

NACC Uniform Data Set (UDS) – Initial Visit Packet

Form Z1: Form Checklist

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

NOTE: This form is to be completed by clinic staff.

ADC Visit #: _____

Examiner's initials: _____

NACC expects and intends that all UDS forms will be attempted on all subjects, but we realize this may be impossible when the patient is terminally ill, or when there is no informant, or for other reasons. NACC requires that Forms Z1, A1, A5, B4, B9, C1, D1, and E1 be submitted for a subject to be included in the UDS database, even though these forms may include some missing data.

For forms not designated as required, if it is not feasible to collect all or almost all of the data elements for a subject and the ADC therefore decides not to attempt collection of those data, an explanation must be provided. Please indicate this decision below by including the appropriate explanatory code and any additional comments.

KEY: If the specified form was not completed, please enter one of the following codes:

95 = Physical problem

97 = Other problem

96 = Cognitive/behavior problem

98 = Verbal refusal

Form	Description	Submitted:		If not submitted, specify reason (see Key)	Comments (provide if needed)
		Yes	No		
A1	Subject Demographics	REQUIRED		n/a	n/a
A2	Informant Demographics	<input type="checkbox"/> 1	<input type="checkbox"/> 0	___	
A3	Subject Family History	<input type="checkbox"/> 1	<input type="checkbox"/> 0	___	
A4	Subject Medications	<input type="checkbox"/> 1	<input type="checkbox"/> 0	___	
A5	Subject Health History	REQUIRED		n/a	n/a
B1	Evaluation Form – Physical	<input type="checkbox"/> 1	<input type="checkbox"/> 0	___	
B2	Evaluation Form – HIS and CVD	<input type="checkbox"/> 1	<input type="checkbox"/> 0	___	
B3	Evaluation Form – UPDRS	<input type="checkbox"/> 1	<input type="checkbox"/> 0	___	
B4	Global Staging – CDR: Standard and Supplemental	REQUIRED		n/a	n/a
B5 or B5S	Behavioral Assessment – NPI-Q	<input type="checkbox"/> 1	<input type="checkbox"/> 0	___	
B6 or B6S	Behavioral Assessment – GDS	<input type="checkbox"/> 1	<input type="checkbox"/> 0	___	
B7 or B7S	Functional Assessment – FAQ	<input type="checkbox"/> 1	<input type="checkbox"/> 0	___	

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		Yes	No		
B8	Evaluation – Physical/Neurological Exam Findings	<input type="checkbox"/> 1	<input type="checkbox"/> 0	— —	
B9	Clinician Judgment of Symptoms	REQUIRED		n/a	n/a
C1 or C1S	MMSE and Neuropsychological Battery	REQUIRED		n/a	n/a
D1	Clinician Diagnosis – Cognitive Status and Dementia	REQUIRED		n/a	n/a
E1	Imaging/Labs	REQUIRED		n/a	n/a