

INITIAL 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 Initial Visit Packet, Form A2. Check only one box per question.

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. 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, SKIP TO QUESTION 4) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown (If Unknown, SKIP TO QUESTION 4)
3a. 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
4. 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
5. 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

<p>6. What additional race, beyond those reported in Questions 4 and 5, does the co-participant report?</p>	<p><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</p>
<p>7. 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: _____</p>	<p>12 = high school or GED 16 = bachelor's degree 18 = master's degree 20 = doctorate 99 = unknown</p>
<p>8. What is co-participant's relationship to the subject?</p>	<p><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</p>
<p>8a. How long has the co-participant known the subject?</p>	<p>_____ years (999=unknown)</p>
<p>9. Does the co-participant live with the subject?</p>	<p><input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes (If Yes, SKIP TO QUESTION 10)</p>
<p>9a. If no, approximate frequency of in-person visits?</p>	<p><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</p>
<p>9b. If no, approximate frequency of telephone contact?</p>	<p><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</p>
<p>10. Is there a question about the co-participant's reliability?</p>	<p><input type="checkbox"/>₀ No <input type="checkbox"/>₁ Yes</p>