



NACC Uniform Data Set (UDS) – Initial Visit Packet

Form B1: Evaluation Form – Physical

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

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B1.

ADC Visit #: _____

Examiner's initials: _____

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

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

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