

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

Form T1: Inclusion Form

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

INSTRUCTIONS: This form is to be completed by the clinician or clinical interviewer who will participate in the telephone follow-up. For additional clarification and examples, see UDS Coding Guidebook for Telephone Follow-up Packet, Form T1. To print a copy of data previously collected for this form, go to <https://www.alz.washington.edu/MEMBER/siteprint.html>.

**Please complete the following before continuing with the Telephone Follow-up Packet.
 When feasible, the optimal modality of assessment would be video-assisted rather than by telephone.**

1. Why is the UDS telephone follow-up protocol being used to obtain data about the subject?	NO	YES
a. Subject is too cognitively impaired for an in-person UDS visit	<input type="checkbox"/> 0	<input type="checkbox"/> 1
b. Subject is too physically impaired (medical illness or injury) to attend an in-person UDS visit.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
c. Subject is homebound or in a nursing home and cannot travel.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
d. Subject or co-participant refused an in-person UDS visit.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
e. COVID pandemic precludes traditional in-person UDS visit.	<input type="checkbox"/> 0	<input type="checkbox"/> 1
f. Other (SPECIFY): _____ (ADC staff convenience is not an acceptable reason.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1
2. What modality of communication was used to collect this remote UDS packet?	<input type="checkbox"/> 1 Telephone <input type="checkbox"/> 2 Video-assisted conference <input type="checkbox"/> 3 Some combination of the two	

	NO	YES	UNKNOWN
3. Is the subject likely to resume in-person UDS follow-up evaluation? If Yes or Unknown, and this is the first telephone packet submitted for the subject, then END FORM HERE. If No or Unknown but two or more consecutive telephone packets have been submitted for this subject, then CONTINUE TO QUESTION 4.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
4. Has a Milestones Form documenting the change to telephone follow-up been completed? (If no, complete a Milestones Form now.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9