

NACC Uniform Data Set (UDS)

Telephone Follow-up Form A2: Informant Demographics

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

NOTE: This form must be completed with the informant by the clinician/interviewer for a telephone follow-up. For additional clarification and examples, see UDS Coding Guidebook for Telephone Follow-up Packet, Form A2. 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. Informant's month/year of birth: _____ (99/9999 = Unknown)		
2. Informant's sex:	<input type="checkbox"/> 1 Male	<input type="checkbox"/> 2 Female
3. Is this a new informant? (If no, skip to item #9)	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 0 No
4. Does the informant report being of Hispanic/Latino ethnicity (i.e., having origins from a mainly Spanish-speaking Latin American country), regardless of race?	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 0 No <input type="checkbox"/> 9 Unknown
4a. If yes, what are the informant's reported origins?	<input type="checkbox"/> 1 Mexican/Chicano/ Mexican-American <input type="checkbox"/> 2 Puerto Rican <input type="checkbox"/> 3 Cuban <input type="checkbox"/> 4 Dominican	<input type="checkbox"/> 5 Central American <input type="checkbox"/> 6 South American <input type="checkbox"/> 50 Other (specify): _____ <input type="checkbox"/> 99 Unknown
5. What does informant report as his/her race?	<input type="checkbox"/> 1 White <input type="checkbox"/> 2 Black or African American <input type="checkbox"/> 3 American Indian or Alaska Native	<input type="checkbox"/> 4 Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 5 Asian <input type="checkbox"/> 50 Other (specify): _____ <input type="checkbox"/> 99 Unknown
6. What additional race does informant report?	<input type="checkbox"/> 1 White <input type="checkbox"/> 2 Black or African American <input type="checkbox"/> 3 American Indian or Alaska Native <input type="checkbox"/> 4 Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> 5 Asian <input type="checkbox"/> 50 Other (specify): _____ <input type="checkbox"/> 88 None reported <input type="checkbox"/> 99 Unknown

NOTE: This form must be completed with the informant by the clinician/interviewer for a telephone follow-up. For additional clarification and examples, see UDS Coding Guidebook for Telephone Follow-up Packet, Form A2. Check only one box per question. ADC Visit #: _____

7. What additional race, beyond what was indicated above in questions 5 and 6, does informant report?	<input type="checkbox"/> 1 White	<input type="checkbox"/> 5 Asian
	<input type="checkbox"/> 2 Black or African American	<input type="checkbox"/> 50 Other (<i>specify</i>): _____
	<input type="checkbox"/> 3 American Indian or Alaska Native	<input type="checkbox"/> 88 None reported
	<input type="checkbox"/> 4 Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> 99 Unknown

8. Informant's years of education (report achieved level using the codes below; if an attempted level is not completed, enter the number of years attended). High school/GED = 12; Bachelors degree = 16; Master's degree = 18; Doctorate = 20 years: _____ (99 = Unknown)

9. What is informant's relationship to subject?	<input type="checkbox"/> 1 Spouse/partner	<input type="checkbox"/> 5 Friend/neighbor
	<input type="checkbox"/> 2 Child	<input type="checkbox"/> 6 Paid caregiver/provider
	<input type="checkbox"/> 3 Sibling	<input type="checkbox"/> 7 Other (<i>specify</i>): _____
	<input type="checkbox"/> 4 Other relative	

10. Does the informant live with the subject?	<input type="checkbox"/> 1 Yes (if yes, skip to #11)	<input type="checkbox"/> 0 No
10a. If no, approximate frequency of in-person visits:	<input type="checkbox"/> 1 Daily	<input type="checkbox"/> 4 At least 3x/month
	<input type="checkbox"/> 2 At least 3x/week	<input type="checkbox"/> 5 Monthly
	<input type="checkbox"/> 3 Weekly	<input type="checkbox"/> 6 Less than once a month
10b. If no, approximate frequency of telephone contact:	<input type="checkbox"/> 1 Daily	<input type="checkbox"/> 4 At least 3x/month
	<input type="checkbox"/> 2 At least 3x/week	<input type="checkbox"/> 5 Monthly
	<input type="checkbox"/> 3 Weekly	<input type="checkbox"/> 6 Less than once a month

11. Is there a question about the informant's reliability?	<input type="checkbox"/> 1 Yes	<input type="checkbox"/> 0 No
------------------------------------------------------------	--------------------------------	-------------------------------