

**NACC Uniform Data Set (UDS)**

**Telephone Follow-up 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 Telephone Follow-up Packet, Form A5. 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>.

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	Active	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	Active	Inactive	Unknown
a. Stroke	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
If active, 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 active, 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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ADC Visit #: \_\_\_ \_\_\_

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

4. Other neurologic conditions	Absent	Active	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	Active	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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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	Active	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	Active	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 active or inactive, specify abused substance(s): _____				

d. Psychiatric disorders	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
If active or inactive, specify disorder(s): _____				