

**FOLLOW-UP VISIT PACKET** NACC UNIFORM DATA SET (UDS)

## Form A2: Co-participant Demographics

ADC name: \_\_\_\_\_ Subject ID: \_\_\_\_\_ Form date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

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

*INSTRUCTIONS: This form is to be completed by intake interviewer based on co-participant's report. For additional clarification and examples, see UDS Coding Guidebook for Follow-up Visit Packet, Form A2. Check only one box per question.*

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

1. Co-participant's month and year of birth (MM / YYYY):	____ / _____ (99/9999 = unknown)
2. Co-participant's sex:	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female
3. Is this a new co-participant — i.e., one who was not a co-participant at any past UDS visit?	<input type="checkbox"/> 0 No (If No, <b>SKIP TO QUESTION 9</b> ) <input type="checkbox"/> 1 Yes
4. Does the co-participant report being of Hispanic/Latino ethnicity (i.e., having origins from a mainly Spanish-speaking Latin American country), regardless of race?	<input type="checkbox"/> 0 No (If No, <b>SKIP TO QUESTION 5</b> ) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown (If Unknown, <b>SKIP TO QUESTION 5</b> )
4a. If yes, what are the co-participant's reported origins?	<input type="checkbox"/> 1 Mexican, Chicano, or 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 the co-participant report as his or 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 the co-participant 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

7. What additional race, beyond those reported in Questions 5 and 6, does the co-participant 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
8. Co-participant's years of education — use the codes below to report the level achieved; if an attempted level is not completed, enter the number of years completed: _____ <b>12 = high school or GED 16 = bachelor's degree 18 = master's degree 20 = doctorate 99 = unknown</b>	
9. What is co-participant's relationship to the subject?	<input type="checkbox"/> 1 Spouse, partner, or companion (include ex-spouse, ex-partner, fiancé(e), boyfriend, girlfriend) <input type="checkbox"/> 2 Child (by blood or through marriage or adoption) <input type="checkbox"/> 3 Sibling (by blood or through marriage or adoption) <input type="checkbox"/> 4 Other relative (by blood or through marriage or adoption) <input type="checkbox"/> 5 Friend, neighbor, or someone known through family, friends, work, or community (e.g., church) <input type="checkbox"/> 6 Paid caregiver, health care provider, or clinician
9a. How long has the co-participant known the subject?	_____ years (999=unknown)
10. Does the co-participant live with the subject?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes (If Yes, <b>SKIP TO QUESTION 11</b> )
10a. If no, approximate frequency of in-person visits?	<input type="checkbox"/> 1 Daily <input type="checkbox"/> 2 At least three times per week <input type="checkbox"/> 3 Weekly <input type="checkbox"/> 4 At least three times per month <input type="checkbox"/> 5 Monthly <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"/> 2 At least three times per week <input type="checkbox"/> 3 Weekly <input type="checkbox"/> 4 At least three times per month <input type="checkbox"/> 5 Monthly <input type="checkbox"/> 6 Less than once a month
11. Is there a question about the co-participant's reliability?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes