INITIAL VISIT PACKET NACC UNIFORM DATA SET (UDS)

Form A5: Subject Health History

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

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

INSTRUCTIONS: This form is to be completed by the clinician or ADC staff. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A5. Check only one box per question.

1. History of cigarette smoking and alcohol use

CIGARETTE SMOKING

1a. Has subject smoked within the last 30 days? ☐ 0 No ☐ 1 Yes ☐ 9 Unknown

1b. Has subject smoked more than 100 cigarettes in her/his life? ☐ 0 No ☐ 1 Yes ☐ 9 Unknown
(If No or Unknown, **SKIP TO QUESTION 1F**)

1c. Total years smoked *(99 = unknown)*: _ _

1d. Average number of packs smoked per day:
- ☐ 1 1 cigarette to less than ½ pack
- ☐ 2 ½ pack to less than 1 pack
- ☐ 3 1 pack to less than 1½ packs
- ☐ 4 1½ packs to less than 2 packs
- ☐ 5 2 packs or more
- ☐ 9 Unknown

1e. If the subject quit smoking, specify the age at which he/she last smoked (i.e., quit) *(888=N/A, 999 = unknown)*: _ _ _

ALCOHOL USE

1f. In the past three months, has the subject consumed any alcohol?
- ☐ 0 No **(SKIP TO QUESTION 2a)**
- ☐ 1 Yes
- ☐ 9 Unknown **(SKIP TO QUESTION 2a)**

1g. During the past three months, how often did the subject have at least one drink of any alcoholic beverage such as wine, beer, malt liquor, or spirits?
- ☐ 0 Less than once a month
- ☐ 1 About once a month
- ☐ 2 About once a week
- ☐ 3 A few times a week
- ☐ 4 Daily or almost daily
- ☐ 9 Unknown

FOR SECTIONS 2–7, BELOW, record the presence or absence of a **history** of these conditions **at this visit**, as determined by the clinician's best judgment following the medical history interview with the subject and co-participant.

A CONDITION SHOULD BE CONSIDERED ...

- **Absent** IF ... it is not indicated by information obtained from the subject and co-partipant interview.
- **Recent/Active** IF ... it happened within the last year or still requires active management and is consistent with information obtained from the subject and co-partipant interview.
- **Remote/Inactive** IF ... it existed or occurred in the past (more than one year ago) but was resolved or there is no treatment currently under way.
- **Unknown** IF ... there is insufficient information available from the subject and co-partipant interview.

2. Cardiovascular disease	Absent	Recent/ active	Remote/ inactive	Unknown
2a. Heart attack / cardiac arrest (If absent or unknown, **SKIP TO QUESTION 2b**)	☐ 0	☐ 1	☐ 2	☐ 9
2a1. More than one heart attack? ☐ 0 No ☐ 1 Yes ☐ 9 Unknown				
2a2. Year of most recent heart attack *(9999 = unknown)*: ___ ___ ___ ___				
2b. Atrial fibrillation	☐ 0	☐ 1	☐ 2	☐ 9
2c. Angioplasty / endarterectomy / stent	☐ 0	☐ 1	☐ 2	☐ 9
2d. Cardiac bypass procedure	☐ 0	☐ 1	☐ 2	☐ 9
2e. Pacemaker and/or defibrillator	☐ 0	☐ 1	☐ 2	☐ 9
2f. Congestive heart failure	☐ 0	☐ 1	☐ 2	☐ 9
2g. Angina	☐ 0	☐ 1	☐ 2	☐ 9
2h. Heart valve replacement or repair	☐ 0	☐ 1	☐ 2	☐ 9
2i. Other cardiovascular disease (SPECIFY): _____	☐ 0	☐ 1	☐ 2	☐ 9

3. Cerebrovascular disease	Absent	Recent/ active	Remote/ inactive	Unknown
3a. Stroke — by history, not exam (imaging is not required) *(If absent or unknown,* **SKIP TO QUESTION 3b***)*	☐ 0	☐ 1	☐ 2	☐ 9
3a1. More than one stroke? ☐ 0 No ☐ 1 Yes ☐ 9 Unknown				
3a2. Year of most recent stroke *(9999 = unknown)*: ___ ___ ___ ___				
3b. Transient ischemic attack (TIA) (If absent or unknown, **SKIP TO QUESTION 4a**)	☐ 0	☐ 1	☐ 2	☐ 9
3b1. More than one TIA? ☐ 0 No ☐ 1 Yes ☐ 9 Unknown				
3b2. Year of most recent TIA *(9999 = unknown)*: ___ ___ ___ ___				

4. Neurologic conditions	Absent	Recent/ active	Remote/ inactive	Unknown
4a. Parkinson's disease (PD) (If Absent or Unknown, **SKIP TO QUESTION 4b**)	☐ 0	☐ 1		☐ 9
4a1. Year of PD diagnosis *(9999 = unknown)*: ___ ___ ___ ___				
4b. Other parkinsonism disorder (e.g., PSP, CBD) (If absent or unknown, **SKIP TO QUESTION 4c**)	☐ 0	☐ 1		☐ 9
4b1. Year of parkinsonism disorder diagnosis *(9999 = unknown)*: ___ ___ ___ ___				
4c. Seizures	☐ 0	☐ 1	☐ 2	☐ 9
4d. Traumatic brain injury (TBI) (If Absent or Unknown, **SKIP TO QUESTION 5a**)	☐ 0	☐ 1	☐ 2	☐ 9
4d1. TBI with brief loss of consciousness (< 5 minutes) ☐ 0 No ☐ 1 Single ☐ 2 Repeated/multiple ☐ 9 Unknown				
4d2. TBI with extended loss of consciousness (≥ 5 minutes) ☐ 0 No ☐ 1 Single ☐ 2 Repeated/multiple ☐ 9 Unknown				
4d3. TBI without loss of consciousness (as might result from military detonations or sports injuries)? ☐ 0 No ☐ 1 Single ☐ 2 Repeated/multiple ☐ 9 Unknown				
4d4. Year of most recent TBI *(9999 = unknown)*: ___ ___ ___ ___				

5. Medical conditions	Absent	Recent/ active	Remote/ inactive	Unknown
If any of the conditions still require active management and/or medications, please select "Recent/active."				
5a. Diabetes (If absent or unknown, **SKIP TO QUESTION 5b**)	☐ 0	☐ 1	☐ 2	☐ 9
5a1. If Recent/active or Remote/inactive, which type? ☐ 1 Type 1 ☐ 2 Type 2 ☐ 3 Other type (diabetes insipidus, latent autoimmune diabetes/type 1.5, gestational diabetes) ☐ 9 Unknown				
5b. Hypertension	☐ 0	☐ 1	☐ 2	☐ 9
5c. Hypercholesterolemia	☐ 0	☐ 1	☐ 2	☐ 9
5d. B12 deficiency	☐ 0	☐ 1	☐ 2	☐ 9
5e. Thyroid disease	☐ 0	☐ 1	☐ 2	☐ 9
5f. Arthritis (If absent or unknown, **SKIP TO QUESTION 5g**)	☐ 0	☐ 1	☐ 2	☐ 9
5f1. Type of arthritis: ☐ 1 Rheumatoid ☐ 2 Osteoarthritis ☐ 3 Other (SPECIFY): _____ ☐ 9 Unknown				
5f2. Region(s) affected (check all that apply): 5f2a. ☐ 1 Upper extremity 5f2b. ☐ 1 Lower extremity 5f2c. ☐ 1 Spine 5f2d. ☐ 1 Unknown				

5. Medical conditions (cont.)	Absent	Recent/ active	Remote/ inactive	Unknown
5g. Incontinence — urinary	☐ 0	☐ 1	☐ 2	☐ 9
5h. Incontinence — bowel	☐ 0	☐ 1	☐ 2	☐ 9
5i. Sleep apnea	☐ 0	☐ 1	☐ 2	☐ 9
5j. REM sleep behavior disorder (RBD)	☐ 0	☐ 1	☐ 2	☐ 9
5k. Hyposomnia/insomnia	☐ 0	☐ 1	☐ 2	☐ 9
5l. Other sleep disorder (SPECIFY): _____	☐ 0	☐ 1	☐ 2	☐ 9

6. Substance abuse	Absent	Recent/ active	Remote/ inactive	Unknown
6a. Alcohol abuse: clinically significant impairment occurring over a 12-month period manifested in one of the following areas: work, driving, legal, or social.	☐ 0	☐ 1	☐ 2	☐ 9
6b. Other abused substances: clinically significant impairment occuring over a 12-month period manifested in one of the following areas: work, driving, legal, or social. (If absent or unknown, **SKIP TO QUESTION 7a**)	☐ 0	☐ 1	☐ 2	☐ 9
6b1. If recent/active or remote/inactive, specify abused substance: _____				

7. Psychiatric conditions, diagnosed or treated by a physician	Absent	Recent/ active	Remote/ inactive	Unknown
7a. Post-traumatic stress disorder (PTSD)	☐ 0	☐ 1	☐ 2	☐ 9
7b. Bipolar disorder	☐ 0	☐ 1	☐ 2	☐ 9
7c. Schizophrenia	☐ 0	☐ 1	☐ 2	☐ 9
7d. Depression				
7d1. Active depression in the last two years ☐ 0 No ☐ 1 Yes ☐ 9 Unknown				
7d2. Depression episodes more than two years ago ☐ 0 No ☐ 1 Yes ☐ 9 Unknown				
7e. Anxiety	☐ 0	☐ 1	☐ 2	☐ 9
7f. Obsessive-compulsive disorder (OCD)	☐ 0	☐ 1	☐ 2	☐ 9
7g. Developmental neuropsychiatric disorders (e.g., autism spectrum disorder [ASD], attention-deficit hyperactivity disorder [ADHD], dyslexia)	☐ 0	☐ 1	☐ 2	☐ 9
7h. Other psychiatric disorders (If absent or unknown, **END FORM HERE.**)	☐ 0	☐ 1	☐ 2	☐ 9
7h1. If recent/active or remote/inactive, specify disorder: _____				