> <p>Does/did Sibling 13 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>318</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A13, SIB13YOB = Blank.</p>

Follow-up Form A3: Subject Family History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4E13 SIB13ONS 2 Sibling 13 age at onset If Sibling 13 demented, indicate age at onset 3 320 – 322 Numeric 15 – 110 999 = Age unknown Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D13, SIB13DEM ≠ 1 (Yes) or #4A13, SIB13YOB = Blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4A14 SIB14YOB 2 Sibling 14 year of birth Sibling 14 year of birth 4 324 – 327 Numeric 1875 to current year 9999 = Unknown Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4B14 SIB14LIV 2 Sibling 14 living Is Sibling 14 still living? 1 329 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A14, SIB14YOB = Blank.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C14</p> <p>SIB14YOD</p> <p>2</p> <p>Sibling 14 year of death</p> <p>If Sibling 14 is deceased, indicate year of death</p> <p>4</p> <p>331 – 334</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B14, SIB14LIV ≠ 0 (No) or #4A14, SIB14YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D14</p> <p>SIB14DEM</p> <p>2</p> <p>Sibling 14, demented</p> <p>Does/did Sibling 14 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>336</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A14, SIB14YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4E14</p> <p>SIB14ONS</p> <p>2</p> <p>Sibling 14 age at onset</p> <p>If Sibling 14 demented, indicate age at onset</p> <p>3</p> <p>338 – 340</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D14, SIB14DEM ≠ 1 (Yes) or #4A14, SIB14YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4A15</p> <p>SIB15YOB</p> <p>2</p> <p>Sibling 15 year of birth</p> <p>Sibling 15 year of birth</p> <p>4</p> <p>342 – 345</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4B15</p> <p>SIB15LIV</p> <p>2</p> <p>Sibling 15 living</p> <p>Is Sibling 15 still living?</p> <p>1</p> <p>347</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A15, SIB15YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C15</p> <p>SIB15YOD</p> <p>2</p> <p>Sibling 15 year of death</p> <p>If Sibling 15 is deceased, indicate year of death</p> <p>4</p> <p>349 – 352</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B15, SIB15LIV ≠ 0 (No) or #4A15, SIB15YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D15</p> <p>SIB15DEM</p> <p>2</p> <p>Sibling 15, demented</p> <p>Does/did Sibling 15 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>354</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A15, SIB15YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4E15</p> <p>SIB15ONS</p> <p>2</p> <p>Sibling 15 age at onset</p> <p>If Sibling 15 demented, indicate age at onset</p> <p>3</p> <p>356 – 358</p> <p>Numeric</p> <p>15 – 110 999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D15, SIB15DEM ≠ 1 (Yes) or #4A15, SIB15YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4A16</p> <p>SIB16YOB</p> <p>2</p> <p>Sibling 16 year of birth</p> <p>Sibling 16 year of birth</p> <p>4</p> <p>360 – 363</p> <p>Numeric</p> <p>1875 to current year 9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4B16</p> <p>SIB16LIV</p> <p>2</p> <p>Sibling 16 living</p> <p>Is Sibling 16 still living?</p> <p>1</p> <p>365</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A16, SIB16YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C16</p> <p>SIB16YOD</p> <p>2</p> <p>Sibling 16 year of death</p> <p>If Sibling 16 is deceased, indicate year of death</p> <p>4</p> <p>367 – 370</p> <p>Numeric</p> <p>1875 to current year 9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B16, SIB16LIV ≠ 0 (No) or #4A16, SIB16YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D16</p> <p>SIB16DEM</p> <p>2</p> <p>Sibling 16, demented</p> <p>Does/did Sibling 16 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>372</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A16, SIB16YOB = Blank.</p>

Follow-up Form A3: Subject Family History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4E16 SIB16ONS 2 Sibling 16 age at onset If Sibling 16 demented, indicate age at onset 3 374 – 376 Numeric 15 – 110 999 = Age unknown Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D16, SIB16DEM ≠ 1 (Yes) or #4A16, SIB16YOB = Blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4A17 SIB17YOB 2 Sibling 17 year of birth Sibling 17 year of birth 4 378 – 381 Numeric 1875 to current year 9999 = Unknown Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4B17 SIB17LIV 2 Sibling 17 living Is Sibling 17 still living? 1 383 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A17, SIB17YOB = Blank.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C17</p> <p>SIB17YOD</p> <p>2</p> <p>Sibling 17 year of death</p> <p>If Sibling 17 is deceased, indicate year of death</p> <p>4</p> <p>385 – 388</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B17, SIB17LIV ≠ 0 (No) or #4A17, SIB17YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D17</p> <p>SIB17DEM</p> <p>2</p> <p>Sibling 17, demented</p> <p>Does/did Sibling 17 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>390</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A17, SIB17YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4E17</p> <p>SIB17ONS</p> <p>2</p> <p>Sibling 17 age at onset</p> <p>If Sibling 17 demented, indicate age at onset</p> <p>3</p> <p>392 – 394</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D17, SIB17DEM ≠ 1 (Yes) or #4A17, SIB17YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4A18</p> <p>SIB18YOB</p> <p>2</p> <p>Sibling 18 year of birth</p> <p>Sibling 18 year of birth</p> <p>4</p> <p>396 – 399</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4B18</p> <p>SIB18LIV</p> <p>2</p> <p>Sibling 18 living</p> <p>Is Sibling 18 still living?</p> <p>1</p> <p>401</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A18, SIB18YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C18</p> <p>SIB18YOD</p> <p>2</p> <p>Sibling 18 year of death</p> <p>If Sibling 18 is deceased, indicate year of death</p> <p>4</p> <p>403 – 406</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B18, SIB18LIV ≠ 0 (No) or #4A18, SIB18YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D18</p> <p>SIB18DEM</p> <p>2</p> <p>Sibling 18, demented</p> <p>Does/did Sibling 18 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>408</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A18, SIB18YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4E18</p> <p>SIB18ONS</p> <p>2</p> <p>Sibling 18 age at onset</p> <p>If Sibling 18 demented, indicate age at onset</p> <p>3</p> <p>410 – 412</p> <p>Numeric</p> <p>15 – 110 999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D18, SIB18DEM ≠ 1 (Yes) or #4A18, SIB18YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4A19</p> <p>SIB19YOB</p> <p>2</p> <p>Sibling 19 year of birth</p> <p>Sibling 19 year of birth</p> <p>4</p> <p>414 – 417</p> <p>Numeric</p> <p>1875 to current year 9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4B19</p> <p>SIB19LIV</p> <p>2</p> <p>Sibling 19 living</p> <p>Is Sibling 19 still living?</p> <p>1</p> <p>419</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A19, SIB19YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C19</p> <p>SIB19YOD</p> <p>2</p> <p>Sibling 19 year of death</p> <p>If Sibling 19 is deceased, indicate year of death</p> <p>4</p> <p>421 – 424</p> <p>Numeric</p> <p>1875 to current year 9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B19, SIB19LIV ≠ 0 (No) or #4A19, SIB19YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D19</p> <p>SIB19DEM</p> <p>2</p> <p>Sibling 19, demented</p> <p>Does/did Sibling 19 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>426</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A19, SIB19YOB = Blank.</p>

Follow-up Form A3: Subject Family History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4E19 SIB19ONS 2 Sibling 19 age at onset If Sibling 19 demented, indicate age at onset 3 428 – 430 Numeric 15 – 110 999 = Age unknown Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D19, SIB19DEM ≠ 1 (Yes) or #4A19, SIB19YOB = Blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4A20 SIB20YOB 2 Sibling 20 year of birth Sibling 20 year of birth 4 432 – 435 Numeric 1875 to current year 9999 = Unknown Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4B20 SIB20LIV 2 Sibling 20 living Is Sibling 20 still living? 1 437 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A20, SIB20YOB = Blank.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4C20</p> <p>SIB20YOD</p> <p>2</p> <p>Sibling 20 year of death</p> <p>If Sibling 20 is deceased, indicate year of death</p> <p>4</p> <p>439 – 442</p> <p>Numeric</p> <p>1875 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4B20, SIB20LIV ≠ 0 (No) or #4A20, SIB20YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4D20</p> <p>SIB20DEM</p> <p>2</p> <p>Sibling 20, demented</p> <p>Does/did Sibling 20 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>444</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4A20, SIB20YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>4E20</p> <p>SIB20ONS</p> <p>2</p> <p>Sibling 20 age at onset</p> <p>If Sibling 20 demented, indicate age at onset</p> <p>3</p> <p>446 – 448</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G3, SIBCHG = 1 or #4D20, SIB20DEM ≠ 1 (Yes) or #4A20, SIB20YOB = Blank.</p>

Follow-up Form A3: Subject Family History

Variable Number	G4
Variable Name	KIDCHG
Version	2
Short Descriptor	Changes in children information since previous UDS visit
UDS Question	Provide all information below if it has not been previously submitted. If there has been any change, enter all data in the row for the appropriate child. Otherwise, check this box and proceed to the next section.
Length of Field	1
Column Positions	450
Data Type	Numeric
Allowable Codes	0 = box is not checked – subject/informant has changes in children history 1 = box is checked – no changes since previous visit
Blanks	Blank if #G1, A3CHG = 1.
Skip	If box is checked proceed to the next section, other demented relatives
Variable Number	5
Variable Name	KIDS
Version	2
Short Descriptor	Children of subject
UDS Question	How many biological children did the subject have?
Length of Field	2
Column Positions	452 – 453
Data Type	Numeric
Allowable Codes	0 – 15 99 = Unknown
Blanks	Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1.
Variable Number	6A1
Variable Name	KID1YOB
Version	2
Short Descriptor	Child 1 year of birth
UDS Question	Child 1 year of birth
Length of Field	4
Column Positions	455 – 458
Data Type	Numeric
Allowable Codes	1910 to current year 9999 = Unknown
Blanks	Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6B1</p> <p>KID1LIV</p> <p>2</p> <p>Child 1 living</p> <p>Is Child 1 still living?</p> <p>1</p> <p>460</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A1, KID1YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6C1</p> <p>KID1YOD</p> <p>2</p> <p>Child 1 year of death</p> <p>If Child 1 is deceased, indicate year of death</p> <p>4</p> <p>462 – 465</p> <p>Numeric</p> <p>1910 to current year 9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6B1, KID1LIV ≠ 0 (No) or #6A1, KID1YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6D1</p> <p>KID1DEM</p> <p>2</p> <p>Child 1, demented</p> <p>Does/did Child 1 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>467</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A1, KID1YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6E1</p> <p>KID1ONS</p> <p>2</p> <p>Child 1 age at onset</p> <p>If Child 1 demented, indicate age at onset</p> <p>3</p> <p>469 – 471</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6D1, KID1DEM ≠ 1 (Yes) or #6A1, KID1YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6A2</p> <p>KID2YOB</p> <p>2</p> <p>Child 2 year of birth</p> <p>Child 2 year of birth</p> <p>4</p> <p>473 – 476</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6B2</p> <p>KID2LIV</p> <p>2</p> <p>Child 2 living</p> <p>Is Child 2 still living?</p> <p>1</p> <p>478</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A2, KID2YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6C2</p> <p>KID2YOD</p> <p>2</p> <p>Child 2 year of death</p> <p>If Child 2 is deceased, indicate year of death</p> <p>4</p> <p>480 – 483</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6B2, KID2LIV ≠ 0 (No) or #6A2, KID2YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6D2</p> <p>KID2DEM</p> <p>2</p> <p>Child 2, demented</p> <p>Does/did Child 2 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>485</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A2, KID2YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6E2</p> <p>KID2ONS</p> <p>2</p> <p>Child 2 age at onset</p> <p>If Child 2 demented, indicate age at onset</p> <p>3</p> <p>487 – 489</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6D2, KID2DEM ≠ 1 (Yes) or #6A2, KID2YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6A3</p> <p>KID3YOB</p> <p>2</p> <p>Child 3 year of birth</p> <p>Child 3 year of birth</p> <p>4</p> <p>491 – 494</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6B3</p> <p>KID3LIV</p> <p>2</p> <p>Child 3 living</p> <p>Is Child 3 still living?</p> <p>1</p> <p>496</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A3, KID3YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6C3</p> <p>KID3YOD</p> <p>2</p> <p>Child 3 year of death</p> <p>If Child 3 is deceased, indicate year of death</p> <p>4</p> <p>498 – 501</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6B3, KID3LIV ≠ 0 (No) or #6A3, KID3YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6D3</p> <p>KID3DEM</p> <p>2</p> <p>Child 3, demented</p> <p>Does/did Child 3 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>503</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A3, KID3YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6E3</p> <p>KID3ONS</p> <p>2</p> <p>Child 3 age at onset</p> <p>If Child 3 demented, indicate age at onset</p> <p>3</p> <p>505 – 507</p> <p>Numeric</p> <p>15 – 110 999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6D3, KID3DEM ≠ 1 (Yes) or #6A3, KID3YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6A4</p> <p>KID4YOB</p> <p>2</p> <p>Child 4 year of birth</p> <p>Child 4 year of birth</p> <p>4</p> <p>509 – 512</p> <p>Numeric</p> <p>1910 to current year 9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6B4</p> <p>KID4LIV</p> <p>2</p> <p>Child 4 living</p> <p>Is Child 4 still living?</p> <p>1</p> <p>514</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A4, KID4YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6C4</p> <p>KID4YOD</p> <p>2</p> <p>Child 4 year of death</p> <p>If Child 4 is deceased, indicate year of death</p> <p>4</p> <p>516 – 519</p> <p>Numeric</p> <p>1910 to current year 9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6B4, KID4LIV ≠ 0 (No) or #6A4, KID4YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6D4</p> <p>KID4DEM</p> <p>2</p> <p>Child 4, demented</p> <p>Does/did Child 4 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>521</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A4, KID4YOB = Blank.</p>

Follow-up Form A3: Subject Family History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	6E4 KID4ONS 2 Child 4 age at onset If Child 4 demented, indicate age at onset 3 523 – 525 Numeric 15 – 110 999 = Age unknown Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6D4, KID4DEM ≠ 1 (Yes) or #6A4, KID4YOB = Blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	6A5 KID5YOB 2 Child 5 year of birth Child 5 year of birth 4 527 – 530 Numeric 1910 to current year 9999 = Unknown Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	6B5 KID5LIV 2 Child 5 living Is Child 5 still living? 1 532 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A5, KID5YOB = Blank.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6C5</p> <p>KID5YOD</p> <p>2</p> <p>Child 5 year of death</p> <p>If Child 5 is deceased, indicate year of death</p> <p>4</p> <p>534 – 537</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6B5, KID5LIV ≠ 0 (No) or #6A5, KID5YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6D5</p> <p>KID5DEM</p> <p>2</p> <p>Child 5, demented</p> <p>Does/did Child 5 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>539</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A5, KID5YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6E5</p> <p>KID5ONS</p> <p>2</p> <p>Child 5 age at onset</p> <p>If Child 5 demented, indicate age at onset</p> <p>3</p> <p>541 – 543</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6D5, KID5DEM ≠ 1 (Yes) or #6A5, KID5YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6A6</p> <p>KID6YOB</p> <p>2</p> <p>Child 6 year of birth</p> <p>Child 6 year of birth</p> <p>4</p> <p>545 – 548</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6B6</p> <p>KID6LIV</p> <p>2</p> <p>Child 6 living</p> <p>Is Child 6 still living?</p> <p>1</p> <p>550</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A6, KID6YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6C6</p> <p>KID6YOD</p> <p>2</p> <p>Child 6 year of death</p> <p>If Child 6 is deceased, indicate year of death</p> <p>4</p> <p>552 – 555</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6B6, KID6LIV ≠ 0 (No) or #6A6, KID6YOB = Blank.</p>

Follow-up Form A3: Subject Family History

Variable Number	6D6
Variable Name	KID6DEM
Version	2
Short Descriptor	Child 6, demented
UDS Question	Does/did Child 6 have dementia, as indicated by symptoms, history or diagnosis?
Length of Field	1
Column Positions	557
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes 9 = Unknown
Blanks	Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A6, KID6YOB = Blank.
Variable Number	6E6
Variable Name	KID6ONS
Version	2
Short Descriptor	Child 6 age at onset
UDS Question	If Child 6 demented, indicate age at onset
Length of Field	3
Column Positions	559 – 561
Data Type	Numeric
Allowable Codes	15 – 110 999 = Age unknown
Blanks	Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6D6, KID6DEM ≠ 1 (Yes) or #6A6, KID6YOB = Blank.
Variable Number	6A7
Variable Name	KID7YOB
Version	2
Short Descriptor	Child 7 year of birth
UDS Question	Child 7 year of birth
Length of Field	4
Column Positions	563 – 566
Data Type	Numeric
Allowable Codes	1910 to current year 9999 = Unknown
Blanks	Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6B7</p> <p>KID7LIV</p> <p>2</p> <p>Child 7 living</p> <p>Is Child 7 still living?</p> <p>1</p> <p>568</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A7, KID7YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6C7</p> <p>KID7YOD</p> <p>2</p> <p>Child 7 year of death</p> <p>If Child 7 is deceased, indicate year of death</p> <p>4</p> <p>570 – 573</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6B7, KID7LIV ≠ 0 (No) or #6A7, KID7YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6D7</p> <p>KID7DEM</p> <p>2</p> <p>Child 7, demented</p> <p>Does/did Child 7 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>575</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A7, KID7YOB = Blank.</p>

Follow-up Form A3: Subject Family History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	6E7 KID7ONS 2 Child 7 age at onset If Child 7 demented, indicate age at onset 3 577 – 579 Numeric 15 – 110 999 = Age unknown Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6D7, KID7DEM ≠ 1 (Yes) or #6A7, KID7YOB = Blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	6A8 KID8YOB 2 Child 8 year of birth Child 8 year of birth 4 581 – 584 Numeric 1910 to current year 9999 = Unknown Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	6B8 KID8LIV 2 Child 8 living Is Child 8 still living? 1 586 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A8, KID8YOB = Blank.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6C8</p> <p>KID8YOD</p> <p>2</p> <p>Child 8 year of death</p> <p>If Child 8 is deceased, indicate year of death</p> <p>4</p> <p>588 – 591</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6B8, KID8LIV ≠ 0 (No) or #6A8, KID8YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6D8</p> <p>KID8DEM</p> <p>2</p> <p>Child 8, demented</p> <p>Does/did Child 8 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>593</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A8, KID8YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6E8</p> <p>KID8ONS</p> <p>2</p> <p>Child 8 age at onset</p> <p>If Child 8 demented, indicate age at onset</p> <p>3</p> <p>595 – 597</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6D8, KID8DEM ≠ 1 (Yes) or #6A8, KID8YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6A9</p> <p>KID9YOB</p> <p>2</p> <p>Child 9 year of birth</p> <p>Child 9 year of birth</p> <p>4</p> <p>599 – 602</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6B9</p> <p>KID9LIV</p> <p>2</p> <p>Child 9 living</p> <p>Is Child 9 still living?</p> <p>1</p> <p>604</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A9, KID9YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6C9</p> <p>KID9YOD</p> <p>2</p> <p>Child 9 year of death</p> <p>If Child 9 is deceased, indicate year of death</p> <p>4</p> <p>606 – 609</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6B9, KID9LIV ≠ 0 (No) or #6A9, KID9YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6D9</p> <p>KID9DEM</p> <p>2</p> <p>Child 9, demented</p> <p>Does/did Child 9 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>611</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A9, KID9YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6E9</p> <p>KID9ONS</p> <p>2</p> <p>Child 9 age at onset</p> <p>If Child 9 demented, indicate age at onset</p> <p>3</p> <p>613 – 615</p> <p>Numeric</p> <p>15 – 110 999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6D9, KID9DEM ≠ 1 (Yes) or #6A9, KID9YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6A10</p> <p>KID10YOB</p> <p>2</p> <p>Child 10 year of birth</p> <p>Child 10 year of birth</p> <p>4</p> <p>617 – 620</p> <p>Numeric</p> <p>1910 to current year 9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6B10</p> <p>KID10LIV</p> <p>2</p> <p>Child 10 living</p> <p>Is Child 10 still living?</p> <p>1</p> <p>622</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A10, KID10YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6C10</p> <p>KID10YOD</p> <p>2</p> <p>Child 10 year of death</p> <p>If Child 10 is deceased, indicate year of death</p> <p>4</p> <p>624 – 627</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6B10, KID10LIV ≠ 0 (No) or #6A10, KID10YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6D10</p> <p>KID10DEM</p> <p>2</p> <p>Child 10, demented</p> <p>Does/did Child 10 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>629</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A10, KID10YOB = Blank.</p>

Follow-up Form A3: Subject Family History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	6E10 KID10ONS 2 Child 10 age at onset If Child 10 demented, indicate age at onset 3 631 – 633 Numeric 15 – 110 999 = Age unknown Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6D10, KID10DEM ≠ 1 (Yes) or #6A10, KID10YOB = Blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	6A11 KID11YOB 2 Child 11 year of birth Child 11 year of birth 4 635 – 638 Numeric 1910 to current year 9999 = Unknown Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	6B11 KID11LIV 2 Child 11 living Is Child 11 still living? 1 640 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A11, KID11YOB = Blank.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6C11</p> <p>KID11YOD</p> <p>2</p> <p>Child 11 year of death</p> <p>If Child 11 is deceased, indicate year of death</p> <p>4</p> <p>642 – 645</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6B11, KID11LIV ≠ 0 (No) or #6A11, KID11YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6D11</p> <p>KID11DEM</p> <p>2</p> <p>Child 11, demented</p> <p>Does/did Child 11 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>647</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A11, KID11YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6E11</p> <p>KID11ONS</p> <p>2</p> <p>Child 11 age at onset</p> <p>If Child 11 demented, indicate age at onset</p> <p>3</p> <p>649 – 651</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6D11, KID11DEM ≠ 1 (Yes) or #6A11, KID11YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6A12</p> <p>KID12YOB</p> <p>2</p> <p>Child 12 year of birth</p> <p>Child 12 year of birth</p> <p>4</p> <p>653 – 656</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6B12</p> <p>KID12LIV</p> <p>2</p> <p>Child 12 living</p> <p>Is Child 12 still living?</p> <p>1</p> <p>658</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A12, KID12YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6C12</p> <p>KID12YOD</p> <p>2</p> <p>Child 12 year of death</p> <p>If Child 12 is deceased, indicate year of death</p> <p>4</p> <p>660 – 663</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6B12, KID12LIV ≠ 0 (No) or #6A12, KID12YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6D12</p> <p>KID12DEM</p> <p>2</p> <p>Child 12, demented</p> <p>Does/did Child 12 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>665</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A12, KID12YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6E12</p> <p>KID12ONS</p> <p>2</p> <p>Child 12 age at onset</p> <p>If Child 12 demented, indicate age at onset</p> <p>3</p> <p>667 – 669</p> <p>Numeric</p> <p>15 – 110 999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6D12, KID12DEM ≠ 1 (Yes) or #6A12, KID12YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6A13</p> <p>KID13YOB</p> <p>2</p> <p>Child 13 year of birth</p> <p>Child 13 year of birth</p> <p>4</p> <p>671 – 674</p> <p>Numeric</p> <p>1910 to current year 9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6B13</p> <p>KID13LIV</p> <p>2</p> <p>Child 13 living</p> <p>Is Child 13 still living?</p> <p>1</p> <p>676</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A13, KID13YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6C13</p> <p>KID13YOD</p> <p>2</p> <p>Child 13 year of death</p> <p>If Child 13 is deceased, indicate year of death</p> <p>4</p> <p>678 – 681</p> <p>Numeric</p> <p>1910 to current year 9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6B13, KID13LIV ≠ 0 (No) or #6A13, KID13YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6D13</p> <p>KID13DEM</p> <p>2</p> <p>Child 13, demented</p> <p>Does/did Child 13 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>683</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A13, KID13YOB = Blank.</p>

Follow-up Form A3: Subject Family History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	6E13 KID13ONS 2 Child 13 age at onset If Child 13 demented, indicate age at onset 3 685 – 687 Numeric 15 – 110 999 = Age unknown Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6D13, KID13DEM ≠ 1 (Yes) or #6A13, KID13YOB = Blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	6A14 KID14YOB 2 Child 14 year of birth Child 14 year of birth 4 689 – 692 Numeric 1910 to current year 9999 = Unknown Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	6B14 KID14LIV 2 Child 14 living Is Child 14 still living? 1 694 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A14, KID14YOB = Blank.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6C14</p> <p>KID14YOD</p> <p>2</p> <p>Child 14 year of death</p> <p>If Child 14 is deceased, indicate year of death</p> <p>4</p> <p>696 – 699</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6B14, KID14LIV ≠ 0 (No) or #6A14, KID14YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6D14</p> <p>KID14DEM</p> <p>2</p> <p>Child 14, demented</p> <p>Does/did Child 14 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>701</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A14, KID14YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6E14</p> <p>KID14ONS</p> <p>2</p> <p>Child 14 age at onset</p> <p>If Child 14 demented, indicate age at onset</p> <p>3</p> <p>703 – 705</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6D14, KID14DEM ≠ 1 (Yes) or #6A14, KID14YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6A15</p> <p>KID15YOB</p> <p>2</p> <p>Child 15 year of birth</p> <p>Child 15 year of birth</p> <p>4</p> <p>707 – 710</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6B15</p> <p>KID15LIV</p> <p>2</p> <p>Child 15 living</p> <p>Is Child 15 still living?</p> <p>1</p> <p>712</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A15, KID15YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6C15</p> <p>KID15YOD</p> <p>2</p> <p>Child 15 year of death</p> <p>If Child 15 is deceased, indicate year of death</p> <p>4</p> <p>714 – 717</p> <p>Numeric</p> <p>1910 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6B15, KID15LIV ≠ 0 (No) or #6A15, KID15YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6D15</p> <p>KID15DEM</p> <p>2</p> <p>Child 15, demented</p> <p>Does/did Child 15 have dementia, as indicated by symptoms, history or diagnosis?</p> <p>1</p> <p>719</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6A15, KID15YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6E15</p> <p>KID15ONS</p> <p>2</p> <p>Child 15 age at onset</p> <p>If Child 15 demented, indicate age at onset</p> <p>3</p> <p>721 – 723</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G4, KIDCHG = 1 or #6D15, KID15DEM ≠ 1 (Yes) or #6A15, KID15YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p> <p>Skip</p>	<p>G5</p> <p>RELCHG</p> <p>2</p> <p>Changes in relative information since previous UDS visit</p> <p>Provide all information below if it has not been previously submitted. If there has been any change, enter all data in the row for the appropriate relative. Otherwise, check this box and end form here.</p> <p>1</p> <p>725</p> <p>Numeric</p> <p>0 = box is not checked, subject/informant has changes in relative history 1 = box is checked, no changes since previous visit</p> <p>Blank if #G1, A3CHG = 1.</p> <p>If box is checked, end form here</p>

Follow-up Form A3: Subject Family History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	7 RELSDEM 2 Relatives demented Number of other demented (as defined on form) blood relatives (cousins, aunts, uncles, grandparents, half siblings), as indicated by symptoms, history or diagnosis. 2 727 – 728 Numeric 0 – 15 99 = Unknown Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	8A1 REL1YOB 2 Relative 1 year of birth Relative 1 year of birth 4 730 – 733 Numeric 1800 to current year 9999 = Unknown Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	8B1 REL1LIV 2 Relative 1 living Is Relative 1 still living? 1 735 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A1, REL1YOB = Blank.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8C1</p> <p>REL1YOD</p> <p>2</p> <p>Relative 1 year of death</p> <p>If Relative 1 is deceased, indicate year of death</p> <p>4</p> <p>737 – 740</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8B1, REL1LIV ≠ 0 (No) or #8A1, REL1YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8D1</p> <p>REL1ONS</p> <p>2</p> <p>Relative 1 age at onset</p> <p>Relative 1 age at onset</p> <p>3</p> <p>742 – 744</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A1, REL1YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8A2</p> <p>REL2YOB</p> <p>2</p> <p>Relative 2 year of birth</p> <p>Relative 2 year of birth</p> <p>4</p> <p>746 – 749</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8B2</p> <p>REL2LIV</p> <p>2</p> <p>Relative 2 living</p> <p>Is Relative 2 still living?</p> <p>1</p> <p>751</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A2, REL2YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8C2</p> <p>REL2YOD</p> <p>2</p> <p>Relative 2 year of death</p> <p>If Relative 2 is deceased, indicate year of death</p> <p>4</p> <p>753 – 756</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8B2, REL2LIV ≠ 0 (No) or #8A2, REL2YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8D2</p> <p>REL2ONS</p> <p>2</p> <p>Relative 2 age at onset</p> <p>Relative 2 age at onset</p> <p>3</p> <p>758 – 760</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A2, REL2YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8A3</p> <p>REL3YOB</p> <p>2</p> <p>Relative 3 year of birth</p> <p>Relative 3 year of birth</p> <p>4</p> <p>762 – 765</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8B3</p> <p>REL3LIV</p> <p>2</p> <p>Relative 3 living</p> <p>Is Relative 3 still living?</p> <p>1</p> <p>767</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A3, REL3YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8C3</p> <p>REL3YOD</p> <p>2</p> <p>Relative 3 year of death</p> <p>If Relative 3 is deceased, indicate year of death</p> <p>4</p> <p>769 – 772</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8B3, REL3LIV ≠ 0 (No) or #8A3, REL3YOB = Blank.</p>

Follow-up Form A3: Subject Family History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	8D3 REL3ONS 2 Relative 3 age at onset Relative 3 age at onset 3 774 – 776 Numeric 15 – 110 999 = Age unknown Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A3, REL3YOB = Blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	8A4 REL4YOB 2 Relative 4 year of birth Relative 4 year of birth 4 778 – 781 Numeric 1800 to current year 9999 = Unknown Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	8B4 REL4LIV 2 Relative 4 living Is Relative 4 still living? 1 783 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A4, REL4YOB = Blank.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8C4</p> <p>REL4YOD</p> <p>2</p> <p>Relative 4 year of death</p> <p>If Relative 4 is deceased, indicate year of death</p> <p>4</p> <p>785 – 788</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8B4, REL4LIV ≠ 0 (No) or #8A4, REL4YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8D4</p> <p>REL4ONS</p> <p>2</p> <p>Relative 4 age at onset</p> <p>Relative 4 age at onset</p> <p>3</p> <p>790 – 792</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A4, REL4YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8A5</p> <p>REL5YOB</p> <p>2</p> <p>Relative 5 year of birth</p> <p>Relative 5 year of birth</p> <p>4</p> <p>794 – 797</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8B5</p> <p>REL5LIV</p> <p>2</p> <p>Relative 5 living</p> <p>Is Relative 5 still living?</p> <p>1</p> <p>799</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A5, REL5YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8C5</p> <p>REL5YOD</p> <p>2</p> <p>Relative 5 year of death</p> <p>If Relative 5 is deceased, indicate year of death</p> <p>4</p> <p>801 – 804</p> <p>Numeric</p> <p>1800 to current year 9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8B5, REL5LIV ≠ 0 (No) or #8A5, REL5YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8D5</p> <p>REL5ONS</p> <p>2</p> <p>Relative 5 age at onset</p> <p>Relative 5 age at onset</p> <p>3</p> <p>806 – 808</p> <p>Numeric</p> <p>15 – 110 999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A5, REL5YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8A6</p> <p>REL6YOB</p> <p>2</p> <p>Relative 6 year of birth</p> <p>Relative 6 year of birth</p> <p>4</p> <p>810 – 813</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8B6</p> <p>REL6LIV</p> <p>2</p> <p>Relative 6 living</p> <p>Is Relative 6 still living?</p> <p>1</p> <p>815</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A6, REL6YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8C6</p> <p>REL6YOD</p> <p>2</p> <p>Relative 6 year of death</p> <p>Relative 6 year of death</p> <p>4</p> <p>817 – 820</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8B6, REL6LIV ≠ 0 (No) or #8A6, REL6YOB = Blank.</p>

Follow-up Form A3: Subject Family History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	8D6 REL6ONS 2 Relative 6 age at onset If Relative 6 demented, indicate age at onset 3 822 – 824 Numeric 15 – 110 999 = Age unknown Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A6, REL6YOB = Blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	8A7 REL7YOB 2 Relative 7 year of birth Relative 7 year of birth 4 826 – 829 Numeric 1800 to current year 9999 = Unknown Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	8B7 REL7LIV 2 Relative 7 living Is Relative 7 still living? 1 831 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A7, REL7YOB = Blank.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8C7</p> <p>REL7YOD</p> <p>2</p> <p>Relative 7 year of death</p> <p>If Relative 7 is deceased, indicate year of death</p> <p>4</p> <p>833 – 836</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8B7, REL7LIV ≠ 0 (No) or #8A7, REL7YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8D7</p> <p>REL7ONS</p> <p>2</p> <p>Relative 7 age at onset</p> <p>Relative 7 age at onset</p> <p>3</p> <p>838 – 840</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A7, REL7YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8A8</p> <p>REL8YOB</p> <p>2</p> <p>Relative 8 year of birth</p> <p>Relative 8 year of birth</p> <p>4</p> <p>842 – 845</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8B8</p> <p>REL8LIV</p> <p>2</p> <p>Relative 8 living</p> <p>Is Relative 8 still living?</p> <p>1</p> <p>847</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A8, REL8YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8C8</p> <p>REL8YOD</p> <p>2</p> <p>Relative 8 year of death</p> <p>If Relative 8 is deceased, indicate year of death</p> <p>4</p> <p>849 – 852</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8B8, REL8LIV ≠ 0 (No) or #8A8, REL8YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8D8</p> <p>REL8ONS</p> <p>2</p> <p>Relative 8 age at onset</p> <p>Relative 8 age at onset</p> <p>3</p> <p>854 – 856</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A8, REL8YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8A9</p> <p>REL9YOB</p> <p>2</p> <p>Relative 9 year of birth</p> <p>Relative 9 year of birth</p> <p>4</p> <p>858 – 861</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8B9</p> <p>REL9LIV</p> <p>2</p> <p>Relative 9 living</p> <p>Is Relative 9 still living?</p> <p>1</p> <p>863</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A9, REL9YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8C9</p> <p>REL9YOD</p> <p>2</p> <p>Relative 9 year of death</p> <p>If Relative 9 is deceased, indicate year of death</p> <p>4</p> <p>865 – 868</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8B9, REL9LIV ≠ 0 (No) or #8A9, REL9YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8D9</p> <p>REL9ONS</p> <p>2</p> <p>Relative 9 age at onset</p> <p>Relative 9 age at onset</p> <p>3</p> <p>870 – 872</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A9, REL9YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8A10</p> <p>REL10YOB</p> <p>2</p> <p>Relative 10 year of birth</p> <p>Relative 10 year of birth</p> <p>4</p> <p>874 – 877</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8B10</p> <p>REL10LIV</p> <p>2</p> <p>Relative 10 living</p> <p>Is Relative 10 still living?</p> <p>1</p> <p>879</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A10, REL10YOB = Blank.</p>

Follow-up Form A3: Subject Family History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	8C10 REL10YOD 2 Relative 10 year of death If Relative 10 is deceased, indicate year of death 4 881 – 884 Numeric 1800 to current year 9999 = Unknown Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8B10, REL10LIV ≠ 0 (No) or #8A10, REL10YOB = Blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	8D10 REL10ONS 2 Relative 10 age at onset Relative 10 age at onset 3 886 – 888 Numeric 15 – 110 999 = Age unknown Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A10, REL10YOB = Blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	8A11 REL11YOB 2 Relative 11 year of birth Relative 11 year of birth 4 890 – 893 Numeric 1800 to current year 9999 = Unknown Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1.

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8B11</p> <p>REL11LIV</p> <p>2</p> <p>Relative 11 living</p> <p>Is Relative 11 still living?</p> <p>1</p> <p>895</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A11, REL11YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8C11</p> <p>REL11YOD</p> <p>2</p> <p>Relative 11 year of death</p> <p>If Relative 11 is deceased, indicate year of death</p> <p>4</p> <p>897 – 900</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8B11, REL11LIV ≠ 0 (No) or #8A11, REL11YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8D11</p> <p>REL11ONS</p> <p>2</p> <p>Relative 11 age at onset</p> <p>Relative 11 age at onset</p> <p>3</p> <p>902 – 904</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A11, REL11YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8A12</p> <p>REL12YOB</p> <p>2</p> <p>Relative 12 year of birth</p> <p>Relative 12 year of birth</p> <p>4</p> <p>906 – 909</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8B12</p> <p>REL12LIV</p> <p>2</p> <p>Relative 12 living</p> <p>Is Relative 12 still living?</p> <p>1</p> <p>911</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A12, REL12YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8C12</p> <p>REL12YOD</p> <p>2</p> <p>Relative 12 year of death</p> <p>If Relative 12 is deceased, indicate year of death</p> <p>4</p> <p>913 – 916</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8B12, REL12LIV ≠ 0 (No) or #8A12, REL12YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8D12</p> <p>REL12ONS</p> <p>2</p> <p>Relative 12 age at onset</p> <p>Relative 12 age at onset</p> <p>3</p> <p>918 – 920</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A12, REL12YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8A13</p> <p>REL13YOB</p> <p>2</p> <p>Relative 13 year of birth</p> <p>Relative 13 year of birth</p> <p>4</p> <p>922 – 925</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8B13</p> <p>REL13LIV</p> <p>2</p> <p>Relative 13 living</p> <p>Is Relative 13 still living?</p> <p>1</p> <p>927</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A13, REL13YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8C13</p> <p>REL13YOD</p> <p>2</p> <p>Relative 13 year of death</p> <p>If Relative 13 is deceased, indicate year of death</p> <p>4</p> <p>929 – 932</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8B13, REL13LIV ≠ 0 (No) or #8A13, REL13YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8D13</p> <p>REL13ONS</p> <p>2</p> <p>Relative 13 age at onset</p> <p>Relative 13 age at onset</p> <p>3</p> <p>934 – 936</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A13, REL13YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8A14</p> <p>REL14YOB</p> <p>2</p> <p>Relative 14 year of birth</p> <p>Relative 14 year of birth</p> <p>4</p> <p>938 – 941</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8B14</p> <p>REL14LIV</p> <p>2</p> <p>Relative 14 living</p> <p>Is Relative 14 still living?</p> <p>1</p> <p>943</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A14, REL14YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8C14</p> <p>REL14YOD</p> <p>2</p> <p>Relative 14 year of death</p> <p>If Relative 14 is deceased, indicate year of death</p> <p>4</p> <p>945 – 948</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8B14, REL14LIV ≠ 0 (No) or #8A14, REL14YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8D14</p> <p>REL14ONS</p> <p>2</p> <p>Relative 14 age at onset</p> <p>Relative 14 age at onset</p> <p>3</p> <p>950 – 952</p> <p>Numeric</p> <p>15 – 110</p> <p>999 = Age unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A14, REL14YOB = Blank.</p>

Follow-up Form A3: Subject Family History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8A15</p> <p>REL15YOB</p> <p>2</p> <p>Relative 15 year of birth</p> <p>Relative 15 year of birth</p> <p>4</p> <p>954 – 957</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8B15</p> <p>REL15LIV</p> <p>2</p> <p>Relative 15 living</p> <p>Is Relative 15 still living?</p> <p>1</p> <p>959</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A15, REL15YOB = Blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8C15</p> <p>REL15YOD</p> <p>2</p> <p>Relative 15 year of death</p> <p>If Relative 15 is deceased, indicate year of death</p> <p>4</p> <p>961 – 964</p> <p>Numeric</p> <p>1800 to current year</p> <p>9999 = Unknown</p> <p>Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8B15, REL15LIV ≠ 0 (No) or #8A15, REL15YOB = Blank.</p>

Follow-up Form A3: Subject Family History

Variable Number	8D15
Variable Name	REL15ONS
Version	2
Short Descriptor	Relative 15 age at onset
UDS Question	Relative 15 age at onset
Length of Field	3
Column Positions	966 – 968
Data Type	Numeric
Allowable Codes	15 – 110 999 = Age unknown
Blanks	Blank if #G1, A3CHG = 1 or #G5, RELCHG = 1 or #8A15, REL15YOB = Blank.

Follow-up Form A4G: Subject Medications (general)

Variable Number	1
Variable Name	ANYMEDS
Version	2
Short Descriptor	Subject taking any medications
UDS Question	Is the subject currently taking any medications?
Length of Field	1
Column Positions	45
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes

Follow-up Form A4D: Subject Medications (details)

Variable Number	1
Variable Name	DRUGID
Version	2
Short Descriptor	Standardized code for the medication
UDS Question	What is the Drug ID of the medication?
Length of Field	6
Column Positions	45 – 50
Data Type	Character
Allowable Codes	Preprinted drug IDs on the UDS form or drug IDs obtained from using the lookup tool on the NACC website.

Follow-up Form A5: Subject Health History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1A CVHATT 2 Heart attack/cardiac arrest Heart attack/cardiac arrest 1 45 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1B CVAFIB 2 Atrial fibrillation Atrial fibrillation 1 47 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1C CVANGIO 2 Angioplasty/endarterectomy/stent Angioplasty/endarterectomy/stent 1 49 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown

Follow-up Form A5: Subject Health History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1D CVBYPASS 2 Cardiac bypass procedure Cardiac bypass procedure 1 51 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1E CVPACE 2 Pacemaker Pacemaker 1 53 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1F CVCHF 2 Congestive heart failure Congestive heart failure 1 55 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown

Follow-up Form A5: Subject Health History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1G CVOTHR 2 Cardiovascular disease, other Cardiovascular disease, other 1 57 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	1G1 CVOTHRX 2 Cardiovascular disease, other (specify) Cardiovascular disease, other (specify) 60 59-118 Character Any text or numbers, but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). Blank if #1G, CVOTHR = 0 (Absent) or 9 (Unknown).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	2A CBSTROKE 2 Stroke Stroke 1 120 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown

Follow-up Form A5: Subject Health History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Missing Code Blanks	2A1 STROK1YR 2 Stroke 1 Year If active, indicate year in which stroke occurred. 4 122 – 125 Numeric Between year of birth and date of visit. 9999 = year unknown Blank if #2A, CBSTROKE ≠ 1 (Active).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Missing Code Blanks	2A2 STROK2YR 2 Stroke 2 Year If active, indicate year in which stroke occurred. 4 127 – 130 Numeric Between year of birth and date of visit. 9999 = year unknown Blank if #2A, CBSTROKE ≠ 1 (Active).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Missing Code Blanks	2A3 STROK3YR 2 Stroke 3 Year If active, indicate year in which stroke occurred. 4 132 – 135 Numeric Between year of birth and date of visit. 9999 = year unknown Blank if #2A, CBSTROKE ≠ 1 (Active).

Follow-up Form A5: Subject Health History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Missing Code Blanks	2A4 STROK4YR 2 Stroke 4 Year If active, indicate year in which stroke occurred. 4 137 – 140 Numeric Between year of birth and date of visit. 9999 = year unknown Blank if #2A, CBSTROKE ≠ 1 (Active).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Missing Code Blanks	2A5 STROK5YR 2 Stroke 5 Year If active, indicate year in which stroke occurred. 4 142 – 145 Numeric Between year of birth and date of visit. 9999 = year unknown Blank if #2A, CBSTROKE ≠ 1 (Active).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Missing Code Blanks	2A6 STROK6YR 2 Stroke 6 Year If active, indicate year in which stroke occurred. 4 147 – 150 Numeric Between year of birth and date of visit. 9999 = year unknown Blank if #2A, CBSTROKE ≠ 1 (Active).

Follow-up Form A5: Subject Health History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>2B</p> <p>CBTIA</p> <p>2</p> <p>Transient ischemic attack</p> <p>Transient ischemic attack</p> <p>1</p> <p>152</p> <p>Numeric</p> <p>0 = Absent</p> <p>1 = Active</p> <p>2 = Inactive</p> <p>9 = Unknown</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Missing Code</p> <p>Blanks</p>	<p>2B1</p> <p>TIA1YR</p> <p>2</p> <p>Transient ischemic attack 1 Year</p> <p>If active, indicate year in which transient ischemic attack occurred.</p> <p>4</p> <p>154 – 157</p> <p>Numeric</p> <p>Between year of birth and date of visit.</p> <p>9999 = year unknown</p> <p>Blank if #2B, CBTIA ≠ 1 (Active).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Missing Code</p> <p>Blanks</p>	<p>2B2</p> <p>TIA2YR</p> <p>2</p> <p>Transient ischemic attack 2 Year</p> <p>If active, indicate year in which transient ischemic attack occurred.</p> <p>4</p> <p>159 – 162</p> <p>Numeric</p> <p>Between year of birth and date of visit.</p> <p>9999 = year unknown</p> <p>Blank if #2B, CBTIA ≠ 1 (Active).</p>

Follow-up Form A5: Subject Health History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Missing Code Blanks	2B3 TIA3YR 2 Transient ischemic attack 3 Year If active, indicate year in which transient ischemic attack occurred. 4 164 – 167 Numeric Between year of birth and date of visit. 9999 = year unknown Blank if #2B, CBTIA ≠ 1 (Active).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Missing Code Blanks	2B4 TIA4YR 2 Transient ischemic attack 4 Year If active, indicate year in which transient ischemic attack occurred. 4 169 – 172 Numeric Between year of birth and date of visit. 9999 = year unknown Blank if #2B, CBTIA ≠ 1 (Active).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Missing Code Blanks	2B5 TIA5YR 2 Transient ischemic attack 5 Year If active, indicate year in which transient ischemic attack occurred. 4 174 – 177 Numeric Between year of birth and date of visit. 9999 = year unknown Blank if #2B, CBTIA ≠ 1 (Active).

Follow-up Form A5: Subject Health History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Missing Code Blanks	2B6 TIA6YR 2 Transient ischemic attack 6 Year If active, indicate year in which transient ischemic attack occurred. 4 179 – 182 Numeric Between year of birth and date of visit. 9999 = year unknown Blank if #2B, CBTIA ≠ 1 (Active).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	2C CBOTHR 2 Cerebrovascular disease, other Cerebrovascular disease, other 1 184 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	2C1 CBOTHRX 2 Cerebrovascular disease, other (specify) Cerebrovascular disease, other (specify) 60 186 – 245 Character Any text or numbers, but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). Blank if #2C, CBOTHR = 0 (Absent) or 9 (Unknown).

Follow-up Form A5: Subject Health History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	3A PD 2 Parkinson's disease Parkinson's disease 1 247 Numeric 0 = Absent 1 = Active 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Missing Code Blanks	3A1 PDYR 2 Parkinson's disease = Year If Parkinson's disease active, indicate year of diagnosis. 4 249 – 252 Numeric Between year of birth and date of visit. 9999 = year unknown Blank if #3A, PD ≠ 1 (Active).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	3B PDOTHR 2 Other Parkinsonism disorder Other Parkinsonism disorder 1 254 Numeric 0 = Absent 1 = Active 9 = Unknown

Follow-up Form A5: Subject Health History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Missing Code</p> <p>Blanks</p>	<p>3B1</p> <p>PDOTHRYP</p> <p>2</p> <p>Other Parkinsonism disorder = Year</p> <p>If other Parkinson's disorder active, indicate year of diagnosis.</p> <p>4</p> <p>256 – 259</p> <p>Numeric</p> <p>Between year of birth and date of visit.</p> <p>9999 = year unknown</p> <p>Blank if #3B, PDOTHR ≠ 1 (Active).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>4A</p> <p>SEIZURES</p> <p>2</p> <p>Seizures</p> <p>Seizures</p> <p>1</p> <p>261</p> <p>Numeric</p> <p>0 = Absent</p> <p>1 = Active</p> <p>2 = Inactive</p> <p>9 = Unknown</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>4B1</p> <p>TRAUMBRF</p> <p>2</p> <p>Brain trauma – brief unconsciousness</p> <p>Traumatic brain injury with brief loss of consciousness (< 5 minutes)</p> <p>1</p> <p>263</p> <p>Numeric</p> <p>0 = Absent</p> <p>1 = Active</p> <p>2 = Inactive</p> <p>9 = Unknown</p>

Follow-up Form A5: Subject Health History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	4B2 TRAUMEXT 2 Brain trauma – extended unconsciousness Traumatic brain injury with extended loss of consciousness (≥ 5 minutes) 1 265 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	4B3 TRAUMCHR 2 Brain trauma – chronic deficit Traumatic brain injury with chronic deficit or dysfunction 1 267 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	4C NCOTHR 2 Other neurologic conditions, other Other neurologic conditions, other 1 269 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown

Follow-up Form A5: Subject Health History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4C1 NCOTHRX 2 Other neurologic conditions, other (specify) Other neurologic conditions, other (specify) 60 271 – 330 Character Any text or numbers, but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). Blank if #4C, NCOTHR ≠ 1 (Active).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	5A HYPERTEN 2 Hypertension Hypertension 1 332 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	5B HYPERCHO 2 Hypercholesterolemia Hypercholesterolemia 1 334 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown

Follow-up Form A5: Subject Health History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	5C DIABETES 2 Diabetes Diabetes 1 336 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	5D B12DEF 2 B12 deficiency B12 deficiency 1 338 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	5E THYROID 2 Thyroid disease Thyroid disease 1 340 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown

Follow-up Form A5: Subject Health History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	5F INCONTU 2 Incontinence – urinary Incontinence – urinary 1 342 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	5G INCONTF 2 Incontinence – bowel Incontinence – bowel 1 344 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	6A DEP2YRS 2 Depression, active within the past 2 years Depression, active within the past 2 years 1 346 Numeric 0 = No 1 = Yes 9 = Unknown

Variable Number	6B
Variable Name	DEPOTHR
Version	2
Short Descriptor	Depression, other episodes
UDS Question	Depression, other episodes (prior to 2 years)
Length of Field	1
Column Positions	348
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes 9 = Unknown
Variable Number	7A1
Variable Name	ALCOHOL
Version	2
Short Descriptor	Substance abuse – alcohol
UDS Question	Substance abuse – alcohol. Clinically significant impairment occurring over a 12-month period manifested in one of the following: work, driving, legal or social.
Length of Field	1
Column Positions	350
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Active 2 = Inactive 9 = Unknown
Variable Number	7B1
Variable Name	TOBAC30
Version	2
Short Descriptor	Cigarette smoking history – last 30 days
UDS Question	Cigarette smoking history – Has subject smoked within last 30 days?
Length of Field	1
Column Positions	352
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes 9 = Unknown

Follow-up Form A5: Subject Health History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	7B2 TOBAC100 2 Cigarette smoking history - 100 lifetime cigarettes Cigarette smoking history - Has subject smoked more than 100 cigarettes in his/her life? 1 354 Numeric 0 = No 1 = Yes 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	7B3 SMOKYRS 2 Total years smoked Total years smoked 2 356 – 357 Numeric 00 – 87 88 = NA 99 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	7B4 PACKSPER 2 Packs per day Average number of packs/day smoked 1 359 Numeric 1 = 1 cigarette – < ½ pack 2 = ½ – < 1 pack 3 = 1 – < 1½ pack 4 = 1½ – < 2 packs 5 = ≥ 2 packs 8 = N/A 9 = Unknown

Follow-up Form A5: Subject Health History

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>7B5</p> <p>QUITSMOK</p> <p>2</p> <p>Age – quit smoking</p> <p>If subject quit smoking, specify age when last smoked (i.e., quit)</p> <p>3</p> <p>361 – 363</p> <p>Numeric</p> <p>8 to current age</p> <p>888 = N/A</p> <p>999 = Unknown</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>7C1</p> <p>ABUSOTHR</p> <p>2</p> <p>Other abused substances</p> <p>Clinically significant impairment, due to other abused substances, occurring over a 12-month period manifested in one of the following: work, driving, legal or social.</p> <p>1</p> <p>365</p> <p>Numeric</p> <p>0 = Absent</p> <p>1 = Active</p> <p>2 = Inactive</p> <p>9 = Unknown</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>7C2</p> <p>ABUSX</p> <p>2</p> <p>Other abused substances – specify</p> <p>If other abused substances active or inactive, specify</p> <p>60</p> <p>367 – 426</p> <p>Character</p> <p>Any text or numbers, but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).</p> <p>Blank if #7C1, ABUSOTHR ≠ 1 (Active) or 2 (Inactive).</p>

Follow-up Form A5: Subject Health History

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	7D PSYCDIS 2 Psychiatric disorders Psychiatric disorders 1 428 Numeric 0 = Absent 1 = Active 2 = Inactive 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	7D1 PSYCDISX 2 Psychiatric disorders – specify If psychiatric disorders active or inactive, specify 60 430 – 489 Character Any text or numbers, but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). Blank if #7D PSYCDIS ≠ 1 (Active) or 2 (Inactive).

Follow-up Form B1: Evaluation Form – Physical

Variable Number	1
Variable Name	HEIGHT
Version	2
Short Descriptor	Subject height (inches)
UDS Question	Subject height (inches)
Length of Field	4
Column Positions	45 – 48
Data Type	Numeric
Allowable Codes	36.0 – 96.0 99.9 = Unknown
Variable Number	2
Variable Name	WEIGHT
Version	2
Short Descriptor	Subject weight (lbs)
UDS Question	Subject weight (lbs)
Length of Field	3
Column Positions	50 – 52
Data Type	Numeric
Allowable Codes	70 – 400 999 = Unknown
Comment	Values outside the above range will generate an alert.
Variable Number	3A
Variable Name	BPSYS
Version	2
Short Descriptor	Systolic value
UDS Question	Subject blood pressure (sitting), systolic
Length of Field	3
Column Positions	54 – 56
Data Type	Numeric
Allowable Codes	70 – 230 999 = unknown
Comment	Values outside the above range will generate an alert.

Follow-up Form B1: Evaluation Form – Physical

Variable Number	3B
Variable Name	BPDIAS
Version	2
Short Descriptor	Diastolic value
UDS Question	Subject blood pressure (sitting), diastolic
Length of Field	3
Column Positions	58 – 60
Data Type	Numeric
Allowable Codes	30 – 140 999 = unknown
Comment	Values outside the above range will generate an alert.
Variable Number	4
Variable Name	HRATE
Version	2
Short Descriptor	Subject resting heart rate (pulse)
UDS Question	Subject resting heart rate (pulse)
Length of Field	3
Column Positions	62 – 64
Data Type	Numeric
Allowable Codes	35 – 140 999 = unknown
Comment	Values outside the above range will generate an alert.
Variable Number	5
Variable Name	VISION
Version	2
Short Descriptor	Vision normal
UDS Question	Without corrective lenses, is the subject's vision functionally normal?
Length of Field	1
Column Positions	66
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes 9 = Unknown

Follow-up Form B1: Evaluation Form – Physical

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	6 VISCORR 2 Corrective lenses Does the subject usually wear corrective lenses? 1 68 Numeric 0 = No 1 = Yes 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	6A VISWCORR 2 Vision with corrective lenses If the subject wears corrective lenses, is the subject's vision functionally normal with corrective lenses? 1 70 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #6, VISCORR = 0 (No) or 9 (Unknown).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	7 HEARING 2 Hearing normal Without a hearing aid(s), is the subject's hearing functionally normal? 1 72 Numeric 0 = No 1 = Yes 9 = Unknown

Follow-up Form B1: Evaluation Form – Physical

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	8 HEARAID 2 Hearing aid Does the subject usually wear a hearing aid(s)? 1 74 Numeric 0 = No 1 = Yes 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	8A HEARWAID 2 Hearing with hearing aid If the subject wears a hearing aid(s), is the subject's hearing functionally normal with a hearing aid(s)? 1 76 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #8, HEARAID = 0 (No) or 9 (Unknown).

Follow-up Form B2: Evaluation Form – HIS and CVD

Variable Number	1
Variable Name	ABRUPT
Version	2
Short Descriptor	Abrupt onset (re: cognitive status)
UDS Question	Abrupt onset (re: cognitive status)
Length of Field	1
Column Positions	45
Data Type	Numeric
Allowable Codes	0 = Absent 2 = Present
Variable Number	2
Variable Name	STEPWISE
Version	2
Short Descriptor	Stepwise deterioration (re: cognitive status)
UDS Question	Stepwise deterioration (re: cognitive status)
Length of Field	1
Column Positions	47
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Variable Number	3
Variable Name	SOMATIC
Version	2
Short Descriptor	Somatic complaints
UDS Question	Somatic complaints
Length of Field	1
Column Positions	49
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present

Follow-up Form B2: Evaluation Form – HIS and CVD

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	4 EMOT 2 Emotional incontinence Emotional incontinence 1 51 Numeric 0 = Absent 1 = Present
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	5 HXHYPER 2 History or presence of hypertension History or presence of hypertension 1 53 Numeric 0 = Absent 1 = Present
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	6 HXSTROKE 2 History of stroke History of stroke 1 55 Numeric 0 = Absent 2 = Present

Follow-up Form B2: Evaluation Form – HIS and CVD

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	7 FOCLSYM 2 Focal neurological symptoms Focal neurological symptoms 1 57 Numeric 0 = Absent 2 = Present
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	8 FOCLSIGN 2 Focal neurological signs Focal neurological signs 1 59 Numeric 0 = Absent 2 = Present
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	9 HACHIN 2 Hachinski Ischemic score Sum all circled answers for a total score 2 61 – 62 Numeric 0 – 12

Follow-up Form B2: Evaluation Form – HIS and CVD

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	10 CVDCOG 2 Cerebrovascular disease contributing to cognitive impairment Using your best judgment, do you believe that cerebrovascular disease (CVD) is contributing to the cognitive impairment? 1 64 Numeric 0 = No 1 = Yes 8 = N/A
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	11 STROKCOG 2 Relationship between stroke and cognitive impairment If there is a stroke, is there a temporal relationship between stroke and onset of cognitive impairment? 1 66 Numeric 0 = No 1 = Yes 8 = N/A
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	12 CVDIMAG 2 Imaging evidence Is there imaging evidence which supports that CVD is contributing to the cognitive impairment? 1 68 Numeric 0 = No 1 = Yes 8 = N/A

Follow-up Form B2: Evaluation Form – HIS and CVD

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	12A1 CVDIMAG1 2 Single strategic infarct If yes, was there imaging evidence of single strategic infarct? 1 70 Numeric 0 = No 1 = Yes Blank if #12, CVDIMAG ≠ 1 (Yes)
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	12A2 CVDIMAG2 2 Multiple infarcts If yes, was there imaging evidence of multiple infarcts? 1 72 Numeric 0 = No 1 = Yes Blank if #12, CVDIMAG ≠ 1 (Yes)
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	12A3 CVDIMAG3 2 Extensive white matter hyperintensity If yes, was there imaging evidence of extensive white matter hyperintensity? 1 74 Numeric 0 = No 1 = Yes Blank if #12, CVDIMAG ≠ 1 (Yes)

Follow-up Form B2: Evaluation Form – HIS and CVD

Variable Number	12A4
Variable Name	CVDIMAG4
Version	2
Short Descriptor	Other imaging evidence
UDS Question	If yes, was there other imaging evidence?
Length of Field	1
Column Positions	76
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes
Blanks	Blank if #12, CVDIMAG ≠ 1 (Yes)
Variable Number	12A5
Variable Name	CVDIMAGX
Version	2
Short Descriptor	Other imaging evidence - specify
UDS Question	If yes, was there other imaging evidence - specify
Length of Field	60
Column Positions	78 - 137
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
Blanks	Blank if #12, CVDIMAG ≠ 1 (Yes) or #12A4, CVDIMAG4 = 0 (No).

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Skips	G1 PDNORMAL 2 UPDRS normal [Optional] If the clinician completes the UPDRS examination and determines all items are normal, check this box and end form here. 1 45 Numeric 0 = box not checked 1 = box checked If box is checked, leave all other items blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	1 SPEECH 2 Speech Speech 1 47 Numeric 0 = Normal. 1 = Slight loss of expression, diction and/or volume. 2 = Monotone, slurred but understandable; moderately impaired. 3 = Marked impairment, difficult to understand. 4 = Unintelligible. 8 = Untestable Blank if #G1, PDNORMAL = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	1A SPEECHX 2 Speech, untestable Speech, untestable – specify reason 60 49 – 108 Character Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). Blank if #G1, PDNORMAL = 1, or if #1, SPEECH ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number	2
Variable Name	FACEXP
Version	2
Short Descriptor	Facial expression
UDS Question	Facial expression
Length of Field	1
Column Positions	110
Data Type	Numeric
Allowable Codes	0 = Normal. 1 = Minimal hypomimia, could be normal “poker face”. 2 = Slight but definitely abnormal diminution of facial expression. 3 = Moderate hypomimia; lips parted some of the time. 4 = Masked or fixed facies with severe or complete loss of facial expression; lips parted ¼ inch or more. 8 = Untestable
Blanks	Blank if #G1, PDNORMAL = 1.
Variable Number	2A
Variable Name	FACEXPX
Version	2
Short Descriptor	Facial expression, untestable
UDS Question	Facial expression, untestable – specify reason
Length of Field	60
Column Positions	112 – 171
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).
Blanks	Blank if #G1, PDNORMAL = 1, or if #2, FACEXP ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	3A TRESTFAC 2 Tremor at rest – Face, lips, chin Tremor at rest – Face, lips, chin 1 173 Numeric 0 = Absent. 1 = Slight and infrequently present. 2 = Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present. 3 = Moderate in amplitude and present most of the time. 4 = Marked in amplitude and present most of the time. 8 = Untestable Blank if #G1, PDNORMAL = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	3A1 TRESTFAX 2 Tremor at rest – Face, lips, chin, untestable Tremor at rest – Face, lips, chin, untestable – specify reason 60 175 – 234 Character Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). Blank if #G1, PDNORMAL = 1, or if #3A, TRESTFAC ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	3B TRESTRHD 2 Tremor at rest – Right hand Tremor at rest – Right hand 1 236 Numeric 0 = Absent. 1 = Slight and infrequently present. 2 = Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present. 3 = Moderate in amplitude and present most of the time. 4 = Marked in amplitude and present most of the time. 8 = Untestable Blank if #G1, PDNORMAL = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	3B1 TRESTRHX 2 Tremor at rest – Right hand, untestable Tremor at rest – Right hand, untestable – specify reason 60 238 – 297 Character Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). Blank if #G1, PDNORMAL = 1, or if #3B, TRESTRHD ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	3C TRESTLHD 2 Tremor at rest – Left hand Tremor at rest – Left hand 1 299 Numeric 0 = Absent. 1 = Slight and infrequently present. 2 = Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present. 3 = Moderate in amplitude and present most of the time. 4 = Marked in amplitude and present most of the time. 8 = Untestable Blank if #G1, PDNORMAL = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	3C1 TRESTLHX 2 Tremor at rest – Left hand, untestable Tremor at rest – Left hand, untestable – specify reason 60 301 – 360 Character Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). Blank if #G1, PDNORMAL = 1, or if #3C, TRESTLHD ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	3D TRESTRFT 2 Tremor at rest – Right foot Tremor at rest – Right foot 1 362 Numeric 0 = Absent. 1 = Slight and infrequently present. 2 = Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present. 3 = Moderate in amplitude and present most of the time. 4 = Marked in amplitude and present most of the time. 8 = Untestable Blank if #G1, PDNORMAL = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	3D1 TRESTRFX 2 Tremor at rest – Right foot, untestable Tremor at rest – Right foot, untestable – specify reason 60 364 – 423 Character Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). Blank if #G1, PDNORMAL = 1, or if #3D, TRESTRFT ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>3E</p> <p>TRESTLFT</p> <p>2</p> <p>Tremor at rest – Left foot</p> <p>Tremor at rest – Left foot</p> <p>1</p> <p>425</p> <p>Numeric</p> <p>0 = Absent.</p> <p>1 = Slight and infrequently present.</p> <p>2 = Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present.</p> <p>3 = Moderate in amplitude and present most of the time.</p> <p>4 = Marked in amplitude and present most of the time.</p> <p>8 = Untestable</p> <p>Blank if #G1, PDNORMAL = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>3E1</p> <p>TRESTLFX</p> <p>2</p> <p>Tremor at rest – Left foot, untestable</p> <p>Tremor at rest – Left foot, untestable – specify reason</p> <p>60</p> <p>427 – 486</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).</p> <p>Blank if #G1, PDNORMAL = 1, or if #3E, TRESTLFT ≠ 8 (untestable).</p>

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number	4A
Variable Name	TRACTRHD
Version	2
Short Descriptor	Action tremor – Right hand
UDS Question	Action or postural tremor of hands – Right hand
Length of Field	1
Column Positions	488
Data Type	Numeric
Allowable Codes	0 = Absent. 1 = Slight; present with action. 2 = Moderate in amplitude, present with action. 3 = Moderate in amplitude with posture holding as well as action. 4 = Marked in amplitude; interferes with feeding. 8 = Untestable
Blanks	Blank if #G1, PDNORMAL = 1.
Variable Number	4A1
Variable Name	TRACTRHX
Version	2
Short Descriptor	Action tremor – Right hand, untestable
UDS Question	Action or postural tremor of hands – Right hand, untestable – specify reason
Length of Field	60
Column Positions	490 – 549
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).
Blanks	Blank if #G1, PDNORMAL = 1, or if #4A, TRACTRHD ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number	4B
Variable Name	TRACTLHD
Version	2
Short Descriptor	Action tremor – Left hand
UDS Question	Action or postural tremor of hands – Left hand
Length of Field	1
Column Positions	551
Data Type	Numeric
Allowable Codes	0 = Absent. 1 = Slight; present with action. 2 = Moderate in amplitude, present with action. 3 = Moderate in amplitude with posture holding as well as action. 4 = Marked in amplitude; interferes with feeding. 8 = Untestable
Blanks	Blank if #G1, PDNORMAL = 1.
Variable Number	4B1
Variable Name	TRACTLHX
Version	2
Short Descriptor	Action tremor – Left hand, untestable
UDS Question	Action or postural tremor of hands – Left hand, untestable – specify reason
Length of Field	60
Column Positions	553 – 612
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).
Blanks	Blank if #G1, PDNORMAL = 1, or if #4B, TRACTLHD ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	5A RIGDNECK 2 Rigidity – Neck Rigidity – Neck (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored) 1 614 Numeric 0 = Absent. 1 = Slight or detectable only when activated by mirror or other movements. 2 = Mild to moderate. 3 = Marked, but full range of motion easily achieved. 4 = Severe; range of motion achieved with difficulty. 8 = Untestable Blank if #G1, PDNORMAL = 1.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	5A1 RIGDNEX 2 Rigidity – Neck, untestable Rigidity – Neck (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored) , untestable – specify reason 60 616 – 675 Character Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). Blank if #G1, PDNORMAL = 1, or if #5A, RIGDNECK ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>5B</p> <p>RIGDUPRT</p> <p>2</p> <p>Rigidity – Upper right</p> <p>Rigidity – Right upper extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored)</p> <p>1</p> <p>677</p> <p>Numeric</p> <p>0 = Absent.</p> <p>1 = Slight or detectable only when activated by mirror or other movements.</p> <p>2 = Mild to moderate.</p> <p>3 = Marked, but full range of motion easily achieved.</p> <p>4 = Severe; range of motion achieved with difficulty.</p> <p>8 = Untestable</p> <p>Blank if #G1, PDNORMAL = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>5B1</p> <p>RIGDUPRX</p> <p>2</p> <p>Rigidity – Upper right, untestable</p> <p>Rigidity – Right upper extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored) , untestable – specify reason</p> <p>60</p> <p>679 – 738</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).</p> <p>Blank if #G1, PDNORMAL = 1, or if #5B, RIGDUPRT ≠ 8 (untestable).</p>

Follow-up Form B3: Evaluation Form – UPDRS

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>5C</p> <p>RIGDUPLF</p> <p>2</p> <p>Rigidity – Upper left</p> <p>Rigidity – Left upper extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored)</p> <p>1</p> <p>740</p> <p>Numeric</p> <p>0 = Absent.</p> <p>1 = Slight or detectable only when activated by mirror or other movements.</p> <p>2 = Mild to moderate.</p> <p>3 = Marked, but full range of motion easily achieved.</p> <p>4 = Severe; range of motion achieved with difficulty.</p> <p>8 = Untestable</p> <p>Blank if #G1, PDNORMAL = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>5C1</p> <p>RIGDUPLX</p> <p>2</p> <p>Rigidity – Upper left, untestable</p> <p>Rigidity – Left upper extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored) , untestable – specify reason</p> <p>60</p> <p>742 – 801</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).</p> <p>Blank if #G1, PDNORMAL = 1, or if #5C, RIGDUPLF ≠ 8 (untestable).</p>

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number	5D
Variable Name	RIGDLORT
Version	2
Short Descriptor	Rigidity – Lower right
UDS Question	Rigidity – Right lower extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored)
Length of Field	1
Column Positions	803
Data Type	Numeric
Allowable Codes	0 = Absent. 1 = Slight or detectable only when activated by mirror or other movements. 2 = Mild to moderate. 3 = Marked, but full range of motion easily achieved. 4 = Severe; range of motion achieved with difficulty. 8 = Untestable
Blanks	Blank if #G1, PDNORMAL = 1.
Variable Number	5D1
Variable Name	RIGDLORX
Version	2
Short Descriptor	Rigidity – Lower right, untestable
UDS Question	Rigidity – Right lower extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored) , untestable – specify reason
Length of Field	60
Column Positions	805 – 864
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
Blanks	Blank if #G1, PDNORMAL = 1, or if #5D, RIGDLORT ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number	5E
Variable Name	RIGDLOLF
Version	2
Short Descriptor	Rigidity – Lower left
UDS Question	Rigidity – Left lower extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored)
Length of Field	1
Column Positions	866
Data Type	Numeric
Allowable Codes	0 = Absent. 1 = Slight or detectable only when activated by mirror or other movements. 2 = Mild to moderate. 3 = Marked, but full range of motion easily achieved. 4 = Severe; range of motion achieved with difficulty. 8 = Untestable
Blanks	Blank if #G1, PDNORMAL = 1.
Variable Number	5E1
Variable Name	RIGDLOLX
Version	2
Short Descriptor	Rigidity – Lower left, untestable
UDS Question	Rigidity – Left lower extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored) , untestable – specify reason
Length of Field	60
Column Positions	868 – 927
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
Blanks	Blank if #G1, PDNORMAL = 1, or if #5E, RIGDLOLF ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number	6A
Variable Name	TAPSRT
Version	2
Short Descriptor	Finger taps – Right hand
UDS Question	Finger taps – Right hand (patient taps thumb with index finger in rapid succession)
Length of Field	1
Column Positions	929
Data Type	Numeric
Allowable Codes	0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired; definite and early fatiguing; may have occasional arrests in movement. 3 = Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable
Blanks	Blank if #G1, PDNORMAL = 1.
Variable Number	6A1
Variable Name	TAPSRTX
Version	2
Short Descriptor	Finger taps – Right hand, untestable
UDS Question	Finger taps – Right hand, untestable – specify reason
Length of Field	60
Column Positions	931 – 990
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).
Blanks	Blank if #G1, PDNORMAL = 1, or if #6A, TAPSRT ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number	6B
Variable Name	TAPSLF
Version	2
Short Descriptor	Finger taps – Left hand
UDS Question	Finger taps – Left hand (patient taps thumb with index finger in rapid succession)
Length of Field	1
Column Positions	992
Data Type	Numeric
Allowable Codes	0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired; definite and early fatiguing; may have occasional arrests in movement. 3 = Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable
Blanks	Blank if #G1, PDNORMAL = 1.
Variable Number	6B1
Variable Name	TAPSLFX
Version	2
Short Descriptor	Finger taps – Left hand, untestable
UDS Question	Finger taps – Left hand, untestable – specify reason
Length of Field	60
Column Positions	994 – 1053
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).
Blanks	Blank if #G1, PDNORMAL = 1, or if #6B, TAPSLF ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number	7A
Variable Name	HANDMOVR
Version	2
Short Descriptor	Hand movements – Right hand
UDS Question	Hand movements – Right hand (patient opens and closes hands in rapid succession)
Length of Field	1
Column Positions	1055
Data Type	Numeric
Allowable Codes	0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired; definite and early fatiguing; may have occasional arrests in movement. 3 = Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable
Blanks	Blank if #G1, PDNORMAL = 1.
Variable Number	7A1
Variable Name	HANDMVRX
Version	2
Short Descriptor	Hand movements – Right hand, untestable
UDS Question	Hand movements – Right hand, untestable – specify reason
Length of Field	60
Column Positions	1057 – 1116
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).
Blanks	Blank if #G1, PDNORMAL = 1, or if #7A, HANDMOVR ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number	7B
Variable Name	HANDMOVL
Version	2
Short Descriptor	Hand movements – Left hand
UDS Question	Hand movements – Left hand (patient opens and closes hands in rapid succession)
Length of Field	1
Column Positions	1118
Data Type	Numeric
Allowable Codes	0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired; definite and early fatiguing; may have occasional arrests in movement. 3 = Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable
Blanks	Blank if #G1, PDNORMAL = 1.
Variable Number	7B1
Variable Name	HANDMVLX
Version	2
Short Descriptor	Hand movements – Left hand, untestable
UDS Question	Hand movements – Left hand, untestable – specify reason
Length of Field	60
Column Positions	1120 – 1179
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).
Blanks	Blank if #G1, PDNORMAL = 1, or if #7B, HANDMOVL ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8A</p> <p>HANDALTR</p> <p>2</p> <p>Alternating movement – Right hand</p> <p>Rapid alternating movements of hands – Right hand (pronation-supination movements of hands, vertically and horizontally, with as large an amplitude as possible, both hands simultaneously)</p> <p>1</p> <p>1181</p> <p>Numeric</p> <p>0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired; definite and early fatiguing; may have occasional arrests in movement. 3 = Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable</p> <p>Blank if #G1, PDNORMAL = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8A1</p> <p>HANDATRX</p> <p>2</p> <p>Alternating movement – Right hand, untestable</p> <p>Alternating movement – Right hand, untestable – specify reason</p> <p>60</p> <p>1183 – 1242</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).</p> <p>Blank if #G1, PDNORMAL = 1, or if #8A, HANDALTR ≠ 8 (untestable).</p>

Follow-up Form B3: Evaluation Form – UPDRS

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8B</p> <p>HANDALTL</p> <p>2</p> <p>Alternating movement – Left hand</p> <p>Rapid alternating movements of hands – Left hand (pronation-supination movements of hands, vertically and horizontally, with as large an amplitude as possible, both hands simultaneously)</p> <p>1</p> <p>1244</p> <p>Numeric</p> <p>0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired; definite and early fatiguing; may have occasional arrests in movement. 3 = Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable</p> <p>Blank if #G1, PDNORMAL = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>8B1</p> <p>HANDATLX</p> <p>2</p> <p>Alternating movement – Left hand, untestable</p> <p>Alternating movement – Left hand, untestable – specify reason</p> <p>60</p> <p>1246 – 1305</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).</p> <p>Blank if #G1, PDNORMAL = 1, or if #8B, HANDALTL ≠ 8 (untestable).</p>

Follow-up Form B3: Evaluation Form – UPDRS

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>9A</p> <p>LEGRT</p> <p>2</p> <p>Leg agility – Right leg</p> <p>Leg agility – Right leg (patient taps heel on the ground in rapid succession, picking up entire leg; amplitude should be at least 3 inches)</p> <p>1</p> <p>1307</p> <p>Numeric</p> <p>0 = Normal.</p> <p>1 = Mild slowing and/or reduction in amplitude.</p> <p>2 = Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.</p> <p>3 = Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.</p> <p>4 = Can barely perform the task.</p> <p>8 = Untestable</p> <p>Blank if #G1, PDNORMAL = 1.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>9A1</p> <p>LEGRTX</p> <p>2</p> <p>Leg agility – Right leg, untestable</p> <p>Leg agility – Right leg, untestable – specify reason</p> <p>60</p> <p>1309 – 1368</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).</p> <p>Blank if #G1, PDNORMAL = 1, or if #9A, LEGRT ≠ 8 (untestable).</p>

Follow-up Form B3: Evaluation Form – UPDRS

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>9B</p> <p>LEGLF</p> <p>2</p> <p>Leg agility – Left leg</p> <p>Leg agility – Left leg (patient taps heel on the ground in rapid succession, picking up entire leg; amplitude should be at least 3 inches)</p> <p>1</p> <p>1370</p> <p>Numeric</p> <p>0 = Normal.</p> <p>1 = Mild slowing and/or reduction in amplitude.</p> <p>2 = Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.</p> <p>3 = Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.</p> <p>4 = Can barely perform the task.</p> <p>8 = Untestable</p> <p>Blank if #G1, PDNORMAL = 1</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>9B1</p> <p>LEGLFX</p> <p>2</p> <p>Leg agility – Left leg, untestable</p> <p>Leg agility – Left leg, untestable – specify reason</p> <p>60</p> <p>1372 – 1431</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).</p> <p>Blank if #G1, PDNORMAL = 1, or if #9B, LEGLF ≠ 8 (untestable).</p>

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number	10
Variable Name	ARISING
Version	2
Short Descriptor	Arising from chair
UDS Question	Arising from chair (patient attempts to rise from a straight-backed chair, with arms folded across chest)
Length of Field	1
Column Positions	1433
Data Type	Numeric
Allowable Codes	0 = Normal. 1 = Slow; or may need more than one attempt. 2 = Pushes self up from arms of seat. 3 = Tends to fall back and may have to try more than one time, but can get up without help. 4 = Unable to arise without help. 8 = Untestable
Blanks	Blank if #G1, PDNORMAL = 1.
Variable Number	10A
Variable Name	ARISINGX
Version	2
Short Descriptor	Arising from chair, untestable
UDS Question	Arising from chair, untestable – specify reason
Length of Field	60
Column Positions	1435 – 1494
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).
Blanks	Blank if #G1, PDNORMAL = 1, or if #10, ARISING ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number	11
Variable Name	POSTURE
Version	2
Short Descriptor	Posture
UDS Question	Posture
Length of Field	1
Column Positions	1496
Data Type	Numeric
Allowable Codes	0 = Normal. 1 = Not quite erect, slightly stooped posture; could be normal for older person. 2 = Moderately stooped posture, definitely abnormal; can be slightly leaning to one side. 3 = Severely stooped posture with kyphosis; can be moderately leaning to one side. 4 = Marked flexion with extreme abnormality of posture. 8 = Untestable
Blanks	Blank if #G1, PDNORMAL = 1.
Variable Number	11A
Variable Name	POSTUREX
Version	2
Short Descriptor	Posture, untestable
UDS Question	Posture, untestable – specify reason
Length of Field	60
Column Positions	1498 – 1557
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).
Blanks	Blank if #G1, PDNORMAL = 1, or if #11, POSTURE ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number	12
Variable Name	GAIT
Version	2
Short Descriptor	Gait
UDS Question	Gait
Length of Field	1
Column Positions	1559
Data Type	Numeric
Allowable Codes	0 = Normal. 1 = Walks slowly; may shuffle with short steps, but no festination (hastening steps) or propulsion. 2 = Walks with difficulty, but requires little or no assistance; may have some festination, short steps, or propulsion. 3 = Severe disturbance of gait requiring assistance. 4 = Cannot walk at all, even with assistance. 8 = Untestable
Blanks	Blank if #G1, PDNORMAL = 1.
Variable Number	12A
Variable Name	GAITX
Version	2
Short Descriptor	Gait, untestable
UDS Question	Gait, untestable – specify reason
Length of Field	60
Column Positions	1561 – 1620
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).
Blanks	Blank if #G1, PDNORMAL = 1, or if #12, GAIT ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number	13
Variable Name	POSSTAB
Version	2
Short Descriptor	Posture stability
UDS Question	Posture stability (response to sudden, strong posterior displacement produced by pull on shoulders while patient erect with eyes open and feet slightly apart; patient is prepared)
Length of Field	1
Column Positions	1622
Data Type	Numeric
Allowable Codes	0 = Normal erect. 1 = Retropulsion, but recovers unaided. 2 = Absence of postural response; would fall if not caught by examiner. 3 = Very unstable, tends to lose balance spontaneously. 4 = Unable to stand without assistance. 8 = Untestable
Blanks	Blank if #G1, PDNORMAL = 1.
Variable Number	13A
Variable Name	POSSTABX
Version	2
Short Descriptor	Posture stability, untestable
UDS Question	Posture stability, untestable – specify reason
Length of Field	60
Column Positions	1624 – 1683
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).
Blanks	Blank if #G1, PDNORMAL = 1, or if #13, POSSTAB ≠ 8 (untestable).

Follow-up Form B3: Evaluation Form – UPDRS

Variable Number	14
Variable Name	BRADYKIN
Version	2
Short Descriptor	Body bradykinesia and hypokinesia
UDS Question	Body bradykinesia and hypokinesia (combining slowness, hesitancy, decreased arm swing, small amplitude, and poverty of movement in general)
Length of Field	1
Column Positions	1685
Data Type	Numeric
Allowable Codes	0 = None. 1 = Minimal slowness, giving movement a deliberate character; could be normal for some persons; possibly reduced amplitude. 2 = Mild degree of slowness and poverty of movement which is definitely abnormal. Alternatively, some reduced amplitude. 3 = Moderate slowness, poverty or small amplitude of movement. 4 = Marked slowness, poverty or small amplitude of movement. 8 = Untestable
Blanks	Blank if #G1, PDNORMAL = 1.
Variable Number	14A
Variable Name	BRADYKIX
Version	2
Short Descriptor	Body bradykinesia and hypokinesia, untestable
UDS Question	Body bradykinesia and hypokinesia (combining slowness, hesitancy, decreased arm swing, small amplitude, and poverty of movement in general) , untestable – specify reason
Length of Field	60
Column Positions	1687 – 1746
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
Blanks	Blank if #G1, PDNORMAL = 1, or if #14, BRADYKIN ≠ 8 (untestable).

Follow-up Form B4: Global Staging – CDR: Standard and Supplemental

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1 MEMORY 2 Memory Memory 3 45 – 47 Numeric 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	2 ORIENT 2 Orientation Orientation 3 49 – 51 Numeric 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	3 JUDGMENT 2 Judgment & problem solving Judgment & problem solving 3 53 – 55 Numeric 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment

Follow-up Form B4: Global Staging – CDR: Standard and Supplemental

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	4 COMMUN 2 Community Affairs Community Affairs 3 57 – 59 Numeric 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	5 HOMEHOBB 2 Home & hobbies Home & hobbies 3 61 – 63 Numeric 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	6 PERSCARE 2 Personal Care Personal Care 3 65 – 67 Numeric 0.0 = No impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment

Follow-up Form B4: Global Staging – CDR: Standard and Supplemental

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	7 CDRSUM 2 Standard CDR Standard CDR sum of boxes 4 69 – 72 Numeric 00.0, 00.5, 01.0, 01.5, ..., 18.0 (except scores of 16.5 and 17.5 not possible).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	8 CDRGLOB 2 Global CDR Global CDR 3 74 – 76 Numeric 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	9 COMPORT 2 Behavior, Compartment and Personality Behavior, Compartment and Personality 3 78 – 80 Numeric 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment

Follow-up Form B4: Global Staging – CDR: Standard and Supplemental

Variable Number	10
Variable Name	CDRLANG
Version	2
Short Descriptor	Language
UDS Question	Language
Length of Field	3
Column Positions	82 – 84
Data Type	Numeric
Allowable Codes	0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment

Follow-up Form B5: Behavioral Assessment – NPI-Q

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1 NPIQINF 2 NPI informant NPI informant 1 45 Numeric 1 = Spouse 2 = Child 3 = Other
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	1A NPIQINF 2 NPI informant, other – specify NPI informant, other – specify 60 47 – 106 Character Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). Blank if #1, NPIQINF ≠ 3 (Other).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	2A DEL 2 Delusions Does the patient believe that others are stealing from him or her, or planning to harm him or her in some way? 1 108 Numeric 0 = No 1 = Yes 9 = Unknown

Follow-up Form B5: Behavioral Assessment – NPI-Q

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	2B DELSEV 2 Delusions severity Delusions severity 1 110 Numeric 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) 9 = Unknown Blank if #2A, DEL = 0 (No).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	3A HALL 2 Hallucinations Does the patient act as if he or she hears voices? Does he or she talk to people who are not there? 1 112 Numeric 0 = No 1 = Yes 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	3B HALLSEV 2 Hallucinations severity Hallucinations severity 1 114 Numeric 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) 9 = Unknown Blank if #3A, HALL = 0 (No).

Follow-up Form B5: Behavioral Assessment – NPI-Q

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	4A AGIT 2 Agitation or aggression Is the patient stubborn and resistive to help from others? 1 116 Numeric 0 = No 1 = Yes 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4B AGITSEV 2 Agitation or aggression severity Agitation or aggression severity 1 118 Numeric 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) 9 = Unknown Blank if #4A, AGIT = 0 (No).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	5A DEPD 2 Depression or dysphoria Does the patient act as if he or she is sad or in low spirits? Does he or she cry? 1 120 Numeric 0 = No 1 = Yes 9 = Unknown

Follow-up Form B5: Behavioral Assessment – NPI-Q

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	5B DEPDSEV 2 Depression or dysphoria severity Depression or dysphoria severity 1 122 Numeric 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) 9 = Unknown Blank if #5A, DEPD = 0 (No).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	6A ANX 2 Anxiety Does the patient become upset when separated from you? Does he or she have any other signs of nervousness, such as shortness of breath, sighing, being unable to relax, or feeling excessively tense? 1 124 Numeric 0 = No 1 = Yes 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	6B ANXSEV 2 Anxiety severity Anxiety severity 1 126 Numeric 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) 9 = Unknown Blank if #6A, ANX = 0 (No).

Follow-up Form B5: Behavioral Assessment – NPI-Q

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	7A ELAT 2 Elation or euphoria Does the patient appear to feel too good or act excessively happy? 1 128 Numeric 0 = No 1 = Yes 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	7B ELATSEV 2 Elation or euphoria severity Elation or euphoria severity 1 130 Numeric 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) 9 = Unknown Blank if #7A, ELAT = 0 (No).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	8A APA 2 Apathy or indifference Does the patient seem less interested in his or her usual activities and in the activities and plans of others? 1 132 Numeric 0 = No 1 = Yes 9 = Unknown

Follow-up Form B5: Behavioral Assessment – NPI-Q

Variable Number	8B
Variable Name	APASEV
Version	2
Short Descriptor	Apathy or indifference severity
UDS Question	Apathy or indifference severity
Length of Field	1
Column Positions	134
Data Type	Numeric
Allowable Codes	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) 9 = Unknown
Blanks	Blank if #8A, APA = 0 (No).
Variable Number	9A
Variable Name	DISN
Version	2
Short Descriptor	Disinhibition
UDS Question	Does the patient seem to act impulsively? For example, does the patient talk to strangers as if he or she knows them, or does the patient say things that may hurt people's feelings?
Length of Field	1
Column Positions	136
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes 9 = Unknown
Variable Number	9B
Variable Name	DISNSEV
Version	2
Short Descriptor	Disinhibition severity
UDS Question	Disinhibition severity
Length of Field	1
Column Positions	138
Data Type	Numeric
Allowable Codes	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) 9 = Unknown
Blanks	Blank if #9A, DISN = 0 (No).

Follow-up Form B5: Behavioral Assessment – NPI-Q

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	10A IRR 2 Irritability or lability Is the patient impatient or cranky? Does he or she have difficulty coping with delays or waiting for planned activities? 1 140 Numeric 0 = No 1 = Yes 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	10B IRRSEV 2 Irritability or lability severity Irritability or lability severity 1 142 Numeric 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) 9 = Unknown Blank if #10A, IRR = 0 (No).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	11A MOT 2 Motor disturbance Does the patient engage in repetitive activities, such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly? 1 144 Numeric 0 = No 1 = Yes 9 = Unknown

Follow-up Form B5: Behavioral Assessment – NPI-Q

Variable Number	11B
Variable Name	MOTSEV
Version	2
Short Descriptor	Motor disturbance severity
UDS Question	Motor disturbance severity
Length of Field	1
Column Positions	146
Data Type	Numeric
Allowable Codes	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) 9 = Unknown
Blanks	Blank if #11A, MOT = 0 (No).
Variable Number	12A
Variable Name	NITE
Version	2
Short Descriptor	Nighttime behaviors
UDS Question	Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?
Length of Field	1
Column Positions	148
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes 9 = Unknown
Variable Number	12B
Variable Name	NITSEV
Version	2
Short Descriptor	Nighttime behaviors severity
UDS Question	Nighttime behaviors severity
Length of Field	1
Column Positions	150
Data Type	Numeric
Allowable Codes	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) 9 = Unknown
Blanks	Blank if #12A, NITE = 0 (No).

Follow-up Form B5: Behavioral Assessment – NPI-Q

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	13A APP 2 Appetite and eating Has the patient lost or gained weight, or had a change in the food he or she likes? 1 152 Numeric 0 = No 1 = Yes 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	13B APPSEV 2 Appetite and eating severity Appetite and eating severity 1 154 Numeric 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) 9 = Unknown Blank if #13A, APP = 0 (No).

Follow-up Form B6: Behavioral Assessment – GDS

Variable Number	G1
Variable Name	NOGDS
Version	2
Short Descriptor	Not able to complete GDS
UDS Question	Not able to complete GDS
Length of Field	1
Column Positions	45
Data Type	Numeric
Allowable Codes	0 = box not checked - subject was able to complete the GDS. 1 = box checked - subject was not able to complete the GDS.
Variable Number	1
Variable Name	SATIS
Version	2
Short Descriptor	Satisfied with life
UDS Question	Are you basically satisfied with your life?
Length of Field	1
Column Positions	47
Data Type	Numeric
Allowable Codes	0 = Yes 1 = No
Variable Number	2
Variable Name	DROPACT
Version	2
Short Descriptor	Dropped activities and interests
UDS Question	Have you dropped many of your activities and interests?
Length of Field	1
Column Positions	49
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes

Follow-up Form B6: Behavioral Assessment – GDS

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	3 EMPTY 2 Life feels empty Do you feel that your life is empty? 1 51 Numeric 0 = No 1 = Yes
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	4 BORED 2 Bored Do you often get bored? 1 53 Numeric 0 = No 1 = Yes
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	5 SPIRITS 2 Good spirits Are you in good spirits most of the time? 1 55 Numeric 0 = Yes 1 = No

Follow-up Form B6: Behavioral Assessment – GDS

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	6 AFRAID 2 Afraid bad thing will happen Are you afraid that something bad is going to happen to you? 1 57 Numeric 0 = No 1 = Yes
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	7 HAPPY 2 Mostly happy Do you feel happy most of the time? 1 59 Numeric 0 = Yes 1 = No
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	8 HELPLESS 2 Feel helpless Do you often feel helpless? 1 61 Numeric 0 = No 1 = Yes

Follow-up Form B6: Behavioral Assessment – GDS

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	9 STAYHOME 2 Prefer to stay home Do you prefer to stay at home, rather than going out and doing new things? 1 63 Numeric 0 = No 1 = Yes
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	10 MEMPROB 2 More memory problems Do you feel you have more problems with memory than most? 1 65 Numeric 0 = No 1 = Yes
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	11 WONDRFUL 2 Wonderful to be alive Do you think it is wonderful to be alive now? 1 67 Numeric 0 = Yes 1 = No

Follow-up Form B6: Behavioral Assessment – GDS

Variable Number	12
Variable Name	WRTHLESS
Version	2
Short Descriptor	Feel worthless
UDS Question	Do you feel pretty worthless the way you are now?
Length of Field	1
Column Positions	69
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes
Variable Number	13
Variable Name	ENERGY
Version	2
Short Descriptor	Full of energy
UDS Question	Do you feel full of energy?
Length of Field	1
Column Positions	71
Data Type	Numeric
Allowable Codes	0 = Yes 1 = No
Variable Number	14
Variable Name	HOPELESS
Version	2
Short Descriptor	Situation is hopeless
UDS Question	Do you feel that your situation is hopeless?
Length of Field	1
Column Positions	73
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes

Follow-up Form B6: Behavioral Assessment – GDS

Variable Number	15
Variable Name	BETTER
Version	2
Short Descriptor	Others are better off
UDS Question	Do you think that most people are better off than you are?
Length of Field	1
Column Positions	75
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes
Variable Number	16
Variable Name	GDS
Version	2
Short Descriptor	Total GDS score
UDS Question	Sum all circled answers for a Total GDS Score
Length of Field	2
Column Positions	77 – 78
Data Type	Numeric
Allowable Codes	0 – 15 88 = did not complete

Follow-up Form B7: Functional Assessment – FAQ

Variable Number	1
Variable Name	BILLS
Version	2
Short Descriptor	Paying bills
UDS Question	In the past four weeks, did the subject have any difficulty or need help with writing checks, paying bills, or balancing a checkbook.
Length of Field	1
Column Positions	45
Data Type	Numeric
Allowable Codes	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown

Variable Number	2
Variable Name	TAXES
Version	2
Short Descriptor	Taxes and business affairs
UDS Question	In the past four weeks, did the subject have any difficulty or need help with assembling tax records, business affairs, or other papers.
Length of Field	1
Column Positions	47
Data Type	Numeric
Allowable Codes	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown

Follow-up Form B7: Functional Assessment – FAQ

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>3</p> <p>SHOPPING</p> <p>2</p> <p>Shopping alone</p> <p>In the past four weeks, did the subject have any difficulty or need help with shopping alone for clothes, household necessities, or groceries.</p> <p>1</p> <p>49</p> <p>Numeric</p> <p>0 = Normal</p> <p>1 = Has difficulty, but does by self</p> <p>2 = Requires assistance</p> <p>3 = Dependent</p> <p>8 = Not applicable (e.g., never did)</p> <p>9 = Unknown</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>4</p> <p>GAMES</p> <p>2</p> <p>Games and hobbies</p> <p>In the past four weeks, did the subject have any difficulty or need help with playing a game of skill such as bridge or chess, working on a hobby.</p> <p>1</p> <p>51</p> <p>Numeric</p> <p>0 = Normal</p> <p>1 = Has difficulty, but does by self</p> <p>2 = Requires assistance</p> <p>3 = Dependent</p> <p>8 = Not applicable (e.g., never did)</p> <p>9 = Unknown</p>

Follow-up Form B7: Functional Assessment – FAQ

Variable Number	5
Variable Name	STOVE
Version	2
Short Descriptor	Using stove
UDS Question	In the past four weeks, did the subject have any difficulty or need help with heating water, making a cup of coffee, turning off the stove.
Length of Field	1
Column Positions	53
Data Type	Numeric
Allowable Codes	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown

Variable Number	6
Variable Name	MEALPREP
Version	2
Short Descriptor	Preparing a balanced meal
UDS Question	In the past four weeks, did the subject have any difficulty or need help with preparing a balanced meal.
Length of Field	1
Column Positions	55
Data Type	Numeric
Allowable Codes	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown

Follow-up Form B7: Functional Assessment – FAQ

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>7</p> <p>EVENTS</p> <p>2</p> <p>Current events</p> <p>In the past four weeks, did the subject have any difficulty or need help with keeping track of current events.</p> <p>1</p> <p>57</p> <p>Numeric</p> <p>0 = Normal</p> <p>1 = Has difficulty, but does by self</p> <p>2 = Requires assistance</p> <p>3 = Dependent</p> <p>8 = Not applicable (e.g., never did)</p> <p>9 = Unknown</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>8</p> <p>PAYATTN</p> <p>2</p> <p>Paying attention</p> <p>In the past four weeks, did the subject have any difficulty or need help with paying attention to and understanding a TV program, book or magazine.</p> <p>1</p> <p>59</p> <p>Numeric</p> <p>0 = Normal</p> <p>1 = Has difficulty, but does by self</p> <p>2 = Requires assistance</p> <p>3 = Dependent</p> <p>8 = Not applicable (e.g., never did)</p> <p>9 = Unknown</p>

Follow-up Form B7: Functional Assessment – FAQ

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>9</p> <p>REMDATES</p> <p>2</p> <p>Remembering dates</p> <p>In the past four weeks, did the subject have any difficulty or need help with remembering appointments, family occasions, holidays, medications.</p> <p>1</p> <p>61</p> <p>Numeric</p> <p>0 = Normal</p> <p>1 = Has difficulty, but does by self</p> <p>2 = Requires assistance</p> <p>3 = Dependent</p> <p>8 = Not applicable (e.g., never did)</p> <p>9 = Unknown</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>10</p> <p>TRAVEL</p> <p>2</p> <p>Traveling and driving</p> <p>In the past four weeks, did the subject have any difficulty or need help with traveling out of the neighborhood, driving, or arranging to take public transportation.</p> <p>1</p> <p>63</p> <p>Numeric</p> <p>0 = Normal</p> <p>1 = Has difficulty, but does by self</p> <p>2 = Requires assistance</p> <p>3 = Dependent</p> <p>8 = Not applicable (e.g., never did)</p> <p>9 = Unknown</p>

Follow-up Form B8: Evaluation – Physical/Neurological Exam Findings

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1 NORMAL 2 Exam findings normal Are all findings unremarkable (normal or normal for age)? 1 45 Numeric 0 = No 1 = Yes 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	2 FOCLDEF 2 Focal deficits Are focal deficits present indicative of central nervous system disorder? 1 47 Numeric 0 = No 1 = Yes 9 = Unknown
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	3 GAITDIS 2 Gait disorder Is gait disorder present indicative of central nervous system disorder? 1 49 Numeric 0 = No 1 = Yes 9 = Unknown

Follow-up Form B8: Evaluation – Physical/Neurological Exam Findings

Variable Number	4
Variable Name	EYEMOVE
Version	2
Short Descriptor	Eye movement abnormalities
UDS Question	Are there eye movement abnormalities present indicative of central nervous system disorder?
Length of Field	1
Column Positions	51
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes 9 = Unknown

Follow-up Form B9: Clinician Judgment of Symptoms

Variable Number	1
Variable Name	DECSUB
Version	2
Short Descriptor	Decline reported by subject
UDS Question	Does the subject report a decline in memory relative to previously attained abilities?
Length of Field	1
Column Positions	45
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes
Variable Number	2
Variable Name	DECIN
Version	2
Short Descriptor	Decline reported by informant
UDS Question	Does the informant report a decline in subject's memory relative to previously attained abilities?
Length of Field	1
Column Positions	47
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes
Variable Number	3A
Variable Name	DECCLIN
Version	2
Short Descriptor	Decline reported by clinician
UDS Question	Does the clinician believe there has been a current meaningful decline in the subject's memory, non-memory cognitive abilities, behavior, or ability to manage his/her affairs, or have there been motor/movement changes relative to previously attained abilities?
Length of Field	1
Column Positions	49
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes
Skips	If no, end form here.

Follow-up Form B9: Clinician Judgment of Symptoms

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	3B DECAGE 2 Age decline began At what age did the cognitive decline begin (based upon the clinician's assessment)? 3 51 – 53 Numeric 15 – 110 999 = Unknown 888 = N/A Blank if #3A, DECCLIN = 0 (No).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4A COGMEM 2 Memory decline Memory (For example, does s/he forget conversations and/or dates; repeat questions and/or statements; misplace more than usual; forget names of people s/he knows well?) 1 55 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #3A, DECCLIN = 0 (No).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4B COGJUDG 2 Judgment and problem-solving decline Judgment and problem-solving (For example, does s/he have trouble handling money (tips); paying bills; shopping; preparing meals; handling appliances; handling medications; driving?) 1 57 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #3A, DECCLIN = 0 (No).

Follow-up Form B9: Clinician Judgment of Symptoms

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4C COGLANG 2 Language decline Language (For example, does s/he have hesitant speech; have trouble finding words; use inappropriate words without self-correction?) 1 59 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #3A, DECCLIN = 0 (No).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4D COGVIS 2 Visuospatial function decline Visuospatial function (Difficulty interpreting visual stimuli and finding his/her way around). 1 61 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #3A, DECCLIN = 0 (No).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4E COGATTN 2 Attention/concentration decline Attention/concentration (For example, does the subject have a short attention span or ability to concentrate? Is s/he easily distracted?) 1 63 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #3A, DECCLIN = 0 (No).

Follow-up Form B9: Clinician Judgment of Symptoms

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4F COGFLUC 2 Fluctuating cognition decline Fluctuating cognition (Does s/he have pronounced variation in attention and alertness, noticeably over hours or days? For example, long periods of staring into space or lapses, or times when his/her ideas have a disorganized flow.) 1 65 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #3A, DECCLIN = 0 (No).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4G COGOTHR 2 Cognitive symptoms, other Cognitive symptoms, other 1 67 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #3A, DECCLIN = 0 (No).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4G1 COGOTHRX 2 Cognitive symptoms, other – specify Cognitive symptoms, other – specify 60 69 – 128 Character Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). Blank if #3A, DECCLIN = 0 (No), or if #4G, COGOTHR ≠ 1 (Yes).

Follow-up Form B9: Clinician Judgment of Symptoms

Variable Number	5
Variable Name	COGFRST
Version	2
Short Descriptor	First predominant cognitive symptom
UDS Question	Indicate the predominant symptom which was first recognized as a decline in the subject's cognition:
Length of Field	2
Column Positions	130 – 131
Data Type	Numeric
Allowable Codes	1 = Memory 2 = Judgment and problem solving 3 = Language 4 = Visuospatial function 5 = Attention/concentration 6 = Other 7 = Fluctuating cognition 88 = N/A 99 = Unknown
Blanks	Blank if #3A, DECCLIN = 0 (No).
Variable Number	5A
Variable Name	COGFRSTX
Version	2
Short Descriptor	First predominant cognitive symptom, other – specify
UDS Question	First predominant cognitive symptom, other – specify
Length of Field	60
Column Positions	133 – 192
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
Blanks	Blank if #3A, DECCLIN = 0 (No), or if #5, COGFRST ≠ 6 (Other).

Follow-up Form B9: Clinician Judgment of Symptoms

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6</p> <p>COGMODE</p> <p>2</p> <p>Cognitive symptoms onset mode</p> <p>Mode of onset of cognitive symptoms:</p> <p>2</p> <p>194 – 195</p> <p>Numeric</p> <p>1 = Gradual (> 6 months)</p> <p>2 = Subacute (\leq 6 months)</p> <p>3 = Abrupt (within days)</p> <p>4 = Other</p> <p>88 = NA</p> <p>99 = Unknown</p> <p>Blank if #3A, DECCLIN = 0 (No).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>6A</p> <p>COGMODEX</p> <p>2</p> <p>Cognitive symptoms onset mode, other – specify</p> <p>Cognitive symptoms onset mode, other – specify</p> <p>60</p> <p>197 – 256</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).</p> <p>Blank if #3A, DECCLIN = 0 (No) or if #6, COGMODE \neq 4 (Other).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>7A</p> <p>BEAPATHY</p> <p>2</p> <p>Apathy/withdrawal</p> <p>Apathy/withdrawal (Has the subject lost interest in or displayed a reduced ability to initiate usual activities and social interaction, such as conversing with family and/or friends?)</p> <p>1</p> <p>258</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #3A, DECCLIN = 0 (No).</p>

Follow-up Form B9: Clinician Judgment of Symptoms

Variable Number	7B
Variable Name	BEDEP
Version	2
Short Descriptor	Depression symptoms
UDS Question	Depression (Has the subject seemed depressed for more than two weeks at a time; e.g., loss of interest or pleasure in nearly all activities, sadness, hopelessness, loss of appetite, fatigue?)
Length of Field	1
Column Positions	260
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes 9 = Unknown
Blanks	Blank if #3A, DECCLIN = 0 (No).
Variable Number	7C1
Variable Name	BEVHALL
Version	2
Short Descriptor	Visual hallucinations
UDS Question	Visual hallucinations
Length of Field	1
Column Positions	262
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes 9 = Unknown
Blanks	Blank if #3A, DECCLIN = 0 (No).
Variable Number	7C1A
Variable Name	BEVWELL
Version	2
Short Descriptor	Hallucinations well-formed and detailed
UDS Question	If having visual hallucinations, are the hallucinations well-formed and detailed
Length of Field	1
Column Positions	264
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes 9 = Unknown
Blanks	Blank if #3A, DECCLIN = 0 (No) or #7C1, BEVHALL ≠ 1 (Yes).

Follow-up Form B9: Clinician Judgment of Symptoms

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	7C2 BEAHALL 2 Auditory hallucinations Auditory hallucinations 1 266 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #3A, DECCLIN = 0 (No).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	7C3 BEDEL 2 Abnormal/false/delusional beliefs Abnormal/false/delusional beliefs 1 268 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #3A, DECCLIN = 0 (No).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	7D BEDISIN 2 Disinhibition Disinhibition (Does the subject use inappropriate coarse language or exhibit inappropriate speech or behaviors in public or in the home? Does s/he talk personally to strangers or have disregard for personal hygiene?) 1 270 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #3A, DECCLIN = 0 (No).

Follow-up Form B9: Clinician Judgment of Symptoms

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>7E</p> <p>BEIRRIT</p> <p>2</p> <p>Irritability</p> <p>Irritability (Does the subject overreact, such as shouting at family members or others?)</p> <p>1</p> <p>272</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #3A, DECCLIN = 0 (No).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>7F</p> <p>BEAGIT</p> <p>2</p> <p>Agitation</p> <p>Agitation (Does the subject have trouble sitting still; does s/he shout, hit, and/or kick?)</p> <p>1</p> <p>274</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #3A, DECCLIN = 0 (No).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>7G</p> <p>BEPERCH</p> <p>2</p> <p>Personality change</p> <p>Personality change (Does the subject exhibit bizarre behavior or behavior uncharacteristic of the subject, such as unusual collecting, suspiciousness [without delusions], unusual dress, or dietary changes? Does the subject fail to take other's feeling into account?)</p> <p>1</p> <p>276</p> <p>Numeric</p> <p>0 = No 1 = Yes 9 = Unknown</p> <p>Blank if #3A, DECCLIN = 0 (No).</p>

Follow-up Form B9: Clinician Judgment of Symptoms

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	7H BEREM 2 REM sleep disorder REM sleep behavior disorder (Does the subject appear to act out his/her dreams while sleeping (e.g., punch or flail their arms, shout or scream?)) 1 278 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #3A, DECCLIN = 0 (No).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	7I BEOTHR 2 Behavior symptoms, other Behavior symptoms, other 1 280 Numeric 0 = No 1 = Yes 9 = Unknown Blank if #3A, DECCLIN = 0 (No).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	7I1 BEOTHRX 2 Behavior symptoms, other – specify Behavior symptoms, other – specify 60 282 – 341 Character Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). Blank if #3A, DECCLIN = 0 (No), or if #7I, BEOTHR ≠ 1 (Yes).

Follow-up Form B9: Clinician Judgment of Symptoms

Variable Number	8
Variable Name	BEFRST
Version	2
Short Descriptor	First predominant behavior symptom
UDS Question	Indicate the predominant symptom which was first recognized as a decline in the subject's behavioral symptoms:
Length of Field	2
Column Positions	343 – 344
Data Type	Numeric
Allowable Codes	1 = Apathy/withdrawal 2 = Depression 3 = Psychosis 4 = Disinhibition 5 = Irritability 6 = Agitation 7 = Personality change 8 = Other 9 = REM sleep behavior disorder 88 = NA 99 = Unknown
Blanks	Blank if #3A, DECCLIN = 0 (No).
Variable Number	8A
Variable Name	BEFRSTX
Version	2
Short Descriptor	First predominant behavior symptom, other – specify
UDS Question	First predominant behavior symptom, other – specify
Length of Field	60
Column Positions	346 – 405
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
Blanks	Blank if #3A, DECCLIN = 0 (No), or if #8, BEFRST ≠ 8 (Other).

Follow-up Form B9: Clinician Judgment of Symptoms

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>9</p> <p>BEMODE</p> <p>2</p> <p>Behavioral symptoms onset mode</p> <p>Mode of onset of behavioral symptoms:</p> <p>2</p> <p>407 – 408</p> <p>Numeric</p> <p>1 = Gradual (> 6 months)</p> <p>2 = Subacute (\leq 6 months)</p> <p>3 = Abrupt (within days)</p> <p>4 = Other</p> <p>88 = NA</p> <p>99 = Unknown</p> <p>Blank if #3A, DECCLIN = 0 (No).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>9A</p> <p>BEMODEX</p> <p>2</p> <p>Behavioral symptoms onset mode, other – specify</p> <p>Behavioral symptoms onset mode, other – specify</p> <p>60</p> <p>410 – 469</p> <p>Character</p> <p>Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%).</p> <p>Blank if #3A, DECCLIN = 0 (No), or if #9 BEMODE \neq 4 (Other).</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>10A</p> <p>MOGAIT</p> <p>2</p> <p>Gait disorder</p> <p>Gait disorder (Has the subject’s walking changed, not specifically due to arthritis or an injury? Is s/he unsteady, or does s/he shuffle when walking, have little or no arm-swing, or drag a foot?)</p> <p>1</p> <p>471</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>9 = Unknown</p> <p>Blank if #3A, DECCLIN = 0 (No).</p>

Follow-up Form B9: Clinician Judgment of Symptoms

Variable Number	10B
Variable Name	MOFALLS
Version	2
Short Descriptor	Falls
UDS Question	Falls (Does the subject fall more than usual?)
Length of Field	1
Column Positions	473
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes 9 = Unknown
Blanks	Blank if #3A, DECCLIN = 0 (No).
Variable Number	10C
Variable Name	MOTREM
Version	2
Short Descriptor	Tremor
UDS Question	Tremor (Has the subject had rhythmic shaking, especially in the hands, arms, legs, head, mouth or tongue?)
Length of Field	1
Column Positions	475
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes 9 = Unknown
Blanks	Blank if #3A, DECCLIN = 0 (No).
Variable Number	10D
Variable Name	MOSLOW
Version	2
Short Descriptor	Slowness
UDS Question	Slowness (Has the subject noticeably slowed down in walking or moving or handwriting, other than due to an injury or illness? Has his/her facial expression changed, or become more "wooden" or masked and unexpressive?)
Length of Field	1
Column Positions	477
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes 9 = Unknown
Blanks	Blank if #3A, DECCLIN = 0 (No).

Follow-up Form B9: Clinician Judgment of Symptoms

Variable Number	11
Variable Name	MOFRST
Version	2
Short Descriptor	First predominant motor symptom
UDS Question	Indicate the predominant symptom which was first recognized as a decline in the subject's motor symptoms:
Length of Field	2
Column Positions	479 – 480
Data Type	Numeric
Allowable Codes	1 = Gait disorder 2 = Falls 3 = Tremor 4 = Slowness 88 = NA 99 = Unknown
Blanks	Blank if #3A, DECCLIN = 0 (No).
Variable Number	12
Variable Name	MOMODE
Version	2
Short Descriptor	Motor symptoms onset mode
UDS Question	Mode of onset of motor symptoms:
Length of Field	2
Column Positions	482 – 483
Data Type	Numeric
Allowable Codes	1 = Gradual (> 6 months) 2 = Subacute (\leq 6 months) 3 = Abrupt (within days) 4 = Other 88 = NA 99 = Unknown
Blanks	Blank if #3A, DECCLIN = 0 (No).

Follow-up Form B9: Clinician Judgment of Symptoms

Variable Number	12X
Variable Name	MOMODEX
Version	2
Short Descriptor	Motor symptoms onset mode, other – specify
UDS Question	Motor symptoms onset mode, other – specify
Length of Field	60
Column Positions	485 – 544
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
Blanks	Blank if #3A, DECCLIN = 0 (No), or if #12 MOMODE ≠ 4 (Other).
Variable Number	12A
Variable Name	MOMOPARK
Version	2
Short Descriptor	Changes parkinsonism
UDS Question	If there were changes in motor function, were these suggestive of parkinsonism?
Length of Field	2
Column Positions	546 – 547
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes 88 = NA
Blanks	Blank if #3A, DECCLIN = 0 (No).
Variable Number	13
Variable Name	COURSE
Version	2
Short Descriptor	Course of overall syndrome
UDS Question	Course of overall cognitive/behavioral/motor syndrome:
Length of Field	1
Column Positions	549
Data Type	Numeric
Allowable Codes	1 = Gradual progressive 2 = Stepwise 3 = Static 4 = Fluctuating 5 = Improved 9 = Unknown
Blanks	Blank if #3A, DECCLIN = 0 (No).

Follow-up Form B9: Clinician Judgment of Symptoms

Variable Number	14
Variable Name	FRSTCHG
Version	2
Short Descriptor	First predominant changed domain
UDS Question	Indicate the predominant domain which was first recognized as changed in the subject:
Length of Field	1
Column Positions	551
Data Type	Numeric
Allowable Codes	1 = Cognition 2 = Behavior 3 = Motor function 9 = Unknown
Blanks	Blank if #3A, DECCLIN = 0 (No).

Follow-up Form C1: MMSE and Neuropsychological Battery

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1A MMSELOC 2 MMSE location The administration of the MMSE was: 1 45 Numeric 1 = In ADC/clinic 2 = In home 3 = In person-other
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1A1 MMSELAN 2 Language of MMSE Language of MMSE administration 1 47 Numeric 1 = English 2 = Spanish 3 = Other
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	1A2 MMSELANX 2 Language of MMSE, other – specify Language of MMSE, other – specify 60 49 – 108 Character Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). Blank if #1A1, MMSELAN ≠ 3 (Other).

Follow-up Form C1: MMSE and Neuropsychological Battery

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1B1 MMSEORDA 2 MMSE orientation time MMSE orientation subscale score, time 2 110 – 111 Numeric 0 – 5 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1B2 MMSEORLO 2 MMSE orientation place MMSE orientation subscale score, place 2 113 – 114 Numeric 0 – 5 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1C PENTAGON 2 Pentagon score Intersecting pentagon subscale score 2 116 – 117 Numeric 0 – 1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal

Follow-up Form C1: MMSE and Neuropsychological Battery

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	1D MMSE 2 Total MMSE score (using D-L-R-O-W) Total MMSE score (using D-L-R-O-W) 2 119 – 120 Numeric 0 – 30 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	2 NPSYCLOC 2 NPSYCH battery location The remainder of the battery was administered: 1 122 Numeric 1 = In ADC/clinic 2 = In home 3 = In person-other
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	2A NPSYLAN 2 Language of test Language of test (neuropsychological battery) administration 1 124 Numeric 1 = English 2 = Spanish 3 = Other

Follow-up Form C1: MMSE and Neuropsychological Battery

Variable Number	2A1
Variable Name	NPSYLANX
Version	2
Short Descriptor	Language of test, other – specify
UDS Question	Language of test (neuropsychological battery), other – specify
Length of Field	60
Column Positions	126 – 185
Data Type	Character
Allowable Codes	Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%).
Blanks	Blank if #2A, NPSYLAN ≠ 3 (Other).
Variable Number	3AMO
Variable Name	LOGIMO
Version	2
Short Descriptor	Previous Logical Memory IA test, month
UDS Question	If this test has been administered to the subject within the past 3 months, specify the date previously administered: (month)
Length of Field	2
Column Positions	187 – 188
Data Type	Numeric
Allowable Codes	1 – 12 88 = N/A
Comment	Date should be no more than 3 months prior to visit date.
Variable Number	3ADY
Variable Name	LOGIDAY
Version	2
Short Descriptor	Previous Logical Memory IA test, day
UDS Question	If this test has been administered to the subject within the past 3 months, specify the date previously administered: (day)
Length of Field	2
Column Positions	190 – 191
Data Type	Numeric
Allowable Codes	1 – 31 88 = N/A
Comment	Date should be no more than 3 months prior to visit date. Note: LOGIDAY is not available to non-ADC researchers.

Follow-up Form C1: MMSE and Neuropsychological Battery

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Comment	3AYR LOGIYR 2 Previous Logical Memory IA test, year If this test has been administered to the subject within the past 3 months, specify the date previously administered: (year) 4 193 – 196 Numeric Current year or previous year 8888 = N/A Date should be no more than 3 months prior to visit date.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	3A1 LOGIPREV 2 Previous Logical Memory IA test score Total score from the previous test administration: 2 198 – 199 Numeric 0 – 25 88 = N/A
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	3B LOGIMEM 2 Current Logical Memory IA story units recalled Total number of story units recalled from this current test administration: 2 201 – 202 Numeric 0 – 25 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal

Follow-up Form C1: MMSE and Neuropsychological Battery

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	4A DIGIF 2 Digit span forward trials correct Total number of trials correct prior to two consecutive errors at the same digit length: 2 204 – 205 Numeric 0 – 12 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	4B DIGIFLEN 2 Digit span forward length Digit span forward length: 2 207 – 208 Numeric 0 – 8 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal

Follow-up Form C1: MMSE and Neuropsychological Battery

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	5A DIGIB 2 Digit span backward trials correct Total number of trials correct prior to two consecutive errors at the same digit length: 2 210 – 211 Numeric 0 – 12 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	5B DIGIBLEN 2 Digit span backward length Digit span backward length: 2 213 – 214 Numeric 0 – 7 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal

Follow-up Form C1: MMSE and Neuropsychological Battery

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>6A</p> <p>ANIMALS</p> <p>2</p> <p>Total animals named</p> <p>Category fluency, Animals – Total number of animals named in 60 seconds:</p> <p>2</p> <p>216 – 217</p> <p>Numeric</p> <p>0 – 77</p> <p>95 = Physical problem</p> <p>96 = Cognitive/behavior problem</p> <p>97 = Other problem</p> <p>98 = Verbal refusal</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>6B</p> <p>VEG</p> <p>2</p> <p>Total vegetables named</p> <p>Category fluency, Vegetables – Total number of vegetables named in 60 seconds:</p> <p>2</p> <p>219 – 220</p> <p>Numeric</p> <p>0 – 77</p> <p>95 = Physical problem</p> <p>96 = Cognitive/behavior problem</p> <p>97 = Other problem</p> <p>98 = Verbal refusal</p>

Follow-up Form C1: MMSE and Neuropsychological Battery

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	7A TRAILA 2 Trail making test – Part A Part A – Total number of seconds to complete (if not finished by 150 seconds, enter 150): 3 222 – 224 Numeric 0 – 150 995 = Physical problem 996 = Cognitive/behavior problem 997 = Other problem 998 = Verbal refusal
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	7A1 TRAILARR 2 Number of commission errors Number of commission errors 2 226 – 227 Numeric 0 – 40 88 = N/A Blank if #7A, TRAILA = 995, 996, 997 or 998.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	7A2 TRAILALI 2 Number of correct lines Number of correct lines 2 229 – 230 Numeric 0 – 24 88 = N/A Blank if #7A, TRAILA = 995, 996, 997 or 998.

Follow-up Form C1: MMSE and Neuropsychological Battery

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	7B TRAILB 2 Trail making test – Part B Part B – Total number of seconds to complete (if not finished by 300 seconds, enter 300): 3 232 – 234 Numeric 0 – 300 995 = Physical problem 996 = Cognitive/behavior problem 997 = Other problem 998 = Verbal refusal
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	7B1 TRAILBRR 2 Number of commission errors Number of commission errors 2 236 – 237 Numeric 0 – 40 88 = N/A Blank if #7B, TRAILB = 995, 996, 997 or 998.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	7B2 TRAILBLI 2 Number of correct lines Number of correct lines 2 239 – 240 Numeric 0 – 24 88 = N/A Blank if #7B, TRAILB = 995, 996, 997 or 998.

Follow-up Form C1: MMSE and Neuropsychological Battery

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	8A WAIS 2 WAIS-R Digit Symbol Total number of items correctly completed in 90 seconds: 2 242 – 243 Numeric 0 – 93 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	9A MEMUNITS 2 Logical Memory IIA – Delayed: story units recalled Logical Memory IIA – Delayed: Total number of story units recalled: 2 245 – 246 Numeric 0 – 25 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	9B MEMTIME 2 Time between Logical Memory tests (minutes) Logical Memory IIA – Delayed: Time elapsed since Logical Memory IA – Immediate: (minutes) 2 248 – 249 Numeric 0 – 85 88 = N/A 99 = Unknown

Follow-up Form C1: MMSE and Neuropsychological Battery

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	10A BOSTON 2 Boston Naming Test Boston Naming Test – (30 Odd-numbered items) total score: 2 251 – 252 Numeric 0 – 30 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	11A COGSTAT 2 Cognitive status overall appraisal Based on the UDS neuropsychological examination, the subject's cognitive status is deemed: 1 254 Numeric 1 = Better than normal for age 2 = Normal for age 3 = One or two test scores abnormal 4 = Three or more scores are abnormal or lower than expected 0 = Clinician unable to render opinion

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

Variable Number	1
Variable Name	WHODIDDX
Version	2
Short Descriptor	Who did diagnosis
UDS Question	Responses are based on:
Length of Field	1
Column Positions	45
Data Type	Numeric
Allowable Codes	1 = Diagnosis from single clinician 2 = Consensus diagnosis
Variable Number	2
Variable Name	NORMCOG
Version	2
Short Descriptor	Normal cognition
UDS Question	Does the subject have normal cognition (no MCI, dementia, or other neurological condition resulting in cognitive impairment)?
Length of Field	1
Column Positions	47
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes
Skips	If Yes, go to #14, PSP. If No, continue to #3, DEMENTED.
Variable Number	3
Variable Name	DEMENTED
Version	2
Short Descriptor	Dementia criteria met
UDS Question	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)?
Length of Field	1
Column Positions	49
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes
Skips	If Yes, go to #5, PROBAD. If No, continue to #4A, MCIAMEM.

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

Variable Number	4A
Variable Name	MCIAMEM
Version	2
Short Descriptor	Amnestic MCI – memory impairment only
UDS Question	Amnestic MCI – memory impairment only
Length of Field	1
Column Positions	51
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Blanks	Blank if #2, NORMCOG = 1 (Yes) or #3, DEMENTED = 1 (Yes).
Variable Number	4B
Variable Name	MCIAPLUS
Version	2
Short Descriptor	Amnestic MCI – memory impairment plus
UDS Question	Amnestic MCI – memory impairment plus one or more other domains.
Length of Field	1
Column Positions	53
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Blanks	Blank if #2, NORMCOG = 1 (Yes) or #3, DEMENTED = 1 (Yes).
Variable Number	4B1
Variable Name	MCIAPLAN
Version	2
Short Descriptor	Amnestic MCI plus language
UDS Question	Amnestic MCI – memory impairment plus language domain
Length of Field	1
Column Positions	55
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes
Blanks	Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4B, MCIAPLUS = 0 (Absent).

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

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4B2 MCIAPATT 2 Amnestic MCI plus attention Amnestic MCI – memory impairment plus attention domain 1 57 Numeric 0 = No 1 = Yes Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4B, MCIAPLUS = 0 (Absent).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4B3 MCIAPEX 2 Amnestic MCI plus executive function Amnestic MCI – memory impairment plus executive function domain 1 59 Numeric 0 = No 1 = Yes Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4B, MCIAPLUS = 0 (Absent).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4B4 MCIAPVIS 2 Amnestic MCI plus visuospatial Amnestic MCI – memory impairment plus visuospatial domain 1 61 Numeric 0 = No 1 = Yes Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4B, MCIAPLUS = 0 (Absent).

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

Variable Number	4C
Variable Name	MCINON1
Version	2
Short Descriptor	Non-amnesic MCI – single domain
UDS Question	Non-amnesic MCI – single domain
Length of Field	1
Column Positions	63
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Blanks	Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes).
Variable Number	4C1
Variable Name	MCIN1LAN
Version	2
Short Descriptor	Non-amnesic MCI – single domain, language
UDS Question	Non-amnesic MCI – single domain, language
Length of Field	1
Column Positions	65
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes
Blanks	Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4C MCINON1 = 0 (Absent).
Variable Number	4C2
Variable Name	MCIN1ATT
Version	2
Short Descriptor	Non-amnesic MCI – single domain, attention
UDS Question	Non-amnesic MCI – single domain, attention
Length of Field	1
Column Positions	67
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes
Blanks	Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4C MCINON1 = 0 (Absent).

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

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4C3 MCIN1EX 2 Non-amnesic MCI – single domain, executive function Non-amnesic MCI – single domain, executive function 1 69 Numeric 0 = No 1 = Yes Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4C MCINON1 = 0 (Absent).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4C4 MCIN1VIS 2 Non-amnesic MCI – single domain, visuospatial Non-amnesic MCI – single domain, visuospatial 1 71 Numeric 0 = No 1 = Yes Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4C MCINON1 = 0 (Absent).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4D MCINON2 2 Non-amnesic MCI – multiple domains Non-amnesic MCI – multiple domains 1 73 Numeric 0 = Absent 1 = Present Blank if #2, NORMCOG = 1 (Yes) or #3, DEMENTED = 1 (Yes).

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

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4D1 MCIN2LAN 2 Non-amnesic MCI – multiple domains, language Non-amnesic MCI – multiple domains, language 1 75 Numeric 0 = No 1 = Yes Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4D MCINON2 = 0 (Absent).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4D2 MCIN2ATT 2 Non-amnesic MCI – multiple domains, attention Non-amnesic MCI – multiple domains, attention 1 77 Numeric 0 = No 1 = Yes Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4D MCINON2 = 0 (Absent).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	4D3 MCIN2EX 2 Non-amnesic MCI – multiple domains, executive function Non-amnesic MCI – multiple domains, executive function 1 79 Numeric 0 = No 1 = Yes Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4D MCINON2 = 0 (Absent).

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

Variable Number	4D4
Variable Name	MCIN2VIS
Version	2
Short Descriptor	Non-amnesic MCI – multiple domains, visuospatial
UDS Question	Non-amnesic MCI – multiple domains, visuospatial
Length of Field	1
Column Positions	81
Data Type	Numeric
Allowable Codes	0 = No 1 = Yes
Blanks	Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4D MCINON2 = 0 (Absent).
Variable Number	4E
Variable Name	IMPNO MCI
Version	2
Short Descriptor	Impaired, not MCI
UDS Question	Impaired, not MCI
Length of Field	1
Column Positions	83
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Blanks	Blank if #2, NORMCOG = 1 (Yes) or #3, DEMENTED = 1 (Yes).
Variable Number	5
Variable Name	PROBAD
Version	2
Short Descriptor	Probable AD
UDS Question	Probable AD (NINCDS/ADRDA)
Length of Field	1
Column Positions	85
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Blanks	Blank if #2, NORMCOG = 1 (Yes)
Skips	If present, complete #5A, PROBADIIF, then go to #7, DLB.

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

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	5A PROBADIF 2 Probable AD, primary or contributing Probable AD, primary or contributing 1 87 Numeric 1 = Primary 2 = Contributing Blank if #2, NORMCOG = 1 (Yes), or #5 PROBAD = 0 (Absent).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	6 POSSAD 2 Possible AD Possible AD (NINCDS/ADRDA) 1 89 Numeric 0 = Absent 1 = Present Blank if #2, NORMCOG = 1 (Yes) or #5, PROBAD = 1 (Present).
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	6A POSSADIF 2 Possible AD, primary or contributing Possible AD, primary or contributing 1 91 Numeric 1 = Primary 2 = Contributing Blank if #2, NORMCOG = 1 (Yes), #5, PROBAD = 1 (Present), or #6, POSSAD = 0 (Absent).

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

Variable Number	7
Variable Name	DLB
Version	2
Short Descriptor	Dementia with Lewy bodies
UDS Question	Dementia with Lewy bodies
Length of Field	1
Column Positions	93
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Blanks	Blank if #2, NORMCOG = 1 (Yes).
Variable Number	7A
Variable Name	DLBIF
Version	2
Short Descriptor	Dementia with Lewy bodies, primary or contributing
UDS Question	Dementia with Lewy bodies, primary or contributing
Length of Field	1
Column Positions	95
Data Type	Numeric
Allowable Codes	1 = Primary 2 = Contributing
Blanks	Blank if #2, NORMCOG = 1 (Yes), or #7, DLB = 0 (Absent).
Variable Number	8
Variable Name	VASC
Version	2
Short Descriptor	Vascular dementia
UDS Question	Vascular dementia (NINDS/AIREN Probable)
Length of Field	1
Column Positions	97
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Blanks	Blank if #2, NORMCOG = 1 (Yes).
Skips	If present, complete #8A, VASCIF, then go to #10, ALCDEM.

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

Variable Number	8A
Variable Name	VASCIF
Version	2
Short Descriptor	Vascular dementia (NINDS/AIREN Probable), primary or contributing
UDS Question	Vascular dementia (NINDS/AIREN Probable), primary or contributing
Length of Field	1
Column Positions	99
Data Type	Numeric
Allowable Codes	1 = Primary 2 = Contributing
Blanks	Blank if #2, NORMCOG = 1 (Yes), or #8, VASC = 0 (Absent).
Variable Number	9
Variable Name	VASCPS
Version	2
Short Descriptor	Vascular dementia (NINDS/AIREN Possible)
UDS Question	Vascular dementia (NINDS/AIREN Possible)
Length of Field	1
Column Positions	101
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Blanks	Blank if #2, NORMCOG = 1 (Yes), or #8, VASC = 1(Present)
Variable Number	9A
Variable Name	VASCPSIF
Version	2
Short Descriptor	Vascular dementia (NINDS/AIREN Possible), primary or contributing
UDS Question	Vascular dementia (NINDS/AIREN Possible), primary or contributing
Length of Field	1
Column Positions	103
Data Type	Numeric
Allowable Codes	1 = Primary 2 = Contributing
Blanks	Blank if #2, NORMCOG = 1 (Yes), or #8, VASC = 1 (Present) or #9, VASCPS = 0.

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

Variable Number	10
Variable Name	ALCDEM
Version	2
Short Descriptor	Alcohol-related dementia
UDS Question	Alcohol-related dementia
Length of Field	1
Column Positions	105
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Blanks	Blank if #2, NORMCOG = 1 (Yes).
Variable Number	10A
Variable Name	ALCDEMIF
Version	2
Short Descriptor	Alcohol-related dementia, primary or contributing
UDS Question	Alcohol-related dementia, primary or contributing
Length of Field	1
Column Positions	107
Data Type	Numeric
Allowable Codes	1 = Primary 2 = Contributing
Blanks	Blank if #2, NORMCOG = 1 (Yes), or #10, ALCDEM = 0 (Absent).
Variable Number	11
Variable Name	DEMUN
Version	2
Short Descriptor	Dementia of undetermined etiology
UDS Question	Dementia of undetermined etiology
Length of Field	1
Column Positions	109
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Blanks	Blank if #2, NORMCOG = 1 (Yes).

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

Variable Number	11A
Variable Name	DEMUNIF
Version	2
Short Descriptor	Dementia of undetermined etiology, primary or contributing
UDS Question	Dementia of undetermined etiology, primary or contributing
Length of Field	1
Column Positions	111
Data Type	Numeric
Allowable Codes	1 = Primary 2 = Contributing
Blanks	Blank if #2, NORMCOG = 1 (Yes), or #11, DEMUN = 0 (Absent).
Variable Number	12
Variable Name	FTD
Version	2
Short Descriptor	Frontotemporal dementia
UDS Question	Frontotemporal dementia (behavioral/executive dementia)
Length of Field	1
Column Positions	113
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Blanks	Blank if #2, NORMCOG = 1 (Yes).
Variable Number	12A
Variable Name	FTDIF
Version	2
Short Descriptor	Frontotemporal dementia, primary or contributing
UDS Question	Frontotemporal dementia, primary or contributing
Length of Field	1
Column Positions	115
Data Type	Numeric
Allowable Codes	1 = Primary 2 = Contributing
Blanks	Blank if #2, NORMCOG = 1 (Yes), or #12, FTD = 0 (Absent).

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

Variable Number	13
Variable Name	PPAPH
Version	2
Short Descriptor	Primary progressive aphasia
UDS Question	Primary progressive aphasia (aphasic dementia)
Length of Field	1
Column Positions	117
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Blanks	Blank if #2, NORMCOG = 1 (Yes).
Variable Number	13A
Variable Name	PPAPHIF
Version	2
Short Descriptor	Primary progressive aphasia, primary or contributing
UDS Question	Primary progressive aphasia, primary or contributing
Length of Field	1
Column Positions	119
Data Type	Numeric
Allowable Codes	1 = Primary 2 = Contributing
Blanks	Blank if #2, NORMCOG = 1 (Yes), or #13, PPAPH = 0 (Absent).
Variable Number	13A1
Variable Name	PNAPH
Version	2
Short Descriptor	Progressive nonfluent aphasia
UDS Question	Progressive nonfluent aphasia
Length of Field	1
Column Positions	121
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Blanks	Blank if #2, NORMCOG = 1 (Yes) or #13, PPAPH = 0 (Absent).

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

Variable Number	13A2
Variable Name	SEMDEMAN
Version	2
Short Descriptor	Semantic dementia – anomia plus word comprehension
UDS Question	Semantic dementia – anomia plus word comprehension
Length of Field	1
Column Positions	123
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Blanks	Blank if #2, NORMCOG = 1 (Yes) or #13, PPAPH = 0 (Absent).
Variable Number	13A3
Variable Name	SEMDEMAG
Version	2
Short Descriptor	Semantic dementia – agnosic variant
UDS Question	Semantic dementia – agnosic variant
Length of Field	1
Column Positions	125
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Blanks	Blank if #2, NORMCOG = 1 (Yes) or #13, PPAPH = 0 (Absent).
Variable Number	13A4
Variable Name	PPAOTHR
Version	2
Short Descriptor	Other primary progressive aphasia
UDS Question	Other (e.g. logopenic, anomic, transcortical, word deafness, syntactic comprehension, motor speech disorder)
Length of Field	1
Column Positions	127
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Blanks	Blank if #2, NORMCOG = 1 (Yes) or #13, PPAPH = 0 (Absent).

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

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	14 PSP 2 Progressive supranuclear palsy Progressive supranuclear palsy 1 129 Numeric 0 = Absent 1 = Present
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	14A PSPIF 2 Progressive supranuclear palsy, primary or contributing Progressive supranuclear palsy, primary or contributing 1 131 Numeric 1 = Primary 2 = Contributing 3 = Non-contributing Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	15 CORT 2 Corticobasal degeneration Corticobasal degeneration 1 133 Numeric 0 = Absent 1 = Present

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

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>15A</p> <p>CORTIF</p> <p>2</p> <p>Corticobasal degeneration, primary or contributing</p> <p>Corticobasal degeneration, primary or contributing</p> <p>1</p> <p>135</p> <p>Numeric</p> <p>1 = Primary</p> <p>2 = Contributing</p> <p>3 = Non-contributing</p> <p>Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p>	<p>16</p> <p>HUNT</p> <p>2</p> <p>Huntington's disease</p> <p>Huntington's disease</p> <p>1</p> <p>137</p> <p>Numeric</p> <p>0 = Absent</p> <p>1 = Present</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Blanks</p>	<p>16A</p> <p>HUNTIF</p> <p>2</p> <p>Huntington's disease, primary or contributing</p> <p>Huntington's disease, primary or contributing</p> <p>1</p> <p>139</p> <p>Numeric</p> <p>1 = Primary</p> <p>2 = Contributing</p> <p>3 = Non-contributing</p> <p>Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank.</p>

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

Variable Number	17
Variable Name	PRION
Version	2
Short Descriptor	Prion disease
UDS Question	Prion disease
Length of Field	1
Column Positions	141
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Variable Number	17A
Variable Name	PRIONIF
Version	2
Short Descriptor	Prion disease, primary or contributing
UDS Question	Prion disease, primary or contributing
Length of Field	1
Column Positions	143
Data Type	Numeric
Allowable Codes	1 = Primary 2 = Contributing 3 = Non-contributing
Blanks	Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank.
Variable Number	18
Variable Name	MEDS
Version	2
Short Descriptor	Cognitive dysfunction from medications
UDS Question	Cognitive dysfunction from medications
Length of Field	1
Column Positions	145
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present

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

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	18A MEDSIF 2 Cognitive dysfunction from medications, primary or contributing Cognitive dysfunction from medications, primary or contributing 1 147 Numeric 1 = Primary 2 = Contributing 3 = Non-contributing Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	19 DYSILL 2 Cognitive dysfunction from medical illnesses Cognitive dysfunction from medical illnesses 1 149 Numeric 0 = Absent 1 = Present
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	19A DYSILLIF 2 Cognitive dysfunction from medical illnesses, primary or contributing Cognitive dysfunction from medical illnesses, primary or contributing 1 151 Numeric 1 = Primary 2 = Contributing 3 = Non-contributing Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank.

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

Variable Number	20
Variable Name	DEP
Version	2
Short Descriptor	Depression
UDS Question	Depression
Length of Field	1
Column Positions	153
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Variable Number	20A
Variable Name	DEPIF
Version	2
Short Descriptor	Depression, primary or contributing
UDS Question	Depression, primary or contributing
Length of Field	1
Column Positions	155
Data Type	Numeric
Allowable Codes	1 = Primary 2 = Contributing 3 = Non-contributing
Blanks	Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank.
Variable Number	21
Variable Name	OTHPSY
Version	2
Short Descriptor	Other major psychiatric illness
UDS Question	Other major psychiatric illness
Length of Field	1
Column Positions	157
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present

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

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	21A OTHPSYIF 2 Other major psychiatric illness, primary or contributing Other major psychiatric illness, primary or contributing 1 159 Numeric 1 = Primary 2 = Contributing 3 = Non-contributing Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	22 DOWNS 2 Down's syndrome Down's syndrome 1 161 Numeric 0 = Absent 1 = Present
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	22A DOWNSIF 2 Down's syndrome, primary or contributing Down's syndrome, primary or contributing 1 163 Numeric 1 = Primary 2 = Contributing 3 = Non-contributing Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank.

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

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	23 PARK 2 Parkinson's disease Parkinson's disease 1 165 Numeric 0 = Absent 1 = Present
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	23A PARKIF 2 Parkinson's disease, primary or contributing Parkinson's disease, primary or contributing 1 167 Numeric 1 = Primary 2 = Contributing 3 = Non-contributing Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	24 STROKE 2 Stroke Stroke 1 169 Numeric 0 = Absent 1 = Present

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

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	24A STROKIF 2 Stroke, primary or contributing Stroke, primary or contributing 1 171 Numeric 1 = Primary 2 = Contributing 3 = Non-contributing Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	25 HYCEPH 2 Hydrocephalus Hydrocephalus 1 173 Numeric 0 = Absent 1 = Present
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	25A HYCEPHIF 2 Hydrocephalus, primary or contributing Hydrocephalus, primary or contributing 1 175 Numeric 1 = Primary 2 = Contributing 3 = Non-contributing Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank.

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

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	26 BRNINJ 2 Traumatic brain injury Traumatic brain injury 1 177 Numeric 0 = Absent 1 = Present
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	26A BRNINJIF 2 Traumatic brain injury, primary or contributing Traumatic brain injury, primary or contributing 1 179 Numeric 1 = Primary 2 = Contributing 3 = Non-contributing Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	27 NEOP 2 CNS neoplasm CNS neoplasm 1 181 Numeric 0 = Absent 1 = Present

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

Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	27A NEOPIF 2 CNS neoplasm, primary or contributing CNS neoplasm, primary or contributing 1 183 Numeric 1 = Primary 2 = Contributing 3 = Non-contributing Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank.
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes	28 COGOTH 2 Other cognitive/neurologic condition Other cognitive/neurologic condition 1 185 Numeric 0 = Absent 1 = Present
Variable Number Variable Name Version Short Descriptor UDS Question Length of Field Column Positions Data Type Allowable Codes Blanks	28A COGOTHIF 2 Other cognitive/neurologic condition, primary or contributing Other cognitive/neurologic condition, primary or contributing 1 187 Numeric 1 = Primary 2 = Contributing 3 = Non-contributing Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank.

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

Variable Number	28B
Variable Name	COGOTHX
Version	2
Short Descriptor	Other cognitive/neurologic condition, specify
UDS Question	Other cognitive/neurologic condition, specify
Length of Field	60
Column Positions	189 – 248
Data Type	Character
Blanks	Blank if #28, COGOTH = 0 (Absent).
Variable Number	29
Variable Name	COGOTH2
Version	2
Short Descriptor	Other cognitive/neurologic condition
UDS Question	Other cognitive/neurologic condition
Length of Field	1
Column Positions	250
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Variable Number	29A
Variable Name	COGOTH2F
Version	2
Short Descriptor	Other cognitive/neurologic condition, primary or contributing
UDS Question	Other cognitive/neurologic condition, primary or contributing
Length of Field	1
Column Positions	252
Data Type	Numeric
Allowable Codes	1 = Primary 2 = Contributing 3 = Non-contributing
Blanks	Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank.

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

Variable Number	29B
Variable Name	COGOTH2X
Version	2
Short Descriptor	Other cognitive/neurologic condition, specify
UDS Question	Other cognitive/neurologic condition, specify
Length of Field	60
Column Positions	254 – 313
Data Type	Character
Blanks	Blank if #29, COGOTH2 = 0 (Absent).
Variable Number	30
Variable Name	COGOTH3
Version	2
Short Descriptor	Other cognitive/neurologic condition
UDS Question	Other cognitive/neurologic condition
Length of Field	1
Column Positions	315
Data Type	Numeric
Allowable Codes	0 = Absent 1 = Present
Variable Number	30A
Variable Name	COGOTH3F
Version	2
Short Descriptor	Other cognitive/neurologic condition, primary or contributing
UDS Question	Other cognitive/neurologic condition, primary or contributing
Length of Field	1
Column Positions	317
Data Type	Numeric
Allowable Codes	1 = Primary 2 = Contributing 3 = Non-contributing
Blanks	Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank.

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

Variable Number	30B
Variable Name	COGOTH3X
Version	2
Short Descriptor	Other cognitive/neurologic condition, specify
UDS Question	Other cognitive/neurologic condition, specify
Length of Field	60
Column Positions	319 – 378
Data Type	Character
Blanks	Blank if #30, COGOTH3 = 0 (Absent).

Follow-up Form E1: Imaging/Labs

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>1A</p> <p>CTFLM</p> <p>2</p> <p>Computed tomography, film</p> <p>Computed tomography, film</p> <p>1</p> <p>45</p> <p>Numeric</p> <p>0 = No 1 = Yes</p> <p>Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No".</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>1B</p> <p>CTDIG</p> <p>2</p> <p>Computed tomography, digital image</p> <p>Computed tomography, digital image</p> <p>1</p> <p>47</p> <p>Numeric</p> <p>0 = No 1 = Yes</p> <p>Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No".</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>2A</p> <p>MRI1FLM</p> <p>2</p> <p>Magnetic resonance imaging – Clinical study, film</p> <p>Magnetic resonance imaging – Clinical study, film</p> <p>1</p> <p>49</p> <p>Numeric</p> <p>0 = No 1 = Yes</p> <p>Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No".</p>

Follow-up Form E1: Imaging/Labs

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>2B</p> <p>MRI1DIG</p> <p>2</p> <p>Magnetic resonance imaging – Clinical study, digital image</p> <p>Magnetic resonance imaging – Clinical study, digital image</p> <p>1</p> <p>51</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>Imaging (of the subject’s head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded “No”.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>3A</p> <p>MRI2FLM</p> <p>2</p> <p>Magnetic resonance imaging – Research study/structural, film</p> <p>Magnetic resonance imaging – Research study/structural, film</p> <p>1</p> <p>53</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>Imaging (of the subject’s head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded “No”.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>3B</p> <p>MRI2DIG</p> <p>2</p> <p>Magnetic resonance imaging – Research study/structural, digital image</p> <p>Magnetic resonance imaging – Research study/structural, digital image</p> <p>1</p> <p>55</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>Imaging (of the subject’s head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded “No”.</p>

Follow-up Form E1: Imaging/Labs

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>4A</p> <p>MRI3FLM</p> <p>2</p> <p>Magnetic resonance imaging – Research study/functional, film</p> <p>Magnetic resonance imaging – Research study/functional, film</p> <p>1</p> <p>57</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No".</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>4B</p> <p>MRI3DIG</p> <p>2</p> <p>Magnetic resonance imaging – Research study/functional, digital image</p> <p>Magnetic resonance imaging – Research study/functional, digital image</p> <p>1</p> <p>59</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No".</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>5A</p> <p>MRISPFLM</p> <p>2</p> <p>Magnetic resonance spectroscopy, film</p> <p>Magnetic resonance spectroscopy, film</p> <p>1</p> <p>61</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No".</p>

Follow-up Form E1: Imaging/Labs

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>5B</p> <p>MRISPDIG</p> <p>2</p> <p>Magnetic resonance spectroscopy, digital image</p> <p>Magnetic resonance spectroscopy, digital image</p> <p>1</p> <p>63</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No".</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>6A</p> <p>SPECTFLM</p> <p>2</p> <p>SPECT, film</p> <p>SPECT, film</p> <p>1</p> <p>65</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No".</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>6B</p> <p>SPECTDIG</p> <p>2</p> <p>SPECT, digital image</p> <p>SPECT, digital image</p> <p>1</p> <p>67</p> <p>Numeric</p> <p>0 = No</p> <p>1 = Yes</p> <p>Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No".</p>

Follow-up Form E1: Imaging/Labs

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>7A</p> <p>PETFLM</p> <p>2</p> <p>PET, film</p> <p>PET, film</p> <p>1</p> <p>69</p> <p>Numeric</p> <p>0 = No 1 = Yes</p> <p>Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No".</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>7B</p> <p>PETDIG</p> <p>2</p> <p>PET, digital image</p> <p>PET, digital image</p> <p>1</p> <p>71</p> <p>Numeric</p> <p>0 = No 1 = Yes</p> <p>Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No".</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>8</p> <p>DNA</p> <p>2</p> <p>DNA</p> <p>DNA</p> <p>1</p> <p>73</p> <p>Numeric</p> <p>0 = No 1 = Yes</p> <p>Specimens available at your ADC. If specimen and/or data are not available to your Center researchers within a few hours, then this question should be coded "No".</p>

Follow-up Form E1: Imaging/Labs

<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>9</p> <p>CSFANTEM</p> <p>2</p> <p>Cerebrospinal fluid – ante-mortem</p> <p>Cerebrospinal fluid – ante-mortem</p> <p>1</p> <p>75</p> <p>Numeric</p> <p>0 = No 1 = Yes</p> <p>Specimens available at your ADC. If specimen and/or data are not available to your Center researchers within a few hours, then this question should be coded “No”.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>10</p> <p>SERUM</p> <p>2</p> <p>Serum/plasma</p> <p>Serum/plasma</p> <p>1</p> <p>77</p> <p>Numeric</p> <p>0 = No 1 = Yes</p> <p>Specimens available at your ADC. If specimen and/or data are not available to your Center researchers within a few hours, then this question should be coded “No”.</p>
<p>Variable Number</p> <p>Variable Name</p> <p>Version</p> <p>Short Descriptor</p> <p>UDS Question</p> <p>Length of Field</p> <p>Column Positions</p> <p>Data Type</p> <p>Allowable Codes</p> <p>Comment</p>	<p>11</p> <p>APOE</p> <p>2</p> <p>APOE</p> <p>APOE genotype data</p> <p>1</p> <p>79</p> <p>Numeric</p> <p>0 = No 1 = Yes</p> <p>If the subject’s APOE genotype (data) is not accessible to your Center researchers within a few hours, then this question should be coded “No”.</p>