

NACC Uniform Data Set (UDS) – Initial Visit Packet

Form A3: Subject Family History

Center: _____ ADC Subject ID: _____ Form Date: ____/____/____

NOTE: This form is to be completed by intake interviewer per subject/informant report. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A3. ADC Visit #: _____
 Examiner's initials: _____

For the following questions:
Dementia refers to progressive loss of memory and cognition, and is often described as senility, dementia, Alzheimer's Disease, hardening of the arteries, or other causes that compromised the subject's social or occupational functioning and from which they did not recover.
Age at onset refers to the age at which dementia symptoms began, not the age at which the diagnosis was made.

Please consider blood relatives only.

PARENTS:									
	a. Year of birth	b. Is the parent still living?			c. If deceased, indicate year of death	d. Does/did this parent have dementia (defined above), as indicated by symptoms, history or diagnosis?			e. If yes, indicate age at onset
	(9999=unknown)	Yes	No	Unknown	(9999=unknown)	Yes	No	Unknown	(999=unknown)
1. Mother	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
2. Father	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____

SIBLINGS:			
3. Is the subject a twin?	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 0 No	<input type="checkbox"/> 9 Unknown
3a. If yes, indicate type:	<input type="checkbox"/> 1 Monozygotic (i.e., identical)	<input type="checkbox"/> 2 Dizygotic (i.e., fraternal)	<input type="checkbox"/> 9 Unknown

4. How many full siblings did the subject have? (99 = Unknown) ____

5. For all full siblings, indicate the following:									
	5a. Year of birth	5b. Is the sibling still living?			5c. If deceased, indicate year of death	5d. Does/did this sibling have dementia (defined above), as indicated by symptoms, history or diagnosis?			5e. If yes, indicate age at onset
	(9999=unknown)	Yes	No	Unknown	(9999=unknown)	Yes	No	Unknown	(999=unknown)
Sibling 1	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 2	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 3	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____

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SIBLINGS:
(continued)

	5a. Year of birth	5b. Is the sibling still living?			5c. If deceased, indicate year of death	5d. Does/did this sibling have dementia (defined above), as indicated by symptoms, history or diagnosis?			5e. If yes, indicate age at onset
	(9999=unknown)	Yes	No	Unknown	(9999=unknown)	Yes	No	Unknown	(999=unknown)
Sibling 4	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 5	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 6	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 7	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 8	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 10	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 11	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 12	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 13	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 14	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 15	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 16	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 17	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 18	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 19	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Sibling 20	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____

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CHILDREN:

6. How many biological children did the subject have? (99 = Unknown) ___

7. For all biological children, indicate the following:

	7a. Year of birth	7b. Is the child still living?			7c. If deceased, indicate year of death	7d. Does/did this child have dementia (defined above), as indicated by symptoms, history or diagnosis?			7e. If yes, indicate age at onset
	(9999=unknown)	Yes	No	Unknown	(9999=unknown)	Yes	No	Unknown	(999=unknown)
Child 1	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Child 2	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Child 3	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Child 4	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Child 5	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Child 6	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Child 7	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Child 8	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Child 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Child 10	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Child 11	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Child 12	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Child 13	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Child 14	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____
Child 15	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____

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OTHER DEMENTED RELATIVES:

8. Number of “other demented relatives” (cousins, aunts, uncles, grandparents, half siblings), as indicated by symptoms, history or diagnosis. (99 = Unknown) ___

9. For all “other demented relatives” (cousins, aunts, uncles, grandparents, half siblings), indicate the following:

	9a.	9b.			9c.	9d.
	Year of birth	Is the relative still living?			If deceased, indicate year of death	Indicate age at onset
	(9999=unknown)	Yes	No	Unknown	(9999=unknown)	(999=unknown)
Relative 1	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	_____
Relative 2	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	_____
Relative 3	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	_____
Relative 4	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	_____
Relative 5	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	_____
Relative 6	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	_____
Relative 7	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	_____
Relative 8	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	_____
Relative 9	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	_____
Relative 10	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	_____
Relative 11	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	_____
Relative 12	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	_____
Relative 13	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	_____
Relative 14	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	_____
Relative 15	_____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9	_____	_____