

NACC Uniform Data Set (UDS) Telephone Follow-Up 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: _____

The Telephone Follow-up Packet (TFP) aims to obtain information from the informant when the subject is unable to attend an in-person UDS evaluation. NACC requires that Forms Z1, T1, A1, A2, A5, B4, B9, D1, and E1 be submitted with a telephone packet. This data must be obtained from an informant.

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		
T1	Inclusion Form	REQUIRED		n/a	n/a
A1	Subject Demographics	REQUIRED		n/a	n/a
A2	Informant Demographics	REQUIRED		n/a	n/a
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
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	___	
B7 or B7S	Functional Assessment – FAQ	<input type="checkbox"/> 1	<input type="checkbox"/> 0	___	
B9	Clinician Judgment of Symptoms	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