

NACC Uniform Data Set (UDS) – Initial Visit Packet

Form A5: Subject Health History

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

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A5. Check only one box per question.

ADC Visit #: _____

Examiner's initials: _____

Record the presence or absence of a history of these conditions at this visit as determined by the clinician's best judgment, based on informant report, medical records, and/or observation.

1. Cardiovascular disease	Absent	Recent/Active	Remote/Inactive	Unknown
a. Heart attack/cardiac arrest	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
b. Atrial fibrillation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
c. Angioplasty/endarterectomy/stent	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
d. Cardiac bypass procedure	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
e. Pacemaker	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
f. Congestive heart failure	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
g. Other (<i>specify</i>): _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

2. Cerebrovascular disease	Absent	Recent/Active	Remote/Inactive	Unknown
a. Stroke	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
If recent/active or remote/inactive, indicate year(s) in which this occurred: (9999 = Year unknown)				
1) _____		2) _____		3) _____
4) _____		5) _____		6) _____
b. Transient ischemic attack	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
If recent/active or remote/inactive, indicate year(s) in which this occurred: (9999 = Year unknown)				
1) _____		2) _____		3) _____
4) _____		5) _____		6) _____
c. Other (<i>specify</i>): _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

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Check only one box per question.

3. Parkinsonian features	Absent	Recent/Active	Unknown
a. Parkinson's disease	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
If recent/active, indicate year of diagnosis: (9999 = Year unknown) _____			
b. Other Parkinsonism disorder	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
If recent/active, indicate year of diagnosis: (9999 = Year unknown) _____			

4. Other neurologic conditions	Absent	Recent/Active	Remote/Inactive	Unknown
a. Seizures	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
b. Traumatic brain injury				
1) with brief loss of consciousness (< 5 minutes)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
2) with extended loss of consciousness (≥ 5 minutes)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
3) with chronic deficit or dysfunction	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
c. Other (<i>specify</i>): _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

5. Medical/metabolic conditions	Absent	Recent/Active	Remote/Inactive	Unknown
a. Hypertension	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
b. Hypercholesterolemia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
c. Diabetes	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
d. B12 deficiency	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
e. Thyroid disease	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
f. Incontinence – urinary	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
g. Incontinence – bowel	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

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ADC Visit #: _____

6. Depression	No	Yes	Unknown
a. Active within past 2 years	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
b. Other episodes (prior to 2 years)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9

7. Substance abuse and psychiatric disorders	Absent	Recent/Active	Remote/Inactive	Unknown
a. Substance abuse – alcohol				
1) Clinically significant impairment occurring over a 12-month period manifested in one of the following: work, driving, legal or social.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9

b. Cigarette smoking history	No	Yes	Unknown
1) Has subject smoked within last 30 days?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
2) Has subject smoked more than 100 cigarettes in his/her life?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
3) Total years smoked: (88 = N/A; 99 = Unknown) _____			
4) Average number of packs/day smoked:			
<input type="checkbox"/> 1 1 cigarette – < ½ pack		<input type="checkbox"/> 4 1½ – < 2 packs	<input type="checkbox"/> 9 Unknown
<input type="checkbox"/> 2 ½ – < 1 pack		<input type="checkbox"/> 5 ≥ 2 packs	
<input type="checkbox"/> 3 1 – < 1½ pack		<input type="checkbox"/> 8 N/A	
5) If subject quit smoking, specify age when last smoked (i.e., quit): (888 = N/A; 999 = Unknown) _____			

c. Other abused substances	Absent	Recent/Active	Remote/Inactive	Unknown
1) Clinically significant impairment occurring over a 12-month period manifested in one of the following: work, driving, legal or social.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
If recent/active or remote/inactive, specify abused substance(s): _____				

d. Psychiatric disorders	Absent	Recent/Active	Remote/Inactive	Unknown
	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
If recent/active or remote/inactive, specify disorder(s): _____				