

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

Form A1: Subject Demographics

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

INSTRUCTIONS: This form is to be completed by the clinician or clinical interviewer based upon co-participant report plus ADC scheduling and medical records. For additional clarification and examples, see UDS Coding Guidebook for Telephone Follow-up Packet, Form A1. 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. Subject's month and year of birth (MM/YYYY):	_____ / _____
2. Subject's <u>current</u> marital status:	<input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Widowed <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 Separated <input type="checkbox"/> 5 Never married (or marriage was annulled) <input type="checkbox"/> 6 Living as married/domestic partner <input type="checkbox"/> 9 Unknown
3. Subject's sex:	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female
4. What is the subject's living situation?	<input type="checkbox"/> 1 Lives alone <input type="checkbox"/> 2 Lives with one other person: a spouse or partner <input type="checkbox"/> 3 Lives with one other person: a relative, friend, or roommate <input type="checkbox"/> 4 Lives with caregiver who is not spouse/partner, relative, or friend <input type="checkbox"/> 5 Lives with a group (related or not related) in a private residence <input type="checkbox"/> 6 Lives in a group home (e.g., assisted living, nursing home, or convent) <input type="checkbox"/> 9 Unknown
5. What is the subject's level of independence?	<input type="checkbox"/> 1 Able to live independently <input type="checkbox"/> 2 Requires some assistance with complex activities <input type="checkbox"/> 3 Requires some assistance with basic activities <input type="checkbox"/> 4 Completely dependent <input type="checkbox"/> 9 Unknown
6. What is the subject's primary type of residence?	<input type="checkbox"/> 1 Single- or multi-family private residence (apartment, condo, house) <input type="checkbox"/> 2 Retirement community or independent group living <input type="checkbox"/> 3 Assisted living, adult family home, or boarding home <input type="checkbox"/> 4 Skilled nursing facility, nursing home, hospital, or hospice <input type="checkbox"/> 9 Unknown
7. ZIP Code (first three digits) of subject's primary residence:	_____ (If unknown, leave blank)