NACC

Guidance for Uniform Data Set (UDS) Submission

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

> **INSTRUCTIONS: This form is intended ONLY as guidance for clinical personnel and will not be collected in the data submission process.** NACC expects and intends that all UDS forms will be attempted on participants, but we realize this may be impossible when the patient is terminally ill, when there is no co-participant, or for other reasons.
>
> Forms not marked **REQUIRED** should also be filled out unless one of the following codes is entered on the form header:
>
> **92=No co-participant**   **93=Concerns about reliability**   **94=Remote Visit**   **95=Physical problem**
>
> **96=Cognitive/behavioral problem**   **97=Other problem**   **98=Verbal refusal**

UDS

	Form	Description		Notes
○	**A1**	Participant Demographics	REQUIRED	
○	**A1a**	Social Determinants of Health		
○	**A2**	Co-participant Demographics		
○	**A3**	Participant Family History	REQUIRED	
○	**A4**	Participant Medications	REQUIRED	
○	**A4a**	ADRD – Specific Drug Treatment	REQUIRED	
○	**A5-D2**	Participant Health History / Clinician-assessed Medical Conditions	REQUIRED	
○	**B1**	**EVALUATION FORM** Vital Signs and Anthropometrics		*In person only*
○	**B3**	UPDRS - Motor Exam		*In person only*
○	**B4**	CDR® PLUS NACC FTLD	REQUIRED	
○	**B5**	**BEHAVIORAL ASSESSMENT** NPI-Q		
○	**B6**	**BEHAVIORAL ASSESSMENT** GDS		
○	**B7**	**FUNCTIONAL ASSESSMENT** NACC FAS		
○	**B8**	**EVALUATION FORM** Neurological Examination Findings	REQUIRED	*In person or video only*
○	**B9**	Clinician Judgment of Symptoms	REQUIRED	
○	**C2/C2T**	Neuropsychological Battery Scores	REQUIRED	
○	**D1a**	Clinical Syndrome	REQUIRED	
○	**D1b**	Biomarkers and Etiological Diagnosis	REQUIRED	

CLS FORM

	Form	Description	
○	**CLS**	Participant's Language History	**SUBMIT ONLY ONCE**

COVID-19

	Form	Description	
○	**F2**	COVID Impact Survey – Participant	
○	**F3**	COVID Impact Survey – Co-Participant	