NACC UNIFORM DATA SET

Initial Visit Packet

UDSv4.0, January 2025

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Revisions made to this Initial Visit Packet (IVP) since release (December 2024)

Date yyyy-mm-dd	Description	Form(s) affected	Question(s) affected
2024-12-18	Fixed numbering error on A1a, subquestions of Q37.	A1a	Q37a1 - Q37a15
2025-02-14	Changed informative missing codes (88 and 99) to 888 and 999 throughout Section 7: Menstrual and Reproductive Health	A5-D2	Q7a-Q7b Q7d1-Q7d3 Q7e1-Q7e3
2025-02-14	Fixed typos on B4 and A5/D2	B4, A5-D2	N/A

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Form A1: Participant Demographics

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:	Administration:	Mode:	Key (remote reason):
☐ 1 English ☐ 2 Spanish	☐ 1 Self-administered ☐ 2 Staff-administered	☐ 1 In-person ☐ 2 Remote *(reason):* __ ☐ 1 Telephone ☐ 2 Video ☐ 3 Mail ☐ 4 Electronic (e.g., email)	*1=Too cognitively impaired* *2=Too physically impaired* *3=Homebound/nursing home* *4=Refused in-person visit* *5=Other*

***INSTRUCTIONS**: This form may be completed by intake interviewer based on ADRC scheduling records, participant interview, medical records, and proxy co-participant report (according to what is deemed to be the most reliable source of information, except as indicated for specific questions that may be based on the participants perceptions and experience which only they can provide accurate information for). This information can be collected by mail-in survey, electronic capture (web-based), phone or video interview, or during the in-person visit to accommodate and lessen participant visit burden. For additional clarification and examples, see the **UDS Coding Guidebook, Form A1**.* Check only one box per question unless otherwise specified.

Section 1 — Demographics

1. What is your month and year of birth (MM / YYYY)? __ __ / __ __ __ __

2. In which country or region did you spend most of your childhood? *(Enter three character code from Appendix 1)* ___ ___ ___ *(If unknown, enter AX1)*

Common codes:
USA – United States; CAN – Canada; MEX – Mexico

3. What is your race and/or ethnicity? *(Check all that apply and enter additional details in the space below.)*

3a. ☐ 1 American Indian or Alaska Native (AIAN) **(SPECIFY,** *for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya)*: _____

3b. ☐ 1 Asian
- **3b1.** ☐ 1 Chinese
- **3b2.** ☐ 1 Asian Indian
- **3b3.** ☐ 1 Filipino
- **3b4.** ☐ 1 Vietnamese
- **3b5.** ☐ 1 Korean
- **3b6.** ☐ 1 Japanese
- **3b7.** ☐ 1 Other **(SPECIFY,** *for example, Pakistani, Hmong, Afghan*): _____

3c. ☐ 1 Black or African American
- **3c1.** ☐ 1 African American
- **3c2.** ☐ 1 Jamaican
- **3c3.** ☐ 1 Haitian
- **3c4.** ☐ 1 Nigerian
- **3c5.** ☐ 1 Ethiopian
- **3c6.** ☐ 1 Somali
- **3c7.** ☐ 1 Other **(SPECIFY,** *for example, Trinidadian and Tobagonian, Ghanaian, Congolese*): _____

3d. ☐ 1 Hispanic or Latino
- **3d1.** ☐ 1 Mexican
- **3d2.** ☐ 1 Puerto Rican
- **3d3.** ☐ 1 Salvadoran
- **3d4.** ☐ 1 Cuban
- **3d5.** ☐ 1 Dominican
- **3d6.** ☐ 1 Guatemalan
- **3d7.** ☐ 1 Other **(SPECIFY,** *for example, Colombian, Honduran, Spaniard*): _____

3e. ☐ 1 Middle Eastern or North African
- **3e1.** ☐ 1 Lebanese
- **3e2.** ☐ 1 Iranian
- **3e3.** ☐ 1 Egyptian
- **3e4.** ☐ 1 Syrian
- **3e5.** ☐ 1 Iraqi
- **3e6.** ☐ 1 Israeli
- **3e7.** ☐ 1 Other **(SPECIFY,** *for example, Moroccan, Yemeni, Kurdish*): _____

3f. ☐ 1 Native Hawaiian or Pacific Islander
- **3f1.** ☐ 1 Native Hawaiian
- **3f2.** ☐ 1 Samoan
- **3f3.** ☐ 1 Chamorro
- **3f4.** ☐ 1 Tongan
- **3f5.** ☐ 1 Fijian
- **3f6.** ☐ 1 Marshallese
- **3f7.** ☐ 1 Other **(SPECIFY,** *for example, Chuukese, Palauan, Tahitian*): _____

3g. ☐ 1 White
- **3g1.** ☐ 1 English
- **3g2.** ☐ 1 German
- **3g3.** ☐ 1 Irish
- **3g4.** ☐ 1 Italian
- **3g5.** ☐ 1 Polish
- **3g6.** ☐ 1 Scottish
- **3g7.** ☐ 1 Other **(SPECIFY,** *for example, French, Swedish, Norwegian*): _____

3h. ☐ 1 Don't know

Section 1 — Demographics

continued...

The next four questions ask about your gender identity, sex assigned at birth, sexual orientation, and intersex status. This information will be used to help us improve health, well-being, and quality of care. By gender identity, we mean the inner sense that you have of yourself as being a man, woman, or a different gender. Gender identity can be different from your sex assigned at birth or your sexual orientation, and it can change over time.

4. Which term(s) best describes your current gender identity?
(Check all that apply)

- **4a.** ☐ 1 Man
- **4b.** ☐ 1 Woman
- **4c.** ☐ 1 Transgender man
- **4d.** ☐ 1 Transgender woman
- **4e.** ☐ 1 Non-binary/genderqueer
- **4f.** ☐ 1 Two-Spirit (if you are AIAN)
- **4g.** ☐ 1 I use a different term **(SPECIFY):** _____
- **4h.** ☐ 1 Don't know
- **4i.** ☐ 1 Prefer not to answer

5. What sex were you assigned at birth; on your original birth certificate?

- ☐ 1 Male
- ☐ 2 Female
- ☐ 9 Don't know
- ☐ 8 Prefer not to answer

6. Have you ever been diagnosed by a medical doctor or other health professional with an intersex condition or a "Difference of Sex Development (DSD)" or were you born with (or developed naturally in puberty) genitals, reproductive organs, and/or chromosomal patterns that do not fit standard definitions of male or female?

- ☐ 0 No
- ☐ 1 Yes
- ☐ 9 Don't know
- ☐ 8 Prefer not to answer

7. Which term(s) best describes your sexual orientation?
(Check all that apply)

- **7a.** ☐ 1 Lesbian or gay
- **7b.** ☐ 1 Straight/heterosexual
- **7c.** ☐ 1 Bisexual
- **7d.** ☐ 1 Two-Spirit (if you are AIAN)
- **7e.** ☐ 1 I use a different term **(SPECIFY):** _____
- **7f.** ☐ 1 Don't know
- **7g.** ☐ 1 Prefer not to answer

8. What is your primary language?
(Primary language is defined as the predominant language you have used throughout your life. Please take into consideration first language learned as well as the length of use.)

- ☐ 1 English
- ☐ 2 Spanish
- ☐ 3 Chinese dialect
- ☐ 8 Other **(SPECIFY):** _____
- ☐ 9 Don't know

9. Are you left- or right-handed (*for example, which hand would normally be used for writing*)?

- ☐ 1 Left-handed
- ☐ 2 Right-handed
- ☐ 3 Ambidextrous
- ☐ 9 Don't know

10a. How many years of education have you completed? **(99 = Unknown)** __ __

10b. What is your highest achieved level of education?

- ☐ 1 Less than high school
- ☐ 2 High school or GED
- ☐ 3 Some college
- ☐ 4 Bachelor's degree
- ☐ 5 Master's degree
- ☐ 6 Doctorate
- ☐ 9 Don't know

11. What is your <u>current</u> marital status?

- ☐ 1 Married
- ☐ 2 Widowed
- ☐ 3 Divorced
- ☐ 4 Separated
- ☐ 5 Never married (or marriage was annulled)
- ☐ 6 Living as married / domestic partner
- ☐ 9 Don't know

Section 1 — Demographics *continued...*

12. What is your living situation?

- ☐ 1 Live alone
- ☐ 2 Live with one other person: a spouse or partner
- ☐ 3 Live with one other person: a relative, friend, or roommate
- ☐ 4 Live with caregiver who is not spouse/partner, relative, or friend
- ☐ 5 Live with a group *(related or not related)* in a private residence
- ☐ 6 Live in group home *(e.g., assisted living, nursing home, convent)*
- ☐ 9 Don't know

13. What is your primary type of residence?

- ☐ 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
- ☐ 6 Do not have housing *(e.g., staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)*
- ☐ 9 Don't know

14. What are the first three digits of the ZIP code of your primary residence?
(For example, if your ZIP code is 12345, enter 123.)

___ ___ ___ *(If unknown, leave blank)*

15. Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?

- ☐ 0 No (**IF NO, SKIP TO QUESTION 17**)
- ☐ 1 Yes
- ☐ 9 Don't know

16. Have you ever obtained medical care or prescription drugs from a Veterans Affairs (VA) facility?

- ☐ 0 No
- ☐ 1 Yes
- ☐ 9 Don't know

17. How much time in total do you spend each week exercising or engaged in physically strenuous activities that cause increases in your breathing or heart rate for at least 10 minutes continuously?

(Include activity at work, traveling to and from places, fitness activities, and recreational activities.)

- ☐ 1 None
- ☐ 2 1 hour or less
- ☐ 3 2.5 hours or less
- ☐ 4 More than 2.5 hours
- ☐ 8 Prefer not to answer
- ☐ 9 Don't know

Section 2 — Memory

18. Do you feel like your memory is becoming worse?

- ☐ 0 No
- ☐ 1 Yes, but this does not worry me
- ☐ 2 Yes, and this worries me
- ☐ 9 Don't know / Prefer not to answer

19. About how often do you have trouble remembering things?

- ☐ 1 Never
- ☐ 2 Rarely
- ☐ 3 Sometimes
- ☐ 4 Often
- ☐ 5 Very often
- ☐ 9 Don't know / Prefer not to answer

20. Compared to 10 years ago, would you say that your memory is much worse, a little worse, the same, a little better, or much better?

- ☐ 1 Much better
- ☐ 2 A little better
- ☐ 3 The same
- ☐ 4 A little worse
- ☐ 5 Much worse
- ☐ 9 Don't know / Prefer not to answer

For ADRC use only:

The next two questions use the Area Deprivation Index (ADI) lookup at https://www.neighborhoodatlas.medicine.wisc.edu/mapping. Enter the participant's state and full address.

21.	ADI state-only decile:	___ ___	*(If unknown, leave blank)*
22.	ADI national percentile:	___ ___ ___	*(If unknown, leave blank)*
23.	Participant's primary occupation throughout their working life *(Enter three number code from Appendix 2):*	___ ___ ___	*(If unknown, leave blank)*

24. ADRC enrollment type:

☐ 1 Participant is supported primarily by ADRC funding *(Clinical Core, Satellite Core, or other ADRC Core or project)*
☐ 2 Participant is supported primarily by a non-ADRC study *(e.g., R01, including non-ADRC grants supporting FTLD Module participation)*

25. Principal referral source

☐ 1 Self
☐ 2 Non-professional personal contact who is not a current or previous ADRC participant *(e.g., spouse/partner, relative, friend, coworker)*
☐ 3 Current or previous ADRC participant **(END FORM HERE)**
☐ 4 ADRC clinician, staff, or investigator **(END FORM HERE)**
☐ 5 Non-ADRC healthcare professional *(e.g., clinician, nurse, social worker)* **(END FORM HERE)**
☐ 6 Other research study clinician/staff/investigator *(non-ADRC; e.g., ADNI, Women's Health Initiative, LEADS, ALL-FTD)* **(END FORM HERE)**
☐ 8 Other **(SPECIFY):** _____ **(END FORM HERE)**
☐ 9 Unknown **(END FORM HERE)**

26. If the referral source was self-referral or a nonprofessional contact, how did the referral source learn of the ADRC?

(choose most relevant option)

Community outreach event

☐ 1 ADRC sponsored event
☐ 2 Event sponsored by an external organization *(e.g., Alzheimer's Association event, institution sponsored venue, community health fair, professional conference)*

Other ADRC outreach

☐ 3 Newsletter *(mailed or digital)*
☐ 4 Study flyer/brochure *(mailed or digital)*
☐ 5 Center website
☐ 6 Center social media **(SPECIFY):** _____
☐ 7 Center registry **(SPECIFY):** _____

Other registries, websites, organizations, or media promotions

☐ 8 Website **(SPECIFY):** _____
☐ 9 Media **(SPECIFY):** _____
☐ 10 Registry **(SPECIFY):** _____

☐ 88 Other **(SPECIFY):** _____

☐ 99 Unknown

Appendix 1: Birth Country*

Code	Country	Code	Country	Code	Country
AFG	Afghanistan	CHN	China	GRL	Greenland
XQZ	Akrotiri	CXR	Christmas Island	GRD	Grenada
ALB	Albania	CPT	Clipperton Island	GLP	Guadeloupe
DZA	Algeria	CCK	Cocos (Keeling) Islands	GUM	Guam
ASM	American Samoa	COL	Colombia	AX2	Guantanamo Bay Naval Base
AND	Andorra	COM	Comoros	GTM	Guatemala
AGO	Angola	COG	Congo (Brazzaville)	GGY	Guernsey
AIA	Anguilla	COD	Congo (Kinshasa)	GIN	Guinea
ATA	Antarctica	COK	Cook Islands	GNB	Guinea-Bissau
ATG	Antigua and Barbuda	XCS	Coral Sea Islands	GUY	Guyana
ARG	Argentina	CRI	Costa Rica	HTI	Haiti
ARM	Armenia	CIV	Cote D'Ivoire	HMD	Heard Island and McDonald Islands
ABW	Aruba	HRV	Croatia	HND	Honduras
XAC	Ashmore and Cartier Islands	CUB	Cuba	HKG	Hong Kong
AUS	Australia	CUW	Curacao	XHO	Howland Island
AUT	Austria	CYP	Cyprus	HUN	Hungary
AZE	Azerbaijan	CZE	Czechia	ISL	Iceland
BHS	The Bahamas	DNK	Denmark	IND	India
BHR	Bahrain	XXD	Dhekelia	IDN	Indonesia
XBK	Baker Island	DGA	Diego Garcia	IRN	Iran
BGD	Bangladesh	DJI	Djibouti	IRQ	Iraq
BRB	Barbados	DMA	Dominica	IRL	Ireland
XBI	Bassas da India	DOM	Dominican Republic	IMN	Isle of Man
BLR	Belarus	ECU	Ecuador	ISR	Israel
BEL	Belgium	EGY	Egypt	ITA	Italy
BLZ	Belize	SLV	El Salvador	JAM	Jamaica
BEN	Benin	GNQ	Equatorial Guinea	XJM	Jan Mayen
BMU	Bermuda	ERI	Eritrea	JPN	Japan
BTN	Bhutan	EST	Estonia	XJV	Jarvis Island
BOL	Bolivia	SWZ	Eswatini	JEY	Jersey
BES	Bonaire, Sint Eustatius, and Saba	ETH	Ethiopia	XJA	Johnston Atoll
BIH	Bosnia and Herzegovina	XEU	Europa Island	JOR	Jordan
BWA	Botswana	FLK	Falkland Islands (Islas Malvinas)	XJN	Juan de Nova Island
BVT	Bouvet Island	FRO	Faroe Islands	KAZ	Kazakhstan
BRA	Brazil	FJI	Fiji	KEN	Kenya
IOT	British Indian Ocean Territory	FIN	Finland	XKR	Kingman Reef
BRN	Brunei	FRA	France	KIR	Kiribati
BGR	Bulgaria	GUF	French Guiana	PRK	North Korea
BFA	Burkina Faso	PYF	French Polynesia	KOR	South Korea
MMR	Burma	ATF	French Southern and Antarctic Lands	XKS	Kosovo
BDI	Burundi	GAB	Gabon	KWT	Kuwait
CPV	Cabo Verde	GMB	The Gambia	KGZ	Kyrgyzstan
KHM	Cambodia	XGZ	Gaza Strip	LAO	Laos
CMR	Cameroon	GEO	Georgia	LVA	Latvia
CAN	Canada	DEU	Germany	LBN	Lebanon
CYM	Cayman Islands	GHA	Ghana	LSO	Lesotho
CAF	Central African Republic	GIB	Gibraltar	LBR	Liberia
TCD	Chad	XGL	Glorioso Islands	LBY	Libya
CHL	Chile	GRC	Greece	LIE	Liechtenstein

*Codes were developed by the U.S. Government and endorsed by the Federal Geographic Data Committee.
https://www.fgdc.gov/standards/news/GENC

Appendix 1: Birth Country*

Code	Country	Code	Country	Code	Country
LTU	Lithuania	PRY	Paraguay	TWN	Taiwan
LUX	Luxembourg	PER	Peru	TJK	Tajikistan
MAC	Macau	PHL	Philippines	TZA	Tanzania
MDG	Madagascar	PCN	Pitcairn Islands	THA	Thailand
MWI	Malawi	POL	Poland	TLS	Timor-Leste
MYS	Malaysia	PRT	Portugal	TGO	Togo
MDV	Maldives	PRI	Puerto Rico	TKL	Tokelau
MLI	Mali	QAT	Qatar	TON	Tonga
MLT	Malta	REU	Reunion	TTO	Trinidad and Tobago
MHL	Marshall Islands	ROU	Romania	XTR	Tromelin Island
MTQ	Martinique	RUS	Russia	TUN	Tunisia
MRT	Mauritania	RWA	Rwanda	TUR	Turkey
MUS	Mauritius	BLM	Saint Barthelemy	TKM	Turkmenistan
MYT	Mayotte	SHN	Saint Helena, Ascension, and Tristan da Cunha	TCA	Turks and Caicos Islands
MEX	Mexico	KNA	Saint Kitts and Nevis	TUV	Tuvalu
FSM	Federated States of Micronesia	LCA	Saint Lucia	UGA	Uganda
XMW	Midway Islands	MAF	Saint Martin	UKR	Ukraine
MDA	Moldova	SPM	Saint Pierre and Miquelon	ARE	United Arab Emirates
MCO	Monaco	VCT	Saint Vincent and the Grenadines	GBR	United Kingdom
MNG	Mongolia	WSM	Samoa	USA	United States
MNE	Montenegro	SMR	San Marino	AX1	Unknown
MSR	Montserrat	STP	Sao Tome and Principe	URY	Uruguay
MAR	Morocco	SAU	Saudi Arabia	UZB	Uzbekistan
MOZ	Mozambique	SEN	Senegal	VUT	Vanuatu
NAM	Namibia	SRB	Serbia	VAT	Vatican City
NRU	Nauru	SYC	Seychelles	VEN	Venezuela
XNV	Navassa Island	SLE	Sierra Leone	VNM	Vietnam
NPL	Nepal	SGP	Singapore	VGB	British Virgin Islands
NLD	Netherlands	SXM	Sint Maarten	VIR	U.S. Virgin Islands
NCL	New Caledonia	SVK	Slovakia	XWK	Wake Island
NZL	New Zealand	SVN	Slovenia	WLF	Wallis and Futuna
NIC	Nicaragua	SLB	Soloman Islands	XWB	West Bank
NER	Niger	SOM	Somalia	ESH	Western Sahara
NGA	Nigeria	ZAF	South Africa	YEM	Yemen
NIU	Niue	SGS	South Georgia and South Sandwich Islands	ZMB	Zambia
NFK	Norfolk Island	SSD	South Sudan	ZWE	Zimbabwe
MKD	North Macedonia	ESP	Spain		
MNP	Northern Mariana Islands	XSP	Spratly Islands		
NOR	Norway	LKA	Sri Lanka		
OMN	Oman	SDN	Sudan		
PAK	Pakistan	SUR	Suriname		
PLW	Palau	XSV	Svalbard		
XPL	Palmyra Atoll	SWE	Sweden		
PAN	Panama	CHE	Switzerland		
PNG	Papua New Guinea	SYR	Syria		
XPR	Paracel Islands				

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https://www.fgdc.gov/standards/news/GENC

Appendix 2: NACC Occupation Codes

Code	Occupation	Code	Occupation	Code	Occupation	Code	Occupation
100	**Major professionals/ Higher Executives/ Proprietors of Large Concerns**	**200**	**Lesser Professionals/ Business Managers of Medium-sized Businesses**	**300**	**Administrative Personnel/Small Business Owners/ Minor Professionals**	**400**	**Clerical and Sales Workers/Technicians/ Owners of Little Businesses**
101	Actuaries	201	Accountants	301	Actors	401	Bank tellers
102	Architects	202	Advertising executives	302	Administrative assistants	402	Bill collectors
103	Bank officers	203	Authors	303	Advertising agents	403	Bookkeepers
104	Certified public accountants	204	Branch managers	304	Artists	404	Claims examiners
105	Chief executives (CEO, CFO, COO)	205	Building contractors	305	Bakers	405	Drafters
106	Clergy (professionally trained)	206	Business managers	306	Beauty shop owners	406	Driving teachers
107	Commissioned officers in the military	207	Chiropractors	307	Chefs	407	Factory supervisors
108	Dentists	208	Computer programmer	308	Chief clerks	408	Small farm owners / farmers
109	Economists	209	Computer specialists	309	Clergy (not professionally trained)	409	Flower shop workers
110	Engineers (Masters level and above)	210	Database developer	310	Court reporters	410	Human resources workers
111	Financial managers	211	Editors	311	Credit managers	411	Laboratory technicians
112	Federal government officials	212	Engineers (no advanced degree)	312	Dental hygienists	412	Newsstand operators
113	Large business owners	213	Executive managers	313	Department store managers	413	Post office clerks
114	Lawyers / judges	214	Industrial farm owners	314	Deputy sheriffs	414	Railroad conductors
115	Mathematicians	215	Furniture business owners	315	Dietitians / Nutritionists	415	Railroad train engineers
116	Major contractors	216	Jewelers	316	Dispatchers	416	Receptionists
117	Orthodontists	217	Labor relations consultants	317	Florists	417	Route managers
118	Physicians	218	Librarians	318	Funeral directors	418	Sales clerks
119	Professor / University teachers	219	Manufacturing owners	319	Insurance agents	419	Secretaries / stenographers
120	Psychologists	220	Medium business owners	320	Laboratory assistants	420	Shipping clerks
121	Research scientists	221	Musicians / composers	321	Landscape planners	421	Tailors
122	Urban and regional planners	222	Nurses	322	Noncommissioned officers in the military (at or above rank of master sergeant / C.P.O.)	422	Tax clerks
123	Veterinarians	223	Office managers	323	Morticians	423	Telephone company workers
124	VP of large business	224	Opticians	324	Newspaper / TV reporters	424	Telephone operators
		225	Personnel managers	325	Photographers	425	Timekeepers
		226	Pharmacists	326	Piano teachers	426	Toll collectors
		227	Pilots	327	Radio / TV announcers	427	Tower operators
		228	Police chief / sheriff	328	Real estate agents	428	Truck dispatchers
		229	Postmaster	329	Restaurant owners	429	Typists
		230	Production managers (TV / radio)	330	Sales representatives	430	Utility workers
		231	Public administration officials	331	Service managers	431	Warehouse clerks
		232	Public health officers	332	Small business owners	432	Window store trimmers
		233	Purchasing managers	333	Store managers		
		234	Real estate brokers	334	Surveyors		
		235	Research assistants	335	Title searchers		
		236	Sales engineers	336	Tool designers		
		237	Sales managers	337	Traffic managers		
		238	Social workers	338	Travel agents		
		239	State / Local government officials	339	Yard masters (railroad)		
		240	Teachers (Elementary & high school)				

Appendix 2: NACC Occupation Codes

Code	Occupation	Code	Occupation	Code	Occupation	Code	Occupation
500	Skilled Manual Employees	500	Skilled Manual Employees (cont.)	600	Machine Operators/ Semiskilled Employees	700	Unskilled Employees
501	Auto body repairers	538	Piano tuners	601	Apprentices (electrician / printers / etc.)	701	Amusement park workers
502	Barbers	539	Plumbers	602	Assembly line workers	702	Cafeteria workers
503	Boiler repairers	540	Police officers	603	Bartenders	703	Car cleaners
504	Bookbinders	541	Postal workers	604	Building superintendents	704	Child care workers (private household)
505	Brewers	542	Printers	605	Bus drivers	705	Construction laborers
506	Cabinet makers	543	Radio / TV maintenance	606	Cab / taxi drivers	706	Dairy workers
507	Carpenters	544	Railroad brake operators	607	Cashiers	707	Deck hands
508	Cement layers / finishers	545	Repair people	608	Child care workers (not private household)	708	Farm laborers
509	Checkers / examiners / inspectors	546	Seamstresses / seamsters	609	Cooks (short order)	709	Fishers
510	Cheese makers	547	Sheet metal workers	610	Corrections workers	710	Freight handlers
511	Construction forepeople	548	Ship smiths	611	Delivery people	711	Garbage collectors
512	Die makers	549	Shoe repairers	612	Dry cleaning pressers	712	Grave diggers
513	Electricians	550	Steelworkers	613	Elevator operators	713	Homemakers
514	Engravers	551	Tile layers	614	Enlisted military personnel (other than noncommissioned officers)	714	House cleaners
515	Exterminators	552	Tool makers	615	Factory machine operators	715	Janitors
516	Firefighters	553	Upholsterers	616	Factory workers	716	Junk / recycle sorters
517	Gardeners / landscapers	554	Utility line workers	617	Foundry workers	717	Laundry workers
518	Glassblowers	555	Weavers	618	Garage and gas station assistants	718	Messengers
519	Glaziers	556	Welders	619	Greenhouse workers	719	Peddlers
520	Gun smiths			620	Guards / security watch people	720	Porters
521	Hair stylists			621	Machine operators	721	Roofing laborers
522	Heavy equipment operators			622	Meat cutters / packers	722	Shoe shiners
523	Home repairs			623	Meter readers	723	Stagehands
524	Iron workers			624	Nursing aides / attendants	724	Stock handlers
525	Kitchen workers / cooks			625	Oil delivery people	725	Street cleaners
526	Locksmiths			626	Practical nurses	726	Unemployed
527	Machinists			627	Pump operators	727	Unskilled factory workers
528	Mail carriers			628	Receivers / checkers	728	Unspecified laborers
529	Maintenance forepeople			629	Servers (waiters / waitresses)	729	Window cleaners
530	Masons			630	Signal operators (railroad)	730	Woodchoppers
531	Mechanics			631	Truck drivers	731	Worked while incarcerated
532	Millwrights			632	Wood workers		
533	Noncommissioned officers in the military (below rank of master sergeant / C.P.O.)			633	Wrappers (stores / factories)		
534	Painters						
535	Paperhangers						
536	Patrolmen						
537	Piano builders						

Form A1a: Social Determinants of Health

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:	Administration:	Mode:	Key (remote reason):	
☐ 1 English	☐ 1 Self-administered	☐ 1 In-person		*1=Too cognitively impaired*
☐ 2 Spanish	☐ 2 Staff-administered	☐ 2 Remote *(reason):* __		*2=Too physically impaired*
		☐ 1 Telephone ☐ 2 Video		*3=Homebound/nursing home*
		☐ 3 Mail ☐ 4 Electronic (e.g., email)		*4=Refused in-person visit*
		☐ 0 Not completed *(reason):* ___ ___		*5=Other*
			Key (not completed reason):	*93=Concerns about reliability*

INSTRUCTIONS: *The following questions are designed to gather information on your current and past life experience that we think may be important for brain health. There are no right or wrong answers, and you do not have to answer any question that makes you feel uncomfortable. If the question does not apply to your experience, feel free to check* **Prefer not to answer**. *You should fill out this form on your own, without help from your co-participant or study partner.*

Section 1 — Transportation

In this section we are trying to understand the extent to which lack of reliable and consistent transportation is a barrier to accomplishing important activities, such as going to the doctor for appointments, going grocery shopping, or picking up medications (these are only examples).

1.	Do you or someone in your household currently own a car?	☐ 0 No ☐ 1 Yes ☐ 8 Prefer not to answer
2.	Do you have consistent access to transportation?	☐ 0 No ☐ 1 Yes ☐ 8 Prefer not to answer

To get to the places they need to go, people might walk, bike, take a bus, train or taxi, drive a car, or get a ride. The next three questions are trying to assess whether or not you have had recent issues with transportation.

3.	In the past 30 days, how often were you **not** able to leave the house when you wanted to because of a problem with transportation?	☐ 1 Often ☐ 2 Sometimes ☐ 3 Never ☐ 8 Prefer not to answer
4.	In the past 30 days, how often did you worry about whether or not you would be able to get somewhere because of a problem with transportation?	☐ 1 Often ☐ 2 Sometimes ☐ 3 Never ☐ 8 Prefer not to answer
5.	In the past 30 days, how often has a lack of transportation kept you from medical appointments or from doing things needed for daily living?	☐ 1 Often ☐ 2 Sometimes ☐ 3 Never ☐ 8 Prefer not to answer

Section 2 — Financial security

These next set of questions are designed to assess your current and past financial situation. If you do not feel comfortable with any question in this section, you can respond **Prefer not to answer**.

6.	Which of these income groups represents your household income for the past year? Include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property, and so forth. *This information will be kept confidential and will not be shared in a way that identifies you with any other person, organization or government entity.*	☐ 1 $0 - $14,999 ☐ 2 $15,000 – $29,999 ☐ 3 $30,000 – $74,999 ☐ 4 $75,000 and over ☐ 8 Prefer not to answer ☐ 9 Don't know
7.	How satisfied are you with your current personal financial condition?	☐ 1 Completely satisfied ☐ 2 Satisfied ☐ 3 Somewhat satisfied ☐ 4 Not very satisfied ☐ 5 Not at all satisfied ☐ 8 Prefer not to answer

Section 2 — Financial security *continued...*

8. How difficult is it for you to meet monthly payments on your bills?

☐ 1 Not at all
☐ 2 Slightly
☐ 3 Moderately
☐ 4 Very
☐ 5 Extremely
☐ 8 Prefer not to answer

9. If you have had financial problems that lasted twelve months or longer, how upsetting has it been to you?

☐ 1 No financial problems for twelve months or longer
☐ 2 Yes, financial problems for twelve months or longer, but not upsetting to me
☐ 3 Yes, financial problems for twelve months or longer, and somewhat upsetting to me
☐ 4 Yes, financial problems for twelve months or longer, and very upsetting to me
☐ 8 Prefer not to answer

10. At any time, did you ever eat less than you felt you should because there wasn't enough money to buy food?

☐ 0 No
☐ 1 Yes
☐ 8 Prefer not to answer

11. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

☐ 0 No
☐ 1 Yes
☐ 8 Prefer not to answer

12. At any time, have you ended up taking less medication than was prescribed for you because of the cost?

☐ 0 No
☐ 1 Yes
☐ 8 Prefer not to answer

13. In the last 12 months, have you ended up taking less medication than was prescribed for you because of the cost?

☐ 0 No
☐ 1 Yes
☐ 8 Prefer not to answer

14. This is a picture of a ladder with 10 steps. Each step represents a level of status as far as money, education, and jobs. The highest step is step 10. This represents people with the most money, the most education, and the best jobs. Step 1 is the lowest step. This step represents people with the least money, least education, and the worst jobs or no job. Steps in between (2 through 9) represent those people who fall somewhere between those who are best off and those who are worst off.

Where would you place yourself on this ladder compared to others in your community (or neighborhood)? The closer you are to step 10 the better off you think you are. Please mark the number where you would place yourself.

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
10 9 8 7 6 5 4 3 2 1

☐ 88 Prefer not to answer

15. What was your mother's (or primary person who raised you up until age 18) highest level of education completed at the time they were raising you?

☐ 1 Never attended school or only attended kindergarten
☐ 2 Grades 1 through 8 (elementary)
☐ 3 Grades 9 through 11 (some high school)
☐ 4 Grade 12 or GED (high school graduate)
☐ 5 College 1 year to 3 years (some college)
☐ 6 College 4 years or more (college graduate)
☐ 8 Prefer not to answer/Not applicable
☐ 9 Do not know

Section 3 — Social connections, activities, and environment

These next set of questions are designed to learn what you think about your social connections, the types of activities you spend your time on, and how you view your home and neighborhood.

Following are some statements to learn how you describe yourself in general. For each statement, select the number that most closely represents your opinion.

16.	I experience a general sense of emptiness	☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Neither disagree or agree ☐ 4 Agree ☐ 5 Strongly agree ☐ 8 Prefer not to answer
17.	I miss having people around	☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Neither disagree or agree ☐ 4 Agree ☐ 5 Strongly agree ☐ 8 Prefer not to answer
18.	I feel like I don't have enough friends	☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Neither disagree or agree ☐ 4 Agree ☐ 5 Strongly agree ☐ 8 Prefer not to answer
19.	I often feel abandoned	☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Neither disagree or agree ☐ 4 Agree ☐ 5 Strongly agree ☐ 8 Prefer not to answer
20.	I miss having a really close friend	☐ 1 Strongly disagree ☐ 2 Disagree ☐ 3 Neither disagree or agree ☐ 4 Agree ☐ 5 Strongly agree ☐ 8 Prefer not to answer

The next four questions are about how you spend your time.

21.	If your parents are still alive, how often do you have contact with them (including mother, father, mother-in-law, and father-in-law) either in person, by phone, mail, or email (e.g., any online interaction)?	☐ 0 Parents not living ☐ 1 Once a year or less ☐ 2 Several times a year ☐ 3 Several times a month ☐ 4 Several times a week ☐ 5 Everyday or almost everyday ☐ 8 Prefer not to answer
22.	If you have children, how often do you have contact with your children (including child[ren]-in-law and stepchild[ren]) either in person, by phone, mail, or email (e.g., any online interaction)?	☐ 0 Do not have children ☐ 1 Once a year or less ☐ 2 Several times a year ☐ 3 Several times a month ☐ 4 Several times a week ☐ 5 Everyday or almost everyday ☐ 8 Prefer not to answer

Section 3 — Social connections, activities, and environment *continued...*

23.	How often do you have contact with close friends either in person, by phone, mail, or email (e.g., any online interaction)?	☐ 0 Do not have close friends ☐ 1 Once a year or less ☐ 2 Several times a year ☐ 3 Several times a month ☐ 4 Several times a week ☐ 5 Everyday or almost everyday ☐ 8 Prefer not to answer
24.	How often do you participate in activities outside the home (e.g., religious activities, educational activities, volunteer work, paid work, or activities with groups or organizations)?	☐ 0 Do not participate in activities outside the home ☐ 1 Once a year or less ☐ 2 Several times a year ☐ 3 Several times a month ☐ 4 Several times a week ☐ 5 Everyday or almost everyday ☐ 8 Prefer not to answer

This next set of questions is about how safe you feel in different contexts.

25.	How safe do you feel in your home and community (or neighborhood)?	
25a.	Home	☐ 1 Very safe ☐ 2 Mostly safe ☐ 3 Unsafe at times ☐ 4 Very unsafe ☐ 8 Prefer not to answer
25b.	Community (or neighborhood)	☐ 1 Very safe ☐ 2 Mostly safe ☐ 3 Unsafe at times ☐ 4 Very unsafe ☐ 8 Prefer not to answer

Section 4 — Experiences with the healthcare system

These next five questions are about your experiences with the healthcare system over the past year. In answering the questions, please think about your regular medical doctors (not the doctors you see for this research study).

26.	In the past year, how often did you delay seeking medical attention for a problem that was bothering you?	☐ 1 All of the time ☐ 2 Most of the time ☐ 3 Sometimes ☐ 4 None or almost none of the time ☐ 5 Not applicable ☐ 8 Prefer not to answer
27.	In the past year, how often did you experience challenges in filling a prescription?	☐ 1 All of the time ☐ 2 Most of the time ☐ 3 Sometimes ☐ 4 None or almost none of the time ☐ 5 Not applicable ☐ 8 Prefer not to answer
28.	In the past year, how often did you miss a follow-up medical appointment that was scheduled?	☐ 1 All of the time ☐ 2 Most of the time ☐ 3 Sometimes ☐ 4 None or almost none of the time ☐ 5 Not applicable ☐ 8 Prefer not to answer

Section 4 — Experiences with the healthcare system *continued...*

29.	In the past year, how often did you follow a doctor's advice or treatment plan when it was given?	☐ 1 All of the time ☐ 2 Most of the time ☐ 3 Sometimes ☐ 4 None or almost none of the time ☐ 5 Not applicable ☐ 8 Prefer not to answer
30.	Overall, which of these describes your health insurance, access to healthcare services, and access to medications?	☐ 1 Not available to any extent ☐ 2 Below the level of my needs ☐ 3 Able to meet my needs ☐ 4 Exceeds my needs ☐ 8 Prefer not to answer

Section 5 — Experiences of Discrimination

Research has shown that experiences of unfair treatment in daily life, for any reason, can negatively affect health. Please answer the following questions about whether you have experienced unfair treatment in the following ways.

31.	In your day-to-day life how often are you treated with less courtesy or respect than other people?	☐ 1 Almost every day ☐ 2 At least once a week ☐ 3 A few times a month ☐ 4 A few times a year ☐ 5 Less than once a year ☐ 6 Never ☐ 8 Prefer not to answer
32.	In your day-to-day life how often do you receive poorer service than other people at restaurants or stores?	☐ 1 Almost every day ☐ 2 At least once a week ☐ 3 A few times a month ☐ 4 A few times a year ☐ 5 Less than once a year ☐ 6 Never ☐ 8 Prefer not to answer
33.	In your day-to-day life how often do people act as if they think you are not smart?	☐ 1 Almost every day ☐ 2 At least once a week ☐ 3 A few times a month ☐ 4 A few times a year ☐ 5 Less than once a year ☐ 6 Never ☐ 8 Prefer not to answer
34.	In your day-to-day life how often do people act as if they are afraid of you?	☐ 1 Almost every day ☐ 2 At least once a week ☐ 3 A few times a month ☐ 4 A few times a year ☐ 5 Less than once a year ☐ 6 Never ☐ 8 Prefer not to answer
35.	In your day-to-day life how often are you threatened or harassed?	☐ 1 Almost every day ☐ 2 At least once a week ☐ 3 A few times a month ☐ 4 A few times a year ☐ 5 Less than once a year ☐ 6 Never ☐ 8 Prefer not to answer

Section 5 — Experiences of Discrimination *continued...*

36.	How frequently do you receive poorer service or treatment from doctors or in hospitals compared to other people?	☐ 1 All of the time ☐ 2 Most of the time ☐ 3 Sometimes ☐ 4 None or almost none of the time ☐ 5 Not applicable ☐ 8 Prefer not to answer
37.	When reflecting on the day-to-day experiences in questions 31 to 36, what do you think are the main reasons for these experiences? *(Check all that apply)*	**37a1.** ☐ 1 My ancestry or national origins **37a2.** ☐ 1 My gender **37a3.** ☐ 1 My race **37a4.** ☐ 1 My age **37a5.** ☐ 1 My religion **37a6.** ☐ 1 My height **37a7.** ☐ 1 My weight **37a8.** ☐ 1 Some other aspect of my physical appearance **37a9.** ☐ 1 My sexual orientation **37a10.** ☐ 1 My education or income level **37a11.** ☐ 1 A physical disability **37a12.** ☐ 1 My shade of skin color **37a13.** ☐ 1 Other **37a14.** ☐ 1 Not applicable - I do not have these experiences in my day-to-day life **(END FORM HERE)** **37a15.** ☐ 1 Prefer not to answer
38.	When you have had day-to-day experiences like those in questions 31 to 36, would you say they have been very stressful, moderately stressful, or not stressful?	☐ 1 Very stressful ☐ 2 Moderately stressful ☐ 3 Not stressful ☐ 9 Don't know ☐ 8 Prefer not to answer

Form A2: Co-participant Demographics

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:	Mode:	Key (remote reason):	Key (not completed reason):
☐1 English ☐2 Spanish	☐1 In-person ☐2 Remote *(reason):* ___ ☐1 Telephone ☐2 Video ☐0 Not completed *(reason):* ___ ___	*1=Too cognitively impaired* *2=Too physically impaired* *3=Homebound or nursing home* *4=Refused in-person visit* *5=Other*	*92=No co-participant* *95=Physical problem* *96=Cognitive/behavioral problem* *97=Other* *98=Verbal refusal*

INSTRUCTIONS: *This form is to be completed by intake interviewer based on co-participant's report. This form should not be provided directly to the co-participant. For additional clarification and examples, see the **UDS Coding Guidebook** for **Form A2**. Check only one box per question.*

Section 1 — Co–participant's Relationship to Participant

1. What is the co-participant's relationship to the participant?

- ☐1 Spouse, partner, or companion *(include ex-spouse, ex-partner, fiancé(e), boyfriend, girlfriend)*
- ☐2 Child *(by blood or through marriage or adoption)*
- ☐3 Sibling *(by blood or through marriage or adoption)*
- ☐4 Other relative *(by blood or through marriage or adoption)*
- ☐5 Friend, neighbor, or someone known through family, friends, work, or community *(e.g., church)*
- ☐6 Paid caregiver, health care provider, or clinician

2. How long has the co-participant known the participant? *(If the co–participant has known the participant for less than 1 year, use 0.)* ____ ____ ____ Years (**999 = Unknown**)

3. Does the co-participant live with the participant? ☐0 No ☐1 Yes **(SKIP TO QUESTION 5)**

4. What is the primary mode of contact with the participant?

- ☐1 In-person
- ☐2 Telephone
- ☐3 Video conferencing
- ☐4 Texting or email
- ☐5 Social media platforms
- ☐6 Other **(SPECIFY):** _____

4a1. What is the approximate frequency of all types of contact?

- ☐1 Daily
- ☐2 At least three times per week
- ☐3 Weekly
- ☐4 At least three times per month
- ☐5 Monthly
- ☐6 Less than once a month

4a2. What is the average amount of time spent in contact with the participant during each encounter?

(Please include an average of all encounter types)

- ☐1 Less than 5 minutes *(appropriate for texting or email and may be applicable to other modes of contact as well)*
- ☐2 5-15 minutes
- ☐3 15-30 minutes
- ☐4 30-60 minutes
- ☐5 Longer than one hour

5. Is there a question about the co-participant's reliability? ☐0 No ☐1 Yes

Section 2 — Co–participant's Judgment of Participant's Memory

*Ask the next three questions **directly to the co-participant**.*

6. Do you feel like the participant's memory is becoming worse?

- ☐0 No
- ☐1 Yes, but this does not worry me
- ☐2 Yes, and this worries me
- ☐9 Unknown

7. About how often does the participant have trouble remembering things?

- ☐1 Never
- ☐2 Rarely
- ☐3 Sometimes
- ☐4 Often
- ☐5 Very Often
- ☐9 Unknown

8. Compared to 10 years ago, would you say that the participant's memory is much worse, a little worse, the same, a little better, or much better?

- ☐1 Much better
- ☐2 A little better
- ☐3 The same
- ☐4 A little worse
- ☐5 Much worse
- ☐9 Unknown

Form A3: Participant Family History

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:	Mode:	Key (remote reason):
☐ 1 English ☐ 2 Spanish	☐ 1 In-person ☐ 2 Remote *(reason):* ___ ☐ 1 Telephone ☐ 2 Video	*1=Too cognitively impaired* *2=Too physically impaired* *3=Homebound or nursing home* *4=Refused in-person visit* *5=Other*

INSTRUCTIONS: *This form is to be completed by a clinician with experience in evaluating participants with neurological and psychiatric diagnoses. Estimates are allowed if exact birth year or age at death is unknown. For additional clarification and examples, see the* **UDS Coding Guidebook** *for* **Form A3**.

Section 1 – Biological parents

For any parent with a neurological or psychiatric diagnosis, the entire row must be filled out.

If the clinician cannot determine the primary neurological/psychiatric diagnosis after reviewing all available evidence, enter **99 = Unknown** in the **Primary diagnosis** column, and *skip the subsequent questions in the row*. For a parent with no neurological or psychiatric diagnosis, enter **00 = No known neurological/psychiatric diagnosis** in the **Primary diagnosis** column, and then *skip the subsequent questions in the row.* For a parent with a primary diagnosis but no secondary diagnosis, enter **88 = No secondary diagnosis** in the Secondary diagnosis column.

	Birth year *(9999=Unknown)*	Age at death *(888=N/A, 999 = Unknown)*	Primary dx*	Secondary dx*	Method of evaluation**	Age of onset of primary dx *(999 = Unknown)*
			····· SEE LIST OF CODES ·····			
1a. Mother	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
1b. Father	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __

Codes

*DIAGNOSES

- **00** No known neurological/psychiatric diagnosis
- **01** Alzheimer's Disease
- **02** Lewy Body dementia (includes DLB and PDD)
- **03** Vascular dementia
- **04** Stroke
- **05** FTLD* without motor neuron disease
- **06** FTLD* with motor neuron disease
- **07** Motor Neuron Disease
- **08** Parkinson's Disease
- **09** Prion pathology
- **10** Psychiatric condition
- **11** Dementia of unknown etiology
- **12** Other
- **88** No secondary diagnosis
- **99** Specific diagnosis unknown *(acceptable if method of evaluation is not by exam or autopsy)*

**METHOD OF EVALUATION

- **1** Participant/family report
- **2** Medical records
- **3** Exam *(co-enrolled family members)*
- **4** Autopsy *(if autopsy report available)*

***FTLD includes:** *bvFTD or FTD, PPA (any subtype), CBS or CBD, PSP*

***Abbreviations:** bvFTD = behavioral variant frontotemporal dementia, CBS = corticobasal syndrome, CBD = corticobasal degeneration, DLB = dementia with Lewy bodies, FTD = frontotemporal dementia, PDD = Parkinson's disease with dementia, PPA = primary progressive aphasia, PSP = progressive supranuclear palsy*

YEAR OF BIRTH FOR FULL SIBLINGS & BIOLOGICAL CHILDREN: If birth year is unknown, please provide an approximate year on **UDS Initial Visit Form A3** and **UDS Follow-up Visit Form A3** so that the sibling or child with unknown birth year ends up in correct birth order relative to the other siblings/children.

Example: *A participant is the oldest of three children. The participant was born in 1940 and the middle sibling in 1943; the youngest sibling's birth year is unknown. An approximate birth year of 1944 or later should be assigned to the youngest sibling.*

Use that same birth year on **FTLD Module Form A3a**, *if applicable*, and across all UDS visits so that any new information on a particular sibling or child can be linked to previously submitted information. If it is impossible for the participant and co-participant to estimate the birth year, *enter* **9999=Unknown**.

Section 2 – Full siblings

2. How many full siblings does the participant have?

___ ___ (77 = participant adopted or siblings unknown)

If participant has no full siblings, **SKIP TO QUESTION 3**; *otherwise, provide information on all full siblings.*

For any full sibling with a neurological or psychiatric diagnosis, the entire row must be filled out.

If the clinician cannot determine the primary neurological/psychiatric diagnosis after reviewing all available evidence, enter **99 = Unknown** in the **Primary diagnosis** column, and *skip the subsequent questions in the row*. For a full sibling with no neurological or psychiatric diagnosis, enter **00 = No known neurological/psychiatric diagnosis** in the **Primary diagnosis** column, and then *skip the subsequent questions in the row.* For a full sibling with a primary diagnosis but no secondary diagnosis, enter **88 = No secondary diagnosis** in the Secondary diagnosis column.

	Birth year *(9999=Unknown)*	Age at death *(888=N/A, 999 = Unknown)*	Primary dx*	Secondary dx*	Method of evaluation**	Age of onset of primary dx *(999 = Unknown)*
			····· SEE LIST OF CODES ·····			
2a. Sibling 1	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2b. Sibling 2	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2c. Sibling 3	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2d. Sibling 4	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2e. Sibling 5	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2f. Sibling 6	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2g. Sibling 7	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2h. Sibling 8	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2i. Sibling 9	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2j. Sibling 10	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2k. Sibling 11	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2l. Sibling 12	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2m. Sibling 13	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2n. Sibling 14	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2o. Sibling 15	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2p. Sibling 16	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2q. Sibling 17	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2r. Sibling 18	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2s. Sibling 19	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2t. Sibling 20	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __

Section 3 – Biological children

3. How many biological children does the participant have?

___ ___

If participant has no biological children, **END FORM HERE**; *otherwise, provide information on all biological children.*

For any biological child with a neurological or psychiatric diagnosis, the entire row must be filled out.

If the clinician cannot determine the primary neurological/psychiatric diagnosis after reviewing all available evidence, enter **99 = Unknown** in the **Primary diagnosis** column, and *skip the subsequent questions in the row*. For a biological child with no neurological or psychiatric diagnosis, enter **00 = No known neurological/psychiatric diagnosis** in the **Primary diagnosis** column, and then *skip the subsequent questions in the row.* For a biological child with a primary diagnosis but no secondary diagnosis, enter **88 = No secondary diagnosis** in the Secondary diagnosis column.

	Birth year *(9999=Unknown)*	Age at death *(888=N/A, 999 = Unknown)*	Primary dx*	Secondary dx*	Method of evaluation**	Age of onset of primary dx *(999 = Unknown)*
			····· SEE LIST OF CODES ·····			
3a. Child 1	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3b. Child 2	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3c. Child 3	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3d. Child 4	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3e. Child 5	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3f. Child 6	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3g. Child 7	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3h. Child 8	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3i. Child 9	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3j. Child 10	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3k. Child 11	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3l. Child 12	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3m. Child 13	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3n. Child 14	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3o. Child 15	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __

Form A4: Participant Medications

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:	Mode:	Key (remote reason):
☐ 1 English	☐ 1 In-person	*1=Too cognitively impaired*
☐ 2 Spanish	☐ 2 Remote *(reason):* ___	*2=Too physically impaired*
	☐ 1 Telephone ☐ 2 Video	*3=Homebound or nursing home*
		4=Refused in-person visit
		5=Other

INSTRUCTIONS: *This form is to be completed by the clinician or ADRC staff. The purpose of this form is to record all prescription medications taken by the participant within* **the two weeks before the current visit**. *If the participant is receiving any treatments known to significantly impact Alzheimer's disease (AD) or Alzheimer's disease related dementias (ADRD) biomarkers as part of their clinical care at the time of clinical assessment (e.g., they are receiving lecanemab infusions), the treatment should be included on both this form and the A4a ADRD–Specific Treatments form.*

For prescription medications not listed here, please follow the instructions at the end of this form. OTC (non-prescription) medications need not be reported; however, a short list of medications that could be either prescription or OTC follows the prescription list. For additional clarification and examples, see **UDS Coding Guidebook** *for* **Form A4**.

Is the participant currently taking any medications? ☐ 0 No **(END FORM HERE)** ☐ 1 Yes

	MEDICATION NAME	RXNorm
☐	acetaminophen-HYDROcodone (Hycet, Vicodin)	214182
☐	albuterol (Proventil, ProAir HFA, RespiClick, Ventolin)	435
☐	alendronate (Binosto, Fosamax)	46041
☐	allopurinol (Aloprim, Duzallo, Zyloprim)	519
☐	alprazolam (Xanax)	596
☐	amlodipine (Norvasc)	17767
☐	apixaban (Eliquis)	1364430
☐	atenolol (Tenormin)	1202
☐	atorvastatin (Lipitor)	83367
☐	benazepril (Lotensin)	18867
☐	bupropion (Aplenzin, Budeprion, Wellbutrin, Zyban)	42347
☐	calcium acetate (Calphron, Eliphos, PhosLo Phoslyra)	214342
☐	carbidopa-levodopa (Duopa, Rytary, Sinemet)	103990
☐	carvedilol (Coreg)	20352
☐	celecoxib (Celebrex)	140587
☐	cetirizine (Aller-Tec, Zyrtec)	20610
☐	citalopram (Celexa)	2556
☐	clonazepam (Klonopin)	2598
☐	clopidogrel (Plavix)	32968
☐	cyanocobalamin (Nascobal, Vitamin B12)	11248
☐	diclofenac (Flector, Cambia, Zipsor)	3355
☐	diltiazem (Cardizem, Cardia XT, DILT-XR, Tiazac)	3443
☐	donepezil (Adlarity, Aricept)	135447
☐	duloxetine (Cymbalta, Irenka)	72625

	MEDICATION NAME	RXNorm
☐	enalapril (Vasotec)	3827
☐	ergocalciferol (Calcidol, Calciferol, Disdol, Vitamin D2)	4018
☐	escitalopram (Lexapro)	321988
☐	esomeprazole (Nexium)	283742
☐	estradiol (Estrace, Estrogel, Delestrogen, Yuvafem)	4083
☐	ezetimibe (Zetia)	341248
☐	ferrous sulfate (Feosol, Iron Supplement, Slow FE)	24947
☐	fexofenadine (Allegra, Wal-Flex)	87636
☐	finasteride (Propecia, Proscar)	25025
☐	fluoxetine (Prozac, Sarafem)	4493
☐	fluticasone (Flovent)	41126
☐	fluticasone nasal (Aller-Flo, Flonase)	1165656
☐	fluticasone-salmeterol (Advair, AirDuo)	284635
☐	furosemide (Lasix)	4603
☐	gabapentin (Gralise, Horizant, Neurontin)	25480
☐	galantamine (Razadyne, Reminyl)	4637
☐	glipizide (Glucotrol)	4821
☐	hydrochlorothiazide (Esidrix, Hydrodiuril, Microzide)	5487
☐	hydrochlorothiazide-triamterene (Dyazide, Maxzide)	548337
☐	latanoprost (Xalatan)	43611
☐	levothyroxine (Levoxyl, Synthroid, Tirosint)	10582
☐	lisinopril (Prinivil, Qbrelis, Zestril)	29046
☐	lorazepam (Ativan)	6470
☐	losartan (Cozaar)	52175
☐	lovastatin (Altocor, Altoprev, Mevacor)	6472

	MEDICATION NAME	RXNorm
☐	meloxicam (Mobic, Vivlodex)	41493
☐	memantine (Namenda)	6719
☐	metformin (Glucophage, Glumetza, Riomet)	6809
☐	metoprolol (Lopressor, Toprol-XL)	6918
☐	mirtazapine (Remeron)	15996
☐	montelukast (Singulair)	88249
☐	naproxen (Aleve, Anaprox, Naprosyn)	7258
☐	niacin (Niacinol, Niacor, Niaspan, Nicotinic Acid)	7393
☐	nifedipine (Adalat, Afeditab CR, Procardia)	7417
☐	nitroglycerin (Nitro-Bid, Nitro-Dur, Nitro-Time, Nitrostat, Rectiv)	4917
☐	omega-3 polyunsaturated fatty acids (Omacor, Lovaza, Vascazen)	4301
☐	omeprazole (Prilosec, Zegerid)	7646
☐	oxybutynin (Ditropan, Oxytrol, Urotrol)	32675
☐	pantoprazole (Protonix)	40790
☐	paroxetine (Paxil, Paxil CR, Pexeva)	32937

	MEDICATION NAME	RXNorm
☐	potassium chloride (K-Dur 10, K-Tab, Klor-con)	8591
☐	pravastatin (Pravachol)	42463
☐	quetiapine (Seroquel)	51272
☐	ranitidine (Wal-Zan, Zantac)	9143
☐	rivastigmine (Exelon)	183379
☐	rosuvastatin (Crestor, Ezallor)	301542
☐	sertraline (Zoloft)	36437
☐	sildenafil (Viagra, Revatio)	136411
☐	simvastatin (FloLipid, Zocor)	36567
☐	tamsulosin (Flomax)	77492
☐	terazosin (Hytrin)	37798
☐	tramadol (ConZip, Ryzolt, Ultram)	10689
☐	trazodone (Desyrel, Oleptro)	10737
☐	valsartan (Diovan)	69749
☐	venlafaxine (Effexor)	39786
☐	warfarin (Coumadin, Jantoven)	11289
☐	zolpidem (Ambien, Edluar, Intermezzo, Zolpimist)	39993

Commonly reported medications that may be purchased over the counter

(but that may also be prescription):

	MEDICATION NAME	RXNorm
☐	acetaminophen (Actamin, Feverall, Ofirmev, Panadol, Tempra, Tylenol)	161
☐	ascorbic acid (Acerola C, C Complex, Vitamin C)	1151
☐	aspirin (Ecotrin)	1191
☐	biotin (Appearex, coenzyme R, Nail-ex, Vitamin H)	1588
☐	calcium acetate (Calphorn, Domeboro)	214342
☐	calcium carbonate (Caltrate, Rolaids, Tums)	1897
☐	calcium carbonate/cholecalciferol (Cal-Quick, Caltrate-Plus D)	608343
☐	calcium carbonate/ergocalciferol (O Cal-D)	1008264
☐	cholecalciferol (Decara, Replesta, Vitamin D3)	2418
☐	chondroitin-glucosamine (Cidaflex, Osteo Bi-Flex)	1008567

	MEDICATION NAME	RXNorm
☐	docusate (Colace, Dioctyl SS, Ducsate Calcium, Dulcoease)	82003
☐	folic acid (Folic Acid, Folvite)	4511
☐	glucosamine (Glucosamine Hydrochloride, Optiflex-G, Synovacin)	4845
☐	ibuprofen (Advil, Motrin, Nuprin)	5640
☐	loratadine (Alavert, Allerclear, Claritin, Tavist)	28889
☐	melatonin (Melatonin, Melatonin Time Release)	6711
☐	polyethylene glycol 3350 (Clearlax, Miralax)	221147
☐	turmeric (Curcumin, Turmeric Root)	1114883
☐	ubidecarenone (Co Q-10)	21406
☐	vitamin E (Alpha E, Aquasol-E, Aquavite-E, Centrum Singles)	11256

If a medication is not listed above:

Specify the drug or brand name and determine its RXNorm code by using the RXNav: https://lhncbc.nlm.nih.gov/RxNav/

☐ **SPECIFY:** _____ _____

☐ **SPECIFY:** _____ _____

☐ **SPECIFY:** _____ _____

☐ **SPECIFY:** _____ _____

☐ **SPECIFY:** _____ _____

Form A4a: ADRD–Specific Treatments

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:
☐1 English
☐2 Spanish

Mode:
☐1 In-person
☐2 Remote *(reason):* ___
☐1 Telephone ☐2 Video

Key (remote reason): *1=Too cognitively impaired*
2=Too physically impaired
3=Homebound or nursing home
4=Refused in-person visit
5=Other

***INSTRUCTIONS**: This form should be used to record treatments expected to significantly impact Alzheimer disease and related dementias (ADRD) biomarkers, whether a disease-modifying treatment that is FDA-approved for ADRD and received as part of clinical care or an investigational treatment received as part of a clinical trial. For treatments received as part of clinical care, only those that are FDA-approved for disease-modification of ADRD should be included on this form. If the participant is receiving one of these treatments as part of their clinical care at the time of clinical assessment (e.g., they are receiving lecanemab infusions), the treatment should be included on both this form and the A4 Medication form. Participation in any ADRD drug trial over an individual's lifetime should be included. If available, the ClinicalTrials.gov identifier should be entered into the "specific treatment and/or trial" cell. Information on the type of treatment can be found via ClinicalTrials.gov and is summarized in* "Alzheimer's disease drug development pipeline." [1] *This form should be completed by the clinician based on participant interview and/or co-participant report. For additional clarification and examples, see* **UDS Coding Guidebook** *for* **Form A4a**. *Check only one box per question, unless otherwise stated.*

1. Has the participant ever been prescribed a treatment or been enrolled in a clinical trial of a treatment expected to modify ADRD biomarkers?
☐0 No **(END FORM HERE)**
☐1 Yes
☐9 Unknown **(END FORM HERE)**

2. Please provide information about the clinical treatment(s) and/or trial(s)
(If participant is exposed to more than two treatments and/or trials, use extended table on Page 2):

Primary Drug Target *(check all that apply)*	**Specific treatment and/ or trial**	**Start date** *(99/9999 =Unknown)*	**End date** *(month/year) (99/9999=Unknown; 88/8888=Ongoing)*	**How was the treatment provided?**	**If clinical trial, in which group was the participant?**
☐1 Amyloid beta ☐1 Tau ☐1 Inflammation ☐1 Synaptic plasticity/ neuroprotection ☐1 Other target(s) _____	_____ *NCT–*_____	__ __ / __ __ __ __	__ __ / __ __ __ __	☐1 Clinical care ☐2 Clinical trial ☐3 Clinical care and clinical trial	☐1 Active treatment ☐2 Placebo ☐9 Unknown
☐1 Amyloid beta ☐1 Tau ☐1 Inflammation ☐1 Synaptic plasticity/ neuroprotection ☐1 Other target(s) _____	_____ *NCT–*_____	__ __ / __ __ __ __	__ __ / __ __ __ __	☐1 Clinical care ☐2 Clinical trial ☐3 Clinical care and clinical trial	☐1 Active treatment ☐2 Placebo ☐9 Unknown

3. Has the participant ever experienced amyloid related imaging abnormalities–edema (ARIA-E), amyloid related imaging abnormalities–hemorrhage (ARIA-H), or other major adverse events associated with treatments expected to modify ADRD biomarkers?
☐0 No **(END FORM HERE)**
☐1 Yes
☐9 Unknown **(END FORM HERE)**

3a. What major adverse events associated with treatments expected to modify ADRD biomarkers did they experience?
(check all that apply)

3a1. ☐1 Amyloid related imaging abnormalities–edema (ARIA-E)
3a2. ☐1 Amyloid related imaging abnormalities–hemorrhage (ARIA-H)
3a3. ☐1 Other issues
_____
_____

2.	Please provide information about the clinical treatment(s) and/or trial(s) *(continued from Page 1):*

Primary Drug Target *(check all that apply)*	**Specific treatment and/ or trial**	**Start date** *(month/year) (99/9999 =Unknown)*	**End date** *(month/year) (99/9999=Unknown; 88/8888=Ongoing)*	**How was the treatment provided?**	**If clinical trial, in which group was the participant?**
☐ 1 Amyloid beta ☐ 1 Tau ☐ 1 Inflammation ☐ 1 Synaptic plasticity/ neuroprotection ☐ 1 Other target(s) ________________	____________ *NCT–*__________	__ __ / __ __ __ __	__ __ / __ __ __ __	☐ 1 Clinical care ☐ 2 Clinical trial ☐ 3 Clinical care and clinical trial	☐ 1 Active treatment ☐ 2 Placebo ☐ 9 Unknown
☐ 1 Amyloid beta ☐ 1 Tau ☐ 1 Inflammation ☐ 1 Synaptic plasticity/ neuroprotection ☐ 1 Other target(s) ________________	____________ *NCT–*__________	__ __ / __ __ __ __	__ __ / __ __ __ __	☐ 1 Clinical care ☐ 2 Clinical trial ☐ 3 Clinical care and clinical trial	☐ 1 Active treatment ☐ 2 Placebo ☐ 9 Unknown
☐ 1 Amyloid beta ☐ 1 Tau ☐ 1 Inflammation ☐ 1 Synaptic plasticity/ neuroprotection ☐ 1 Other target(s) ________________	____________ *NCT–*__________	__ __ / __ __ __ __	__ __ / __ __ __ __	☐ 1 Clinical care ☐ 2 Clinical trial ☐ 3 Clinical care and clinical trial	☐ 1 Active treatment ☐ 2 Placebo ☐ 9 Unknown
☐ 1 Amyloid beta ☐ 1 Tau ☐ 1 Inflammation ☐ 1 Synaptic plasticity/ neuroprotection ☐ 1 Other target(s) ________________	____________ *NCT–*__________	__ __ / __ __ __ __	__ __ / __ __ __ __	☐ 1 Clinical care ☐ 2 Clinical trial ☐ 3 Clinical care and clinical trial	☐ 1 Active treatment ☐ 2 Placebo ☐ 9 Unknown
☐ 1 Amyloid beta ☐ 1 Tau ☐ 1 Inflammation ☐ 1 Synaptic plasticity/ neuroprotection ☐ 1 Other target(s) ________________	____________ *NCT–*__________	__ __ / __ __ __ __	__ __ / __ __ __ __	☐ 1 Clinical care ☐ 2 Clinical trial ☐ 3 Clinical care and clinical trial	☐ 1 Active treatment ☐ 2 Placebo ☐ 9 Unknown
☐ 1 Amyloid beta ☐ 1 Tau ☐ 1 Inflammation ☐ 1 Synaptic plasticity/ neuroprotection ☐ 1 Other target(s) ________________	____________ *NCT–*__________	__ __ / __ __ __ __	__ __ / __ __ __ __	☐ 1 Clinical care ☐ 2 Clinical trial ☐ 3 Clinical care and clinical trial	☐ 1 Active treatment ☐ 2 Placebo ☐ 9 Unknown

[1] Cummings et al., "Alzheimer's disease drug development pipeline: 2024," Alzheimer's and Dementia. 2024 April 24; 10(2):e12465.

Form A5-D2: Participant Health History / Clinician-assessed Medical Conditions

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:
☐1 English
☐2 Spanish

Mode:
☐1 In-person
☐2 Remote *(reason):* ___
☐1 Telephone ☐2 Video

Key (remote reason): *1=Too cognitively impaired*
2=Too physically impaired
3=Homebound or nursing home
4=Refused in-person visit
5=Other

***INSTRUCTIONS**: This form is to be completed by the clinician or ADRC staff based on the medical history interview with the participant and co–participant, as well as review of any medical records that are available. Any conditions identified during the visit should be included on the form. For additional clarification and examples, see* **UDS Coding Guidebook** *for* **Form A5/D2**. *Check only one box per question, unless otherwise stated.*

Section 1 – Cigarette smoking, alcohol, and substance use

Cigarette smoking

1a. Has the participant smoked more than 100 cigarettes in their life — **(IF NO OR UNKNOWN,SKIP TO QUESTION 1f)**
☐0 No ☐1 Yes ☐9 UNK

1b. Total years smoked **(99 = Unknown)** ___ ___

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

1d. Has the participant smoked within the last 30 days?
☐0 No ☐1 Yes ☐9 UNK

1e. If the participant quit smoking, specify the age at which they last smoked *(i.e., quit)* **(888 = N/A, 999 = unknown)** ___ ___ ___

Alcohol use

1f. In the past 12 months, how often has the participant had a drink containing alcohol?
(IF NEVER OR UNKNOWN, SKIP TO QUESTION 1i)
☐0 Never
☐1 Monthly or less
☐2 2-4 times a month
☐3 2-3 times a week
☐4 4 or more times a week
☐9 Unknown

1g. On a day when the participant drinks alcoholic beverages, how many standard drinks does the participant typically consume? *(**Standard drink:** 12oz of regular beer, 5oz of wine, 1.5oz of distilled spirits)*
☐1 1 or 2
☐2 3 to 4
☐3 5 to 6
☐4 7 to 9
☐5 10 or more
☐9 Unknown

1h. In the past 12 months, how often did the participant have six or more drinks containing alcohol in one day?
☐0 Never
☐1 Less than once a month
☐2 Monthly
☐3 Weekly
☐4 Daily or almost daily
☐9 Unknown

Substance use

1i. Has the participant used substances including prescription or recreational drugs that caused significant impairment in one or more of the following areas: work, driving, legal, social, or others.

1i1. Within the past 12 months
☐0 No ☐1 Yes ☐9 UNK

1i2. Prior to 12 months ago
☐0 No ☐1 Yes ☐9 UNK

1j. In the past 12 months, how often has the participant consumed cannabis *(edibles, smoked, or vaporized)?*
☐0 Never
☐1 Monthly or less
☐2 2-4 times a month
☐3 2-3 times a week
☐4 4 or more times a week
☐9 Unknown

In the following sections *(pages 2-7)* record the presence or absence of a **history of these conditions**, as determined by the clinician's best judgment following the medical history interview with the participant and co-participant, as well as review of any medical records that are available.

A CONDITION SHOULD BE CONSIDERED …

Absent:	Recent/Active:	Remote/Inactive:	Unknown (UNK)
It has never been present.	It happened within the last year or still requires active management.	It existed or occurred in the past *(more than one year ago)* but was resolved or there is no treatment currently under way.	There is insufficient information available to assess this condition.

Section 2 – Cardiovascular disease

		ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
2a.	Heart attack *(heart artery blockage)* — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 2b)**	☐ 0	☐ 1	☐ 2	☐ 9
2a1.	More than one heart attack?		☐ 0 No	☐ 1 Yes	☐ 9 UNK
2a2.	Age at most recent heart attack **(999 = Unknown)**		___ ___ ___		
2b.	Cardiac arrest (heart stopped) — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 2c)**	☐ 0	☐ 1	☐ 2	☐ 9
2b1.	Age at most recent cardiac arrest **(999 = Unknown)**		___ ___ ___		
2c.	Atrial fibrillation	☐ 0	☐ 1	☐ 2	☐ 9
2d.	Coronary artery angioplasty / endarterectomy / stenting	☐ 0	☐ 1	☐ 2	☐ 9
2e.	Coronary artery bypass procedure — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 2f)**	☐ 0	☐ 1	☐ 2	☐ 9
2e1.	Age at most recent surgery **(999 = Unknown)**		___ ___ ___		
2f.	Pacemaker and/or defibrillator implantation — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 2g)**	☐ 0	☐ 1	☐ 2	☐ 9
2f1.	Age at first implantation **(999 = Unknown)**		___ ___ ___		
2g.	Congestive heart failure (including pulmonary edema)	☐ 0	☐ 1	☐ 2	☐ 9
2h.	Heart valve replacement or repair — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 2i)**	☐ 0	☐ 1	☐ 2	☐ 9
2h1.	Age at most recent procedure **(999 = Unknown)**		___ ___ ___		
2i.	Other cardiovascular disease **(SPECIFY):** _____	☐ 0	☐ 1	☐ 2	☐ 9

Section 3 – Cerebrovascular disease

		ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
3a.	Stroke by history, not exam (*imaging is not required*) — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 3b)**	☐ 0	☐ 1	☐ 2	☐ 9
3a1.	More than one stroke?		☐ 0 No	☐ 1 Yes	☐ 9 UNK
3a2.	Age at most recent stroke **(999 = Unknown)**		___ ___ ___		
		NEVER IMPROVED	PARTIALLY IMPROVED	IMPROVED / BACK TO NORMAL	UNKNOWN
3a3.	What is the status of stroke symptoms?	☐ 0	☐ 1	☐ 2	☐ 9

Section 3 – Cerebrovascular disease *continued...*

3a4.	Carotid artery surgery or stenting? **(IF NO OR UNKNOWN, SKIP TO QUESTION 3b)**	☐0 No	☐1 Yes	☐9 UNK
3a5.	Age at most recent carotid artery surgery or stenting **(999 = Unknown)**	___ ___ ___		

		ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
3b.	Transient ischemic attack (TIA) — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 4a)**	☐0	☐1	☐2	☐9
3b1.	Age at most recent TIA **(999 = Unknown)**		___ ___ ___		

Section 4 – Neurologic conditions

		ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
4a.	Parkinson's disease (PD) — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 4b)**	☐0	☐1		☐9
4a1.	Age at estimated PD symptom onset **(999 = Unknown)**		___ ___ ___		
4b.	Other parkinsonism disorder *(e.g., DLB)* — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 4c)**	☐0	☐1		☐9
4b1.	Age at parkinsonism disorder diagnosis **(999 = Unknown)**		___ ___ ___		
4c.	Epilepsy and/or history of seizures (excluding childhood febrile seizures) — **(IF REMOTE/INACTIVE, SKIP TO QUESTION 4c2, IF ABSENT OR UNKNOWN, SKIP TO QUESTION 4d)**	☐0	☐1	☐2	☐9
4c1.	How many seizures has the participant had in the past 12 months?	☐0 None ☐1 1 or 2 ☐2 3 or more ☐9 Unknown			
4c2.	Age at first seizure (excluding childhood febrile seizures) **(999 = Unknown)**		___ ___ ___		
4d.	Chronic headaches	☐0	☐1	☐2	☐9
4e.	Multiple sclerosis	☐0	☐1	☐2	☐9
4f.	Normal–pressure hydrocephalus	☐0	☐1	☐2	☐9

4g.	Repetitive head impacts (e.g. from contact sports, intimate partner violence, or military duty), regardless of whether it caused symptoms. **(IF NO OR UNKNOWN, SKIP TO QUESTION 4h)**	☐0 No	☐1 Yes	☐9 UNK

4g1. Indicate the source(s) of exposure for repeated hits to the head:
(Check all that apply)

- **4g1a.** ☐1 American football
- **4g1b.** ☐1 Soccer
- **4g1c.** ☐1 Ice hockey
- **4g1d.** ☐1 Boxing or mixed martial arts
- **4g1e.** ☐1 Other contact sport
- **4g1f.** ☐1 Intimate partner violence
- **4g1g.** ☐1 Military service
- **4g1h.** ☐1 Physical assault
- **4g1i.** ☐1 Other **(SPECIFY):** _____

4g2. Indicate the total length of time in years that the participant was exposed to repeated hits to the head
(e.g. playing American football for 7 years) **(999 = Unknown)** ___ ___ ___

Section 4 – Neurologic conditions *continued...*

4h. Head injury *(e.g. in a vehicle accident, being hit by an object, in a fall, while playing sports or biking, in an assault, or during military service)* that resulted in a period of feeling "dazed or confused," being unable to recall details of the injury, or loss of consciousness *(if multiple head injuries, consider most severe episode)*. **(IF NO OR UNKNOWN, SKIP TO QUESTION 5a)** ☐0 No ☐1 Yes ☐9 UNK

4h1. After a head injury, what was the longest period of time that the participant was unconscious?
- ☐0 Less than 5 minutes
- ☐1 5 minutes to less than 30 minutes
- ☐2 30 minutes to less than 24 hours
- ☐3 1 day to less than 7 days
- ☐4 7 days or more
- ☐8 Not applicable, no loss of consciousness
- ☐9 Unknown duration

4h2. After a head injury, what was the longest period that the participant was *"dazed or confused"* or unable to recall details of the injury?
- ☐0 Less than 5 minutes
- ☐1 5 minutes to less than 30 minutes
- ☐2 30 minutes to less than 24 hours
- ☐3 1 day to less than 7 days
- ☐4 7 days or more
- ☐8 Not applicable, never dazed and confused
- ☐9 Unknown duration

4h3. Total number of head injuries in which the participant felt "dazed or confused", unable to recall details of the injury or experienced loss of consciousness?
- ☐0 None
- ☐1 1-2
- ☐2 3-5
- ☐3 6-12
- ☐4 13 or more
- ☐9 Unknown

4h4. Age of first head injury that resulted in a period of feeling *"dazed or confused,"* being unable to recall details of the injury, or loss of consciousness: **(999 = Unknown)** ___ ___ ___

4h5. Age of most recent head injury that resulted in a period of feeling *"dazed or confused,"* being unable to recall details of the injury, or loss of consciousness: **(999 = Unknown)** ___ ___ ___

Section 5 – Medical conditions

If any of the conditions still require active management and/or medications, please select "**Recent / Active**."

		ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
5a.	Diabetes — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5b)**	☐0	☐1	☐2	☐9
5a1.	Which type?	☐1 Type 1 ☐2 Type 2 ☐3 Other *(diabetes insipidus, latent autoimmune diabetes/type 1.5, gestational diabetes, prediabetes)* ☐9 Unknown			
5a2.	Treated with *(Check all that apply)*	**5a2a.** ☐1 Insulin **5a2b.** ☐1 Oral medications **5a2c.** ☐1 GLP-1 receptor agonist **5a2d.** ☐1 Other non-insulin, non-GLP-1 receptor agonist injection medication **5a2e.** ☐1 Diet **5a2f.** ☐1 Unknown			
5a3.	Age at diabetes diagnosis **(999 = Unknown)**		___ ___ ___		
5b.	Hypertension *(or taking medication for hypertension)* — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5c)**	☐0	☐1	☐2	☐9
5b1.	Age at hypertension diagnosis **(999 = Unknown)**		___ ___ ___		
5c.	Hypercholesterolemia *(or taking medication for high cholesterol)* — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5d)**	☐0	☐1	☐2	☐9
5c1.	Age at hypercholesterolemia diagnosis **(999 = Unknown)**		___ ___ ___		
5d.	B12 deficiency	☐0	☐1	☐2	☐9
5e.	Thyroid disease	☐0	☐1	☐2	☐9

Section 5 – Medical conditions *continued...*

		ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
5f.	Arthritis — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5g)**	☐0	☐1	☐2	☐9
5f1.	Type of arthritis *(Check all that apply)*	**5f1a.** ☐1 Rheumatoid **5f1b.** ☐1 Osteoarthritis **5f1c.** ☐1 Other **(SPECIFY):** _____ **5f1d.** ☐1 Unknown			
5f2.	Regions affected *(Check all that apply)*	**5f2a.** ☐1 Upper extremity **5f2b.** ☐1 Lower extremity **5f2c.** ☐1 Spine **5f2d.** ☐1 Unknown			
5g.	Incontinence — urinary *(occurring at least weekly)*	☐0	☐1	☐2	☐9
5h.	Incontinence — bowel *(occurring at least weekly)*	☐0	☐1	☐2	☐9
5i.	Sleep apnea — **(IF ABSENT, REMOTE/INACTIVE, OR UNKNOWN, SKIP TO QUESTION 5j)**	☐0	☐1	☐2	☐9
5i1.	Typical use of breathing machine *(e.g. CPAP)* at night over the past 12 months	☐0 None ☐1 < 4 hours per night ☐2 > 4 hours per night ☐9 Unknown			
5i2.	Typical use of an oral device or implanted breathing pacemaker for sleep apnea at night over the past 12 months?	☐0 None ☐1 < 4 hours per night ☐2 > 4 hours per night ☐9 Unknown			
5j.	REM sleep behavior disorder (RBD)	☐0	☐1	☐2	☐9
5k.	Hyposomnia/Insomnia *(occurring at least weekly or requiring medication)*	☐0	☐1	☐2	☐9
5l.	Other sleep disorder **(SPECIFY):** _____	☐0	☐1	☐2	☐9
5m.	Cancer, primary or metastatic — *(Report all known diagnoses. Exclude non-melanoma skin cancer.* **IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5n)**	☐0	☐1	☐2	☐9
5m1.	Type of cancer *(Check all that apply)*	**5m1a.** ☐1 Primary/non-metastatic **5m1b.** ☐1 Metastatic **(CHECK ALL THAT APPLY)** **5m1b1.** ☐1 Metastatic to brain **5m1b2.** ☐1 Metastatic to sites other than brain **5m1c.** ☐1 Unknown			
5m2.	Primary site of cancer: *(Check all that apply)*	**5m2a.** ☐1 Blood **5m2b.** ☐1 Breast **5m2c.** ☐1 Colon **5m2d.** ☐1 Lung **5m2e.** ☐1 Prostate **5m2f.** ☐1 Other **(SPECIFY):** _____			
5m3.	Type of cancer treatment *(Check all that apply)*	**5m3a.** ☐1 Radiation **5m3b.** ☐1 Surgical Resection **5m3c.** ☐1 Immunotherapy **5m3d.** ☐1 Bone marrow transplant **5m3e.** ☐1 Chemotherapy **5m3f.** ☐1 Hormone therapy **5m3g.** ☐1 Other **(SPECIFY):** _____			
5m4.	Age at most recent cancer diagnosis **(999 = Unknown)**	___ ___ ___			

Section 5 – Medical conditions *continued...*

		ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
5n.	COVID-19 infection — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5o)**	☐ 0	☐ 1	☐ 2	☐ 9
5n1.	Requiring hospitalization?		☐ 0 No	☐ 1 Yes	☐ 9 UNK
5o.	Asthma/COPD/pulmonary disease	☐ 0	☐ 1	☐ 2	☐ 9
5p.	Chronic kidney disease — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5q)**	☐ 0	☐ 1	☐ 2	☐ 9
5p1.	Age at diagnosis **(999 = Unknown)**		___ ___ ___		
5q.	Liver disease — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5r)**	☐ 0	☐ 1	☐ 2	☐ 9
5q1.	Age at diagnosis **(999 = Unknown)**		___ ___ ___		
5r.	Peripheral vascular disease — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5s)**	☐ 0	☐ 1	☐ 2	☐ 9
5r1.	Age at diagnosis **(999 = Unknown)**		___ ___ ___		
5s.	Human Immunodeficiency Virus (HIV) — **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 5t)**	☐ 0	☐ 1	☐ 2	☐ 9
5s1.	Age at diagnosis **(999 = Unknown)**		___ ___ ___		
5t.	Other medical conditions or procedures **(SPECIFY):** _____	☐ 0	☐ 1	☐ 2	☐ 9

Section 6 – Psychiatric conditions

*In order to diagnose a disorder, **DSM-5-TR criteria require** that symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. For more guidance see the **UDS Coding Guidebook, Form A5/D2**.

		ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
6a.	Depressive disorder				
6a1.	Major depressive disorder (DSM-5-TR criteria*)	☐ 0	☐ 1	☐ 2	☐ 9
6a2.	Other specified depressive disorder (DSM-5-TR criteria*)	☐ 0	☐ 1	☐ 2	☐ 9
6a3.	**If Recent/Active depressive disorder (Q6a1 or Q6a2),** choose if treated or untreated.	☐ 0 Untreated ☐ 1 Treated with medication and/or counseling			
6b.	Bipolar disorder (DSM-5-TR criteria*)	☐ 0	☐ 1	☐ 2	☐ 9
6c.	Schizophrenia or other psychosis disorder (DSM-5-TR criteria*)	☐ 0	☐ 1	☐ 2	☐ 9
6d.	Anxiety disorder (DSM-5-TR criteria*) **(IF ABSENT OR UNKNOWN, SKIP TO QUESTION 6e)**	☐ 0	☐ 1	☐ 2	☐ 9
6d1.	Generalized Anxiety Disorder	☐ 0	☐ 1	☐ 2	☐ 9
6d2.	Panic Disorder	☐ 0	☐ 1	☐ 2	☐ 9
6d3.	Obsessive–compulsive disorder (OCD)	☐ 0	☐ 1	☐ 2	☐ 9
6d4.	Other **(SPECIFY):** _____	☐ 0	☐ 1	☐ 2	☐ 9
6e.	Post-traumatic stress disorder (PTSD) (DSM-5-TR criteria*)	☐ 0	☐ 1	☐ 2	☐ 9

Section 6 – Psychiatric conditions *continued...*

		ABSENT	RECENT/ACTIVE	REMOTE/ INACTIVE	UNKNOWN
6f.	Developmental neuropsychiatric disorders *(e.g., autism spectrum disorder [ASD], attention-deficit hyperactivity disorder [ADHD], dyslexia)*	☐ 0	☐ 1	☐ 2	☐ 9
6g.	Other psychiatric disorders **(SPECIFY):** _____	☐ 0	☐ 1	☐ 2	☐ 9

Section 7 – Menstrual and reproductive health

If questions about menstrual and reproductive health are relevant to this participant, continue to question 7a. Otherwise, **END FORM HERE.**

7a. How old was the participant when they had their first menstrual period?
(888 = Never had a menstrual period, 999 = Unknown)
(IF NEVER HAD A MENSTRUAL PERIOD, SKIP TO 7d) ___ ___ ___

7b. How old was the participant when they had their last menstrual period?
(888 = Still menstruating, 999 = Unknown)
(IF STILL MENSTRUATING, SKIP TO QUESTION 7d) ___ ___ ___

7c. If the participant has stopped having menstrual periods, please indicate the reason.
(Check all that apply)

- **7c1.** ☐ 1 Natural menopause
- **7c2.** ☐ 1 Hysterectomy (surgical removal of uterus)
- **7c3.** ☐ 1 Surgical removal of both ovaries
- **7c4.** ☐ 1 Chemotherapy for cancer or another condition
- **7c5.** ☐ 1 Radiation treatment or other damage/injury to reproductive organs
- **7c6.** ☐ 1 Hormonal supplements (e.g. the Pill, injections, Mirena, HRT)
- **7c7.** ☐ 1 Anti-estrogen medication such as Tamoxifen, anostrozole (Arimidex), exemestane (Aromasin), or letrozole (Femara)
- **7c8.** ☐ 1 Unsure
- **7c9.** ☐ 1 Other **(SPECIFY):** _____

7d. Has the participant taken female hormone replacement pills or patches (e.g. estrogen)?
(IF NO OR UNKNOWN, SKIP TO QUESTION 7e) ☐ 0 No ☐ 1 Yes ☐ 9 UNK

- **7d1.** How many years in total? **(999 = Unknown)** ___ ___ ___
- **7d2.** Age at first use **(999 = Unknown)** ___ ___ ___
- **7d3.** Age at last use **(888= Still presently using, 999 = Unknown)** ___ ___ ___

7e. Has the participant ever taken birth control pills?
(IF NO OR UNKNOWN, END FORM HERE) ☐ 0 No ☐ 1 Yes ☐ 9 UNK

- **7e1.** How many years in total? **(999 = Unknown)** ___ ___ ___
- **7e2.** Age at first use **(999 = Unknown)** ___ ___ ___
- **7e3.** Age at last use **(888= Still presently using, 999 = Unknown)** ___ ___ ___

Form B1: EVALUATION FORM – Vital Signs and Anthropometrics

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

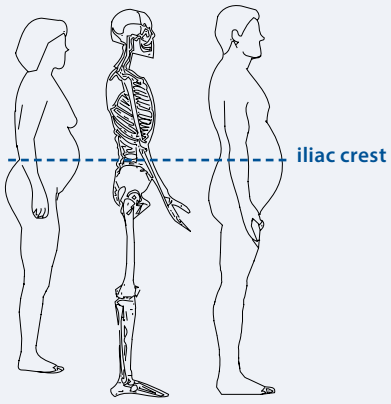
Language:	Mode:	Key (not completed reason):
☐ 1 English ☐ 2 Spanish	☐ 1 In-person ☐ 0 Not completed *(reason):* __ __	*94=Remote visit* *95=Physical problem* *96=Cognitive/behavioral problem* *97=Other* *98=Verbal refusal*

INSTRUCTIONS: *This form is to be completed by the clinician or appropriately trained research personnel. For additional clarification and examples, see the* **UDS Coding Guidebook** *for* **Form B1.**

Section 1 – Participant vital signs and anthropometrics

1.	Participant height *(inches)*	____ ____ . ____	*(88.8 = not assessed)*
2.	Participant weight *(lbs.)*	____ ____ ____	*(888 = not assessed)*

Instructions for measuring waist and hip circumference in adults



Source: *NHLBI Obesity Education Initiative,* nhlbi.nih.gov

Waist circumference should be measured at the midpoint between the lower margin of the last palpable rib and the top of the iliac crest, using a stretch resistant tape. **Hip circumference** should be measured around the widest portion of the buttocks, with the tape parallel to the floor.

For both measurements: Participant should stand with feet close together, arms at the side and body weight evenly distributed, and should wear little clothing. The participant should be relaxed, and the measurements should be taken at the end of a normal expiration. Each measurement should be taken twice and entered here. If the difference between the two measurements exceeds 0.5 inches, the two measurements should be repeated.

Source: *Waist circumference and waist–hip ratio: report of a WHO expert consultation, Geneva, 8–11 December 2008.*

3.	Enter two waist circumference measurements *(inches):*		
	• Measurement 1	____ ____ ____	*(888 = not assessed)*
	• Measurement 2	____ ____ ____	*(888 = not assessed)*
4.	Enter two hip circumference measurements *(inches):*		
	• Measurement 1	____ ____ ____	*(888 = not assessed)*
	• Measurement 2	____ ____ ____	*(888 = not assessed)*

Section 1 – Participant vital signs and anthropometrics *continued...*

5.	Enter two readings spaced at least one minute apart for each arm. *See detailed instructions below.*		
	5a. Participant blood pressure - **Left arm**:		
	• Reading 1	___ ___ ___ / ___ ___ ___	*(888/888= not assessed)*
	• Reading 2	___ ___ ___ / ___ ___ ___	*(888/888= not assessed)*
	5b. Participant blood pressure - **Right arm**:		
	• Reading 1	___ ___ ___ / ___ ___ ___	*(888/888= not assessed)*
	• Reading 2	___ ___ ___ / ___ ___ ___	*(888/888= not assessed)*
6.	Participant resting heart rate *(pulse)*	___ ___ ___	*(888 = not assessed)*

Steps for proper blood pressure measurement

STEP 1 - Properly prepare the participant:

- Have the participant relax, sitting in a chair *(feet on floor, back supported)* for >5 minutes
- The participant should avoid caffeine, exercise, and smoking for at least 30 minutes before measurement.
- Ensure that participant has emptied his/her bladder.
- Neither the participant nor the observer should talk during the rest period or during the measurement.
- Remove all clothing covering the location of cuff placement.
- Measurements made while the participant is sitting or lying on an examining table do not fulfill these criteria.

STEP 2 - Use proper technique for BP measurements

- Use a BP measurement device that has been validated and ensure that the device is calibrated periodically.
- Support the participant's arm *(e.g., have it resting on a desk).*
- Position the middle of the cuff on the participant's upper arm at the level of the right atrium *(midpoint of the sternum).*
- Use the correct cuff size, such that the bladder encircles 80% of the arm, and note if a larger- or smaller-than-normal cuff size is used.
- Either the stethoscope diaphragm or bell may be used for auscultatory readings.

STEP 3 - Take proper measurements

- Take two BP readings in both arms.
- Separate the second set of measurements from the first by one minute.
- For auscultatory determinations, use a palpated estimate of radial pulse obliteration pressure to estimate SBP. Inflate the cuff 20-30 mm Hg above this level for an auscultatory determination of the BP level.
- For auscultatory readings, deflate the cuff pressure 2 mm Hg per second, and listen for Korotkoff sounds.

STEP 4 - Properly document accurate BP readings

- Record SBP and DBP. If using the auscultatory technique, record SBP and DBP as onset of the first Korotkoff sound and disappearance of all Korotkoff sounds, respectively, using the nearest even number.
- Record the two readings of SBP and DBP in the left arm, and the two readings of SBP and DBP in the right arm.

STEP 5 - Give BP readings and interpretation to the participants

- It is recommended to provide participants with the SBP/DBP readings both orally, and in writing.

Source: Checklist for accurate measurement of BP adapted from AHA Guidelines, Whelton PK et al., *Hypertension*. 2018; 71: e13-e11.

Form B3: Unified Parkinson's Disease Rating Scale (UPDRS[1]) - Motor Exam

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:	Mode:	Key (not completed reason):
☐ 1 English ☐ 2 Spanish	☐ 1 In-person ☐ 0 Not completed *(reason):* __ __	*94=Remote visit* *95=Physical problem* *96=Cognitive/behavioral problem* *97=Other* *98=Verbal refusal*

INSTRUCTIONS: *This form is to be completed by the clinician or other trained health professional. The motor exam should be administered to all participants. Clinician should record results as observed regardless of whether there are non-parkinsonian contributions or explanations for the findings. This form is intended to 1) determine the degree of parkinsonism on any visit, and 2) track the degree of parkinsonism over time. The UPDRS is not intended to establish the presence or absence of parkinsonism. For additional clarification and scoring instructions, see* **UDS Coding Guidebook** *for* **Form B3**. *Check only one box per question.*

For video-recorded examples of administration, see Perlmutter JS. Assessment of Parkinson disease manifestations. Curr Protoc Neurosci. 2009 Oct; Chapter 10: Unit10.1. doi: 10.1002/0471142301.ns1001s49.

☐ *(Optional)* **If the clinician completes the UPDRS examination and determines all items are normal, check this box.** If this box is checked, all items will default to 0 in the database.

1. Speech

☐ 0 Normal
☐ 1 Slight loss of expression, diction and/or volume
☐ 2 Monotone, slurred but understandable; moderately impaired.
☐ 3 Marked impairment, difficult to understand.
☐ 4 Unintelligible
☐ 8 Untestable **(SPECIFY):** _____

2. Facial expression

☐ 0 Normal
☐ 1 Minimal hypomimia, could be normal "poker face"
☐ 2 Slight but definitely abnormal diminution of facial expression
☐ 3 Moderate hypomimia; lips parted some of the time
☐ 4 Masked or fixed facies with severe or complete loss of facial expression; lips parted ¼ inches or more
☐ 8 Untestable **(SPECIFY):** _____

3. Tremor at rest

3a. Face, lips, chin

☐ 0 Absent
☐ 1 Slight and infrequently present
☐ 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present
☐ 3 Moderate in amplitude and present most of the time
☐ 4 Marked in amplitude and present most of the time
☐ 8 Untestable **(SPECIFY):** _____

3b. Right hand

☐ 0 Absent
☐ 1 Slight and infrequently present
☐ 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present
☐ 3 Moderate in amplitude and present most of the time
☐ 4 Marked in amplitude and present most of the time
☐ 8 Untestable **(SPECIFY):** _____

3c. Left hand

☐ 0 Absent
☐ 1 Slight and infrequently present
☐ 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present
☐ 3 Moderate in amplitude and present most of the time
☐ 4 Marked in amplitude and present most of the time
☐ 8 Untestable **(SPECIFY):** _____

[1]Fahn S, Elton RL, UPDRS Development Committee. The Unified Parkinson's Disease Rating Scale. In Fahn S, Marsden CD, Calne DB, Goldstein M, eds. Recent developments in Parkinson's disease, Vol. 2. Florham Park, NJ: Macmillan Healthcare Information, 1987:153–163, 293–304. Reproduced by permission of the author.

3. Tremor at rest *continued...*

3d. Right foot

- ☐ 0 Absent
- ☐ 1 Slight and infrequently present
- ☐ 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present
- ☐ 3 Moderate in amplitude and present most of the time
- ☐ 4 Marked in amplitude and present most of the time
- ☐ 8 Untestable **(SPECIFY):** _____

3e. Left foot

- ☐ 0 Absent
- ☐ 1 Slight and infrequently present
- ☐ 2 Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present
- ☐ 3 Moderate in amplitude and present most of the time
- ☐ 4 Marked in amplitude and present most of the time
- ☐ 8 Untestable **(SPECIFY):** _____

4. Action or postural tremor of hands

4a. Right hand

- ☐ 0 Absent
- ☐ 1 Slight; present with action
- ☐ 2 Moderate in amplitude, present with action
- ☐ 3 Moderate in amplitude with posture holding as well as action
- ☐ 4 Marked in amplitude; interferes with feeding
- ☐ 8 Untestable **(SPECIFY):** _____

4b. Left hand

- ☐ 0 Absent
- ☐ 1 Slight; present with action
- ☐ 2 Moderate in amplitude, present with action
- ☐ 3 Moderate in amplitude with posture holding as well as action
- ☐ 4 Marked in amplitude; interferes with feeding
- ☐ 8 Untestable **(SPECIFY):** _____

5. Rigidity

(*judged on passive movement of major joints with participant relaxed in sitting position; cogwheeling to be ignored*)

5a. Neck

- ☐ 0 Absent
- ☐ 1 Slight or detectable only when activated by mirror or other movements
- ☐ 2 Mild to moderate
- ☐ 3 Marked, but full range of motion easily achieved
- ☐ 4 Severe; range of motion achieved with difficulty
- ☐ 8 Untestable **(SPECIFY):** _____

5b. Right upper extremity

- ☐ 0 Absent
- ☐ 1 Slight or detectable only when activated by mirror or other movements
- ☐ 2 Mild to moderate
- ☐ 3 Marked, but full range of motion easily achieved
- ☐ 4 Severe; range of motion achieved with difficulty
- ☐ 8 Untestable **(SPECIFY):** _____

5c. Left upper extremity

- ☐ 0 Absent
- ☐ 1 Slight or detectable only when activated by mirror or other movements
- ☐ 2 Mild to moderate
- ☐ 3 Marked, but full range of motion easily achieved
- ☐ 4 Severe; range of motion achieved with difficulty
- ☐ 8 Untestable **(SPECIFY):** _____

5d. Right lower extremity

- ☐ 0 Absent
- ☐ 1 Slight or detectable only when activated by mirror or other movements
- ☐ 2 Mild to moderate
- ☐ 3 Marked, but full range of motion easily achieved
- ☐ 4 Severe; range of motion achieved with difficulty
- ☐ 8 Untestable **(SPECIFY):** _____

5. Rigidity

(*judged on passive movement of major joints with participant relaxed in sitting position; cogwheeling to be ignored*) ***continued...***

5e. Left lower extremity

- ☐ 0 Absent
- ☐ 1 Slight or detectable only when activated by mirror or other movements
- ☐ 2 Mild to moderate
- ☐ 3 Marked, but full range of motion easily achieved
- ☐ 4 Severe; range of motion achieved with difficulty
- ☐ 8 Untestable **(SPECIFY):** _____

6. Finger taps

(participant taps thumb with index finger in rapid succession)

6a. Right hand

- ☐ 0 Normal
- ☐ 1 Mild slowing and/or reduction in amplitude
- ☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement
- ☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement
- ☐ 4 Can barely perform the task.
- ☐ 8 Untestable **(SPECIFY):** _____

6b. Left hand

- ☐ 0 Normal
- ☐ 1 Mild slowing and/or reduction in amplitude
- ☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement
- ☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement
- ☐ 4 Can barely perform the task.
- ☐ 8 Untestable **(SPECIFY):** _____

7. Hand movements

(participant opens and closes hands in rapid succession)

7a. Right hand

- ☐ 0 Normal
- ☐ 1 Mild slowing and/or reduction in amplitude
- ☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement
- ☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement
- ☐ 4 Can barely perform the task.
- ☐ 8 Untestable **(SPECIFY):** _____

7b. Left hand

- ☐ 0 Normal
- ☐ 1 Mild slowing and/or reduction in amplitude
- ☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement
- ☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement
- ☐ 4 Can barely perform the task.
- ☐ 8 Untestable **(SPECIFY):** _____

8. Rapid alternating movements of hands

(pronation-supination movements of hands, vertically and horizontally, with as large an amplitude as possible, both hands simultaneously)

8a. Right hand

- ☐ 0 Normal
- ☐ 1 Mild slowing and/or reduction in amplitude
- ☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement
- ☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement
- ☐ 4 Can barely perform the task.
- ☐ 8 Untestable **(SPECIFY):** _____

8b. Left hand

- ☐ 0 Normal
- ☐ 1 Mild slowing and/or reduction in amplitude
- ☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement
- ☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement
- ☐ 4 Can barely perform the task.
- ☐ 8 Untestable **(SPECIFY):** _____

9. Leg agility

(participant taps heel on the ground in rapid succession, picking up entire leg; amplitude should be at least 3 inches)

9a. Right leg

- ☐ 0 Normal
- ☐ 1 Mild slowing and/or reduction in amplitude
- ☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement
- ☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement
- ☐ 4 Can barely perform the task.
- ☐ 8 Untestable **(SPECIFY):** _____

9b. Left leg

- ☐ 0 Normal
- ☐ 1 Mild slowing and/or reduction in amplitude
- ☐ 2 Moderately impaired; definite and early fatiguing; may have occasional arrests in movement
- ☐ 3 Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement
- ☐ 4 Can barely perform the task.
- ☐ 8 Untestable **(SPECIFY):** _____

10. Arising from chair

(participant attempts to rise from a straight-backed chair, with arms folded across chest)

- ☐ 0 Normal
- ☐ 1 Slow; or may need more than one attempt
- ☐ 2 Pushes self up from arms of seat.
- ☐ 3 Tends to fall back and may have to try more than one time, but can get up without help
- ☐ 4 Unable to arise without help
- ☐ 8 Untestable **(SPECIFY):** _____

11. Posture

- ☐ 0 Normal
- ☐ 1 Not quite erect, slightly stooped posture; could be normal for older person
- ☐ 2 Moderately stooped posture, definitely abnormal; can be slightly leaning to one side
- ☐ 3 Severely stooped posture with kyphosis; can be moderately leaning to one side
- ☐ 4 Marked flexion with extreme abnormality of posture
- ☐ 8 Untestable **(SPECIFY):** _____

12. Gait

- ☐ 0 Normal
- ☐ 1 Walks slowly; may shuffle with short steps, but no festination (hastening steps) or propulsion
- ☐ 2 Walks with difficulty, but requires little or no assistance; may have some festination, short steps, or propulsion
- ☐ 3 Severe disturbance of gait requiring assistance
- ☐ 4 Cannot walk at all, even with assistance
- ☐ 8 Untestable **(SPECIFY):** _____

13. Posture stability

(response to sudden, strong posterior displacement produced by pull on shoulders while participant erect with eyes open and feet slightly apart; participant is prepared)

- ☐ 0 Normal erect
- ☐ 1 Retropulsion, but recovers unaided
- ☐ 2 Absence of postural response; would fall if not caught by examiner
- ☐ 3 Very unstable, tends to lose balance spontaneously
- ☐ 4 Unable to stand without assistance
- ☐ 8 Untestable **(SPECIFY):** _____

14. Body bradykinesia and hypokinesia

(combining slowness, hesitancy, decreased arm swing, small amplitude, and poverty of movement in general)

- ☐ 0 None
- ☐ 1 Minimal slowness, giving movement a deliberate character; could be normal for some persons; possibly reduced amplitude
- ☐ 2 Mild degree of slowness and poverty of movement which is definitely abnormal; alternatively, some reduced amplitude
- ☐ 3 Moderate slowness, poverty or small amplitude of movement
- ☐ 4 Marked slowness, poverty or small amplitude of movement
- ☐ 8 Untestable **(SPECIFY):** _____

15. Total UPDRS Score

(If one or more items are checked "8=Untestable", enter 888) ___ ___ ___ *(0-108, 888)*

Form B4: CDR® Dementia Staging Instrument
PLUS NACC FTLD Behavior & Language Domains (CDR® Plus NACC FTLD)

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:
☐1 English
☐2 Spanish

Mode:
☐1 In-person
☐2 Remote *(reason):* ___
☐1 Telephone ☐2 Video

Key (remote reason): *1=Too cognitively impaired*
2=Too physically impaired
3=Homebound or nursing home
4=Refused in-person visit
5=Other

INSTRUCTIONS: *This form is to be completed by the clinician or other trained health professional, based on co-participant report and behavioral and neurological exam of the participant. In the extremely rare instances when no co-participant is available, the clinician or other trained health professional must complete this form using all other available information and his/her best clinical judgment. Score only as decline from previous level due to cognitive loss, not impairment due to other factors, such as physical disability. For information on the required online CDR training, see the* **UDS Coding Guidebook** *for* **Form B4.**

Section 1 – CDR® Dementia Staging Instrument[1]

Impairment

Please enter scores (below):	None = 0	Questionable = 0.5	Mild = 1	Moderate = 2	Severe = 3
1. Memory ___ • ___	No memory loss, or slight inconsistent forgetfulness	Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness	Moderate memory loss, more marked for recent events; defect interferes with everyday activities	Severe memory loss; only highly learned material retained; new material rapidly lost	Severe memory loss; only fragments remain
2. Orientation ___ • ___	Fully oriented	Fully oriented except for slight difficulty with time relationships	Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere	Severe difficulty with time relationships; usually disoriented to time, often to place	Oriented to person only
3. Judgment & Problem Solving ___ • ___	Solves everyday problems, handles business and financial affairs well; judgment good in relation to past performance	Slight impairment in solving problems, similarities, and differences	Moderate difficulty in handling problems, similarities, and differences; social judgment usually maintained	Severely impaired in handling problems, similarities, and differences; social judgment usually impaired	Unable to make judgments or solve problems
4. Community Affairs ___ • ___	Independent function at usual level in job, shopping, volunteer and social groups	Slight impairment in these activities	Unable to function independently at these activities, although may still be engaged in some; appears normal to casual inspection	No pretense of independent function outside the home; appears well enough to be taken to functions outside the family home	No pretense of independent function outside the home; appears too ill to be taken to functions outside the family home
5. Home & Hobbies ___ • ___	Life at home, hobbies, and intellectual interests well maintained	Life at home, hobbies, and intellectual interests slightly impaired	Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned	Only simple chores preserved; very restricted interests, poorly maintained	No significant function in the home
6. Personal Care __ . 0	Fully capable of self-care (= 0)		Needs prompting	Requires assistance in dressing, hygiene, keeping of personal effects	Requires much help with personal care; frequent incontinence

7. CDR Sum of Boxes ___ ___ • ___ **8. Global CDR** ___ • ___

[1]Morris JC. The Clinical Dementia Rating (CDR): Current version and scoring rules. Neurology 43(11):2412-4, 1993. Copyright© Lippincott, Williams & Wilkins. Reproduced by permission.

Section 2 - NACC FTLD Behavior & Language Domains

Impairment

Please enter scores *(below)*:	None = 0	Questionable = 0.5	Mild = 1	Moderate = 2	Severe = 3
9. Behavior, Comportment, & Personality[2] ___ • ___	Socially appropriate behavior	Questionable changes in comportment, empathy, appropriateness of actions	Mild but definite changes in behavior	Moderate behavioral changes, affecting interpersonal relationships and interactions in a significant manner	Severe behavioral changes, making interpersonal interactions all unidirectional
10. Language[3] ___ • ___	No language difficulty, or occasional mild tip-of-the-tongue	Consistent mild word-finding difficulties; simplification of word choice; circumlocution; decreased phrase length; and/or mild comprehension difficulties	Moderate word-finding difficulty in speech; cannot name objects in environment; reduced phrase length and/or agrammatical speech and/or reduced comprehension in conversation and reading	Moderate to severe impairments in either speech or comprehension; has difficulty communicating thoughts; writing may be slightly more effective	Severe comprehension deficits; no intelligible speech

[2]Excerpted from the *Frontotemporal Dementia Multicenter Instrument & MR Study* (Mayo Clinic, UCSF, UCLA, UW).
[3]Excerpted from the *PPA-CDR: A modification of the CDR for assessing dementia severity in patients with primary progressive aphasia* (Johnson N, Weintraub S, Mesulam MM), 2002.

Form B5: BEHAVIORAL ASSESSMENT – Neuropsychiatric Inventory Questionnaire (NPI-Q[1])

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:	Mode:	Key (remote reason):	Key (not completed reason):
☐1 English ☐2 Spanish	☐1 In-person ☐2 Remote *(reason):* ___ ☐1 Telephone ☐2 Video ☐0 Not completed *(reason):* ___ ___	*1=Too cognitively impaired* *2=Too physically impaired* *3=Homebound or nursing home* *4=Refused in-person visit* *5=Other*	*95=Physical problem* *96=Cognitive/behavioral problem* *97=Other* *98=Verbal refusal*

***INSTRUCTIONS**: This form is to be completed by the clinician or other trained health professional based on co-participant interview, as described by the training video. (This is not to be completed by the participant as a paper-and-pencil self-report.) For information on NPI-Q Interviewer Certification, see **UDS Coding Guidebook** for **Form B5**. Check only one box for each category of response.*

Please answer the following questions based on changes that have occurred since the participant first began to experience memory (i.e., cognitive) problems. **Select 1=Yes only if the symptom(s) has been present in the last month. Otherwise, select 0=No.** *(NOTE: for the UDS, please administer the NPI-Q to all participants.)*

For each item marked **1=Yes**, rate the SEVERITY of the symptom (how it affects the participant):

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)

1. NPI CO-PARTICIPANT: ☐1 Spouse ☐2 Child ☐3 Other **(SPECIFY):** _____

			Yes	No	Unk		SEVERITY Mild	Mod	Sev	Unk
2.	**Delusions** – Does the patient have false beliefs, such as thinking that others are stealing from him/her or planning to harm him/her in some way?	**2a.**	☐1	☐0	☐9	**2b.**	☐1	☐2	☐3	☐9
3.	**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?	**3a.**	☐1	☐0	☐9	**3b.**	☐1	☐2	☐3	☐9
4.	**Agitation/Aggression** – Is the patient resistive to help from others at times, or hard to handle?	**4a.**	☐1	☐0	☐9	**4b.**	☐1	☐2	☐3	☐9
5.	**Depression/Dysphoria** – Does the patient seem sad or say that he/she is depressed?	**5a.**	☐1	☐0	☐9	**5b.**	☐1	☐2	☐3	☐9
6.	**Anxiety** – Does the patient become upset when separated from you? Does he/she have any other signs of nervousness such as shortness of breath, sighing, being unable to relax, or feeling excessively tense?	**6a.**	☐1	☐0	☐9	**6b.**	☐1	☐2	☐3	☐9
7.	**Elation/Euphoria** – Does the patient appear to feel too good or act excessively happy?	**7a.**	☐1	☐0	☐9	**7b.**	☐1	☐2	☐3	☐9
8.	**Apathy/Indifference** – Does the patient seem less interested in his/her usual activities or in the activities and plans of others?	**8a.**	☐1	☐0	☐9	**8b.**	☐1	☐2	☐3	☐9
9.	**Disinhibition** – Does the patient seem to act impulsively, for example, talking to strangers as if he/she knows them, or saying things that may hurt people's feelings?	**9a.**	☐1	☐0	☐9	**9b.**	☐1	☐2	☐3	☐9
10.	**Irritability/Lability** – Is the patient impatient and cranky? Does he/she have difficulty coping with delays or waiting for planned activities?	**10a.**	☐1	☐0	☐9	**10b.**	☐1	☐2	☐3	☐9
11.	**Motor disturbance** – Does the patient engage in repetitive activities such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly?	**11a.**	☐1	☐0	☐9	**11b.**	☐1	☐2	☐3	☐9
12.	**Nighttime behaviors** – Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day?	**12a.**	☐1	☐0	☐9	**12b.**	☐1	☐2	☐3	☐9
13.	**Appetite/Eating** – Has the patient lost or gained weight, or had a change in the type of food he/she likes?	**13a.**	☐1	☐0	☐9	**13b.**	☐1	☐2	☐3	☐9

Form B6: BEHAVIORAL ASSESSMENT – Geriatric Depression Scale (GDS)[1]

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:	Mode:	Key (remote reason):	Key (not completed reason):
☐1 English ☐2 Spanish	☐1 In-person ☐2 Remote *(reason):* ___ ☐1 Telephone ☐2 Video ☐0 Not completed *(reason):* ___ ___	*1=Too cognitively impaired* *2=Too physically impaired* *3=Homebound or nursing home* *4=Refused in-person visit* *5=Other*	*95=Physical problem* *96=Cognitive/behavioral problem* *97=Other* *98=Verbal refusal*

***INSTRUCTIONS**: This form is to be completed by the clinician or other trained health professional, based on participant response. For additional clarification and examples, see **UDS Coding Guidebook** for **Form B6**. Check only one answer per question.*

☐ Check this box and enter "88" below for the Total GDS Score **if and only if the participant:** 1.) does not attempt the GDS, or 2.) answers fewer than 12 questions.

Instruct the participant: "In the next part of this interview, I will ask you questions about your feelings. Some of the questions I will ask you may not apply, and some may make you feel uncomfortable. For each question, please answer "yes" or "no," depending on how you have been feeling **in the past week, including today**."

		Yes	No	Did not answer
1.	Are you basically satisfied with your life?	☐0	☐1	☐9
2.	Have you dropped many of your activities and interests?	☐1	☐0	☐9
3.	Do you feel that your life is empty?	☐1	☐0	☐9
4.	Do you often get bored?	☐1	☐0	☐9
5.	Are you in good spirits most of the time?	☐0	☐1	☐9
6.	Are you afraid that something bad is going to happen to you?	☐1	☐0	☐9
7.	Do you feel happy most of the time?	☐0	☐1	☐9
8.	Do you often feel helpless?	☐1	☐0	☐9
9.	Do you prefer to stay at home, rather than going out and doing new things?	☐1	☐0	☐9
10.	Do you feel you have more problems with memory than most?	☐1	☐0	☐9
11.	Do you think it is wonderful to be alive now?	☐0	☐1	☐9
12.	Do you feel pretty worthless the way you are now?	☐1	☐0	☐9
13.	Do you feel full of energy?	☐0	☐1	☐9
14.	Do you feel that your situation is hopeless?	☐1	☐0	☐9
15.	Do you think that most people are better off than you are?	☐1	☐0	☐9
16.	Sum all checked answers for a Total GDS Score *(max score = 15; did not complete = 88)*	____ ____		

[1]Sheikh JI, Yesavage JA. Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. Clinical Gerontology: A Guide to Assessment and Intervention 165–173, NY: The Haworth Press, 1986. Reproduced by permission of the publisher.

Form B7: FUNCTIONAL ASSESSMENT – NACC Functional Assessment Scale (FAS[1])

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:	Mode:	Key (remote reason):	Key (not completed reason):
☐1 English ☐2 Spanish	☐1 In-person ☐2 Remote *(reason):* ___ ☐1 Telephone ☐2 Video ☐0 Not completed *(reason):* ___ ___	*1=Too cognitively impaired* *2=Too physically impaired* *3=Homebound or nursing home* *4=Refused in-person visit* *5=Other*	*95=Physical problem* *96=Cognitive/behavioral problem* *97=Other* *98=Verbal refusal*

***INSTRUCTIONS**: This form is to be completed by the clinician or other trained health professional, based on information provided by the co-participant. For further information, see **UDS Coding Guidebook** for **Form B7**. Indicate the level of performance for each activity by checking the one appropriate response.*

In the past four weeks, did the participant have difficulty or need help with:	Not applicable *(e.g., never did)*	Normal	Has difficulty, but does by self	Requires assistance	Dependent	Unknown
1. Writing checks, paying bills, or balancing a checkbook	☐8	☐0	☐1	☐2	☐3	☐9
2. Assembling tax records, business affairs, or other papers	☐8	☐0	☐1	☐2	☐3	☐9
3. Shopping alone for clothes, household necessities, or groceries	☐8	☐0	☐1	☐2	☐3	☐9
4. Playing a game of skill such as bridge or chess, working on a hobby	☐8	☐0	☐1	☐2	☐3	☐9
5. Heating water, making a cup of coffee, turning off the stove	☐8	☐0	☐1	☐2	☐3	☐9
6. Preparing a balanced meal	☐8	☐0	☐1	☐2	☐3	☐9
7. Keeping track of current events	☐8	☐0	☐1	☐2	☐3	☐9
8. Paying attention to and understanding a TV program, book, or magazine	☐8	☐0	☐1	☐2	☐3	☐9
9. Remembering appointments, family occasions, holidays, medications	☐8	☐0	☐1	☐2	☐3	☐9
10. Traveling out of the neighborhood, driving, or arranging to take public transportation	☐8	☐0	☐1	☐2	☐3	☐9

[1]Adapted from table 4 of Pfeffer RI, Kurosaki TT, Harrah CH, et al. Measurement of functional activities of older adults in the community. J Gerontol 37:323–9, 1982. Copyright© 1982. The Gerontological Society of America. Reproduced by permission of the publisher.

Form B8: EVALUATION FORM – Neurological Examination Findings

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:	Mode:	Key (remote reason):
☐1 English	☐1 In-person	*1=Too cognitively impaired*
☐2 Spanish	☐2 Remote *(reason):* ___	*2=Too physically impaired*
	☐2 Video	*3=Homebound or nursing home*
		4=Refused in-person visit
		5=Other

INSTRUCTIONS: *This form should be completed by a clinician with experience in performing a comprehensive neurologic examination, assessing the presence/absence of neurological signs, and rating the degree of any abnormalities. Additionally, the clinician should have experience in completing each of the assessment measures associated with the gateway questions if any key neurologic findings are present. For additional clarification and examples, see* **UDS Coding Guidebook** *for* **Form B8**. *Check only* *one* *box per question.*

Section 1 – Examiner & examination questions

1. Which of the following was completed on this participant?

☐0 No neurologic examination **(END FORM HERE)**
☐1 Comprehensive neurologic examination as suggested in the UDS Coding Guidebook
☐2 Focused or partial neurologic examination performed in-person
☐3 Focused or partial neurologic examination performed via video

2. Were there abnormal neurological exam findings?

☐0 No abnormal findings **(END FORM HERE;** *If this box is checked, all items will default to 0 = Absent in the database***)**
☐1 Yes

Section 2 – Specific clinical findings

Section 2A – Parkinsonian signs

3. ☐0 No abnormal signs in this section are present **(SKIP TO SECTION 2B;** *If this box is checked, Q3a through Q3n will default to 0 = Absent in the database***)**
☐1 Yes (***IF YES –*** *complete questions 3a–3n and consider completing additional measures as described on page 3*)
☐8 Not assessed **(SKIP TO SECTION 2B;** *If this box is checked, Q3a through Q3n will default to 8 = Not Assessed in the database***)**

FINDING:		Absent	Focal or Unilateral	Bilateral & Largely Symmetric	Bilateral & Largely Asymmetric	Not Assessed
3a.	**Slowing of fine motor movements**	☐0	☐1	☐2	☐3	☐8
3b.	**Limb tremor at rest**	☐0	☐1	☐2	☐3	☐8
3c.	**Limb tremor - postural**	☐0	☐1	☐2	☐3	☐8
3d.	**Limb tremor - kinetic**	☐0	☐1	☐2	☐3	☐8
3e.	**Limb rigidity - arm**	☐0	☐1	☐2	☐3	☐8
3f.	**Limb rigidity - leg**	☐0	☐1	☐2	☐3	☐8
3g.	**Limb dystonia - arm**	☐0	☐1	☐2	☐3	☐8
3h.	**Limb dystonia - leg**	☐0	☐1	☐2	☐3	☐8
3i.	**Chorea**	☐0	☐1	☐2	☐3	☐8

Section 2 – Specific clinical findings *continued...*

Section 2A – Parkinsonian signs

FINDING:		Absent	Present	Not Assessed
3j.	**Decrement in amplitude of fine motor movements**	☐0	☐1	☐8
3k.	**Axial rigidity**	☐0	☐1	☐8
3l.	**Postural instability**	☐0	☐1	☐8
3m.	**Facial masking**	☐0	☐1	☐8
3n.	**Stooped posture**	☐0	☐1	☐8

Section 2B – Cortical/pyramidal/other signs

4. ☐0 No abnormal signs in this section are present **(SKIP TO SECTION 2C;** *If this box is checked, Q4a through Q4q will default to 0=Absent in the database)*

☐1 Yes (***IF YES –*** *complete questions 4a–4q and consider completing additional measures as described on page 3*)

☐8 Not assessed **(SKIP TO SECTION 2C;** *If this box is checked, Q4a through Q4q will default to 8 = Not Assessed in the database***)**

FINDING:		Absent	Focal or Unilateral	Bilateral & Largely Symmetric	Bilateral & Largely Asymmetric	Not Assessed
4a.	**Limb apraxia**	☐0	☐1	☐2	☐3	☐8
4b.	**Face or limb findings in UMN distribution***	☐0	☐1	☐2	☐3	☐8
4c.	**Face or limb findings in an LMN distribution***	☐0	☐1	☐2	☐3	☐8
4d.	**Visual field cut**	☐0	☐1	☐2	☐3	☐8
4e.	**Limb ataxia**	☐0	☐1	☐2	☐3	☐8
4f.	**Myoclonus**	☐0	☐1	☐2	☐3	☐8

FINDING:		Absent	Present	Not Assessed
4g.	**Unilateral Somatosensory loss** *(localized to the brain; disregard sensory changes localized to the spinal cord or peripheral nerves)*	☐0	☐1	☐8
4h.	**Aphasia** *(disregard complaints of mild dysnomia if not viewed as reflecting a clinically significant change)*	☐0	☐1	☐8
4i.	**Alien limb phenomenon**	☐0	☐1	☐8
4j.	**Hemispatial neglect**	☐0	☐1	☐8
4k.	**Prosopagnosia**	☐0	☐1	☐8
4l.	**Simultanagnosia**	☐0	☐1	☐8
4m.	**Optic ataxia**	☐0	☐1	☐8
4n.	**Apraxia of gaze**	☐0	☐1	☐8
4o.	**Vertical +/- horizontal gaze palsy****	☐0	☐1	☐8
4p.	**Dysarthria***	☐0	☐1	☐8
4q.	**Apraxia of speech**	☐0	☐1	☐8

**UMN findings could include weakness in a pyradmidal pattern, hyper-reflexia, Babinski or Hoffman sign present, or spasticity; LMN findings could include weakness due to neuromuscular dysfunction, muscle wasting/atrophy, or fasciculations. These findings could be consistent with a cerebrovascular insult or with a degenerative disorder such as ALS, PLS, SMA, PSP, CBS, etc.*

***Do not mark Present if only reduction of upgaze is present.*

Section 2 – Specific clinical findings *continued...*

Section 2C – Gait

5. ☐ 0 No abnormal signs in this section are present **(END FORM HERE)**
☐ 1 Yes (***IF YES*** *- complete question 5a and consider completing additional measures as described on page 3)*
☐ 8 Not assessed **(END FORM HERE)**

5a. Finding:
☐ 1 Hemiparetic gait (spastic)
☐ 2 Foot drop gait (lower motor neuron)
☐ 3 Ataxic gait
☐ 4 Apractic magnetic gait
☐ 5 Hypokinetic/parkinsonian gait
☐ 6 Antalgic gait
☐ 7 Other **(SPECIFY):**

Section 2D – Additional measures

There are ***several additional clinical measures*** to consider for completion depending on the findings and the suspicion of the clinical syndrome; *these include, but are not limited to, the following:*

a) If there are any features of a movement disorder *(e.g., bradykinesia, tremor, rigidity, postural instability, etc.):*
Consider completing Form B3 UPDRS, or the MDS-UPDRS

b) If there are any features of ALS *(e.g., upper motor neuron dysfunction and/or lower motor neuron dysfunction):*
Consider completing the ALSFRS-R

c) If there are any features of PSP- Richardson's syndrome *(e.g., parkinsonism, postural instability, supranuclear gaze palsy, etc.):*
Consider completing the PSPRS

d) If there are any features of corticobasal syndrome *(e.g., limb rigidity, limb apraxia, myoclonus, dystonia, corticol sensory loss, alien limb phenomenon, etc.):*
Consider completing the PSPRS and/or the CBFS

e) If there are any features of complex visual processing dysfunction (*e.g. hemineglect, visual agnosia, simultanagnosia, optic ataxia, ocular apraxia, apraxia of eyelid opening, etc.):*
Consider completing a standardized measure assessing PCA

f) If there are any features of aphasia or apraxia of speech *(e.g., NIH Stroke Scale, Progressive Aphasia Severity Scale, Western Aphasia Battery, etc.)*:
Consider completing a standardized measure assessing speech and language

g) If there are clinical and/or imaging findings suggesting a vascular contribution to the clinical presentation:
Consider completing NIH Stroke Scale, Hachinski Ischemic Scale, etc.

Section 2E – Glossary of abbreviations

ALS = *Amyotrophic Lateral Sclerosis*
ALSFRS-R = *Amyotrophic Lateral Sclerosis Functional Rating Scale–Revised*
CBS = *Corticobasal Syndrome*
CBFS = *Cortical Basal ganglia Functional Scale*
LMN = *Lower Motor Neuron*
MDS-UPDRS = *Movement Disorders Society - Unified Parkinson's Disease Rating Scale*
PCA = *Posterior Cortical Atrophy*
PLS = *Primary Lateral Sclerosis*
PSP = *Progressive Supranuclear Palsy*
PSPRS = *Progressive Supranuclear Palsy Rating Scale*
SMA = *Spinal Muscular Atrophy*
UMN = *Upper Motor Neuron*
UPDRS = *Unified Parkinson's Disease Rating Scale*

Form B9: Clinician Judgment of Symptoms

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:	Mode:	Key (remote reason):
☐1 English ☐2 Spanish	☐1 In-person ☐2 Remote *(reason):* ___ ☐1 Telephone ☐2 Video	*1=Too cognitively impaired* *2=Too physically impaired* *3=Homebound or nursing home* *4=Refused in-person visit* *5=Other*

INSTRUCTIONS: *This form is to be completed by the clinician. Questions below are not intended for direct administration to participant or co-participant. For all questions the clinician must use their best judgment about whether symptoms are present and make their estimate when symptoms began based on information from participant and co-participant . For additional clarification and examples, see* **UDS Coding Guidebook** *for* **Form B9**. *Check only one box per question.*

Section 1 – Changes across domains

Reported by participant

1.	Does the participant report a decline in any cognitive domain *(relative to stable baseline prior to onset of current syndrome)?*	☐0 No ☐1 Yes	☐8 Could not be assessed / participant is too impaired
2.	Does the participant report a change in any motor domain *(relative to stable baseline prior to onset of current syndrome)?*	☐0 No ☐1 Yes	☐8 Could not be assessed / participant is too impaired
3.	Does the participant report the development of any significant neuropsychiatric/behavioral symptoms *(relative to stable baseline prior to onset of current syndrome)?*	☐0 No ☐1 Yes	☐8 Could not be assessed / participant is too impaired

Reported by co–participant

4.	Does the co-participant report a decline in any cognitive domain *(relative to stable baseline prior to onset of current syndrome)?*	☐0 No ☐1 Yes	☐8 There is no co-participant
5.	Does the co-participant report a change in any motor domain *(relative to stable baseline prior to onset of current syndrome)?*	☐0 No ☐1 Yes	☐8 There is no co-participant
6.	Does the co-participant report the development of any significant neuropsychiatric/behavioral symptoms *(relative to stable baseline prior to onset of current syndrome)?*	☐0 No ☐1 Yes	☐8 There is no co-participant

Reported by clinician

7.	Does the participant have any neuropsychiatric/behavioral symptoms, decline in any cognitive domains, or changes in any motor domains?	☐0 No **(END FORM HERE)** ☐1 Yes

In the following sections record the phenotype of clinically meaningful symptoms or absence of a **history of these symptoms**, as determined by the clinician's best judgment following the medical history interview with the participant and co-participant.

Section 2 – Cognitive impairment

Consider if the participant currently is meaningfully impaired, **relative to stable baseline prior to onset of current syndrome**:

8.	Based on the clinician's judgment, is the participant currently experiencing meaningful impairment in cognition?	☐0 No **(SKIP TO QUESTION 11)** ☐1 Yes

9. Indicate whether the participant is meaningfully impaired in the following cognitive domains or has fluctuating cognition:

Cognitive		No	Yes	Unknown
9a.	**Memory** — Does the participant forget conversations or dates, repeat questions or statements, or misplace things more than usual?	☐0	☐1	☐9
9b.	**Orientation** — Does the participant have trouble knowing the day, month, and year, forget names of people they know well, get lost in familiar locations, or not recognize familiar locations?	☐0	☐1	☐9
9c.	**Executive function *(judgment, planning, and problem–solving)*** — Does the participant have trouble planning complex activities like trips, financial transactions, parties, or group meetings?	☐0	☐1	☐9

Section 2 – Cognitive impairment *continued...*

		No	Yes	Unknown
9d.	**Language** — Does the participant have hesitant speech, have trouble finding words, use inappropriate words without self-correction, or have trouble with speech comprehension?	☐0	☐1	☐9
9e.	**Visuospatial function** — Does the participant have difficulty interpreting visual stimuli or finding their way around in familiar environments?	☐0	☐1	☐9
9f.	**Attention/concentration** — Does the participant have a short attention span or limited ability to concentrate? Are they easily distracted?	☐0	☐1	☐9
9g.	**Fluctuating cognition** — Does the participant exhibit pronounced variation in attention and alertness, noticeably over hours or days—for example, long lapses or periods of staring into space, or times when their ideas have a disorganized flow?	☐0	☐1	☐9
9h.	**Other (SPECIFY):** _____	☐0	☐1	
9i.	If any of the cognitive symptoms in 9a-9h are present, at what age did they begin? *(The clinician must use their best judgment to estimate an age of onset. If multiple symptoms with different ages of onset are identified, denote the age of the earliest symptom.)*	___ ___ ___		

10. **Mode of onset of cognitive impairment:** Indicate the mode of onset for the **most prominent** cognitive problem that is causing the participant's complaints and/or affecting the participant's function.

☐1 Gradual
☐2 Subacute
☐3 Abrupt
☐4 Other **(SPECIFY):** _____
☐99 Unknown

Section 3 – Neuropsychiatric symptoms and behavioral changes

Consider if the participant manifests – ***in the last month*** – clinically meaningful neuropsychiatric symptoms or change in behavior **relative to stable baseline** *(i.e., predominant behavioral state prior to the onset of the current syndrome)*. Clinically meaningful change refers to symptoms or changes that are evident most days in a given four-week period.

11. Based on the clinician's judgment, does the participant manifest clinically meaningful neuropsychiatric symptoms or meaningful change in behavior?

☐0 No **(SKIP TO QUESTION 14)**
☐1 Yes

12. Specify the phenotype of clinically meaningful neuropsychiatric symptoms or meaningful change in behavior that has manifested ***in the last month***.

Mood, motivation, and agitation		**No**	**Yes**	**Unknown**
12a.	**Apathy/withdrawal** — Has the participant lost interest in the world around them, lost interest in doing things, or lack motivation for starting new activities?	☐0	☐1	☐9
12b.	**Depressed mood** — Does the participant seem sad or depressed, or say that they feel sad or depressed?	☐0	☐1	☐9
12c.	**Anxiety** — Does the participant seem very nervous, worried, or frightened for no apparent reason? Do they seem very tense or fidgety? Do they seem afraid to be apart from caregivers or from others that they trust?	☐0	☐1	☐9
12d.	**Euphoria** — Does the participant seem too cheerful or too happy for no reason, manifest a persistent and abnormally good mood, or find humor where others do not?	☐0	☐1	☐9
12e.	**Irritability** — Does the participant get irritated and easily disturbed? Are their moods very interchangeable? Are they abnormally impatient?	☐0	☐1	☐9
12f.	**Agitation** — Is the participant easily distressed or angered, or hard to handle, or uncooperative, or resistive to care or to help from others?	☐0	☐1	☐9
12g.	If any of the mood–related behavioral changes in 12a–12f are present, at what age did they begin? (*The clinician must use their best judgment to estimate an age of onset. If multiple symptoms are identified, denote the age of the earliest symptom.)*	___ ___ ___		

Section 3 – Neuropsychiatric symptoms and behavioral changes *continued...*

Psychosis and impulse control		No	Yes	Unknown
12h.	**Visual hallucinations** - Does the participant exhibit visual perceptions without a stimulus?	☐0	☐1	☐9
12h1.	**IF YES,** do their hallucinations include patterns that are not definite objects, such as pixelation of flat uniform surfaces?	☐0	☐1	☐9
12h2.	**IF YES,** do their hallucinations include well-formed and detailed images of objects or people, either as independent images or as part of other objects?	☐0	☐1	☐9
12i.	**Auditory hallucinations** - Does the participant exhibit auditory perceptions without a stimulus?	☐0	☐1	☐9
12i1.	**IF YES,** do the auditory hallucinations include simple sounds like knocks or other simple sounds?	☐0	☐1	☐9
12i2.	**IF YES,** do the auditory hallucinations include complex sounds like voices speaking words, or music?	☐0	☐1	☐9
12j.	**Delusions** - Does the participant have fixed, idiosyncratic beliefs that are not true? For example, insisting that others are trying to harm them or steal from them? Have they said that family members or staff are not who they say they are, or that the house is not their home?	☐0	☐1	☐9
12k.	**Aggression** — Does the participant shout angrily, slam doors, attempt to hit or hurt others, or exhibit other verbally or physically aggressive behaviors?	☐0	☐1	☐9
12l.	If any of the psychosis and impulse control–related behavioral changes in 12h–12k are present, at what age did they begin? (*The clinician must use their best judgment to estimate an age of onset. If multiple symptoms are identified, denote the age of the earliest symptom.)*	___ ___ ___		

Personality		No	Yes	Unknown
12m.	**Disinhibition** — Does the participant act impulsively without thinking, say things that are not usually done or said in public, or do things that are embarrassing to caregivers or others, or do they talk personally to strangers or have disregard for personal hygiene?	☐0	☐1	☐9
12n.	**Personality change** — Does the participant exhibit bizarre behavior or behavior uncharacteristic of the participant, such as unusual collecting, suspiciousness *(without delusions)*, unusual dress, or unusual eating behaviors?	☐0	☐1	☐9
12o.	**Loss of empathy** — Does the participant fail to take others' feelings into account?	☐0	☐1	☐9
12p.	**Obsessions and/or compulsions** — Does the participant repeatedly and excessively focus on particular ideas or activities, or have they developed new habits, like physical behaviors or stereotypical verbal phrases?	☐0	☐1	☐9
12q.	**Explosive anger** — Does the participant have a "short fuse"? Do they display explosive outbursts of anger or rage?	☐0	☐1	☐9
12r.	**Substance use** — Does the participant currently show evidence of excessive consumption of recreational, psychoactive, or typically abused substances *(substantial increase compared with prior habits, and beyond medical necessity if prescribed substance)*?	☐0	☐1	☐9
12r1.	**IF YES,** record substance(s) involved: *(Check all that apply)*	**12r1a.** ☐1 Alcohol **12r1b.** ☐1 Sedative/hypnotic **12r1c.** ☐1 Opiate **12r1d.** ☐1 Cocaine **12r1e.** ☐1 Cannabis **12r1f.** ☐1 Other **(SPECIFY):** _____		
12s.	If any of the personality–related behavioral changes in 12m–12r are present, at what age did they begin? (*The clinician must use their best judgment to estimate an age of onset. If multiple symptoms are identified, denote the age of the earliest symptom.)*	___ ___ ___		

Section 3 – Neuropsychiatric symptoms and behavioral changes *continued...*

REM sleep		No	Yes	Unknown
12t.	**REM sleep behavior disorder** — While sleeping, does the participant appear to repeatedly act out their dreams *(e.g., punch or flail their arms, shout, or scream)*?	☐0	☐1	☐9
12t1.	**IF YES,** at what age did the dream enactment behavior begin? (*The clinician must use their best judgment to estimate an age of onset.*)	___ ___ ___		
12t2.	Was REM sleep behavior disorder confirmed by polysomnography?	☐0	☐1	☐9

Other		No	Yes	Unknown
12u.	**Other behavioral changes (SPECIFY):** _____	☐0	☐1	

13.	**Overall mode of onset for behavioral changes:** Indicate the mode of onset for the **most prominent** behavioral problem that is causing the participant's complaints and/or affecting the participant's function.	☐1 Gradual ☐2 Subacute ☐3 Abrupt	☐4 Other **(SPECIFY):** _____ ☐99 Unknown

Section 4 – Motor changes

Consider if the participant currently has meaningful change in motor function **that represents a change relative to a stable baseline prior to the current syndrome and is potentially due to a disorder affecting the central nervous system:**

14.	Based on the clinician's judgment, is the participant currently experiencing any meaningful changes in motor function?	☐0 No **(SKIP TO QUESTION 19)** ☐1 Yes

15. Indicate whether the participant has meaningful change in motor function:

Motor		No	Yes	Unknown
15a.	**Gait disorder** — Has the participant's walking changed, not specifically due to arthritis, injury, or peripheral neuropathy? Are they unsteady, or do they shuffle when walking, have little or no arm-swing, or drag a foot?	☐0	☐1	☐9
15b.	**Falls** — Has the participant had an increase in frequency of falls compared with their stable baseline prior to the current syndrome?	☐0	☐1	☐9
15c.	**Slowness** — Has the participant noticeably slowed down in walking, moving, or writing by hand, other than due to an injury or illness?	☐0	☐1	☐9
15d.	**Tremors** — Has the participant had rhythmic shaking, especially in the hands, arms, legs, head, mouth, or tongue?	☐0	☐1	☐9
15e.	**Limb weakness** — Has the participant noticed a change *(abrupt or gradual)* in limb function such that an arm and/or leg is weak compared to their prior baseline?	☐0	☐1	☐9
15f.	**Change in facial expression** — Has the participant's facial expression changed or become more "wooden," or masked and unexpressive?	☐0	☐1	☐9
15g.	**Change in speech** — Has the participant noted a change in speech (*abrupt or gradual)* such that speech is slurred, or the ability to articulate the tongue and lips to form words and sentences has declined compared to their baseline?	☐0	☐1	☐9
15h.	If changes in motor function are present in 15a–15g, at what age did they begin? (*The clinician must use their best judgment to estimate an age of onset. If multiple symptoms are identified, denote the age of the earliest symptom.)*	___ ___ ___		

16.	**Mode of onset for motor changes:** Indicate the mode of onset for the **most prominent** motor problem that is causing the participant's complaints and/or affecting the participant's function.	☐1 Gradual ☐2 Subacute ☐3 Abrupt	☐4 Other **(SPECIFY):** _____ ☐99 Unknown

		No	Yes	Unknown
17.	Were changes in motor function suggestive of parkinsonism?	☐0	☐1	☐9
18.	Were changes in motor function suggestive of amyotrophic lateral sclerosis (ALS) *(e.g., changes in muscle strength, or muscle twitches in one or more limbs, or slurred speech)*?	☐0	☐1	☐9

Section 5 – Overall course of decline and predominant domain

19.	Overall course of decline of cognitive/behavioral/motor syndrome:	☐ 1 Gradually progressive ☐ 2 Stepwise ☐ 3 Static ☐ 4 Fluctuating ☐ 5 Improved ☐ 8 Not applicable ☐ 9 Unknown
20.	Indicate the **predominant** domain that was first recognized as changed in the participant:	☐ 1 Cognition ☐ 2 Behavior ☐ 3 Motor function ☐ 8 Not applicable ☐ 9 Unknown

Form C2: Neuropsychological Battery Scores

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:	Mode:	Key (remote reason):
☐1 English	☐1 In-person	*1=Too cognitively impaired*
☐2 Spanish	☐2 Remote *(reason):* ___	*2=Too physically impaired*
	☐2 Video	*3=Homebound or nursing home*
		4=Refused in-person visit
		5=Other

***INSTRUCTIONS**: This form is to be completed by ADRC or clinic staff. For test administration and scoring, see Instructions for Neuropsychological Battery, Form C2. Any new participants who enroll in the UDS after the implementation of UDSv4 must be assessed with the new neuropsychological test battery (Form C2 or C2T).*

KEY: If the participant cannot complete any of the following exams, please give the reason by entering one of the following codes:
95 / 995 = Physical problem 96 / 996 = Cognitive/behavior problem 97 / 997 = Other problem 98 / 998 = Verbal refusal

Section 1 — Montreal Cognitive Assessment (MoCA)

1a.	Was any part of the MoCA administered?	☐0 No *(If No, enter reason code, 95 – 98)*: ___ ___ **(SKIP TO QUESTION 2A)** ☐1 Yes **(CONTINUE WITH QUESTION 1B)**	
1b.	MoCA was administered:	☐1 In ADRC or clinic ☐2 In home ☐3 In person — other	
1c.	Language of MoCA administration:	☐1 English ☐2 Spanish ☐3 Other **(SPECIFY):** _____	
1d.	Participant was unable to complete one or more sections due to visual impairment:		☐0 No ☐1 Yes
1e.	Participant was unable to complete one or more sections due to hearing impairment:		☐0 No ☐1 Yes
1f.	Total Raw Score — Uncorrected (Not corrected for education or visual/hearing impairment) *(Enter 88 if any of the following MoCA items were not administered: 1g – 1l, 1n – 1t, 1w – 1bb)*		___ ___ (0–30, 88)
1g.	Visuospatial/executive — Trails		___ ___ (0–1, 95-98)
1h.	Visuospatial/executive — Cube		___ ___ (0–1, 95-98)
1i.	Visuospatial/executive — Clock contour		___ ___ (0–1, 95-98)
1j.	Visuospatial/executive — Clock numbers		___ ___ (0–1, 95-98)
1k.	Visuospatial/executive — Clock hands		___ ___ (0–1, 95-98)
1l.	Language — Naming		___ ___ (0–3, 95-98)
1m.	Memory — Registration (two trials)		___ ___ (0–10, 95-98)
1n.	Attention — Digits		___ ___ (0–2, 95-98)
1o.	Attention — Letter A		___ ___ (0–1, 95-98)
1p.	Attention — Serial 7s		___ ___ (0–3, 95-98)
1q.	Language — Repetition		___ ___ (0–2, 95-98)
1r.	Language — Fluency		___ ___ (0–1, 95-98)
1s.	Abstraction		___ ___ (0–2, 95-98)
1t.	Delayed recall — No cue		___ ___ (0–5, 95-98)
1u.	Delayed recall — Category cue		___ ___ (0–5; 88=Not applicable)
1v.	Delayed recall — Recognition		___ ___ (0–5; 88=Not applicable)
1w.	Orientation — Date		___ ___ (0–1, 95-98)
1x.	Orientation — Month		___ ___ (0–1, 95-98)
1y.	Orientation — Year		___ ___ (0–1, 95-98)
1z.	Orientation — Day		___ ___ (0–1, 95-98)
1aa.	Orientation — Place		___ ___ (0–1, 95-98)
1bb.	Orientation — City		___ ___ (0–1, 95-98)

Section 2 — Administration of the remainder of the battery

2a.	The tests following the MoCA were administered: ☐ 1 In ADRC or clinic ☐ 2 In home ☐ 3 In person — other	
2b.	Language of test administration: ☐ 1 English ☐ 2 Spanish ☐ 3 Other (SPECIFY): _____	

Section 3 — Craft Story 21 Recall (Immediate)

3a.	Total story units recalled, verbatim scoring *(If test not completed, enter reason code, 95–98, and* **SKIP TO QUESTION 4a.***)*	___ ___ (0–44, 95-98)
3b.	Total story units recalled, paraphrase scoring	___ ___ (0–25)

Section 4 — Benson Complex Figure Copy

4a.	Total score for copy of Benson figure *(If test not completed, enter reason code, 95–98)*	___ ___ (0–17, 95-98)

Section 5 — Number Span Test: Forward

5a.	Number of correct trials *(If test not completed, enter reason code, 95–98, and* **SKIP TO QUESTION 6a.***)*	___ ___ (0–14, 95-98)
5b.	Longest span forward	___ ___ (0, 3-9)

Section 6 — Number Span Test: Backward

6a.	Number of correct trials *(If test not completed, enter reason code, 95–98, and* **SKIP TO QUESTION 7a.***)*	___ ___ (0–14, 95-98)
6b.	Longest span backward	___ ___ (0, 2-8)

Section 7 — Category Fluency

7a.	Animals: Total number of animals named in 60 seconds *(If test not completed, enter reason code, 95–98)*	___ ___ (0–77, 95-98)
7b.	Vegetables: Total number of vegetables named in 60 seconds *(If test not completed, enter reason code, 95–98)*	___ ___ (0–77, 95-98)

Section 8 — Trail Making Test

8a.	PART A: Total number of seconds to complete (if not finished by 150 seconds, enter 150) *(If test not completed, enter reason code, 995–998, and* **SKIP TO QUESTION 8b.***)*	___ ___ ___ (0–150, 995-998)
	8a1. Number of commission errors	___ ___ (0–40)
	8a2. Number of correct lines	___ ___ (0–24)
8b.	PART B: Total number of seconds to complete (if not finished by 300 seconds, enter 300) *(If test not completed, enter reason code, 995–998, and* **SKIP TO QUESTION 9a.***)*	___ ___ ___ (0–300, 995-998)
	8b1. Number of commission errors	___ ___ (0–40)
	8b2. Number of correct lines	___ ___ (0–24)

Section 9 — Benson Complex Figure Recall

9a.	Total score for drawing of Benson figure following 10- to 15-minute delay *(If test not completed, enter reason code, 95–98, and* **SKIP TO QUESTION 10a.***)*	___ ___ (0–17, 95-98)
9b.	Recognized original stimulus from among four options?	☐ 0 No ☐ 1 Yes

Section 10 — Craft Story 21 Recall (Delayed)

10a.	Total story units recalled, verbatim scoring *(If test not completed, enter reason code, 95–98, and* **SKIP TO QUESTION 11a.***)*	___ ___ (0–44, 95-98)
10b.	Total story units recalled, paraphrase scoring	___ ___ (0–25)
10c.	Delay time (minutes) *(99=Unknown)*	___ ___ (0–85 minutes)
10d.	Cue ("boy") needed	☐ 0 No ☐ 1 Yes

Section 11 — Verbal Fluency: Phonemic Test

11a.	Number of correct F-words generated in 1 minute *(If test not completed, enter reason code, 95–98, and* **SKIP TO QUESTION 11d.***)*	___ ___ (0–40, 95-98)
11b.	Number of F-words repeated in 1 minute	___ ___ (0–15)
11c.	Number of non-F-words and rule violation errors in 1 minute	___ ___ (0–15)
11d.	Number of correct L-words generated in 1 minute *(If test not completed, enter reason code, 95–98, and* **SKIP TO QUESTION 12.***)*	___ ___ (0–40, 95-98)
11e.	Number of L-words repeated in one minute	___ ___ (0–15)
11f.	Number of non-L-words and rule violation errors in 1 minute	___ ___ (0–15)
11g.	TOTAL number of correct F-words and L-words	___ ___ (0–80)
11h.	TOTAL number of F-word and L-word repetition errors	___ ___ (0–30)
11i.	TOTAL number of non-F/L words and rule violation errors	___ ___ (0–30)

12. Which verbal learning test was administered? ☐ 1 Rey AVLT **(COMPLETE SECTIONS 12 & 13, SKIP SECTIONS 14 & 15)** ☐ 2 CERAD **(SKIP TO SECTION 14)**

Section 12 — Rey Auditory Verbal Learning (Immediate)

Total number of words correctly recalled and number of intrusions

Trial	Total recall	# of intrusions
Trial 1	12a. ___ ___ (0–15, 95-98) *(If test was not completed, enter reason code, 95-98.* **SKIP TO QUESTION 16a***.)*	12b. ___ ___ (No limit)
Trial 2	12c. ___ ___ (0–15)	12d. ___ ___ (No limit)
Trial 3	12e. ___ ___ (0–15)	12f. ___ ___ (No limit)
Trial 4	12g. ___ ___ (0–15)	12h. ___ ___ (No limit)
Trial 5	12i. ___ ___ (0–15)	12j. ___ ___ (No limit)
List B	12k. ___ ___ (0–15)	12l. ___ ___ (No limit)
Trial 6	12m. ___ ___ (0–15)	12n. ___ ___ (No limit)

Section 13 — Rey Auditory Verbal Learning (Delayed Recall and Recognition)

13a.	Total delayed recall *(If test was not completed, enter reason code, 95-98.* **SKIP TO QUESTION 16a***.)*	___ ___ (0–15, 95-98)
13b.	Intrusions	___ ___ (No limit)
13c.	Delay time (minutes) *(99=Unknown)*	___ ___ (0–85 minutes)
13d.	Method of recognition test administration	☐ 1 List shown ☐ 2 List read
13e.	Recognition — Total correct	___ ___ (0–15)
13f.	Recognition — Total false positive	___ ___ (0–15)

Section 14 — CERAD Verbal Learning (Immediate)

J4 Word List Memory Task: Total number of words correctly recalled and number of intrusions

Trial	Total recall	Can't read	# of intrusions
Trial 1	14a. ___ ___ (0–10, 95-98) *(If test was not completed, enter reason code, 95-98.* **SKIP TO QUESTION 16a.***)*	14b. ___ ___ (0–10)	14c. ___ ___ (No limit)
Trial 2	14d. ___ ___ (0–10)	14e. ___ ___ (0–10)	14f. ___ ___ (No limit)
Trial 3	14g. ___ ___ (0–10)	14h. ___ ___ (0–10)	14i. ___ ___ (No limit)

Section 15 — CERAD Verbal Learning (Delayed Recall and Recognition)

15a.	Delay time (minutes) *(99=Unknown)*	___ ___ (0–85 minutes)
15b.	J6 Word List Recall: Total number of words correctly recalled *(If test not completed, enter reason code, 95-98, and* **SKIP TO QUESTION 16a.***)*	___ ___ (0–10, 95-98)
15c.	J6 Word List Recall: Total number of intrusions	___ ___ (No limit)
15d.	J7 Word List Recognition: Total YES correct *(If test not completed, enter reason code, 95-98, and* **SKIP TO QUESTION 16a.***)*	___ ___ (0–10, 95-98)
15e.	J7 Word List Recognition: Total NO correct	___ ___ (0–10, 95-98)

Section 16 — Multilingual Naming Test (MINT)

16a.	Total score *(If test not completed, enter reason code, 95–98, and* **SKIP TO QUESTION 17a***)*	___ ___ (0–32, 95-98)
16b.	Total correct without semantic cue	___ ___ (0–32)
16c.	Semantic cues: Number given	___ ___ (0–32)
16d.	Semantic cues: Number correct with cue *(88 = Not applicable)*	___ ___ (0–32, 88)
16e.	Phonemic cues: Number given	___ ___ (0–32)
16f.	Phonemic cues: Number correct with cue *(88 = Not applicable)*	___ ___ (0–32, 88)

Section 17 — Overall appraisal

17a.	Per the clinician (e.g., neuropsychologist, behavioral neurologist, or other suitably qualified clinician), based on the UDS neuropsychological examination, the participant's cognitive status is deemed:	☐ 1 Better than normal for age ☐ 2 Normal for age ☐ 3 One or two test scores are abnormal ☐ 4 Three or more scores are abnormal or lower than expected ☐ 0 Clinician unable to render opinion

Section 18 — Validity of participant's response

Please record your impression of whether hearing or other factors significantly influenced test results. It can be difficult to judge, but it is helpful in adjudication and data analysis to know that such an influence may have been present.

18a.	How valid do you think the participant's responses are?	☐ 1 Very valid, probably accurate indication of participant's cognitive abilities **(END FORM HERE)** ☐ 2 Questionably valid, possibly inaccurate indication of participant's cognitive abilities ☐ 3 Invalid, probably inaccurate indication of participant's cognitive abilities
18b.	What makes this participant's responses less valid? ***(Check all that apply)***	**18b1.** ☐ 1 Hearing impairment **18b2.** ☐ 1 Distractions **18b3.** ☐ 1 Interruptions **18b4.** ☐ 1 Lack of effort or disinterest **18b5.** ☐ 1 Fatigue **18b6.** ☐ 1 Emotional issues **18b7.** ☐ 1 Unapproved assistance **18b8.** ☐ 1 Other **(SPECIFY):** _____

Form C2T: Neuropsychological Battery Scores for T-cog

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:	Mode:	Key (remote reason):
☐ 1 English ☐ 2 Spanish	☐ 2 Remote *(reason):* ___ ☐ 1 Telephone	*1=Too cognitively impaired* *2=Too physically impaired* *3=Homebound or nursing home* *4=Refused in-person visit* *5=Other*

***INSTRUCTIONS**: This form is to be completed by ADRC or clinic staff. For test administration and scoring, see Instructions for Neuropsychological Battery, Form C2T. Any new participants who enroll in the UDS after the implementation of UDSv4 must be assessed with the new neuropsychological test battery (Form C2 or C2T).*

KEY: If the participant cannot complete any of the following exams, please give the reason by entering one of the following codes:
95 / 995 = Physical problem 96 / 996 = Cognitive/behavior problem 97 / 997 = Other problem 98 / 998 = Verbal refusal

Section 1 — Montreal Cognitive Assessment (MoCA) Blind

1a.	Was any part of the MoCA administered?	☐ 0 No *(If No, enter reason code, 95 – 98)*: ___ ___ **(SKIP TO QUESTION 2A)** ☐ 1 Yes **(CONTINUE WITH QUESTION 1B)**
1b.	Language of MoCA administration: ☐ 1 English ☐ 2 Spanish ☐ 3 Other **(SPECIFY):** _____	
1c.	Participant was unable to complete one or more sections due to hearing impairment:	☐ 0 No ☐ 1 Yes
1d.	Total Raw Score — Uncorrected (Not corrected for education or visual/hearing impairment) *(Enter 88 if any of the following MoCA items were not administered: 1e – 1k, 1n – 1s)*	___ ___ (0 –22, 88)
1e.	Attention — Digits	___ ___ (0 –2, 95-98)
1f.	Attention — Letter A	___ ___ (0 –1, 95-98)
1g.	Attention — Serial 7s	___ ___ (0 –3, 95-98)
1h.	Language — Repetition	___ ___ (0 –2, 95-98)
1i.	Language — Fluency	___ ___ (0 –1, 95-98)
1j.	Abstraction	___ ___ (0 –2, 95-98)
1k.	Delayed recall — No cue	___ ___ (0 –5, 95-98)
1l.	Delayed recall — Category cue	___ ___ (0 –5; 88=Not applicable)
1m.	Delayed recall — Recognition	___ ___ (0 –5; 88=Not applicable)
1n.	Orientation — Date	___ ___ (0 –1, 95-98)
1o.	Orientation — Month	___ ___ (0 –1, 95-98)
1p.	Orientation — Year	___ ___ (0 –1, 95-98)
1q.	Orientation — Day	___ ___ (0 –1, 95-98)
1r.	Orientation — Place	___ ___ (0 –1, 95-98)
1s.	Orientation — City	___ ___ (0 –1, 95-98)

Section 2 — Administration of the remainder of the battery

2a.	Language of test administration: ☐ 1 English ☐ 2 Spanish ☐ 3 Other (SPECIFY): _____	

Section 3 — Craft Story 21 Recall (Immediate)

3a.	Total story units recalled, verbatim scoring *(If test not completed, enter reason code, 95–98, and* **SKIP TO QUESTION 4a.***)*	___ ___ (0 –44, 95-98)
3b.	Total story units recalled, paraphrase scoring	___ ___ (0 –25)

Section 4 — Number Span Test: Forward

4a.	Number of correct trials *(If test not completed, enter reason code, 95–98, and* **SKIP TO QUESTION 5a.***)*	___ ___ (0–14, 95-98)
4b.	Longest span forward	___ ___ (0, 3-9)

Section 5 — Number Span Test: Backward

5a.	Number of correct trials *(If test not completed, enter reason code, 95–98, and* **SKIP TO QUESTION 6.***)*	___ ___ (0–14, 95-98)
5b.	Longest span backward	___ ___ (0, 2-8)

6. Which verbal learning test was administered? ☐ 1 Rey AVLT **(COMPLETE SECTIONS 6 & 13, SKIP SECTIONS 7 & 9)** ☐ 2 CERAD **(COMPLETE SECTIONS 7 & 9, SKIP SECTIONS 6 & 13)**

Section 6 — Rey Auditory Verbal Learning (Immediate)

Total number of words correctly recalled and number of intrusions

Trial	Total recall	# of intrusions
Trial 1	6a. ___ ___ (0–15, 95-98) *(If test was not completed, enter reason code, 95-98, and* **SKIP TO QUESTION 8a***.)*	6b. ___ ___ (No limit)
Trial 2	6c. ___ ___ (0–15)	6d. ___ ___ (No limit)
Trial 3	6e. ___ ___ (0–15)	6f. ___ ___ (No limit)
Trial 4	6g. ___ ___ (0–15)	6h. ___ ___ (No limit)
Trial 5	6i. ___ ___ (0–15)	6j. ___ ___ (No limit)
List B	6k. ___ ___ (0–15)	6l. ___ ___ (No limit)
Trial 6	6m. ___ ___ (0–15)	6n. ___ ___ (No limit)

Section 7 — CERAD Verbal Learning (Immediate)

J4 Word List Memory Task: Total number of words correctly recalled and number of intrusions

Trial	Total recall	# of intrusions
Trial 1	7a. ___ ___ (0–10, 95-98) *(If test was not completed, enter reason code, 95-98.* **SKIP TO QUESTION 8a** and **LEAVE 9a-9e BLANK***.)*	7b. ___ ___ (No limit)
Trial 2	7c. ___ ___ (0–10)	7d. ___ ___ (No limit)
Trial 3	7e. ___ ___ (0–10)	7f. ___ ___ (No limit)

Section 8 — Category Fluency

8a.	Animals: Total number of animals named in 60 seconds *(If test not completed, enter reason code, 95–98)*	___ ___ (0–77, 95-98)
8b.	Vegetables: Total number of vegetables named in 60 seconds *(If test not completed, enter reason code, 95–98)*	___ ___ (0–77, 95-98)

Section 9 — CERAD Verbal Learning (Delayed Recall and Recognition)

9a.	Delay time (minutes) *(99=Unknown)*	___ ___ (0–85 minutes)
9b.	J6 Word List Recall: Total number of words correctly recalled *(If test not completed, enter reason code, 95-98, and* **SKIP TO QUESTION 9d.***)*	___ ___ (0–10, 95-98)
9c.	J6 Word List Recall: Total number of intrusions	___ ___ (No limit)
9d.	J7 Word List Recognition: Total YES correct *(If test not completed, enter reason code, 95-98, and* **SKIP TO QUESTION 10a.***)*	___ ___ (0–10, 95-98)
9e.	J7 Word List Recognition: Total NO correct	___ ___ (0–10, 95-98)

Section 10 — Oral Trail Making Test *(Optional)*

10a.	PART A: Total number of seconds to complete (if not finished by 100 seconds, enter 100) *(If test not completed, enter reason code, 995–998. If test was skipped because optional, enter 888.* **SKIP TO QUESTION 10b.***)*	___ ___ ___ (0–100, 888, 995-998)
	10a1. Number of commission errors	___ ___ (No limit)
	10a2. Number of correct lines	___ ___ (0–25)
10b.	PART B: Total number of seconds to complete (if not finished by 300 seconds, enter 300) *(If test not completed, enter reason code, 995–998. If test was skipped because optional, enter 888.* **SKIP TO QUESTION 11a.***)*	___ ___ ___ (0–300, 888, 995-998)
	10b1. Number of commission errors	___ ___ (No limit)
	10b2. Number of correct lines	___ ___ (0–25)

Section 11 — Craft Story 21 Recall (Delayed)

11a.	Total story units recalled, verbatim scoring *(If test not completed, enter reason code, 95–98, and* **SKIP TO QUESTION 12a.***)*	___ ___ (0–44, 95-98)
11b.	Total story units recalled, paraphrase scoring	___ ___ (0–25)
11c.	Delay time (minutes) *(99=Unknown)*	___ ___ (0–85 minutes)
11d.	Cue ("boy") needed	☐ 0 No ☐ 1 Yes

Section 12 — Verbal Fluency: Phonemic Test

12a.	Number of correct F-words generated in 1 minute *(If test not completed, enter reason code, 95–98, and* **SKIP TO QUESTION 12d.***)*	___ ___ (0–40, 95-98)
12b.	Number of F-words repeated in 1 minute	___ ___ (0–15)
12c.	Number of non-F-words and rule violation errors in 1 minute	___ ___ (0–15)
12d.	Number of correct L-words generated in 1 minute *(If test not completed, enter reason code, 95–98, and* **SKIP TO QUESTION 13a.***)*	___ ___ (0–40, 95-98)
12e.	Number of L-words repeated in one minute	___ ___ (0–15)
12f.	Number of non-L-words and rule violation errors in 1 minute	___ ___ (0–15)
12g.	TOTAL number of correct F-words and L-words	___ ___ (0–80)
12h.	TOTAL number of F-word and L-word repetition errors	___ ___ (0–30)
12i.	TOTAL number of non-F/L words and rule violation errors	___ ___ (0–30)

Section 13 — Rey Auditory Verbal Learning (Delayed Recall and Recognition)

13a.	Total delayed recall *(If test was not completed, enter reason code, 95-98. If test was skipped because optional, enter 88.* **SKIP TO QUESTION 14a.)**	___ ___ (0–15, 88, 95-98)
13b.	Intrusions	___ ___ (No limit)
13c.	Delay time (minutes) *(99=Unknown)*	___ ___ (0–85 minutes)
13d.	Recognition — Total correct	___ ___ (0–15)
13e.	Recognition — Total false positive	___ ___ (0–15)

Section 14 — Verbal Naming Test *(Optional)*

14a.	Total correct without a cue *(If test was not completed, enter reason code, 95-98. If test was skipped because optional, enter 88.)*	___ ___ (0–50, 88, 95-98)
14b.	Total correct with phonemic cue *(If test was not completed, enter reason code, 95-98. If test was skipped because optional or if no cues were given, enter 88.)*	___ ___ (0–50, 88, 95-98)

Section 15 — Overall appraisal

15a.	Per the clinician (e.g., neuropsychologist, behavioral neurologist, or other suitably qualified clinician), based on the UDS neuropsychological examination, the participant's cognitive status is deemed:	☐ 1 Better than normal for age ☐ 2 Normal for age ☐ 3 One or two test scores are abnormal ☐ 4 Three or more scores are abnormal or lower than expected ☐ 0 Clinician unable to render opinion

Section 16 — Validity of participant's responses

Please record your impression of whether hearing or other factors significantly influenced test results. It can be difficult to judge, but it is helpful in adjudication and data analysis to know that such an influence may have been present.

16a.	How valid do you think the participant's responses are?	☐ 1 Very valid, probably accurate indication of participant's cognitive abilities **(END FORM HERE)** ☐ 2 Questionably valid, possibly inaccurate indication of participant's cognitive abilities ☐ 3 Invalid, probably inaccurate indication of participant's cognitive abilities
16b.	What makes this participant's responses less valid? ***(Check all that apply)***	**16b1.** ☐ 1 Hearing impairment **16b2.** ☐ 1 Distractions **16b3.** ☐ 1 Interruptions **16b4.** ☐ 1 Lack of effort or disinterest **16b5.** ☐ 1 Fatigue **16b6.** ☐ 1 Emotional issues **16b7.** ☐ 1 Unapproved assistance **16b8.** ☐ 1 Other **(SPECIFY):** _____

Form D1a: Clinical Syndrome

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:
☐ 1 English
☐ 2 Spanish

INSTRUCTIONS: *This form is to be completed by the clinician. For additional clarification and examples, see the UDS Coding Guidebook for Form D1a. Check only one box per question.*

1. Diagnosis method—*responses in this form are based on diagnosis by a:*
☐ 1 Single clinician ☐ 2 Formal consensus panel ☐ 3 Other *(e.g., Two or more clinicians or other informal group)*

Section 1 – Level of impairment – *Unimpaired cognition/behavior, SCD, MCI/MBI, or dementia*

2. Does the participant have:
1. Unimpaired cognition *(e.g., cognitive performance and functional status (i.e., CDR) judged to be unimpaired)?*

AND

2. Unimpaired behavior *(i.e., the participant does not exhibit behavior sufficient to diagnose MBI – see MBI section starting at Q7) or dementia due to FTLD or LBD and/or FTLD behavior and language domains=0?*

☐ 0 No **(SKIP TO QUESTION 3)** ☐ 1 Yes **(CONTINUE TO QUESTION 2a)**

Note: For those with longstanding cognitive impairment that does not represent a decline from their usual functioning, consider checking **Question 5b** *for a diagnosis of* **"Cognitively Impaired, Not MCI/dementia"** .

Subjective Cognitive Decline

2a.	Does the participant report 1) significant concerns about changes in cognition **AND** 2) no neuropsychological evidence of decline **AND** 3) no functional decline?	☐ 0 No **(END FORM HERE)** ☐ 1 Yes
2b.	As a clinician, are you confident that the subjective cognitive decline is clinically meaningful?	☐ 0 No **(END FORM HERE)** ☐ 1 Yes **(END FORM HERE)**

Dementia criteria

Requirement #1:
Participant has cognitive or behavioral (neuropsychiatric) symptoms that meet all of the following criteria:

- Interfere with ability to function as before at work or at usual activities
- Represent a decline from previous levels of functioning
- Are not explained by delirium or major psychiatric disorder
- Include cognitive impairment detected and diagnosed through a combination of: 1) history-taking; 2) objective assessment *(bedside or neuropsychological testing)*

Requirement #2:
Participant must have impairment in one* or more of the following domains:

- Impaired ability to acquire and remember new information
- Impaired reasoning and handling of complex tasks, poor judgment
- Impaired visuospatial abilities
- Impaired language functions
- Changes in personality, behavior, or comportment

** In the event of single-domain impairment (e.g., language in PPA, behavior in bvFTD, visuospatial in posterior cortical atrophy, etc.), the participant must not fulfill criteria for MCI.*

3. Does the participant meet criteria for dementia?
☐ 0 No **(CONTINUE TO QUESTION 4)**
☐ 1 Yes **(SKIP TO QUESTION 6a)**

Section 1 – Level of impairment *continued...*

MCI core clinical criteria

Check all criteria that apply in Q4.

4.
- ☐ 1 Clinical concern about decline in cognition compared to participant's prior level of lifelong or usual cognitive function *(e.g., based on input from participant, co-participant, and/or the clinician's judgment, CDR SB 0.5+, etc.)*
- ☐ 1 Impairment in one or more cognitive domains, compared to participant's estimated prior level of lifelong or usual cognitive function, or supported by objective longitudinal neuropsychological evidence of decline
- ☐ 1 Largely preserved functional independence OR functional dependence that is not related to cognitive decline *(e.g., based on clinical judgment)*

If all three criteria are checked, choose **1=Yes** *for Q4b. If less than 3 criteria are met, choose* **0=No** *for Q4b. If only some of the criteria from Q4 are checked, with the exception of the third MCI criteria* ***alone****, consider a diagnosis of* **cognitively impaired, not MCI/dementia** *on Q5b. If* ***only*** *the third MCI criteria is met in Q4, select* **0=No** *for Q5b.*

4b. Does the participant meet all three of the above criteria for MCI (amnestic or non-amnestic)?
- ☐ 0 No **(CONTINUE TO QUESTION 5)**
- ☐ 1 Yes **(SKIP TO QUESTION 6a)**

Cognitively impaired, not MCI/dementia

The purpose of the "Cognitively impaired, not MCI/dementia" category is to capture those individuals with evidence of cognitive impairment or decline who do not meet formal MCI criteria.

Check all applicable criteria for cognitively impaired, not MCI/dementia in Q5, *using any relevant data.*

5.
- ☐ 1 Evidence of functional impairment *(e.g., CDR SB>0 and/or FAS>0)*, but available cognitive testing is judged to be normal
- ☐ 1 Cognitive testing is abnormal but no clinical concern or functional decline (e.g., CDR SB=0 and FAS=0)
- ☐ 1 Longstanding cognitive difficulties, not representing a decline from their usual function *(e.g., early developmental differences remote TBI, other medical condition with clear effects on cognition)*
- ☐ 1 Other **(SPECIFY):** _____

If any of the criteria in Q5 are met choose **1=Yes** for Q5b.

5b. Does the participant meet any criteria for cognitively impaired, not MCI/dementia?
- ☐ 0 No **(SKIP TO QUESTION 7)**
- ☐ 1 Yes **(SKIP TO QUESTION 7)**

Affected Domains – Dementia and MCI

Choose domains that are impaired at the current visit based on clinical judgment informed by clinical history and neuropsychological testing. Select one or more as **Impaired**; all others will default to **unimpaired** in the NACC database.

Note on ***behavior changes***: For patients with *dementia* who have behavior changes, record the presence of behavioral changes here (not in the following MBI section) by marking Q6f as **Impaired** and skipping the MBI section **(SKIP TO Q8)**. For behavioral changes in the context of an MCI (or as an isolated) symptom, consider a diagnosis of MBI in the next section.

		Impaired
6a.	Memory	☐ 1
6b.	Language	☐ 1
6c.	Attention	☐ 1
6d.	Executive	☐ 1
6e.	Visuospatial	☐ 1
6f.	Behavioral *(for participants with dementia only; see MBI for MCI participants)*	☐ 1
6g.	Apraxia	☐ 1

Section 1 – Level of impairment *continued...*

Mild Behavioral Impairment (MBI) core clinical criteria

- Participant, co-participant, or clinician identifies a change in the participant's affect, motivation, thought content, behavior, or personality that is clearly different from their usual affect, motivation, thought content, behavior, or personality
- Symptoms have been present at least intermittently for the last six months or longer
- Late onset (i.e., age > ~50, unless early onset neurodegenerative syndrome is suspected)
- Not explained by delirium, other psychiatric disorder by DSM criteria (including recent onset, longstanding or recurrence of longstanding disorder).
- Symptoms interfere with at least one of these: work, interpersonal relationships, social activities
- Largely preserved independence in other functional abilities (no change from prior manner/level of functioning, or uses minimal aids or assistance)

7. Does the participant meet criteria for MBI?
(If participant meets criteria for dementia an MBI diagnosis is excluded.)
☐ 0 No **(SKIP TO QUESTION 8)**
☐ 1 Yes **(CONTINUE TO QUESTION 7a)**

MBI affected domains — Select one or more affected domains
(Note: If "Yes" is indicated in any domain below, the participant should have a corresponding symptom checked on Form B9 — Clinician Judgment of Symptoms, either from among the specific symptoms denoted there, or in "other")

		No	Yes
7a.	Motivation *(e.g., apathy symptoms on Form B9)*	☐ 0	☐ 1
7b.	Affective regulation *(e.g., anxiety, irritability, depression, and/or euphoria symptoms on Form B9)*	☐ 0	☐ 1
7c.	Impulse control *(e.g., obsessions/compulsions, personality change, and/or substance abuse symptoms on Form B9)*	☐ 0	☐ 1
7d.	Social appropriateness *(e.g., disinhibition, personality change, and/or loss of empathy symptoms on Form B9)*	☐ 0	☐ 1
7e.	Thought content/perception *(e.g., delusions and/or hallucinations on Form B9)*	☐ 0	☐ 1

Section 2 – Clinical syndrome

The purpose of Section 2 is to assign a predominant clinical syndrome to participants with dementia and, when appropriate MCI or MBI, using all available clinical, exam, and neuropsychiatric data. This should be done using clinical information and cognitive/neuropsychological testing, **ideally *without* reference to biomarker data** (which is incorporated into the Etiological Diagnoses section in Form D1b). This is not always possible and thus Q9 allows centers to record when biomarker data is known and may have influenced the clinical diagnosis.

8. Is there a predominant clinical syndrome?
Note that the participant may not meet any clinical criteria or may not have a predominant syndrome (for instance, this is common for MCI and "impaired, not MCI"). In this case, select "No."
☐ 0 No **(SKIP TO QUESTION 10)**
☐ 1 Yes

Select the predominant syndrome as present; all others will default to Absent in the NACC database.		Present
8a.	Amnestic predominant syndrome	☐ 1
8b.	Dysexecutive predominant syndrome	☐ 1
8c.	Primary visual presentation (such as posterior cortical atrophy (PCA) syndrome)	☐ 1
8d.	Primary progressive aphasia (PPA) syndrome:	☐ 1
8d1.	**If present,** select one: ☐ 1 Semantic PPA ☐ 2 Logopenic PPA ☐ 3 Nonfluent/agrammatic PPA ☐ 4 Primary progressive apraxia of speech ☐ 5 PPA other/not otherwise specified	
8e.	Behavioral variant frontotemporal (bvFTD) syndrome	☐ 1
8f.	Lewy body syndrome	☐ 1
8f1.	**If present,** select one: ☐ 1 Dementia with Lewy bodies ☐ 2 Parkinson's disease ☐ 3 Parkinson's disease dementia syndrome	
8g.	Non-amnestic multidomain syndrome, not PCA, PPA, bvFTD, or DLB syndrome	☐ 1

Section 2 – Clinical syndrome *continued...*

		Present
8h.	Primary supranuclear palsy (PSP) syndrome	☐1
8h1.	**If present,** select one: ☐1 Richardson's syndrome criteria ☐2 Non-Richardson's	
8i.	Traumatic encephalopathy syndrome	☐1
8j.	Corticobasal syndrome (CBS)	☐1
8k.	Multiple system atrophy (MSA) syndrome	☐1
8k1.	**If present,** select one: ☐1 MSA-predominant cerebellar ataxia (MSA-C) ☐2 MSA-predominant Parkinsonism (MSA-P) ☐3 MSA-predominant dysautonomia	
8l.	Other **(SPECIFY):** _____	☐1

9. Indicate the source(s) of information used to assign the clinical syndrome:
Select one or more as **Yes**; all others will default to **No** in the NACC database.

		Yes
9a.	Clinical information (history, CDR)	☐1
9b.	Cognitive testing	☐1
9c.	Biomarkers (MRI, PET, CSF, plasma)	☐1

Section 3 – Primary or contributing non-neurodegenerative or non-CVD conditions

The purpose of Section 3 is to identify conditions or disorders that are present and potentially contributing to the clinical syndrome. This must be filled out for those with cognitive or behavioral impairment (i.e., MCI, MBI, dementia, etc.) Indicate whether a given condition is a primary, contributing, or non-contributing cause of the observed impairment, based on the clinician's best judgment.

Select one or more condition(s) as **Present***;* if there are no primary or contributing non-neurodegenerative or non-CVD conditions, leave all conditions blank. All conditions left blank will default to **Absent** in the NACC database. *Only one diagnosis should be selected as 1 = **Primary.***

*In order to diagnose a disorder, **DSM-5-TR criteria require** that symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. For more guidance see the **UDS Coding Guidebook, Form D1a**.

	Condition	Present		Primary	Contributing	Non-contributing
10.	Major depressive disorder (DSM-5-TR criteria*)	☐1	10a.	☐1	☐2	☐3
11.	Other specified depressive disorder (DSM-5-TR criteria*)	☐1	11a.	☐1	☐2	☐3
12.	Bipolar disorder (DSM-5-TR criteria*)	☐1	12a.	☐1	☐2	☐3
13.	Schizophrenia or other psychotic disorder (DSM-5-TR criteria*)	☐1	13a.	☐1	☐2	☐3
14.	Anxiety disorder (DSM-5-TR criteria*)	☐1	14a.	☐1	☐2	☐3
	If **present, (SPECIFY)** *(check all that apply)***:**					
14b.	☐1 Generalized anxiety disorder					
14c.	☐1 Panic disorder					
14d.	☐1 Obsessive-compulsive disorder (OCD)					
14e.	☐1 Other **(SPECIFY)** : _____					
15.	Post-traumatic stress disorder (PTSD)(DSM-5-TR criteria*)	☐1	15a.	☐1	☐2	☐3

Section 3 – Primary or contributing non-degenerative or non-CVD conditions *continued...*

	Condition	Present		Primary	Contributing	Non-contributing
16.	Developmental neuropsychiatric disorders (e.g., autism spectrum disorder (ASD), attention-deficit hyperactivity disorder (ADHD), dyslexia)	☐1	16a.	☐1	☐2	☐3
17.	Delirium (DSM-5-TR criteria*)	☐1	17a.	☐1	☐2	☐3
18.	Other psychiatric disorder (DSM-5-TR criteria*)	☐1	18a.	☐1	☐2	☐3
18b.	If **present**, **(SPECIFY)** : _____					
19.	Traumatic brain injury *(Distinct from TES and CTE, which are documented as a Clinical Syndrome and Etiologic Diagnosis, respectively)*	☐1	19a.	☐1	☐2	☐3
20.	Epilepsy	☐1	20a.	☐1	☐2	☐3
21.	Normal-pressure hydrocephalus	☐1	21a.	☐1	☐2	☐3
22.	CNS Neoplasm	☐1	22a.	☐1	☐2	☐3
22b.	If **present**, select one: ☐1 Benign ☐2 Malignant					
23.	Human immunodeficiency virus (HIV) infection	☐1	23a.	☐1	☐2	☐3
24.	Post COVID-19 cognitive impairment	☐1	24a.	☐1	☐2	☐3
25.	Sleep apnea *(i.e., obstructive, central, mixed or complex sleep apnea)*	☐1	25a.	☐1	☐2	☐3
26.	Cognitive impairment due to other neurologic, genetic, infectious conditions (*not listed above*), or systemic disease/medical illness (as indicated on Form A5/D2)	☐1	26a.	☐1	☐2	☐3
26b.	If **present**, **(SPECIFY)**: _____					
27.	Cognitive impairment due to alcohol use or abuse	☐1	27a.	☐1	☐2	☐3
28.	Cognitive impairment due to substance use or abuse	☐1	28a.	☐1	☐2	☐3
29.	Cognitive impairment due to medications	☐1	29a.	☐1	☐2	☐3
30.	Cognitive impairment not otherwise specified (NOS)	☐1	30a.	☐1	☐2	☐3
30b.	If **present**, **(SPECIFY)**: _____					
31.	Cognitive impairment not otherwise specified (NOS)	☐1	31a.	☐1	☐2	☐3
31b.	If **present**, **(SPECIFY)**: _____					
32.	Cognitive impairment not otherwise specified (NOS)	☐1	32a.	☐1	☐2	☐3
32b.	If **present**, **(SPECIFY)**: _____					

Form D1b: Etiological Diagnosis and Biomarker Support

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:
☐ 1 English
☐ 2 Spanish

***INSTRUCTIONS**: This form is to be completed by the clinician for all participants, including cognitively unimpaired. For additional clarification and examples, see* **UDS Coding Guidebook** *for* **Form D1b**. *Check only one box per question.*

1. Were any biomarker results used to support the current etiological diagnosis? *(Consider any biomarker results from any time that may be clinically relevant)*
☐ 0 No **(SKIP TO QUESTION 12)**
☐ 1 Yes **(CONTINUE TO QUESTION 2)**

Section 1 – Biomarkers and imaging

Complete this section if any of the following biomarker measures were used to **support or exclude** a presumed etiological diagnosis, including unimpaired individuals who have biomarker characterization. Please complete the checklist below for each data source available and the related questions for each supporting data. Then complete **Section 2: Etiological Diagnosis**. This section is not intended to capture actual data values or register sample availability; instead this section's purpose is to record what information was used by the clinician (or at consensus) to inform an etiological diagnosis.

Fluids

2. **Fluid Biomarkers** – Were fluid biomarkers used for assessing the etiological diagnosis?
☐ 0 No **(SKIP TO QUESTION 5)**
☐ 1 Yes, only blood-based biomarkers were used **(CONTINUE TO QUESTION 3, and SKIP QUESTIONS 4 – 4d)**
☐ 2 Yes, only CSF-based biomarkers were used **(SKIP TO QUESTION 4)**
☐ 3 Yes, both blood- and CSF-based biomarkers were used

Please use the following questions to indicate the results of the fluid biomarker test(s) used by the clinican (or at consensus) to determine the etiological diagnosis at this visit.

If a fluid biomarker was used to exclude an etiological diagnosis, select **0=Not consistent**. If a fluid biomarker was found to be consistent with a diagnosis, select **1=Yes, consistent**. If a fluid biomarker was found to be indeterminate, select **9**. In cases where one or more of the etiologies listed were not assessed using fluid biomarkers, select **8**.

3. Blood-based biomarkers		**No, inconsistent**	**Yes, consistent**	**Indeterminate**	**Not assessed**
3a.	Consistent with AD	☐ 0	☐ 1	☐ 9	☐ 8
3b.	Consistent with FTLD	☐ 0	☐ 1	☐ 9	☐ 8
3c.	Consistent with LBD	☐ 0	☐ 1	☐ 9	☐ 8
3d.	Consistent with other etiology (**SPECIFY**): _____	☐ 0	☐ 1	☐ 9	☐ 8

4. CSF-based biomarkers		**No, inconsistent**	**Yes, consistent**	**Indeterminate**	**Not assessed**
4a.	Consistent with AD	☐ 0	☐ 1	☐ 9	☐ 8
4b.	Consistent with FTLD	☐ 0	☐ 1	☐ 9	☐ 8
4c.	Consistent with LBD	☐ 0	☐ 1	☐ 9	☐ 8
4d.	Consistent with other etiology (**SPECIFY**): _____	☐ 0	☐ 1	☐ 9	☐ 8

Section 1 – Biomarkers and imaging *continued...*

Imaging

5. **Imaging** – Was imaging used for assessing etiological diagnosis?
- ☐ 0 No **(SKIP TO QUESTION 8)**
- ☐ 1 Yes, only PET/SPECT imaging was used **(CONTINUE TO QUESTION 6, and SKIP QUESTIONS 7 – 7a3f)**
- ☐ 2 Yes, only MR imaging was used **(SKIP TO QUESTION 7)**
- ☐ 3 Yes, both PET/SPECT and MR imaging were used

Please use the following questions to indicate the results of the imaging used by the clinican (or at consensus) to determine the etiological diagnosis at this visit.

If imaging was used to exclude an etiological diagnosis, select **0=Not consistent**. If imaging was found to be consistent with a diagnosis, select **1=Yes, consistent**. If imaging was found to be indeterminate, select **9**. In cases where one or more of the etiologies listed were not assessed using imaging, select **8**.

6. PET/SPECT

6a. **Tracer-based PET** - Were tracer-based PET measures used in assessing an etiological diagnosis?
- ☐ 0 No **(SKIP TO QUESTION 6b)**
- ☐ 1 Yes, results were normal or abnormal
- ☐ 2 Yes, results were indeterminate

If used in diagnosis, indicate the results:		No	Yes	Indeterminate	Not assessed
6a1.	Elevated Amyloid	☐ 0	☐ 1	☐ 9	☐ 8
6a2.	Elevated tau pathology	☐ 0	☐ 1	☐ 9	☐ 8

6b. **FDG PET** - Was FDG PET data or information used to support an etiological diagnosis?
- ☐ 0 No **(SKIP TO QUESTION 6c)**
- ☐ 1 Yes, results were normal or abnormal
- ☐ 2 Yes, results were indeterminate

		No, inconsistent	Yes, consistent	Indeterminate	Not assessed
6b1.	Consistent with AD	☐ 0	☐ 1	☐ 9	☐ 8
6b2.	Consistent with FTLD	☐ 0	☐ 1	☐ 9	☐ 8
6b3.	Consistent with LBD	☐ 0	☐ 1	☐ 9	☐ 8
6b4.	Consistent with other etiology (**SPECIFY**): _____	☐ 0	☐ 1	☐ 9	☐ 8

6c. **Dopamine Transporter (DAT) Scan** - Was DAT Scan data or information used to support an etiological diagnosis?
- ☐ 0 No
- ☐ 1 Yes, results were normal or abnormal
- ☐ 2 Yes, results were indeterminate

6d. **Other tracer-based imaging** - Were other tracer-based imaging used to support an etiological diagnosis?
(SPECIFY): _____
- ☐ 0 No **(SKIP TO QUESTION 7a)**
- ☐ 1 Yes, results were normal or abnormal
- ☐ 2 Yes, results were indeterminate

		No, inconsistent	Yes, consistent	Indeterminate	Not assessed
6d1.	Consistent with AD	☐ 0	☐ 1	☐ 9	☐ 8
6d2.	Consistent with FTLD	☐ 0	☐ 1	☐ 9	☐ 8
6d3.	Consistent with LBD	☐ 0	☐ 1	☐ 9	☐ 8
6d4.	Consistent with other etiology (**SPECIFY**): _____	☐ 0	☐ 1	☐ 9	☐ 8

Section 1 – Biomarkers and imaging *continued...*

7. Structural Imaging

7a. **Structural Imaging (i.e., MRI or CT)** – Was structural imaging data or information used to support an etiological diagnosis?

☐0 No **(SKIP TO QUESTION 8)**
☐1 Yes, results were normal or abnormal
☐2 Yes, results were indeterminate

		No, inconsistent	Yes, consistent	Indeterminate	Not assessed
7a1.	Atrophy pattern consistent with AD	☐0	☐1	☐9	☐8
7a2.	Atrophy pattern consistent with FTLD	☐0	☐1	☐9	☐8
7a3.	Consistent with Cerebrovascular disease (CVD)	☐0	☐1	☐9	☐8

	If there is evidence for CVD on imaging, indicate the findings:	No	Yes	Indeterminate	Not assessed
7a3a.	Large vessel infarct(s)	☐0	☐1	☐9	☐8
7a3b.	Lacunar infarct(s)	☐0	☐1	☐9	☐8
7a3c.	Macrohemorrhage(s)	☐0	☐1	☐9	☐8
7a3d.	Microhemorrhage(s)	☐0	☐1	☐9	☐8
7a3e.	White matter hyperintensity	☐0	☐1	☐9	☐8

7a3e1. If **Yes**, choose the severity:
☐1 Moderate white-matter hyperintensity (CHS score 5-6)
☐2 Extensive white-matter hyperintensity (CHS score 7-8+)

Other biomarker modalities *(e.g., tissues, skin, retinal imaging, etc.)*

Please use the following questions to indicate the results of any additional biomarker modalities used by the clinician (or at consensus) to support the etiological diagnosis at this visit.

If a biomarker modality was used to exclude an etiological diagnosis, select **0=Not consistent**. If a biomarker modality was found to be consistent with a diagnosis, select **1=Yes, consistent**. If a biomarker was found to be indeterminate, select **9**. In cases where one or more of the etiologies listed were not assessed using a biomarker modality, select **8**.

8. **Other biomarker modality** - Was another biomarker modality used to support an etiological diagnosis?
(SPECIFY): _____

☐0 No **(SKIP TO QUESTION 11)**
☐1 Yes, results were normal or abnormal
☐2 Yes, results were indeterminate

		No, inconsistent	Yes, consistent	Indeterminate	Not assessed
8a.	Consistent with AD	☐0	☐1	☐9	☐8
8b.	Consistent with FTLD	☐0	☐1	☐9	☐8
8c.	Consistent with LBD	☐0	☐1	☐9	☐8
8d.	Consistent with other etiology **(SPECIFY)**: _____	☐0	☐1	☐9	☐8

Section 1 – Biomarkers and imaging *continued...*

9. **Other biomarker modality** - Was another biomarker modality used to support an etiological diagnosis?
(SPECIFY): _____

☐0 No **(SKIP TO QUESTION 11)**
☐1 Yes, results were normal or abnormal
☐2 Yes, results were indeterminate

		No, inconsistent	Yes, consistent	Indeterminate	Not assessed
9a.	Consistent with AD	☐0	☐1	☐9	☐8
9b.	Consistent with FTLD	☐0	☐1	☐9	☐8
9c.	Consistent with LBD	☐0	☐1	☐9	☐8
9d.	Consistent with other etiology (**SPECIFY**): _____	☐0	☐1	☐9	☐8

10. **Other biomarker modality** - Was another biomarker modality used to support an etiological diagnosis?
(SPECIFY): _____

☐0 No **(SKIP TO QUESTION 11)**
☐1 Yes, results were normal or abnormal
☐2 Yes, results were indeterminate

		No, inconsistent	Yes, consistent	Indeterminate	Not assessed
10a.	Consistent with AD	☐0	☐1	☐9	☐8
10b.	Consistent with FTLD	☐0	☐1	☐9	☐8
10c.	Consistent with LBD	☐0	☐1	☐9	☐8
10d.	Consistent with other etiology (**SPECIFY**): _____	☐0	☐1	☐9	☐8

Supportive genetics

11. Is there an autosomal dominant pathogenic variant to support an etiological diagnosis?

☐0 No
☐1 Yes
☐9 Unknown/Not disclosed

Section 2 – Etiological diagnoses

*Using all the available data (i.e. clinical, cognitive, biomarker, etc) please provide an etiological diagnosis. For those with no biomarker data, enter a **presumed** etiological diagnosis.*

Must be filled out for all participants. Indicate whether a given condition is a primary, contributing, or non-contributing cause of the observed impairment, based on the clinician's best judgment. Select one or more etiological diagnoses from questions *(below)* as **Present**; all others will default to **Absent** in the NACC database. *Only one diagnosis should be selected as* **1 = Primary.**

For unimpaired participants: Proceed using your center's diagnostic philosophy to determine whether the etiology is present and primary, contributing, or non-contributing or leave the checkboxes blank.

	Etiological Diagnoses	Present		Primary	Contributing	Non-contributing
12.	Alzheimer's disease	☐ 1	**12a.**	☐ 1	☐ 2	☐ 3
13.	Lewy body disease	☐ 1	**13a.**	☐ 1	☐ 2	☐ 3
14.	Frontotemporal lobar degeneration (FTLD)	☐ 1				
	If **present**, select all that apply:					
14a.	Progressive supranuclear palsy (PSP)	☐ 1	**14a1.**	☐ 1	☐ 2	☐ 3
14b.	Corticobasal degeneration (CBD)	☐ 1	**14b1.**	☐ 1	☐ 2	☐ 3
14c.	FTLD with motor neuron disease	☐ 1	**14c1.**	☐ 1	☐ 2	☐ 3
14d.	FTLD - not otherwise specified (NOS)	☐ 1	**14d1.**	☐ 1	☐ 2	☐ 3
14e.	If FTLD **(QUESTION 14)** is **present**, specify FTLD subtype: ☐ 1 Tauopathy ☐ 2 TDP-43 proteinopathy ☐ 3 Other **(SPECIFY):** _____ ☐ 9 Unknown					
15.	Vascular brain injury (based on clinical and imaging evidence according to your Center's standards)	☐ 1	**15a.**	☐ 1	☐ 2	☐ 3
16.	Multiple system atrophy	☐ 1	**16a.**	☐ 1	☐ 2	☐ 3
17.	Chronic traumatic encephalopathy (CTE)	☐ 1	**17a.**	☐ 1	☐ 2	☐ 3
17b.	If CTE **(QUESTION 17)** is **present**, specify certainty: ☐ 1 Suggestive CTE ☐ 2 Possible CTE ☐ 3 Probable CTE					
18.	Down syndrome	☐ 1	**18a.**	☐ 1	☐ 2	☐ 3
19.	Huntington's disease	☐ 1	**19a.**	☐ 1	☐ 2	☐ 3
20.	Prion disease (CJD, other)	☐ 1	**20a.**	☐ 1	☐ 2	☐ 3
21.	Cerebral amyloid angiopathy	☐ 1	**21a.**	☐ 1	☐ 2	☐ 3
22.	LATE: Limbic-predominant age-related TDP-43 encephalopathy	☐ 1	**22a.**	☐ 1	☐ 2	☐ 3
23.	Other **(SPECIFY):** _____	☐ 1	**23a.**	☐ 1	☐ 2	☐ 3