

## NACC Uniform Data Set (UDS) Telephone Follow-up Form A1: Subject Demographics

Center: \_\_\_\_\_ ADC Subject ID: \_\_\_\_\_ Form Date: \_\_\_/\_\_\_/\_\_\_\_\_

**NOTE: This form is to be completed by ADC clinician or interviewer with the informant plus ADC records and medical records. For additional clarification and examples, see UDS Coding Guidebook for Telephone Follow-up Packet, Form A1.**  
 Check only one box per question.

ADC Visit #: \_\_\_\_\_  
 Examiner's initials: \_\_\_\_\_

To print a copy of data collected for this form at previous UDS visit, go to  
<https://www.alz.washington.edu/MEMBER/siteprint.html>.

1. Subject's month/year of birth: ___/_____
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2. Subject's sex:	<input type="checkbox"/> 1 Male	<input type="checkbox"/> 2 Female
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3. What is the subject's living situation?	<input type="checkbox"/> 1 Lives alone	<input type="checkbox"/> 4 Lives with group
	<input type="checkbox"/> 2 Lives with spouse or partner	<input type="checkbox"/> 5 Other ( <i>specify</i> ): _____
	<input type="checkbox"/> 3 Lives with relative or friend	<input type="checkbox"/> 9 Unknown

4. What is the subject's level of independence?	<input type="checkbox"/> 1 Able to live independently	<input type="checkbox"/> 3 Requires some assistance with basic activities
	<input type="checkbox"/> 2 Requires some assistance with complex activities	<input type="checkbox"/> 4 Completely dependent
		<input type="checkbox"/> 9 Unknown

5. What is the subject's primary type of residence?	<input type="checkbox"/> 1 Single family residence	<input type="checkbox"/> 4 Skilled nursing facility/ nursing home
	<input type="checkbox"/> 2 Retirement community	<input type="checkbox"/> 5 Other ( <i>specify</i> ): _____
	<input type="checkbox"/> 3 Assisted living/ boarding home/adult family home	<input type="checkbox"/> 9 Unknown

6. Subject's primary residence zip code (first 3 digits): _____	(leave blank if unknown)
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7. Subject's current marital status:	<input type="checkbox"/> 1 Married	<input type="checkbox"/> 5 Never married
	<input type="checkbox"/> 2 Widowed	<input type="checkbox"/> 6 Living as married
	<input type="checkbox"/> 3 Divorced	<input type="checkbox"/> 8 Other ( <i>specify</i> ): _____
	<input type="checkbox"/> 4 Separated	<input type="checkbox"/> 9 Unknown