



NACC UNIFORM DATA SET

Data Element Dictionary for Telephone Initial Visit Packet

UDS v3.0, March 2015

Telephone Initial Visit Packet v3.0, July 2020

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Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Comment
Form Header								
0A	PACKET	3	Packet code	2	1 – 2	Char	IT = Initial Visit Telephone Packet	
0B	FORMID	3	Form ID	3	4 – 6	Char	A1 – A5 B1, B4 – B9 C2 D1 – D2	
0C	FORMVER	3	Form version number	3	8 – 10	Num	See bottom of current form; use integer portion of version number.	Example: version 3.0 is FORMVER = 3.

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Comment
0D	ADCID	3	Center ID	2	12 – 13	Num	2 – 43; use appropriate code below: 2 = Boston University 3 = Case Western University 4 = Columbia University 5 = Duke University 6 = Emory University 7 = Massachusetts ADRC 8 = Indiana University 9 = Johns Hopkins University 10 = Mayo Clinic 11 = Mount Sinai 12 = New York University 13 = Northwestern University 14 = Oregon Health & Science University 15 = Rush University 16 = University of California, Davis 17 = University of California, Los Angeles 18 = University of California, San Diego 19 = University of Kentucky 20 = University of Michigan 21 = University of Pennsylvania 22 = University of Pittsburgh 25 = University of Texas Southwestern 26 = University of Washington 27 = Washington University in St. Louis 28 = University of Alabama 30 = University of Southern California 31 = University of California, Irvine 32 = Stanford University 33 = Arizona ADC 34 = University of Arkansas 35 = University of California, San Francisco 36 = Florida ADC 37 = University of Wisconsin 38 = University of Kansas 39 = Stanford University #2 40 = Yale University 41 = 1Florida ADRC 42 = Wake Forest University 43 = University of Michigan ADC	Note: ADCID is replaced by a randomly generated NACCADC in research data sets generated by NACC.

Q #	Data element name	UDS Ver	Description	Length of field	Column positions	Data type	Allowable codes	Comment
0E	PTID	3	ADC subject ID	10	15 – 24	Char	Follow your Center's Patient ID scheme; use same ID as in MDS, if subject is enrolled in MDS.	Number must be unique within data from your Center and be used across all visits for the subject. NOTE: PTID is replaced by a randomly generated NACCID in research data sets generated by NACC.
0F	VISITMO	3	Form date — month	2	26 – 27	Num	1 – 12	Visit date cannot precede September 1, 2005.
0G	VISITDAY	3	Form date — day	2	29 – 30	Num	1 – 31	Visit date cannot precede September 1, 2005.
0H	VISITYR	3	Form date — year	4	32 – 35	Num	2005 to the present year	Visit date cannot precede September 1, 2005.
0I	VISITNUM	3	ADC visit ID	3	37 – 39	Char	Can be determined by Center.	The Center may use its existing visit number scheme. It is not required to start with 1.
0J	INITIALS	3	Examiner's initials	3	41 – 43	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	NOTE: INITIALS is never released in research data sets generated by NACC.

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
Form A1 Subject Demographics									
1	REASON	3.0	Primary reason for coming to ADC:	1	45 – 45	Num	1 = To participate in a research study 2 = To have a clinical evaluation 4 = Both (to participate in a research study and to have a clinical evaluation) 9 = Unknown		
2a	REFERSC	3.0	Principal referral source:	1	47 – 47	Num	1 = Self-referral 2 = Non-professional contact (spouse/partner, relative, friend, coworker, etc.) 3 = ADC participant referral 4 = ADC clinician, staff, or investigator referral 5 = Nurse, doctor, or other health care provider 6 = Other research study clinician/staff/investigator (non-ADC; e.g., ADNI, Women's Health Initiative) 8 = Other 9 = Unknown	If REFERSC=1 or 2, continue to Question 2B; otherwise, skip to Question 3	
2b	LEARNED	3.0	If the referral source was self-referral or a non-professional contact, how did the referral source learn of the ADC?	1	49 – 49	Num	1 = ADC advertisement (e.g., website, mailing, newspaper ad, community) 2 = News article or TV program mentioning the ADC study 3 = Conference or community event (e.g., community memory walk) 4 = Another organizations's media appeal or website (e.g., Alzheimer's Association, 8 = Other 9 = Unknown	Blank if 2a REFERSC ≠ 1 or ≠ 2	
3	PRESTAT	3.0	Presumed disease status at enrollment:	1	51 – 51	Num	1 = Case, patient, proband 2 = Control or normal 3 = No presumed disease status		
4	PRESPART	3.0	Presumed participation:	1	53 – 53	Num	1 = Initial evaluation only 2 = Longitudinal follow-up planned		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5	SOURCENW	3.0	ADC enrollment type:	1	55 – 55	Num	1 = Primarily ADC-funded (Clinical Core, Satellite Core, or other ADC Core or project) 2 = Subject is supported primarily by a non-ADC study (e.g., R01, including non-ADC grants supporting the FTLD Module participation)		
6a	BIRTHMO	3.0	Subject's month of birth:	2	57 – 58	Num	1 – 12		
6b	BIRTHYR	3.0	Subject's year of birth:	4	60 - 63	Num	1875 to (current year – 15)		
7	SEX	3.0	Subject's sex:	1	65 – 65	Num	1 = Male 2 = Female		
8	HISPANIC	3.0	Does the subject report being of Hispanic/Latino ethnicity (i.e., having origins from a mainly Spanish-speaking Latin American country), regardless of race?	1	67 – 67	Num	0 = No 1 = Yes 9 = Unknown	If No or Unknown, skip to Question 9.	
8a	HISPOR	3.0	If yes, what are the subject's reported origins?	2	69 – 70	Num	1 = Mexican, Chicano, or Mexican-American 2 = Puerto Rican 3 = Cuban 4 = Dominican 5 = Central American 6 = South American 50 = Other (specify) 99 = Unknown	Blank if #8HISPANIC ≠ 1 (Yes)	
8a1	HISPORX	3.0	Other (specify):	60	72 – 131	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #8HISPANIC ≠ 1, or if #8aHISPOR ≠ 50 (Other)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
9	RACE	3.0	What does the subject report as his or her race?	2	133 – 134	Num	1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other (specify) 99 = Unknown		
9a	RACEX	3.0	Other (specify):	60	136 – 195	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #9RACE ≠ 50 (Other)	
10	RACESEC	3.0	What additional race does subject report?	2	197 – 198	Num	1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other 88 = None reported 99 = Unknown		
10a	RACESECX	3.0	Other (specify):	60	200 – 259	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #10RACESEC ≠ 50 (Other)	
11	RACETER	3.0	What additional race, beyond those reported in Questions 9 and@ 10, does subject report?	2	261 – 262	Num	1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other 88 = None reported 99 = Unknown		
11a	RACETERX	3.0	Other (specify):	60	264 – 323	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #11RACETER ≠ 50 (Other)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
12	PRIMLANG	3.0	Subject's primary language:	1	325 – 325	Num	1 = English 2 = Spanish 3 = Mandarin 4 = Cantonese 5 = Russian 6 = Japanese 8 = Other primary language (specify) 9 = Unknown		
12a	PRIMLANX	3.0	Other (specify):	60	327 – 386	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #12PRIMLANG ≠ 8 (Other)	
13	EDUC	3.0	Subject'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:@ 12 = high school or GED, 16 = bachelor's degree, 18 = master's degree,@ 20 = doctorate, 99 = unknown	2	388 – 389	Num	0 – 36 99 = Unknown		
14	MARISTAT	3.0	Subject's current marital status	1	391 – 391	Num	1 = Married 2 = Widowed 3 = Divorced 4 = Separated 5 = Never married (or marriage was annulled) 6 = Living as married/domestic partner 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
15	LIVSITUA	3.0	What is the subject's living situation?	1	393 – 393	Num	1 = Lives alone 2 = Lives with one other person: a spouse or partner 3 = Lives with one other person: a relative, friend, or roommate 4 = Lives with caregiver who is not spouse/partner, relative, or friend 5 = Lives with a group (related or not related) in a private residence 6 = Lives in a group home (e.g., assisted living, nursing home, convent) 9 = Unknown		
16	INDEPEND	3.0	What is the subject's level of independence?	1	395 – 395	Num	1 = Able to live independently 2 = Requires some assistance with complex activities 3 = Requires some assistance with basic activities 4 = Completely dependent 9 = Unknown		
17	RESIDENC	3.0	What is the subject's primary type of residence?	1	397 – 397	Num	1 = Single- or multi-family private residence (apartment, condo, house) 2 = Retirement community or independent group living 3 = Assisted living, adult family home, or boarding home 4 = Skilled nursing facility, nursing home, hospital, or hospice 9 = Unknown		
18	ZIP	3.0	ZIP Code (first three digits) of subject's primary residence:	3	399 – 401	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if unknown	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
19	HANDED	3.0	Is the subject left- or right-handed (for example, which hand would s/he@ normally use to write or throw a ball)?	1	403 – 403	Num	1 = Left-handed 2 = Right-handed 3 = Ambidextrous 9 = Unknown		
Form A2 Co-participant Demographics									
1a	INBIRMO	3.0	Co-participant's month of birth:	2	45 – 46	Num	1 – 12 99 = Unknown		
1b	INBIRYR	3.0	Co-participant's year of birth:	4	48 - 51	Num	1875 to (current year – 15) 9999 = Unknown		
2	INSEX	3.0	Co-participant's sex:	1	53 – 53	Num	1 = Male 2 = Female		
3	INHISP	3.0	Does the co-participant report being of Hispanic/Latino ethnicity (i.e., having origins from mainly Spanish-speaking Latin American country), regardless of race?	1	55 – 55	Num	0 = No 1 = Yes 9 = Unknown		If No or Unknown, then skip to Question 4
3a	INHISPOR	3.0	If yes, what are the co-participant's reported origins?	2	57 – 58	Num	1 = Mexican, Chicano, or Mexican-American 2 = Puerto Rican 3 = Cuban 4 = Dominican 5 = Central American 6 = South American 50 = Other (specify) 99 = Unknown	Blank if #3INHISP ≠ 1 (Yes)	
3a1	INHISPOX	3.0	Other (specify):	60	60 – 119	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #3aINHISPOR ≠ 50 (Other)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4	INRACE	3.0	What does the co-participant report as his or her race?	2	121 – 122	Num	1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other (specify) 99 = Unknown		
4a	INRACEX	3.0	Other (specify):	60	124 – 183	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #4INRACE ≠ 50 (Other)	
5	INRASEC	3.0	What additional race does co-participant report?	2	185 – 186	Num	1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other 88 = None reported 99 = Unknown		
5a	INRASECX	3.0	Other (specify):	60	188 – 247	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #5INRASEC ≠ 50 (Other)	
6	INRATER	3.0	What additional race, beyond those reported in Questions 4 and 5, does@ the co-participant report?	2	249 – 250	Num	1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other 88 = None Reported 99 = Unknown		
6a	INRATERX	3.0	Other (specify):	60	252 – 311	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #6INRATER ≠ 50 (Other)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7	INEDUC	3.0	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:	2	313 – 314	Num	0 – 36 99 = Unknown		
8	INRELTO	3.0	What is co-participant's relationship to subject?	1	316 – 316	Num	1 = Spouse, partner, or companion 2 = Child 3 = Sibling 4 = Other relative 5 = Friend, neighbor, or someone known through family, friends, work, or community 6 = Paid caregiver, health care provider, or clinician		
8a	INKNOWN	3.0	How long has the co-participant know the subject?	3	318 – 320	Num	0 – 120 999 = Unknown		
9	INLIVWTH	3.0	Does the co-participant live with the subject?	1	322 – 322	Num	0 = No 1 = Yes		If yes, then skip to Question 10
9a	INVISITS	3.0	If no, approximate frequency of in-person visits?	1	324 – 324	Num	1 = Daily 2 = At least 3 times per week 3 = Weekly 4 = At least 3 times per month 5 = Monthly 6 = Less than once a month	Blank if #9INLIVWTH ≠ 1 (Yes)	
9b	INCALLS	3.0	If no, approximate frequency of telephone contact?	1	326 – 326	Num	1 = Daily 2 = At least 3 times per week 3 = Weekly 5 = At least 3 times per month 5 = Monthly 6 = Less than once a month	Blank if #9INLIVWTH ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
10	INRELY	3.0	Is there a question about the co-participant's reliability?	1	328 – 328	Num	0 = No 1 = Yes		
Form A3 Subject Family History									
1	AFFFAMM	3.0	Are there affected family members (biological parents, full siblings, or biological children)?	1	45 – 45	Num	0 = No 1 = Yes 9 = Unknown		
2a	FADMUT	3.0	In this family, is there evidence for an AD mutation? If Yes, select predominant mutation.	1	47 – 47	Num	0 = No 1 = Yes, APP 2 = Yes, PS-1 (PSEN-1) 3 = Yes, PS-2 (PSEN-2) 8 = Yes, Other (specify) 9 = Unknown whether mutation exists		If No or Unknown, skip to Question 3a.
2a1	FADMUTX	3.0	If Yes, Other (specify):	60	49 – 108	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #2aFADMUT ≠ 8 (Other)	
2b	FADMUSO	3.0	Source of evidence for AD mutation:	1	110 – 110	Num	1 = Family report (no test documentation available) 2 = Commercial test documentation 3 = Research lab test documentation 8 = Other (specify) 9 = Unknown	Blank if #2aFADMUT = 0 (No) or 9 (Unknown)	
2b1	FADMUSOX	3.0	If other, specify:	60	112 – 171	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #2aFADMUT = 0 (No) or 9 (Unknown), or if #2bFADMUSO ≠ 8 (Other)	
3a	FFTDMUT	3.0	In this family, is there evidence for an FTL mutation?@ If Yes, select predominant mutation.	1	173 – 173	Num	0 = No 1 = Yes, MAPT 2 = Yes, PGRN 3 = Yes, C9orf72 4 = Yes, FUS 8 = Yes, Other (specify) 9 = Unknown whether mutation exists		If No or Unknown, skip to Question 4a.

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
3a1	FFTDMUTX	3.0	If Yes, Other (specify):	60	175 – 234	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #3aFFTDMUT ≠ 8 (Other)	
3b	FFTDMUSO	3.0	Source of evidence for FTL D mutation:	1	236 – 236	Num	1 = Family report (no test documentation available) 2 = Commercial test documentation 3 = Research lab test documentation 8 = Other (specify) 9 = Unknown	Blank if #3aFFTDMUT = 0 (No) or 9 (Unknown)	
3b1	FFTDMUSX	3.0	If other, specify:	60	238 – 297	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #3aFFTDMUT= 0 (No) or 9 (Unknown) or if #3bFFTDMUSO ≠ 8 (Other)	
4a	FOTHMUT	3.0	In this family, is there evidence for a mutation other@ than an AD or FTL D mutation?	1	299 – 299	Num	0 = No 1 = Yes (specify) 9 = Unknown		If No or Unknown, skip to Question 5a.
4a1	FOTHMUTX	3.0	If Yes, specify:	60	301 – 360	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #4aFOTHMUT ≠ 1 (Yes)	
4b	FOTHMUSO	3.0	Source of evidence for other mutation:	1	362 – 362	Num	1 = Family report (no test documentation available) 2 = Commercial test documentation 3 = Research lab test documentation 8 = Other (specify) 9 = Unknown	Blank if #4aFOTHMUT = 0 (No) or 9 (Unknown)	
4b1	FOTHMUSX	3.0	If other, specify:	60	364 – 423	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #4aFOTHMUT = 0 (No) or 9 (Unknown) or if #4bFOTHMUSO ≠ 8 (Other)	
5a1	MOMMOB	3.0	Mother – birth month	2	425 – 426	Num	1 – 12 99 = Unknown		
5a2	MOMYOB	3.0	Mother – birth year	4	428 – 431	Num	1850 to current year minus 15 9999 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5a3	MOMDAGE	3.0	Mother – age at death	3	433 – 435	Num	0 – 110 888 = N/A 999 = Unknown		
5a4	MOMNEUR	3.0	Mother – neurological problem	1	437 – 437	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown		
5a5	MOMPRDX	3.0	Mother – primary dx	3	439 – 441	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #5a4MOMNEUR = 8 (N/A)	
5a6	MOMMOE	3.0	Mother – method of evaluation	1	443 – 443	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #5a4MOMNEUR = 8 (N/A)	
5a7	MOMAGEO	3.0	Mother – age of onset	3	445 – 447	Num	0 – 110 999 = Unknown	Blank if #5a4MOMNEUR = 8 (N/A)	
5b1	DADMOB	3.0	Father – birth month	2	449 – 450	Num	1 – 12 99 = Unknown		
5b2	DADYOB	3.0	Father – birth year	2	452 – 455	Num	1850 to current year minus 15 9999 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5b3	DADDAGE	3.0	Father – age at death	3	457 – 459	Num	0 – 110 888 = N/A 999 = Unknown		
5b4	DADNEUR	3.0	Father – neurological problem	1	461 – 461	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown		
5b5	DADPRDX	3.0	Father – primary dx	3	463 – 465	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #5b4DADNEUR = 8 (N/A)	
5b6	DADMOE	3.0	Father – method of evaluation	1	467 – 467	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #5b4DADNEUR = 8 (N/A)	
5b7	DADAGEO	3.0	Father – age of onset	3	469 – 471	Num	0 – 110 999 = Unknown	Blank if #5b4DADNEUR = 8 (N/A)	
6	SIBS	3.0	Number of full siblings?	2	473 – 474	Num	0 – 20 77 = Adopted, unknown		If no full siblings, skip to Question 7.
6a1	SIB1MOB	3.0	Sibling 1 – birth month	2	476 – 477	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6a2	SIB1YOB	3.0	Sibling 1 – birth year	4	479 – 482	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6a3	SIB1AGD	3.0	Sibling 1 – age at death	3	484 – 486	Num	0 – 110	Blank if #6SIBS = 0	
6a4	SIB1NEU	3.0	Sibling 1 – neurological problem	1	488 – 488	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6a5	SIB1PDX	3.0	Sibling 1 – primary dx	3	490 – 492	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6a4SIB1NEU = 8 (N/A) or if #6a4SIB1NEU = 9 (Unknown)	
6a6	SIB1MOE	3.0	Sibling 1 – method of evaluation	1	494 – 494	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6a4SIB1NEU = 8 (N/A) or if #6a4SIB1NEU = 9 (Unknown)	
6a7	SIB1AGO	3.0	Sibling 1 – age of onset	3	496 – 498	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6a4SIB1NEU = 8 (N/A) or if #6a4SIB1NEU = 9 (Unknown)	
6b1	SIB2MOB	3.0	Sibling 2 – birth month	2	500 – 501	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6b2	SIB2YOB	3.0	Sibling 2 – birth year	4	503 – 506	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6b3	SIB2AGD	3.0	Sibling 2 – age at death	3	508 – 510	Num	0 – 110	Blank if #6SIBS = 0	
6b4	SIB2NEU	3.0	Sibling 2 – neurological problem	1	512 – 512	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6b5	SIB2PDX	3.0	Sibling 2 – primary dx	3	514 – 516	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6b4SIB2NEU = 8 (N/A) or if #6b4SIB2NEU = 9 (Unknown)	
6b6	SIB2MOE	3.0	Sibling 2 – method of evaluation	1	518 – 518	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6b4SIB2NEU = 8 (N/A) or if #6b4SIB2NEU = 9 (Unknown)	
6b7	SIB2AGO	3.0	Sibling 2 – age of onset	3	520 – 522	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6b4SIB2NEU = 8 (N/A) or if #6b4SIB2NEU = 9 (Unknown)	
6c1	SIB3MOB	3.0	Sibling 3 – birth month	2	524 – 525	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6c2	SIB3YOB	3.0	Sibling 3 – birth year	4	527 – 530	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6c3	SIB3AGD	3.0	Sibling 3 – age at death	3	532 – 534	Num	0 – 110	Blank if #6SIBS = 0	
6c4	SIB3NEU	3.0	Sibling 3 – neurological problem	1	536 – 536	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6c5	SIB3PDX	3.0	Sibling 3 – primary dx	3	538 – 540	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6c4SIB3NEU = 8 (N/A) or if #6c4SIB3NEU = 9 (Unknown)	
6c6	SIB3MOE	3.0	Sibling 3 – method of evaluation	1	542 – 542	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6c4SIB3NEU = 8 (N/A) or if #6c4SIB3NEU = 9 (Unknown)	
6c7	SIB3AGO	3.0	Sibling 3 – age of onset	3	544 – 546	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6c4SIB3NEU = 8 (N/A) or if #6c4SIB3NEU = 9 (Unknown)	
6d1	SIB4MOB	3.0	Sibling 4 – birth month	2	548 – 549	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6d2	SIB4YOB	3.0	Sibling 4 – birth year	4	551 – 554	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6d3	SIB4AGD	3.0	Sibling 4 – age at death	3	556 – 558	Num	0 – 110	Blank if #6SIBS = 0	
6d4	SIB4NEU	3.0	Sibling 4 – neurological problem	1	560 – 560	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6d5	SIB4PDX	3.0	Sibling 4 – primary dx	3	562 – 564	Num	40 – 490 999 = Specific diagnosis unknown	Blank if #6SIBS = 0 or if #6d4SIB4NEU = 8 (N/A) or if #6d4SIB4NEU = 9 (Unknown)	
6d6	SIB4MOE	3.0	Sibling 4 – method of evaluation	1	566 – 566	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6d4SIB4NEU = 8 (N/A) or if #6d4SIB4NEU = 9 (Unknown)	
6d7	SIB4AGO	3.0	Sibling 4 – age of onset	3	568 – 570	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6d4SIB4NEU = 8 (N/A) or if #6d4SIB4NEU = 9 (Unknown)	
6e1	SIB5MOB	3.0	Sibling 5 – birth month	2	572 – 573	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6e2	SIB5YOB	3.0	Sibling 5 – birth year	4	575 – 578	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6e3	SIB5AGD	3.0	Sibling 5 – age at death	3	580 – 582	Num	0 – 110	Blank if #6SIBS = 0	
6e4	SIB5NEU	3.0	Sibling 5 – neurological problem	1	584 – 584	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6e5	SIB5PDX	3.0	Sibling 5 – primary dx	3	586 – 588	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6e4SIB5NEU = 8 (N/A) or if #6e4SIB5NEU = 9 (Unknown)	
6e6	SIB5MOE	3.0	Sibling 5 – method of evaluation	1	590 – 590	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6e4SIB5NEU = 8 (N/A) or if #6e4SIB5NEU = 9 (Unknown)	
6e7	SIB5AGO	3.0	Sibling 5 – age of onset	3	592 – 594	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6e4SIB5NEU = 8 (N/A) or if #6e4SIB5NEU = 9 (Unknown)	
6f1	SIB6MOB	3.0	Sibling 6 – birth month	2	596 – 597	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6f2	SIB6YOB	3.0	Sibling 6 – birth year	4	599 – 602	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6f3	SIB6AGD	3.0	Sibling 6 – age at death	3	604 – 606	Num	0 – 110	Blank if #6SIBS = 0	
6f4	SIB6NEU	3.0	Sibling 6 – neurological problem	1	608 – 608	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6f5	SIB6PDX	3.0	Sibling 6 – primary dx	3	610 – 612	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6f4SIB6NEU = 8 (N/A) or if #6f4SIB6NEU = 9 (Unknown)	
6f6	SIB6MOE	3.0	Sibling 6 – method of evaluation	1	614 – 614	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6f4SIB6NEU = 8 (N/A) or if #6f4SIB6NEU = 9 (Unknown)	
6f7	SIB6AGO	3.0	Sibling 6 – age of onset	3	616 – 618	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6f4SIB6NEU = 8 (N/A) or if #6f4SIB6NEU = 9 (Unknown)	
6g1	SIB7MOB	3.0	Sibling 7 – birth month	2	620 – 621	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6g2	SIB7YOB	3.0	Sibling 7 – birth year	4	623 – 626	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6g3	SIB7AGD	3.0	Sibling 7 – age at death	3	628 – 630	Num	0 – 110	Blank if #6SIBS = 0	
6g4	SIB7NEU	3.0	Sibling 7 – neurological problem	1	632 – 632	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6g5	SIB7PDX	3.0	Sibling 7 – primary dx	3	634 – 636	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6g4SIB7NEU = 8 (N/A) or if #6g4SIB7NEU = 9 (Unknown)	
6g6	SIB7MOE	3.0	Sibling 7 – method of evaluation	1	638 – 638	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6g4SIB7NEU = 8 (N/A) or if #6g4SIB7NEU = 9 (Unknown)	
6g7	SIB7AGO	3.0	Sibling 7 – age of onset	3	640 – 642	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6g4SIB7NEU = 8 (N/A) or if #6g4SIB7NEU = 9 (Unknown)	
6h1	SIB8MOB	3.0	Sibling 8 – birth month	2	644 – 645	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6h2	SIB8YOB	3.0	Sibling 8 – birth year	4	646 – 649	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6h3	SIB8AGD	3.0	Sibling 8 – age at death	3	652 – 654	Num	0 – 110	Blank if #6SIBS = 0	
6h4	SIB8NEU	3.0	Sibling 8 – neurological problem	1	656 – 656	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6h5	SIB8PDX	3.0	Sibling 8 – primary dx	3	658 – 660	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6h4SIB8NEU = 8 (N/A) or if #6h4SIB8NEU = 9 (Unknown)	
6h6	SIB8MOE	3.0	Sibling 8 – method of evaluation	1	662 – 662	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6h4SIB8NEU = 8 (N/A) or if #6h4SIB8NEU = 9 (Unknown)	
6h7	SIB8AGO	3.0	Sibling 8 – age of onset	3	664 – 666	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6h4SIB8NEU = 8 (N/A) or if #6h4SIB8NEU = 9 (Unknown)	
6i1	SIB9MOB	3.0	Sibling 9 – birth month	2	668 – 669	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6i2	SIB9YOB	3.0	Sibling 9 – birth year	4	671 – 674	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6i3	SIB9AGD	3.0	Sibling 9 – age at death	3	676 – 678	Num	0 – 110	Blank if #6SIBS = 0	
6i4	SIB9NEU	3.0	Sibling 9 – neurological problem	1	680 – 680	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6i5	SIB9PDX	3.0	Sibling 9 – primary dx	3	682 – 684	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6i4SIB9NEU = 8 (N/A) or if #6i4SIB9NEU = 9 (Unknown)	
6i6	SIB9MOE	3.0	Sibling 9 – method of evaluation	1	686 – 686	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6i4SIB9NEU = 8 (N/A) or if #6i4SIB9NEU = 9 (Unknown)	
6i7	SIB9AGO	3.0	Sibling 9 – age of onset	3	688 – 690	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6i4SIB9NEU = 8 (N/A) or if #6i4SIB9NEU = 9 (Unknown)	
6j1	SIB10MOB	3.0	Sibling 10 – birth month	2	692 – 693	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6j2	SIB10YOB	3.0	Sibling 10 – birth year	4	695 – 698	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6j3	SIB10AGD	3.0	Sibling 10 – age at death	3	700 – 702	Num	0 – 110	Blank if #6SIBS = 0	
6j4	SIB10NEU	3.0	Sibling 10 – neurological problem	1	704 – 704	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6j5	SIB10PDX	3.0	Sibling 10 – primary dx	3	706 – 708	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6j4SIB10NEU = 8 (N/A) or if #6j4SIB10NEU = 9 (Unknown)	
6j6	SIB10MOE	3.0	Sibling 10 – method of evaluation	1	710 – 710	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6j4SIB10NEU = 8 (N/A) or if #6j4SIB10NEU = 9 (Unknown)	
6j7	SIB10AGO	3.0	Sibling 10 – age of onset	3	712 – 714	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6j4SIB10NEU = 8 (N/A) or if #6j4SIB10NEU = 9 (Unknown)	
6k1	SIB11MOB	3.0	Sibling 11 – birth month	2	716 – 717	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6k2	SIB11YOB	3.0	Sibling 11 – birth year	4	719 – 721	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6k3	SIB11AGD	3.0	Sibling 11 – age at death	3	724 – 726	Num	0 – 110	Blank if #6SIBS = 0	
6k4	SIB11NEU	3.0	Sibling 11 – neurological problem	1	728 – 728	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6k5	SIB11PDX	3.0	Sibling 11 – primary dx	3	730 – 732	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6k4SIB11NEU = 8 (N/A) or if #6k4SIB11NEU = 9 (Unknown)	
6k6	SIB11MOE	3.0	Sibling 11 – method of evaluation	1	734 – 734	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6k4SIB11NEU = 8 (N/A) or if #6k4SIB11NEU = 9 (Unknown)	
6k7	SIB11AGO	3.0	Sibling 11 – age of onset	3	736 – 738	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6k4SIB11NEU = 8 (N/A) or if #6k4SIB11NEU = 9 (Unknown)	
6l1	SIB12MOB	3.0	Sibling 12 – birth month	2	740 – 741	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
612	SIB12YOB	3.0	Sibling 12 – birth year	4	743 – 746	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
613	SIB12AGD	3.0	Sibling 12 – age at death	3	748 – 750	Num	0 – 110	Blank if #6SIBS = 0	
614	SIB12NEU	3.0	Sibling 12 – neurological problem	1	752 – 752	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
615	SIB12PDX	3.0	Sibling 12 – primary dx	3	754 – 756	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #614SIB12NEU = 8 (N/A) or if #614SIB12NEU = 9 (Unknown)	
616	SIB12MOE	3.0	Sibling 12 – method of evaluation	1	758 – 758	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #614SIB12NEU = 8 (N/A) or if #614SIB12NEU = 9 (Unknown)	
617	SIB12AGO	3.0	Sibling 12 – age of onset	3	760 – 762	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #614SIB12NEU = 8 (N/A) or if #614SIB12NEU = 9 (Unknown)	
6m1	SIB13MOB	3.0	Sibling 13 – birth month	2	764 – 765	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6m2	SIB13YOB	3.0	Sibling 13 – birth year	4	767 – 770	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6m3	SIB13AGD	3.0	Sibling 13 – age at death	3	772 – 774	Num	0 – 110	Blank if #6SIBS = 0	
6m4	SIB13NEU	3.0	Sibling 13 – neurological problem	1	776 – 776	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6m5	SIB13PDX	3.0	Sibling 13 – primary dx	3	778 – 780	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6m4SIB13NEU = 8 (N/A) or if #6m4SIB13NEU = 9 (Unknown)	
6m6	SIB13MOE	3.0	Sibling 13 – method of evaluation	1	782 – 782	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6m4SIB13NEU = 8 (N/A) or if #6m4SIB13NEU = 9 (Unknown)	
6m7	SIB13AGO	3.0	Sibling 13 – age of onset	3	784 – 786	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6m4SIB13NEU = 8 (N/A) or if #6m4SIB13NEU = 9 (Unknown)	
6n1	SIB14MOB	3.0	Sibling 14 – birth month	2	788 – 789	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6n2	SIB14YOB	3.0	Sibling 14 – birth year	4	791 – 794	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6n3	SIB14AGD	3.0	Sibling 14 – age at death	3	796 – 798	Num	0 – 110	Blank if #6SIBS = 0	
6n4	SIB14NEU	3.0	Sibling 14 – neurological problem	1	800 – 800	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6n5	SIB14PDX	3.0	Sibling 14 – primary dx	3	802 – 804	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6n4SIB14NEU = 8 (N/A) or if #6n4SIB14NEU = 9 (Unknown)	
6n6	SIB14MOE	3.0	Sibling 14 – method of evaluation	1	806 – 806	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6n4SIB14NEU = 8 (N/A) or if #6n4SIB14NEU = 9 (Unknown)	
6n7	SIB14AGO	3.0	Sibling 14 – age of onset	3	808 – 810	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6n4SIB14NEU = 8 (N/A) or if #6n4SIB14NEU = 9 (Unknown)	
6o1	SIB15MOB	3.0	Sibling 15 – birth month	2	812 – 813	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6o2	SIB15YOB	3.0	Sibling 15 – birth year	4	815 – 818	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6o3	SIB15AGD	3.0	Sibling 15 – age at death	3	820 – 822	Num	0 – 110	Blank if #6SIBS = 0	
6o4	SIB15NEU	3.0	Sibling 15 – neurological problem	1	824 – 824	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6o5	SIB15PDX	3.0	Sibling 15 – primary dx	3	826 – 828	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6o4SIB15NEU = 8 (N/A) or if #6o4SIB15NEU = 9 (Unknown)	
6o6	SIB15MOE	3.0	Sibling 15 – method of evaluation	1	830 – 830	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6o4SIB15NEU = 8 (N/A) or if #6o4SIB15NEU = 9 (Unknown)	
6o7	SIB15AGO	3.0	Sibling 15 – age of onset	3	832 – 834	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6o4SIB15NEU = 8 (N/A) or if #6o4SIB15NEU = 9 (Unknown)	
6p1	SIB16MOB	3.0	Sibling 16 – birth month	2	836 – 837	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6p2	SIB16YOB	3.0	Sibling 16 – birth year	4	839 – 842	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6p3	SIB16AGD	3.0	Sibling 16 – age at death	3	844 – 846	Num	0 – 110	Blank if #6SIBS = 0	
6p4	SIB16NEU	3.0	Sibling 16 – neurological problem	1	848 – 848	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6p5	SIB16PDX	3.0	Sibling 16 – primary dx	3	850 – 852	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6p4SIB16NEU = 8 (N/A) or if #6p4SIB16NEU = 9 (Unknown)	
6p6	SIB16MOE	3.0	Sibling 16 – method of evaluation	1	854 – 854	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6p4SIB16NEU = 8 (N/A) or if #6p4SIB16NEU = 9 (Unknown)	
6p7	SIB16AGO	3.0	Sibling 16 – age of onset	3	856 – 858	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6p4SIB16NEU = 8 (N/A) or if #6p4SIB16NEU = 9 (Unknown)	
6q1	SIB17MOB	3.0	Sibling 17 – birth month	2	860 – 861	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6q2	SIB17YOB	3.0	Sibling 17 – birth year	4	863 – 866	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6q3	SIB17AGD	3.0	Sibling 17 – age at death	3	868 – 870	Num	0 – 110	Blank if #6SIBS = 0	
6q4	SIB17NEU	3.0	Sibling 17 – neurological problem	1	872 – 872	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6q5	SIB17PDX	3.0	Sibling 17 – primary dx	3	874 – 876	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6q4SIB17NEU = 8 (N/A) or if #6q4SIB17NEU = 9 (Unknown)	
6q6	SIB17MOE	3.0	Sibling 17 – method of evaluation	1	878 – 878	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6q4SIB17NEU = 8 (N/A) or if #6q4SIB17NEU = 9 (Unknown)	
6q7	SIB17AGO	3.0	Sibling 17 – age of onset	3	880 – 882	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6q4SIB17NEU = 8 (N/A) or if #6q4SIB17NEU = 9 (Unknown)	
6r1	SIB18MOB	3.0	Sibling 18 – birth month	2	884 – 885	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6r2	SIB18YOB	3.0	Sibling 18 – birth year	4	887 – 890	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6r3	SIB18AGD	3.0	Sibling 18 – age at death	3	892 – 894	Num	0 – 110	Blank if #6SIBS = 0	
6r4	SIB18NEU	3.0	Sibling 18 – neurological problem	1	896 – 896	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6r5	SIB18PDX	3.0	Sibling 18 – primary dx	3	898 – 900	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6r4SIB18NEU = 8 (N/A) or if #6r4SIB18NEU = 9 (Unknown)	
6r6	SIB18MOE	3.0	Sibling 18 – method of evaluation	1	902 – 902	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6r4SIB18NEU = 8 (N/A) or if #6r4SIB18NEU = 9 (Unknown)	
6r7	SIB18AGO	3.0	Sibling 18 – age of onset	3	904 – 906	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6r4SIB18NEU = 8 (N/A) or if #6r4SIB18NEU = 9 (Unknown)	
6s1	SIB19MOB	3.0	Sibling 19 – birth month	2	908 – 909	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6s2	SIB19YOB	3.0	Sibling 19 – birth year	4	911 – 914	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6s3	SIB19AGD	3.0	Sibling 19 – age at death	3	916 – 918	Num	0 – 110	Blank if #6SIBS = 0	
6s4	SIB19NEU	3.0	Sibling 19 – neurological problem	1	920 – 920	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6s5	SIB19PDX	3.0	Sibling 19 – primary dx	3	922 – 924	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6s4SIB19NEU = 8 (N/A) or if #6s4SIB19NEU = 9 (Unknown)	
6s6	SIB19MOE	3.0	Sibling 19 – method of evaluation	1	926 – 926	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6s4SIB19NEU = 8 (N/A) or if #6s4SIB19NEU = 9 (Unknown)	
6s7	SIB19AGO	3.0	Sibling 19 – age of onset	3	928 – 930	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6s4SIB19NEU = 8 (N/A) or if #6s4SIB19NEU = 9 (Unknown)	
6t1	SIB20MOB	3.0	Sibling 20 – birth month	2	932 – 933	Num	1 – 12 99 = Unknown	Blank if #6SIBS = 0	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6t2	SIB20YOB	3.0	Sibling 20 – birth year	4	935 – 938	Num	1875 to current year 9999 = Unknown	Blank if #6SIBS = 0	
6t3	SIB20AGD	3.0	Sibling 20 – age at death	3	940 – 942	Num	0 – 110	Blank if #6SIBS = 0	
6t4	SIB20NEU	3.0	Sibling 20 – neurological problem	1	944 – 944	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #6SIBS = 0	
6t5	SIB20PDX	3.0	Sibling 20 – primary dx	3	946 – 948	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #6SIBS = 0 or if #6t4SIB20NEU = 8 (N/A) or if #6t4SIB20NEU = 9 (Unknown)	
6t6	SIB20MOE	3.0	Sibling 20 – method of evaluation	1	950 – 950	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #6SIBS = 0 or if #6t4SIB20NEU = 8 (N/A) or if #6t4SIB20NEU = 9 (Unknown)	
6t7	SIB20AGO	3.0	Sibling 20 – age of onset	3	952 – 954	Num	0 – 110 999 = Unknown	Blank if #6SIBS = 0 or if #6t4SIB20NEU = 8 (N/A) or if #6t4SIB20NEU = 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7	KIDS	3.0	Number of biological children?	2	956 – 957	Num	0 – 15		If no biological children, end form here.
7a1	KID1MOB	3.0	Child 1 – birth month	2	959 – 960	Num	1 – 12 99 = Unknown	Blank if #7KIDS = 0	
7a2	KID1YOB	3.0	Child 1 – birth year	4	962 – 965	Num	1910 to current year 9999 = Unknown	Blank if #7 Kids = 0	
7a3	KID1AGD	3.0	Child 1 – age at death	3	967 – 969	Num	0 – 110	Blank if #7KIDS = 0	
7a4	KID1NEU	3.0	Child 1 – neurological problem	1	971 – 971	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #7KIDS = 0	
7a5	KID1PDX	3.0	Child 1 – primary dx	3	973 – 975	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #7KIDS = 0 or if #7a3KID1NEU = 8 (N/A) or if #7a3KID1NEU = 9 (Unknown)	
7a6	KID1MOE	3.0	Child 1 – method of evaluation	1	977 – 977	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #7KIDS = 0 or if #7a3KID1NEU = 8 (N/A) or if #7a3KID1NEU = 9	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7a7	KID1AGO	3.0	Child 1 – age of onset	3	979 – 981	Num	0 – 110 999 = Unknown	Blank if #7KIDS = 0 or if #7a3KID1NEU = 8 (N/A) or if #7a3KID1NEU = 9 (Unknown)	
7b1	KID2MOB	3.0	Child 2 – birth month	2	983 – 984	Num	1 – 12 99 = Unknown	Blank if #7KIDS = 0	
7b2	KID2YOB	3.0	Child 2 – birth year	4	986 – 989	Num	1910 to current year 9999 = Unknown	Blank if #7 Kids = 0	
7b3	KID2AGD	3.0	Child 2 – age at death	3	991 – 993	Num	0 – 110	Blank if #7KIDS = 0	
7b4	KID2NEU	3.0	Child 2 – neurological problem	1	995 – 995	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #7KIDS = 0	
7b5	KID2PDX	3.0	Child 2 – primary dx	3	997 – 999	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #7KIDS = 0 or if #7b3KID2NEU = 8 (N/A) or if #7b3KID2NEU = 9 (Unknown)	
7b6	KID2MOE	3.0	Child 2 – method of evaluation	1	1001 – 1001	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #7KIDS = 0 or if #7b3KID2NEU = 8 (N/A) or if #7b3KID2NEU = 9	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7b7	KID2AGO	3.0	Child 2 – age of onset	3	1003 – 1005	Num	0 – 110 999 = Unknown	Blank if #7KIDS = 0 or if #7b3KID2NEU = 8 (N/A) or if #7b3KID2NEU = 9 (Unknown)	
7c1	KID3MOB	3.0	Child 3 – birth month	2	1007 – 1008	Num	1 – 12 99 = Unknown	Blank if #7KIDS = 0	
7c2	KID3YOB	3.0	Child 3 – birth year	4	1010 – 1013	Num	1910 to current year 9999 = Unknown	Blank if #7 Kids = 0	
7c3	KID3AGD	3.0	Child 3 – age at death	3	1015 – 1017	Num	0 – 110	Blank if #7KIDS = 0	
7c4	KID3NEU	3.0	Child 3 – neurological problem	1	1019 – 1019	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #7KIDS = 0	
7c5	KID3PDX	3.0	Child 3 – primary dx	3	1021 – 1023	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #7KIDS = 0 or if #7c3KID3NEU = 8 (N/A) or if #7c3KID3NEU = 9 (Unknown)	
7c6	KID3MOE	3.0	Child 3 – method of evaluation	1	1025 – 1025	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #7KIDS = 0 or if #7c3KID3NEU = 8 (N/A) or if #7c3KID3NEU = 9	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7c7	KID3AGO	3.0	Child 3 – age of onset	3	1027 – 1029	Num	0 – 110 999 = Unknown	Blank if #7KIDS = 0 or if #7c3KID3NEU = 8 (N/A) or if #7c3KID3NEU = 9 (Unknown)	
7d1	KID4MOB	3.0	Child 4 – birth month	2	1031 – 1032	Num	1 – 12 99 = Unknown	Blank if #7KIDS = 0	
7d2	KID4YOB	3.0	Child 4 – birth year	4	1034 – 1037	Num	1910 to current year 9999 = Unknown	Blank if #7 Kids = 0	
7d3	KID4AGD	3.0	Child 4 – age at death	3	1039 – 1041	Num	0 – 110	Blank if #7KIDS = 0	
7d4	KID4NEU	3.0	Child 4 – neurological problem	1	1043 – 1043	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #7KIDS = 0	
7d5	KID4PDX	3.0	Child 4 – primary dx	3	1045 – 1047	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #7KIDS = 0 or if #7d3KID4NEU = 8 (N/A) or if #7d3KID4NEU = 9 (Unknown)	
7d6	KID4MOE	3.0	Child 4 – method of evaluation	1	1049 – 1049	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #7KIDS = 0 or if #7d3KID4NEU = 8 (N/A) or if #7d3KID4NEU = 9	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7d7	KID4AGO	3.0	Child 4 – age of onset	3	1051 – 1053	Num	0 – 110 999 = Unknown	Blank if #7KIDS = 0 or if #7d3KID4NEU = 8 (N/A) or if #7d3KID4NEU = 9 (Unknown)	
7e1	KID5MOB	3.0	Child 5 – birth month	2	1055 – 1056	Num	1 – 12 99 = Unknown	Blank if #7KIDS = 0	
7e2	KID5YOB	3.0	Child 5 – birth year	4	1058 – 1061	Num	1910 to current year 9999 = Unknown	Blank if #7 Kids = 0	
7e3	KID5AGD	3.0	Child 5 – age at death	3	1063 – 1065	Num	0 – 110	Blank if #7KIDS = 0	
7e4	KID5NEU	3.0	Child 5 – neurological problem	1	1067 – 1067	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #7KIDS = 0	
7e5	KID5PDX	3.0	Child 5 – primary dx	3	1069 – 1071	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #7KIDS = 0 or if #7e3KID5NEU = 8 (N/A) or if #7e3KID5NEU = 9 (Unknown)	
7e6	KID5MOE	3.0	Child 5 – method of evaluation	1	1073 – 1073	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #7KIDS = 0 or if #7e3KID5NEU = 8 (N/A) or if #7e3KID5NEU = 9	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7e7	KID5AGO	3.0	Child 5 – age of onset	3	1075 – 1077	Num	0 – 110 999 = Unknown	Blank if #7KIDS = 0 or if #7e3KID5NEU = 8 (N/A) or if #7e3KID5NEU = 9 (Unknown)	
7f1	KID6MOB	3.0	Child 6 – birth month	2	1079 – 1080	Num	1 – 12 99 = Unknown	Blank if #7KIDS = 0	
7f2	KID6YOB	3.0	Child 6 – birth year	4	1081 – 1084	Num	1910 to current year 9999 = Unknown	Blank if #7 Kids = 0	
7f3	KID6AGD	3.0	Child 6 – age at death	3	1087 – 1089	Num	0 – 110	Blank if #7KIDS = 0	
7f4	KID6NEU	3.0	Child 6 – neurological problem	1	1091 – 1091	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #7KIDS = 0	
7f5	KID6PDX	3.0	Child 6 – primary dx	3	1093 – 1095	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #7KIDS = 0 or if #7f3KID6NEU = 8 (N/A) or if #7f3KID6NEU = 9 (Unknown)	
7f6	KID6MOE	3.0	Child 6 – method of evaluation	1	1097 – 1097	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #7KIDS = 0 or if #7f3KID6NEU = 8 (N/A) or if #7f3KID6NEU = 9	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7f7	KID6AGO	3.0	Child 6 – age of onset	3	1099 – 1101	Num	0 – 110 999 = Unknown	Blank if #7KIDS = 0 or if #7f3KID6NEU = 8 (N/A) or if #7f3KID6NEU = 9 (Unknown)	
7g1	KID7MOB	3.0	Child 7 – birth month	2	1103 – 1104	Num	1 – 12 99 = Unknown	Blank if #7KIDS = 0	
7g2	KID7YOB	3.0	Child 7 – birth year	4	1106 – 1109	Num	1910 to current year 9999 = Unknown	Blank if #7 Kids = 0	
7g3	KID7AGD	3.0	Child 7 – age at death	3	1111 – 1113	Num	0 – 110	Blank if #7KIDS = 0	
7g4	KID7NEU	3.0	Child 7 – neurological problem	1	1115 – 1115	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #7KIDS = 0	
7g5	KID7PDX	3.0	Child 7 – primary dx	3	1117 – 1119	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #7KIDS = 0 or if #7g3KID7NEU = 8 (N/A) or if #7g3KID7NEU = 9 (Unknown)	
7g6	KID7MOE	3.0	Child 7 – method of evaluation	1	1121 – 1121	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #7KIDS = 0 or if #7g3KID7NEU = 8 (N/A) or if #7g3KID7NEU = 9	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7g7	KID7AGO	3.0	Child 7 – age of onset	3	1123 – 1125	Num	0 – 110 999 = Unknown	Blank if #7KIDS = 0 or if #7g3KID7NEU = 8 (N/A) or if #7g3KID7NEU = 9 (Unknown)	
7h1	KID8MOB	3.0	Child 8 – birth month	2	1127 – 1128	Num	1 – 12 99 = Unknown	Blank if #7KIDS = 0	
7h2	KID8YOB	3.0	Child 8 – birth year	4	1130 – 1133	Num	1910 to current year 9999 = Unknown	Blank if #7 Kids = 0	
7h3	KID8AGD	3.0	Child 8 – age at death	3	1135 – 1137	Num	0 – 110	Blank if #7KIDS = 0	
7h4	KID8NEU	3.0	Child 8 – neurological problem	1	1139 – 1139	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #7KIDS = 0	
7h5	KID8PDX	3.0	Child 8 – primary dx	3	1141 – 1143	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #7KIDS = 0 or if #7h3KID8NEU = 8 (N/A) or if #7h3KID8NEU = 9 (Unknown)	
7h6	KID8MOE	3.0	Child 8 – method of evaluation	1	1145 – 1145	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #7KIDS = 0 or if #7h3KID8NEU = 8 (N/A) or if #7h3KID8NEU = 9	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7h7	KID8AGO	3.0	Child 8 – age of onset	3	1147 – 1149	Num	0 – 110 999 = Unknown	Blank if #7KIDS = 0 or if #7h3KID8NEU = 8 (N/A) or if #7h3KID8NEU = 9 (Unknown)	
7i1	KID9MOB	3.0	Child 9 – birth month	2	1151 – 1152	Num	1 – 12 99 = Unknown	Blank if #7KIDS = 0	
7i2	KID9YOB	3.0	Child 9 – birth year	4	1154 – 1157	Num	1910 to current year 9999 = Unknown	Blank if #7 Kids = 0	
7i3	KID9AGD	3.0	Child 9 – age at death	3	1159 – 1161	Num	0 – 110	Blank if #7KIDS = 0	
7i4	KID9NEU	3.0	Child 9 – neurological problem	1	1163 – 1163	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #7KIDS = 0	
7i5	KID9PDX	3.0	Child 9 – primary dx	3	1165 – 1167	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #7KIDS = 0 or if #7i3KID9NEU = 8 (N/A) or if #7i3KID9NEU = 9 (Unknown)	
7i6	KID9MOE	3.0	Child 9 – method of evaluation	1	1169 – 1169	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #7KIDS = 0 or if #7i3KID9NEU = 8 (N/A) or if #7i3KID9NEU = 9	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7i7	KID9AGO	3.0	Child 9 – age of onset	3	1171 – 1173	Num	0 – 110 999 = Unknown	Blank if #7KIDS = 0 or if #7i3KID9NEU = 8 (N/A) or if #7i3KID9NEU = 9 (Unknown)	
7j1	KID10MOB	3.0	Child 10 – birth month	2	1175 – 1176	Num	1 – 12 99 = Unknown	Blank if #7KIDS = 0	
7j2	KID10YOB	3.0	Child 10 – birth year	4	1179 – 1182	Num	1910 to current year 9999 = Unknown	Blank if #7 Kids = 0	
7j3	KID10AGD	3.0	Child 10 – age at death	3	1183 – 1185	Num	0 – 110	Blank if #7KIDS = 0	
7j4	KID10NEU	3.0	Child 10 – neurological problem	1	1187 – 1187	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #7KIDS = 0	
7j5	KID10PDX	3.0	Child 10 – primary dx	3	1189 – 1191	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #7KIDS = 0 or if #7j3KID10NEU = 8 (N/A) or if #7j3KID10NEU = 9 (Unknown)	
7j6	KID10MOE	3.0	Child 10 – method of evaluation	1	1193 – 1193	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #7KIDS = 0 or if #7j3KID10NEU = 8 (N/A) or if #7j3KID10NEU = 9	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7j7	KID10AGO	3.0	Child 10 – age of onset	3	1195 – 1197	Num	0 – 110 999 = Unknown	Blank if #7KIDS = 0 or if #7j3KID10NEU = 8 (N/A) or if #7j3KID10NEU = 9 (Unknown)	
7k1	KID11MOB	3.0	Child 11 – birth month	2	1199 – 1200	Num	1 – 12 99 = Unknown	Blank if #7KIDS = 0	
7k2	KID11YOB	3.0	Child 11 – birth year	4	1202 – 1205	Num	1910 to current year 9999 = Unknown	Blank if #7 Kids = 0	
7k3	KID11AGD	3.0	Child 11 – age at death	3	1207 – 1209	Num	0 – 110	Blank if #7KIDS = 0	
7k4	KID11NEU	3.0	Child 11 – neurological problem	1	1211 – 1211	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #7KIDS = 0	
7k5	KID11PDX	3.0	Child 11 – primary dx	3	1213 – 1215	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #7KIDS = 0 or if #7k3KID11NEU = 8 (N/A) or if #7k3KID11NEU = 9 (Unknown)	
7k6	KID11MOE	3.0	Child 11 – method of evaluation	1	1217 – 1217	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #7KIDS = 0 or if #7k3KID11NEU = 8 (N/A) or if #7k3KID11NEU = 9	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7k7	KID11AGO	3.0	Child 11 – age of onset	3	1219 – 1221	Num	0 – 110 999 = Unknown	Blank if #7KIDS = 0 or if #7k3KID11NEU = 8 (N/A) or if #7k3KID11NEU = 9 (Unknown)	
711	KID12MOB	3.0	Child 12 – birth month	2	1223 – 1224	Num	1 – 12 99 = Unknown	Blank if #7KIDS = 0	
712	KID12YOB	3.0	Child 12 – birth year	4	1226 – 1229	Num	1910 to current year 9999 = Unknown	Blank if #7 Kids = 0	
713	KID12AGD	3.0	Child 12 – age at death	3	1231 – 1233	Num	0 – 110	Blank if #7KIDS = 0	
714	KID12NEU	3.0	Child 12 – neurological problem	1	1235 – 1235	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #7KIDS = 0	
715	KID12PDX	3.0	Child 12 – primary dx	3	1237 – 1239	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #7KIDS = 0 or if #713KID12NEU = 8 (N/A) or if #713KID12NEU = 9 (Unknown)	
716	KID12MOE	3.0	Child 12 – method of evaluation	1	1241 – 1241	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #7KIDS = 0 or if #713KID12NEU = 8 (N/A) or if #713KID12NEU = 9	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7I7	KID12AGO	3.0	Child 12 – age of onset	3	1243 – 1245	Num	0 – 110 999 = Unknown	Blank if #7KIDS = 0 or if #7I3KID12NEU = 8 (N/A) or if #7I3KID12NEU = 9 (Unknown)	
7m1	KID13MOB	3.0	Child 13 – birth month	2	1247 – 1248	Num	1 – 12 99 = Unknown	Blank if #7KIDS = 0	
7m2	KID13YOB	3.0	Child 13 – birth year	4	1250 – 1253	Num	1910 to current year 9999 = Unknown	Blank if #7 Kids = 0	
7m3	KID13AGD	3.0	Child 13 – age at death	3	1255 – 1257	Num	0 – 110	Blank if #7KIDS = 0	
7m4	KID13NEU	3.0	Child 13 – neurological problem	1	1259 – 1259	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #7KIDS = 0	
7m5	KID13PDX	3.0	Child 13 – primary dx	3	1261 – 1263	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #7KIDS = 0 or if #7m3KID13NEU = 8 (N/A) or if #7m3KID13NEU = 9 (Unknown)	
7m6	KID13MOE	3.0	Child 13 – method of evaluation	1	1265 – 1265	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #7KIDS = 0 or if #7m3KID13NEU = 8 (N/A) or if #7m3KID13NEU = 9	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7m7	KID13AGO	3.0	Child 13 – age of onset	3	1267 – 1269	Num	0 – 110 999 = Unknown	Blank if #7KIDS = 0 or if #7m3KID13NEU = 8 (N/A) or if #7m3KID13NEU = 9 (Unknown)	
7n1	KID14MOB	3.0	Child 14 – birth month	2	1271 – 1272	Num	1 – 12 99 = Unknown	Blank if #7KIDS = 0	
7n2	KID14YOB	3.0	Child 14 – birth year	4	1274 – 1278	Num	1910 to current year 9999 = Unknown	Blank if #7 Kids = 0	
7n3	KID14AGD	3.0	Child 14 – age at death	3	1279 – 1281	Num	0 – 110	Blank if #7KIDS = 0	
7n4	KID14NEU	3.0	Child 14 – neurological problem	1	1283 – 1283	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #7KIDS = 0	
7n5	KID14PDX	3.0	Child 14 – primary dx	3	1285 – 1287	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #7KIDS = 0 or if #7n3KID14NEU = 8 (N/A) or if #7n3KID14NEU = 9 (Unknown)	
7n6	KID14MOE	3.0	Child 14 – method of evaluation	1	1289 – 1289	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #7KIDS = 0 or if #7n3KID14NEU = 8 (N/A) or if #7n3KID14NEU = 9	

Q#	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7n7	KID14AGO	3.0	Child 14 – age of onset	3	1291 – 1293	Num	0 – 110 999 = Unknown	Blank if #7KIDS = 0 or if #7n3KID14NEU = 8 (N/A) or if #7n3KID14NEU = 9 (Unknown)	
7o1	KID15MOB	3.0	Child 15 – birth month	2	1295 – 1296	Num	1 – 12 99 = Unknown	Blank if #7KIDS = 0	
7o2	KID15YOB	3.0	Child 15 – birth year	4	1298 – 1301	Num	1910 to current year 9999 = Unknown	Blank if #7 Kids = 0	
7o3	KID15AGD	3.0	Child 15 – age at death	3	1303 – 1305	Num	0 – 110	Blank if #7KIDS = 0	
7o4	KID15NEU	3.0	Child 15 – neurological problem	1	1307 – 1307	Num	1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown	Blank if #7KIDS = 0	
7o5	KID15PDX	3.0	Child 15 – primary dx	3	1309 – 1311	Num	40 – 490 999 = Specific Diagnosis Unknown	Blank if #7KIDS = 0 or if #7o3KID15NEU = 8 (N/A) or if #7o3KID15NEU = 9 (Unknown)	
7o6	KID15MOE	3.0	Child 15 – method of evaluation	1	1313 – 1313	Num	1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report	Blank if #7KIDS = 0 or if #7o3KID15NEU = 8 (N/A) or if #7o3KID15NEU = 9	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7o7	KID15AGO	3.0	Child 15 – age of onset	3	1315 – 1317	Num	0 – 110 999 = Unknown	Blank if #7KIDS = 0 or if #7o3KID15NEU = 8 (N/A) or if #7o3KID15NEU = 9 (Unknown)	
Form A4D Subject Medications Detail									
1	DRUGID	3.0	What is the Drug ID of the medication?	6	45 – 50	Char	Preprinted drug IDs on the UDS form or drug IDs obtained from using the lookup tool on the NACC website		
Form A4G Subject Medications General									
1	ANYMEDS	3.0	Is the subject currently taking any medications?	1	45 – 45	Num	0 = No 1 = Yes		
Form A5 Subject Health History									
1a	TOBAC30	3.0	Has subject smoked within the last 30 days?	1	45 – 45	Num	0 = No 1 = Yes 9 = Unknown		
1b	TOBAC100	3.0	Has subject smoked more than 100 cigarettes in his/her life?	1	47 – 47	Num	0 = No 1 = Yes 9 = Unknown		If No or Unknown, skip to Question 1f
1c	SMOKYRS	3.0	Total years smoked:	2	49 – 50	Num	0 – 87 99 = Unknown	Blank if #1b TOBAC100 ≠ 1 (Yes)	
1d	PACKSPER	3.0	Average number of packs smoked per day	1	52 – 52	Num	1 = 1 cigarette – < 1/2 Pack 2 = 1/2 -< 1 Pack 3 = 1 – < 1 1/2 Packs 4 = 1 1/2 – < 2 packs 5 = >= 2 Packs 9 = Unknown	Blank if #1b TOBAC100 ≠ 1 (Yes)	
1e	QUITSMOK	3.0	If the subject quit smoking, specify age at which he/she last smoked (i.e., quit)	3	54 – 56	Num	8 – 110 888 = N/A 999 = Unknown	Blank if #1b TOBAC100 ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1f	ALCOCCAS	3.0	In the past three months, has the subject consumed any alcohol?	1	58 – 58	Num	0 = No 1 = Yes 9 = Unknown		If No or Unknown, skip to Question 2a
1g	ALCFREQ	3.0	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?	1	60 – 60	Num	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	Blank if #1fALCOCCAS ≠ 1 (Yes)	
2a	CVHATT	3.0	Heart attack/cardiac arrest	1	62 – 62	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		If absent or unknown, skip to Question 2b
2a1	HATTMULT	3.0	More than one heart attack?	1	64 – 64	Num	0 = No 1 = Yes 9 = Unknown	Blank if #2aCVHATT = 0 (Absent) or 9 (Unknown)	
2a2	HATTYEAR	3.0	Year of most recent heart attack	4	66 – 69	Num	1900 – 2020 9999 = Unknown	Blank if #2aCVHATT = 0 (Absent) or 9 (Unknown)	
2b	CVAFIB	3.0	Atrial fibrillation	1	71 – 71	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
2c	CVANGIO	3.0	Angioplasty/endarterectomy/stent	1	73 – 73	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
2d	CVBYPASS	3.0	Cardiac bypass procedure	1	75 – 75	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
2e	CVPACDEF	3.0	Pacemaker and/or defibrillator	1	77 – 77	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
2f	CVCHF	3.0	Congestive heart failure	1	79 – 79	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
2g	CVANGINA	3.0	Angina	1	81 – 81	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
2h	CVHVALVE	3.0	Heart valve replacement or repair	1	83 – 83	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
2i	CVOTHR	3.0	Other cardiovascular disease	1	85 – 85	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
2i1	CVOTHRX	3.0	Other cardiovascular disease (specify):	60	87 – 146	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #2iCVOTHR = 0 (Absent) or 9 (Unknown)	
3a	CBSTROKE	3.0	Stroke – by history, not exam (imaging is not required)	1	148 – 148	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		If absent or unknown, skip to Question 3b
3a1	STROKMUL	3.0	More than one stroke?	1	150 – 150	Num	0 = No 1 = Yes 9 = Unknown	Blank if #3aCBSTROKE = 0 (Absent) or 9 (Unknown)	
3a2	STROKYR	3.0	Year of most recent stroke	4	152 – 155	Num	1900 – 2020 9999 = Unknown	Blank if #3aCBSTROKE = 0 (Absent) or 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
3b	CBTIA	3.0	Transient ischemic attack (TIA)	1	157 – 157	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		If absent or unknown, skip to Question 4a
3b1	TIAMULT	3.0	More than one TIA	1	159 – 159	Num	0 = No 1 = Yes 9 = Unknown	Blank if #3bCBTIA = 0 (Absent) or 9 (Unknown)	
3b2	TIAYEAR	3.0	Year of most recent TIA	4	161 – 164	Num	1900 – 2020 9999 = Unknown	Blank if #3bCBTIA = 0 (Absent) or 9 (Unknown)	
4a	PD	3.0	Parkinson's disease (PD)	1	166 – 166	Num	0 = Absent 1 = Recent/Active 9 = Unknown		If absent or unknown, skip to Question 4b
4a1	PDYR	3.0	Year of PD diagnosis	4	168 – 171	Num	1900 – 2020 9999 = Unknown	Blank if #4aPD = 0 (Absent) or 9 (Unknown)	
4b	PDOTHR	3.0	Other parkinsonian disorder	1	173 – 173	Num	0 = Absent 1 = Recent/Active 9 = Unknown		If absent or unknown, skip to Question 4c
4b1	PDOTHRYR	3.0	Year of parkinsonian disorder diagnosis	4	175 – 178	Num	1900 – 2020 9999 = Unknown	Blank if #4bPDOTHR = 0 (Absent) or 9 (Unknown)	
4c	SEIZURES	3.0	Seizures	1	180 – 180	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
4d	TBI	3.0	Traumatic brain injury (TBI)	1	182 – 182	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		If absent or unknown, skip to Question 5a
4d1	TBIBRIEF	3.0	TBI with brief loss of consciousness (< 5 minutes)	1	184 – 184	Num	0 = No 1 = Single 2 = Repeated/multiple 9 = Unknown	Blank if #4dTBI = 0 (Absent) or 9 (Unknown)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4d2	TBIEXTEN	3.0	TBI with extended loss of consciousness (>= 5 minutes)	1	186 – 186	Num	0 = No 1 = Single 2 = Repeated/multiple 9 = Unknown	Blank if #4dTBI = 0 (Absent) or 9 (Unknown)	
4d3	TBIWOLOS	3.0	TBI without loss of consciousness (as might result@ from military detonations or sports injuries)?	1	188 – 188	Num	0 = No 1 = Single 2 = Repeated/multiple 9 = Unknown	Blank if #4dTBI = 0 (Absent) or 9 (Unknown)	
4d4	TBIYEAR	3.0	Year of most recent TBI	4	190 – 193	Num	1900 – 2020 9999 = Unknown	Blank if #4dTBI = 0 (Absent) or 9 (Unknown)	
5a	DIABETES	3.0	Diabetes	1	195 – 195	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		If absent or unknown, skip to Question 5b
5a1	DIABTYPE	3.0	If Recent/active or Remote/inactive, which type?	1	197 – 197	Num	1 = Type 1 2 = Type 2 3 = Other type (diabetes insipidus, latent autoimmune diabetes/type 1.5, 9 = Unknown	Blank if #5aDIABETES = 0 (Absent) or 9 (Unknown)	
5b	HYPERTEN	3.0	Hypertension	1	199 – 199	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
5c	HYPERCHO	3.0	Hypercholesterolemia	1	201 – 201	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
5d	B12DEF	3.0	B12 deficiency	1	203 – 203	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5e	THYROID	3.0	Thyroid disease	1	205 – 205	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
5f	ARTHRIT	3.0	Arthritis	1	207 – 207	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		If absent or unknown, skip to Question 5g
5f1	ARTHTYPE	3.0	Type of arthritis	1	209 – 209	Num	1 = Rheumatoid 2 = Osteoarthritis 3 = Other 9 = Unknown	Blank if #5f ARTHRIT = 0 (Absent) or 9 (Unknown)	
5f1a	ARTHTYPX	3.0	Other arthritis (specify)	60	211 – 270	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #5f ARTHRIT = 0 (Absent) or 9 (Unknown) or if #5f1ARTHTYPE ≠ 3	
5f2a	ARTHUPEX	3.0	Arthritis region affected – Upper extremity	1	272 – 272	Num	0 = No 1 = Yes	Blank if #5f ARTHRIT = 0 (Absent) or 9 (Unknown)	
5f2b	ARTHLOEX	3.0	Arthritis region affected – Lower extremity	1	274 – 274	Num	0 = No 1 = Yes	Blank if #5f ARTHRIT = 0 (Absent) or 9 (Unknown)	
5f2c	ARTHSPIN	3.0	Arthritis region affected – Spine	1	276 – 276	Num	0 = No 1 = Yes	Blank if #5f ARTHRIT = 0 (Absent) or 9 (Unknown)	
5f2d	ARTHUNK	3.0	Arthritis region affected – Unknown	1	278 – 278	Num	0 = No 1 = Yes	Blank if #5f ARTHRIT = 0 (Absent) or 9 (Unknown)	
5g	INCONTU	3.0	Incontinence – urinary	1	280 – 280	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
5h	INCONTF	3.0	Incontinence – bowel	1	282 – 282	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5i	APNEA	3.0	Sleep apnea	1	284 – 284	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
5j	RBD	3.0	REM sleep behavior disorder (RBD)	1	286 – 286	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
5k	INSOMN	3.0	Hyposomnia/insomnia	1	288 – 288	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
5l	OTHSLEEP	3.0	Other sleep disorder	1	290 – 290	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
511	OTHSLEEX	3.0	Other sleep disorder (specify)	60	292 – 351	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #5l OTHSLEEP = 0 (Absent) or 9 (Unknown)	
6a	ALCOHOL	3.0	Alcohol abuse: clinically significant impairment occurring over a 12-month period manifested in one of the following areas: work, driving, legal, or social	1	353 – 353	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6b	ABUSOTHR	3.0	Other abused substances: clinically significant impairment occurring over a 12-month period manifested in one of the following areas: work, driving, legal, or social.	1	355 – 355	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		If absent or unknown, skip to Question 7a
6b1	ABUSX	3.0	If recent/active or remote/inactive, specify abused substance	60	357 – 416	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #6bABUSOTHR = 0 (Absent) or 9 (Unknown)	
7a	PTSD	3.0	Post-traumatic stress disorder (PTSD)	1	418 – 418	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
7b	BIPOLAR	3.0	Bipolar disorder	1	420 – 420	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
7c	SCHIZ	3.0	Schizophrenia	1	422 – 422	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
7d1	DEP2YRS	3.0	Active depression in the last 2 years	1	424 – 424	Num	0 = No 1 = Yes 9 = Unknown		
7d2	DEPOTHR	3.0	Depression episodes more than 2 years ago	1	426 – 426	Num	0 = No 1 = Yes 9 = Unknown		
7e	ANXIETY	3.0	Anxiety	1	428 – 428	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7f	OCD	3.0	Obsessive-compulsive disorder (OCD)	1	430 – 430	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
7g	NPSYDEV	3.0	Developmental neuropsychiatric disorders (e.g., autism spectrum disorder (ASD), attention-deficit hyperactivity disorder (ADHD), dyslexia)	1	432 – 432	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		
7h	PSYCDIS	3.0	Other psychiatric disorders following areas: work, driving, legal, or social	1	434 – 434	Num	0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown		If absent or unknown, end form here
7h1	PSYCDISX	3.0	If recent/active or remote/inactive, specify disorder	60	436 – 495	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #7h PSYCDIS = 0 (Absent) or 9 (Unknown)	
Form B1 Physical									
1	VISION	3.0	Without corrective lenses, is the subject's vision functionally normal?	1	45 – 45	Num	0 = No 1 = Yes 9 = Unknown		
2	VISCORR	3.0	Does the subject usually wear corrective lenses?	1	47 – 47	Num	0 = No 1 = Yes 9 = Unknown		
2a	VISWCORR	3.0	If yes, is the subject's vision functionally normal with corrective lenses?	1	49 – 49	Num	0 = No 1 = Yes 9 = Unknown	Blank if #2 VISCORR ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
3	HEARING	3.0	Without a hearing aid(s), is the subject's hearing functionally normal?	1	51 – 51	Num	0 = No 1 = Yes 9 = Unknown		
4	HEARAID	3.0	Does the subject usually wear a hearing aid(s)?	1	53 – 53	Num	0 = No 1 = Yes 9 = Unknown		
4a	HEARWAID	3.0	If yes, is the subject's hearing functionally normal with a hearing aid(s)?	1	55 – 55	Num	0 = No 1 = Yes 9 = Unknown	Blank if #4 HEARAID ≠ 1 (Yes)	
Form B4 CDR® Dementia Staging Instrument Plus NACC FTLD									
1	MEMORY	3.0	MEMORY	3	45 – 47	Num	0.5 = Questionable 1.0 = Mild 2.0 = Moderate 3.0 = Severe		
2	ORIENT	3.0	ORIENTATION	3	49 – 51	Num	0.5 = Questionable 1.0 = Mild 2.0 = Moderate 3.0 = Severe		
3	JUDGMENT	3.0	JUDGMENT AND PROBLEM SOLVING	3	53 – 55	Num	0.5 = Questionable 1.0 = Mild 2.0 = Moderate 3.0 = Severe		
4	COMMUN	3.0	COMMUNITY AFFAIRS	3	57 – 59	Num	0.5 = Questionable 1.0 = Mild 2.0 = Moderate 3.0 = Severe		
5	HOMEHOBB	3.0	HOME AND HOBBIES	3	61 – 63	Num	0.5 = Questionable 1.0 = Mild 2.0 = Moderate 3.0 = Severe		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6	PERSCARE	3.0	PERSONAL CARE	3	65 – 67	Num	0.0 = No impairment 1.0 = Mild 2.0 = Moderate 3.0 = Severe		
7	CDRSUM	3.0	CDR SUM OF BOXES	4	69 – 72	Num	00.0, 00.5, 01.0, 01.5, ..., 18.0 (except scores of 16.5 and 17.5 not possible)		
8	CDRGLOB	3.0	GLOBAL CDR	3	74 – 76	Num	0.0 = None 0.5 = Questionable 1.0 = Mild 2.0 = Moderate 3.0 = Severe		
9	COMPORT	3.0	BEHAVIOR, COMPORTMENT, AND PERSONALITY	3	78 – 80	Num	0.0 = None 0.5 = Questionable 1.0 = Mild 2.0 = Moderate 3.0 = Severe		
10	CDRLANG	3.0	LANGUAGE	3	82 – 84	Num	0.0 = None 0.5 = Questionable 1.0 = Mild 2.0 = Moderate 3.0 = Severe		
Form B5 Neuropsychiatric Inventory (NPI-Q)									
1	NPIQINF	3.0	NPI CO-PARTICIPANT:	1	45 – 45	Num	1 = Spouse 2 = Child 3 = Other		
1a	NPIQINFx	3.0	If NPI informant Other – specify:	60	47 – 106	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #1 NPIQINF ≠ 3 (Other)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
2a	DEL	3.0	DELUSIONS: Does the patient believe that others are stealing from him or her, or planning to harm him or her in some way?	1	108 – 108	Num	0 = No 1 = Yes 9 = Unknown		
2b	DELSEV	3.0	If DELUSIONS, rate Severity:	1	110 – 110	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if #2a DEL ≠ 1 (Yes)	
3a	HALL	3.0	HALLUCINATIONS: Does the patient have hallucinations such as false visions or voices? Does he or she seem to hear or see things that are not present?	1	112 – 112	Num	0 = No 1 = Yes 9 = Unknown		
3b	HALLSEV	3.0	If HALLUCINATIONS, rate Severity:	1	114 – 114	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if #3a HALL ≠ 1 (Yes)	
4a	AGIT	3.0	AGITATION OR AGGRESSION: Is the patient stubborn and resistive to help from others?	1	116 – 116	Num	0 = No 1 = Yes 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4b	AGITSEV	3.0	If AGITATION OR AGGRESSION, rate Severity:	1	118 – 118	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if #4a AGIT ≠ 1 (Yes)	
5a	DEPD	3.0	DEPRESSION OR DYSPHORIA: Does the patient seem sad or say that he/she is depressed?	1	120 – 120	Num	0 = No 1 = Yes 9 = Unknown		
5b	DEPDSEV	3.0	If DEPRESSION OR DYSPHORIA, rate Severity:	1	122 – 122	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if #5a DEPD ≠ 1 (Yes)	
6a	ANX	3.0	ANXIETY: Does the patient become upset when separated from you? Does he or she have any other signs of nervousness, such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?	1	124 – 124	Num	0 = No 1 = Yes 9 = Unknown		
6b	ANXSEV	3.0	If ANXIETY, rate Severity:	1	126 – 126	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if #6a ANX ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7a	ELAT	3.0	ELATION OR EUPHORIA: Does the patient appear to feel too good or act excessively happy?	1	128 – 128	Num	0 = No 1 = Yes 9 = Unknown		
7b	ELATSEV	3.0	If ELATION OR EUPHORIA, rate Severity:	1	130 – 130	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if #7a ELAT ≠ 1 (Yes)	
8a	APA	3.0	APATHY OR INDIFFERENCE: Does the patient seem less interested in his or her usual activities and in the activities and plans of others?	1	132 – 132	Num	0 = No 1 = Yes 9 = Unknown		
8b	APASEV	3.0	If APATHY OR INDIFFERENCE, rate Severity:	1	134 – 134	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if #8a APA ≠ 1 (Yes)	
9a	DISN	3.0	DISINHIBITION: Does the patient seem to act impulsively? For example, does the patient talk to strangers as if he or she knows them, or does the patient say things that may hurt people's feelings?	1	136 – `136	Num	0 = No 1 = Yes 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
9b	DISNSEV	3.0	If DISINHIBITION, rate Severity:	1	138 – 138	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if #9a DISN ≠ 1 (Yes)	
10a	IRR	3.0	IRRITABILITY OR LABILITY: Is the patient impatient or cranky? Does he or she have difficulty coping with delays or waiting for planned activities?	1	140 – 140	Num	0 = No 1 = Yes 9 = Unknown		
10b	IRRSEV	3.0	If IRRITABILITY OR LABILITY, rate Severity:	1	142 – 142	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if #10a IRR ≠ 1 (Yes)	
11a	MOT	3.0	MOTOR DISTURBANCE: Does the patient engage in repetitive activities, such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?	1	144 – 144	Num	0 = No 1 = Yes 9 = Unknown		
11b	MOTSEV	3.0	If MOTOR DISTURBANCE, rate Severity:	1	146 – 146	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if #11a MOT ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
12a	NITE	3.0	NIGHTTIME BEHAVIORS: Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?	1	148 – 148	Num	0 = No 1 = Yes 9 = Unknown		
12b	NITSEV	3.0	If NIGHTTIME BEHAVIORS, rate Severity:	1	150 – 150	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if #12a NITE ≠ 1 (Yes)	
13a	APP	3.0	APPETITE AND EATING: Has the patient lost or gained weight, or had a change in the food he or she likes?	1	152 – 152	Num	0 = No 1 = Yes 9 = Unknown		
13b	APPSEV	3.0	If APPETITE AND EATING, rate Severity:	1	154 – 154	Num	1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent a dramatic change) 9 = Unknown	Blank if #13a APP ≠ 1 (Yes)	
Form B6 Geriatric Depression Scale (GDS)									
G1	NOGDS	3.0	Check this box if the subject is not able to complete the GDS, based on the clinician's best judgment	1	45 – 45	Num	0 = Able to complete (box not checked) 1 = Not able to complete (box checked)		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1	SATIS	3.0	Are you basically satisfied with your life?	1	47 – 47	Num	0 = Yes 1 = No 9 = Did not answer		
2	DROPACT	3.0	Have you dropped many of your activities and interests?	1	49 – 49	Num	1 = Yes 0 = No 9 = Did not answer		
3	EMPTY	3.0	Do you feel that your life is empty?	1	51 – 51	Num	1 = Yes 0 = No 9 = Did not answer		
4	BORED	3.0	Do you often get bored?	1	53 – 53	Num	1 = Yes 0 = No 9 = Did not answer		
5	SPIRITS	3.0	Are you in good spirits most of the time?	1	55 – 55	Num	0 = Yes 1 = No 9 = Did not answer		
6	AFRAID	3.0	Are you afraid that something bad is going to happen to you?	1	57 – 57	Num	1 = Yes 0 = No 9 = Did not answer		
7	HAPPY	3.0	Do you feel happy most of the time?	1	59 – 59	Num	0 = Yes 1 = No 9 = Did not answer		
8	HELPLESS	3.0	Do you often feel helpless?	1	61 – 61	Num	1 = Yes 0 = No 9 = Did not answer		
9	STAYHOME	3.0	Do you prefer to stay at home, rather than going out and doing new things?	1	63 – 63	Num	1 = Yes 0 = No 9 = Did not answer		
10	MEMPROB	3.0	Do you feel you have more problems with memory than most?	1	65 – 65	Num	1 = Yes 0 = No 9 = Did not answer		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
11	WONDRFUL	3.0	Do you think it is wonderful to be alive now?	1	67 – 67	Num	0 = Yes 1 = No 9 = Did not answer		
12	WRTHLESS	3.0	Do you feel pretty worthless the way you are now?	1	69 – 69	Num	1 = Yes 0 = No 9 = Did not answer		
13	ENERGY	3.0	Do you feel full of energy?	1	71 – 71	Num	0 = Yes 1 = No 9 = Did not answer		
14	HOPELESS	3.0	Do you feel that your situation is hopeless?	1	73 – 73	Num	1 = Yes 0 = No 9 = Did not answer		
15	BETTER	3.0	Do you think that most people are better off than you are?	1	75 – 75	Num	1 = Yes 1 = No 9 = Did not answer		
16	GDS	3.0	Sum of all circled answers for a Total GDS Score	2	77 – 78	Num	0 – 15 88 = Did not complete		

Form B7 NACC Functional Assessment Scale

1	BILLS	3.0	In the past four weeks, did the subject have any difficulty or need help with: Writing checks, paying bills, or balancing a checkbook	1	45 – 45	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		
2	TAXES	3.0	In the past four weeks, did the subject have any difficulty or need help with: Assembling tax records, business affairs, or other papers	1	47 – 47	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
3	SHOPPING	3.0	In the past four weeks, did the subject have any difficulty or need help with: Shopping alone for clothes, household necessities, or groceries	1	49 – 49	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		
4	GAMES	3.0	In the past four weeks, did the subject have any difficulty or need help with: Playing a game of skill such as bridge or chess, working on a hobby	1	51 – 51	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		
5	STOVE	3.0	In the past four weeks, did the subject have any difficulty or need help with: Heating water, making a cup of coffee, turning off the stove	1	53 – 53	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		
6	MEALPREP	3.0	In the past four weeks, did the subject have any difficulty or need help with: Preparing a balanced meal	1	55 – 55	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		
7	EVENTS	3.0	In the past four weeks, did the subject have any difficulty or need help with: Keeping track of current events	1	57 – 57	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
8	PAYATTN	3.0	In the past four weeks, did the subject have any difficulty or need help with: Paying attention to and understanding a TV program, book, or magazine	1	59 – 59	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		
9	REMDATES	3.0	In the past four weeks, did the subject have any difficulty or need help with: Remembering appointments, family occasions, holidays, medications	1	61 – 61	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		
10	TRAVEL	3.0	In the past four weeks, did the subject have any difficulty or need help with: Traveling out of the neighborhood, driving, or arranging to take public transportation	1	63 – 63	Num	0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown		

Form B8 Neurological Exam Findings

1	NORMEXAM	3.0	Were there abnormal neurological exam findings?	1	45 – 45	Num	0 = No abnormal findings 1 = Yes – abnormal findings were consistent with syndromes listed in Questions 2-8 2 = Yes – abnormal findings were consistent with age-associated changes or irrelevant to dementing disorders (e.g., Bell's palsy)		If No end form here If 2 (Yes), skip to Question 8
2	PARKSIGN	3.0	Parkinsonian signs	1	47 – 47	Num	0 = No 1 = Yes	Blank if #1 NORMEXAM ≠ 1 (Yes).	If No, skip to Question 3

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
2a1	RESTTRL	3.0	Resting tremor – left arm	1	49 – 49	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #2 PARKSIGN = 0 (No)	
2a2	RESTTRR	3.0	Resting tremor – right arm	1	51 – 51	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #2 PARKSIGN = 0 (No)	
2b1	SLOWINGL	3.0	Slowing of fine motor movements – left side	1	53 – 53	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #2 PARKSIGN = 0 (No)	
2b2	SLOWINGR	3.0	Slowing of fine motor movements – right side	1	55 – 55	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #2 PARKSIGN = 0 (No)	
2c1	RIGIDL	3.0	Rigidity – left arm	1	57 – 57	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #2 PARKSIGN = 0 (No)	
2c2	RIGIDR	3.0	Rigidity – right arm	1	59 – 59	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #2 PARKSIGN = 0 (No)	
2d	BRADY	3.0	Bradykinesia	1	61 – 61	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #2 PARKSIGN = 0 (No)	
2e	PARKGAIT	3.0	Parkinsonian gait disorder	1	63 – 63	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #2 PARKSIGN = 0 (No)	
2f	POSTINST	3.0	Postural instability	1	65 – 65	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #2 PARKSIGN = 0 (No)	
3	CVDSIGNS	3.0	Neurological sign considered by examiner to be most likely consistent with cerebrovascular disease	1	67 – 67	Num	0 = No 1 = Yes	Blank if #1 NORMEXAM ≠ 1 (Yes).	If No, skip to Question 4 (Yes).

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
3a	CORTDEF	3.0	Cortical cognitive deficit (e.g., aphasia, apraxia, neglect)	1	69 – 69	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #3 CVDSIGNS = 0 (No)	
3b	SIVDFIND	3.0	Focal or other neurological findings consistent with SIVD (subcortical ischemic vascular dementia)	1	71 – 71	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #3 CVDSIGNS = 0 (No)	
3c1	CVDMOTL	3.0	Motor (may include weakness of combination of face, arm, and leg reflex changes, etc.) – left side	1	73 – 73	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #3 CVDSIGNS = 0 (No)	
3c2	CVDMOTR	3.0	Motor (may include weakness of combination of face, arm, and leg reflex changes, etc.) – right side	1	75 – 75	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #3 CVDSIGNS = 0 (No)	
3d1	CORTVISL	3.0	Cortical visual field loss – left side	1	77 – 77	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #3 CVDSIGNS = 0 (No)	
3d2	CORTVISR	3.0	Cortical visual field loss – right side	1	79 – 79	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #3 CVDSIGNS = 0 (No)	
3e1	SOMATL	3.0	Somatosensory loss – left side	1	81 – 81	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #3 CVDSIGNS = 0 (No)	
3e2	SOMATR	3.0	Somatosensory loss – right side	1	83 – 83	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #3 CVDSIGNS = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4	POSTCORT	3.0	Higher cortical visual problem suggesting posterior cortical atrophy (e.g., prosopagnosia, simultagnosia, Balint's syndrome) or apraxia of gaze	1	85 – 85	Num	0 = No 1 = Yes	Blank if #1 NORMEXAM ≠ 1 (Yes)	
5	PSPCBS	3.0	Findings suggestive of progressive supranuclear palsy (PSP), corticobasal syndrome, or other related disorders	1	87 – 87	Num	0 = No 1 = Yes	Blank if #1 NORMEXAM ≠ 1 (Yes).	If No, skip to Question 6
5a	EYEPSP	3.0	Eye movement changes consistent with PSP	1	89 – 89	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #5 PSPCBS = 0 (No)	
5b	DYSPSP	3.0	Dysarthria consistent with PSP	1	91 – 91	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #5 PSPCBS = 0 (No)	
5c	AXIALPSP	3.0	Axial rigidity consistent with PSP	1	93 – 93	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #5 PSPCBS = 0 (No)	
5d	GAITPSP	3.0	Gait disorder consistent with PSP	1	95 – 95	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #5 PSPCBS = 0 (No)	
5e	APRAXSP	3.0	Apraxia of speech	1	97 – 97	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #5 PSPCBS = 0 (No)	
5f1	APRAXL	3.0	Apraxia consistent with CBS – left side	1	99 – 99	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #5 PSPCBS = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5f2	APRAXR	3.0	Apraxia consistent with CBS – right side	1	101 – 101	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #5 PSPCBS = 0 (No)	
5g1	CORTSENL	3.0	Cortical sensory deficits consistent with CBS – left side	1	103 – 103	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #5 PSPCBS = 0 (No)	
5g2	CORTSENR	3.0	Cortical sensory deficits consistent with CBS – right side	1	105 – 105	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #5 PSPCBS = 0 (No)	
5h1	ATAXL	3.0	Ataxia consistent with CBS – left side	1	107 – 107	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #5 PSPCBS = 0 (No)	
5h2	ATAXR	3.0	Ataxia consistent with CBS – right side	1	109 – 109	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #5 PSPCBS = 0 (No)	
5i1	ALIENLML	3.0	Alien limb consistent with CBS – left side	1	111 – 111	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #5 PSPCBS = 0 (No)	
5i2	ALIENLMR	3.0	Alien limb consistent with CBS – right side	1	113 – 113	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #5 PSPCBS = 0 (No)	
5j1	DYSTONL	3.0	Dystonia consistent with CBS – left side	1	115 – 115	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #5 PSPCBS = 0 (No)	
5j2	DYSTONR	3.0	Dystonia consistent with CBS – right side	1	117 – 117	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #5 PSPCBS = 0 (No)	
5k1	MYOCLLT	3.0	Myoclonus consistent with CBS – left side	1	119 – 119	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #5 PSPCBS = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5k2	MYOCLRT	3.0	Myoclonus consistent with CBS – right side	1	121 – 121	Num	0 = No 1 = Yes 8 = Not assessed	Blank if #1 NORMEXAM ≠ 1 (Yes) or if #5 PSPCBS = 0 (No)	
6	ALSFIND	3.0	Findings suggesting ALS (e.g., muscle wasting, fasciculations, upper motor and/or lower motor neuron signs)	1	123 – 123	Num	0 = No 1 = Yes	Blank if #1 NORMEXAM ≠ 1 (Yes).	
7	GAITNPH	3.0	Normal pressure hydrocephalus: gait apraxia	1	125 – 125	Num	0 = No 1 = Yes	Blank if #1 NORMEXAM ≠ 1 (Yes).	
8	OTHNEUR	3.0	Other findings (e.g., cerebella ataxia, chorea, myoclonus) (NOTE: For this question, do not specify symptoms that have already been checked above)	1	127 – 127	Num	0 = No 1 = Yes	Blank if #1 NORMEXAM = 0 (No).	
8a	OTHNEURX	3.0	Other findings (specify)	60	129 – 188	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #1 NORMEXAM = 0 (No) or if #8 OTHNEUR = 0 (No)	

Form B9 Clinician Judgment of Symptoms

1	DECSUB	3.0	Does the subject report a decline in memory (relative to previously attained abilities)?	1	45 – 45	Num	0 = No 1 = Yes 8 = Could not be assessed/subject too impaired		
2	DECIN	3.0	Does the co-participant report a decline in subject's memory (relative to previously attained abilities)?	1	47 – 47	Num	0 = No 1 = Yes 8 = There is no co-participant		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
3	DECCLCOG	3.0	Based on the clinician's judgement, is the subject currently experiencing meaningful impairment in cognition?	1	49 – 49	Num	0 = No 1 = Yes		If No, then skip to Question 8
4a	COGMEM	3.0	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in memory	1	51 – 51	Num	0 = No 1 = Yes 9 = Unknown	Blank if #3 DECCLCOG = 0 (No)	
4b	COGORI	3.0	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in orientation	1	53 – 53	Num	0 = No 1 = Yes 9 = Unknown	Blank if #3 DECCLCOG = 0 (No)	
4c	COGJUDG	3.0	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in executive function – judgment, planning, or problem-solving	1	55 – 55	Num	0 = No 1 = Yes 9 = Unknown	Blank if #3 DECCLCOG = 0 (No)	
4d	COGLANG	3.0	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in language	1	57 – 57	Num	0 = No 1 = Yes 9 = Unknown	Blank if #3 DECCLCOG = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4e	COGVIS	3.0	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in visuospatial function	1	59 – 59	Num	0 = No 1 = Yes 9 = Unknown	Blank if #3 DECCLCOG = 0 (No)	
4f	COGATTN	3.0	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in attention or concentration	1	61 – 61	Num	0 = No 1 = Yes 9 = Unknown	Blank if #3 DECCLCOG = 0 (No)	
4g	COGFLUC	3.0	Indicate whether the subject currently has fluctuating cognition	1	63 – 63	Num	0 = No 1 = Yes 9 = Unknown	Blank if #3 DECCLCOG = 0 (No)	
4g1	COGFLAGO	3.0	At what age did the fluctuating cognition begin?	3	65 – 67	Num	15 – 110	Blank if #4g COGFLUC ≠ 1 (Yes)	
4h	COGOTHR	3.0	Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in other cognitive domains	1	69 – 69	Num	0 = No 1 = Yes	Blank if #3 DECCLCOG = 0 (No)	
4h1	COGOTHRX	3.0	Specification of other cognitive impairment	60	71 – 130	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #4h COGOTHR ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5	COGFPRED	3.0	Indicate the predominant symptom that was first recognized as a decline in the subject's cognition	2	132 – 133	Num	1 = Memory 2 = Orientation 3 = Executive function – judgement, planning, problem-solving 4 = Language 5 = Visuospatial function 6 = Attention / concentration 7 = Fluctuating cognition 8 = Other (specify) 99 = Unknown	Blank if #3 DECCLCOG = 0 (No)	
5a	COGFPREX	3.0	Specification for Other predominant symptom first recognized as a decline in the subject's cognition	60	135 – 194	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #5 COGFPRED ≠ 8 (Other)	
6	COGMODE	3.0	Mode of onset of cognitive symptoms	2	196 – 197	Num	1 = Gradual 2 = Subacute 3 = Abrupt 4 = Other (specify) 99 = Unknown	Blank if #3 DECCLCOG = 0 (No)	
6a	COGMODEX	3.0	Specification for mode of onset of other cognitive symptoms	60	199 – 258	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #6 COGMODE ≠ 4 (Other)	
7	DECAGE	3.0	Based on clinician's assessment, at what age did the cognitive decline begin? (The clinician must use his/her best judgement to estimate an age of onset.)	3	260 – 262	Num	15 – 110	Blank if #3 DECCLCOG = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
8	DECCLBE	3.0	Based on clinician's judgment, is the subject currently experiencing any kind of behavioral symptoms?	1	264 – 264	Num	0 = No 1 = Yes		If No, then skip to Question 13
9a	BEAPATHY	3.0	Subject currently manifests meaningful change in behavior – Apathy, withdrawal	1	266 – 266	Num	0 = No 1 = Yes 9 = Unknown	Blank if #8 DECCLBE = 0 (No)	
9b	BEDEP	3.0	Subject currently manifests meaningful change in behavior – Depressed mood	1	268 – 268	Num	0 = No 1 = Yes 9 = Unknown	Blank if #8 DECCLBE = 0 (No)	
9c1	BEVHALL	3.0	Subject currently manifests meaningful change in behavior – Psychosis – visual hallucinations	1	270 – 270	Num	0 = No 1 = Yes 9 = Unknown	Blank if #8 DECCLBE = 0 (No)	
9c1a	BEVWELL	3.0	If yes, are the hallucinations well-formed and detailed?	1	272 – 272	Num	0 = No 1 = Yes 9 = Unknown	Blank if #8 DECCLBE = 0 (No)	
9c1b	BEVHAGO	3.0	If well-formed, clear-cut visual hallucinations, at what age did these hallucinations begin?	3	274 – 276	Num	15 – 110 888 = N/A, not well formed	Blank if #8 DECCLBE = 0 (No)	
9c2	BEAHALL	3.0	Subject currently manifests meaningful change in behavior – Psychosis – Auditory hallucinations	1	278 – 278	Num	0 = No 1 = Yes 9 = Unknown	Blank if #8 DECCLBE = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
9c3	BEDEL	3.0	Subject currently manifests meaningful change in behavior – Psychosis – Abnormal, false, or delusional beliefs	1	280 – 280	Num	0 = No 1 = Yes 9 = Unknown	Blank if #8 DECCLBE = 0 (No)	
9d	BEDISIN	3.0	Subject currently manifests meaningful change in behavior – Disinhibition	1	282 – 282	Num	0 = No 1 = Yes 9 = Unknown	Blank if #8 DECCLBE = 0 (No)	
9e	BEIRRIT	3.0	Subject currently manifests meaningful change in behavior – Irritability	1	284 – 284	Num	0 = No 1 = Yes 9 = Unknown	Blank if #8 DECCLBE = 0 (No)	
9f	BEAGIT	3.0	Subject currently manifests meaningful change in behavior – Agitation	1	286 – 286	Num	0 = No 1 = Yes 9 = Unknown	Blank if #8 DECCLBE = 0 (No)	
9g	BEPERCH	3.0	Subject currently manifests meaningful change in behavior – Personality change	1	288 – 288	Num	0 = No 1 = Yes 9 = Unknown	Blank if #8 DECCLBE = 0 (No)	
9h	BEREM	3.0	Subject currently manifests meaningful change in behavior – REM sleep behavior disorder	1	290 – 290	Num	0 = No 1 = Yes 9 = Unknown	Blank if #8 DECCLBE = 0 (No)	
9h1	BEREMAGO	3.0	If yes, at what age did the REM sleep behavior disorder begin? (The clinician must use his/her best judgment to estimate an age of onset.)	3	292 – 294	Num	15 – 110	Blank if #9h BEREM ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
9i	BEANX	3.0	Subject currently manifests meaningful change in behavior – Anxiety	1	296 – 296	Num	0 = No 1 = Yes 9 = Unknown	Blank if #8 DECCLBE = 0 (No)	
9j	BEOTHR	3.0	Subject currently manifests meaningful change in behavior – Other	1	298 – 298	Num	0 = No 1 = Yes	Blank if #8 DECCLBE = 0 (No)	
9j1	BEOTHRX	3.0	Subject currently manifests meaningful change in behavior – Other, specify	60	300 – 359	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #9j BEOTHR ≠ 1 (Yes)	
10	BEFPRED	3.0	Indicate the predominant symptom that was first recognized as a decline in the subject's behavior	2	361 – 362	Num	1 = Apathy / withdrawal 2 = Depressed mood 3 = Psychosis 4 = Disinhibition 5 = Irritability 6 = Agitation 7 = Personality change 8 = REM sleep behavior disorder 9 = Anxiety 10 = Other (specify) 99 = Unknown	Blank if #8 DECCLBE = 0 (No)	
10a	BEFPREDX	3.0	Specification of other predominant symptom that was first recognized as a decline in the subject's behavior	60	364 – 423	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), a`` Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). nd percent- age signs (%).	Blank if #10 BEFPRED ≠ 10 (Other)	
11	BEMODE	3.0	Mode of onset of behavioral symptoms	2	425 – 426	Num	1 = Gradual 2 = Subacute 3 = Abrupt 4 = Other (specify) 99 = Unknown	Blank if #8 DECCLBE = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
11a	BEMODEX	3.0	Specification of other mode of onset of behavioral symptoms	60	428 – 487	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #11 BEMODE ≠ 4 (Other)	
12	BEAGE	3.0	Based on the clinician's assessment, at what age did the behavioral symptoms begin? (The clinician must use his/her best judgment to estimate an age of onset.)	3	489 – 491	Num	12 – 110	Blank if #8 DECCLBE = 0 (No)	
13	DECCLMOT	3.0	Based on clinician's judgment, is the subject currently experiencing any motor symptoms?	1	493 – 493	Num	0 = No 1 = Yes		If No, then skip to Question 20
14a	MOGAIT	3.0	Indicate whether the subject currently has meaningful changes in motor function – Gait disorder	1	495 – 495	Num	0 = No 1 = Yes 9 = Unknown	Blank if #13 DECCLMOT = 0 (No)	
14b	MOFALLS	3.0	Indicate whether the subject currently has meaningful changes in motor function – Falls	1	497 – 497	Num	0 = No 1 = Yes 9 = Unknown	Blank if #13 DECCLMOT = 0 (No)	
14c	MOTREM	3.0	Indicate whether the subject currently has meaningful changes in motor function – Tremor	1	499 – 499	Num	0 = No 1 = Yes 9 = Unknown	Blank if #13 DECCLMOT = 0 (No)	
14d	MOSLOW	3.0	Indicate whether the subject currently has meaningful changes in motor function – Slowness	1	501 – 501	Num	0 = No 1 = Yes 9 = Unknown	Blank if #13 DECCLMOT = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
15	MOFRST	3.0	Indicate the predominant symptom that was first recognized as a decline in the subject's motor function	2	503 – 504	Num	1 = Gait disorder 2 = Falls 3 = Tremor 4 = Slowness 99 = Unknown	Blank if #13 DECCLMOT = 0 (No)	
16	MOMODE	3.0	Mode of onset of motor symptoms	2	506 – 507	Num	1 = Gradual 2 = Subacute 3 = Abrupt 4 = Other (specify) 99 = Unknown	Blank if #13 DECCLMOT = 0 (No)	
16a	MOMODEX	3.0	Specification for other mode of onset of motor symptoms	60	509 – 568	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #16 MOMODE ≠ 4 (Other)	
17	MOMOPARK	3.0	Were changes in motor function suggestive of parkinsonism?	1	570 – 570	Num	0 = No 1 = Yes 9 = Unknown	Blank if #13 DECCLMOT = 0 (No)	If No or Unknown, then skip to Question 18
17a	PARKAGE	3.0	If yes, at what age did the motor symptoms suggestive of parkinsonism begin	3	572 – 574	Num	15 – 110	Blank if #17 MOMOPARK ≠ 1 (Yes)	
18	MOMOALS	3.0	Were changes in motor function suggestive of amyotrophic lateral sclerosis?	1	576 – 576	Num	0 = No 1 = Yes 9 = Unknown	Blank if #13 DECCLMOT = 0 (No)	If No or Unknown, then skip to Question 19

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
18a	ALSAGE	3.0	If yes, at what age did the motor symptoms suggestive of ALS begin?	3	578 – 580	Num	15 – 110		Blank if #18 MOMOALS ≠ 1 (Yes)
19	MOAGE	3.0	Based on clinician's assessment, at what age did the motor changes begin? (The clinician must use his/her best judgment to estimate an age of onset.)	3	582 – 584	Num	15 – 110		Blank if #13 DECCLMOT = 0 (No)
20	COURSE	3.0	Overall course of decline of cognitive/ behavioral/ motor syndrome	1	586 – 586	Num	1 = Gradually progressive 2 = Stepwise 3 = Static 4 = Fluctuating 5 = Improved 8 = N/A 9 = Unknown		
21	FRSTCHG	3.0	Indicate the predominant domain that was first recognized as changed in the subject	1	588 – 588	Num	1 = Cognition 2 = Behavior 3 = Motor function 8 = N/A 9 = Unknown		
22	LBDEVAL	3.0	Is the subject a potential candidate for further evaluation for Lewy body disease?	1	590 – 590	Num	0 = No 1 = Yes		
23	FTLDEVAL	3.0	Is the subject a potential candidate for further evaluation for frontotemporal lobar degeneration?	1	592 – 592	Num	0 = No 1 = Yes		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
Form C2T Neuropsychological Battery Scores									
0a	MODCOMM	3.0	What modality of communication was used to administer this neuropsychological battery?	1	45 – 45	Num	1 = Telephone 2 = Video-assisted conference 3 = Some combination of the two		
1a	MOCACOMP	3.0	Was any part of MoCA administered?	1	47 – 47	Num	0 = No 1 = Yes		
1a1	MOCAREAS	3.0	Was any part of MoCA administered? If No, enter reason code	2	49 – 50	Num	95 - 98 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if 1a MOCACOMP is Yes (1)	If 95-98 then skip to Question 2a
1b	MOCALAN	3.0	Language of MoCA administration	1	52 – 52	Num	1 = English 2 = Spanish 3 = Other	Blank if 1a MOCACOMP is No (0)	
1b1	MOCALANX	3.0	Language of MoCA administration – other specify	60	54 – 113	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if 1a MOCACOMP=0 or 1b MOCALAN=1 or 1b MOCALAN=2 Blank if 2a NPSYLAN=1 or 2a NPSYLAN=2	
1c	MOCAHEAR	3.0	Subject was unable to complete one or more sections due to hearing impairment	1	115 – 115	Num	0 = No 1 = Yes	Blank if 1a MOCACOMP is No (0)	
1d	MOCBTOTS	3.0	MoCA Blind Total raw score – uncorrected	2	117 – 118	Num	0 – 22 88 = Item not administered	Blank if 1a MOCACOMP is No (0)	
1e	MOCADIGI	3.0	MoCA: Attention – Digits	2	120 – 121	Num	0 – 2 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if 1a MOCACOMP is No (0)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1f	MOCALETT	3.0	MoCA: Attention – Letter A	2	123 – 124	Num	0 – 1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if 1a MOCACOMP is No (0)	
1g	MOCASER7	3.0	MoCA: Attention – Serial 7s	2	126 – 127	Num	0 – 3 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if 1a MOCACOMP is No (0)	
1h	MOCAREPE	3.0	MoCA: Language – Repetition	2	129 – 130	Num	0 – 2 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if 1a MOCACOMP is No (0)	
1i	MOCAFLUE	3.0	MoCA: Language – Fluency	2	132 – 133	Num	0 – 1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if 1a MOCACOMP is No (0)	
1j	MOCAABST	3.0	MoCA: Abstraction	2	135 – 136	Num	0 – 2 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if 1a MOCACOMP is No (0)	
1k	MOCARECN	3.0	MoCa: Delayed Recall – No Cue	2	138 – 139	Num	0 – 5 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if 1a MOCACOMP is No (0)	
1l	MOCARECC	3.0	MoCA: Delayed Recall – Category Cue	2	141 – 142	Num	0 – 5 88 = Not Applicable	Blank if 1a MOCACOMP is No (0)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1m	MOCARECR	3.0	MoCA: Delayed Recall – Recognition	2	144 – 145	Num	0 – 5 88 = Not applicable	Blank if 1a MOCACOMP is No (0)	
1n	MOCAORDT	3.0	MoCA: Orientation – Date	2	147 – 148	Num	0 – 1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if 1a MOCACOMP is No (0)	
1o	MOCAORMO	3.0	MoCA: Orientation – Month	2	150 – 151	Num	0 – 1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if 1a MOCACOMP is No (0)	
1p	MOCAORYR	3.0	MoCA: Orientation – Year	2	153 – 154	Num	0 – 1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if 1a MOCACOMP is No (0)	
1q	MOCAORDY	3.0	MoCA: Orientation – Day	2	156 – 157	Num	0 – 1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if 1a MOCACOMP is No (0)	
1r	MOCAORPL	3.0	MoCA: Orientation – Place	2	159 – 160	Num	0 – 1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if 1a MOCACOMP is No (0)	
1s	MOCAORCT	3.0	MoCA: Orientation – City	2	162 – 163	Num	0 – 1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if 1a MOCACOMP is No (0)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
2a	NPSYLAN	3.0	Test following MoCA: Language of test administration	1	165 – 165	Num	1 = English 2 = Spanish 3 = Other		
2a1	NPSYLANX	3.0	Test following MoCA: Language of test administration – Other specify	60	167 – 226	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if 1a MOCACOMP=0 or 1b MOCALAN=1 or 1b MOCALAN=2 Blank if 2a NPSYLAN=1 or 2a NPSYLAN=2	
3a	CRAFTVRS	3.0	Craft Story 21 Recall: Total story units recalled, verbatim scoring@ Skip to 4a if 95-98	2	228 – 229	Num	0 – 44 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If 95-98 then skip to 4a
3b	CRAFTURS	3.0	Craft Story 21 Recall: Total story units recalled, paraphrase scoring	2	231 – 232	Num	0 – 25	Blank if 3a CRAFTVRS = 95 – 98	
4a	REY1REC	3.0	Rey Auditory Verbal Learning: Trial 1 total recall	2	234 – 235	Num	0 – 15 88 = optional 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If 88, 95-98 then skip to Question 6a
4b	REY1INT	3.0	Rey Auditory Verbal Learning: Trial 1 intrusions	2	237 – 238	Num	0 – 99	Blank if 4a REY1REC is 88, 95-98	
4c	REY2REC	3.0	Rey Auditory Verbal Learning: Trial 2 total recall	2	240 – 241	Num	0 – 15	Blank if 4a REY1REC is 88, 95-98	
4d	REY2INT	3.0	Rey Auditory Verbal Learning: Trial 2 intrusions	2	243 – 244	Num	0 – 99	Blank if 4a REY1REC is 88, 95-98	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4e	REY3REC	3.0	Rey Auditory Verbal Learning: Trial 3 total recall	2	246 – 247	Num	0 – 15		Blank if 4a REY1REC is 88, 95-98
4f	REY3INT	3.0	Rey Auditory Verbal Learning: Trial 3 intrusions	2	249 – 250	Num	0 – 99		Blank if 4a REY1REC is 88, 95-98
4g	REY4REC	3.0	Rey Auditory Verbal Learning: Trial 4 total recall	2	252 – 253	Num	0 – 15		Blank if 4a REY1REC is 88, 95-98
4h	REY4INT	3.0	Rey Auditory Verbal Learning: Trial 4 intrusions	2	255 – 256	Num	0 – 99		Blank if 4a REY1REC is 88, 95-98
4i	REY5REC	3.0	Rey Auditory Verbal Learning: Trial 5 total recall	2	258 – 259	Num	0 – 15		Blank if 4a REY1REC is 88, 95-98
4j	REY5INT	3.0	Rey Auditory Verbal Learning: Trial 5 intrusions	2	261 – 262	Num	0 – 99		Blank if 4a REY1REC is 88, 95-98
4k	REY6REC	3.0	Rey Auditory Verbal Learning: Trial 6 total recall	2	264 – 265	Num	0 – 15		Blank if 4a REY1REC 88, 95-98
4l	REY6INT	3.0	Rey Auditory Verbal Learning: Trial 6 intrusions	2	267 – 268	Num	0 – 99		Blank if 4a REY1REC 88, 95-98
5a	DIGFORCT	3.0	Number Span Test: Forward – Number of correct trials	2	270 – 271	Num	0 – 14 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If 95-98 then skip to 6a
5b	DIGFORSL	3.0	Number Span Test: Forward – Longest span forward	2	273 – 274	Num	0, 3 – 9		Blank if 5a DIGFORCT = 95 – 98

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6a	DIGBACCT	3.0	Number Span Test: Backward – Number of correct trials	2	276 – 277	Num	0 – 14 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If 95-98 then skip to 7a
6b	DIGBACLS	3.0	Number Span Test: Backward – Longest span backward	2	279 – 280	Num	0, 2 – 8	Blank if 6a DIGBACCT = 95 – 98	
7a	OTRAILA	3.0	Oral Trail Making Test – Part A: Total number of seconds to complete	3	282 – 284	Num	0 – 100 888 = optional 995 = Physical problem 996 = Cognitive/behavior problem 997 = Other problem 998 = Verbal refusal		If 888, 995 – 998, skip to 7b
7a1	OTRLARR	3.0	Oral Trail Making Test – Part A: Number of commission errors	2	286 – 287	Num	0 – 99	Blank if 7a OTRAILA is 888, 995 – 998	
7a2	OTRLALI	3.0	Oral Trail Making Test – Part A: Number of correct lines	2	289 – 290	Num	0 – 25	Blank if 7a OTRAILA is 888, 995 – 998	
7b	OTRILB	3.0	Oral Trail Making Test Part B: Total number of seconds to complete	3	292 – 294	Num	0 – 300 888 = optional 995 = Physical problem 996 = Cognitive/behavior problem 997 = Other problem 998 = Verbal refusal		If 888, 995-998 skip to 8a
7b1	OTRLBRR	3.0	Oral Trail Making Test Part B: Number of commission errors	2	296 – 297	Num	0 – 99	Blank if 7b OTRILB is 888, 995 – 998	
7b2	OTRLBLI	3.0	Oral Trail Making Test Part B: Number of correct lines	2	299 – 300	Num	0 – 25	Blank if 7b OTRILB is 888, 995 – 998	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
8a	CRAFTDVR	3.0	Craft Story 21 Recall (Delayed): Total story units recalled, verbatim scoring; Skip to 9a if 95 – 98	2	302 – 303	Num	0 – 44 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If 95 – 98, then skip to 9a
8b	CRAFTDRE	3.0	Craft Story 21 Recall (Delayed): Total story units recalled, paraphrase scoring	2	305 – 306	Num	0 – 25	Blank if 8a CRAFTDVR is 95 – 98	
8c	CRAFTDTI	3.0	Craft Story 21 Recall (Delayed): Delay time	2	308 – 309	Num	0 – 85 99 = Unknown	Blank if 8a CRAFTDVR is 95 – 98	
8d	CRAFTCUE	3.0	Craft Story 21 Recall (Delayed): Cue (boy) needed	1	311 – 311	Num	0 – 1 0 = No 1 = Yes	Blank if 8a CRAFTDVR is 95 – 98	
9a	ANIMALS	3.0	Category Fluency – Animals: Total number of animals named in 60 seconds	2	313 – 314	Num	0 – 77 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		
9b	VEG	3.0	Category Fluency – Vegetables: Total number of vegetables named in 60 seconds	2	316 – 317	Num	0 – 77 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		
10a	UDSVERFC	3.0	Verbal Fluency: Phonemic Test – Number of correct F-words generated in 1 minute	2	319 – 320	Num	0 – 40 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If 95 – 98, skip to Question 10d

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
10b	UDSVERFN	3.0	Verbal Fluency: Phonemic Test – Number of correct F-words repeated in 1 minute	2	322 – 323	Num	0 – 15	Blank if 10a UDSVERFC is 95 – 98	
10c	UDSVERNF	3.0	Verbal Fluency: Phonemic Test – Number of non-F-words and rule violation errors@ in 1 minute	2	325 – 326	Num	0 – 15	Blank if 10a UDSVERFC is 95 – 98	
10d	UDSVERLC	3.0	Verbal Fluency: Phonemic Test – Number of correct L-words generated in 1 minute	2	328 – 329	Num	0 – 40 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if 10a UDSVERFC is 95 – 98	If 95-98 skip to Question 11a
10e	UDSVERLR	3.0	Verbal Fluency: Phonemic Test – Number of correct L-words repeated in 1 minute	2	331 – 332	Num	0 – 15	Blank if 10d UDSVERLC is 95 – 98	
10f	UDSVERLN	3.0	Verbal Fluency: Phonemic Test – Number of non-L-words and rule violation errors in 1 minute	2	334 – 335	Num	0 – 15	Blank if 10d UDSVERLC is 95 – 98	
10g	UDSVERTN	3.0	Verbal Fluency: Phonemic Test – Total number of correct F-words and L-words	2	337 – 338	Num	0 – 80	Blank if 10d UDSVERLC is 95 – 98	
10h	UDSVERTE	3.0	Verbal Fluency: Phonemic Test – Total number of F-word and L-words repetition errors	2	340 – 341	Num	0 – 30	Blank if 10d UDSVERLC is 95 – 98	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
10i	UDSVERTI	3.0	Verbal Fluency: Phonemic Test – Number of non-F/L-words and rule violation errors	2	343 – 344	Num	0 – 30	Blank if 10d UDSVERLC is 95 – 98	
11a	REYDREC	3.0	Rey Auditory Verbal Learning: total delayed recall	2	346 – 347	Num	0 – 15 88 = optional 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If 88, 95-98, then skip to 12a
11b	REYDINT	3.0	Rey Auditory Verbal Learning: delayed intrusions	2	349 – 350	Num	0 – 99	Blank if 11a REYDREC is 88, 95-98	
11c	REYTCOR	3.0	Rey Auditory Verbal Learning: recognition total correct	2	352 – 353	Num	0 – 15	Blank if 11a REYDREC is 88, 95-98	
11d	REYFPOS	3.0	Rey Auditory Verbal Learning: recognition total false positives	2	355 – 356	Num	0 – 15	Blank if 11a REYDREC is 88, 95-98	
12a	VNTTOTW	3.0	Verbal naming test: total correct without a cue	2	358 – 359	Num	0 – 50 88 = optional 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If 88, 95-98 then skip to 12b
12b	VNTPCNC	3.0	Verbal naming test: total correct with a phonemic cue	2	361 – 362	Num	0 – 50 88 = optional 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal		If 88, 95-98 then skip to 13a

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
13a	COGSTAT	3.0	Overall appraisal: Per the clinician, based on the UDS neuropsychological examination, the subject's cognitive status is deemed	1	364 – 364	Num	1 = Better than normal for age 2 = Normal for age 3 = One or two test scores abnormal 4 = Three or more scores are abnormal or lower than expected 0 = Clinician unable to render opinion		
14a	RESPVAL	3.0	How valid do you think the participant's responses are?	1	366 – 366	Num	1 = Very valid, probably accurate indication of participant's cognitive abilities 2 = Questionably valid, possibly inaccurate indication of participant's cognitive abilities 3 = Invalid, probably inaccurate indication of participant's cognitive abilities		If 1, then end form here.
14b1	RESPHEAR	3.0	What makes this participant's responses less valid? Hearing impairment	1	368 – 368	Num	0 = No 1 = Yes	Blank if 14a RESPVAL = 1	
14b2	RESPDIST	3.0	What makes this participant's responses less valid? Distractions	1	370 – 370	Num	0 = No 1 = Yes	Blank if 14a RESPVAL = 1	
14b3	RESPINTR	3.0	What makes this participant's responses less valid? Interruptions	1	372 – 372	Num	0 = No 1 = Yes	Blank if 14a RESPVAL = 1	
14b4	RESPDISN	3.0	What makes this participant's responses less valid? Lack of effort or disinterest	1	374 – 374	Num	0 = No 1 = Yes	Blank if 14a RESPVAL = 1	
14b5	RESPFATG	3.0	What makes this participant's responses less valid? Fatigue	1	376 – 376	Num	0 = No 1 = Yes	Blank if 14a RESPVAL = 1	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
14b6	RESPEMOT	3.0	What makes this participant's responses less valid? Emotional issues	1	378 – 378	Num	0 = No 1 = Yes	Blank if 14a RESPVAL = 1	
14b7	RESPASST	3.0	What makes this participant's responses less valid? Unapproved assistance	1	380 – 380	Num	0 = No 1 = Yes	Blank if 14a RESPVAL = 1	
14b8	RESPOTH	3.0	What makes this participant's responses less valid? Other (specify)	1	382 – 382	Num	0 = No 1 = Yes	Blank if 14a RESPVAL = 1	
14b9	RESPOTHX	3.0	What makes this participant's responses less valid? Other reason	60	384 – 443	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if 14a RESPVAL = 1 or RESPOTH ≠ 1	
Form D1 Clinician Diagnosis									
1	DXMETHOD	3.0	Diagnosis method – Responses in this form are based on diagnosis by:	1	45 – 45	Num	1 = A single clinician 2 = A formal consensus panel 3 = Other (two or more clinicians or informal group)		
2	NORMCOG	3.0	Does the subject have normal cognition (global CDR=0 and/or neuropsychological testing within normal range) and normal behavior?	1	47 – 47	Num	0 = No 1 = Yes		If 1 (Yes), then skip to Question 6
3	DEMENTED	3.0	Does the subject meet criteria for dementia?	1	49 – 49	Num	0 = No 1 = Yes	Blank if #2, NORMCOG, = 1(Yes)	If 0 (No) then skip to Question 5
4a	AMNDEM	3.0	Amnestic multidomain dementia syndrome	1	51 – 51	Num	0 = Absent 1 = Present	Blank if #2, NORMCOG, = 1 (Yes) or #3, DEMENTED, = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4b	PCA	3.0	Posterior cortical atrophy syndrome (or primary visual presentation)	1	53 – 53	Num	0 = Absent 1 = Present	Blank if #2, NORMCOG, = 1 (Yes) or #3, DEMENTED, = 0 (No)	
4c	PPASYN	3.0	Primary progressive aphasia (PPA) syndrome	1	55 – 55	Num	0 = Absent 1 = Present	Blank if #2, NORMCOG, = 1 (Yes) or #3, DEMENTED, = 0 (No)	
4c1	PPASYNT	3.0	If PPA present	1	57 – 57	Num	1 = Meets criteria for semantic PPA 2 = Meets criteria for logopenic PPA 3 = Meets criteria for nonfluent/agrammatic PPA 4 = PPA other/not otherwise specified	Blank if #2, NORMCOG, = 1 (Yes) or #3, DEMENTED, = 0 (No) or #4c, PPASYN ≠ 1	
4d	FTDSYN	3.0	Behavioral variant FTD (bvFTD) syndrome	1	59 – 59	Num	0 = Absent 1 = Present	Blank if #2, NORMCOG, = 1 (Yes) or #3, DEMENTED, = 0 (No)	
4e	LBDSYN	3.0	Lewy body dementia syndrome	1	61 – 61	Num	0 = Absent 1 = Present	Blank if #2, NORMCOG, = 1 (Yes) or #3, DEMENTED, = 0 (No)	
4f	NAMNDEM	3.0	Non-amnestic multidomain dementia, not PCA, PPA, bvFTD, or DLB syndrome	1	63 – 63	Num	0 = Absent 1 = Present	Blank if #2, NORMCOG, = 1 (Yes) or #3, DEMENTED, = 0 (No)	
5a	MCIAMEM	3.0	Amnestic MCI, single domain (aMCI SD)	1	65 – 65	Num	0 = Absent 1 = Present	Blank if #2, NORMCOG, = 1 (Yes) or #3, DEMENTED, = 1 (Yes)	
5b	MCIAPLUS	3.0	Amnestic MCI, multiple domains (aMCI MD)	1	67 – 67	Num	0 = Absent 1 = Present	Blank if #2, NORMCOG, = 1 (Yes) or #3, DEMENTED, = 1 (Yes)	
5b1	MCIAPLAN	3.0	Amnestic MCI, multiple domains – language	1	69 – 69	Num	0 = No 1 = Yes	Blank if #2, NORMCOG, = 1 (Yes), or #3, DEMENTED, = 1 (Yes), or #5b, MCIAPLUS	
5b2	MCIAPATT	3.0	Amnestic MCI, multiple domains – Attention	1	71 – 71	Num	0 = No 1 = Yes	Blank if #2, NORMCOG, = 1 (Yes), or #3, DEMENTED, = 1 (Yes), or #5b, MCIAPLUS	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5b3	MCIAPEX	3.0	Amnesic MCI, multiple domains – Executive	1	73 – 73	Num	0 = No 1 = Yes	Blank if #2, NORMCOG, = 1 (Yes), or #3, DEMENTED, = 1 (Yes), or #5b, MCIAPLUS	
5b4	MCIAPVIS	3.0	Amnesic MCI, multiple domains – Visuospatial	1	75 – 75	Num	0 = No 1 = Yes	Blank if #2, NORMCOG, = 1 (Yes), or #3, DEMENTED, = 1 (Yes), or #5b, MCIAPLUS	
5c	MCINON1	3.0	Non-amnesic MCI, single domain (naMCI SD)	1	77 – 77	Num	0 = Absent 1 = Present	Blank if #2, NORMCOG, = 1 (Yes), or #3, DEMENTED, = 1 (Yes),	
5c1	MCIN1LAN	3.0	Non-Amnesic MCI-single domain – Language	1	79 – 79	Num	0 = No 1 = Yes	Blank if #2, NORMCOG, = 1 (Yes), or #3, DEMENTED, = 1 (Yes), or #5c, MCINON1 ne	
5c2	MCIN1ATT	3.0	Non-Amnesic MCI-single domain – Attention	1	81 – 81	Num	0 = No 1 = Yes	Blank if #2, NORMCOG, = 1 (Yes), or #3, DEMENTED, = 1 (Yes), or #5c, MCINON1 ne	
5c3	MCIN1EX	3.0	Non-Amnesic MCI-single domain – Executive	1	83 – 83	Num	0 = No 1 = Yes	Blank if #2, NORMCOG, = 1 (Yes), or #3, DEMENTED, = 1 (Yes), or #5c, MCINON1 ne	
5c4	MCIN1VIS	3.0	Non-Amnesic MCI-single domain – Visuospatial	1	85 – 85	Num	0 = No 1 = Yes	Blank if #2, NORMCOG, = 1 (Yes), or #3, DEMENTED, = 1 (Yes), or #5c, MCINON1 ne	
5d	MCINON2	3.0	Non-Amnesic MCI-multiple domains (naMCI MD)	1	87 – 87	Num	0 = Absent 1 = Present	Blank if #2, NORMCOG, = 1 (Yes), or #3, DEMENTED, = 1 (Yes),	
5d1	MCIN2LAN	3.0	Non-Amnesic MCI-multiple domains – Language	1	89 – 89	Num	0 = No 1 = Yes	Blank if #2, NORMCOG, = 1 (Yes), or #3, DEMENTED, = 1 (Yes), or #5d, MCINON2 ne	
5d2	MCIN2ATT	3.0	Non-Amnesic MCI-multiple domains – Attention	1	91 – 91	Num	0 = No 1 = Yes	Blank if #2, NORMCOG, = 1 (Yes), or #3, DEMENTED, = 1 (Yes), or #5d, MCINON2 ne	
5d3	MCIN2EX	3.0	Non-Amnesic MCI-multiple domains – Executive	1	93 – 93	Num	0 = No 1 = Yes	Blank if #2, NORMCOG, = 1 (Yes), or #3, DEMENTED, = 1 (Yes), or #5d, MCINON2 ne	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5d4	MCIN2VIS	3.0	Non-Amnesic MCI- multiple domains – Visuospatial	1	95 – 95	Num	0 = No 1 = Yes	Blank if #2, NORMCOG, = 1 (Yes), or #3, DEMENTED, = 1 (Yes), or #5d, MCINON2 ne	
5e	IMPNOMCI	3.0	Cognitively impaired, not MCI	1	97 – 97	Num	0 = Absent 1 = Present	Blank if #2, NORMCOG, = 1 (Yes), or #3, DEMENTED, = 1 (Yes)	
6a	AMYPET	3.0	Biomarker findings – Abnormally elevated amyloid on PET	1	99 – 99	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6b	AMYLCSF	3.0	Biomarker findings – Abnormally low amyloid in CSF	1	101 – 101	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6c	FDGAD	3.0	Biomarker findings – FDG-PET pattern of AD	1	103 – 103	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6d	HIPPATR	3.0	Biomarker findings – Hippocampal atrophy	1	105 – 105	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6e	TAUPETAD	3.0	Biomarker findings – Tau PET evidence for AD	1	107 – 107	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6f	CSFTAU	3.0	Biomarker findings – Abnormally elevated CSF tau or ptau	1	109 – 109	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6g	FDGFTLD	3.0	Biomarker findings – FDG-PET evidence for frontal or anterior temporal hypometabolism for FTLD	1	111 – 111	Num	0 = No 1 = Yes 8 = Unknown/not assessed		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
6h	TPETFTLD	3.0	Biomarker findings – Tau PET evidence for FTLD	1	113 – 113	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6i	MRFTLD	3.0	Biomarker findings – Structural MR evidence for frontal or anterior temporal atrophy for FTLD	1	115 – 115	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6j	DATSCAN	3.0	Biomarker findings – Dopamine transporter scan (DATscan) evidence for Lewy body disease	1	117 – 117	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
6k	OTHBIOM	3.0	Biomarker findings – Other	1	119 – 119	Num	0 = No 1 = Yes		
6k1	OTHBIOMX	3.0	Biomarker findings – Other (SPECIFY)	60	121 – 180	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #6k, OTHBIOM = 0 (No)	
7a	IMAGLINF	3.0	Imaging findings – Large vessel infarct(s)	1	182 – 182	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
7b	IMAGLAC	3.0	Imaging findings – Lacunar infarct(s)	1	184 – 184	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
7c	IMAGMACH	3.0	Imaging findings – Macrohemorrhage(s)	1	186 – 186	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
7d	IMAGMICH	3.0	Imaging findings – Microhemorrhage(s)	1	188 – 188	Num	0 = No 1 = Yes 8 = Unknown/not assessed		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
7e	IMAGMWMH	3.0	Imaging findings – Moderate white-matter hyperintensity (CHS score 5-6)	1	190 – 190	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
7f	IMAGEWMH	3.0	Imaging findings – Extensive white-matter hyperintensity (CHS score 7-8)	1	192 – 192	Num	0 = No 1 = Yes 8 = Unknown/not assessed		
8	ADMUT	3.0	Does the subject have a dominantly inherited AD mutation (PSEN1, PSEN2, APP)?	1	194 – 194	Num	0 = No 1 = Yes 9 = Unknown/not assessed		
9	FTLDMUT	3.0	Does the subject have a hereditary FTLN mutation (e.g., GRN, VCP, TARBP, FUS, C9orf72, CHMP2B, MAPT)?	1	196 – 196	Num	0 = No 1 = Yes 9 = Unknown/not assessed		
10	OTHMUT	3.0	Does the subject have a hereditary mutation other than an AD or FTLN mutation?	1	198 – 198	Num	0 = No 1 = Yes 9 = Unknown/not assessed		
10a	OTHMUTX	3.0	If yes, specify	60	200 – 259	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #10, OTHMUT = 0 (No) or 9 (Unknown)	
11	ALZDIS	3.0	Alzheimer's disease	1	261 – 261	Num	0 = Absent 1 = Present		
11a	ALZDISIF	3.0	Alzheimer's disease, primary or contributing	1	263 – 263	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #11, ALZDIS ≠ 1 or if #2, NORMCOG = 1	
12	LBDIS	3.0	Lewy body disease	1	265 – 265	Num	0 = Absent 1 = Present		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
12a	LBDIF	3.0	Lewy body disease, primary or contributing	1	267 – 267	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #12, LBDIS ≠ 1 or if #2, NORMCOG = 1	
12b	PARK	3.0	Parkinson's disease	1	269 – 269	Num	0 = Absent 1 = Present	Blank if #12, LBDIS ≠ 1	
13	MSA	3.0	Multiple system atrophy	1	271 – 271	Num	0 = Absent 1 = Present		
13a	MSAIF	3.0	Multiple system atrophy, primary or contributing	1	273 – 273	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #13, MSA ≠ 1 or if #2, NORMCOG = 1	
14a	PSP	3.0	Progressive supranuclear palsy (PSP)	1	275 – 275	Num	0 = Absent 1 = Present		
14a1	PSPIF	3.0	Progressive supranuclear palsy (PSP), primary or contributing	1	277 – 277	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #14a, PSP ≠ 1 or if #2, NORMCOG = 1	
14b	CORT	3.0	Corticobasal degeneration (CBD)	1	279 – 279	Num	0 = Absent 1 = Present		
14b1	CORTIF	3.0	Corticobasal degeneration (CBD), primary or contributing	1	281 – 281	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #14b, CORT ≠ 1 or if #2, NORMCOG = 1	
14c	FTLDMO	3.0	FTLD with motor neuron disease	1	283 – 283	Num	0 = Absent 1 = Present		
14c1	FTLDMOIF	3.0	FTLD with motor neuron disease, primary or contributing	1	285 – 285	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #14c, FTLDMO ≠ 1 or if #2, NORMCOG = 1	
14d	FTLDNOS	3.0	FTLD NOS	1	287 – 287	Num	0 = Absent 1 = Present		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
14d1	FTLDNOIF	3.0	FTLD NOS, primary or contributing	1	289 – 289	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #14d, FTLDNOS ≠ 1 or if #2, NORMCOG = 1	
14e	FTLDSUBT	3.0	If FTLD (Questions 14a – 14d) are Present, specify FTLD subtype	1	291 – 291	Num	1 = Tauopathy 2 = TDP-43 proteinopathy 3 = Other 9 = Unknown	Blank if #14a, PSP ≠ 1 and #14b, CORT ≠ 1 and #14c, FTLDMO ≠ 1 and 14d,	
14e1	FTLDSUBX	3.0	Other FTLD, specify	60	293 – 352	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #14e, FTLDSUBT ≠ 3	
15	CVD	3.0	Vascular brain injury (based on clinical and imaging evidence)	1	354 – 354	Num	0 = Absent 1 = Present		If Question 15 CVD=0 (No), then skip to Question 16
15a	CVDIF	3.0	Vascular brain injury, primary or contributing	1	356 – 356	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #15 CVD ≠ 1 (Yes) or if # 2 NORMCOG = 1	
15b	PREVSTK	3.0	Previous symptomatic stroke?	1	358 – 358	Num	0 = No 1 = Yes	Blank if #15 CVD ≠ 1 (Yes)	If 0 (No), then skip to Question 15c
15b1	STROKDEC	3.0	Temporal relationship between stroke and cognitive decline?	1	360 – 360	Num	0 = No 1 = Yes	Blank if #15 CVD ≠ 1 (Yes) or if #15b PREVSTK ≠ 1	
15b2	STKIMAG	3.0	Confirmation of stroke by neuroimaging?	1	362 – 362	Num	0 = No 1 = Yes 9 = Unknown, no relevant imaging data available	Blank if #15 CVD ≠ 1 (Yes) or if #15b PREVSTK ≠ 1	
15c	INFNETW	3.0	Is there imaging evidence of cystic infarction in cognitive network(s)?	1	364 – 364	Num	0 = No 1 = Yes 9 = Unknown, no relevant imaging data available	Blank if #15 CVD ≠ 1 (Yes)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
15d	INFWMH	3.0	Is there imaging evidence of cystic infarction,@ imaging evidence of extensive WMH (CHS grade 7-8),@ and impairment in executive function?	1	366 – 366	Num	0 = No 1 = Yes 9 = Unknown, no relevant imaging data available	Blank if #15 CVD ≠ 1 (Yes)	
16	ESSTREM	3.0	Essential tremor	1	368 – 368	Num	0 = Absent 1 = Present		
16a	ESSTREIF	3.0	Essential tremor, primary or contributing	1	370 – 370	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #16, ESSTREM ≠ 1, or if NORMCOG = 1 (Yes)	
17	DOWNS	3.0	Down syndrome	1	372 – 372	Num	0 = Absent 1 = Present		
17a	DOWNSIF	3.0	Down syndrome, primary or contributing	1	374 – 374	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #17, DOWNS ≠ 1, or if NORMCOG = 1 (Yes)	
18	HUNT	3.0	Huntington's disease	1	376 – 376	Num	0 = Absent 1 = Present		
18a	HUNTIF	3.0	Huntington's disease, primary or contributing	1	378 – 378	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #18, HUNT ≠ 1, or if NORMCOG = 1 (Yes)	
19	PRION	3.0	Prion disease (CJD, other)	1	380 – 380	Num	0 = Absent 1 = Present		
19a	PRIONIF	3.0	Prion disease (CJD, other), primary or contributing	1	382 – 382	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #19, PRION ≠ 1, or if NORMCOG = 1 (Yes)	
20	BRNINJ	3.0	Traumatic brain injury	1	384 – 384	Num	0 = Absent 1 = Present		
20a	BRNINJIF	3.0	Traumatic brain injury, primary or contributing	1	386 – 386	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #20, BRNINJ ≠ 1, or if NORMCOG = 1 (Yes)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
20b	BRNINCTE	3.0	If Present, does the subject have symptoms consistent with chronic traumatic encephalopathy?	1	388 – 388	Num	0 = No 1 = Yes 9 = Unknown	Blank if #20, BRNINJ ≠ 1	
21	HYCEPH	3.0	Normal-pressure hydrocephalus	1	390 – 390	Num	0 = Absent 1 = Present		
21a	HYCEPHIF	3.0	Normal-pressure hydrocephalus, primary or contributing	1	392 – 392	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #21, HYCEPH ≠ 1, or if NORMCOG = 1 (Yes)	
22	EPILEP	3.0	Epilepsy	1	394 – 394	Num	0 = Absent 1 = Present		
22a	EPILEPIF	3.0	Epilepsy, primary or contributing	1	396 – 396	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #22, EPILEP ≠ 1, or if NORMCOG = 1 (Yes)	
23	NEOP	3.0	CNS neoplasm	1	398 – 398	Num	0 = Absent 1 = Present		
23a	NEOPIF	3.0	CNS neoplasm, primary or contributing	1	400 – 400	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #23, NEOP ≠ 1, or if NORMCOG = 1 (Yes)	
23b	NEOPSTAT	3.0	CNS neoplasm, Benign or Malignant?	1	402 – 402	Num	1 = Benign 2 = Malignant	Blank if #23, NEOP ≠ 1	
24	HIV	3.0	Human immunodeficiency virus (HIV)	1	404 – 404	Num	0 = Absent 1 = Present		
24a	HIVIF	3.0	Human immunodeficiency virus (HIV), primary or contributing	1	406 – 406	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #24, HIV ≠ 1, or if NORMCOG = 1 (Yes)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
25	OTHCOG	3.0	Cognitive impairment due to other neurologic, genetic, or infectious conditions@ not listed above	1	408 – 408	Num	0 = Absent 1 = Present		
25a	OTHCOGIF	3.0	Cognitive impairment due to other neurologic, genetic, or infectious conditions not listed above, primary or contributing	1	410 – 410	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #25, OTHCOG ≠ 1, or if NORMCOG = 1 (Yes)	
25b	OTHCOGX	3.0	Cognitive impairment due to other neurologic, genetic, or infectious conditions not listed above, If Present, specify:	60	412 – 471	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #25, OTHCOG ≠ 1	
26	DEP	3.0	Active depression	1	473 – 473	Num	0 = Absent 1 = Present		
26a	DEPIF	3.0	Active depression, primary or contributing	1	475 – 475	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #26, DEP ≠ 1, or if NORMCOG = 1 (Yes)	
26b	DEPTREAT	3.0	If Present, select one:	1	477 – 477	Num	0 = Untreated 1 = Treated w/meds and/or counseling	Blank if #26, DEP ≠ 1	
27	BIPOLDX	3.0	Bipolar disorder	1	479 – 479	Num	0 = Absent 1 = Present		
27a	BIPOLDIF	3.0	Bipolar disorder, primary or contributing	1	481 – 481	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #27, BIPOLDX ≠ 1, or if NORMCOG = 1 (Yes)	
28	SCHIZOP	3.0	Schizophrenia or other psychosis	1	483 – 483	Num	0 = Absent 1 = Present		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
28a	SCHIZOIF	3.0	Schizophrenia or other psychosis, primary or contributing	1	485 – 485	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #28, SCHIZOP ≠ 1, or if NORMCOG = 1 (Yes)	
29	ANXIET	3.0	Anxiety disorder	1	487 – 487	Num	0 = Absent 1 = Present		
29a	ANXIETIF	3.0	Anxiety disorder, primary or contributing	1	489 – 489	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #29, ANXIET ≠ 1, or if NORMCOG = 1 (Yes)	
30	DELIR	3.0	Delirium	1	491 – 491	Num	0 = Absent 1 = Present		
30a	DELIRIF	3.0	Delirium present, primary or contributing	1	493 – 493	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #30, DELIR ≠ 1, or if NORMCOG = 1 (Yes)	
31	PTSDDX	3.0	Post-traumatic stress disorder (PTSD)	1	495 – 495	Num	0 = Absent 1 = Present		
31a	PTSDDXIF	3.0	Post-traumatic stress disorder (PTSD), primary or contributing	1	497 – 497	Num		Blank if #31, PTSDDX ≠ 1, or if NORMCOG = 1 (Yes)	
32	OTHPSY	3.0	Other psychiatric disease	1	499 – 499	Num	0 = Absent 1 = Present		
32a	OTHPSYIF	3.0	Other psychiatric disease, primary or contributing	1	501 – 501	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #32, OTHPSY ≠ 1, or if NORMCOG = 1 (Yes)	
32b	OTHPSYX	3.0	Other psychiatric disease, If Present, specify:	60	503 – 562	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #32, OTHPSY ≠ 1	
33	ALCDEM	3.0	Cognitive impairment due to alcohol abuse	1	564 – 564	Num	0 = Absent 1 = Present		
33a	ALCDEMIF	3.0	Cognitive impairment due to alcohol abuse, primary or contributing	1	566 – 566	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #33, ALCDEM ≠ 1, or if NORMCOG = 1 (Yes)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
33b	ALCABUSE	3.0	Current alcohol abuse:	1	568 – 568	Num	0 = No 1 = Yes 9 = Unknown	Blank if #33, ALCDEM ≠ 1	
34	IMPSUB	3.0	Cognitive impairment due to other substance abuse	1	570 – 570	Num	0 = Absent 1 = Present		
34a	IMPSUBIF	3.0	Cognitive impairment due to other substance abuse, primary or contributing	1	572 – 572	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #34, IMPSUB ≠ 1, or if NORMCOG = 1 (Yes)	
35	DYSILL	3.0	Cognitive impairment due to systemic disease/medical illness	1	574 – 574	Num	0 = Absent 1 = Present		
35a	DYSILLIF	3.0	Cognitive impairment due to systemic disease/medical illness, primary or contributing	1	576 – 576	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #35, DYSILL ≠ 1, or if NORMCOG = 1 (Yes)	
36	MEDS	3.0	Cognitive impairment due to medications	1	578 – 578	Num	0 = Absent 1 = Present		
36a	MEDSIF	3.0	Cognitive impairment due to medications,@ primary or contributing	1	580 – 580	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #36, MEDS ≠ 1, or if NORMCOG = 1 (Yes)	
37	COGOTH	3.0	Cognitive impairment NOS	1	582 – 582	Num	0 = Absent 1 = Present		
37a	COGOTHIF	3.0	Cognitive impairment NOS, primary or contributing	1	584 – 584	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #37, COGOTH ≠ 1, or if NORMCOG = 1 (Yes)	
37b	COGOTHX	3.0	Cognitive impairment NOS, If Present, specify:	60	586 – 645	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #37, COGOTH ≠ 1	
38	COGOTH2	3.0	Cognitive impairment NOS	1	647 – 647	Num	0 = Absent 1 = Present		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
38a	COGOTH2F	3.0	Cognitive impairment NOS, primary or contributing	1	649 – 649	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #38, COGOTH2 ≠ 1, or if NORMCOG = 1 (Yes)	
38b	COGOTH2X	3.0	Cognitive impairment NOS, If Present, specify:	60	651 – 710	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #38, COGOTH2 ≠ 1	
39	COGOTH3	3.0	Cognitive impairment NOS	1	712 – 712	Num	0 = Absent 1 = Present		
39a	COGOTH3F	3.0	Cognitive impairment NOS, primary or contributing	1	714 – 714	Num	1 = Primary 2 = Contributing 3 = Non-contrib.	Blank if #39, COGOTH3 ≠ 1, or if NORMCOG = 1 (Yes)	
39b	COGOTH3X	3.0	Cognitive impairment NOS, If Present, specify:	60	716 – 775	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #39, COGOTH3 ≠ 1	

Form D2 Clinician-assessed Medical Conditions

1	CANCER	3.0	Cancer (excluding non-melanoma skin cancer), primary or metastatic	1	45 – 45	Num	0 = No 1 = Yes, primary/non-metastatic 2 = Yes, metastatic 8 = Not assessed		If No or Not Assessed then skip to Question 2
1a	CANCSITE	3.0	Cancer primary site specification	60	47 – 106	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #1CANCER = 0 (No) or 8 (Not assessed)	
2	DIABET	3.0	Diabetes	1	108 – 108	Num	0 = No 1 = Yes, Type I 2 = Yes, Type II 3 = Yes, other type 9 = Not assessed or unknown		
3	MYOINF	3.0	Myocardial infarct	1	110 – 110	Num	0 = No 1 = Yes 8 = Not assessed		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4	CONGHRT	3.0	Congestive heart failure	1	112 – 112	Num	0 = No 1 = Yes 8 = Not assessed		
5	AFIBRILL	3.0	Atrial fibrillation	1	114 – 114	Num	0 = No 1 = Yes 8 = Not assessed		
6	HYPERT	3.0	Hypertension	1	116 – 116	Num	0 = No 1 = Yes 8 = Not assessed		
7	ANGINA	3.0	Angina	1	118 – 118	Num	0 = No 1 = Yes 8 = Not assessed		
8	HYPCHOL	3.0	Hypercholesterolemia	1	120 – 120	Num	0 = No 1 = Yes 8 = Not assessed		
9	VB12DEF	3.0	B12 deficiency	1	122 – 122	Num	0 = No 1 = Yes 8 = Not assessed		
10	THYDIS	3.0	Thyroid disease	1	124 – 124	Num	0 = No 1 = Yes 8 = Not assessed		
11	ARTH	3.0	Arthritis	1	126 – 126	Num	0 = No 1 = Yes 8 = Not assessed		If No or Not Assessed then skip to Question 12
11a	ARTYPE	3.0	Arthritis type	1	128 – 128	Num	1 = Rheumatoid 2 = Osteoarthritis 3 = Other (specify) 9 = Unknown	Blank if #11ARTH = 0 (No) or 8 (Not assessed)	
11a1	ARTYPEX	3.0	Other Arthritis type specification	60	130 – 189	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #11aARTYPE ≠ 3 (Other)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
11b1	ARTUPEX	3.0	Arthritis region affected – Upper extremity	1	191 – 191	Num	0 = No 1 = Yes	Blank if #11ARTH = 0 (No) or 8 (Not assessed)	
11b2	ARTLOEX	3.0	Arthritis region affected – Lower extremity	1	193 – 193	Num	0 = No 1 = Yes	Blank if #11ARTH = 0 (No) or 8 (Not assessed)	
11b3	ARTSPIN	3.0	Arthritis region affected – Spine	1	195 – 195	Num	0 = No 1 = Yes	Blank if #11ARTH = 0 (No) or 8 (Not assessed)	
11b4	ARTUNKN	3.0	Arthritis region affected – Unknown	1	197 – 197	Num	0 = No 1 = Yes	Blank if #11ARTH = 0 (No) or 8 (Not assessed)	
12	URINEINC	3.0	Incontinence – urinary	1	199 – 199	Num	0 = No 1 = Yes 8 = Not assessed		
13	BOWLINC	3.0	Incontinence – bowel	1	201 – 201	Num	0 = No 1 = Yes 8 = Not assessed		
14	SLEEPAP	3.0	Sleep apnea	1	203 – 203	Num	0 = No 1 = Yes 8 = Not assessed		
15	REMDIS	3.0	REM sleep behavior disorder (RBD)	1	205 – 205	Num	0 = No 1 = Yes 8 = Not assessed		
16	HYPOSOM	3.0	Hyposomnia/insomnia	1	207 – 207	Num	0 = No 1 = Yes 8 = Not assessed		
17	SLEEPOTH	3.0	Other sleep disorder	1	209 – 209	Num	0 = No 1 = Yes 8 = Not assessed		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
17a	SLEEPOTX	3.0	Other sleep disorder specification	60	211 – 270	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #17SLEEPOTH ≠ 1 (Yes)	
18	ANGIOCP	3.0	Carotid procedure: angioplasty, endarterectomy, or stent	1	272 – 272	Num	0 = No 1 = Yes 8 = Not assessed		
19	ANGIOPCI	3.0	Percutaneous coronary intervention: angioplasty and/or stent	1	274 – 274	Num	0 = No 1 = Yes 8 = Not assessed		
20	PACEMAKE	3.0	Procedure: pacemaker and/or defibrillator	1	276 – 276	Num	0 = No 1 = Yes 8 = Not assessed		
21	HVALVE	3.0	Procedure: heart valve replacement or repair	1	278 – 278	Num	0 = No 1 = Yes 8 = Not assessed		
22	ANTIENC	3.0	Antibody-mediated encephalopathy	1	280 – 280	Num	0 = No 1 = Yes 8 = Not assessed		
22a	ANTIENCX	3.0	Antibody-mediated encephalopathy, specify	60	282 – 341	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #22ANTIENC ≠ 1 (Yes)	
23	OTHCOND	3.0	Other medical conditions or procedures not listed above	1	343 – 343	Num	0 = No 1 = Yes		
23a	OTHCONDX	3.0	Other medical conditions specification	60	345 – 404	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #23OTHCOND ≠ 1 (Yes)	

Form T1 Inclusion Form

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1a	TELCOG	3.0	Why is the UDS telephone follow-up protocol being used to obtain data about the subject? Subject too cognitively impaired for an in-person UDS visit.	1	45 – 45	Num	0 = No 1 = Yes		
1b	TELILL	3.0	Why is the UDS telephone follow-up protocol being used to obtain data about the subject? Subject is too physically impaired (medical illness or injury) to attend an in-person UDS visit.	1	47 – 47	Num	0 = No 1 = Yes		
1c	TELHOME	3.0	Why is the UDS telephone follow-up protocol being used to obtain data about the subject? Subject is homebound or in a nursing home and cannot travel.	1	49 – 49	Num	0 = No 1 = Yes		
1d	TELREFU	3.0	Why is the UDS telephone follow-up protocol being used to obtain data about the subject? Subject/co-participant refused an in-person UDS visit	1	51 – 51	Num	0 = No 1 = Yes		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
1e	TELCOV	3.0	Why is the UDS telephone follow-up protocol being used to obtain data about the subject? COVID pandemic precludes traditional in-person UDS visit.	1	53 – 53	Num	0 = No 1 = Yes		
1f	TELOTHR	3.0	Why is the UDS telephone follow-up protocol being used to obtain data about the subject? Other reason why the UDS telephone follow-up being used	1	55 – 55	Num	0 = No 1 = Yes		
1f1	TELOTHR _X	3.0	Why is the UDS telephone follow-up protocol being used to obtain data about the subject? Other reason specification: (ADC staff convenience is not an acceptable reason.)	60	57 – 116	Char	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).	Blank if #1fTELOTHR ≠ 1 ("Yes")	
2	TELMOD	3.0	What modality of communication was used to collect this remote UDS packet?	1	118 – 118	Num	1 = Telephone 2 = Video-assisted conference 3 = Some combination of the two		
3	TELINPER	3.0		1	120 – 120	Num	0 = No 1 = Yes 9 = Unknown		If Yes or Unknown, end form here. If No, then continue to Question 4.

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
4	TELMILE	3.0	Has a Milestones form documenting the change to telephone follow-up been completed? (If "No", complete a Milestone Form now.)	1	122 – 122	Num	0 = No 1 = Yes 9 = Unknown	Blank if #3 is Yes or Unknown, and this is the first telephone packet submitted for the subject.	
Form Z1X Form Checklist									
1a	LANGT1	3.0	T1 Inclusion Form – language	1	45 – 45	Num	1 = English 2 = Spanish		
2a	LANGA1	3.0	A1 Subject Demographics – language	1	47 – 47	Num	1 = English 2 = Spanish		
3a	LANGA2	3.0	A2 Co-participant Demographics – language	1	49 – 49	Num	1 = English 2 = Spanish		
4a	LANGA3	3.0	A3 Subject Family History – language	1	51 – 51	Num	1 = English 2 = Spanish	Blank if #4b A3SUB = 0 (No)	
4b	A3SUB	3.0	A3 Subject Family History – submitted	1	53 – 53	Num	0 = No 1 = Yes		
4c	A3NOT	3.0	If A3 not submitted, specify reason	2	55 – 56	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #4b A3SUB = 1 (Yes)	
5a	LANGA4	3.0	A4 Subject Medications – language	1	58 – 58	Num	1 = English 2 = Spanish	Blank if #5b A4SUB = 0 (No)	
5b	A4SUB	3.0	A4 Subject Medications – submitted	1	60 – 60	Num	0 = No 1 = Yes		

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
5c	A4NOT	3.0	If A4 not submitted, specify reason	2	62 – 63	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #5b A4SUB = 1 (Yes)	
6a	LANGA5	3.0	A5 Subject Health History – language	1	65 – 65	Num	1 = English 2 = Spanish		
7a	LANGB1	3.0	B1 Evaluation Form: Physical – language	1	67 – 67	Num	1 = English 2 = Spanish		
8a	LANGB4	3.0	B4 Global Staging – CDR: Standard and Supplemental – language	1	69 – 69	Num	1 = English 2 = Spanish		
9a	LANGB5	3.0	B5 Behavioral Assessment: NPI-Q – language	1	71 – 71	Num	1 = English 2 = Spanish	Blank if #9b B5SUB = 0 (No)	
9b	B5SUB	3.0	B5 Behavioral Assessment: NPI-Q – submitted	1	73 – 73	Num	0 = No 1 = Yes		
9c	B5NOT	3.0	If B5 not submitted, specify reason	2	75 – 76	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #9b B5SUB = 1 (Yes)	
10a	LANGB6	3.0	B6 Behavioral Assessment: GDS – language	1	78 – 78	Num	1 = English 2 = Spanish	Blank if #10b B6SUB = 0 (No)	

Q #	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
10b	B6SUB	3.0	B6 Behavioral Assessment: GDS – submitted	1	80 – 80	Num	0 = No 1 = Yes		
10c	B6NOT	3.0	If B6 not submitted, specify reason (see Key)	2	82 – 83	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #10b B6SUB = 1 (Yes)	
11a	LANGB7	3.0	B7 Functional Assessment: FAS – language	1	85 – 85	Num	1 = English 2 = Spanish	Blank if #11b B7SUB = 0 (No)	
11b	B7SUB	3.0	B7 Functional Assessment: FAS – submitted	1	87 – 87	Num	0 = No 1 = Yes		
11c	B7NOT	3.0	If B7 not submitted, specify reason	2	89 – 90	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #11b B7SUB = 1 (Yes)	
12a	LANGB8	3.0	B8 Neurological Examination Findings – language	1	92 – 92	Num	1 = English 2 = Spanish	Blank if #12b B8SUB = 0 (No)	
12b	B8SUB	3.0	If B8 not submitted, specify reason (see Key)	1	94 – 94	Num	0 = No 1 = Yes		
12c	B8NOT	3.0	B8 Neurological Battery Scores – submitted	2	96 – 97	Num	95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal	Blank if #12b B8SUB = 1 (Yes)	
13a	LANGB9	3.0	B9 Clinician Judgment of Symptoms – language	1	99 – 99	Num	1 = English 2 = Spanish		

Q#	Data element name	UDS Ver	UDS question	Length of field	Column positions	Data type	Allowable codes	Blanks	Skips
14a	LANGC2	3.0	C2T Neurological Battery Scores – language	1	101 – 101	Num	1 = English 2 = Spanish		
15a	LANGD1	3.0	D1 Clinician Diagnosis – language	1	103 – 103	Num	1 = English 2 = Spanish		
16a	LANGD2	3.0	D2 Clinician-assessed Medical Conditions – language	1	105 – 105	Num	1 = English 2 = Spanish		
17a	LANGCLS	3.0	CLS Language – language	1	107 – 107	Num	1 = English 2 = Spanish	Blank if #17b CLSSUB = 0 (No)	
17b	CLSSUB	3.0	CLS Subject Language History – submitted	1	109 – 109	Num	0 = No 1 = Yes		