



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:

- | | | | |
|----------------------------|--|--------------------------------------|--------------------------|
| 88=Optional | 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
<input type="radio"/> A1	Participant Demographics	REQUIRED	
<input type="radio"/> A1a	Social Determinants of Health		
<input type="radio"/> A2	Co-participant Demographics		
<input type="radio"/> A3	Participant Family History	REQUIRED	
<input type="radio"/> A4	Participant Medications	REQUIRED	
<input type="radio"/> A4a	ADRD – Specific Drug Treatment	REQUIRED	
<input type="radio"/> A5-D2	Participant Health History / Clinician-assessed Medical Conditions	REQUIRED	
<input type="radio"/> B1	EVALUATION FORM Vital Signs and Anthropometrics		<i>In person only</i>
<input type="radio"/> B3	UPDRS - Motor Exam		<i>In person only</i>
<input type="radio"/> B4	CDR® PLUS NACC FTLD	REQUIRED	
<input type="radio"/> B5	BEHAVIORAL ASSESSMENT NPI-Q		
<input type="radio"/> B6	BEHAVIORAL ASSESSMENT GDS		
<input type="radio"/> B7	FUNCTIONAL ASSESSMENT NACC FAS		
<input type="radio"/> B8	EVALUATION FORM Neurological Examination Findings	REQUIRED	<i>In person or video only</i>
<input type="radio"/> B9	Clinician Judgment of Symptoms	REQUIRED	
<input type="radio"/> C2/C2T	Neuropsychological Battery Scores	REQUIRED	
<input type="radio"/> D1a	Clinical Syndrome	REQUIRED	
<input type="radio"/> D1b	Biomarkers and Etiological Diagnosis	REQUIRED	

CLS FORM

Form	Description	
<input type="radio"/> CLS	Participant's Language History	<i>Submit once if the participant claims Hispanic ethnicity on Form A1.</i>

COVID-19

Form	Description	
<input type="radio"/> F2	COVID Impact Survey – Participant	
<input type="radio"/> F3	COVID Impact Survey – Co-Participant	