**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](https://www.alz.washington.edu/MEMBER/siteprint.html)

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Co-participant’s month and year of birth (MM / YYYY):</td>
<td>99/9999 = unknown</td>
</tr>
<tr>
<td>2. Co-participant’s sex:</td>
<td>Male, Female</td>
</tr>
<tr>
<td>3. Is this a new co-participant — i.e., one who was not a co-participant at any past UDS visit?</td>
<td>No (If No, <strong>SKIP TO QUESTION 9</strong>), Yes</td>
</tr>
<tr>
<td>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?</td>
<td>No (If No, <strong>SKIP TO QUESTION 5</strong>), Yes, Unknown (If Unknown, <strong>SKIP TO QUESTION 5</strong>), Male, Female</td>
</tr>
<tr>
<td>4a. If yes, what are the co-participant’s reported origins?</td>
<td>Mexican, Chicano, or Mexican-American, Puerto Rican, Cuban, Dominican, Central American, South American, Other (SPECIFY): __________________________, Unknown</td>
</tr>
<tr>
<td>5. What does the co-participant report as his or her race?</td>
<td>White, Black or African American, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, Asian, Other (SPECIFY): __________________________, Unknown</td>
</tr>
<tr>
<td>6. What additional race does the co-participant report?</td>
<td>White, Black or African American, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, Asian, Other (SPECIFY): __________________________, None reported, Unknown</td>
</tr>
<tr>
<td>Question</td>
<td>Options</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 7. What additional race, beyond those reported in Questions 5 and 6, does the co-participant report? | □ 1 White  
□ 2 Black or African American  
□ 3 American Indian or Alaska Native  
□ 4 Native Hawaiian or other Pacific Islander  
□ 5 Asian  
□ 6 Other (Specify): __________________________________________ |
| 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: | 12 = high school or GED  
16 = bachelor’s degree  
18 = master’s degree  
20 = doctorate  
99 = unknown |
| 9. What is co-participant’s relationship to the subject?                   | □ 1 Spouse, partner, or companion (include ex-spouse, ex-partner, fiancé(e), boyfriend, girlfriend)  
□ 2 Child (by blood or through marriage or adoption)  
□ 3 Sibling (by blood or through marriage or adoption)  
□ 4 Other relative (by blood or through marriage or adoption)  
□ 5 Friend, neighbor, or someone known through family, friends, work, or community (e.g., church)  
□ 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?                        | □ 0 No  
□ 1 Yes (If Yes, **SKIP TO QUESTION 11**) |
| 10a. If no, approximate frequency of in-person visits?                   | □ 1 Daily  
□ 2 At least three times per week  
□ 3 Weekly  
□ 4 At least three times per month  
□ 5 Monthly  
□ 6 Less than once a month |
| 10b. If no, approximate frequency of telephone contact?                   | □ 1 Daily  
□ 2 At least three times per week  
□ 3 Weekly  
□ 4 At least three times per month  
□ 5 Monthly  
□ 6 Less than once a month |
| 11. Is there a question about the co-participant’s reliability?           | □ 0 No  
□ 1 Yes |