

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

Form B1: EVALUATION FORM Physical

ADC name: _____ Subject ID: _____ Form date: ____ / ____ / _____
 Visit #: _____ Examiner's initials: _____

INSTRUCTIONS: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Follow-up Visit Packet, Form B1. Check only one box per question.

| Subject physical measurements | | | |
|--|----------------------------|--|----------------------------|
| 1. Subject height (inches) | _____ | <i>(88.8=not assessed)</i> | |
| 2. Subject weight (lbs.) | _____ | <i>(888=not assessed)</i> | |
| 3. Subject blood pressure at initial reading (sitting) | _____ / _____ | <i>(888/888=not assessed, 777/777=BP Addendum submitted)</i> | |
| 4. Subject resting heart rate (pulse) | _____ | <i>(888=not assessed)</i> | |
| Additional physical observations | | | |
| | No | Yes | Unknown |
| 5. Without corrective lenses, is the subject's vision functionally normal? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 9 |
| 6. Does the subject usually wear corrective lenses? <i>(If no or unknown, SKIP TO QUESTION 7)</i> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 9 |
| 6a. If yes, is the subject's vision functionally normal <u>with</u> corrective lenses? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 9 |
| 7. Without a hearing aid(s), is the subject's hearing functionally normal? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 9 |
| 8. Does the subject usually wear a hearing aid(s)? <i>(If no or unknown, END FORM HERE)</i> | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 9 |
| 8a. If yes, is the subject's hearing functionally normal <u>with</u> a hearing aid(s)? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 9 |