

TELEPHONE INITIAL 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 Telephone Initial Visit Packet, Form B1. Check only one box per question.

Physical observations	No	Yes	Unknown
1. Without corrective lenses, is the subject's vision functionally normal?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
2. Does the subject usually wear corrective lenses? <i>(If no or unknown, SKIP TO QUESTION 3)</i>	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
2a. 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
3. Without a hearing aid(s), is the subject's hearing functionally normal?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
4. 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
4a. 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