



Managing Field Changes

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EDC: Addressing Staff Burden Questions

Resources to be made available:

- Variable Cross-walk
- Data Dictionaries
- Data Coding Elements
- Complete Premade REDCap Projects
- Individual REDCap Instruments

EDC: Crosswalk Example - A1 UDS V.3 to UDS V.4

Summary of Variable Changes	
Item	Count
Field name the same, but has changes	9
New variable names to UDS 4	49
Variable names not in UDS 4	18

Change Summary Tab Content



Source Variable	UDS 4 from UDS 3 Status	UDS 4 Question	UDS 3 Question	UDS 4 CONFORMITY	Response Labels UDS 4	Response Labels UDS 3	Closest UDS3 Output variable	Field Transition Management
uds4	birthmo	Field changed but in both	1a. What is your month and year of birth (MM / YYYY)?	6a. What is your month and year of birth (MM / YYYY)?	Integers 1-12	1, 1 2, 2 3, 3 4, 4 5, 5 6, 6 7, 7 8, 8 9, 9 10, 10 11, 11	1, 1 2, 2 3, 3 4, 4 5, 5 6, 6 7, 7 8, 8 9, 9 10, 10 11, 11,	1 same variable name update position
uds4	birthyr	Field changed but in both	1b. Participant's year of birth	6b. Subject's year of birth	1850 - current year minus 15		1 same variable name	updated validation: 1850 - current year minus 15
uds4	racewhite	New to UDS 4	2a. Race--White		1 or blank	1 = yes	1)	race mapping of secondary and tertiary race from UDS3 to multiple checkboxes to in UDS4
uds4	raceblack	New to UDS 4	2b. Race--Black or African American		1 or blank	1 = yes	0 2)	mappable see Column J

Master Comparison Tab



EDC: Variable Crosswalk

Column Header	Descriptions
Source	This column tells the user if the field came from UDS V.4 or UDS V.3
Variable	This is the variable name
UDS 4 from UDS 3 Status	This field indicates if the variable is shared between UDS V.3 or UDS V.4 (field changed but in both), a Field that is new to UDS V.4 (New to UDS4), or a field that was not included in UDS V.4 from UDS V.3 (Not in UDS4)
UDS 4 Question	The field label from UDS V.4
UDS 3 Question	The Field label from UDS V.3
UDS 4 CONFORMITY: What values/ranges/characters, etc. are allowed for this field?	The field requirements for UDS V.4
Response Labels UDS 4	List of responses for a field and their corresponding raw code values for UDS V.4
Response Labels UDS 3	List of responses for a field and their corresponding raw code values for UDS V.3
output	Indicates that the response raw code values or field type are the same (y-same, n = not the same)
Closest UDS3 variable	This lists the variable that is most closely mapped to a particular field
Field Transition Management	Recommended field management for REDCap project

EDC: Change Example - A1 UDS V.3 to UDS V.4

Variable is the same but field has changed:

UDS V.3
'RESIDEC'

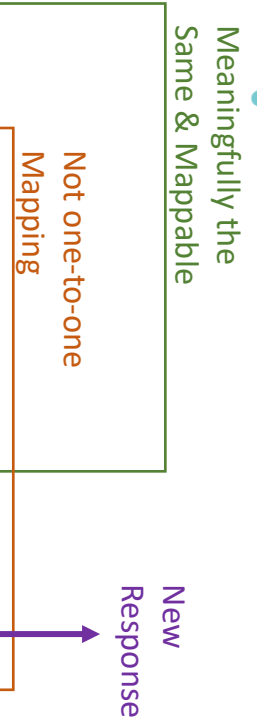
17. What is the subject's primary type of residence?

- 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
- 9 Unknown

UDS V.4
'RESIDEC'

11. 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
- 5 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



EDC: Change Example - A1 UDS V.3 to UDS V.4

Mappable New Fields *(UDS V.3 primary race/additional races inform UDS V.4 new race fields)*

8. Does the subject report being of Hispanic/Latino ethnicity (i.e., having origins from a mainly Spanish-speaking Latin American country), regardless of race?

0 No (If No, SKIP TO QUESTION 9)
 1 Yes
 9 Unknown (If Unknown, SKIP TO QUESTION 9)

8a. If yes, what are the subject's reported origins?

1 Mexican, Chicano, or Mexican-American
 2 Puerto Rican
 3 Cuban
 4 Dominican
 5 Central American
 6 South American
 50 Other (SPECIFY): _____
 99 Unknown

9. What does the subject report as his or her race?

1 White
 2 Black or African American
 3 American Indian or Alaska Native
 4 Native Hawaiian or other Pacific Islander
 5 Asian
 50 Other (SPECIFY): _____
 99 Unknown

10. What additional race does the subject report?

1 White
 2 Black or African American
 3 American Indian or Alaska Native
 4 Native Hawaiian or other Pacific Islander
 5 Asian
 50 Other (SPECIFY): _____
 88 None reported
 99 Unknown

11. What additional race, beyond those reported in Questions 9 and 10, does the subject report?

1 White
 2 Black or African American
 3 American Indian or Alaska Native
 4 Native Hawaiian or other Pacific Islander
 5 Asian
 50 Other (SPECIFY): _____
 88 None reported
 99 Unknown

UDS V.3 A1

2. What is your ethnicity and race?
(Check all that apply)

2a. 1 White

2b. 1 Black or African American

2c. 1 American Indian or Alaska Native (AIAN)

2d. 1 Native Hawaiian or other Pacific Islander

2e. 1 Asian

2f. 1 Hispanic

2g. 1 Other (SPECIFY): _____

2h. 1 Don't know

UDS V.4 A1

EDC: Change Example - A1 UDS V.3 to UDS V.4

Unique New Fields

- The A1 has 36 new unique variables that do not map to variables found in UDS V.3
- These will be brand new fields within REDCap or local database

13.	Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard?	<input type="checkbox"/> 0 No (IF NO, SKIP TO QUESTION 15) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Don't know
14.	Have you ever obtained medical care or prescription drugs from a Veterans Affairs (VA) facility?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Don't know
15.	How much time each week do you spend performing activities that cause large increases in breathing or heart rate for at least 10 minutes continuously? <i>(Include activity at work, traveling to and from places, fitness activities, and recreational activities.)</i>	<input type="checkbox"/> 1 None <input type="checkbox"/> 2 1 hour or less <input type="checkbox"/> 3 2.5 hours or less <input type="checkbox"/> 4 More than 2.5 hours <input type="checkbox"/> 8 Prefer not to answer <input type="checkbox"/> 9 Don't know
Section 2 — Memory		
16.	Do you feel like your memory is becoming worse?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes, but this does not worry me <input type="checkbox"/> 2 Yes, and this worries me <input type="checkbox"/> 9 Don't know / Prefer not to answer
17.	About how often do you have trouble remembering things?	<input type="checkbox"/> 1 Very often <input type="checkbox"/> 2 Often <input type="checkbox"/> 3 Sometimes <input type="checkbox"/> 4 Rarely <input type="checkbox"/> 5 Never <input type="checkbox"/> 9 Don't know / Prefer not to answer
18.	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?	<input type="checkbox"/> 1 Much worse <input type="checkbox"/> 2 A little worse <input type="checkbox"/> 3 The same <input type="checkbox"/> 4 A little better <input type="checkbox"/> 5 Much better <input type="checkbox"/> 9 Don't know / Prefer not to answer

EDC: Change Example - A1 UDS V.3 to UDS V.4

Removed Variable Names

- There are 11 variables that are no longer on the A1
- There are 7 variable names no long used but can be partially mapped to new fields
- These fields will not be within REDCap data dictionary shared by NACC

1. Primary reason for coming to ADC:	<input type="checkbox"/> ₁ To participate in a research study <input type="checkbox"/> ₂ To have a clinical evaluation <input type="checkbox"/> ₄ Both (to participate in a research study and to have a clinical evaluation) <input type="checkbox"/> ₉ Unknown
2a. Principal referral source: (If answer is 1 or 2, CONTINUE TO QUESTION 2B ; otherwise, SKIP TO QUESTION 3 .)	<input type="checkbox"/> ₁ Self-referral <input type="checkbox"/> ₂ Non-professional contact (spouse/partner, relative, friend, coworker, etc.) <input type="checkbox"/> ₃ ADC participant referral <input type="checkbox"/> ₄ ADC clinician, staff, or investigator referral <input type="checkbox"/> ₅ Nurse, doctor, or other health care provider <input type="checkbox"/> ₆ Other research study clinician/staff/investigator (non-ADC; e.g., ADNI, Women's Health Initiative) <input type="checkbox"/> ₈ Other <input type="checkbox"/> ₉ Unknown
2b. If the referral source was self-referral or a non-professional contact, how did the referral source learn of the ADC?	<input type="checkbox"/> ₁ ADC advertisement (e.g., website, mailing, newspaper ad, community presentation) <input type="checkbox"/> ₂ News article or TV program mentioning the ADC study <input type="checkbox"/> ₃ Conference or community event (e.g., community memory walk) <input type="checkbox"/> ₄ Another organization's media appeal or website (e.g., Alzheimer's Association, clinicaltrials.gov) <input type="checkbox"/> ₈ Other <input type="checkbox"/> ₉ Unknown
3. Presumed disease status at enrollment:	<input type="checkbox"/> ₁ Case, patient, or proband <input type="checkbox"/> ₂ Control or normal <input type="checkbox"/> ₃ No presumed disease status
4. Presumed participation:	<input type="checkbox"/> ₁ Initial evaluation only <input type="checkbox"/> ₂ Longitudinal follow-up planned
5. ADC enrollment type:	<input type="checkbox"/> ₁ Primarily ADC-funded (Clinical Core, Satellite Core, or other ADC Core or project) <input type="checkbox"/> ₂ Subject is supported primarily by a non-ADC study (e.g., RO1, including non-ADC grants supporting FTLD Module participation)

Removed



Thank you!

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