

NACC Uniform Data Set (UDS)

Telephone Follow-up Form D1: Clinician Diagnosis – Cognitive Status and Dementia

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

NOTE: This form is to be completed by the clinician. For diagnostic criteria, see UDS Coding Guidebook for Telephone Follow-up Packet, Form D1. Check only one box per response category.

ADC Visit #: _____

Examiner's initials: _____

1. Responses are based on: 1 Diagnosis from single clinician 2 Consensus diagnosis

2. Does the subject have normal cognition (no MCI, dementia, or other neurological condition resulting in cognitive impairment)? 1 Yes (If yes, skip to #14) 0 No (If no, continue to #3)

3. Does the subject meet criteria for dementia (in accordance with standard criteria for dementia of the Alzheimer's type or for other non-Alzheimer's dementing disorders)? 1 Yes (If yes, skip to #5) 0 No (If no, continue to #4)

4. If the subject does not have normal cognition and is not clinically demented, indicate the type of cognitive impairment (*choose only one impairment from items 4a thru 4e as being "present"; mark all others "absent"*) and then designate the suspected underlying cause(s) of the impairment by indicating "present" for applicable items 5–30:

	Present	Absent	Domains	Yes	No
4a. Amnestic MCI – memory impairment only	<input type="checkbox"/> 1	<input type="checkbox"/> 0			
4b. Amnestic MCI – memory impairment plus one or more other domains (if present, check one or more domain boxes "yes" and check all other domain boxes "no")	<input type="checkbox"/> 1	<input type="checkbox"/> 0	1) Language	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			2) Attention	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			3) Executive function	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			4) Visuospatial	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4c. Non-amnestic MCI – single domain (if present, check only one domain box "yes"; check all other domain boxes "no")	<input type="checkbox"/> 1	<input type="checkbox"/> 0	1) Language	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			2) Attention	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			3) Executive function	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			4) Visuospatial	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4d. Non-amnestic MCI – multiple domains (if present, check two or more domain boxes "yes" and check all other domain boxes "no")	<input type="checkbox"/> 1	<input type="checkbox"/> 0	1) Language	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			2) Attention	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			3) Executive function	<input type="checkbox"/> 1	<input type="checkbox"/> 0
			4) Visuospatial	<input type="checkbox"/> 1	<input type="checkbox"/> 0
4e. Impaired, not MCI	<input type="checkbox"/> 1	<input type="checkbox"/> 0			

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ADC Visit #: _____

Please indicate if the following conditions are present or absent. If present, also indicate if the condition is primary or contributing to the observed cognitive impairment (reported in items 3 or 4), based on the clinician's best judgment. Mark only one condition as primary.

	Present	Absent	If Present:	
			Primary	Contributing
5. Probable AD (NINCDS/ADRDA) <i>(if present, skip to item #7)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 0	5a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
6. Possible AD (NINCDS/ADRDA) <i>(if #5 is present, leave this blank)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 0	6a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
7. Dementia with Lewy bodies	<input type="checkbox"/> 1	<input type="checkbox"/> 0	7a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
8. Vascular dementia (NINDS/AIREN Probable) <i>(if present, skip to item #10)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 0	8a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
9. Vascular dementia (NINDS/AIREN Possible) <i>(if #8 is present, leave this blank)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 0	9a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
10. Alcohol-related dementia	<input type="checkbox"/> 1	<input type="checkbox"/> 0	10a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
11. Dementia of undetermined etiology	<input type="checkbox"/> 1	<input type="checkbox"/> 0	11a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
12. Frontotemporal dementia (behavioral/executive dementia)	<input type="checkbox"/> 1	<input type="checkbox"/> 0	12a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
13. Primary progressive aphasia (aphasic dementia)	<input type="checkbox"/> 1	<input type="checkbox"/> 0	13a. <input type="checkbox"/> 1	<input type="checkbox"/> 2
<i>(If PPA is present, specify type by checking <u>one</u> box below "present" and <u>all others</u> "absent"):</i>				
1) Progressive nonfluent aphasia	<input type="checkbox"/> 1	<input type="checkbox"/> 0		
2) Semantic dementia – anomia plus word comprehension	<input type="checkbox"/> 1	<input type="checkbox"/> 0		
3) Semantic dementia – agnosic variant	<input type="checkbox"/> 1	<input type="checkbox"/> 0		
4) Other (e.g., logopenic, anomic, transcortical, word deafness, syntactic comprehension, motor speech disorder)	<input type="checkbox"/> 1	<input type="checkbox"/> 0		

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ADC Visit #: _____

If the subject has normal cognition, indicate only if the following conditions are present or absent. If the subject is cognitively impaired, indicate if the condition is present and also whether the condition is primary, contributing or non-contributing to the observed cognitive impairment, based on your best judgment. Mark only one condition as primary.

	Present	Absent	If Present:		
			Primary	Contributing	Non-contrib.
14. Progressive supranuclear palsy	<input type="checkbox"/> 1	<input type="checkbox"/> 0	14a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
15. Corticobasal degeneration	<input type="checkbox"/> 1	<input type="checkbox"/> 0	15a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16. Huntington's disease	<input type="checkbox"/> 1	<input type="checkbox"/> 0	16a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17. Prion disease	<input type="checkbox"/> 1	<input type="checkbox"/> 0	17a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18. Cognitive dysfunction from medications	<input type="checkbox"/> 1	<input type="checkbox"/> 0	18a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. Cognitive dysfunction from medical illnesses	<input type="checkbox"/> 1	<input type="checkbox"/> 0	19a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20. Depression	<input type="checkbox"/> 1	<input type="checkbox"/> 0	20a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
21. Other major psychiatric illness	<input type="checkbox"/> 1	<input type="checkbox"/> 0	21a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
22. Down's syndrome	<input type="checkbox"/> 1	<input type="checkbox"/> 0	22a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
23. Parkinson's disease	<input type="checkbox"/> 1	<input type="checkbox"/> 0	23a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
24. Stroke	<input type="checkbox"/> 1	<input type="checkbox"/> 0	24a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
25. Hydrocephalus	<input type="checkbox"/> 1	<input type="checkbox"/> 0	25a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
26. Traumatic brain injury	<input type="checkbox"/> 1	<input type="checkbox"/> 0	26a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
27. CNS neoplasm	<input type="checkbox"/> 1	<input type="checkbox"/> 0	27a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
28. Other (<i>specify</i>): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	28a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
29. Other (<i>specify</i>): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	29a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
30. Other (<i>specify</i>): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	30a. <input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3