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Clinical Characteristics/Clinical Status/Neuropsychological Data

Online Participant Response Data

REDCap: Clinical Assessment Database

The data housed within CART's online REDCap database is collected annually by clinical staff. This data contains information on participant characteristics, physical health, habits, cognitive and behavioral health, and quality of life.

Variable / Field Name	Form Name	Field Type	Descripton	Choices, Calculations, OR Slider	Field Note
adcomcirs_instructions	adco_mcirs	descriptive	1=NONE: No impairment to that organ/system 2=MILD: Impairment does not interfere with normal activity; treatment may or may not be required; prognosis is excellent (Examples could be skin lesions, hernias, or hemorrhoids.) 3=MODERATE: Impairment interferes with normal activity; treatment is needed; prognosis is good (Examples could be gallstones, diabetes, or fractures.) 4=SEVERE: Impairment is disabling; treatment is urgently needed; prognosis is guarded (Examples could be respectable carcinoma, pulmonary emphysema, or congestive heart failure.) 5=EXTREMELY SEVERE: Impairment is life threatening; treatment is urgent or of no avail; prognosis is grave (Examples could be myocardial infarction, cerebrovascular accident, gastrointestinal bleeding, or embolus.)		
adcomcirs_1	adco_mcirs	radio	1. Cardiac (heart only)	1, 1-None | 2, 2-Mild | 3, 3-Moderate | 4, 4-Severe | 5, 5-Extremely Severe	
adcomcirs_1a	adco_mcirs	notes	1.a. Cardiac (heart only) notes		

adcomcirs_2	adco_mcirs	radio	2. Hypertension (rating is based on severity; affected systems are rated separately)	1, 1-None | 2, 2-Mild | 3, 3-Moderate | 4, 4-Severe | 5, 5-Extremely Severe	
adcomcirs_2a	adco_mcirs	notes	2.a. Hypertension (rating is based on severity; affected systems are rated separately) notes		
adcomcirs_3	adco_mcirs	radio	3. Vascular (blood, blood vessels and cells, marrow, spleen, lymphatics)	1, 1-None | 2, 2-Mild | 3, 3-Moderate | 4, 4-Severe | 5, 5-Extremely Severe	
adcomcirs_3a	adco_mcirs	notes	3.a. Vascular (blood, blood vessels and cells, marrow, spleen, lymphatics) notes		
adcomcirs_4	adco_mcirs	radio	4. Respiratory (lungs, bronchi, trachea below the larynx)	1, 1-None | 2, 2-Mild | 3, 3-Moderate | 4, 4-Severe | 5, 5-Extremely Severe	
adcomcirs_4a	adco_mcirs	notes	4.a. Respiratory (lungs, bronchi, trachea below the larynx) notes		
adcomcirs_5	adco_mcirs	radio	5. EENT (eye, ear, nose, throat, larynx)	1, 1-None | 2, 2-Mild | 3, 3-Moderate | 4, 4-Severe | 5, 5-Extremely Severe	
adcomcirs_5a	adco_mcirs	notes	5.a. EENT (eye, ear, nose, throat, larynx) notes		
adcomcirs_6	adco_mcirs	radio	6. Upper GI (esophagus, stomach, duodenum, biliary and pancreatic trees; do not include diabetes)	1, 1-None | 2, 2-Mild | 3, 3-Moderate | 4, 4-Severe | 5, 5-Extremely Severe	
adcomcirs_6a	adco_mcirs	notes	6.a. Upper GI (esophagus, stomach, duodenum, biliary and pancreatic trees; do not include diabetes) notes		
adcomcirs_7	adco_mcirs	radio	7. Lower GI (intestines, hernias)	1, 1-None | 2, 2-Mild | 3, 3-Moderate | 4, 4-Severe | 5, 5-Extremely Severe	
adcomcirs_7a	adco_mcirs	notes	7.a. Lower GI (intestines, hernias) notes		
adcomcirs_8	adco_mcirs	radio	8. Hepatic (liver only)	1, 1-None | 2, 2-Mild | 3, 3-Moderate | 4, 4-Severe | 5, 5-Extremely Severe	
adcomcirs_8a	adco_mcirs	notes	8.a. Hepatic (liver only) notes		

adcomcirs_9	adco_mcirs	radio	9. Renal (kidneys only)	1, 1-None | 2, 2-Mild | 3, 3-Moderate | 4, 4-Severe | 5, 5-Extremely Severe	
adcomcirs_9a	adco_mcirs	notes	9.a. Renal (kidneys only) notes		
adcomcirs_10	adco_mcirs	radio	10. Other GU (ureters, bladder, urethra, prostate, genitals)	1, 1-None | 2, 2-Mild | 3, 3-Moderate | 4, 4-Severe | 5, 5-Extremely Severe	
adcomcirs_10a	adco_mcirs	notes	10.a. Other GU (ureters, bladder, urethra, prostate, genitals) notes		
adcomcirs_11	adco_mcirs	radio	11. Musculo-Skeletal-Integumentary (muscles, bone, skin)	1, 1-None | 2, 2-Mild | 3, 3-Moderate | 4, 4-Severe | 5, 5-Extremely Severe	
adcomcirs_11a	adco_mcirs	notes	11.a. Musculo-Skeletal-Integumentary (muscles, bone, skin) notes		
adcomcirs_12	adco_mcirs	radio	12. Neurological (brain, spinal cord, nerves; do not include dementia)	1, 1-None | 2, 2-Mild | 3, 3-Moderate | 4, 4-Severe | 5, 5-Extremely Severe	
adcomcirs_12a	adco_mcirs	notes	12.a. Neurological (brain, spinal cord, nerves; do not include dementia) notes		
adcomcirs_13	adco_mcirs	radio	13. Endocrine-Metabolic (includes diabetes, diffuse infections, infections, toxicity)	1, 1-None | 2, 2-Mild | 3, 3-Moderate | 4, 4-Severe | 5, 5-Extremely Severe	
adcomcirs_13a	adco_mcirs	notes	13.a. Endocrine-Metabolic (includes diabetes, diffuse infections, infections, toxicity) notes		
adcomcirs_14	adco_mcirs	radio	14. Psychiatric/Behavioral (includes dementia, depression, anxiety, agitation, psychosis)	1, 1-None | 2, 2-Mild | 3, 3-Moderate | 4, 4-Severe | 5, 5-Extremely Severe	
adcomcirs_14a	adco_mcirs	notes	14.a. Psychiatric/Behavioral (includes dementia, depression, anxiety, agitation, psychosis) notes		

adcomcirs_total	adco_mcirs	calc	Total Score	sum([adcomcirs_1],[adcomcirs_2],[adcomcirs_3],[adcomcirs_4],[adcomcirs_5],[adcomcirs_6],[adcomcirs_7],[adcomcirs_8],[adcomcirs_9],[adcomcirs_10],[adcomcirs_11],[adcomcirs_12],[adcomcirs_13],[adcomcirs_14])	
events	adverse_events_unanticipated_problems	radio	Did the subject report an adverse event or unanticipated problem?	1, Adverse event | 2, Unanticipated problem | 3, No adverse events or unanticipated were reported.	
events_notes	adverse_events_unanticipated_problems	notes	Please describe the [events]:		
cognitive_status_instr	cart_cognitive_status	descriptive	Ask the subject the first two questions. The later questions should be filled out by the assessor.		
cognitive_status_1	cart_cognitive_status	radio	Have you noticed any decline in your memory in the past year?	1, Yes |0, No	
cognitive_status_2	cart_cognitive_status	radio	Have you been diagnosed with mild cognitive impairment, Alzheimer's Disease, or any other type of Dementia?	1, Yes | 0, No	
cognitive_status_3	cart_cognitive_status	radio	1. Does the subject have normal cognition? (No MCI, dementia, or other neurological condition resulting in cognitive impairment.)	1, Yes | 0, No	
cognitive_status_4	cart_cognitive_status	radio	2. Does the subject meet criteria for dementia? (In accordance with standard criteria for dementia of the Alzheimer's type or for other non-Alzheimer's dementing disorders.)	1, Yes |0, No	
cognitive_status_5	cart_cognitive_status	radio	3. Does the subject have amnestic MCI? (memory impairment only)	1, Yes |0, No	
cog_stat_amcimd	cart_cognitive_status	yesno	Does the subject have amnestic MCI? (multiple domains)		
cognitive_status_6	cart_cognitive_status	radio	4. Does the subject have non-amnestic MCI?	1, Yes |0, No	

mobility_inside_home	cart_mobility	radio	Does the subject usually use a mobility aid inside their home?	0, No, totally independent | 1, Uses cane | 2, Uses Walker | 3, Assisted by another person	
mobility_outside_home	cart_mobility	radio	Does the subject usually use a mobility aid outside their home?	0, No, totally independent | 1, Uses cane | 2, Uses Walker | 3, Assisted by another person	
gait_test_time	cart_mobility	text	Complete the 15' out and back gait test. How many seconds to complete?		2-300, 888 if not completed
current_needs	cart_ses_employment	radio	Which of the following statements best describes the extent to which your needs are met currently?	1, Food, housing, clothing and medical needs are met - you can afford luxuries/there is money left over at the end of the month | 2, Food, housing, clothing and medical needs are met - you can not afford luxuries | 3, One of the basic needs (food, housing, clothing or medical care) are not met | 4, Two or more of the basic needs are not met | 5, I don't know	
adult_life_needs	cart_ses_employment	radio	Which of the following statements best describes the extent to which your needs were met during the majority of your adult life?	1, Food, housing, clothing and medical needs were met - you could afford luxuries | 2, Food, housing, clothing and medical needs were met - you could not afford luxuries | 3, One of the basic needs (food, housing, clothing or medical care) were not met | 4, Two or more of the basic needs were not met | 5, I don't know	
subj_main_occupation	cart_ses_employment	text	What is/was your main occupation?		

yrs_subj_main_occupation	cart_ses_employment	text	How many years were you at your main occupation?		Please give a numeric answer. Decimal places are acceptable (ex. 30 or 7.5)
subj_other_occupation	cart_ses_employment	text	What is/was your other occupation?		
yrs_subj_other_occupation	cart_ses_employment	text	How many years were you at your other occupation?		Please give a numeric answer. Decimal places are acceptable (ex. 30 or 7.5)
spouse_main_occupation	cart_ses_employment	text	What is/was your spouse's main occupation?		
yrs_spouse_main_occupation	cart_ses_employment	text	How many years was your spouse at his/her main occupation?		Please give a numeric answer. Decimal places are acceptable (ex. 30 or 7.5)
spouse_other_occupation	cart_ses_employment	text	What is/was your spouse's other occupation?		
yrs_spouse_other_occupation	cart_ses_employment	text	How many years was your spouse a his/her other occupation?		Please give a numeric answer. Decimal places are acceptable (ex. 30 or 7.5)
current_employment_status	cart_ses_employment	radio	What is your current employment status?	1, Employed full-time | 2, Employed part-time | 3, Disabled, not able to work | 4, Unemployed, seeking work | 5, Unemployed but not seeking work | 6, Retired (including retired homemaker)	
current_emplymnt_status_2	cart_ses_employment	text	If you are currently unemployed but not seeking work, please state why.		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
subid	demographics	text	Subject ID		

sub_loc	demographics	radio	Subject Location	1, OHSU | 2, VA | 3, Rush | 4, Miami | 5, Cornell	
date_screen	demographics	text	Date of Screening		
name_first	demographics	text	Participant's First Name		
name_middle_initial	demographics	text	Participant's Middle Initial		
name_last	demographics	text	Participant's Last Name		
tele_1	demographics	text	Telephone Number (Primary)		
tele_1_type	demographics	dropdown	Telephone Type (Primary)	1, Landline | 2, Cell Phone | 3, Other	
tele_1_type_other	demographics	text	Other: Please Describe		
tele_2	demographics	text	Telephone Number (Secondary)		
tele_2_type	demographics	dropdown	Telephone Type (Secondary)	1, Landline | 2, Cell Phone | 3, Other	
tele_2_type_other	demographics	text	Other: Please Describe		
address_mail_street	demographics	text	Mailing Street Address		
address_mail_city	demographics	text	City		
address_mail_state	demographics	text	State		i.e. OR, MI
address_mail_zip	demographics	text	ZIP Code		
address_physical_samediff	demographics	radio	Physical Address	0, Same as Mailing Address | 1, Different from Mailing Address	
address_physical_street	demographics	text	Physical Street Address		
address_physical_city	demographics	text	City		
address_physical_state	demographics	text	State		i.e. OR, MI
address_physical_zip	demographics	text	ZIP Code		
dob	demographics	text	Date of Birth		
age	demographics	calc	Age	rounddown(datediff([date_screen],[dob],'y','mdy',0),1)	
gender	demographics	radio	Gender	1, Male | 2, Female	
dem_veteran	demographics	yesno	Are You a Veteran?		
email	demographics	text	Email Address:		

					i.e. Do they watch their grandchildren during the day? Do they have pets? What kind, how many?
demo_notes	demographics	notes	Notes:<i>Please include information regarding activity in the house</i>		
inclusion_age	eligibility	radio	Participant is 62 years or older. <font color = blue>[baseline_visit_arm_1][age]	1, YES | 2, no	
inclusion_lives_alone	eligibility	radio	Participant lives alone or with a cohabitant over the age of 18. <i>*Cohabitant must also sign consent agreeing to fully participate in the study. </i>	1, YES | 2, no	
inclusion_not_apartment	eligibility	radio	Participant lives in a dwelling larger than a one-room apartment. <i> *Studio apartments are only permitted if there are distinct living spaces. </i>	1, YES | 2, no	
inclusion_not_demented	eligibility	radio	Participant is not demented.	1, YES | 2, no	
inclusion_internet	eligibility	radio	Participant's household has the ability to host a reliable broadband (always on) internet connection.	1, YES | 2, no	
inclusion_computer	eligibility	radio	Participant owns either a computer, tablet, or smartphone AND has existing computer or email experience. <i>*Can be waived at site PI discretion </i>	1, YES | 2, no	
inclusion_va	eligibility	radio	PORTLAND VA SITE ONLY: At least one participant in the household is a Veteran of the United States Military.	1, YES | 2, no	
inclusion_ohsu	eligibility	radio	OHSU SITE ONLY: Participant is considered low-income. (50% median income limits in Portland, OR:FY2017: 1 person - $26,150, 2 person - $29,900)	1, YES | 2, no	

inclusion_rush_1	eligibility	radio	RUSH SITE ONLY: Participant reports their race as Black or African American. <i>*This criteria includes mixed-race </i> <font color = blue>[baseline_visit_arm_1][race]	1, YES | 2, no	
inclusion_rush_2	eligibility	radio	RUSH SITE ONLY: Participant is currently enrolled in the MARS study. <i>*Can be waived at site PI discretion. </i>	1, YES | 2, no	
inclusion_miami_2	eligibility	radio	MIAMI SITE ONLY: Participant is considered socially isolated. - Participant does not work or volunteer for more than 5hrs/week. - Participant does not attend a senior center or any other formal organization. - Participant does not engage in social activities (except for meals) for more than 10hrs/week. <i> *Can be waived at site PI discretion. </i>	1, YES | 2, no	
inclusion_miami_3	eligibility	radio	MIAMI SITE ONLY: Participant is considered low-income. (50% median income limits in Miami, FL: 2017: 1 person - $26,450, 2 person - $30,200) <i> *Can be waived at site PI discretion.</i>	1, YES | 2, no	
eligibilex	eligibility	notes	If any of the previous answer's were 'NO', please specify why and if PI approval was granted.		
exclusion_physical	eligibility	radio	Participant has a condition that would limit their physical participation at entry to the study. (e.g. wheelchair bound)	1, yes | 2, NO	

exclusion_medical	eligibility	radio	Participant has a diagnosis of any uncontrolled medical condition that is expected to preclude completion of the study (e.g. late stage cancers).	1, yes | 2, NO	
exclusion_not_alone	eligibility	radio	More than two people live in the participant's residence. <i>*This does not include overnight visitors.</i>	1, yes | 2, NO	
exclusion_gds	eligibility	radio	Participant GDS score > 5 <i>*Can be waived at PI discretion.</i>	1, yes | 2, NO	
ineligiblex	eligibility	notes	If any of the previous answers were 'YES', please explain:		
eligible	eligibility	radio	Is the participant eligible to participate in the study?	0, Yes | 1, No	
eligible_no	eligibility	text	If 'No', please give the reason why the participant is ineligible:		(i.e. 'GDS too high', 'Demented', etc.)
eligible_date	eligibility	text	Please provide the date the participant was found ineligible:		
drop_out	eligibility	radio	Did the participant drop-out?	0, Yes | 1, No	
dropout_yes	eligibility	text	If 'Yes', please give the reason for why the participant dropped out:		(i.e. 'Too much of a time commitment, etc.)
dropout_date	eligibility	text	Please provide the date the participant dropped out:		
ec_provided	emergency_contact	radio	Does the participant want to provide an emergency contact?	1, Yes | 2, No	
ec_relation	emergency_contact	text	Relation to participant:		i.e. spouse, son, daughter, etc.
ec_first_name	emergency_contact	text	First Name:		
ec_last_name	emergency_contact	text	Last Name:		
ec_primary_phone	emergency_contact	text	Primary Phone Number:		Please include area code
ec_pphone_type	emergency_contact	dropdown	Primary Phone Type:	1, Cell | 2, Home | 3, Work	

ec_second_phone	emergency_contact	text	Secondary Phone Number (optional):		Please include area code
ec_sphone_type	emergency_contact	dropdown	Secondary Phone Type (optional):	1, Cell | 2, Home | 3, Work	
gad_7_instr	gad7	descriptive	Over the last 2 weeks, how often have you been bothered by the following problems?		
gad_7_1	gad7	radio	1. Feeling nervous, anxious, or on edge	0, Not at all | 1, Several days | 2, Over half the days | 3, Nearly every day	
gad_7_2	gad7	radio	2. Not being able to stop or control worrying	0, Not at all | 1, Several days | 2, Over half the days | 3, Nearly every day	
gad_7_3	gad7	radio	3. Worrying too much about different things	0, Not at all | 1, Several days | 2, Over half the days | 3, Nearly every day	
gad_7_4	gad7	radio	4. Trouble relaxing	0, Not at all | 1, Several days | 2, Over half the days | 3, Nearly every day	
gad_7_5	gad7	radio	5. Being so restless that it's hard to sit still	0, Not at all | 1, Several days | 2, Over half the days | 3, Nearly every day	
gad_7_6	gad7	radio	6. Becoming easily annoyed or irritable	0, Not at all | 1, Several days | 2, Over half the days | 3, Nearly every day	
gad_7_7	gad7	radio	7. Feeling afraid as if something awful might happen	0, Not at all | 1, Several days | 2, Over half the days | 3, Nearly every day	
gad_7_total	gad7	calc	Total Score	sum([gad_7_1],[gad_7_2],[gad_7_3], [gad_7_4],[gad_7_5],[gad_7_6],[gad _7_7])	
gad_7_problems	gad7	radio	If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?	0, Not difficult at all | 1, Somewhat difficult | 2, Very difficult | 3, Extremely difficult	

gad_7_source	gad7	descriptive	Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. Arch Inern Med. 2006;166:1092-1097.	
finances	habits	radio	Follow finances or investments	1, 1 Rarely or never | 2, 2 Yearly | 3, 3 Monthly | 4, 4 Weekly | 5, 5 Daily
watchtv	habits	radio	Watch TV	1, 1 Rarely or never | 2, 2 Yearly | 3, 3 Monthly | 4, 4 Weekly | 5, 5 Daily
hobby	habits	radio	Spend time at a hobby or game	1, 1 Rarely or never | 2, 2 Yearly | 3, 3 Monthly | 4, 4 Weekly | 5, 5 Daily
pets	habits	radio	Own and care for a pet	1, 1 Rarely or never | 2, 2 Yearly | 3, 3 Monthly | 4, 4 Weekly | 5, 5 Daily
visitors	habits	radio	Have visitors	1, 1 Rarely or never | 2, 2 Yearly | 3, 3 Monthly | 4, 4 Weekly | 5, 5 Daily
visitothers	habits	radio	Visit others at their homes	1, 1 Rarely or never | 2, 2 Yearly | 3, 3 Monthly | 4, 4 Weekly | 5, 5 Daily
gouteat	habits	radio	Go out and eat	1, 1 Rarely or never | 2, 2 Yearly | 3, 3 Monthly | 4, 4 Weekly | 5, 5 Daily
takeclass	habits	radio	Take a class	1, 1 Rarely or never | 2, 2 Yearly | 3, 3 Monthly | 4, 4 Weekly | 5, 5 Daily
club	habits	radio	Attend a club or group meeting	1, 1 Rarely or never | 2, 2 Yearly | 3, 3 Monthly | 4, 4 Weekly | 5, 5 Daily
religious	habits	radio	Attend religious services	1, 1 Rarely or never | 2, 2 Yearly | 3, 3 Monthly | 4, 4 Weekly | 5, 5 Daily

overnight	habits	radio	Travel overnight	1, 1 Rarely or never | 2, 2 Yearly | 3, 3 Monthly | 4, 4 Weekly | 5, 5 Daily	
computer	habits	radio	Use a computer	1, 1 Rarely or never | 2, 2 Yearly | 3, 3 Monthly | 4, 4 Weekly | 5, 5 Daily	
smartphone	habits	radio	Use a smartphone	1, 1 Rarely or never | 2, 2 Yearly | 3, 3 Monthly | 4, 4 Weekly | 5, 5 Daily	
tablet	habits	radio	Use a tablet	1, 1 Rarely or never | 2, 2 Yearly | 3, 3 Monthly | 4, 4 Weekly | 5, 5 Daily	
volunteer	habits	radio	Volunteer/do unpaid work	1, 1 Rarely or never | 2, 2 Yearly | 3, 3 Monthly | 4, 4 Weekly | 5, 5 Daily	
drive	habits	radio	Drive	1, 1 Rarely or never | 2, 2 Yearly | 3, 3 Monthly | 4, 4 Weekly | 5, 5 Daily	
habits_notes	habits	notes	Please include any additional information that would supplement this form:		
relseehear	lubben_social_network_scale	radio	How many relatives do you see or hear from at least once a month?	0, 0 None | 1, 1 One | 2, 2 Two | 3, 3 Three or four | 4, 4 Five through eight | 5, 5 Nine or more	
relcontact	lubben_social_network_scale	radio	How often do you see or hear from the relative with whom you have the most contact?	0, 0= Less than monthly | 1, 1= Monthly | 2, 2= A few times a month | 3, 3 = Weekly | 4, 4 = A few times a week | 5, 5= Daily	
release	lubben_social_network_scale	radio	How many relatives do you feel at ease with that you can talk about private matters?	0, 0 None | 1, 1 One | 2, 2 Two | 3, 3 Three or four | 4, 4 Five through eight | 5, 5 Nine or more	

relclose	lubben_social_network_scale	radio	How many relatives do you feel close to such that you could call on them for help?	0, 0 None | 1, 1 One | 2, 2 Two | 3, 3 Three or four | 4, 4 Five through eight | 5, 5 Nine or more	
reldecision	lubben_social_network_scale	radio	When one of your relatives has an important decision to make, how often do they talk to you about it?	0, 0= Never | 1, 1= Seldom | 2, 2= Sometimes | 3, 3= Often | 4, 4 Very often | 5, 5= Always	
relavailable	lubben_social_network_scale	radio	How often is one of your relatives available for you to talk to when you have an important decision to make?	0, 0= Never | 1, 1= Seldom | 2, 2= Sometimes | 3, 3= Often | 4, 4= Very often | 5, 5= Always	
fndseehear	lubben_social_network_scale	radio	How many of your friends do you see or hear from at least once a month?	0, 0 None | 1, 1 One | 2, 2 Two | 3, 3 Three or four | 4, 4 Five through eight | 5, 5 Nine or more	
fndcontact	lubben_social_network_scale	radio	How often do you see or hear from the friend with whom you have the most contact?	0, 0= Less than monthly | 1, 1= Monthly | 2, 2= A few times a month | 3, 3= Weekly | 4, 4= A few times a week | 5, 5= Daily	
fndease	lubben_social_network_scale	radio	How many friends do you feel at ease with that you can talk about private matters?	0, 0 None | 1, 1 One | 2, 2 Two | 3, 3 Three or four | 4, 4 Five through eight | 5, 5 Nine or more	
fndclose	lubben_social_network_scale	radio	How many friends do you feel close to such that you could call on them for help?	0, 0 None | 1, 1 One | 2, 2 Two | 3, 3 Three or four | 4, 4 Five through eight | 5, 5 Nine or more	
fnddecision	lubben_social_network_scale	radio	When one of your friends has an important decision to make, how often do they talk to you about it?	0, 0= Never | 1, 1= Seldom | 2, 2= Sometimes | 3, 3= Often | 4, 4= Very often | 5, 5= Always	
fndavailable	lubben_social_network_scale	radio	How often is one of your friends available for you to talk to when you have an important decision to make?	0, 0= Never | 1, 1= Seldom | 2, 2= Sometimes | 3, 3= Often | 4, 4= Very often | 5, 5= Always	

lubben_score	lubben_social_network_scale	calc	Total score:	[relseehear] + [relcontact] + [release] + [relclose]+ [reldecision] + [relavailable] + [fndseehear] + [fndcontact] + [fndease] + [fndclose] + [fnddecision] + [fndavailable]	
lubben_notes	lubben_social_network_scale	notes	Please include any additional information that would supplement this form:		
mocavisit	moca	radio	Is this an initial or followup visit? [ivp_or_fvp]	1, Initial | 2, Followup	
mocaadminister	moca	yesno	Was any part of the MoCA administered?		
moca_no	moca	dropdown	If MoCA was not administered, enter reason code 95-98	95, 95=Physical problem | 96, 96=Cognitive problem | 97, 97=Other problem | 98, 98=Verbal refusal	95-98
mocalocation	moca	radio	MoCA was administered:	1, In ADC or clinic | 2, In home | 3, In person- other	
mocalanguage	moca	radio	Language of MoCA administration:	1, English | 2, Spanish | 3, Other	
moca3a	moca	text	Specify language of MoCA administration:		
mocavisimpair	moca	yesno	Subject was unable to complete one or more sections due to visual impairment:		
mocahearimpair	moca	yesno	Subject was unable to compete one or more sections due to hearing impairment:		
mocatrails	moca	dropdown	Visuospatial/executive--Trails:	0, 0 | 1, 1 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-1, 95-98
mocacube	moca	dropdown	Visuospatial/executive-- Cube:	0, 0 | 1, 1 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-1, 95-98

mocacontour	moca	dropdown	Visuospatial/executive-- Clock contour:	0, 0 | 1, 1 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-1, 95-98
mocanumbers	moca	dropdown	Visuospatial/executive-- Clock numbers:	0, 0 | 1, 1 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-1, 95-98
mocahands	moca	dropdown	Visuospatial/executive--Clock hands:	0, 0 | 1, 1 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-1, 95-98
mocanames	moca	dropdown	Language-- Naming:	0, 0 | 1, 1 | 2, 2 | 3, 3 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-3, 95-98
mocareg	moca	dropdown	Memory-- Registration (two trials):	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-10, 95-98
mocadigits	moca	dropdown	Attention-- Digits:	0, 0 | 1, 1 | 2, 2 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-2, 95-98

mocalettera	moca	dropdown	Attention-- Letter A:	0, 0 | 1, 1 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-1, 95-98
mocaserial7s	moca	dropdown	Attention-- Serial 7s:	0, 0 | 1, 1 | 2, 2 | 3, 3 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-3, 95-98
mocarepetition	moca	dropdown	Language-- Repetition:	0, 0 | 1, 1 | 2, 2 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-2, 95-98
mocafluency	moca	dropdown	Language-- Fluency:	0, 0 | 1, 1 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-1, 95-98
mocaabstraction	moca	dropdown	Abstraction:	0, 0 | 1, 1 | 2, 2 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-2, 95-98
mocanocue	moca	dropdown	Delayed recall-- No cue:	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-5, 95-98
mocacategory	moca	dropdown	Delayed recall-- Category cue:	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 88, 88 Not applicable	0-5, 88
mocarecognition	moca	dropdown	Delayed recall-- Recognition:	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 88, 88 Not Applicable	0-5,88

mocadate	moca	dropdown	Orientation-- Date:	0, 0 | 1, 1 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-1, 95-98
mocamonth	moca	dropdown	Orientation-- Month:	0, 0 | 1, 1 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-1, 95-98
mocayear	moca	dropdown	Orientation-- Year:	0, 0 | 1, 1 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-1, 95-98
mocaday	moca	dropdown	Orientation-- Day:	0, 0 | 1, 1 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-1, 95-98
mocaplace	moca	dropdown	Orientation-- Place:	0, 0 | 1, 1 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-1, 95-98
mocacity	moca	dropdown	Orientation-- City:	0, 0 | 1, 1 | 95, 95= Physical Problem | 96, 96=Cognitive/behavior problem | 97, 97 Other problem | 98, 98=Verbal Refusal	0-1, 95-98

mocaraw	moca	calc	MoCA sum	[mocatrails] + [mocacube] + [mocacontour] + [mocanumbers] + [mocahands] + [mocanames] + [mocadigits] + [mocalettera] + [mocaserial7s] + [mocarepetition] + [mocafluency] + [mocaabstraction] + [mocanocue] + [mocadate] + [mocamonth] + [mocayear] + [mocaday] + [mocaplace] + [mocacity]	0-30, 88
mocaraw_88	moca	calc	TOTAL RAW SCORE-- UNCORRECTED: Not corrected for education or visual/hearing impairment Enter 88 if any of the following MoCA items were not administered: trails; cube; clock contour; clock numbers; clock hands; naming; digits; letter a; serial 7s; repetition; fluency; abstraction; no cue; date, month; year; day; place; city	if([mocaraw] > 30, 88, [mocaraw])	
moca_notes	moca	notes	If any of the previous questions were answered '95-98' please explain further: Please include any additional information that supplements this form:		

moca_norms	moca	descriptive	The MoCA is an essential tool for determining eligibility. Please carefully follow below instructions. 1) Open the UDS Norms Calculator spreadsheet (see below) 2) Enter the following participant info into the spreadsheet: Cell B2 Gender [demo18] Cell B3: Age [demo17] Cell B4 Education [educ] Cell B5 Total MoCA Score 4) Note the Z score in Cell D5 and enter in REDCap below 5) Is the Z score > -2.0? If yes, discontinue visit If no, continue visit 6) After the visit, scan and upload the paper MoCA form and enter MoCA sub-scores into REDCap form below.		
mocazscore	moca	text	MoCA Z-score:		
ivp_or_fvp	nacc_uds3_a1_subject_demographics_required	radio	Please mark whether this is an initial visit or a follow-up visit.	1, Initial | 2, Follow-up	
a1_ivp	nacc_uds3_a1_subject_demographics_required	descriptive	<hr><center>NACC Uniform Data Set (UDS) - <font color=blue>INITIAL VISIT<hr>		

a1_fvp	nacc_uds3_a1_subject_demographics_required	descriptive	`<hr><center>`NACC Uniform Data Set (UDS) - `<font color=red>`FOLLOW-UP VISIT`</font color=red><hr>`		
a1_header	nacc_uds3_a1_subject_demographics_required	descriptive	`<hr><center>`FORM A1: SUBJECT DEMOGRAPHICS`<hr></center>`		
instructionsivp_a1	nacc_uds3_a1_subject_demographics_required	descriptive	INSTRUCTIONS: `<i>`This form is to be completed by intake interviewer based on ADC scheduling records, subject interview, medical records, and proxy co-participant report (as needed). For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A1. Check only `<u>`one`</u>` box per question.`<i>` Link to `<a href="http://www.alz.washington.edu/NONMEMBER/UDS/DOCS/VER3/UDS3_ivp_guidebook.pdf" target="_blank">` NACC Coding Guidebook `</a>`		
instructionsfvp_a1	nacc_uds3_a1_subject_demographics_required	descriptive	INSTRUCTIONS: `<i>`This form is to be completed by intake interviewer based on ADC scheduling records, subject interview, medical records, and co-participant report (as needed). For additional clarification and examples, see UDS Coding Guidebook for Follow-up Visit Packet, Form A1. Link to `<a href="http://www.alz.washington.edu/NONMEMBER/UDS/DOCS/VER3/UDS3_fvp_guidebook.pdf"target="_blank">` NACC Coding Guidebook`</a>` Check only `<u>`one`</u>` box per question.`<i>`		
confirm_adc	nacc_uds3_a1_subject_demographics_required	yesno	Is your site an ADC?		

reason	nacc_uds3_a1_subject_demographics_required	radio	1. Primary reason for coming to ADC:	1, 1 To participate in research study | 2, 2 To have a clinical evaluation | 4, 4 Both (to participate in a research study and to have a clinical evaluation) | 9, 9 Unknown	
refersc	nacc_uds3_a1_subject_demographics_required	radio	2a. Principal referral source: (if answer is 1 or 2, CONTINUE TO QUESTION 2B; otherwise, SKIP TO QUESTION 3.)	1, 1 Self-referral | 2, 2 Non-professional contact (spouse/partner, relative, friend, coworker, etc.) | 3, 3 ADC participant referral | 4, 4 ADC clinician, staff, or investigator referral | 5, 5 Nurse, doctor, or other health care provider | 6, 6 Other research study clinician/staff/investigator (non-ADC; e.g., ADNI, Women's Health Initiative) | 8, 8 Other | 9, 9 Unknown	
learned	nacc_uds3_a1_subject_demographics_required	radio	2b. If the referral source was self-referral or a non-professional contact, how did the referral source learn of the ADC?	1, 1 ADC advertisement (e.g., website, mailing, newspaper ad, community presentation) | 2, 2 News article or TV program mentioning the ADC study | 3, 3 Conference or community event (e.g., community memory walk) | 4, 4 Another organization's media appeal or website (e.g., Alzheimer's Association, clinicaltrials.gov) | 8, 8 Other | 9, 9 Unknown	

prestat	nacc_uds3_a1_subject_demographics_required	radio	3. Presumed disease status at enrollment:	1, 1 Case, patient, or proband | 2, 2 Control or normal | 3, 3 No presumed disease status	
prespart	nacc_uds3_a1_subject_demographics_required	radio	4. Presumed participation:	1, 1 Initial evaluation only | 2, 2 Longitudinal follow-up planned	
sourcenw	nacc_uds3_a1_subject_demographics_required	radio	5. ADC enrollment type:	1, 1 Primarily ADC-funded (Clinical Core, Satellite Core, or other ADC Core or project) | 2, 2 Subject is supported primarily by a non-ADC study (e.g., RO1, including non-ADC grants supporting the FTLD Module participation	
birthmo	nacc_uds3_a1_subject_demographics_required	dropdown	6a. Subject's month of birth <font color=blue>[baseline_visit_arm_1][dob]	1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12	
birthyr	nacc_uds3_a1_subject_demographics_required	text	6b. Subject's year of birth <font color = blue>[baseline_visit_arm_1][dob]		YYYY
sex	nacc_uds3_a1_subject_demographics_required	radio	7. Subject's sex: <font color = blue>[baseline_visit_arm_1][gender]	1, 1 Male | 2, 2 Female	
hispanic	nacc_uds3_a1_subject_demographics_required	radio	8. Does the subject report being of Hispanic/Latino <u>ethnicity</u> (i.e. having origins from a mainly Spanish-speaking Latin American country), regardless of race?	0, 0 No (If No, SKIP TO QUESTION 9) | 1, 1 Yes | 9, 9 Unknown (If Unknown, SKIP TO QUESTION 9)	
hispor	nacc_uds3_a1_subject_demographics_required	radio	8a. If yes, what are the subject's reported origins?	1, 1 Mexican, Chicano, or Mexican-American | 2, 2 Puerto Rican | 3, 3 Cuban | 4, 4 Dominican | 5, 5 Central American | 6, 6 South American | 50, 50 Other, (specify) | 99, 99 Unknown	

hisporx	nacc_uds3_a1_subject_demographics_required	text	8a1. Other (specify subjects reported origins):		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
race	nacc_uds3_a1_subject_demographics_required	radio	9. What does subject report as his or her race?	1, 1 White | 2, 2 Black or African American | 3, 3 American Indian or Alaska Native | 4, 4 Native Hawaiian or other Pacific Islander | 5, 5 Asian | 50, 50 Other (specify) | 99, 99 Unknown	
racex	nacc_uds3_a1_subject_demographics_required	text	9a. Other (specify subjects race):		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
racesec	nacc_uds3_a1_subject_demographics_required	radio	10. What additional race does subject report?	1, 1 White | 2, 2 Black or African American | 3, 3 American Indian or Alaska Native | 4, 4 Native Hawaiian or other Pacific Islander | 5, 5 Asian | 50, 50 Other (specify) | 88, 88 None Reported | 99, 99 Unknown	
racesecx	nacc_uds3_a1_subject_demographics_required	text	10a. Other (specify subject's additional race):		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).

raceter	nacc_uds3_a1_subject_demographics_required	radio	11. What additional race, beyond what was indicated above in questions 9 and 10, does subject report?	1, 1 White | 2, 2 Black or African American | 3, 3 American Indian or Alaska Native | 4, 4 Native Hawaiian or Other Pacific Islander | 5, 5 Asian | 50, 50 Other (specify) | 88, 88 None Reported | 99, 99 Unknown	
raceterx	nacc_uds3_a1_subject_demographics_required	text	11a. Other (specify subject's additonal race beyond questions 9 and 10):		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
primlang	nacc_uds3_a1_subject_demographics_required	radio	12. Subject's primary language:	1, 1 English | 2, 2 Spanish | 3, 3 Mandarin | 4, 4 Cantonese | 5, 5 Russian | 6, 6 Japanese | 8, 8 Other primary language (specify) | 9, 9 Unknown	
primlanx	nacc_uds3_a1_subject_demographics_required	text	12a. Other (specify subject's primary language):		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
educ	nacc_uds3_a1_subject_demographics_required	dropdown	13. Subject's years of education - use the codes below to report the level achieved; if an attempted level is not completed, enter the number of years completed). 12 = High school or GED, 16 = Bachelor's degree, 18 = Master's degree; 20 = Doctorate, 99 = Unknown	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 99, 99	0-25, 99=unknown

maristat	nacc_uds3_a1_subject_demographics_required	radio	14. Subject's \<u\> current \</u\> marital status:	1, 1 Married | 2, 2 Widowed | 3, 3 Divorced | 4, 4 Separated | 5, 5 Never married (or marriage was annulled) | 6, 6 Living as married/domestic partner | 9, 9 Unknown	
livsitua	nacc_uds3_a1_subject_demographics_required	radio	15. What is the subject's living situation?	1, 1 Lives alone | 2, 2 Lives with one other person: a spouse or partner | 3, 3 Lives with one other person: a relative, friend, or roommate | 4, 4 Lives with caregiver who is not spouse/partner, realtive, or friend | 5, 5 Lives with a group (related or not related) in a private residence | 6, 6 Lives in group home (e.g., assisted living, nursing home, convent) | 9, 9 Unknown	
independ	nacc_uds3_a1_subject_demographics_required	radio	16. What is the subject's level of independence?	1, 1 Able to live independently | 2, 2 Requires some assistance with complex activities | 3, 3 Requires some assistance with basic activities | 4, 4 Completely dependent | 9, 9 Unknown	

residenc	nacc_uds3_a1_subject_demographics_required	radio	17. What is the subject's primary type of residence?	1, 1 Single - or multi-family private residence (apartment, condo, house) | 2, 2 Retirement community or independent group living | 3, 3 Assisted living, adult family home, or boarding home | 4, 4 Skilled nursing facility, nursing home, hospital, or hopice | 9, 9 Unknown	
zip	nacc_uds3_a1_subject_demographics_required	text	18. ZIP Code (first three digits) of subject's primary residence: Mail:[baseline_visit_arm_1][address_mail_zip]; Physical: [baseline_visit_arm_1][address_physical_zip]		ZIP Code can be blank if unknown, in the range 006-999
handed	nacc_uds3_a1_subject_demographics_required	radio	19. Is the subject left- or right- handed <i>(for example, which hand would s/he normally use to write or throw a ball)?</i>	1, 1 Left-handed | 2, 2 Right-handed | 3, 3 Ambidextrous | 9, 9 Unknown	
copyright_a1	nacc_uds3_a1_subject_demographics_required	descriptive	<font color=blue> Adapted with permission. Copyright &#169 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976 - Walter A. Kukull, PhD, Director). All rights reserved.		
footerivp_a1	nacc_uds3_a1_subject_demographics_required	descriptive	National Alzheimer's Coordinating Center | (206) 543-8637 | fax: (206) 616-5927 | naccmail@uw.edu | www.alz.washington.edu UDS (V3.0, March 2015) Initial Visit <font color=red>Form A1: Subject Demographics 		

footerfvp_a1	nacc_uds3_a1_subject_demographics_required	descriptive	National Alzheimer's Coordinating Center | (206) 543-8637 | fax: (206) 616-5927 | naccmail@uw.edu | www.alz.washington.edu UDS (V3.0, March 2015) Follow-up Visit <font color=red>Form A1: Subject Demographics 		
a3ivp	nacc_uds3_a5_subject_health_history	descriptive	<hr><center>NACC UNIFORM DATA SET (UDS) - <font color=blue>INITIAL VISIT PACKET<hr>		
a3fvp	nacc_uds3_a5_subject_health_history	descriptive	<hr><center>NACC UNIFORM DATA SET (UDS) - <font color=red>FOLLOW-UP VISIT PACKET<hr>		
a3header	nacc_uds3_a5_subject_health_history	descriptive	<hr><center>FORM A5: Subject Health History<hr><center>		
instructions_a5	nacc_uds3_a5_subject_health_history	descriptive	<i>INSTRUCTIONS: This form is to be completed by the clinician or ADC staff. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form A5. Check only <u>one</u> box per question</i> Link to NACC Coding Guidebook 		
tobac30	nacc_uds3_a5_subject_health_history	radio	1a. Has subject smoked within last 30 days?<i>	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
tobac100	nacc_uds3_a5_subject_health_history	radio	1b. Has subject smoked more than 100 cigarettes in his/her life? (If No or Unknown, SKIP TO QUESTION 1F)	0, 0 No | 1, 1 Yes | 9, 9 Unknown	

smokyrs	nacc_uds3_a5_subject_health_history	text	1c. Total years smoked:		(99 = Unknown)
packsper	nacc_uds3_a5_subject_health_history	radio	1d. Average number of packs smoked per day:	1, (1) 1 cigarette to less then 1/2 pack | 2, (2) 1/2 pack to less than 1 pack | 3, (3) 1 pack to less than 1 1/2 packs | 4, (4) 1 1/2 packs to less than 2 packs | 5, (5) 2 packs or more | 9, (9) Unknown	
quitsmok	nacc_uds3_a5_subject_health_history	text	1e. If the subject quit smoking, specify the age at which he/she last smoked (i.e., quit)		(888 = N/A, 999 = Unknown)
alcoccas	nacc_uds3_a5_subject_health_history	radio	1f. In the past three months, has the subject consumed any alcohol?	0, 0 No (SKIP TO QUESTION 2a) | 1, 1 Yes | 9, 9 Unknown (SKIP TO QUESTION 2a)	
alcfreq	nacc_uds3_a5_subject_health_history	radio	1g. During the past three months, how often did the subject have at least one drink of any alcoholic beverage such as wine, beer, malt liquor, or spirits?	0, 0 Less than once a month | 1, 1 About once a month | 2, 2 About once a week | 3, 3 A few times a week | 4, 4 Daily or almost daily | 9, 9 Unknown	
alcohol_specify	nacc_uds3_a5_subject_health_history	notes	If daily or unknown, please specify:		i.e. 3 glasses at night, hard liquor; 2 beers with dinner, blacks-out and losses track, etc.
cvhatt	nacc_uds3_a5_subject_health_history	radio	2a. Heart attack / cardiac arrest (If absent or unknown, SKIP TO QUESTION 2b)	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
hattmult	nacc_uds3_a5_subject_health_history	radio	2a1. More than one heart attack?	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
hattyear	nacc_uds3_a5_subject_health_history	text	2a2. Year of most recent heart attack		(9999 = Unknown)

cvafib	nacc_uds3_a5_subject_health_history	radio	2b. Atrial fibrillation	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
cvangio	nacc_uds3_a5_subject_health_history	radio	2c. Angioplasty / endarterectomy / stent (heart ONLY)	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
cvbypass	nacc_uds3_a5_subject_health_history	radio	2d. Cardiac bypass procedure	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
cvpacdef	nacc_uds3_a5_subject_health_history	radio	2e. Pacemaker and/or defibrillator	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
cvchf	nacc_uds3_a5_subject_health_history	radio	2f. Congestive heart failure	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
cvangina	nacc_uds3_a5_subject_health_history	radio	2g. Angina	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
cvhvalve	nacc_uds3_a5_subject_health_history	radio	2h. Heart valve replacement or repair	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
cvothr	nacc_uds3_a5_subject_health_history	radio	2i. Other cardiovascular disease (specify)	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
cvothrx	nacc_uds3_a5_subject_health_history	text	2i1. Other cardiovascular disease (specify):		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
cbstroke	nacc_uds3_a5_subject_health_history	radio	3a. Stroke-by history, not exam (imaging is not required)<i>(If absent or unknown, SKIP TO QUESTION 3b)</i>	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	

strokmul	nacc_uds3_a5_subject_health_history	radio	3a1. More than one stroke?	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
strokyr	nacc_uds3_a5_subject_health_history	text	3a2. Year of most recent stroke		(9999 = Unknown)
cbtia	nacc_uds3_a5_subject_health_history	radio	3b. Transient ischemic attack (TIA)<i>(If absent or unknown,</i> SKIP TO QUESTION 4a).	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
tiamult	nacc_uds3_a5_subject_health_history	radio	3b1. More than one TIA?	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
tiayear	nacc_uds3_a5_subject_health_history	text	3b2. Year of most recent TIA		(9999 = Unknown)
cb_notes	nacc_uds3_a5_subject_health_history	notes	If yes, please specify number, severity, and explain surrounding circumstances.		i.e. 2 TIA's within a week, mild symptoms, 3 strokes over the course of 20 yrs, first two mild, third one moderate, etc.
pd	nacc_uds3_a5_subject_health_history	radio	4a. Parkinson's disease (PD)<i>(If absent or unknown,</i>SKIP TO QUESTION 4b)	0, 0 Absent | 1, 1 Recent/Active | 9, 9 Unknown	
pdyr	nacc_uds3_a5_subject_health_history	text	4a1. Year of PD diagnosis		(9999 = Unknown)
pdothr	nacc_uds3_a5_subject_health_history	radio	4b. Other parkinsonism disorder (e.g., PSP, CBD)<i>(If absent or unknown,</i> SKIP TO QUESTION 4c)	0, 0 Absent | 1, 1 Recent/Active | 9, 9 Unknown	
pdothryr	nacc_uds3_a5_subject_health_history	text	4b1. Year of parkinsonism disorder diagnosis		(9999 = Unknown)
seizures	nacc_uds3_a5_subject_health_history	radio	4c. Seizures	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
tbi	nacc_uds3_a5_subject_health_history	radio	4d. Traumatic brain injury (TBI) (If Absent or Unknown, SKIP TO QUESTION 5a)	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	

tbibrief	nacc_uds3_a5_subject_health_history	radio	4d1. TBI with brief loss of consciousness (<5 minutes)	0, 0 No | 1, 1 Single | 2, 2 Repeated/multiple | 9, 9 Unknown	
tbiexten	nacc_uds3_a5_subject_health_history	radio	4d2. TBI with extended loss of consciousness (_ 5 minutes)	0, 0 No | 1, 1 Single | 2, 2 Repeated/multiple | 9, 9 Unknown	
tbiwolos	nacc_uds3_a5_subject_health_history	radio	4d3. TBI without loss of consciousness (as might result from military detonations or sports injuries)?	0, 0 No | 1, 1 Single | 2, 2 Repeated/multiple | 9, 9 Unknown	
tbiyear	nacc_uds3_a5_subject_health_history	text	4d4. Year of most recent TBI		(9999 = Unknown)
tbi_seizure_notes	nacc_uds3_a5_subject_health_history	notes	If yes, please explain further:		i.e. on medication for seizures, hasn't experienced one in 5 yrs, has seizures daily, TBI affects daily life..., etc.
med_instructions	nacc_uds3_a5_subject_health_history	descriptive	<i>If any of the conditions still require active management and/or medications, please select "Recent/active."</i>		
diabetes	nacc_uds3_a5_subject_health_history	radio	5a. Diabetes(If absent or unknown, SKIP TO QUESTION 5b)	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
diabtype	nacc_uds3_a5_subject_health_history	radio	5a1. If Recent/active or Remote/inactive, which type?	1, 1 Type 1 | 2, 2 Type 2 | 3, 3 Other type (diabetes insipidus, latent autoimmune diabetes/type 1.5, gestational diabetes) | 9, 9 Unknown	
hyperten	nacc_uds3_a5_subject_health_history	radio	5b. Hypertension	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
hypercho	nacc_uds3_a5_subject_health_history	radio	5c. Hypercholesterolemia	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	

	nacc_uds3_a5_subject_health_history	radio	5d. B12 deficiency	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
b12def					
thyroid	nacc_uds3_a5_subject_health_history	radio	5e. Thyroid disease	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
arthrit	nacc_uds3_a5_subject_health_history	radio	5f. Arthritis (If absent or unknown, SKIP TO QUESTION 5g)	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
arthtype	nacc_uds3_a5_subject_health_history	radio	5f1. Type of arthritis	1, 1 Rheumatoid | 2, 2 Osteoarthritis | 3, 3 Other (SPECIFY) | 9, 9 Unknown	If both rheumatoid and osteoarthritis are present, select rheumatoid arthritis.
arthtypx	nacc_uds3_a5_subject_health_history	text	5f1a. Other arthritis (SPECIFY):		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
note_a5	nacc_uds3_a5_subject_health_history	descriptive	5f2. Region(s) affected (check all that apply):		
arthupex	nacc_uds3_a5_subject_health_history	radio	5f2a. Region affected: upper extremity	1, 1 Upper Extremity	
arthloex	nacc_uds3_a5_subject_health_history	radio	5f2b. Region affected: lower extremity	1, 1 Lower Extremity	
arthspin	nacc_uds3_a5_subject_health_history	radio	5f2c. Region affected: spine	1, 1 Spine	
arthunk	nacc_uds3_a5_subject_health_history	radio	5f2d. Region affected: Unknown	1, 1 Unknown	
incontu	nacc_uds3_a5_subject_health_history	radio	5g. Incontinence -- Urinary	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	

incontf	nacc_uds3_a5_subject_health_history	radio	5h. Incontinence -- Bowel	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
apnea	nacc_uds3_a5_subject_health_history	radio	5i. Sleep apnea	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
rbd	nacc_uds3_a5_subject_health_history	radio	5j. REM sleep behavior disorder (RBD)	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
insomn	nacc_uds3_a5_subject_health_history	radio	5k. Hyposomnia/insomnia	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
othsleep	nacc_uds3_a5_subject_health_history	radio	5l. Other sleep disorder (SPECIFY)	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
othsleex	nacc_uds3_a5_subject_health_history	text	5l1. Other sleep disorder (SPECIFY):		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
alcohol	nacc_uds3_a5_subject_health_history	radio	6a. Alcohol abuse: clinically significant impairment occuring over a 12 - month period manifested in one of the following areas: work, driving, legal, or social.	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
abusothr	nacc_uds3_a5_subject_health_history	radio	6b. Other abused substances: Clinically significant impairment occuring over a 12 - month period manifested in one of the following areas: work, driving, legal, or social. (If absent or unkown, SKIP TO QUESTION 7a)	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	

				Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
abusx	nacc_uds3_a5_subject_health_history	text	6b1. If recent/active or remote/inactive, specify abused substance:	
ptsd	nacc_uds3_a5_subject_health_history	radio	7a. Post-traumatic stress disorder (PTSD)	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
bipolar	nacc_uds3_a5_subject_health_history	radio	7b. Bipolar disorder	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
schiz	nacc_uds3_a5_subject_health_history	radio	7c. Schizophrenia	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
dep2yrs	nacc_uds3_a5_subject_health_history	radio	7d1. Active depression in the last two years	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
depothr	nacc_uds3_a5_subject_health_history	radio	7d2. Depression episodes more than two years ago	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
anxiety	nacc_uds3_a5_subject_health_history	radio	7e. Anxiety	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
ocd	nacc_uds3_a5_subject_health_history	radio	7f. Obsessive-complusive disorder (OCD)	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
npsydev	nacc_uds3_a5_subject_health_history	radio	7g. Developmental neuropsychiatric disorders (e.g., autism spectrum disorder [ASD], attention-deficit hyperactivity disorder [ADHD], dyslexia)	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	
psycdis	nacc_uds3_a5_subject_health_history	radio	7h. Other psychiatric disorders (If absent or unknown, END FORM HERE.)	0, 0 Absent | 1, 1 Recent/Active | 2, 2 Remote/Inactive | 9, 9 Unknown	

psycdisx	nacc_uds3_a5_subject_health_history	text	7h1. If recent/active or remote/inactive, specify disorder:		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
psyc_notes	nacc_uds3_a5_subject_health_history	notes	If yes to any of the previous psychiatric disorders, please explain further:		i.e. Bipolar disorder for 10 yrs, on medication, last episode was over 7 years ago, diagnosed with depression however not taking medications, etc.
copyright_a5	nacc_uds3_a5_subject_health_history	descriptive	\<font color=blue\> Adapted with permission. Copyright &#169 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976 - Walter A. Kukull, PhD, Director). All rights reserved.\		
footer_a5	nacc_uds3_a5_subject_health_history	descriptive	National Alzheimer's Coordinating Center | (206) 543-8637 | fax: (206) 616-5927 | naccmail@uw.edu | www.alz.washington.edu \<br\>\<b\>UDS (V3.0, March 2015) Initial Visit \<font color=red\>Form A5: Subject Health History\\</b\>		
b1_ivp	nacc_uds3_b1_physical	descriptive	\<hr\>\<center\>NACC Uniform Data Set (UDS) - \<font color=blue\>INITIAL VISIT PACKET\\</center\>\<hr\>		

note_b1	nacc_uds3_b1_physical	descriptive	INSTRUCTIONS: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B1. Check only <u>one</u> box per question. Link to NACC Coding Guidebook 		
b1_fvp	nacc_uds3_b1_physical	descriptive	<hr><center>NACC Uniform Data Set (UDS) - <font color=red>FOLLOW-UP</center><hr>		
b1	nacc_uds3_b1_physical	descriptive	<hr><center>FORM B1: EVALUATION FORM - PHYSICAL<hr><center><hr>		
fu_instructions_b1	nacc_uds3_b1_physical	descriptive	INSTRUCTIONS: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Follow-up Visit Packet, Form B1. Check only <u>one</u> box per question. Link to NACC Coding Guidebook		
height	nacc_uds3_b1_physical	text	1. Subject height (inches)		(36.0-87.9; 88.8 = Not Assessed)

				54 | 55, 55 | 56, 56 | 57, 57 | 58, 58 | 59, 59 | 60, 60 | 61, 61 | 62, 62 | 63, 63 | 64, 64 | 65, 65 | 66, 66 | 67, 67 | 68, 68 | 69, 69 | 70, 70 | 71, 71 | 72, 72 | 73, 73 | 74, 74 | 75, 75 | 76, 76 | 77, 77 | 78, 78 | 79, 79 | 80, 80 | 81, 81 | 82, 82 | 83, 83 | 84, 84 | 85, 85 | 86, 86 | 87, 87 | 88, 88 | 89, 89 | 90, 90 | 91, 91 | 92, 92 | 93, 93 | 94, 94 | 95, 95 | 96, 96 | 97, 97 | 98, 98 | 99, 99 | 100, 100 | 101, 101 | 102, 102 | 103, 103 | 104, 104 | 105, 105 | 106, 106 | 107, 107 | 108, 108 | 109, 109 | 110, 110 | 111, 111 | 112, 112 | 113, 113 | 114, 114 | 115, 115 | 116, 116 | 117, 117 | 118, 118 | 119, 119 | 120, 120 | 121, 121 | 122, 122 | 123, 123 | 124, 124 | 125, 125 | 126, 126 | 127, 127 | 128, 128 | 129, 129 | 130, 130 | 131, 131 | 132, 132 | 133, 133 | 134, 134 | 135, 135 | 136, 136 | 137, 137 | 138, 138 | 139, 139 | 140, 140 | 141, 141 | 142, 142 | 143, 143 | 144, 144 | 145, 145 | 146, 146 |	
weight	nacc_uds3_b1_physical	dropdown	2. Subject weight (lbs.)	147, 147 | 148, 148 | 149, 149 |	(50-400; 888 = Not Assessed)

				74 | 75, 75 | 76, 76 | 77, 77 | 78, 78 | 79, 79 | 80, 80 | 81, 81 | 82, 82 | 83, 83 | 84, 84 | 85, 85 | 86, 86 | 87, 87 | 88, 88 | 89, 89 | 90, 90 | 91, 91 | 92, 92 | 93, 93 | 94, 94 | 95, 95 | 96, 96 | 97, 97 | 98, 98 | 99, 99 | 100, 100 | 101, 101 | 102, 102 | 103, 103 | 104, 104 | 105, 105 | 106, 106 | 107, 107 | 108, 108 | 109, 109 | 110, 110 | 111, 111 | 112, 112 | 113, 113 | 114, 114 | 115, 115 | 116, 116 | 117, 117 | 118, 118 | 119, 119 | 120, 120 | 121, 121 | 122, 122 | 123, 123 | 124, 124 | 125, 125 | 126, 126 | 127, 127 | 128, 128 | 129, 129 | 130, 130 | 131, 131 | 132, 132 | 133, 133 | 134, 134 | 135, 135 | 136, 136 | 137, 137 | 138, 138 | 139, 139 | 140, 140 | 141, 141 | 142, 142 | 143, 143 | 144, 144 | 145, 145 | 146, 146 | 147, 147 | 148, 148 | 149, 149 | 150, 150 | 151, 151 | 152, 152 | 153, 153 | 154, 154 | 155, 155 | 156, 156 |	
bpsys	nacc_uds3_b1_physical	dropdown	3a. Subject blood pressure at initial reading (sitting), systolic	157, 157 | 158, 158 | 159, 159 | 160, 160 | 161, 161 | 162, 162 |	(70-230; 888 = Not Assessed)

				34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 41, 41 | 42, 42 | 43, 43 | 44, 44 | 45, 45 | 46, 46 | 47, 47 | 48, 48 | 49, 49 | 50, 50 | 51, 51 | 52, 52 | 53, 53 | 54, 54 | 55, 55 | 56, 56 | 57, 57 | 58, 58 | 59, 59 | 60, 60 | 61, 61 | 62, 62 | 63, 63 | 64, 64 | 65, 65 | 66, 66 | 67, 67 | 68, 68 | 69, 69 | 70, 70 | 71, 71 | 72, 72 | 73, 73 | 74, 74 | 75, 75 | 76, 76 | 77, 77 | 78, 78 | 79, 79 | 80, 80 | 81, 81 | 82, 82 | 83, 83 | 84, 84 | 85, 85 | 86, 86 | 87, 87 | 88, 88 | 89, 89 | 90, 90 | 91, 91 | 92, 92 | 93, 93 | 94, 94 | 95, 95 | 96, 96 | 97, 97 | 98, 98 | 99, 99 | 100, 100 | 101, 101 | 102, 102 | 103, 103 | 104, 104 | 105, 105 | 106, 106 | 107, 107 | 108, 108 | 109, 109 | 110, 110 | 111, 111 | 112, 112 | 113, 113 | 114, 114 | 115, 115 | 116, 116 | 117, 117 | 118, 118 | 119, 119 | 120, 120 | 121, 121 | 122, 122 | 123, 123 | 124, 124 | 125, 125 | 126, 126 | 127, 127 | 128, 128 | 129, 129 |	
bpdias	nacc_uds3_b1_physical	dropdown	3b. Subject blood pressure at initial reading (sitting), diastolic	130, 130 | 131, 131 | 132, 132 | 133, 133 | 134, 134 | 135, 135 |	(30-140; 888 = Not Assessed)

				37 | 38, 38 | 39, 39 | 40, 40 | 41, 41 | 42, 42 | 43, 43 | 44, 44 | 45, 45 | 46, 46 | 47, 47 | 48, 48 | 49, 49 | 50, 50 | 51, 51 | 52, 52 | 53, 53 | 54, 54 | 55, 55 | 56, 56 | 57, 57 | 58, 58 | 59, 59 | 60, 60 | 61, 61 | 62, 62 | 63, 63 | 64, 64 | 65, 65 | 66, 66 | 67, 67 | 68, 68 | 69, 69 | 70, 70 | 71, 71 | 72, 72 | 73, 73 | 74, 74 | 75, 75 | 76, 76 | 77, 77 | 78, 78 | 79, 79 | 80, 80 | 81, 81 | 82, 82 | 83, 83 | 84, 84 | 85, 85 | 86, 86 | 87, 87 | 88, 88 | 89, 89 | 90, 90 | 91, 91 | 92, 92 | 93, 93 | 94, 94 | 95, 95 | 96, 96 | 97, 97 | 98, 98 | 99, 99 | 100, 100 | 101, 101 | 102, 102 | 103, 103 | 104, 104 | 105, 105 | 106, 106 | 107, 107 | 108, 108 | 109, 109 | 110, 110 | 111, 111 | 112, 112 | 113, 113 | 114, 114 | 115, 115 | 116, 116 | 117, 117 | 118, 118 | 119, 119 | 120, 120 | 121, 121 | 122, 122 | 123, 123 | 124, 124 | 125, 125 | 126, 126 | 127, 127 | 128, 128 | 129, 129 | 130, 130 | 131, 131 | 132, 132 | 133, 133 | 134, 134 |	
hrate	nacc_uds3_b1_physical	dropdown	4. Subject resting heart rate (pulse)	135, 135 | 136, 136 | 137, 137 |	(33-160; 888 = Not Assessed)
bpmethod	nacc_uds3_b1_physical	radio	How was blood pressure collected?	0, Manually | 1, Digitally | 2, Other	This field was added by the OHSU CART site on 9/25/2018
bpmethod_other	nacc_uds3_b1_physical	text	If 'Other', please specify method:		This field was added by the OHSU CART site on 9/25/2018

vision	nacc_uds3_b1_physical	radio	5. Without corrective lenses, is the subject's vision functionally normal?	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
viscorr	nacc_uds3_b1_physical	radio	6. Does the subject usually wear corrective lenses? (<i>If no or unknown, SKIP TO QUESTION 7</i>)	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
viswcorr	nacc_uds3_b1_physical	radio	6a. If yes, is the subject's vision functionally normal <u>with</u> corrective lenses?	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
hearing	nacc_uds3_b1_physical	radio	7. Without a hearing aid(s), is the subject's hearing functionally normal?	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
hearaid	nacc_uds3_b1_physical	radio	8. Does the subject usually wear a hearing aid(s)? (<i>If no or unknown, END FORM HERE</i>)	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
hearwaid	nacc_uds3_b1_physical	radio	8a. If yes, is the subject's hearing functionally normal <u>with</u> a hearing aid(s)?	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
copyright_b1	nacc_uds3_b1_physical	descriptive	<font color=blue> Adapted with permission. Copyright &#169 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976 - Walter A. Kukull, PhD, Director). All rights reserved.		
footer_b1	nacc_uds3_b1_physical	descriptive	National Alzheimer's Coordinating Center | (206) 543-8637 | fax: (206) 616-5927 | naccmail@uw.edu | www.alz.washington.edu UDS (V3.0, March 2015) Initial Visit <font color=red>Form B1: Evaluation Form - Physical 		
fu_footer_b1	nacc_uds3_b1_physical	descriptive	National Alzheimer's Coordinating Center | (206) 543-8637 | fax: (206) 616-5927 | naccmail@uw.edu | www.alz.washington.edu UDS (V3.0, March 2015) Follow-Up Visit <font color=red>Form B1: Evaluation Form - Physical 		

b4_ivp	nacc_uds3_b4_global_staging _cdr_required	descriptive	\<hr>\<center>NACC Uniform Data Set (UDS) - \<font color=blue>INITIAL VISIT\\<hr>		
instructions_b4	nacc_uds3_b4_global_staging _cdr_required	descriptive	\<I>INSTRUCTIONS: For information on the required online CDR training, see UDS Coding Guidebook for Initial Visit Packet, Form B4. 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 subject. 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 judgement. Score only as decline from previous level due to \<U>cognitive loss\</U>, not impairment due to other factors, such as physical disability. For further information, see UDS Coding Guidebook for Initial Visit Packet, Form B4\<I>\n\nLink to \ NACC Coding Guidebook \		
b4_fvp	nacc_uds3_b4_global_staging _cdr_required	descriptive	\<hr>\<center>NACC Uniform Data Set (UDS) - \<font color=red>FOLLOW-UP VISIT\\</center>\<hr>		

fu_instructions_b4	nacc_uds3_b4_global_staging_cdr_required	descriptive	<I>INSTRUCTIONS: For information on the required online CDR training, see UDS Coding Guidebook for Follow-up Visit Packet, Form B4. 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 subject. 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 judgement. Score only as decline from previous level due to <U>cognitive loss</U>, not impairment due to other factors, such as physical disability. For further information, see UDS Coding Guidebook for Follow-up Visit Packet, Form B4.</I> Link to NACC Coding Guidebook		
b4	nacc_uds3_b4_global_staging_cdr_required	descriptive	<center><hr> FORM B4: Global Staging - Clinical Dementia Rating (CDR) STANDARD AND SUPPLEMENTAL<hr><center>		

memory	nacc_uds3_b4_global_staging_cdr_required	radio	1. MEMORY	0, None - 0 No memory loss, or slight inconsistent forgetfulness.	0.5, Questionable - 0.5 Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness.	1, Mild - 1 Moderate memory loss, more marked for recent events; defect interferes with everyday activities.	2, Moderate - 2 Severe memory loss; only highly learned material retained; new material rapidly lost.	3, Severe - 3 Severe memory loss; only fragments remain.	

orient	nacc_uds3_b4_global_staging_cdr_required	radio	2. ORIENTATION	0, None - 0 Fully oriented | 0.5, Questionable - 0.5 Fully oriented except for slight difficulty with time relationships. | 1, Mild - 1 Moderate difficulty with time relationships; oriented for place at examination; may have geographic disorientation elsewhere. | 2, Moderate - 2 Severe difficulty with time relationships; usually disoriented to time, often to place. | 3, Severe - 3 Oriented to person only.	

| judgment | nacc_uds3_b4_global_staging _cdr_required | radio | 3. JUDGMENT & PROBLEM SOLVING | 0, None - 0
Solves everyday problems, handles business & financial affairs well; judgment good in relation to past performance. \| 0.5, Questionable - 0.5
Slight impairment in solving problems, similarities, and differences. \| 1, Mild - 1
Moderate difficulty in handling problems, similarities, and differences; social judgment usually maintained. \| 2, Moderate - 2
Severely impaired in handling problems, similarities, and differences; social judgment usually impaired. \| 3, Severe - 3
Unable to make judgments or solve problems. | |

| commun | nacc_uds3_b4_global_staging_cdr_required | radio | 4. COMMUNITY AFFAIRS | 0, None - 0
Independent function at usual level in job, shopping, volunteer and social groups. \| 0.5, Questionable - 0.5
Slight impairment in these activities. \| 1, Mild - 1
Unable to function independently at these activities, although may still be engaged in some; appears normal to casual inspection. \| 2, Moderate - 2
No pretense of independent function outside the home; appears well enough to be taken to functions outside the family home. \| 3, Severe - 3
No pretense of independent function outside the home; appears too ill to be taken to functions outside the family home. | |

homehobb	nacc_uds3_b4_global_staging_cdr_required	radio	5. HOME & HOBBIES	0, None - 0 Life at home, hobbies, and intellectual interests well maintained. | 0.5, Questionable - 0.5 Life at home, hobbies, and intellectual interests slightly impaired. | 1, Mild - 1 Mild but definite impairment of function at home; more difficult chores abandoned; more complicated hobbies and interests abandoned. | 2, Moderate - 2 Only simple chores preserved; very restricted interests, poorly maintained. | 3, Severe - 3 No significant function in the home.	
perscare	nacc_uds3_b4_global_staging_cdr_required	radio	6. PERSONAL CARE	0, None / Questionable - 0 Fully capable of self-care (=0). | 1, Mild - 1 Needs prompting. | 2, Moderate - 2 Requires assistance in dressing, hygiene, keeping of personal effects. | 3, Severe - 3 Requires much help with personal care; frequent incontinence.	

cdrsum	nacc_uds3_b4_global_staging _cdr_required	dropdown	7. CDR SUM OF BOXES	0, 0.0 | 0.5, 0.5 | 1, 1.0 | 1.5, 1.5 | 2, 2.0 | 2.5, 2.5 | 3, 3.0 | 3.5, 3.5 | 4, 4.0 | 4.5, 4.5 | 5, 5.0 | 5.5, 5.5 | 6, 6.0 | 6.5, 6.5 | 7, 7.0 | 7.5, 7.5 | 8, 8.0 | 8.5, 8.5 | 9, 9.0 | 9.5, 9.5 | 10, 10.0 | 10.5, 10.5 | 11, 11.0 | 11.5, 11.5 | 12, 12.0 | 12.5, 12.5 | 13, 13.0 | 13.5, 13.5 | 14, 14.0 | 14.5, 14.5 | 15, 15.0 | 15.5, 15.5 | 16, 16.0 | 17, 17.0 | 18, 18.0	
cdrglob	nacc_uds3_b4_global_staging _cdr_required	radio	8. GLOBAL CDR	0, 0.0 = No Impairment | 0.5, 0.5 = Questionable impariment | 1, 1.0 = Mild impairment | 2, 2.0 = Moderate impairment | 3, 3.0 = Severe impairment	
comport	nacc_uds3_b4_global_staging _cdr_required	radio	9. BEHAVIOR, COMPORTMENT AND PERSONALITY[2]	0, None - 0 Socially appropriate behavior. | 0.5, Questionable - 0.5 Questionable changes in comportment, empathy, appropriateness of actions. | 1, Mild - 1 Mild but definite changes in behavior. | 2, Moderate - 2 Moderate behavioral changes, affecting interpersonal relationships and interactions in a significant manner. | 3, Severe - 3 Severe behavioral changes, making interpersonal interactions all unidirectional.	

cdrlang	nacc_uds3_b4_global_staging_cdr_required	radio	10. LANGUAGE ³	0, None - 0
No language difficulty or occasional mild tip-of-the-tongue. | 0.5, Questionable - 0.5
Consistent mild word finding difficulties; simplification of word choice; circumlocution; decreased phrase length; and/or mild comprehension difficulties. | 1, Mild - 1
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. | 2, Moderate - 2
Moderate to severe impairments in either speech or comprehension; has difficulty communicating thoughts; writing may be slightly more effective. | 3, Severe - 3
Severe comprehension deficits; no intelligible speech.	
b4_notex	nacc_uds3_b4_global_staging_cdr_required	notes	Please include any additional information that would supplement this form.		

copyright_b4	nacc_uds3_b4_global_staging_cdr_required	descriptive	[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. [2] Excerpted from the Frontotemporal Dementia Multicenter Instrument & MR Study (Mayo Clinic, UCSF, UCLA, UW). [3] Excerpted from the PPA-CRD: A modification of the CDR for assessing dementia severity in patients with Primary Progressive Aphasia (Johnson N, Weintraub S, Mesulam MM), 2002.		
copyright_b4_2	nacc_uds3_b4_global_staging_cdr_required	descriptive	<font color=blue> Adapted with permission. Copyright &#169 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976		
footer_b4	nacc_uds3_b4_global_staging_cdr_required	descriptive	National Alzheimer's Coordinating Center	(206) 543-8637	fax: (206) 616-5927	naccmail@uw.edu	www.alz.washington.edu UDS (V3.0, March 2015) Initial Visit <font color=red>Form B4: Global Staging CDR		
fu_footer_b4	nacc_uds3_b4_global_staging_cdr_required	descriptive	National Alzheimer's Coordinating Center	(206) 543-8637	fax: (206) 616-5927	naccmail@uw.edu	www.alz.washington.edu UDS (V3.0, March 2015) Follow-Up Visit <fontcolor=red>Form B4: Global Staging CDR		

b6_ivp	nacc_uds3_b6_gds	descriptive	`<hr><center>`NACC Uniform Data Set (UDS) - `<font color=blue>`INITIAL VISIT PACKET`</font color=blue></center><hr>`		
note_b6	nacc_uds3_b6_gds	descriptive	INSTRUCTIONS: This form is to be completed by the clinician or other trained health professional, based on subject response. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B6. Link to `<a href="http://www.alz.washington.edu/NONMEMBER/UDS/DOCS/VER3/UDS3_ivp_guidebook.pdf" target="_blank">` NACC Coding Guidebook `</a>` Check only `<u>`one`</u>` answer per question.		
b6_fvp	nacc_uds3_b6_gds	descriptive	`<hr><center>`NACC Uniform Data Set (UDS) - `<font color=red>`FOLLOW-UP`</font color=red></center><hr>`		
instructionsfvp_b6	nacc_uds3_b6_gds	descriptive	INSTRUCTIONS: This form is to be completed by the clinician or other trained health professional, based on subject response. For additional clarification and examples, see UDS Coding Guidebook for Follow-up Visit Packet, Form B6. Link to `<a href="http://www.alz.washington.edu/NONMEMBER/UDS/DOCS/VER3/UDS3_fvp_guidebook.pdf"target="_blank">` NACC Coding Guidebook`</a>` Check only `<u>`one`</u>` answer per question.		

b6	nacc_uds3_b6_gds	descriptive	<hr><center>FORM B6: BEHAVIORAL ASSESSMENT - GERIATRIC DEPRESSION SCALE (GDS)<sup>1</sup><hr><center>	
nogds	nacc_uds3_b6_gds	radio	Check this box and enter "88" below for the Total GDS Score <i>if and only if</i> the subject: 1.) does not attempt the GDS OR 2.) answers fewer than 12 questions.	1,
note_b6_2	nacc_uds3_b6_gds	descriptive	<i>Instruct the subject:</i> "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 <i>in thepast week, including today."</i>	
satis	nacc_uds3_b6_gds	radio	1. Are you basically satisfied with your life?	0, 0 Yes | 1, 1 No | 9, 9 Did not answer
dropact	nacc_uds3_b6_gds	radio	2. Have you dropped many of your activities and interests?	1, 1 Yes | 0, 0 No | 9, 9 Did not answer
empty	nacc_uds3_b6_gds	radio	3. Do you feel that your life is empty?	1, 1 Yes | 0, 0 No | 9, 9 Did not answer
bored	nacc_uds3_b6_gds	radio	4. Do you often get bored?	1, 1 Yes | 0, 0 No | 9, 9 Did not answer
spirits	nacc_uds3_b6_gds	radio	5. Are you in good spirits most of the time?	0, 0 Yes | 1, 1 No | 9, 9 Did not answer
afraid	nacc_uds3_b6_gds	radio	6. Are you afraid that something bad is going to happen to you?	1, 1 Yes | 0, 0 No | 9, 9 Did not answer
happy	nacc_uds3_b6_gds	radio	7. Do you feel happy most of the time?	0, 0 Yes | 1, 1 No | 9, 9 Did not answer
helpless	nacc_uds3_b6_gds	radio	8. Do you often feel helpless?	1, 1 Yes | 0, 0 No | 9, 9 Did not answer
stayhome	nacc_uds3_b6_gds	radio	9. Do you prefer to stay at home, rather than going out and doing new things?	1, 1 Yes | 0, 0 No | 9, 9 Did not answer

memprob	nacc_uds3_b6_gds	radio	10. Do you feel you have more problems with memory than most?	1, 1 Yes | 0, 0 No | 9, 9 Did not answer	
wondrful	nacc_uds3_b6_gds	radio	11. Do you think it is wonderful to be alive now?	0, 0 Yes | 1, 1 No | 9, 9 Did not answer	
wrthless	nacc_uds3_b6_gds	radio	12. Do you feel pretty worthless the way you are now?	1, 1 Yes | 0, 0 No | 9, 9 Did not answer	
energy	nacc_uds3_b6_gds	radio	13. Do you feel full of energy?	0, 0 Yes | 1, 1 No | 9, 9 Did not answer	
hopeless	nacc_uds3_b6_gds	radio	14. Do you feel that your situation is hopeless?	1, 1 Yes | 0, 0 No | 9, 9 Did not answer	
better	nacc_uds3_b6_gds	radio	15. Do you think that most people are better off than you are?	1, 1 Yes | 0, 0 No | 9, 9 Did not answer	
sum_unanswered	nacc_uds3_b6_gds	calc	Sum of Unanswered	sum(if([satis]=9,1,0),if([dropact]=9,1,0),if([empty]=9,1,0),if([bored]=9,1,0),if([spirits]=9,1,0),if([afraid]=9,1,0),if([happy]=9,1,0),if([helpless]=9,1,0),if([stayhome]=9,1,0),if([memprob]=9,1,0),if([wondrful]=9,1,0),if([wrthless]=9,1,0),if([energy]=9,1,0),if([hopeless]=9,1,0),if([better]=9,1,0))	used for total sum calculation
calculate_sum	nacc_uds3_b6_gds	calc	Sum for Calculation	sum(if([satis]=1,1,0),if([dropact]=1,1,0),if([empty]=1,1,0),if([bored]=1,1,0),if([spirits]=1,1,0),if([afraid]=1,1,0),if([happy]=1,1,0),if([helpless]=1,1,0),if([stayhome]=1,1,0),if([memprob]=1,1,0),if([wondrful]=1,1,0),if([wrthless]=1,1,0),if([energy]=1,1,0),if([hopeless]=1,1,0),if([better]=1,1,0))	used for total sum calculation

gds	nacc_uds3_b6_gds	calc	16. <i>Sum all checked answers for a Total GDS Score</i>	if([sum_unanswered]>3,88,round([calculate_sum]+(([calculate_sum]/(15-[sum_unanswered]))*[sum_unanswered]))) or if([nogds]=1,88, round([calculate_sum] + (([calculate_sum]/(15-[sum_unanswered]))*[sum_unanswered])))	(max score=15; did not complete = 88)
b6_notex	nacc_uds3_b6_gds	notes	Please include any additional information that would supplement this form.		i.e. participant reports being diagnosed with depression, but got a score of 1, etc.
reference_b6	nacc_uds3_b6_gds	descriptive	[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.		
coyright_b6_2	nacc_uds3_b6_gds	descriptive	<font color=blue> Adapted with permission. Copyright &#169 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976		
footer_b6	nacc_uds3_b6_gds	descriptive	National Alzheimer's Coordinating Center	(206) 543-8637	fax: (206) 616-5927	naccmail@uw.edu	www.alz.washington.edu UDS (V3.0, March 2015) Initial Visit <font color=red>Form B6: BEHAVIORAL ASSESSMENT - Geriatric Depression Scale 		

fu_footer_b6	nacc_uds3_b6_gds	descriptive	National Alzheimer's Coordinating Center | (206) 543-8637 | fax: (206) 616-5927 | naccmail@uw.edu | www.alz.washington.edu UDS (V3.0, March 2015) Follow-Up Visit <font color=red>Form B6: BEHAVIORAL ASSESSMENT - Geriatric Depression Scale 		
b8_ivp	nacc_uds3_b8_neurological_examination_findings_req	descriptive	<hr><center>NACC Uniform Data Set (UDS) - <font color=blue>INITIAL VISIT PACKET<hr>		
b8_fvp	nacc_uds3_b8_neurological_examination_findings_req	descriptive	<hr><center>NACC Uniform Data Set (UDS) - <font color=red>FOLLOW-UP</center></center><hr>		
b8	nacc_uds3_b8_neurological_examination_findings_req	descriptive	<hr><center>FORM B8: NEUROLOGICAL EXAMINATION FINDINGS<hr></center>		
instructionsivp_b8	nacc_uds3_b8_neurological_examination_findings_req	descriptive	INSTRUCTIONS: This form must be completed by a clinician with experience in assessing the neurological signs listed below and in attributing the observed findings to a particular syndrome. Please use your best clinical judgment in assigning the syndrome. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B8. Link to NACC Coding Guidebook 		

instructionsfvp_b8	nacc_uds3_b8_neurological_examination_findings_req	descriptive	INSTRUCTIONS: This form must be completed by a clinician with experience in assessing the neurological signs listed below and in attributing the observed findings to a particular syndrome. Please use your best clinical judgment in assigning the syndrome. For additional clarification and examples, see UDS Coding Guidebook for Follow-up Visit Packet, Form B8. Link to NACC Coding Guidebook		
normexam	nacc_uds3_b8_neurological_examination_findings_req	radio	1. Were there abnormal neurological exam findings?	0, 0 No abnormal findings (END FORM HERE) | 1, 1 Yes - abnormal findings were consistent with syndromes listed in Questions 2-8 | 2, 2 Yes - abnormal findings were consistent with age-associated changes or irrelevant to dementing disorders (e.g., Bell's palsy) (SKIP TO QUESTION 8)	
note_b8	nacc_uds3_b8_neurological_examination_findings_req	descriptive	INSTRUCTIONS FOR QUESTIONS 2-8 Please complete the appropriate sections below, using your best clinical judgment in selecting findings that indicate the likely syndrome(s) that is/are present. CHECK ALL OF THE GROUPS OF FINDINGS/SYNDROMES THAT WERE PRESENT:		

parksign	nacc_uds3_b8_neurological_examination_findings_req	radio	2. Parkinsonian signs <i>Findings not marked Yes or Not assessed will default to No in the NACC database.</i>	0, 0 No (SKIP TO QUESTION 3) | 1, 1 Yes	
resttrl	nacc_uds3_b8_neurological_examination_findings_req	radio	2a1. Resting tremor - arm	1, 1 Yes | 8, 8 Not assessed	
slowingl	nacc_uds3_b8_neurological_examination_findings_req	radio	2b1. Slowing of fine motor movements	1, 1 Yes | 8, 8 Not assessed	
rigidl	nacc_uds3_b8_neurological_examination_findings_req	radio	2c1. Rigidity - arm	1, 1 Yes | 8, 8 Not assessed	
resttrr	nacc_uds3_b8_neurological_examination_findings_req	radio	2a2. Resting tremor - arm	1, 1 Yes | 8, 8 Not assessed	
slowingr	nacc_uds3_b8_neurological_examination_findings_req	radio	2b2. Slowing of fine motor movements	1, 1 Yes | 8, 8 Not assessed	
rigidr	nacc_uds3_b8_neurological_examination_findings_req	radio	2c2. Rigidity - arm	1, 1 Yes | 8, 8 Not assessed	
brady	nacc_uds3_b8_neurological_examination_findings_req	radio	2d. Bradykinesia	1, 1 Yes | 8, 8 Not assessed	
parkgait	nacc_uds3_b8_neurological_examination_findings_req	radio	2e. Parkinsonian gait disorder	1, 1 Yes | 8, 8 Not assessed	
postinst	nacc_uds3_b8_neurological_examination_findings_req	radio	2f. Postural instability	1, 1 Yes | 8, 8 Not assessed	

note1_b8	nacc_uds3_b8_neurological_examination_findings_req	descriptive	Please complete the appropriate sections below, using your best clinical judgement in selecting findings that indicate the likely syndrome(s) that is/are present.		
cvdsigns	nacc_uds3_b8_neurological_examination_findings_req	radio	3. Neurological signs considered by examiner to be most likely consistent with cerebrovascular disease.	0, 0 No (SKIP TO QUESTION 4) | 1, 1 Yes	
cortdef	nacc_uds3_b8_neurological_examination_findings_req	radio	3a. Cortical cognitive deficit (e.g., aphasia, apraxia, neglect)	1, 1 Yes | 8, 8 Not assessed	
sivdfind	nacc_uds3_b8_neurological_examination_findings_req	radio	3b. Focal or other neurological findings consistent with SIVD (subcortical ischemic vascular dementia)	1, 1 Yes | 8, 8 Not assessed	
cvdmotl	nacc_uds3_b8_neurological_examination_findings_req	radio	3c1. Motor (may include weakness of combinations of face, arm, and leg; reflex changes; etc.)	1, 1 Yes | 8, 8 Not assessed	
cortvisl	nacc_uds3_b8_neurological_examination_findings_req	radio	3d1. Cortical visual field loss	1, 1 Yes | 8, 8 Not assessed	
somatl	nacc_uds3_b8_neurological_examination_findings_req	radio	3e1. Somatosensory loss	1, 1 Yes | 8, 8 Not assessed	
cvdmotr	nacc_uds3_b8_neurological_examination_findings_req	radio	3c2. Motor (may include weakness of combinations of face, arm, and leg; reflex changes; etc.)	1, 1 Yes | 8, 8 Not assessed	
cortvisr	nacc_uds3_b8_neurological_examination_findings_req	radio	3d2. Cortical visual field loss	1, 1 Yes | 8, 8 Not assessed	
somatr	nacc_uds3_b8_neurological_examination_findings_req	radio	3e2. Somatosensory loss	1, 1 Yes | 8, 8 Not assessed	

postcort	nacc_uds3_b8_neurological_examination_findings_req	radio	4. Higher cortical visual problem suggesting posterior cortical atrophy (e.g., prosopagnosia, simultagnosia, Balint's syndrome) or apraxia of gaze	0, 0 No | 1, 1 Yes	
pspcbs	nacc_uds3_b8_neurological_examination_findings_req	radio	5. Findings suggestive of progressive supranuclear palsy (PSP), corticobasal syndrome, or other related disorders	0, 0 No (SKIP TO QUESTION 6) | 1, 1 Yes	
eyepsp	nacc_uds3_b8_neurological_examination_findings_req	radio	5a. Eye movement changes consistent with PSP	1, 1 Yes | 8, 8 Not assessed	
dyspsp	nacc_uds3_b8_neurological_examination_findings_req	radio	5b. Dysarthria consistent with PSP	1, 1 Yes | 8, 8 Not assessed	
axialpsp	nacc_uds3_b8_neurological_examination_findings_req	radio	5c. Axial rigidity consistent with PSP	1, 1 Yes | 8, 8 Not assessed	
gaitpsp	nacc_uds3_b8_neurological_examination_findings_req	radio	5d. Gait disorder consistent with PSP	1, 1 Yes | 8, 8 Not assessed	
apraxsp	nacc_uds3_b8_neurological_examination_findings_req	radio	5e. Apraxia of speech	1, 1 Yes | 8, 8 Not assessed	
apraxl	nacc_uds3_b8_neurological_examination_findings_req	radio	5f1. Apraxia consistent with CBS	1, 1 Yes | 8, 8 Not assessed	
cortsenl	nacc_uds3_b8_neurological_examination_findings_req	radio	5g1. Cortical sensory deficits consistent with CBS	1, 1 Yes | 8, 8 Not assessed	
ataxl	nacc_uds3_b8_neurological_examination_findings_req	radio	5h1. Ataxia consistent with CBS	1, 1 Yes | 8, 8 Not assessed	

alienlml	nacc_uds3_b8_neurological_examination_findings_req	radio	5i1. Alien limb consistent with CBS	1, 1 Yes | 8, 8 Not assessed	
dystonl	nacc_uds3_b8_neurological_examination_findings_req	radio	5j1. Dystonia consistent with CBS, PSP, or related disorder	1, 1 Yes | 8, 8 Not assessed	
myocllt	nacc_uds3_b8_neurological_examination_findings_req	radio	5k1. Myoclonus consistent with CBS	1, 1 Yes | 8, 8 Not assessed	
findings_right_header	nacc_uds3_b8_neurological_examination_findings_req	descriptive	Findings - RIGHT <i>Findings not marked Yes or Not assessed will default to No in the NACC database.</i>		
apraxr	nacc_uds3_b8_neurological_examination_findings_req	radio	5f2. Apraxia consistent with CBS	1, 1 Yes | 8, 8 Not assessed	
cortsenr	nacc_uds3_b8_neurological_examination_findings_req	radio	5g2. Cortical sensory deficits consistent with CBS	1, 1 Yes | 8, 8 Not assessed	
ataxr	nacc_uds3_b8_neurological_examination_findings_req	radio	5h2. Ataxia consistent with CBS	1, 1 Yes | 8, 8 Not assessed	
alienlmr	nacc_uds3_b8_neurological_examination_findings_req	radio	5i2. Alien limb consistent with CBS	1, 1 Yes | 8, 8 Not assessed	
dystonr	nacc_uds3_b8_neurological_examination_findings_req	radio	5j2. Dystonia consistent with CBS, PSP, or related disorder	1, 1 Yes | 8, 8 Not assessed	
myoclrt	nacc_uds3_b8_neurological_examination_findings_req	radio	5k2. Myoclonus consistent with CBS	1, 1 Yes | 8, 8 Not assessed	
alsfind	nacc_uds3_b8_neurological_examination_findings_req	radio	6. Findings suggesting ALS (e.g., muscle wasting, fasciculations, upper motor neuron and/or lower motor neuron signs)	0, 0 No | 1, 1 Yes	

gaitnph	nacc_uds3_b8_neurological_examination_findings_req	radio	7. Normal-pressure hydrocephalus: gait apraxia	0, 0 No | 1, 1 Yes	
othneur	nacc_uds3_b8_neurological_examination_findings_req	radio	8. Other findings (e.g., cerebellar ataxia, chorea, myoclonus)(NOTE: For this question, do not specify symptoms that have already been checked above)	0, 0 No | 1, 1 Yes (SPECIFY):	
othneurx	nacc_uds3_b8_neurological_examination_findings_req	text	8a. Please specify other findings from neurological exam:		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
b8_notex	nacc_uds3_b8_neurological_examination_findings_req	notes	Please include any additional information that would supplement this form.		
copyright_b8	nacc_uds3_b8_neurological_examination_findings_req	descriptive	<font color=blue> Adapted with permission. Copyright &#169 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976 - Walter A. Kukull, PhD, Director). All rights reserved.		
footer_b8	nacc_uds3_b8_neurological_examination_findings_req	descriptive	National Alzheimer's Coordinating Center | (206) 543-8637 | fax: (206) 616-5927 | naccmail@uw.edu | www.alz.washington.edu UDS (V3.0, March 2015) Initial Visit <font color=red>Form B8: Neurological Examination Findings 		

fu_footer_b8	nacc_uds3_b8_neurological_examination_findings_req	descriptive	National Alzheimer's Coordinating Center | (206) 543-8637 | fax: (206) 616-5927 | naccmail@uw.edu | www.alz.washington.edu
UDS (V3.0, March 2015) Follow-up Visit <font color=red>Form B8: Neurological Examination Findings 	
b9_ivp	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	descriptive	<hr><center>NACC Uniform Data Set (UDS) - <font color=blue>INITIAL VISIT PACKET<hr>	
b9_fvp	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	descriptive	<hr><center>NACC Uniform Data Set (UDS) - <font color=red>FOLLOW-UP</center><hr>	
b9	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	descriptive	<hr><center>FORM B9: CLINICIAN JUDGMENT OF SYMPTOMS<hr><center><hr>	
instructions_b9	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	descriptive	INSTRUCTIONS: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B9. Link to NACC Coding Guidebook . Check only <u>one</u> box per question.	

fu_instructions_b9	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	descriptive	INSTRUCTIONS: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Follow-up Visit Packet, Form B9. Link to NACC Coding Guidebook Check only <u>one</u> box per question.		
decsub	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	1. Does the subject report a decline in memory (relative to previously attained abilities)? <font color = blue>[baseline_visit_arm_1][cognitive_status_1] 	0, 0 No | 1, 1 Yes | 8, 8 Could not be assessed/subject is too impaired	
decin	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	2. Does the co-participant report a decline in the subject's memory (relative to previously attained abilities)?	0, 0 No | 1, 1 Yes | 8, 8 There is no co-participant	
decclcog	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	3. Based on the clinician's judgment, is the subject currently experiencing meaningful impairment in cognition?	0, 0 No (If no, SKIP TO QUESTION 8) | 1, 1 Yes	
cogmem	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	4a. <i>Memory</i>: For example, does s/he forget conversations and/or date, repeat questions and/or statements, misplace things more than usual, forget names of people s/he knows well? <font color = blue>[baseline_visit_arm_1][memory] 	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
cogori	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	4b. <i>Orientation</i>: For example, does s/he have trouble knowing the day, month, and year, or not recognize familiar locations, or get lost in familiar locations? <font color = blue>[baseline_visit_arm_1][orient] 	0, 0 No | 1, 1 Yes | 9, 9 Unknown	

cogjudg	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	4c. <i>Executive function - judgment, planning, problem-solving</i>: Does s/he have trouble handling money (e.g., tips), paying bills, preparing meals, shopping, using appliances, handling medications, driving? <font color = blue>[baseline_visit_arm_1][judgment] 	0, 0 No | 1, 1 Yes | 9, 9 Unknown
coglang	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	4d. <i>Language</i>: Does s/he have hesitant speech, have trouble finding words, use inappropriate words without self-correction? <font color = blue>[baseline_visit_arm_1][cdrlang] 	0, 0 No | 1, 1 Yes | 9, 9 Unknown
cogvis	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	4e. <i>Visuospatial function</i>: Does s/he have difficulty interpreting visual stimuli and finding his/her way around?	0, 0 No | 1, 1 Yes | 9, 9 Unknown
cogattn	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	4f. <i>Attention, concentration</i>: Does the subject have a short attention span or limited ability to concentrate? Is s/he easily distracted?	0, 0 No | 1, 1 Yes | 9, 9 Unknown
cogfluc	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	4g. <i>Fluctuating cognition</i>: Does the subject 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 his/her ideas have a disorganized flow?	0, 0 No | 1, 1 Yes | 9, 9 Unknown

cogflago	nacc_uds3_b9_clinician_judgment_of_symptoms_requi	dropdown	4g1. If yes, at what age did the fluctuating cognition begin? (The clinician must use his/her best judgment to estimate an age of onset.) <font color = blue>[baseline_visit_arm_1][age] 	15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 41, 41 | 42, 42 | 43, 43 | 44, 44 | 45, 45 | 46, 46 | 47, 47 | 48, 48 | 49, 49 | 50, 50 | 51, 51 | 52, 52 | 53, 53 | 54, 54 | 55, 55 | 56, 56 | 57, 57 | 58, 58 | 59, 59 | 60, 60 | 61, 61 | 62, 62 | 63, 63 | 64, 64 | 65, 65 | 66, 66 | 67, 67 | 68, 68 | 69, 69 | 70, 70 | 71, 71 | 72, 72 | 73, 73 | 74, 74 | 75, 75 | 76, 76 | 77, 77 | 78, 78 | 79, 79 | 80, 80 | 81, 81 | 82, 82 | 83, 83 | 84, 84 | 85, 85 | 86, 86 | 87, 87 | 88, 88 | 89, 89 | 90, 90 | 91, 91 | 92, 92 | 93, 93 | 94, 94 | 95, 95 | 96, 96 | 97, 97 | 98, 98 | 99, 99 | 100, 100 | 101, 101 | 102, 102 | 103, 103 | 104, 104 | 105, 105 | 106, 106 | 107, 107 | 108, 108 | 109, 109 | 110, 110 | 111, 777	(777 = age of onset provided at a previous UDS visit)
cogothr	nacc_uds3_b9_clinician_judgment_of_symptoms_requi	radio	4h. Other cognitive symptoms, specify:	0, 0 No | 1, 1 Yes	

cogothrx	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	text	4h1. If yes, there are other cognitive symptoms, specify:	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
cogfpred	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	5. Indicate the <i>predominant</i> symptom that was just recognized as a decline in the subject's cognition:	1, 1 Memory	2, 2 Orientation	3, 3 Executive function - judgment, planning, problem-solving	4, 4 Language	5, 5 Visuospatial function	6, 6 Attention/concentration	7, 7 Fluctuating cognition	8, 8 Other (SPECIFY):	99, 99 Unknown
cogfprex	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	text	5a. If there are other predominant symptoms, specify:	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
cogmode	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	6. Mode of onset of cognitive symptoms:	1, 1 Gradual	2, 2 Subacute	3, 3 Abrupt	4, 4 Other (SPECIFY):	99, 99 Unknown
cogmodex	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	text	6a. If there are other modes of onset of cognitive symptoms, specify:	Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).

decage	nacc_uds3_b9_clinician_judgment_of_symptoms_requi	dropdown	7. Based on the clinician's assessment, at what age did the cognitive decline begin? <font color = blue>[baseline_visit_arm_1][age] (The clinician must use his/her best judgment to estimate an age of onset.)	15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 41, 41 | 42, 42 | 43, 43 | 44, 44 | 45, 45 | 46, 46 | 47, 47 | 48, 48 | 49, 49 | 50, 50 | 51, 51 | 52, 52 | 53, 53 | 54, 54 | 55, 55 | 56, 56 | 57, 57 | 58, 58 | 59, 59 | 60, 60 | 61, 61 | 62, 62 | 63, 63 | 64, 64 | 65, 65 | 66, 66 | 67, 67 | 68, 68 | 69, 69 | 70, 70 | 71, 71 | 72, 72 | 73, 73 | 74, 74 | 75, 75 | 76, 76 | 77, 77 | 78, 78 | 79, 79 | 80, 80 | 81, 81 | 82, 82 | 83, 83 | 84, 84 | 85, 85 | 86, 86 | 87, 87 | 88, 88 | 89, 89 | 90, 90 | 91, 91 | 92, 92 | 93, 93 | 94, 94 | 95, 95 | 96, 96 | 97, 97 | 98, 98 | 99, 99 | 100, 100 | 101, 101 | 102, 102 | 103, 103 | 104, 104 | 105, 105 | 106, 106 | 107, 107 | 108, 108 | 109, 109 | 110, 110 | 111, 777	(777 = age of cognitive decline entered at a previous UDS visit)
decclbe	nacc_uds3_b9_clinician_judgment_of_symptoms_requi	radio	8. Based on the clinician's judgment, is the subject currently experiencing any kind of behavioral symptoms?	0, 0 No (If No, SKIP TO QUESTION 13) | 1, 1 Yes	
beapathy	nacc_uds3_b9_clinician_judgment_of_symptoms_requi	radio	9a. <i>Apathy, withdrawal</i>: Has the subject lost interest in or displayed a reduced ability to initiate usual activities and social interaction, such as conversing with family and/or friends?	0, 0 No | 1, 1 Yes | 9, 9 Unknown	

bedep	nacc_uds3_b9_clinician_judge ment_of_symptoms_requi	radio	9b. <i>Depressed mood</i>: Has the subject seemed depressed for more than two weeks at a time, e.g., shown loss of interest or pleasure in nearly all activities, sadness, hopelessness, loss of appetite, fatigue?	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
bevhall	nacc_uds3_b9_clinician_judge ment_of_symptoms_requi	radio	9c1. Visual hallucinations	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
bevwell	nacc_uds3_b9_clinician_judge ment_of_symptoms_requi	radio	9c1a. If Yes, are the hallucinations well formed and detailed?	0, 0 No | 1, 1 Yes | 9, 9 Unknown	

bevhago	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	dropdown	9c1b. If well formed, clear-cut visual hallucinations, at what age did these visual hallucinations begin? (The clinician must use his/her best judgment to estimate an age of onset.)	15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 41, 41 | 42, 42 | 43, 43 | 44, 44 | 45, 45 | 46, 46 | 47, 47 | 48, 48 | 49, 49 | 50, 50 | 51, 51 | 52, 52 | 53, 53 | 54, 54 | 55, 55 | 56, 56 | 57, 57 | 58, 58 | 59, 59 | 60, 60 | 61, 61 | 62, 62 | 63, 63 | 64, 64 | 65, 65 | 66, 66 | 67, 67 | 68, 68 | 69, 69 | 70, 70 | 71, 71 | 72, 72 | 73, 73 | 74, 74 | 75, 75 | 76, 76 | 77, 77 | 78, 78 | 79, 79 | 80, 80 | 81, 81 | 82, 82 | 83, 83 | 84, 84 | 85, 85 | 86, 86 | 87, 87 | 88, 88 | 89, 89 | 90, 90 | 91, 91 | 92, 92 | 93, 93 | 94, 94 | 95, 95 | 96, 96 | 97, 97 | 98, 98 | 99, 99 | 100, 100 | 101, 101 | 102, 102 | 103, 103 | 104, 104 | 105, 105 | 106, 106 | 107, 107 | 108, 108 | 109, 109 | 110, 110 | 111, 777 | 888, 888 = NA, not well-formed)	(777 = age of onset provided at a previous UDS visit; 888 = NA, not well-formed)
beahall	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	9c2. Auditory hallucinations	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
bedel	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	9c3. Abnormal, false, or delusional beliefs	0, 0 No | 1, 1 Yes | 9, 9 Unknown	

bedisin	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	9d. <i>Disinhibition</i>: Does the subject use inappropriate coarse language or exhibit inappropriate speech or behaviors in public or in the home? Does s/he talk personally to strangers or have disregard for personal hygiene?	0, 0 No | 1, 1 Yes | 9, 9 Unknown
beirrit	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	9e. <i>Irritability</i>: Does the subject overreact, e.g., by shouting at family members or others?	0, 0 No | 1, 1 Yes | 9, 9 Unknown
beagit	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	9f. <i>Agitation</i>: Does the subject have trouble sitting still? Does s/he shout, hit, and/or kick?	0, 0 No | 1, 1 Yes | 9, 9 Unknown
beperch	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	9g. <i>Personality change</i>: Does the subject exhibit bizarre behavior or behavior uncharacteristic of the subject, such as unusual collecting, suspiciousness (without delusions), unusual dress, or dietary changes? Does the subject fail to take others' feelings into account?	0, 0 No | 1, 1 Yes | 9, 9 Unknown
berem	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	9h. <i>REM sleep behavior disorder</i>: While sleeping, does the subject appear to act out his/her dreams (e.g., punch or flail their arms, shout, or scream)?	0, 0 No | 1, 1 Yes | 9, 9 Unknown

beremago	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	dropdown	9h1. If yes, at what age did the REM sleep behavior disorder begin? [age] (The clinician must use his/her best judgment to estimate an age of onset.)	15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 41, 41 | 42, 42 | 43, 43 | 44, 44 | 45, 45 | 46, 46 | 47, 47 | 48, 48 | 49, 49 | 50, 50 | 51, 51 | 52, 52 | 53, 53 | 54, 54 | 55, 55 | 56, 56 | 57, 57 | 58, 58 | 59, 59 | 60, 60 | 61, 61 | 62, 62 | 63, 63 | 64, 64 | 65, 65 | 66, 66 | 67, 67 | 68, 68 | 69, 69 | 70, 70 | 71, 71 | 72, 72 | 73, 73 | 74, 74 | 75, 75 | 76, 76 | 77, 77 | 78, 78 | 79, 79 | 80, 80 | 81, 81 | 82, 82 | 83, 83 | 84, 84 | 85, 85 | 86, 86 | 87, 87 | 88, 88 | 89, 89 | 90, 90 | 91, 91 | 92, 92 | 93, 93 | 94, 94 | 95, 95 | 96, 96 | 97, 97 | 98, 98 | 99, 99 | 100, 100 | 101, 101 | 102, 102 | 103, 103 | 104, 104 | 105, 105 | 106, 106 | 107, 107 | 108, 108 | 109, 109 | 110, 110 | 111, 777	(777 = age of onset provided at a previous UDS visit)
beanx	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	9i. <i>Anxiety</i>: For example, does s/he show signs of nervousness (e.g., frequent sighing, anxious facial expressions, or hand-wringing) and/or excessive worrying?	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
beothr	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	9j. Other behavioral symptoms, specify:	0, 0 No | 1, 1 Yes	

beothrx	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	text	9j1. If there are other behavioral symptoms, specify:		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
befpred	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	10. Indicate the <i>predominant</i> symptom that was first recognized as a decline in the subject's behavior:	1, 1 Apathy/withdrawal | 2, 2 Depressed mood | 3, 3 Psychosis | 4, 4 Disinhibition | 5, 5 Irritability | 6, 6 Agitation | 7, 7 Personality change | 8, 8 REM sleep behavior disorder | 9, 9 Anxiety | 10, 10 Other (SPECIFY): | 99, 99 Unknown	
befpredx	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	text	10a. If there are other predominant symptoms, specify:		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
bemode	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	11. Mode of onset of behavioral symptoms:	1, 1 Gradual | 2, 2 Subacute | 3, 3 Abrupt | 4, 4 Other (SPECIFY): | 99, 99 Unknown	
bemodex	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	text	11a. If there are other modes of onset of behavioral symptoms, specify:		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).

beage	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	dropdown	12. Based on the clinician's assessment, at what age did the behavioral symptoms begin? [baseline_visit_arm_1][age] (The clinician must use his/her best judgment to estimate an age of onset.)	15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 41, 41 | 42, 42 | 43, 43 | 44, 44 | 45, 45 | 46, 46 | 47, 47 | 48, 48 | 49, 49 | 50, 50 | 51, 51 | 52, 52 | 53, 53 | 54, 54 | 55, 55 | 56, 56 | 57, 57 | 58, 58 | 59, 59 | 60, 60 | 61, 61 | 62, 62 | 63, 63 | 64, 64 | 65, 65 | 66, 66 | 67, 67 | 68, 68 | 69, 69 | 70, 70 | 71, 71 | 72, 72 | 73, 73 | 74, 74 | 75, 75 | 76, 76 | 77, 77 | 78, 78 | 79, 79 | 80, 80 | 81, 81 | 82, 82 | 83, 83 | 84, 84 | 85, 85 | 86, 86 | 87, 87 | 88, 88 | 89, 89 | 90, 90 | 91, 91 | 92, 92 | 93, 93 | 94, 94 | 95, 95 | 96, 96 | 97, 97 | 98, 98 | 99, 99 | 100, 100 | 101, 101 | 102, 102 | 103, 103 | 104, 104 | 105, 105 | 106, 106 | 107, 107 | 108, 108 | 109, 109 | 110, 110 | 111, 777	(777 = age of onset provided at a previous UDS visit)
decclmot	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	13. Based on the clinician's judgment, is the subject currently experiencing any motor symptoms?	0, 0 No (If No, SKIP TO QUESTION 20) | 1, 1 Yes	
mogait	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	14a. <i>Gait disorder</i>: Has the subject's walking changed, not specifically due to arthritis or an injury? Is s/he unsteady, or does s/he shuffle when walking, have little to no arm-swing, or drag a foot?	0, 0 No | 1, 1 Yes | 9, 9 Unknown	

mofalls	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	14b. <i>Falls</i>: Does the subject fall more than usual?	0, 0 No | 1, 1 Yes | 9, 9 Unknown
motrem	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	14c. <i>Tremor</i>: Has the subject had rhythmic shaking, especially in the hands, arms, legs, head, mouth, or tongue?	0, 0 No | 1, 1 Yes | 9, 9 Unknown
moslow	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	14d. <i>Slowness</i>: Has the subject noticeably slowed down in walking, moving, or writing by hand, other than due to an injury or illness? Has his/her facial expression changed or become more "wooden," or masked and unexpressive?	0, 0 No | 1, 1 Yes | 9, 9 Unknown
mofrst	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	15. Indicate the <i>predominant</i> symptom that was first recognized as a decline in the subject's motor function:	1, 1 Gait disorder | 2, 2 Falls | 3, 3 Tremor | 4, 4 Slowness | 99, 99 Unknown
momode	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	16. Mode of onset of motor symptoms:	1, 1 Gradual | 2, 2 Subacute | 3, 3 Abrupt | 4, 4 Other (SPECIFY): | 99, 99 Unknown
momodex	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	text	16a. If there are other modes of onset of motor symptoms, specify:		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
momopark	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	17. Were changes in motor function suggestive of parkinsonism? (If No or Unknown, SKIP TO QUESTION 18)	0, 0 No | 1, 1 Yes | 9, 9 Unknown

parkage	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	dropdown	17a. If Yes, at what age did the motor symptoms suggestive of parkinsonism begin? <font color = blue>[baseline_visit_arm_1][age] (The clinician must use his/her best judgment to estimate an age of onset.)	15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 41, 41 | 42, 42 | 43, 43 | 44, 44 | 45, 45 | 46, 46 | 47, 47 | 48, 48 | 49, 49 | 50, 50 | 51, 51 | 52, 52 | 53, 53 | 54, 54 | 55, 55 | 56, 56 | 57, 57 | 58, 58 | 59, 59 | 60, 60 | 61, 61 | 62, 62 | 63, 63 | 64, 64 | 65, 65 | 66, 66 | 67, 67 | 68, 68 | 69, 69 | 70, 70 | 71, 71 | 72, 72 | 73, 73 | 74, 74 | 75, 75 | 76, 76 | 77, 77 | 78, 78 | 79, 79 | 80, 80 | 81, 81 | 82, 82 | 83, 83 | 84, 84 | 85, 85 | 86, 86 | 87, 87 | 88, 88 | 89, 89 | 90, 90 | 91, 91 | 92, 92 | 93, 93 | 94, 94 | 95, 95 | 96, 96 | 97, 97 | 98, 98 | 99, 99 | 100, 100 | 101, 101 | 102, 102 | 103, 103 | 104, 104 | 105, 105 | 106, 106 | 107, 107 | 108, 108 | 109, 109 | 110, 110 | 111, 777	(777 = provided at a previous UDS visit)
momoals	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	18. Were changes in motor function suggestive of amyotrophic lateral sclerosis? (If No or Unknown, SKIP TO QUESTION 19)	0, 0 No | 1, 1 Yes | 9, 9 Unknown	

alsage	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	dropdown	18a. If Yes, at what age did the motor symptoms suggestive of ALS begin? <font color = blue>[baseline_visit_arm_1][age] (The clinician must use his/her best judgment to estimate an age of onset.)	15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 41, 41 | 42, 42 | 43, 43 | 44, 44 | 45, 45 | 46, 46 | 47, 47 | 48, 48 | 49, 49 | 50, 50 | 51, 51 | 52, 52 | 53, 53 | 54, 54 | 55, 55 | 56, 56 | 57, 57 | 58, 58 | 59, 59 | 60, 60 | 61, 61 | 62, 62 | 63, 63 | 64, 64 | 65, 65 | 66, 66 | 67, 67 | 68, 68 | 69, 69 | 70, 70 | 71, 71 | 72, 72 | 73, 73 | 74, 74 | 75, 75 | 76, 76 | 77, 77 | 78, 78 | 79, 79 | 80, 80 | 81, 81 | 82, 82 | 83, 83 | 84, 84 | 85, 85 | 86, 86 | 87, 87 | 88, 88 | 89, 89 | 90, 90 | 91, 91 | 92, 92 | 93, 93 | 94, 94 | 95, 95 | 96, 96 | 97, 97 | 98, 98 | 99, 99 | 100, 100 | 101, 101 | 102, 102 | 103, 103 | 104, 104 | 105, 105 | 106, 106 | 107, 107 | 108, 108 | 109, 109 | 110, 110 | 111, 777	(777 = provided at a previous UDS visit)

moage	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	dropdown	19. Based on the clinician's assessment, at what age did the motor changes begin? <font color = blue>[baseline_visit_arm_1][age] (The clinician must use his/her best judgment to estimate an age of onset of motor changes.)	15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 41, 41 | 42, 42 | 43, 43 | 44, 44 | 45, 45 | 46, 46 | 47, 47 | 48, 48 | 49, 49 | 50, 50 | 51, 51 | 52, 52 | 53, 53 | 54, 54 | 55, 55 | 56, 56 | 57, 57 | 58, 58 | 59, 59 | 60, 60 | 61, 61 | 62, 62 | 63, 63 | 64, 64 | 65, 65 | 66, 66 | 67, 67 | 68, 68 | 69, 69 | 70, 70 | 71, 71 | 72, 72 | 73, 73 | 74, 74 | 75, 75 | 76, 76 | 77, 77 | 78, 78 | 79, 79 | 80, 80 | 81, 81 | 82, 82 | 83, 83 | 84, 84 | 85, 85 | 86, 86 | 87, 87 | 88, 88 | 89, 89 | 90, 90 | 91, 91 | 92, 92 | 93, 93 | 94, 94 | 95, 95 | 96, 96 | 97, 97 | 98, 98 | 99, 99 | 100, 100 | 101, 101 | 102, 102 | 103, 103 | 104, 104 | 105, 105 | 106, 106 | 107, 107 | 108, 108 | 109, 109 | 110, 110 | 111, 777	(777 = provided at a previous UDS visit)
course	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	20. Overall course of decline of cognitive / behavioral / motor syndrome:	1, 1 Gradually progressive | 2, 2 Stepwise | 3, 3 Static | 4, 4 Fluctuating | 5, 5 Improved | 8, 8 N/A | 9, 9 Unknown	
frstchg	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	21. Indicate the predominant domain that was first recognized as changed in the subject:	1, 1 Cognition | 2, 2 Behavior | 3, 3 Motor function | 8, 8 N/A | 9, 9 Unknown	

lbdeval	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	22. Is the subject a potential candidate for further evaluation for Lewy body disease?	0, 0 No | 1, 1 Yes	
ftldeval	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	radio	23. Is the subject a potential candidate for further evaluation for frontotemporal lobar degeneration?	0, 0 No | 1, 1 Yes	
b9_notex	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	notes	Please include any additional information that would supplement this form.		
copyright_b9	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	descriptive	<font color=blue> Adapted with permission. Copyright &#169 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976 - Walter A. Kukull, PhD, Director). All rights reserved.		
footer_b9	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	descriptive	National Alzheimer's Coordinating Center | (206) 543-8637 | fax: (206) 616-5927 | naccmail@uw.edu | www.alz.washington.edu UDS (V3.0, March 2015) Initial Visit <font color=red>Form B9: Clinician Judgment of Symptoms 		
fu_footer_b9	nacc_uds3_b9_clinician_judgement_of_symptoms_requi	descriptive	National Alzheimer's Coordinating Center | (206) 543-8637 | fax: (206) 616-5927 | naccmail@uw.edu | www.alz.washington.edu UDS (V3.0, March 2015) Follow-up Visit <font color=red>Form B9: Clinician Judgment of Symptoms 		
np_ivp	nacc_uds3_c1c2_neuropsych_battery_required	descriptive	<hr><center>NACC Uniform Data Set (UDS) - <font color=blue>INITIAL VISIT<hr>		

	nacc_uds3_c1c2_neuropsych_				
np_fvp	nacc_uds3_c1c2_neuropsych_ battery_required	descriptive	`<hr><center>`NACC Uniform Data Set (UDS) - `<font color=red>`FOLLOW UP`</font color=red><hr>`		
np_battery	nacc_uds3_c1c2_neuropsych_ battery_required	radio	Did the participant complete the C1 or C2 Form for the Neuropsychological Battery?	1, C1 | 2, C2	
np_c1	nacc_uds3_c1c2_neuropsych_ battery_required	descriptive	`<hr><center>`Form C1: Neuropsychological Battery Scores `<center><hr>`		
np_c2	nacc_uds3_c1c2_neuropsych_ battery_required	descriptive	`<hr><center>`Form C2: Neuropsychological Battery Scores `<center><hr>`		

instructions_c2	nacc_uds3_c1c2_neuropsych_ battery_required	descriptive	`<i>`INSTRUCTIONS: This form is to be completed by ADC or clinic staff. For test administration and scoring, see Instructions for Neuropsychological Battery Form C2. Link to `<a href="http://www.alz.washington.edu/NONMEMBER /UDS/DOCS/VER3/UDS3_npsych_instructions_C2.pdf " target="_blank">` C2 Instructions `</a>`. Any new subjects who enroll in the UDS after the implementation of UDS3 must be assessed with the new neuropsychological test battery (Form C2).`</i>`
			
			`<b>`KEY:`</b>` If the subject cannot complete any of the following exams, please give the reason by entering one of the following codes:`<ul><li>`95/995=Physical problem`</li><li>`96/996=Cognitive/behavior problem`</li><li>`97/997=Other problem`</li><li>`98/998=Verbal refusal`</li></ul>`		

instructions_c1	nacc_uds3_c1c2_neuropsych_battery_required	descriptive	\<i\>INSTRUCTIONS: This form is to be completed by ADC or clinic staff. For test administration and scoring, see Instructions for Neuropsychological Battery Form C1. PROTOCOL FOR ADMINISTERING the neuropsychological battery for UDS version 3 FVP (using either From C1 or Form C2): \<b\> For subjects who had already been seen for one or more UDS visits before the implementation of Version 3, you may:\</b\>\<ol type="a"\>\<li\>continue to follow those subjects with the old neuropsychological battery (Form C1);\</li\>-OR-\<li\>switch those subjects to the new neuropsychological battery (Form C2).\</li\>\</ol\>A given subject may be switched to the new battery at any time after Version 3 implementation, at the Center's discretion. \<b\>KEY:\</b\> If the subject cannot complete any of the following exams, please give the reason by entering one of the following codes:\<ul\>\<li\>95/995=Physical problem\</li\>\<li\>96/996=Cognitive/behavior problem\</li\>\<li\>97/997=Other problem\</li\>\<li\>98/998=Verbal refusal\</li\>\</ul\>Below is a link to the C1 Instructions:		
norms_calc	nacc_uds3_c1c2_neuropsych_battery_required	descriptive	Below is a link to the UDS3 Norms Calculator. This spreadsheet will adjust the participant's MoCA score based upon their sex, age, and years of education. \<b\>In order to be eligible for the study, they must have a z-score > -1.0.\</b\>		

mmsecomp	nacc_uds3_c1c2_neuropsych_battery_required	radio	1. Was any part of the MMSE completed?	0, 0 No <i>(Enter reason code, 95-98 below in Question 1g and </i> SKIP TO QUESTION 2a) | 1, 1 Yes (CONTINUE WITH QUESTION 1b)	
mmsereas	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1g. If MMSE was not completed, enter reason code, 95-98	95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(95-98)
mmseloc	nacc_uds3_c1c2_neuropsych_battery_required	radio	1a. Administration of the MMSE was:	1, 1 In ADC/clinic | 2, 2 In home | 3, 3 In person - other	
mmselan	nacc_uds3_c1c2_neuropsych_battery_required	radio	1a1. Language of MMSE administration:	1, 1 English | 2, 2 Spanish | 3, 3 Other (SPECIFY):	
mmselanx	nacc_uds3_c1c2_neuropsych_battery_required	text	1a2. Specify language of MMSE administration		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
mmsevis	nacc_uds3_c1c2_neuropsych_battery_required	radio	1b. Subject was unable to complete one or more sections due to visual impairment:	0, 0 No | 1, 1 Yes	
mmsehear	nacc_uds3_c1c2_neuropsych_battery_required	radio	1c. Subject was unable to complete one or more sections due to hearing impairment:	0, 0 No | 1, 1 Yes	
mmseor	nacc_uds3_c1c2_neuropsych_battery_required	descriptive	1d.Orientation subscale score		
mmseorda	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1d1. Time:	0, 1 | 1, 2 | 2, 3 | 3, 4 | 4, 5 | 5, 95 = Physical problem | 6, 96 = Cognitive/behavior problem | 7, 97 = Other problem | 8, 98 = Verbal refusal	(0-5, 95-98)

mmseorlo	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1d2. Place:	0, 1 | 1, 2 | 2, 3 | 3, 4 | 4, 5 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-5, 95-98)
pentagon	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1e. Intersecting pentagon subscale score:	0, 0 | 1, 1 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-1, 95-98)
mmse	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1f. Total MMSE score (using D-L-R-O-W) (<i>If any of the MMSE items are 95-98, enter 88)	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 88	(0-30, 88)
mocacomp	nacc_uds3_c1c2_neuropsych_battery_required	radio	1a. Was any part of the MoCA administered?	0, 0 No <i>(If No, enter reason code, 95-98) below in Question 1a1 and </i> SKIP TO QUESTION 2a) | 1, 1 Yes (CONTINUE WITH QUESTION 1b)	
mocareas	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1a1. If MoCA was not administered, enter reason code, 95-98)	95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(95-98)
mocaloc	nacc_uds3_c1c2_neuropsych_battery_required	radio	1b. MoCA was administered:	1, 1 In ADC or clinic | 2, 2 In home | 3, 3 In person - other	
mocalan	nacc_uds3_c1c2_neuropsych_battery_required	radio	1c. Language of MoCA administration:	1, 1 English | 2, 2 Spanish | 3, 3 Other (SPECIFY):	

mocalanx	nacc_uds3_c1c2_neuropsych_battery_required	text	1c1. Specify language of MoCA administration:		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
mocavis	nacc_uds3_c1c2_neuropsych_battery_required	radio	1d. Subject was unable to complete one or more sections due to visual impairment:	0, 0 No | 1, 1 Yes	
mocahear	nacc_uds3_c1c2_neuropsych_battery_required	radio	1e. Subject was unable to complete one or more sections due to hearing impairment:	0, 0 No | 1, 1 Yes	
mocatots	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1f. TOTAL RAW SCORE - UNCORRECTED (Not corrected for education or visual/hearing impairment) <i>(Enter 88 if any of the following MoCA items were not administered: 1g-1l, 1n-1t, 1w-1bb)</i>	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 88, 88 item not administered	(0-30, 88)
mocatrai	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1g. Visuospatial/executive -- Trails	0, 0 | 1, 1 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-1, 95-98)
mocacube	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1h. Visuospatial/executive -- Cube	0, 0 | 1, 1 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-1, 95-98)
mocacloc	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1i. Visuospatial/executive -- Clock contour	0, 0 | 1, 1 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-1, 95-98)

mocaclon	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1j. Visuospatial/executive -- Clock numbers	0, 0 | 1, 1 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-1, 95-98)
mocacloh	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1k. Visuospatial/executive -- Clock hands	0, 0 | 1, 1 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-1, 95-98)
mocanami	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1l. Language -- Naming	0, 0 | 1, 1 | 2, 2 | 3, 3 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-3, 95-98)
mocaregi	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1m. Memory -- Registration (two trials)	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-10, 95-98)
mocadigi	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1n. Attention -- Digits	0, 0 | 1, 1 | 2, 2 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-2, 95-98)
mocalett	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1o. Attention -- Letter A	0, 0 | 1, 1 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-1, 95-98)

mocaser7	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1p. Attention -- Serial 7s	0, 0 | 1, 1 | 2, 2 | 3, 3 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-3, 95-98)
mocarepe	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1q. Language -- Repetition	0, 0 | 1, 1 | 2, 2 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-2, 95-98)
mocaflue	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1r. Language -- Fluency	0, 0 | 1, 1 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-1, 95-98)
mocaabst	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1s. Abstraction	0, 0 | 1, 1 | 2, 2 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-2, 95-98)
mocarecn	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1t. Delayed recall -- No cue	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-5, 95-98)
mocarecc	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1u. Delayed recall -- Category cue	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 88, 88 = Not applicable	(0-5; 88=not applicable)
mocarecr	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1v. Delayed recall -- Recognition	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 88, 88 = Not applicable	(0-5; 88=not applicable)

mocaordt	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1w. Orientation -- Date	0, 0 | 1, 1 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-1, 95-98)
mocaormo	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1x. Orientation -- Month	0, 0 | 1, 1 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-1, 95-98)
mocaoryr	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1y. Orientation -- Year	0, 0 | 1, 1 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-1, 95-98)
mocaordy	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1z. Orientation -- Day	0, 0 | 1, 1 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-1, 95-98)
mocaorpl	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1aa. Orientation -- Place	0, 0 | 1, 1 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-1, 95-98)
mocaorct	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	1bb. Orientation -- City	0, 0 | 1, 1 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-1, 95-98)
npsycloc	nacc_uds3_c1c2_neuropsych_battery_required	radio	2a. The remainder of the battery (i.e., the tests summarized below) was administered:	1, 1 In ADC/clinic | 2, 2 In home | 3, 3 In person - other	
npsylan	nacc_uds3_c1c2_neuropsych_battery_required	radio	2b. Language of test administration:	1, 1 English | 2, 2 Spanish | 3, 3 Other (SPECIFY):	

npsylanx	nacc_uds3_c1c2_neuropsych_battery_required	text	2b1. Specify language of test administration:		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
logida	nacc_uds3_c1c2_neuropsych_battery_required	text	3a. If this test has been administered to the subject within the past three months, specify the date previously administered:		(MM/DD/YYYY or 88/88/8888=N/A)
logiprev	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	3a1. Total score from previous test administration:	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 88	(0-25, 88=N/A)
logimem	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	3b. Total number of story units recalled from this current test administration:	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-25, 95-98)

craftvrs	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	3a. Total story units recalled, verbatim scoring(<i>If test not completed, enter reason code, 95-98, and </i>SKIP TO QUESTION 4a.)	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 41, 41 | 42, 42 | 43, 43 | 44, 44 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-44, 95-98)
crafturs	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	3b. Total story units recalled, paraphrase scoring	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25	(0-25)
udsbentc	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	4a. Total score for copy of Benson figure<i>(If test not completed, enter reason code, 95-98)</i>	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-17, 95-98)

digif	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	5a. Total number of trials correct before two consecutive errors at same digit length: (<i>If test not completed, enter reason code, 95-98, and</i> SKIP TO QUESTION 6a).	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-12, 95-98)
digiflen	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	5b. Digit span forward length:	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8	(0-8)
digib	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	6a. Total number of trials correct before two consecutive errors at same digit length: (<i>If test not completed, enter reason code, 95-98, and</i> SKIP TO QUESTION 7a).	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-12, 95-98)
digiblen	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	6b. Digit span backwards length:	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7	(0-7)
digforct	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	5a. Number of correct trials <i>(If test not completed, enter reason code, 95-98, and </i><b>SKIP TO QUESTION 6a.)	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-14, 95-98)
digforsl	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	5b. Longest span forward	0, 0 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9	(0, 3-9)

digbacct	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	6a. Number of correct trials <i>(If test not completed, enter reason code, 95-98, and </i><b>SKIP TO QUESTION 7a.)	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-14, 95-98)
digbacls	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	6b. Longest span backward	0, 0 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8	(0, 2-8)
animals	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	7a. Animals: Total number of animals named in 60 seconds:(If test not completed, enter reason code, 95-98)	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 41, 41 | 42, 42 | 43, 43 | 44, 44 | 45, 45 | 46, 46 | 47, 47 | 48, 48 | 49, 49 | 50, 50 | 51, 51 | 52, 52 | 53, 53 | 54, 54 | 55, 55 | 56, 56 | 57, 57 | 58, 58 | 59, 59 | 60, 60 | 61, 61 | 62, 62 | 63, 63 | 64, 64 | 65, 65 | 66, 66 | 67, 67 | 68, 68 | 69, 69 | 70, 70 | 71, 71 | 72, 72 | 73, 73 | 74, 74 | 75, 75 | 76, 76 | 77, 77 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-77, 95-98)

| veg | nacc_uds3_c1c2_neuropsych_ battery_required | dropdown | 7b. Vegetables: Total number of vegetables named in 60 seconds:(If test not completed, enter reason code, 95-98) | 0, 0 \| 1, 1 \| 2, 2 \| 3, 3 \| 4, 4 \| 5, 5 \| 6, 6 \| 7, 7 \| 8, 8 \| 9, 9 \| 10, 10 \| 11, 11 \| 12, 12 \| 13, 13 \| 14, 14 \| 15, 15 \| 16, 16 \| 17, 17 \| 18, 18 \| 19, 19 \| 20, 20 \| 21, 21 \| 22, 22 \| 23, 23 \| 24, 24 \| 25, 25 \| 26, 26 \| 27, 27 \| 28, 28 \| 29, 29 \| 30, 30 \| 31, 31 \| 32, 32 \| 33, 33 \| 34, 34 \| 35, 35 \| 36, 36 \| 37, 37 \| 38, 38 \| 39, 39 \| 40, 40 \| 41, 41 \| 42, 42 \| 43, 43 \| 44, 44 \| 45, 45 \| 46, 46 \| 47, 47 \| 48, 48 \| 49, 49 \| 50, 50 \| 51, 51 \| 52, 52 \| 53, 53 \| 54, 54 \| 55, 55 \| 56, 56 \| 57, 57 \| 58, 58 \| 59, 59 \| 60, 60 \| 61, 61 \| 62, 62 \| 63, 63 \| 64, 64 \| 65, 65 \| 66, 66 \| 67, 67 \| 68, 68 \| 69, 69 \| 70, 70 \| 71, 71 \| 72, 72 \| 73, 73 \| 74, 74 \| 75, 75 \| 76, 76 \| 77, 77 \| 95, 95 = Physical problem \| 96, 96 = Cognitive/behavior problem \| 97, 97 = Other problem \| 98, 98 = Verbal refusal | (0-77, 95-98) |

				6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 41, 41 | 42, 42 | 43, 43 | 44, 44 | 45, 45 | 46, 46 | 47, 47 | 48, 48 | 49, 49 | 50, 50 | 51, 51 | 52, 52 | 53, 53 | 54, 54 | 55, 55 | 56, 56 | 57, 57 | 58, 58 | 59, 59 | 60, 60 | 61, 61 | 62, 62 | 63, 63 | 64, 64 | 65, 65 | 66, 66 | 67, 67 | 68, 68 | 69, 69 | 70, 70 | 71, 71 | 72, 72 | 73, 73 | 74, 74 | 75, 75 | 76, 76 | 77, 77 | 78, 78 | 79, 79 | 80, 80 | 81, 81 | 82, 82 | 83, 83 | 84, 84 | 85, 85 | 86, 86 | 87, 87 | 88, 88 | 89, 89 | 90, 90 | 91, 91 | 92, 92 | 93, 93 | 94, 94 | 95, 95 | 96, 96 | 97, 97 | 98, 98 | 99, 99 | 100, 100 | 101, 101 | 102, 102 | 103, 103 | 104, 104 | 105, 105 | 106, 106 | 107, 107 | 108, 108 | 109, 109 | 110, 110 | 111, 111 | 112, 112 | 113, 113 | 114, 114 | 115, 115 | 116, 116 |	
traila	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	8a. PART A: Total number of seconds to complete (if not finished by 150 seconds, enter 150):<i>(If test not completed, enter reason code, 995-998, and </i>SKIP TO QUESTION 8b.)		(0-150, 995-998)

| trailarr | nacc_uds3_c1c2_neuropsych_battery_required | dropdown | 8a1. Number of commission errors | 0, 0 \| 1, 1 \| 2, 2 \| 3, 3 \| 4, 4 \| 5, 5 \| 6, 6 \| 7, 7 \| 8, 8 \| 9, 9 \| 10, 10 \| 11, 11 \| 12, 12 \| 13, 13 \| 14, 14 \| 15, 15 \| 16, 16 \| 17, 17 \| 18, 18 \| 19, 19 \| 20, 20 \| 21, 21 \| 22, 22 \| 23, 23 \| 24, 24 \| 25, 25 \| 26, 26 \| 27, 27 \| 28, 28 \| 29, 29 \| 30, 30 \| 31, 31 \| 32, 32 \| 33, 33 \| 34, 34 \| 35, 35 \| 36, 36 \| 37, 37 \| 38, 38 \| 39, 39 \| 40, 40 | 0-40 |
| trailali | nacc_uds3_c1c2_neuropsych_battery_required | dropdown | 8a2. Number of correct lines | 0, 0 \| 1, 1 \| 2, 2 \| 3, 3 \| 4, 4 \| 5, 5 \| 6, 6 \| 7, 7 \| 8, 8 \| 9, 9 \| 10, 10 \| 11, 11 \| 12, 12 \| 13, 13 \| 14, 14 \| 15, 15 \| 16, 16 \| 17, 17 \| 18, 18 \| 19, 19 \| 20, 20 \| 21, 21 \| 22, 22 \| 23, 23 \| 24, 24 | 0-24 |

				6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 41, 41 | 42, 42 | 43, 43 | 44, 44 | 45, 45 | 46, 46 | 47, 47 | 48, 48 | 49, 49 | 50, 50 | 51, 51 | 52, 52 | 53, 53 | 54, 54 | 55, 55 | 56, 56 | 57, 57 | 58, 58 | 59, 59 | 60, 60 | 61, 61 | 62, 62 | 63, 63 | 64, 64 | 65, 65 | 66, 66 | 67, 67 | 68, 68 | 69, 69 | 70, 70 | 71, 71 | 72, 72 | 73, 73 | 74, 74 | 75, 75 | 76, 76 | 77, 77 | 78, 78 | 79, 79 | 80, 80 | 81, 81 | 82, 82 | 83, 83 | 84, 84 | 85, 85 | 86, 86 | 87, 87 | 88, 88 | 89, 89 | 90, 90 | 91, 91 | 92, 92 | 93, 93 | 94, 94 | 95, 95 | 96, 96 | 97, 97 | 98, 98 | 99, 99 | 100, 100 | 101, 101 | 102, 102 | 103, 103 | 104, 104 | 105, 105 | 106, 106 | 107, 107 | 108, 108 | 109, 109 | 110, 110 | 111, 111 | 112, 112 | 113, 113 | 114, 114 | 115, 115 | 116, 116 |	
trailb	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	8b. PART B: Total number of seconds to complete (if not finished by 300 seconds, enter 300): <i>(If test not completed, enter reason code, 995-998, and </i>SKIP TO QUESTION 9a.)		(0-300, 995-998)

trailbrr	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	8b1. Number of commission errors	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40	0-40
trailbli	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	8b2. Number of correct lines	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24	0-24
memunits	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	9a. Total number of story units recalled:(<i>If test not completed, enter reason code, 95-98, and </i>SKIP TO QUESTION 10a).	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-25, 95-98)

| memtime | nacc_uds3_c1c2_neuropsych_battery_required | dropdown | 9b. Time elapsed since Logical Memory IA - Immediate: | 0, 0 \| 1, 1 \| 2, 2 \| 3, 3 \| 4, 4 \| 5, 5 \| 6, 6 \| 7, 7 \| 8, 8 \| 9, 9 \| 10, 10 \| 11, 11 \| 12, 12 \| 13, 13 \| 14, 14 \| 15, 15 \| 16, 16 \| 17, 17 \| 18, 18 \| 19, 19 \| 20, 20 \| 21, 21 \| 22, 22 \| 23, 23 \| 24, 24 \| 25, 25 \| 26, 26 \| 27, 27 \| 28, 28 \| 29, 29 \| 30, 30 \| 31, 31 \| 32, 32 \| 33, 33 \| 34, 34 \| 35, 35 \| 36, 36 \| 37, 37 \| 38, 38 \| 39, 39 \| 40, 40 \| 41, 41 \| 42, 42 \| 43, 43 \| 44, 44 \| 45, 45 \| 46, 46 \| 47, 47 \| 48, 48 \| 49, 49 \| 50, 50 \| 51, 51 \| 52, 52 \| 53, 53 \| 54, 54 \| 55, 55 \| 56, 56 \| 57, 57 \| 58, 58 \| 59, 59 \| 60, 60 \| 61, 61 \| 62, 62 \| 63, 63 \| 64, 64 \| 65, 65 \| 66, 66 \| 67, 67 \| 68, 68 \| 69, 69 \| 70, 70 \| 71, 71 \| 72, 72 \| 73, 73 \| 74, 74 \| 75, 75 \| 76, 76 \| 77, 77 \| 78, 78 \| 79, 79 \| 80, 80 \| 81, 81 \| 82, 82 \| 83, 83 \| 84, 84 \| 85, 85 \| 86, 99 | (0-85 minutes, 99=unknown) |

craftdvr	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	9a. Total story units recalled, verbatim scoring(<i>If test not completed, enter reason code, 95-98, and </i>SKIP TO QUESTION 10a.)	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 41, 41 | 42, 42 | 43, 43 | 44, 44 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-44, 95-98)
craftdre	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	9b. Total story units recalled, paraphrase scoring	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25	(0-25)

craftdti	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	9c. Delay time (minutes)	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 41, 41 | 42, 42 | 43, 43 | 44, 44 | 45, 45 | 46, 46 | 47, 47 | 48, 48 | 49, 49 | 50, 50 | 51, 51 | 52, 52 | 53, 53 | 54, 54 | 55, 55 | 56, 56 | 57, 57 | 58, 58 | 59, 59 | 60, 60 | 61, 61 | 62, 62 | 63, 63 | 64, 64 | 65, 65 | 66, 66 | 67, 67 | 68, 68 | 69, 69 | 70, 70 | 71, 71 | 72, 72 | 73, 73 | 74, 74 | 75, 75 | 76, 76 | 77, 77 | 78, 78 | 79, 79 | 80, 80 | 81, 81 | 82, 82 | 83, 83 | 84, 84 | 85, 85 | 99, 99 = Unknown	(0-85 minutes 99=Unknown)
craftcue	nacc_uds3_c1c2_neuropsych_battery_required	radio	9d. Cue ("boy") needed	0, 0 No | 1, 1 Yes	
udsbentd	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	10a. Total score for drawing of Benson figure following 10- to 15-minute delay<i>(If test not completed, enter reason code, 95-98 and</i> SKIP TO QUESTION 11a.)	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-17, 95-98)
udsbenrs	nacc_uds3_c1c2_neuropsych_battery_required	radio	10b. Recognized original stimulus from among four options?	0, 0 No | 1, 1 Yes	

boston	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	11a. Total score:	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 95 | 32, 96 | 33, 97 | 34, 98	(0-30, 95-98)
minttots	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	11a. Total score<i>(If test not completed, enter reason code, 95-98 and</i> SKIP TO QUESTION 12a.)	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-32, 95-98)
minttotw	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	11b. Total correct without semantic cue	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32	(0-32)

mintscng	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	11c. Semantic cues: Number given	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32	(0-32)
mintscnc	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	11d. Semantic cues: Number correct with cue <i>(88=not applicable)</i>	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 88, 88 = Not applicable	(0-32, 88)
mintpcng	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	11e. Phonemic cues: Number given	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32	(0-32)
mintpcnc	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	11f. Phonemic cues: Number correct with cue <i>(88=not applicable)</i>	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 88, 88 = Not applicable	(0-32, 88)

udsverfc	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	12a. Number of correct F-words generated in 1 minute <i>(If test not completed, enter reason code, 95-98 and</i> SKIP TO QUESTION 12d.)	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-40, 95-98)
udsverfn	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	12b. Number of F-words repeated in 1 minute	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15	(0-15)
udsvernf	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	12c. Number of non-F-words and rule violation errors in 1 minute	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15	(0-15)

udsverlc	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	12d. Number of correct L-words generated in 1 minute <i>(If test not completed, enter reason code, 95-98 and</i> SKIP TO QUESTION 13a.)	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	(0-40, 95-98)
udsverlr	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	12e. Number of L-words repeated in 1 minute	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15	(0-15)
udsverln	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	12f. Number of non-L-words and rule violation errors in 1 minute	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15	(0-15)

udsvertn	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	12g. TOTAL number of correct F-words and L-words	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30 | 31, 31 | 32, 32 | 33, 33 | 34, 34 | 35, 35 | 36, 36 | 37, 37 | 38, 38 | 39, 39 | 40, 40 | 41, 41 | 42, 42 | 43, 43 | 44, 44 | 45, 45 | 46, 46 | 47, 47 | 48, 48 | 49, 49 | 50, 50 | 51, 51 | 52, 52 | 53, 53 | 54, 54 | 55, 55 | 56, 56 | 57, 57 | 58, 58 | 59, 59 | 60, 60 | 61, 61 | 62, 62 | 63, 63 | 64, 64 | 65, 65 | 66, 66 | 67, 67 | 68, 68 | 69, 69 | 70, 70 | 71, 71 | 72, 72 | 73, 73 | 74, 74 | 75, 75 | 76, 76 | 77, 77 | 78, 78 | 79, 79 | 80, 80 | 95, 95 = Physical problem | 96, 96 = Cognitive/behavior problem | 97, 97 = Other problem | 98, 98 = Verbal refusal	
udsvertn_2	nacc_uds3_c1c2_neuropsych_battery_required	calc	12g. TOTAL number of correct F-words and L-words	sum([udsverfc],[udsverlc])	
udsverte	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	12h. TOTAL number of F-word and L-word repetition errors	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30	

udsverte_2	nacc_uds3_c1c2_neuropsych_battery_required	calc	12h. TOTAL number of F-word and L-word repetition errors	sum([udsverfn],[udsverlr])	
udsverti	nacc_uds3_c1c2_neuropsych_battery_required	dropdown	12i. TOTAL number of non-F/L words and rule violation errors	0, 0 | 1, 1 | 2, 2 | 3, 3 | 4, 4 | 5, 5 | 6, 6 | 7, 7 | 8, 8 | 9, 9 | 10, 10 | 11, 11 | 12, 12 | 13, 13 | 14, 14 | 15, 15 | 16, 16 | 17, 17 | 18, 18 | 19, 19 | 20, 20 | 21, 21 | 22, 22 | 23, 23 | 24, 24 | 25, 25 | 26, 26 | 27, 27 | 28, 28 | 29, 29 | 30, 30	
udsverti_2	nacc_uds3_c1c2_neuropsych_battery_required	calc	12i. TOTAL number of non-F/L words and rule violation errors	sum([udsvernf],[udsverln])	
np_notes	nacc_uds3_c1c2_neuropsych_battery_required	notes	If any of the previous questions were answered '95-98' please explain further.		i.e. poor vision, time limit, missing stimuli, etc.
cogstat	nacc_uds3_c1c2_neuropsych_battery_required	radio	13a. Per the clinician (e.g., neuropsychologist, behavioral neurologist, or other suitably qualified clinician), based on the UDS neuropsychological examination, the subject's cognitive status is deemed:	1, 1 Better than normal for age | 2, 2 Normal for age | 3, 3 One or two test scores are abnormal | 4, 4 Three or more scores are abnormal or lower than expected | 0, 0 Clinician unable to render opinion	
copyright_c2	nacc_uds3_c1c2_neuropsych_battery_required	descriptive	<font color=blue> Adapted with permission. Copyright &#169 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976 - Walter A. Kukull, PhD, Director). All rights reserved.		

footer_ivp_c2	nacc_uds3_c1c2_neuropsych_battery_required	descriptive	National Alzheimer's Coordinating Center | (206) 543-8637 | fax: (206) 616-5927 | naccmail@uw.edu | www.alz.washington.edu UDS (V3.0, March 2015) Initial Visit <font color=red>Form C2: Neuropsychological Battery Scores		
footer_fvp_c2	nacc_uds3_c1c2_neuropsych_battery_required	descriptive	National Alzheimer's Coordinating Center | (206) 543-8637 | fax: (206) 616-5927 | naccmail@uw.edu | www.alz.washington.edu UDS (V3.0, March 2015) Follow-up Visit <font color=red>Form C2: Neuropsychological Battery Scores		
footer_c1	nacc_uds3_c1c2_neuropsych_battery_required	descriptive	National Alzheimer's Coordinating Center | (206) 543-8637 | fax: (206) 616-5927 | naccmail@uw.edu | www.alz.washington.edu UDS (V3.0, March 2015) Follow-up Visit <font color=red>Form C1: Neuropsychological Battery Scores		
d1_ivp	nacc_uds3_d1_clinician_diagnosis_required	descriptive	<hr><center>NACC Uniform Data Set (UDS) - <font color=blue>INITIAL VISIT<hr><center>		
d1_fvp	nacc_uds3_d1_clinician_diagnosis_required	descriptive	<hr><center>NACC Uniform Data Set (UDS) - <font color=red>FOLLOW UP<hr>		
d1	nacc_uds3_d1_clinician_diagnosis_required	descriptive	<hr><center>FORM D1: Clinician Diagnosis <center><hr>		

instructionsivp_d1	nacc_uds3_d1_clinician_diagnosis_required	descriptive			

<i>INSTRUCTIONS: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form D1.   Link to   NACC Coding Guidebook . Check only <u>one</u> box per question.<i>

This form is divided into three main sections:
Section 1   Cognitive Status: Normal cognition/MCI/dementia and dementia syndrome.

Section 2   Biomarkers, imaging and genetics: Neurodegenerative imaging and CSF biomarkers, imaging, evidence for CVD, and known genetic mutations for AD and FTLD

Section 3   Etiological diagnoses: presumed etiological diagnoses for the cognitive disorder.

instructionsfvp_d1	nacc_uds3_d1_clinician_diagnosis_required	descriptive	\<i>INSTRUCTIONS: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Follow-Up Visit Packet, Form D1. Link to \ NACC Coding Guidebook\ \<i>Check only \<u>one\</u> box per question.\</i> This form is divided into three main sections:\ \ Section 1 \Cognitive Status:\ Normal cognition/MCI/dementia and dementia syndrome. \ Section 2 \Biomarkers, imaging and genetics: \ Neurodegenerative imaging and CSF biomarkers, imaging evidence for CVD, and known genetic mutations for AD and FTLD. \ Section 3 \Etiological diagnoses: \ presumed etiological diagnoses for the cognitive disorder\</i>	
dxmethod	nacc_uds3_d1_clinician_diagnosis_required	radio	1. Diagnosis method - responses in this form are based on diagnosis by:	1, 1 A single clinician | 2, 2 A formal consensus panel | 3, 3 Other (e.g., two or more clinicians or other informal group)	

| normcog | nacc_uds3_d1_clinician_diagnosis_required | radio | 2. Does the subject have normal cognition (global CDR=0 and/or neuropsychological testing within normal range) and normal behavior (i.e., the subject does not exhibit behavior sufficient to diagnose MCI or dementia due to FTLD or LBD)? <font color = blue>[baseline_visit_arm_1][cognitive_status_3] | 0, 0 No (CONTINUE TO QUESTION 3) \| 1, 1 Yes (SKIP TO QUESTION 6) | |

note_d1_2	nacc_uds3_d1_clinician_diagnosis_required	descriptive	ALL-CAUSE DEMENTIA The subject 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 and 2) objective cognitive assessment (bedside or neuropsychological testing)? <u>AND </u> 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 *<i>In the event of single-domain impairment (e.g., language in PPA, behavior in bvFTD, posterior cortical atrophy), the subject must not fulfill criteria for MCI.</i>		
demented	nacc_uds3_d1_clinician_diagnosis_required	radio	3. Does the subject meet the criteria for dementia? <font color = blue>[baseline_visit_arm_1][cognitive_status_4] 	0, 0 No (SKIP TO QUESTION 5) | 1, 1 Yes (CONTINUE TO QUESTION 4)	
note_d1_3	nacc_uds3_d1_clinician_diagnosis_required	descriptive	 4. If the subject meets criteria for dementia, answer Questions 4a-4f below and then SKIP TO QUESTION 6. 		

note_d1_4	nacc_uds3_d1_clinician_diagnosis_required	descriptive	Based entirely on the history and examination (including neuropsychological testing), what is the cognitive/behavioral syndrome? Select one or more as Present; all others will default to Absent in the NACC database.	
amndem	nacc_uds3_d1_clinician_diagnosis_required	radio	4a. Amnestic multidomain dementia syndrome	1, 1 Present
pca	nacc_uds3_d1_clinician_diagnosis_required	radio	4b. Posterior cortical atrophy syndrome (or primary visual presentation)	1, 1 Present
ppasyn	nacc_uds3_d1_clinician_diagnosis_required	radio	4c. Primary progressive aphasia (PPA) syndrome	1, 1 Present
ppasynt	nacc_uds3_d1_clinician_diagnosis_required	radio	4c1. Primary progressive aphasia (PPA) syndrome (cont.)	1, 1 Meets criteria for semantic PPA | 2, 2 Meets criteria for logopenic PPA | 3, 3 Meets criteria for nonfluent/agrammatic PPA | 4, 4 PPA other/not otherwise specified
ftdsyn	nacc_uds3_d1_clinician_diagnosis_required	radio	4d. Behavioral variant FTD (bvFTD) syndrome	1, 1 Present
lbdsyn	nacc_uds3_d1_clinician_diagnosis_required	radio	4e. Lewy body dementia syndrome	1, 1 Present
namndem	nacc_uds3_d1_clinician_diagnosis_required	radio	4f. Non-amnestic multidomain dementia, not PCA, PPA, bvFTD, or DLB syndrome	1, 1 Present
d1_mci_note	nacc_uds3_d1_clinician_diagnosis_required	descriptive	 5. If the subject does not have normal cognition or behavior and is not clinically demented, indicate the type of cognitive impairment below. 	

note_d1_6	nacc_uds3_d1_clinician_diagnosis_required	descriptive	MCI CORE CLINICAL CRITERIA Is the subject, the co-participant, or a clinician concerned about a change in cognition compared to the subject's previous level? Is there impairment in one or more cognitive domains (memory, language, executive function, attention, and visuospatial skills)? Is there largely preserved independence in functional abilities (no change from prior manner of functioning or uses minimal aids or assistance)?		
note_d1_7	nacc_uds3_d1_clinician_diagnosis_required	descriptive	Select one syndrome from 5a-5e as being Present (all others will default to Absent in the NACC database), and then CONTINUE TO QUESTION 6. If you select MCI below, it should meet the MCI core clinical criteria outlined above.		
mciamem	nacc_uds3_d1_clinician_diagnosis_required	radio	5a. Amnestic MCI, single domain (aMCI SD) <hr> <font color = blue>[baseline_visit_arm_1][cognitive_status_5] 	1, 1 Present	
mciaplus	nacc_uds3_d1_clinician_diagnosis_required	radio	5b. Amnestic MCI, multiple domains (aMCI MD) <font color = blue>[baseline_visit_arm_1][cog_stat_amcimd] 	1, 1 Present	
note_d1_8	nacc_uds3_d1_clinician_diagnosis_required	descriptive	CHECK YES for at least one additional domain (besides memory): 		
mciaplan	nacc_uds3_d1_clinician_diagnosis_required	radio	5b1. Language <font color = blue>[baseline_visit_arm_1][cdrlang] 	0, 0 No | 1, 1 Yes	
mciapatt	nacc_uds3_d1_clinician_diagnosis_required	radio	5b2. Attention	0, 0 No | 1, 1 Yes	

mciapex	nacc_uds3_d1_clinician_diagnosis_required	radio	5b3. Executive <font color = blue>[baseline_visit_arm_1][judgment] 	0, 0 No | 1, 1 Yes	
mciapvis	nacc_uds3_d1_clinician_diagnosis_required	radio	5b4. Visuospatial	0, 0 No | 1, 1 Yes	
mcinon1	nacc_uds3_d1_clinician_diagnosis_required	radio	5c. Non-amnestic MCI, single domain (naMCI SD) <font color = blue>[baseline_visit_arm_1][cognitive_status_6] 	1, 1 Present	
note_d1_9	nacc_uds3_d1_clinician_diagnosis_required	descriptive	 CHECK YES to indicate the affected domain:		
mcin1lan	nacc_uds3_d1_clinician_diagnosis_required	radio	5c1. Language <font color = blue>[baseline_visit_arm_1][cdrlang] 	0, 0 No | 1, 1 Yes	
mcin1att	nacc_uds3_d1_clinician_diagnosis_required	radio	5c2. Attention	0, 0 No | 1, 1 Yes	
mcin1ex	nacc_uds3_d1_clinician_diagnosis_required	radio	5c3. Executive <font color = blue>[baseline_visit_arm_1][judgment] 	0, 0 No | 1, 1 Yes	
mcin1vis	nacc_uds3_d1_clinician_diagnosis_required	radio	5c4. Visuospatial	0, 0 No | 1, 1 Yes	
mcinon2	nacc_uds3_d1_clinician_diagnosis_required	radio	5d. Non-amnestic MCI, multiple domains (naMCI MD) <font color = blue>[baseline_visit_arm_1][cognitive_status_6] 	1, 1 Present	
note_d1_10	nacc_uds3_d1_clinician_diagnosis_required	descriptive	 CHECK YES for at least two domains:		
mcin2lan	nacc_uds3_d1_clinician_diagnosis_required	radio	5d1 Language <font color = blue>[baseline_visit_arm_1][cdrlang] 	0, 0 No | 1, 1 Yes	
mcin2att	nacc_uds3_d1_clinician_diagnosis_required	radio	5d2. Attention	0, 0 No | 1, 1 Yes	

mcin2ex	nacc_uds3_d1_clinician_diagnosis_required	radio	5d3. Executive <font color = blue>[baseline_visit_arm_1][judgment] 	0, 0 No | 1, 1 Yes	
mcin2vis	nacc_uds3_d1_clinician_diagnosis_required	radio	5d4. Visuospatial	0, 0 No | 1, 1 Yes	
impnomci	nacc_uds3_d1_clinician_diagnosis_required	radio	5e. Cognitively impaired, not MCI	1, 1 Present	
note_d1_11	nacc_uds3_d1_clinician_diagnosis_required	descriptive	<i>Section 2 must be completed for all subjects.</i>		
amylpet	nacc_uds3_d1_clinician_diagnosis_required	radio	6a. Abnormally elevated amyloid on PET	0, 0 No | 1, 1 Yes | 8, 8 Unknown, not assessed	
amylcsf	nacc_uds3_d1_clinician_diagnosis_required	radio	6b. Abnormally low amyloid in CSF	0, 0 No | 1, 1 Yes | 8, 8 Unknown, not assessed	
fdgad	nacc_uds3_d1_clinician_diagnosis_required	radio	6c. FDG-PET pattern of AD	0, 0 No | 1, 1 Yes | 8, 8 Unknown, not assessed	
hippatr	nacc_uds3_d1_clinician_diagnosis_required	radio	6d. Hippocampal atrophy	0, 0 No | 1, 1 Yes | 8, 8 Unknown, not assessed	
taupetad	nacc_uds3_d1_clinician_diagnosis_required	radio	6e. Tau PET evidence for AD	0, 0 No | 1, 1 Yes | 8, 8 Unknown, not assessed	
csftau	nacc_uds3_d1_clinician_diagnosis_required	radio	6f. Abnormally elevated CSF tau or ptau	0, 0 No | 1, 1 Yes | 8, 8 Unknown, not assessed	
fdgftld	nacc_uds3_d1_clinician_diagnosis_required	radio	6g. FDG-PET evidence for frontal or anterior temporal hypometabolism for FTLD	0, 0 No | 1, 1 Yes | 8, 8 Unknown, not assessed	
tpetftld	nacc_uds3_d1_clinician_diagnosis_required	radio	6h. Tau PET evidence for FTLD	0, 0 No | 1, 1 Yes | 8, 8 Unknown, not assessed	
mrftld	nacc_uds3_d1_clinician_diagnosis_required	radio	6i. Structural MR evidence for frontal or anterior temporal atrophy for FTLD	0, 0 No | 1, 1 Yes | 8, 8 Unknown, not assessed	
datscan	nacc_uds3_d1_clinician_diagnosis_required	radio	6j. Dopamine transporter scan (DATscan) evidence for Lewy body disease	0, 0 No | 1, 1 Yes | 8, 8 Unknown, not assessed	
othbiom	nacc_uds3_d1_clinician_diagnosis_required	radio	6k. Other neurodegenerative biomarker (SPECIFY):	0, 0 No | 1, 1 Yes	

othbiomx	nacc_uds3_d1_clinician_diagnosis_required	text	6k1. Other neurodegenerative biomarker description:		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
imaglinf	nacc_uds3_d1_clinician_diagnosis_required	radio	7a. Large vessel infarct(s)	0, 0 No | 1, 1 Yes | 8, 8 Unknown/not assessed	
imaglac	nacc_uds3_d1_clinician_diagnosis_required	radio	7b. Lacunar infarct(s)	0, 0 No | 1, 1 Yes | 8, 8 Unknown/not assessed	
imagmach	nacc_uds3_d1_clinician_diagnosis_required	radio	7c. Macrohemorrhage(s)	0, 0 No | 1, 1 Yes | 8, 8 Unknown/not assessed	
imagmich	nacc_uds3_d1_clinician_diagnosis_required	radio	7d. Microhemorrhage(s)	0, 0 No | 1, 1 Yes | 8, 8 Unknown/not assessed	
imagmwmh	nacc_uds3_d1_clinician_diagnosis_required	radio	7e. Moderate white-matter hyperintensity (CHS score 5-6)	0, 0 No | 1, 1 Yes | 8, 8 Unknown/not assessed	
imagewmh	nacc_uds3_d1_clinician_diagnosis_required	radio	7f. Extensive white-matter hyperintensity (CHS score 7-8+)	0, 0 No | 1, 1 Yes | 8, 8 Unknown/not assessed	
admut	nacc_uds3_d1_clinician_diagnosis_required	radio	8. Does the subject have a dominantly inherited AD mutation (PSEN1, PSEN2, APP)?	0, 0 No | 1, 1 Yes | 9, 9 Unknown/not assessed	
ftldmut	nacc_uds3_d1_clinician_diagnosis_required	radio	9. Does the subject have a hereditary FTLD mutation (e.g, GRN, VCP, TARBP, FUS, C9orf72, CHMP2B, MAPT)?	0, 0 No | 1, 1 Yes | 9, 9 Unknown/not assessed	
othmut	nacc_uds3_d1_clinician_diagnosis_required	radio	10. Does the subject have a hereditary mutation other than an AD or FTLD mutation?	0, 0 No | 1, 1 Yes (SPECIFY) | 9, 9 Unknown/not assessed	
othmutx	nacc_uds3_d1_clinician_diagnosis_required	text	10a. If question 10 is Yes, please specify hereditary mutation other than an AD or FTLD mutation.		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).

instructions_d1_2	nacc_uds3_d1_clinician_diagnosis_required	descriptive	Section 3 must be filled out for all subjects. Indicate presumptive etiologic diagnoses of the cognitive disorder and whether a given diagnosis is a primary, contributing, or non-contributing cause of the observed impairment, based on the clinician's best judgment. Select one or more diagnoses as Present; all others will default to Absent in the NACC database. Only one diagnosis should be selected as 1=Primary. For subjects with normal cognition: Indicate the presence of any diagnoses by marking Present, and leave the questions on whether the diagnosis was primary, contributing, or non-contributing blank. Subjects with positive biomarkers but no clinical symptoms of Alzheimer's disease, Lewy body disease, or frontotemporal lobar degeneration should not have these diagnoses marked as Present. Instead, the biomarker data from Section 2 can be used to identify the presence of preclinical disease.		
note_d1_12	nacc_uds3_d1_clinician_diagnosis_required	descriptive	Etiologic diagnoses		
alzdis	nacc_uds3_d1_clinician_diagnosis_required	radio	11. Alzheimer's disease	1, 1 Present	
alzdisif	nacc_uds3_d1_clinician_diagnosis_required	radio	11a. If Alzheimer's disease is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
lbdis	nacc_uds3_d1_clinician_diagnosis_required	radio	12. Lewy body disease	1, 1 Present	

	nacc_uds3_d1_clinician_diagnosis_required			
lbdif	nacc_uds3_d1_clinician_diagnosis_required	radio	12a. If Lewy body disease is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
park	nacc_uds3_d1_clinician_diagnosis_required	radio	12b. Parkinson's disease	1, 1 Present	
msa	nacc_uds3_d1_clinician_diagnosis_required	radio	13. Multiple system atrophy	1, 1 Present	
msaif	nacc_uds3_d1_clinician_diagnosis_required	radio	13a. If Multiple system atrophy is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
note_d1_13	nacc_uds3_d1_clinician_diagnosis_required	descriptive	14. Frontotemporal lobar degeneration		
psp	nacc_uds3_d1_clinician_diagnosis_required	radio	14a. Progressive supranuclear palsy (PSP)	1, 1 Present	
pspif	nacc_uds3_d1_clinician_diagnosis_required	radio	14a1. If Progressive supranuclear palsy (PSP) is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
cort	nacc_uds3_d1_clinician_diagnosis_required	radio	14b. Corticobasal degeneration (CBD)	1, 1 Present	
cortif	nacc_uds3_d1_clinician_diagnosis_required	radio	14b1. If Corticobasal degeneration (CBD) is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
ftldmo	nacc_uds3_d1_clinician_diagnosis_required	radio	14c. FTLD with motor neuron disease	1, 1 Present	
ftldmoif	nacc_uds3_d1_clinician_diagnosis_required	radio	14c1. If FTLD with motor neuron disease is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
ftldnos	nacc_uds3_d1_clinician_diagnosis_required	radio	14d. FTLD NOS	1, 1 Present	
ftldnoif	nacc_uds3_d1_clinician_diagnosis_required	radio	14d1. If FTLD NOS is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
ftldsubt	nacc_uds3_d1_clinician_diagnosis_required	radio	14e. If FTLD (Questions 14a-14d) is present, specify FTLD subtype:	1, 1 Tauopathy | 2, 2 TDP-43 proteinopathy | 3, 3 Other (SPECIFY): | 9, 9 Unknown	

					Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
ftldsubx	nacc_uds3_d1_clinician_diagnosis_required	text	14e1. Other FTLD, specify		
cvd	nacc_uds3_d1_clinician_diagnosis_required	radio	15. Vascular Brain injury (based on clinical or imaging evidence)<i>If significant vascular brain injury is absent, </I>SKIP TO QUESTION 16.</B>	1, 1 Present	
cvdif	nacc_uds3_d1_clinician_diagnosis_required	radio	15a. If vascular brain injury is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
prevstk	nacc_uds3_d1_clinician_diagnosis_required	radio	15b. Previous symptomatic stroke?	0, 0 No (SKIP TO QUESTION 15c) | 1, 1 Yes	
strokedec	nacc_uds3_d1_clinician_diagnosis_required	radio	15b1. Temporal relationship between stroke and cognitive decline?	0, 0 No | 1, 1 Yes	
stkimag	nacc_uds3_d1_clinician_diagnosis_required	radio	15b2. Confirmation of stroke by neuroimaging?	0, 0 No | 1, 1 Yes | 9, 9 Unknown; no relevant imaging data available	
infnetw	nacc_uds3_d1_clinician_diagnosis_required	radio	15c. Is there imaging evidence of cystic infarction in cognitive network(s)?	0, 0 No | 1, 1 Yes | 9, 9 Unknown; no relevant imaging data available	
infwmh	nacc_uds3_d1_clinician_diagnosis_required	radio	15d. Is there imaging evidence of cystic infarction, imaging evidence of extensive white matter hyperintensity (CHS grade 7-8+), <u>and</u> impairment in executive function?	0, 0 No | 1, 1 Yes | 9, 9 Unknown; no relevant imaging data available	
esstrem	nacc_uds3_d1_clinician_diagnosis_required	radio	16. Essential tremor	1, 1 Present	
esstreif	nacc_uds3_d1_clinician_diagnosis_required	radio	16a. If essential tremor is present, is it primary or contributing or non-contributing.	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
downs	nacc_uds3_d1_clinician_diagnosis_required	radio	17. Down syndrome	1, 1 Present	
downsif	nacc_uds3_d1_clinician_diagnosis_required	radio	17a. If Down syndrome is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	

	nacc_uds3_d1_clinician_diagnosis_required	radio	18. Huntington's disease	1, 1 Present	
hunt					
huntif	nacc_uds3_d1_clinician_diagnosis_required	radio	18a. If Huntington's disease is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
prion	nacc_uds3_d1_clinician_diagnosis_required	radio	19. Prion disease (CJD, other)	1, 1 Present	
prionif	nacc_uds3_d1_clinician_diagnosis_required	radio	19a. If Prion's disease is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
brninj	nacc_uds3_d1_clinician_diagnosis_required	radio	20. Traumatic brain injury <font color = blue>[baseline_visit_arm_1][tbi]	1, 1 Present	
brninjif	nacc_uds3_d1_clinician_diagnosis_required	radio	20a. If Traumatic brain injury is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
brnincte	nacc_uds3_d1_clinician_diagnosis_required	radio	20b. If traumatic brain injury is present, does the subject have symptoms consistent with chronic traumatic encephalopathy?	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
hyceph	nacc_uds3_d1_clinician_diagnosis_required	radio	21. Normal-pressure hydrocephalus	1, 1 Present	
hycephif	nacc_uds3_d1_clinician_diagnosis_required	radio	21a. If Normal-pressure hydrocephalus is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
epilep	nacc_uds3_d1_clinician_diagnosis_required	radio	22. Epilepsy	1, 1 Present	
epilepif	nacc_uds3_d1_clinician_diagnosis_required	radio	22a. If Epilepsy is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
neop	nacc_uds3_d1_clinician_diagnosis_required	radio	23. CNS neoplasm	1, 1 Present	
neopif	nacc_uds3_d1_clinician_diagnosis_required	radio	23a. If CNS neoplasm is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
neopstat	nacc_uds3_d1_clinician_diagnosis_required	radio	23b. CNS neoplasm, benign or malignant?	1, 1 Benign | 2, 2 Malignant	
hiv	nacc_uds3_d1_clinician_diagnosis_required	radio	24. Human immunodeficiency virus (HIV)	1, 1 Present	

hivif	nacc_uds3_d1_clinician_diagnosis_required	radio	24a. If Human immunodeficiency virus (HIV) is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
othcog	nacc_uds3_d1_clinician_diagnosis_required	radio	25. Cognitive impairment due to other neurologic, genetic, or infectious conditions not listed above	1, 1 Present	
othcogif	nacc_uds3_d1_clinician_diagnosis_required	radio	25a. If other cognitive impairment present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
othcogx	nacc_uds3_d1_clinician_diagnosis_required	text	25b. If cognitive impairment due to other neurologic, genetic, or infectious conditions not listed above is present, specify:		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
note_d1_14	nacc_uds3_d1_clinician_diagnosis_required	descriptive	Condition		
dep	nacc_uds3_d1_clinician_diagnosis_required	radio	26. Active depression <font color = blue>[baseline_visit_arm_1][dep2yrs]	1, 1 Present	
depif	nacc_uds3_d1_clinician_diagnosis_required	radio	26a. If active depression is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
deptreat	nacc_uds3_d1_clinician_diagnosis_required	radio	26b. If active depression present, select one:	0, 0 Untreated | 1, 1 Treated with medication and/or counseling	
bipoldx	nacc_uds3_d1_clinician_diagnosis_required	radio	27. Bipolar disorder <font color = blue>[baseline_visit_arm_1][bipolar]	1, 1 Present	
bipoldif	nacc_uds3_d1_clinician_diagnosis_required	radio	27a. If bipolar disorder is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
schizop	nacc_uds3_d1_clinician_diagnosis_required	radio	28. Schizophrenia or other psychosis <font color = blue>[baseline_visit_arm_1][schiz]	1, 1 Present	

schizoif	nacc_uds3_d1_clinician_diagnosis_required	radio	28a. If Schizophrenia or other psychosis is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
anxiet	nacc_uds3_d1_clinician_diagnosis_required	radio	29. Anxiety disorder <font color = blue>[baseline_visit_arm_1][anxiety]	1, 1 Present	
anxietif	nacc_uds3_d1_clinician_diagnosis_required	radio	29a. If Anxiety disorder is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
delir	nacc_uds3_d1_clinician_diagnosis_required	radio	30. Delirium	1, 1 Present	
delirif	nacc_uds3_d1_clinician_diagnosis_required	radio	30a. If Delirium is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
ptsddx	nacc_uds3_d1_clinician_diagnosis_required	radio	31. Post-traumatic stress disorder (PTSD) <font color = blue>[baseline_visit_arm_1][ptsd]	1, 1 Present	
ptsddxif	nacc_uds3_d1_clinician_diagnosis_required	radio	31a. If Post-traumatic stress disorder is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
othpsy	nacc_uds3_d1_clinician_diagnosis_required	radio	32. Other psychiatric disease <font color = blue>[baseline_visit_arm_1][psycdis]	1, 1 Present	
othpsyif	nacc_uds3_d1_clinician_diagnosis_required	radio	32a. If other psychiatric disease is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
othpsyx	nacc_uds3_d1_clinician_diagnosis_required	text	32b. If other psychiatric disease is present, please specify: <font color = blue>[baseline_visit_arm_1][psycdisx]		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
alcdem	nacc_uds3_d1_clinician_diagnosis_required	radio	33. Cognitive impairment due to alcohol abuse	1, 1 Present	

alcdemif	nacc_uds3_d1_clinician_diagnosis_required	radio	33a. If cognitive impairment due to alcohol abuse is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
alcabuse	nacc_uds3_d1_clinician_diagnosis_required	radio	33b. Current alcohol abuse:	0, 0 No | 1, 1 Yes | 9, 9 Unknown	
impsub	nacc_uds3_d1_clinician_diagnosis_required	radio	34. Cognitive impairment due to other substance abuse	1, 1 Present	
impsubif	nacc_uds3_d1_clinician_diagnosis_required	radio	34a. If Cognitive impairment due to other substance abuse is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
dysill	nacc_uds3_d1_clinician_diagnosis_required	radio	35. Cognitive impairment due to systemic disease/medical illness (as indicated on Form D2)	1, 1 Present	
dysillif	nacc_uds3_d1_clinician_diagnosis_required	radio	35a. If Cognitive impairment due to systemic disease/medical illness is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
meds	nacc_uds3_d1_clinician_diagnosis_required	radio	36. Cognitive impairment due to medications	1, 1 Present	
medsif	nacc_uds3_d1_clinician_diagnosis_required	radio	36a. If Cognitive impairment due to medications is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
cogoth	nacc_uds3_d1_clinician_diagnosis_required	radio	37. Cognitive impairment NOS <font color = blue>[baseline_visit_arm_1][cdrglob]	1, 1 Present	
cogothif	nacc_uds3_d1_clinician_diagnosis_required	radio	37a. If Cognitive impairment NOS is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
cogothx	nacc_uds3_d1_clinician_diagnosis_required	text	37b. If Cognitive impairment NOS is present, specify:		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
cogoth2	nacc_uds3_d1_clinician_diagnosis_required	radio	38. Cognitive impairment NOS	1, 1 Present	

cogoth2f	nacc_uds3_d1_clinician_diagnosis_required	radio	38a. If Cognitive impairment NOS is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
cogoth2x	nacc_uds3_d1_clinician_diagnosis_required	text	38b. If Cognitive impairment NOS is present, specify:		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
cogoth3	nacc_uds3_d1_clinician_diagnosis_required	radio	39. Cognitive impairment NOS	1, 1 Present	
cogoth3f	nacc_uds3_d1_clinician_diagnosis_required	radio	39a. If Cognitive impairment NOS is present, is it primary, contributing or non-contributing?	1, 1 Primary | 2, 2 Contributing | 3, 3 Non-contributing	
cogoth3x	nacc_uds3_d1_clinician_diagnosis_required	text	39b. If Cognitive impairment NOS is present, specify:		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
d1_notex	nacc_uds3_d1_clinician_diagnosis_required	notes	Please include any additional information that would supplement this form.		
copyright_d1	nacc_uds3_d1_clinician_diagnosis_required	descriptive	<font color=blue> Adapted with permission. Copyright &#169 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976 - Walter A. Kukull, PhD, Director). All rights reserved.		
footer_d1	nacc_uds3_d1_clinician_diagnosis_required	descriptive	National Alzheimer's Coordinating Center | (206) 543-8637 | fax: (206) 616-5927 | naccmail@uw.edu | www.alz.washington.efu UDS (V3.0, March 2015) Initial Visit <font color=red>Form D1: Clinical Diagnosis<font color=red>		

REDCap Clinical Assessment Database

fu_footer_d1	nacc_uds3_d1_clinician_diagnosis_required	descriptive	National Alzheimer's Coordinating Center | (206) 543-8637 | fax: (206) 616-5927 | naccmail@uw.edu | www.alz.washington.edu UDS (V3.0, March 2015) Follow-Up Visit <font color=red>Form D1: Clinical Diagnosis		
d2_ivp	nacc_uds3_d2_clinician_assessed_medical_conditions	descriptive	<hr><center>NACC Uniform Data Set (UDS) - <font color=blue>INITIAL VISIT<hr>		
d2_fvp	nacc_uds3_d2_clinician_assessed_medical_conditions	descriptive	<hr><center>NACC Uniform Data Set (UDS) - <font color=red>FOLLOW UP<hr>		
d2	nacc_uds3_d2_clinician_assessed_medical_conditions	descriptive	<hr><center>FORM D2: Clinician-assessed Medical Conditions <center><hr>		
instructions_d2	nacc_uds3_d2_clinician_assessed_medical_conditions	descriptive	<i>INSTRUCTIONS: This form is to be completed by a physician, physician's assistant, nurse practitioner, or other qualified practitioner. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form D2.</i> Link to NACC Coding Guidebook .<hr>Medical conditions and procedures The following questions should be answered based on review of all available information, including new diagnoses made during the current visit, previous medical records, procedures, laboratory tests, and the clinical exam.		

fu_instructions_d2	nacc_uds3_d2_clinician_assessed_medical_conditions	descriptive	<i>INSTRUCTIONS: This form is to be completed by a physician, physician's assistant, nurse practitioner, or other qualified practitioner. For additional clarification and examples, see UDS Coding Guidebook for Follow-up Visit Packet, Form D2.<i> Link to NACC Coding Guidebook <hr>Medical Conditions and procedures. The following questions should be answered based on review of all available information, including new diagnoses made during the current visit, previous medical records, procedures, laboratory tests, and the clinical exam.		
cancer	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	1. Cancer (excluding non-melanoma skin cancer), primary or metastatic	0, 0 No (SKIP TO QUESTION 2) | 1, 1 Yes, primary/non-metastatic | 2, 2 Yes, metastatic | 8, 8 Not assessed (SKIP TO QUESTION 2)	
cancsite	nacc_uds3_d2_clinician_assessed_medical_conditions	text	1a. If yes, specify primary site:		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).

diabet	nacc_uds3_d2_clinician_asses sed_medical_conditions	radio	2. Diabetes <font color = blue>[baseline_visit_arm_1][diabetes] [diabtype]	0, 0 No | 1, 1 Yes, Type I | 2, 2 Yes, Type II | 3, 3 Yes, other type(diabetes insipidus, latent autoimmune diabetes/type 1.5, gestational diabetes) | 9, 9 Not assessed or unknown	See Subject Health History form, question 5a
myoinf	nacc_uds3_d2_clinician_asses sed_medical_conditions	radio	3. Myocardial infarct <font color = blue>[baseline_visit_arm_1][cvhatt] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	
conghrt	nacc_uds3_d2_clinician_asses sed_medical_conditions	radio	4. Congestive heart failure <font color = blue>[baseline_visit_arm_1][cvchf] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	
afibrill	nacc_uds3_d2_clinician_asses sed_medical_conditions	radio	5. Atrial fibrillation <font color = blue>[baseline_visit_arm_1][cvafib] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	
hypert	nacc_uds3_d2_clinician_asses sed_medical_conditions	radio	6. Hypertension <font color = blue>[baseline_visit_arm_1][hyperten] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	
angina	nacc_uds3_d2_clinician_asses sed_medical_conditions	radio	7. Angina <font color = blue>[baseline_visit_arm_1][cvangina] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	
hypchol	nacc_uds3_d2_clinician_asses sed_medical_conditions	radio	8. Hypercholesterolemia <font color = blue>[baseline_visit_arm_1][hypercho] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	
vb12def	nacc_uds3_d2_clinician_asses sed_medical_conditions	radio	9. B12 deficiency <font color = blue>[baseline_visit_arm_1][b12def] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	
thydis	nacc_uds3_d2_clinician_asses sed_medical_conditions	radio	10. Thyroid disease <font color = blue>[baseline_visit_arm_1][thyroid] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	
arth	nacc_uds3_d2_clinician_asses sed_medical_conditions	radio	11. Arthritis (<i>If No or Not assessed, </i>SKIP TO QUESTION 12) <font color = blue>[baseline_visit_arm_1][arthrit] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	

artype	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	11a. If yes, what type? <font color = blue>[baseline_visit_arm_1][arthtype] 	1, 1 Rheumatoid | 2, 2 Osteoarthritis | 3, 3 Other (SPECIFY): | 9, 9 Unknown	
artypex	nacc_uds3_d2_clinician_assessed_medical_conditions	text	11a1. If other type of arthritis SPECIFY: <font color = blue>[baseline_visit_arm_1][arthtypx] 		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
note_d2_3	nacc_uds3_d2_clinician_assessed_medical_conditions	descriptive	11b. If yes, regions affected (check at least one):		
artupex	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	11b1. Arthritis region affected <font color = blue>[baseline_visit_arm_1][arthupex] 	1, 1 Upper extremity	
artloex	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	11b2. Arthritis region affected <font color = blue>[baseline_visit_arm_1][arthloex] 	1, 1 Lower extremity	
artspin	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	11b3. Arthritis region affected <font color = blue>[baseline_visit_arm_1][arthspin] 	1, 1 Spine	
artunkn	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	11b4. Arthritis region affected <font color = blue>[baseline_visit_arm_1][arthunk] 	1, 1 Unknown	
urineinc	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	12. Incontinence - urinary <font color = blue>[baseline_visit_arm_1][incontu] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	
bowlinc	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	13. Incontinence - bowel <font color = blue>[baseline_visit_arm_1][incontf] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	
sleepap	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	14. Sleep apnea <font color = blue>[baseline_visit_arm_1][apnea] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	

remdis	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	15. REM sleep behavior disorder (RBD) <font color = blue>[baseline_visit_arm_1][rbd] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	
hyposom	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	16. Hyposomnia/insomnia <font color = blue>[baseline_visit_arm_1][insomn] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	
sleepoth	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	17. Other sleep disorder (SPECIFY): <font color = blue>[baseline_visit_arm_1][othsleep] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	
sleepotx	nacc_uds3_d2_clinician_assessed_medical_conditions	text	17a. Specify other sleep disorder: <font color = blue>[baseline_visit_arm_1][othsleex] 		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
angiocp	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	18. Carotid procedure: angioplasty, endarterectomy, or stent *<i>in carotid arteries ONLY</i>	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	
angiopci	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	19. Percutaneous coronary intervention: angioplasty and/or stent <font color = blue>[baseline_visit_arm_1][cvangio] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	
pacemake	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	20. Procedure: pacemaker and/or defibrillator <font color = blue>[baseline_visit_arm_1][cvpacdef] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	
hvalve	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	21. Procedure: heart valve replacement or repair <font color = blue>[baseline_visit_arm_1][cvhvalve] 	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	
antienc	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	22. Antibody-mediated encephalopathy	0, 0 No | 1, 1 Yes | 8, 8 Not assessed	

antiencx	nacc_uds3_d2_clinician_assessed_medical_conditions	text	22a. Antibody-mediated encephalopathy, SPECIFY:		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
othcond	nacc_uds3_d2_clinician_assessed_medical_conditions	radio	23. Other medical conditions or procedures not listed above (IF YES, SPECIFY):	0, 0 No | 1, 1 Yes	
othcondx	nacc_uds3_d2_clinician_assessed_medical_conditions	text	23a. If other medical conditions SPECIFY:		Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%).
copyright_d2	nacc_uds3_d2_clinician_assessed_medical_conditions	descriptive	<font color=blue> Adapted with permission. Copyright &#169 2006, 2008, 2015 University of Washington. Created and published by the ADC Clinical Task Force (John C. Morris, MD, Chair) and the National Alzheimer's Coordinating Center (U01 AG016976 - Walter A. Kukull, PhD, Director). All rights reserved.		
footer_d2	nacc_uds3_d2_clinician_assessed_medical_conditions	descriptive	National Alzheimer's Coordinating Center | (206) 543-8637 | fax: (206) 616-5927 | naccmail@uw.edu | www.alz.washington.edu UDS (V3.0, March 2015) Initial Visit <font color=red>Form D2: Clinician-assessed Medical Conditions		

fu_footer_d2	nacc_uds3_d2_clinician_asses sed_medical_conditions	descriptive	National Alzheimer's Coordinating Center | (206) 543-8637 | fax: (206) 616-5927 | naccmail@uw.edu | www.alz.washington.edu UDS (V3.0, March 2015) Follow-up Visit <font color=red>Form D2: Clinician-assessed Medical Conditions	
inst_adl	oars_adliadl	descriptive	"Now I'd like to ask you about some of the activities of daily living, things that we all need to do as part of our daily lives. I would like to know if you can do these activities without any help at all, or if you need some help to do them, or if you can't do them at all."	
tele	oars_adliadl	radio	56. Using the telephone...	0, Without help, including looking up numbers and dialing | 1, With some help (can answer phone or dial operator in an emergency, but with a special phone or help in getting the number or dialing) | 2, Are you completely unable to use the telephone?
outwalk	oars_adliadl	radio	57. Getting to places out of walking distance...	0, Without help (drive your own car, or travel alone on buses, or taxis) | 1, With some help (need someone to help you or go with you when traveling) | 2, Are you unable to travel unless emergency arrangements are made for a specialized vehicle like an ambulance?

shop	oars_adliadl	radio	58. Going shopping for groceries or clothes [ASSUMING SUBJECT HAS TRANSPORTATION]	0, Without help (taking care of all shopping needs yourself, assuming you had transportation) | 1, With some help (need someone to go with you on all shopping trips) | 2, Are you completely unable to do any shopping?	
premeal	oars_adliadl	radio	59. Preparing one's own meals...	0, Without help (plan and cook full meals yourself) | 1, With some help (can prepare some things but unable to cook full meals yourself) | 2, Are you completely unable to prepare any meals?	
housework	oars_adliadl	radio	60. Doing housework...	0, Without help (can clean floors, etc) | 1, With some help (can do light housework but need help with heavy work) | 2, Are you completely unable to do any housework?	
takemed	oars_adliadl	radio	61. Taking one's own medicine...	0, Without help (in the right doses at the right time) | 1, With some help (able to take medicine if someone prepares it for you and/or reminds you to take it) | 2, Are you completely unable to take your medicines?	

money	oars_adliadl	radio	62. Handling one's own money...	0, Without help (write checks, pay bills, etc) | 1, With some help (manage day-to-day buying but need help with managing your checkbook and paying your bills) | 2, Are you completely unable to handle money?	
eat	oars_adliadl	radio	63. Eating...	0, Without help (able to feed yourself completely) | 1, With some help (need help with cutting, etc) | 2, Are you completely unable to feed yourself?	
dress	oars_adliadl	radio	64. Dressing/Undressing	0, Without help (able to pick out clothes, dress and undress yourself) | 1, With some help | 2, Are you completely unable to dress and undress yourself?	
groom	oars_adliadl	radio	65. Taking care of one's own appearance, for example combing your hair and (for men) shaving..	0, Without help | 1, With some help (needs to be reminded?) | 2, Are you completely unable to maintain your appearance yourself?	
walk	oars_adliadl	radio	66. Walking... [baseline_visit_arm_1] <font color = blue><u>[mobility_inside_home][mobility_outside_home] </u>	0, Without help (except from a cane) | 1, With some help from a person or with the use of a walker, or crutches, etc | 2, Are you completely unable to walk?	
outbed	oars_adliadl	radio	67. Getting in and out of bed...	0, Without any help or aids | 1, With some help (either from a person or with the aid of some device) | 2, Are you totally dependent on someone else to lift you?	

bath	oars_adliadl	radio	68. Taking a bath or shower...	0, Without help | 1, With some help (need help getting in and out of the tub, or need special attachments on the tub) | 2, Are you completely unable to bathe yourself?	
toileting	oars_adliadl	radio	69. Toileting	0, Without help | 1, With some help (need reminders or help with cleaning self after toileting) | 2, Are you completely unable to use a toilet yourself?	
incontinence	oars_adliadl	radio	8. Incontinence... <font color = blue><u>[baseline_visit_arm_1][incontu][incontf] </u>	0, No incontinence | 1, Incontinence managed independently | 2, Incontinence requiring another person's assistance	
needs_help	oars_adliadl	calc	9. Needs help with shopping, bathing, housework, and/or getting around?	roundup(mean([outwalk], [shop], [housework], [bath]))	(Coded with the score most frequently assigned to these activities: shopping (IADL #3), bathing (ADL # 6), housework (IADL #5),and/ or getting around (IADL #2)
exclude_iadl	oars_adliadl	calc	IADL Sum:	sum([tele],[outwalk],[shop],[premeal],[housework],[takemed],[money])	
exclude_adl	oars_adliadl	calc	ADL Sum:	sum([eat],[dress],[groom],[walk],[outbed],[toileting],[incontinence],[needs_help])	
exclude_med	oars_adliadl	calc	Medication	if([takemed]=0, 0,1)	

pref_email	orcatech_technology_use_questionnaire	text	What is your preferred email address?		
computer_type	orcatech_technology_use_questionnaire	checkbox	Which of the following items do you use as a computer (for internet/email and related activities)? Check all that apply:	1, Desk Computer | 2, Laptop Computer | 3, Tablet Computer (iPad, Windows Tablet, Kindle, Android, etc.) | 4, Smart Phone | 5, Other	
oth_comp_type	orcatech_technology_use_questionnaire	text	If you selected "Other", please specify		
desktop_brand	orcatech_technology_use_questionnaire	radio	Is your <u>desktop</u> computer a PC (Dell, HP, etc.) or an Apple (iMac, etc.)?	1, PC | 2, Apple | 3, Other	
desktop_brand_other	orcatech_technology_use_questionnaire	text	If you selected "Other" please explain:		
desktop_yrs	orcatech_technology_use_questionnaire	radio	About when did you get this <u>desktop</u> computer?	1, Within the last yar | 2, 1-2 years ago | 3, 2-3 years ago | 4, 3+ years ago	
laptop_brand	orcatech_technology_use_questionnaire	radio	Is your <u>laptop</u> computer a PC (Dell, HP, etc.) or an Apple (MacBook, etc.)?	1, PC | 2, Apple | 3, Other	
laptop_brand_other	orcatech_technology_use_questionnaire	text	If you selected "Other", please specify		
laptop_yrs	orcatech_technology_use_questionnaire	radio	About when did you get this <u>laptop</u> computer?	1, Within the last yar | 2, 1-2 years ago | 3, 2-3 years ago | 4, 3+ years ago	
tablet_brand	orcatech_technology_use_questionnaire	radio	Is your <u>tablet</u> computer a PC (Dell, HP, etc.) or an Apple (iMac, etc.)?	1, PC | 2, Apple | 4, Android | 3, Other	
tablet_brand_other	orcatech_technology_use_questionnaire	text	If you selected "Other", please specify		
tablet_yrs	orcatech_technology_use_questionnaire	radio	About when did you get this <u>tablet</u> computer?	1, Within the last yar | 2, 1-2 years ago | 3, 2-3 years ago | 4, 3+ years ago	

most_used_type	orcatech_technology_use_questionnaire	radio	Of your devices, which do you use the most as a computer (for the internet/email and related activities)?	1, Desktop Computer | 2, Laptop Computer | 3, Tablet Computer (iPad, Windows Tablet, Kindle, Android, etc | 4, Smart Phone | 5, Other	
most_used_other	orcatech_technology_use_questionnaire	text	If you selected "Other", please specify		
use_outside	orcatech_technology_use_questionnaire	radio	Do you use your <u>laptop</u> and/or <u>tablet</u> outside of your home or apartment?	1, Yes | 2, No | 3, I do not know	
wearable_use	orcatech_technology_use_questionnaire	radio	Do you regularly use any wearable technology OTHER THAN the watch provided to you by the CART study (e.g. smartwatch, apple watch, fitness tracker, fitbit)?	1, Yes | 2, No | 3, Not currently, but I have in the past	
wearable_brand	orcatech_technology_use_questionnaire	checkbox	What kind of wearable do you or did you have? Check all that apply:	5, Apple Watch | 6, Samsung Smartwatch | 1, Fitbit | 2, Nokia/Withings | 3, Jawbone | 4, Garmin | 7, Misfit | 8, Pebble | 9, Other	
wear_brand_other	orcatech_technology_use_questionnaire	text	If you selected "Other", please specify		
wearable_amnt	orcatech_technology_use_questionnaire	radio	On average, how many days per week do you wear your smartwatch/fitness tracker?	1, Everyday | 2, 5-6 days per week | 3, 3-4 days per week | 4, 1-2 days per week	
why_not_wear	orcatech_technology_use_questionnaire	checkbox	You said you are not wearing your smartwatch/fitness tracker daily or using it anymore. What barriers are there to you wearing the device? Check all that apply:	1, It requires frequent charging | 2, I do not always put it back on after taking it off | 3, I do not always put it back on after taking it off | 4, It is uncomfortable | 6, I didn't want to wear my smartwatch and the CART | 7, Other	
not_wear_other	orcatech_technology_use_questionnaire	text	If you selected "Other", please specify		

	orcatech_technology_use_questionnaire	radio	Do you do any online bill paying?	1, Yes | 2, No | 3, I do not know	
ebil_pay					
what_ebill	orcatech_technology_use_questionnaire	checkbox	Which bills do you pay online? Check all that apply:	1, Utilities | 2, Credit Card | 3, Rent/Mortgage | 4, Taxes | 5, Telephone/Cable | 6, Other	
ebill_other	orcatech_technology_use_questionnaire	text	If you selected "Other", please specify		
banking_yn	orcatech_technology_use_questionnaire	radio	Do you do any online banking (e.g., manage checking, savings or other accounts; review statements)?	1, Yes | 2, No | 3, I do not know	
bank_freq	orcatech_technology_use_questionnaire	radio	How often do you go online for banking or financial management?	1, Daily | 2, Weekly | 3, Monthly | 4, Less than Once a Month	
phone_type	orcatech_technology_use_questionnaire	checkbox	Which of the following phones do you have? Check all that apply:	5, Landline Telephone | 6, Cell Phone | 7, Other	
phone_type_other	orcatech_technology_use_questionnaire	text	If you selected "Other", please specify		
phone_useages	orcatech_technology_use_questionnaire	radio	Which one of these best describes the way you use your phone(s)?	1, I only use a landline phone. I do not use a cell phone. | 2, I use my landline often, but have a cell phone for emergencies. | 3, I use both a landline phone and a cell phone, depending on which one is more convenient. | 4, I use my cell phone most of the time, even at home, but I still have a landline that I use occasionally. | 5, I don't have a landline phone, I just use a cell phone.	

phone_brand	orcatech_technology_use_questionnaire	radio	What type of <u>cell phone</U> do you have? Pick the one that looks most like yours.	1, Flip-Phone | 2, Slider-Phone | 3, Slider-Phone with Full Keypad | 4, Blackberry (Smartphone) | 5, iPhone (Smartphone) | 6, Android (Smartphone)	
phone_internet	orcatech_technology_use_questionnaire	radio	Does your <u>cell phone</u> have internet access for things like email, maps, web-search, etc.?	1, Yes | 2, No | 3, I do not know	
phone_txting	orcatech_technology_use_questionnaire	radio	Do you use your <u>cell phone</u> to send text messages?	1, Yes | 2, No | 3, I do not know	
participant_status	participant_status	radio	Participant Status:	0, Active | 1, Not active	
participant_complete	participant_status	radio	Did they complete the study?	0, Yes | 1, No	
part_complete_date	participant_status	text	Date they completed the study:		M-D-Y
part_not_complete_date	participant_status	text	Date they were removed from the study:		M-D-Y
part_complete_reason	participant_status	dropdown	Reason they did not complete the study:	0, Screen Fail | 1, Drop-Out | 2, Withdrawn | 3, Other	
part_reason_other	participant_status	text	If 'Other', please specify:		
participant_status_notes	participant_status	notes	Notes:		i.e. Their comments about the study, why they didn't complete, etc.
pase_1	physical_assessment_scale_for_the_elderly_pase	radio	Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV, or doing handcrafts?	0, Never | 1.5, Seldom (1-2 days) | 3.5, Sometimes (3-4 days) | 6, Often (5-7 days)	
pase_1a	physical_assessment_scale_for_the_elderly_pase	text	What were these activities?		
pase_1b	physical_assessment_scale_for_the_elderly_pase	radio	On average, how many hours per day did you engage in these sitting activities?	.5, Less than 1 hour | 1.5, More than 1 but less than 2 hours | 3, 2-4 hours | 5, More than 4 hours	

pase_2	physical_assessment_scale_for_the_elderly_pase	radio	Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog, walking in a mall, etc?	0, Never | 1.5, Seldom (1-2 days) | 3.5, Sometimes (3-4 days) | 6, Often (5-7 days)	
pase_2a	physical_assessment_scale_for_the_elderly_pase	radio	On average, how many hours per day did you spend walking?	.5, Less than 1 hour | 1.5, More than 1 but less than 2 hours | 3, 2-4 hours | 5, More than 4 hours	
pase_2comp	physical_assessment_scale_for_the_elderly_pase	calc	Calculated Q2	if([pase_2]='0',0,[pase_2]*[pase_2a]/7)	used for score calculation
pase_3	physical_assessment_scale_for_the_elderly_pase	radio	Over the past 7 days, how often did you engage in light sport or recreational activities such as bowling, golf with a cart, shuffleboard, fishing from a boat or pier or other similar activities?	0, Never | 1.5, Seldom (1-2 days) | 3.5, Sometimes (3-4 days) | 6, Often (5-7 days)	
pase_3a	physical_assessment_scale_for_the_elderly_pase	text	What were these activities?		
pase_3b	physical_assessment_scale_for_the_elderly_pase	radio	On average, how many hours per day did you engage in these light sport or recreational activities?	.5, Less than 1 hour | 1.5, More than 1 but less than 2 hours | 3, 2-4 hours | 5, More than 4 hours	
pase_3comp	physical_assessment_scale_for_the_elderly_pase	calc	Calculated Q3	if([pase_3]='0',0,[pase_3]*[pase_3b]/7)	used for score calculation
pase_4	physical_assessment_scale_for_the_elderly_pase	radio	Over the past 7 days, how often did you engage in moderate sport or recreational activities such as doubles tennis, ballroom dancing, hunting, ice skating, golf without a cart, softball or other similar activities?	0, Never | 1.5, Seldom (1-2 days) | 3.5, Sometimes (3-4 days) | 6, Often (5-7 days)	
pase_4a	physical_assessment_scale_for_the_elderly_pase	text	What were these activities?		
pase_4b	physical_assessment_scale_for_the_elderly_pase	radio	On average, how many hours per day did you engage in these moderate sport or recreational activities?	.5, Less than 1 hour | 1.5, More than 1 but less than 2 hours | 3, 2-4 hours | 5, More than 4 hours	
pase_4comp	physical_assessment_scale_for_the_elderly_pase	calc	Calculated Q4	if([pase_4]='0',0,[pase_4]*[pase_4b]/7)	used for score calculation

pase_5	physical_assessment_scale_for_the_elderly_pase	radio	Over the past 7 days, how often did you engage in strenuous sport or recreational activities such as jogging, swimming, cycling, singles tennis, aerobic dance, skiing (downhill or cross country or other similar activities?	0, Never | 1.5, Seldom (1-2 days) | 3.5, Sometimes (3-4 days) | 6, Often (5-7 days)	
pase_5a	physical_assessment_scale_for_the_elderly_pase	text	What were these activities?		
pase_5b	physical_assessment_scale_for_the_elderly_pase	radio	On average, how many hours per day did you engage in these strenuous activities?	.5, Less than 1 hour | 1.5, More than 1 but less than 2 hours | 3, 2-4 hours | 5, More than 4 hours	
pase_5comp	physical_assessment_scale_for_the_elderly_pase	calc	Calculated Q5	if([pase_5]='0',0,[pase_5]*[pase_5b]/7)	used for score calculation
pase_6	physical_assessment_scale_for_the_elderly_pase	radio	Over the past 7 days, how often did you do any exercises specifically to increase muscle strength or endurance, such as lifting weights or pushups, etc?	0, Never | 1.5, Seldom (1-2 days) | 3.5, Sometimes (3-4 days) | 6, Often (5-7 days)	
pase_6a	physical_assessment_scale_for_the_elderly_pase	text	What were these activities?		
pase_6b	physical_assessment_scale_for_the_elderly_pase	radio	On average, how many hours per day did you engage in exercises to increase muscle strength or endurance, such as lifting weights, pushups, or physical therapy with weights, etc.?	.5, Less than 1 hour | 1.5, More than 1 but less than 2 hours | 3, 2-4 hours | 5, More than 4 hours	
pase_6comp	physical_assessment_scale_for_the_elderly_pase	calc	Calculated Q6	if([pase_6]='0',0,[pase_6]*[pase_6b]/7)	used for score calculation
pase_7	physical_assessment_scale_for_the_elderly_pase	radio	During the past 7 days, have you done any light housework, such as dusting, washing or drying dishes, or ironing?	0, No | 1, Yes	
pase_8	physical_assessment_scale_for_the_elderly_pase	radio	During the past 7 days, have you done any heavy housework or chores such as vacuuming, scrubbing floors, washing windows, or carrying wood.	0, No | 1, Yes	

pase_9a	physical_assessment_scale_for_the_elderly_pase	radio	During the past 7 days, did you engage in home repairs like painting, wallpapering, electrical work, etc.?	0, No | 1, Yes	
pase_9b	physical_assessment_scale_for_the_elderly_pase	radio	During the past 7 days, did you engage in lawn work or yard care, including snow or leaf removal, chopping wood, etc?	0, No | 1, Yes	
pase_9c	physical_assessment_scale_for_the_elderly_pase	radio	During the past 7 days, did you engage in outdoor gardening?	0, No | 1, Yes	
pase_9d	physical_assessment_scale_for_the_elderly_pase	radio	During the past 7 days, did you engage in caring for another person such as a child, dependent spouse, or another adult?	0, No | 1, Yes	
pase_10	physical_assessment_scale_for_the_elderly_pase	radio	During the past 7 days, did you work for pay or as a volunteer?	0, No | 1, Yes	
pase_10a	physical_assessment_scale_for_the_elderly_pase	text	How many hours per week did you work for pay and/or as a volunteer?		Enter a single number i.e. 8 or 10

pase_10b	physical_assessment_scale_for_the_elderly_pase	radio	Which of the following categories best describes the amount of physical activity required on your job and/or volunteer work?	1, Category 1 <i>Mainly sitting with slight arm movements</i> (includes examples such as: office worker, watchmaker, seated assembly line worker, bus driver, etc.) | 2, Category 2 <i>Sitting or standing with some walking</i> (includes examples such as: cashier, general office worker, light tool and machinery worker) | 3, Category 3 <i>Walking, with some handling of materials generally weighing less than 50 pounds</i> (includes examples such as: mailman, waiter/waitress, construction worker, heavy tool and machinery worker) | 4, Category 4 <i>Walking and heavy manual work often requiring handling of materials weighing over 50 pounds</i> (includes examples such as: lumberjack, stonemason, farm or general laborer)	
pase_10comp	physical_assessment_scale_for_the_elderly_pase	calc	Calculated Q10	if([pase_10]='0',0,if([pase_10b]=1,0,[pase_10a]/7))	used for score calculation

pase_score	physical_assessment_scale_for_the_elderly_pase	calc	PASE score:	round(sum([pase_2comp]*20,[pase_3comp]*21,[pase_4comp]*23,[pase_5comp]*23,[pase_6comp]*30,[pase_7]*25,[pase_8]*25,[pase_9a]*30,[pase_9b]*36,[pase_9c]*20,[pase_9d]*35,[pase_10comp]*21),1)
pase_notes	physical_assessment_scale_for_the_elderly_pase	notes	Please include any additional information that would supplement this form:	
psqi_1	pittsburgh_sleep_quality_index_psqi	text	During the past month, when have you usually gone to bed?	
psqi_2	pittsburgh_sleep_quality_index_psqi	text	How long (in minutes) has it taken you to fall asleep each night?	
psqi_2_score	pittsburgh_sleep_quality_index_psqi	calc	#2 score:	if((([psqi_2]) <= 15, 0, if((([psqi_2]) <=30, 1, if((([psqi_2]) <=60, 2, 3)))
psqi_3	pittsburgh_sleep_quality_index_psqi	text	What time have you usually gotten up in the morning?	
psqi_4a	pittsburgh_sleep_quality_index_psqi	text	How many hours of actual sleep did you get at night?	
psqi_4b	pittsburgh_sleep_quality_index_psqi	text	How many hours were you in bed?	
psqi_5a	pittsburgh_sleep_quality_index_psqi	radio	a. Cannot get to sleep within 30 minutes	0, 0 Not during the past month | 1, 1 Less than once a week | 2, 2 Once or twice a week | 3, 3 Three or more times a week
psqi_5b	pittsburgh_sleep_quality_index_psqi	radio	b. Wake up in the middle of the night or early morning	0, 0 Not during the past month | 1, 1 Less than once a week | 2, 2 Once or twice a week | 3, 3 Three or more times a week
psqi_5c	pittsburgh_sleep_quality_index_psqi	radio	c. Have to get up to use the bathroom	0, 0 Not during the past month | 1, 1 Less than once a week | 2, 2 Once or twice a week | 3, 3 Three or more times a week

psqi_5d	pittsburgh_sleep_quality_index_psqi	radio	d. Cannot breathe comfortably	0, 0 Not during the past month | 1, 1 Less than once a week | 2, 2 Once or twice a week | 3, 3 Three or more times a week	
psqi_5e	pittsburgh_sleep_quality_index_psqi	radio	e. Cough or snore loudly	0, 0 Not during the past month | 1, 1 Less than once a week | 2, 2 Once or twice a week | 3, 3 Three or more times a week	
psqi_5f	pittsburgh_sleep_quality_index_psqi	radio	f. Feel too cold	0, 0 Not during the past month | 1, 1 Less than once a week | 2, 2 Once or twice a week | 3, 3 Three or more times a week	
psqi_5g	pittsburgh_sleep_quality_index_psqi	radio	g. Feel too hot	0, 0 Not during the past month | 1, 1 Less than once a week | 2, 2 Once or twice a week | 3, 3 Three or more times a week	
psqi_5h	pittsburgh_sleep_quality_index_psqi	radio	h. Have bad dreams	0, 0 Not during the past month | 1, 1 Less than once a week | 2, 2 Once or twice a week | 3, 3 Three or more times a week	
psqi_5i	pittsburgh_sleep_quality_index_psqi	radio	i. Have pain	0, 0 Not during the past month | 1, 1 Less than once a week | 2, 2 Once or twice a week | 3, 3 Three or more times a week	
psqi_5j	pittsburgh_sleep_quality_index_psqi	radio	j. Other reason	0, 0 Not during the past month | 1, 1 Less than once a week | 2, 2 Once or twice a week | 3, 3 Three or more times a week	
psqi_5bj_score	pittsburgh_sleep_quality_index_psqi	calc	5b-5j score:	[psqi_5b] + [psqi_5c] + [psqi_5d] + [psqi_5e] + [psqi_5f] + [psqi_5g] + [psqi_5h] + [psqi_5i] + [psqi_5j]	
rand_5j	pittsburgh_sleep_quality_index_psqi	notes	Please describe, including how often you have had trouble sleeping because of this reason(s):		

psqi_6	pittsburgh_sleep_quality_index_psqi	radio	During the past month, how often have you taken medicine (prescription or "over the counter") to help you sleep?	0, 0 Not during the past month | 1, 1 Less than once a week | 2, 2 Once or twice a week | 3, 3 There or more times a week	
psqi_7	pittsburgh_sleep_quality_index_psqi	radio	During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?	0, 0 Not during the past month | 1, 1 Less than once a week | 2, 2 Once or twice a week | 3, 3 Three or more times a week	
psqi_8	pittsburgh_sleep_quality_index_psqi	radio	During the past month, how much of a problem has it been for you to keep up enthusiasm to get things done?	0, 0 Not during the past month | 1, 1 Less than once a week | 2, 2 Once or twice a week | 3, 3 Three or more times a week	
psqi_9	pittsburgh_sleep_quality_index_psqi	radio	During the past month, how would you rate your sleep quality overall?	0, 0 Very good | 1, 1 Fairly good | 2, 2 Fairly bad | 3, 3 Very bad	
psqi_c1	pittsburgh_sleep_quality_index_psqi	calc	Component 1: #9 Score	[psqi_9]	
psqi_c2	pittsburgh_sleep_quality_index_psqi	calc	Component 2: #2 Score (< 15 min (0), 16-30min (1), 31-60 min (2), >60min (3)) +#5a Score (if sum is equal 0=0, 1-2=1, 3-4=2, 5-6=3)	[psqi_2_score] + [psqi_5a]	
psqi_c3	pittsburgh_sleep_quality_index_psqi	calc	Component 3: #4 Score (>7(0), 6-7(1), 5-6(2), < 5(3)	if(([psqi_4a]) >7, 0, if(([psqi_4a]) >=6, 1, if(([psqi_4a]) >=5, 2, 3)))	
psqi_c4	pittsburgh_sleep_quality_index_psqi	calc	Component 4: (Total # of hours asleep) / total # of hours in bed) x 100 >85%=0, 75%-84%= 1, 65%-74%= 2, < 65%= 3	if(([psqi_4a]/[psqi_4b]) >= .85, 0, if(([psqi_4a]/[psqi_4b]) >=.75, 1, if(([psqi_4a]/[psqi_4b]) >=.65, 2, 3)))	
psqi_c5	pittsburgh_sleep_quality_index_psqi	calc	Component 5: #Sum of scores 5b to 5j (0=0, 1-9=1, 10-18=2, 19-27=3)	if(([psqi_5bj_score]) =0, 0, if(([psqi_5bj_score]) <=9, 1, if(([psqi_5bj_score]) <=18, 2, 3)))	
psqi_c6	pittsburgh_sleep_quality_index_psqi	calc	Component 6: #6 score	[psqi_6]	

psqi_c7	pittsburgh_sleep_quality_index_psqi	calc	Component 7: #7 Score + #8 Score (0=0, 1-2=1, 3-4=2, 5-6=3)	if((([psqi_7] + [psqi_8]) =0, 0, if((([psqi_7] + [psqi_8]) <=2, 1, if((([psqi_7] + [psqi_8]) <=4, 2, 3)))
psqi_global	pittsburgh_sleep_quality_index_psqi	calc	Global PSQI (Sum of seven component scores)	[psqi_c1] + [psqi_c2] + [psqi_c3] +[psqi_c4] + [psqi_c5] + [psqi_c6] + [psqi_c7]
psqi_notes	pittsburgh_sleep_quality_index_psqi	notes	Please include any additional information that would supplement this form:	
rand_healthnow	rand_sf36	radio	In general, would you say your health is:	1, Excellent | 2, Very Good | 3, Good | 4, Fair | 5, Poor
rand_healthcompare	rand_sf36	radio	Compared to one year ago, how would you rate your health in general now?	1, Much better than one year ago | 2, Somewhat better now than one year ago | 3, About the same | 4, Somewhat worse now than one year ago | 5, Much worse now than one year ago
rand_vigorous	rand_sf36	radio	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	1, Yes, limited a lot | 2, Yes, limited a little | 3, No, not limited at all
rand_moderate	rand_sf36	radio	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1, Yes, limited a lot | 2, Yes, limited a little | 3, No, not limited at all
rand_lifting	rand_sf36	radio	Lifting or carrying groceries	1, Yes, limited a lot | 2, Yes, limited a little | 3, No, not limited at all
rand_severalflights	rand_sf36	radio	Climbing several flights of stairs	1, Yes, limited a lot | 2, Yes, limited a little | 3, No, not limited at all
rand_onelfight	rand_sf36	radio	Climbing one flight of stairs	1, Yes, limited a lot | 2, Yes, limited a little | 3, No, not limited at all

rand_bending	rand_sf36	radio	Bending, kneeling or stooping	1, Yes, limited a lot | 2, Yes, limited a little | 3, No, not limited at all	
rand_mile	rand_sf36	radio	Walking more than a mile	1, Yes, limited a lot | 2, Yes, limited a little | 3, No, not limited at all	
rand_severalblocks	rand_sf36	radio	Walking several blocks	1, Yes, limited a lot | 2, Yes, limited a little | 3, No, not limited at all	
rand_oneblock	rand_sf36	radio	Walking one block	1, Yes, limited a lot | 2, Yes, limited a little | 3, No, not limited at all	
rand_bathing	rand_sf36	radio	Bathing or dressing yourself	1, Yes, limited a lot | 2, Yes, limited a little | 3, No, not limited at all	
rand_cutdown	rand_sf36	radio	Cut down the amount of time you spent on work or other activities	1, Yes | 2, No	
rand_less	rand_sf36	radio	Accomplished less than you would like	1, Yes | 2, No	
rand_limited	rand_sf36	radio	Were limited in the kind of work or other activities	1, Yes | 2, No	
rand_perform	rand_sf36	radio	Had difficulty performing the work or other activities (for example, it took extra effort)	1, Yes | 2, No	
rand_cutdownemo	rand_sf36	radio	Cut down the amount of time you spent on work or other activities	1, Yes | 2, No	
rand_lessemo	rand_sf36	radio	Accomplished less than you would like	1, Yes | 2, No	
rand_noworkemo	rand_sf36	radio	Didn't do work or other activities as carefully as usual	1, Yes | 2, No	
rand_interference	rand_sf36	radio	During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Choose one answer).	1, Not at all | 2, Slightly | 3, Moderately | 4, Quite a bit | 5, Extremely	

rand_pain	rand_sf36	radio	How much bodily pain have you had during the past 4 weeks? (Choose one answer).	1, None | 2, Very mild | 3, Mild | 4, Moderate | 5, Severe | 6, Very Severe	
rand_pain4weeks	rand_sf36	radio	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (Choose one answer).	1, Not at all | 2, Slightly | 3, Moderately | 4, Quite a bit | 5, Extremely	
rand_pep	rand_sf36	radio	Did you feel full of pep?	1, All of the time | 2, Most of the time | 3, A good bit of the time | 4, Some of the time | 5, A little of the time | 6, None of the time	
rand_nervous	rand_sf36	radio	Have you been a very nervous person?	1, All of the time | 2, Most of the time | 3, A good bit of the time | 4, Some of the time | 5, A little of the time | 6, None of the time	
rand_dumps	rand_sf36	radio	Have you felt so down in the dumps that nothing could cheer you up?	1, All of the time | 2, Most of the time | 3, A good bit of the time | 4, Some of the time | 5, A little of the time | 6, None of the time	
rand_calm	rand_sf36	radio	Have you felt calm and peaceful?	1, All of the time | 2, Most of the time | 3, A good bit of the time | 4, Some of the time | 5, A little of the time | 6, None of the time	
rand_energy	rand_sf36	radio	Did you have a lot of energy?	1, All of the time | 2, Most of the time | 3, A good bit of the time | 4, Some of the time | 5, A little of the time | 6, None of the time	

rand_blue	rand_sf36	radio	Have you felt downhearted and blue?	1, All of the time | 2, Most of the time | 3, A good bit of the time | 4, Some of the time | 5, A little of the time | 6, None of the time	
rand_wornout	rand_sf36	radio	Did you feel worn out?	1, All of the time | 2, Most of the time | 3, A good bit of the time | 4, Some of the time | 5, A little of the time | 6, None of the time	
rand_happy	rand_sf36	radio	Have you been a happy person?	1, All of the time | 2, Most of the time | 3, A good bit of the time | 4, Some of the time | 5, A little of the time | 6, None of the time	
rand_tired	rand_sf36	radio	Did you feel tired?	1, All of the time | 2, Most of the time | 3, A good bit of the time | 4, Some of the time | 5, A little of the time | 6, None of the time	
rand_32	rand_sf36	radio	During the past four weeks, how much of your time has your physical or emotion problems interfered with your social activities (like visiting friends, relatives, etc.) ?)Choose one.)	1, All of the time | 2, Most of the time | 3, A good bit of the time | 4, Some of the time | 5, A little of the time | 6, None of the time	
rand_sick	rand_sf36	radio	I seem to get sick a little easier than other people	1, Definitely true | 2, Mostly true | 3, Don't know | 4, Mostly false | 5, Definitely false	
rand_healthy	rand_sf36	radio	I am as healthy as anybody I know	1, Definitely true | 2, Mostly true | 3, Don't know | 4, Mostly false | 5, Definitely false	
rand_worse	rand_sf36	radio	I expect my health to get worse	1, Definitely true | 2, Mostly true | 3, Don't know | 4, Mostly false | 5, Definitely false	

rand_excellent	rand_sf36	radio	My health is excellent	1, Definitely true | 2, Mostly true | 3, Don't know | 4, Mostly false | 5, Definitely false	
rand_notes	rand_sf36	notes	Please include any additional information that supplements this form:		
data_upload	scanned_data_collection_forms	file	Upload data collection forms here.		
data_collection_notes	scanned_data_collection_forms	notes	Enter any notes from the session here.		
medication_instructions	subject_medications_nacc_a4	descriptive	<center><i>INSTRUCTIONS: The purpose of the form is to record all prescription medications taken by the subject <u>within the two weeks before the current visit.</u> OTC (non-prescription) medications need not be reported. If a medication does not appear in the search then please type in the name of the medication in the space provided at the bottom of this form.</i></center>		
anymeds	subject_medications_nacc_a4	radio	Is the subject currently taking any medications?	1, 1 Yes | 0, 0 No	
medication_1	subject_medications_nacc_a4	text	Medication 1:	BIOPORTAL:RXNORM	Type in name of medication
med_freq	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_2	subject_medications_nacc_a4	text	Medication 2:	BIOPORTAL:RXNORM	Type in name of medication

med_freq_2	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_2	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_3	subject_medications_nacc_a4	text	Medication 3:	BIOPORTAL:RXNORM	Type in name of medication
med_freq_3	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_3	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_4	subject_medications_nacc_a4	text	Medication 4:	BIOPORTAL:RXNORM	Type in name of medication
med_freq_4	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_4	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_5	subject_medications_nacc_a4	text	Medication 5:	BIOPORTAL:RXNORM	Type in name of medication
med_freq_5	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_5	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_6	subject_medications_nacc_a4	text	Medication 6:	BIOPORTAL:RXNORM	Type in name of medication
med_freq_6	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_6	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	

medication_7	subject_medications_nacc_a4	text	Medication 7:	BIOPORTAL:RXNORM	Type in name of medication
med_freq_7	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_7	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_8	subject_medications_nacc_a4	text	Medication 8:	BIOPORTAL:RXNORM	Type in name of medication
med_freq_8	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_8	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_9	subject_medications_nacc_a4	text	Medication 9:	BIOPORTAL:RXNORM	Type in name of medication
med_freq_9	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_9	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_10	subject_medications_nacc_a4	text	Medication 10:	BIOPORTAL:RXNORM	Type in name of medication
med_freq_10	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_10	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_11	subject_medications_nacc_a4	text	Medication 11:	BIOPORTAL:RXNORM	Type in name of medication
med_freq_11	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	

medication_time_11	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_12	subject_medications_nacc_a4	text	Medication 12:	BIOPORTAL:RXNORM	Type in name of medication
med_freq_12	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_12	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_13	subject_medications_nacc_a4	text	Medication 13:	BIOPORTAL:RXNORM	Type in name of medication
med_freq_13	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_13	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_14	subject_medications_nacc_a4	text	Medication 14:	BIOPORTAL:RXNORM	Type in name of medication
med_freq_14	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_14	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_15	subject_medications_nacc_a4	text	Medication 15:	BIOPORTAL:RXNORM	Type in name of medication
med_freq_15	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_15	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_16	subject_medications_nacc_a4	text	Medication 16:	BIOPORTAL:RXNORM	Type in name of medication

med_freq_16	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_16	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_17	subject_medications_nacc_a4	text	Medication 17:	BIOPORTAL:RXNORM	Type in name of medication
med_freq_17	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_17	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_18	subject_medications_nacc_a4	text	Medication 18:	BIOPORTAL:RXNORM	Type in name of medication
med_freq_18	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_18	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_19	subject_medications_nacc_a4	text	Medication 19:	BIOPORTAL:RXNORM	Type in name of medication
med_freq_19	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_19	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
medication_20	subject_medications_nacc_a4	text	Medication 20:	BIOPORTAL:RXNORM	Type in name of medication
med_freq_20	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_20	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	

medication_21	subject_medications_nacc_a4	text	List other medications if there are more than 20 or if a medication did not appear in the search:		Type in name of medication
med_freq_21	subject_medications_nacc_a4	dropdown	How many times a day do you take this medication?	1, 1 | 2, 2 | 3, 3 | 4, 4	
medication_time_21	subject_medications_nacc_a4	checkbox	What time of day do you take this medication?	1, 0000-0359 | 2, 0400-0759 | 3, 0800-1159 | 4, 1200-1559 | 5, 1600-1959 | 6, 2000-2359	
unhappy	ucla_loneliness_scale	radio	I am unhappy doing so many things alone	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
nobody	ucla_loneliness_scale	radio	I have nobody to talk to	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
tolerate	ucla_loneliness_scale	radio	I cannot tolerate being so alone	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
companion	ucla_loneliness_scale	radio	I lack companionship	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
understand	ucla_loneliness_scale	radio	I feel as if nobody really understands me	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
waiting	ucla_loneliness_scale	radio	I find myself waiting for people to call or write	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	

turnto	ucla_loneliness_scale	radio	There is no one I can turn to	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
close	ucla_loneliness_scale	radio	I am no longer close to anyone	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
interests	ucla_loneliness_scale	radio	My interests and ideas are not shared by those around me	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
leftout	ucla_loneliness_scale	radio	I feel left out	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
alone	ucla_loneliness_scale	radio	I feel completely alone	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
reachout	ucla_loneliness_scale	radio	I am unable to reach out and communicate with those around me	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
relationships	ucla_loneliness_scale	radio	My social relationships are superficial	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
starved	ucla_loneliness_scale	radio	I feel starved for company	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	

knowsme	ucla_loneliness_scale	radio	No one really knows me well	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
isolated	ucla_loneliness_scale	radio	I feel isolated from others	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
withdrawn	ucla_loneliness_scale	radio	I am unhappy and so withdrawn	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
friends	ucla_loneliness_scale	radio	It is difficult for me to make friends	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
shutout	ucla_loneliness_scale	radio	I feel shut out and excluded by others	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
aroundme	ucla_loneliness_scale	radio	People are around me but not with me	3, I often feel this way | 2, I sometimes feel this way | 1, I rarely feel this way | 0, I never feel this way	
ucla_score	ucla_loneliness_scale	calc	Total Score:	[unhappy]+[nobody]+[tolerate]+[companion]+[understand]+[waiting]+[turnto]+[close]+[interests]+[leftout]+[alone]+[reachout]+[relationships]+[starved]+[knowsme]+[isolated]+[withdrawn]+[friends]+[shutout]+[aroundme]	
ucla_notes	ucla_loneliness_scale	notes	Please include any additional information that would supplement this form:		

zarit_instr	zarit_burden	descriptive	0: Never 1: Rarely 2: Sometimes 3: Quite Frequently 4: Nearly Always		
zarit_1	zarit_burden	radio	1. Do you feel that your relative ask for more help than they need?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_2	zarit_burden	radio	2. Do you feel that because of the time you spend with you r relative that you do not have enough time for yourself?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_3	zarit_burden	radio	3. Do you feel stressed between caring for your relative and trying to meet other responsibilities for your family or work?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_4	zarit_burden	radio	4. Do you feel embarrassed over your relatives behavior?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_5	zarit_burden	radio	5. Do you feel angry when you are around your relative?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_6	zarit_burden	radio	6. Do you feel that your relative currently affects your relationship with other family members or friends in a negative way?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_7	zarit_burden	radio	7. Are you afraid what the future holds for your relative?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_8	zarit_burden	radio	8. Do you feel your relative is dependent on you?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_9	zarit_burden	radio	9. Do you feel strained when you are around your relative?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	

zarit_10	zarit_burden	radio	10. Do you feel your health has suffered because of your involvement with you relative?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_11	zarit_burden	radio	11. Do you feel that you do not have as much privacy as you would like because of your relative?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_12	zarit_burden	radio	12. Do you feel that your social life has suffered because you are coring for your relative?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_13	zarit_burden	radio	13. Do you feel uncomfortable about having friends over because of your relative?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_14	zarit_burden	radio	14. Do you feel that your relative seems to expect you to take care of them as if you were the only one they could depend on?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_15	zarit_burden	radio	15. Do you feel that you do not have enough money to take care of your relative in addition to the rest of your expenses?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_16	zarit_burden	radio	16. Do you feel that you will be unable to take care of your relative much longer?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_17	zarit_burden	radio	17. Do you feel you have lost control of your life since your relative's illness?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_18	zarit_burden	radio	18. Do you wish you could leave care of your relative to someone else?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_19	zarit_burden	radio	19. Do you feel uncertain about what to do about your relative?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_20	zarit_burden	radio	20. Do you feel you should be doing more for your relative?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	

				0, Never | 1, Rarely | 2, Sometimes |	
zarit_21	zarit_burden	radio	21. Do you feel you could do a better job in caring for your relative?	3, Quite Frequently | 4, Nearly Always	
zarit_22	zarit_burden	radio	22. Overall, how burdened do you feel in caring for your relative?	0, Never | 1, Rarely | 2, Sometimes | 3, Quite Frequently | 4, Nearly Always	
zarit_sum	zarit_burden	calc	Total Score:	[zarit_1] + [zarit_2] + [zarit_3] + [zarit_4] + [zarit_5] + [zarit_6] + [zarit_7] + [zarit_8] + [zarit_9] + [zarit_10] + [zarit_11] + [zarit_12] + [zarit_13] + [zarit_14] + [zarit_15] + [zarit_16] + [zarit_17] + [zarit_18] + [zarit_19] + [zarit_20] + [zarit_21] + [zarit_22]	

Participant Provided Responses: Annual Questionnaire

The Annual Questionnaire is an online survey distributed to participants once at baseline and then at annual intervals. The questionnaire gathers information about physical health, cognitive and behavioral health, and habits.

Variable / Field Name	Form Name	Descripton	Field Notes
StartDate	Annual_Questionnaires	Start Date	{"ImportId":"startDate","timeZone":"America/Denver"}
EndDate	Annual_Questionnaires	End Date: the last time a respondent modified the survey	{"ImportId":"endDate","timeZone":"America/Denver"}
Status	Annual_Questionnaires	This column is the value in the Status column indicates the type of response collected. 0: normal response 1: a previewed response 2: a test response 4: an imported response 8: a possible spam 9: a possible spam submitted through preview 12: possible spam through imported 16: a Qualtrics Offline App response 17: preview responses submitted through the Qualtrics Offline App	{"ImportId":"status"}
Progress	Annual_Questionnaires	The Progress column shows the progress a respondent made in the survey before finishing. For those marked as "1" or "TRUE" in the Finished column, the Progress is marked 100, regardless of whether they were screened out. For those whose responses are marked "0" or "FALSE," you will get an exact percentage of how far they got in the survey based on what question they left off on.	{"ImportId":"progress"}

Duration (in seconds)	Annual_Questionnaires	The number of seconds it took the respondent to complete the survey. This is the entire duration of the response; if a respondent stops in the middle of the survey, closes the browser, and comes back another day, that time is counted.	{"ImportId":"duration"}
Finished	Annual_Questionnaires	The Finished column details whether the response was submitted or closed. A "1" or "TRUE" indicates the respondent reached an end point in their survey (hitting the last Next/Submit button, being screened-out with Skip or Branch Logic, etc.). A "0" or "FALSE" indicates the respondent left their survey before reaching an end point and the response was instead closed manually or due to session expiration.	{"ImportId":"finished"}
RecordedDate	Annual_Questionnaires	This column indicates when a survey was recorded in Qualtrics. For users taking surveys online, this date and time will be very similar to End Date. Recorded Date will often differ from End Date, reflecting when you manually uploaded the results, not when the survey taker finished.	{"ImportId":"recordedDate","timeZone":"America/Denver"}
ResponseId	Annual_Questionnaires	The ResponseID is the ID Qualtrics uses to identify each response in the database. This unique identifier is provided as a reference and generally does not have a use in data analysis.	{"ImportId":"_recordId"}
UserLanguage	Annual_Questionnaires	User Language	{"ImportId":"userLanguage"}
meta_Browser	Annual_Questionnaires	The browser the respondent is using (e.g., Chrome or Internet Explorer).	{"ImportId":"QID137_BROWSER"}
meta_Version	Annual_Questionnaires	The version of the browser the respondent is using.	{"ImportId":"QID137_VERSION"}
meta_Operating System	Annual_Questionnaires	The operating system the respondent is using (e.g., Windows or Macintosh).	{"ImportId":"QID137_OS"}
meta_Resolution	Annual_Questionnaires	The size of the respondent's computer screen (in pixels).	{"ImportId":"QID137_RESOLUTION"}
rand36_1	Annual_Questionnaires	In general, would you say your health is:	{"ImportId":"QID57"}
rand36_2	Annual_Questionnaires	Compared to one year ago, how would you rate your health in general now?	{"ImportId":"QID58"}

rand36_3	Annual_Questionnaires	The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Choose one answer for each question. - Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	{"ImportId":"QID59_4"}
rand36_4	Annual_Questionnaires	The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Choose one answer for each question. - Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	{"ImportId":"QID59_5"}
rand36_5	Annual_Questionnaires	The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Choose one answer for each question. - Lifting or carrying groceries	{"ImportId":"QID59_6"}
rand36_6	Annual_Questionnaires	The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Choose one answer for each question. - Climbing several flights of stairs	{"ImportId":"QID59_7"}
rand36_7	Annual_Questionnaires	The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Choose one answer for each question. - Climbing one flight of stairs	{"ImportId":"QID59_8"}
rand36_8	Annual_Questionnaires	The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Choose one answer for each question. - Bending, kneeling, or stooping	{"ImportId":"QID59_9"}
rand36_9	Annual_Questionnaires	The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Choose one answer for each question. - Walking more than a mile	{"ImportId":"QID59_10"}
rand36_10	Annual_Questionnaires	The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Choose one answer for each question. - Walking several blocks	{"ImportId":"QID59_11"}

rand36_11	Annual_Questionnaires	The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Choose one answer for each question. - Walking one block	{"ImportId":"QID59_12"}
rand36_12	Annual_Questionnaires	The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Choose one answer for each question. - Bathing or dressing yourself	{"ImportId":"QID59_13"}
rand36_13	Annual_Questionnaires	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Choose one answer for each question. - Cut down the amount of time you spent on work or other activities	{"ImportId":"QID60_1"}
rand36_14	Annual_Questionnaires	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Choose one answer for each question. - Accomplished less than you would like	{"ImportId":"QID60_2"}
rand36_15	Annual_Questionnaires	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Choose one answer for each question. - Were limited in the kind of work or other activities	{"ImportId":"QID60_3"}
rand36_16	Annual_Questionnaires	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? Choose one answer for each question. - Had difficulty performing the work or other activities (for example, it took extra effort)	{"ImportId":"QID60_4"}
rand36_17	Annual_Questionnaires	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Choose one answer for each question. - Cut down the amount of time you spent on work or other activities	{"ImportId":"QID61_1"}

rand36_18	Annual_Questionnaires	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Choose one answer for each question. - Accomplished less than you would like	{"ImportId":"QID61_2"}
rand36_19	Annual_Questionnaires	During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Choose one answer for each question. - Didn't do work or other activities as carefully as usual	{"ImportId":"QID61_3"}
rand36_20	Annual_Questionnaires	During the past 4 weeks, to what extent has your physical health or emotional problems interferred with your normal social activities with family, friends, neighbors, or groups? Choose one answer.	{"ImportId":"QID62"}
rand36_21	Annual_Questionnaires	How much bodily pain have you had during the past 4 weeks? Choose one answer.	{"ImportId":"QID63"}
rand36_22	Annual_Questionnaires	During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? Choose one answer.	{"ImportId":"QID64"}
rand36_23	Annual_Questionnaires	Did you feel full of pep?	{"ImportId":"QID66"}
rand36_24	Annual_Questionnaires	Have you been a very nervous person?	{"ImportId":"QID67"}
rand36_25	Annual_Questionnaires	Have you felt so down in the dumps that nothing could cheer you up?	{"ImportId":"QID68"}
rand36_26	Annual_Questionnaires	Have you felt calm and peaceful?	{"ImportId":"QID70"}
rand36_27	Annual_Questionnaires	Did you have a lot of energy?	{"ImportId":"QID71"}
rand36_38	Annual_Questionnaires	Have you felt downhearted and blue?	{"ImportId":"QID72"}
rand36_39	Annual_Questionnaires	Did you feel worn out?	{"ImportId":"QID73"}
rand36_30	Annual_Questionnaires	Have you been a happy person?	{"ImportId":"QID74"}
rand36_31	Annual_Questionnaires	Did you feel tired?	{"ImportId":"QID75"}
rand36_32	Annual_Questionnaires	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc)? Choose one.	{"ImportId":"QID76"}

rand36_33	Annual_Questionnaires	I seem to get sick a little easier than other people.	{"ImportId":"QID77"}
rand36_34	Annual_Questionnaires	I am as healthy as anybody I know.	{"ImportId":"QID80"}
rand36_35	Annual_Questionnaires	I expect my health to get worse.	{"ImportId":"QID81"}
rand36_36	Annual_Questionnaires	My health is excellent.	{"ImportId":"QID82"}
Q1	Annual_Questionnaires	How many relatives do you see or hear from at least once a month?	{"ImportId":"QID1"}
Q2	Annual_Questionnaires	How many relatives do you feel at ease with that you can talk about private matters?	{"ImportId":"QID50"}
Q3	Annual_Questionnaires	How many relatives do you feel close to such that you could call on them for help?	{"ImportId":"QID51"}
Q4	Annual_Questionnaires	How many of your friends do you see or hear from at least once a month?	{"ImportId":"QID53"}
Q5	Annual_Questionnaires	How many of your friends do you feel at ease with that you can talk about private matters?	{"ImportId":"QID54"}
Q6	Annual_Questionnaires	How many of your friends feel close to such that you could call on them for help?	{"ImportId":"QID55"}
ucla_1	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - I am unhappy doing so many things alone	{"ImportId":"QID96_1"}
ucla_2	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - I have nobody to talk to	{"ImportId":"QID96_2"}
ucla_3	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - I cannot tolerate being so alone	{"ImportId":"QID96_3"}
ucla_4	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - I lack companionship	{"ImportId":"QID96_4"}
ucla_5	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - I feel as if nobody really understands me	{"ImportId":"QID96_5"}
ucla_6	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - I find myself waiting for people to call or write	{"ImportId":"QID96_6"}
ucla_7	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - There is no one I can turn to	{"ImportId":"QID96_7"}

ucla_8	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - I am no longer close to anyone	{"ImportId":"QID96_8"}
ucla_9	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - My interests and ideas are not shared by those around me	{"ImportId":"QID96_9"}
ucla_10	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - I feel left out	{"ImportId":"QID96_10"}
ucla_11	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - I feel completely alone	{"ImportId":"QID96_11"}
ucla_12	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - I am unable to reach out and communicate with those around me	{"ImportId":"QID96_12"}
ucla_13	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - My social relationships are superficial	{"ImportId":"QID96_13"}
ucla_14	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - I feel starved for company	{"ImportId":"QID96_14"}
ucla_15	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - No one really knows me well	{"ImportId":"QID96_15"}
ucla_16	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - I feel isolated from others	{"ImportId":"QID96_16"}
ucla_17	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - I am unhappy being so withdrawn	{"ImportId":"QID96_17"}
ucla_18	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - It is difficult for me to make friends	{"ImportId":"QID96_18"}
ucla_19	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - I feel shut out and excluded by others	{"ImportId":"QID96_19"}
ucla_20	Annual_Questionnaires	Indicate how often each of the statements below is descriptive of you. - People are around me but not with me	{"ImportId":"QID96_20"}
cart_habits_1	Annual_Questionnaires	Please select the frequency that best describes your present level of activity in the following categories. Check one frequency per activity. - Follow finances or investments	{"ImportId":"QID98_1"}

Participant Provided Responses: Annual Questionnaire

cart_habits_2	Annual_Questionnaires	Please select the frequency that best describes your present level of activity in the following categories. Check one frequency per activity. - Watch TV	{"ImportId":"QID98_2"}
cart_habits_3	Annual_Questionnaires	Please select the frequency that best describes your present level of activity in the following categories. Check one frequency per activity. - Spend time at a hobby or game	{"ImportId":"QID98_3"}
cart_habits_4	Annual_Questionnaires	Please select the frequency that best describes your present level of activity in the following categories. Check one frequency per activity. - Own and care for a pet	{"ImportId":"QID98_4"}
cart_habits_5	Annual_Questionnaires	Please select the frequency that best describes your present level of activity in the following categories. Check one frequency per activity. - Have visitors	{"ImportId":"QID98_5"}
cart_habits_6	Annual_Questionnaires	Please select the frequency that best describes your present level of activity in the following categories. Check one frequency per activity. - Visit others at their homes	{"ImportId":"QID98_6"}
cart_habits_7	Annual_Questionnaires	Please select the frequency that best describes your present level of activity in the following categories. Check one frequency per activity. - Go out and eat	{"ImportId":"QID98_7"}
cart_habits_8	Annual_Questionnaires	Please select the frequency that best describes your present level of activity in the following categories. Check one frequency per activity. - Take a class	{"ImportId":"QID98_8"}
cart_habits_9	Annual_Questionnaires	Please select the frequency that best describes your present level of activity in the following categories. Check one frequency per activity. - Attend a club or group meeting	{"ImportId":"QID98_9"}
cart_habits_10	Annual_Questionnaires	Please select the frequency that best describes your present level of activity in the following categories. Check one frequency per activity. - Attend church or synagogue services	{"ImportId":"QID98_10"}
cart_habits_11	Annual_Questionnaires	Please select the frequency that best describes your present level of activity in the following categories. Check one frequency per activity. - Travel overnight	{"ImportId":"QID98_11"}

cart_habits_12	Annual_Questionnaires	Please select the frequency that best describes your present level of activity in the following categories. Check one frequency per activity. - Use a computer	{"ImportId":"QID98_12"}
cart_habits_13	Annual_Questionnaires	Please select the frequency that best describes your present level of activity in the following categories. Check one frequency per activity. - Use a smartphone	{"ImportId":"QID98_13"}
cart_habits_14	Annual_Questionnaires	Please select the frequency that best describes your present level of activity in the following categories. Check one frequency per activity. - Use a tablet	{"ImportId":"QID98_16"}
cart_habits_15	Annual_Questionnaires	Please select the frequency that best describes your present level of activity in the following categories. Check one frequency per activity. - Volunteer / do unpaid work	{"ImportId":"QID98_14"}
cart_habits_16	Annual_Questionnaires	Please select the frequency that best describes your present level of activity in the following categories. Check one frequency per activity. - Drive	{"ImportId":"QID98_15"}
pase_1	Annual_Questionnaires	Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV, or doing handcrafts?	{"ImportId":"QID100"}
pase_1a	Annual_Questionnaires	What were these activities?	{"ImportId":"QID101_TEXT"}
pase_1b	Annual_Questionnaires	On average, how many hours per day did you engage in these sitting activities?	{"ImportId":"QID103"}
pase_2	Annual_Questionnaires	Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog, walking in a mall, etc?	{"ImportId":"QID104"}
pase_2a	Annual_Questionnaires	On average, how many hours per day did you spend walking?	{"ImportId":"QID105"}
pase_3	Annual_Questionnaires	Over the past 7 days, how often did you engage in light sport or recreational activities such as bowling, golf with a cart, shuffleboard, fishing from a boat or pier or other similar activities?	{"ImportId":"QID106"}
pase_3a	Annual_Questionnaires	What were these activities?	{"ImportId":"QID108_TEXT"}
pase_3b	Annual_Questionnaires	On average, how many hours per day did you engage in these light sport or recreational activites?	{"ImportId":"QID107"}

pase_4	Annual_Questionnaires	Over the past 7 days, how often did you engage in moderate sport or recreational activites such as doubles tennis, ballroom dancing, hunting, ice skating, golf without a cart, softball or other similar activities?	{"ImportId":"QID111"}
pase_4a	Annual_Questionnaires	What were these activities?	{"ImportId":"QID112_TEXT"}
pase_4b	Annual_Questionnaires	On average, how many hours per day did you engage in these moderate sport or recreational activities?	{"ImportId":"QID113"}
pase_5	Annual_Questionnaires	Over the past 7 days, how often did you engage in strenuous sport or recreational activities such as jogging, swimming, cylcing, singles tennis, aerobic dance, skiing (downhill or cross country) or other similar activities?	{"ImportId":"QID114"}
pase_5a	Annual_Questionnaires	What were these activities?	{"ImportId":"QID115_TEXT"}
pase_5b	Annual_Questionnaires	On average, how many hours per day did you engage in these strenuous sport or recreational activities?	{"ImportId":"QID116"}
pase_6	Annual_Questionnaires	Over the past 7 days, how often did you do any exercises specifically to increase muscle strength or endurance such as lifting weights, pushups, or physical therapy with weights, etc?	{"ImportId":"QID117"}
pase_6a	Annual_Questionnaires	What were these activities?	{"ImportId":"QID118_TEXT"}
pase_6b	Annual_Questionnaires	On average, how many hours per day did you engage in these exercises to increase muscle strength or endurance?	{"ImportId":"QID119"}
Q77	Annual_Questionnaires	During the past 7 days, have you done any light housework such as dusting, washing or drying dishes, or ironing?	{"ImportId":"QID124"}
pase_8	Annual_Questionnaires	During the past 7 days, have you done any heavy housework or chores such as vacuuming, scrubbing floors, washing windows, or carrying wood?	{"ImportId":"QID120"}
pase_9a	Annual_Questionnaires	During the past 7 days, did you engage in home repairs like painting, wallpapering, electrical work, etc?	{"ImportId":"QID121"}
pase_9b	Annual_Questionnaires	During the past 7 days, did you engage in lawn work or yard care, including snow or leaf removal, chopping wood, etc?	{"ImportId":"QID122"}

pase_9c	Annual_Questionnaires	During the past 7 days, did you engage in outdoor gardening?	{"ImportId":"QID123"}
pase_9d	Annual_Questionnaires	During the past 7 days, did you engage in caring for another person such as a child, dependent spouse, or another adult?	{"ImportId":"QID125"}
pase_10	Annual_Questionnaires	During the past 7 days, did you work for pay or as a volunteer?	{"ImportId":"QID126"}
pase_10a	Annual_Questionnaires	How many hours per week did you work for pay and/or as a volunteer? Type the number of hours in numerals (e.g. you would type 5 for 5 hours).	{"ImportId":"QID127_TEXT"}
pase_10b	Annual_Questionnaires	Which of the following categories best describes the amount of physical activity required on your job and/or volunteer work?	{"ImportId":"QID128"}
bed_time	Annual_Questionnaires	During the past month, what time have you usually gone to bed at night? Enter in HH:MM format using 24 hour clock. Example: 10pm would be entered as 22:00.	{"ImportId":"QID130_TEXT"}
number_of_minutes	Annual_Questionnaires	During the past month, how long (in minutes) has it usually taken you to fall asleep each night?	{"ImportId":"QID131_TEXT"}
getting_up_time	Annual_Questionnaires	During the past month, what time have you usually gotten up in the morning? Enter in HH:MM format using 24 hour clock. Example: 10pm would be entered as 22:00.	{"ImportId":"QID132_TEXT"}
hours_sleep_night	Annual_Questionnaires	During the past month, how many hours of actual sleep did you get at night? This may be different than the number of hours you spent in bed.	{"ImportId":"QID133_TEXT"}
naps	Annual_Questionnaires	During the past month, how often have you taken naps?	{"ImportId":"QID134"}
Q140	Annual_Questionnaires	Does your household own a vehicle?	{"ImportId":"QID140"}
Q209	Annual_Questionnaires	Does more than 1 person live in your household?	{"ImportId":"QID229"}
Q141	Annual_Questionnaires	How many cars does your household own?	{"ImportId":"QID141"}
Q142	Annual_Questionnaires	Please provide the year, make and model of the first vehicle in your household:	{"ImportId":"QID142_TEXT"}
Q143	Annual_Questionnaires	Please provide the year, make and model of the second vehicle in your household:	{"ImportId":"QID143_TEXT"}
Q144	Annual_Questionnaires	Please provide the year, make and model of the vehicle in your household:	{"ImportId":"QID144_TEXT"}

Participant Provided Responses: Annual Questionnaire

Q145	Annual_Questionnaires	Are you the primary driver of the [QID142-ChoiceTextEntryValue]?	{"ImportId":"QID145"}
Q146	Annual_Questionnaires	Do you share driving of the [QID142-ChoiceTextEntryValue]?	{"ImportId":"QID146"}
Q147	Annual_Questionnaires	How often do you drive the [QID142-ChoiceTextEntryValue]?	{"ImportId":"QID147"}
Q148	Annual_Questionnaires	How often does your partner drive the [QID142-ChoiceTextEntryValue]?	{"ImportId":"QID148"}
Q149	Annual_Questionnaires	Are you the primary driver of the [QID143-ChoiceTextEntryValue]?	{"ImportId":"QID149"}
Q150	Annual_Questionnaires	Do you share driving of the [QID143-ChoiceTextEntryValue]?	{"ImportId":"QID150"}
Q151	Annual_Questionnaires	How often do you drive the [QID143-ChoiceTextEntryValue]?	{"ImportId":"QID151"}
Q152	Annual_Questionnaires	How often does your partner drive the [QID143-ChoiceTextEntryValue]?	{"ImportId":"QID152"}
Q153	Annual_Questionnaires	Are you the primary driver of the [QID144-ChoiceTextEntryValue]?	{"ImportId":"QID153"}
Q154	Annual_Questionnaires	Do you share driving of the [QID144-ChoiceTextEntryValue] equally?	{"ImportId":"QID154"}
Q155	Annual_Questionnaires	How often do you drive the [QID144-ChoiceTextEntryValue]?	{"ImportId":"QID155"}
Q156	Annual_Questionnaires	How often does your partner drive the [QID144-ChoiceTextEntryValue]?	{"ImportId":"QID156"}
Q157	Annual_Questionnaires	Do people other than you and your partner regularly drive one of your vehicles?	{"ImportId":"QID157"}
Q158_1	Annual_Questionnaires	Which of your vehicles do people other than you or your partner regularly drive? (Select all that apply.) - ${q://QID142/ChoiceTextEntryValue}	{"ImportId":"QID158","choiceId":"1"}
Q158_2	Annual_Questionnaires	Which of your vehicles do people other than you or your partner regularly drive? (Select all that apply.) - ${q://QID143/ChoiceTextEntryValue}	{"ImportId":"QID158","choiceId":"2"}

Participant Provided Responses: Annual Questionnaire

Q158_3	Annual_Questionnaires	Which of your vehicles do people other than you or your partner regularly drive? (Select all that apply.) - ${q://QID144/ChoiceTextEntryValue}	{"ImportId":"QID158","choiceId":"3"}
1_Q159	Annual_Questionnaires	${q://QID142/ChoiceTextEntryValue} - How often do people other than you or your partner regularly drive your [Field-1]?	{"ImportId":"1_QID159"}
2_Q159	Annual_Questionnaires	${q://QID143/ChoiceTextEntryValue} - How often do people other than you or your partner regularly drive your [Field-1]?	{"ImportId":"2_QID159"}
3_Q159	Annual_Questionnaires	${q://QID144/ChoiceTextEntryValue} - How often do people other than you or your partner regularly drive your [Field-1]?	{"ImportId":"3_QID159"}
subid	Annual_Questionnaires	Subject ID	{"ImportId":"Subject ID"}

Participant Provided Responses: Technology Use Questionnaire

The Technology Use Questionnaire is an online survey distributed to participants once at baseline. This questionnaire focuses on participant's use and expertise with everyday technologies.

Variable / Field Name	Form Name	Descripton	Field Notes
StartDate	TECH_USE	Start Date	{"ImportId":"startDate","timeZone":"America/Denver"}
EndDate	TECH_USE	End Date	{"ImportId":"endDate","timeZone":"America/Denver"}
Status	TECH_USE	the value in the Status column indicates the type of response collected. 0: normal response 1: a previewed response 2: a test response 4: an imported response 8: a possible spam 9: a possible spam submitted through preview 12: possible spam through imported 16: a Qualtrics Offline App response 17: preview responses submitted through the Qualtrics Offline App	{"ImportId":"status"}
Progress	TECH_USE	The Progress column shows the progress a respondent made in the survey before finishing. For those marked as "1" or "TRUE" in the Finished column, the Progress is marked 100, regardless of whether they were screened out. For those whose responses are marked "0" or "FALSE," you will get an exact percentage of how far they got in the survey based on what question they left off on.	{"ImportId":"progress"}
Duration (in seconds)	TECH_USE	The number of seconds it took the respondent to complete the survey. This is the entire duration of the response; if a respondent stops in the middle of the survey, closes the browser, and comes back another day, that time is counted.	{"ImportId":"duration"}

Finished	TECH_USE	The Finished column details whether the response was submitted or closed. A "1" or "TRUE" indicates the respondent reached an end point in their survey (hitting the last Next/Submit button, being screened-out with Skip or Branch Logic, etc.). A "0" or "FALSE" indicates the respondent left their survey before reaching an end point and the response was instead closed manually or due to session expiration.	{"ImportId":"finished"}
RecordedDate	TECH_USE	This column indicates when a survey was recorded in Qualtrics. For users taking surveys online, this date and time will be very similar to End Date. Recorded Date will often differ from End Date, reflecting when you manually uploaded the results, not when the survey taker finished.	{"ImportId":"recordedDate","timeZone":"America/Denver"}
ResponseId	TECH_USE	The ResponseID is the ID Qualtrics uses to identify each response in the database. This unique identifier is provided as a reference and generally does not have a use in data analysis.	{"ImportId":"_recordId"}
UserLanguage	TECH_USE	User Language	{"ImportId":"userLanguage"}
C_2_5	TECH_USE	Which of the following items do you use as a computer (for internet/email and related activities)? Check all that apply. - Desktop Computer	{"ImportId":"QID22","choiceId":"5"}
C_2_6	TECH_USE	Which of the following items do you use as a computer (for internet/email and related activities)? Check all that apply. - Laptop Computer	{"ImportId":"QID22","choiceId":"6"}
C_2_8	TECH_USE	Which of the following items do you use as a computer (for internet/email and related activities)? Check all that apply. - Tablet Computer (iPad, Windows Tablet, etc.)	{"ImportId":"QID22","choiceId":"8"}
C_2_9	TECH_USE	Which of the following items do you use as a computer (for internet/email and related activities)? Check all that apply. - Smart Phone	{"ImportId":"QID22","choiceId":"9"}

Participant Provided Response: Technology Use Survey

C_3	TECH_USE	Is your desktop computer a PC (Dell, HP, etc.) or an Apple (iMac, etc.)? - Selected Choice	{"ImportId":"QID23"}
C_3_5_TEXT	TECH_USE	Is your desktop computer a PC (Dell, HP, etc.) or an Apple (iMac, etc.)? - Other, please explain below: - Text	{"ImportId":"QID23_5_TEXT"}
C_4	TECH_USE	About when did you get this desktop computer?	{"ImportId":"QID24"}
C_5	TECH_USE	Is your laptop computer a PC (Dell, HP, etc.) or an Apple (Macbook, etc.)? - Selected Choice	{"ImportId":"QID25"}
C_5_3_TEXT	TECH_USE	Is your laptop computer a PC (Dell, HP, etc.) or an Apple (Macbook, etc.)? - Other, please explain below: - Text	{"ImportId":"QID25_3_TEXT"}
C_6	TECH_USE	About when did you get this laptop computer?	{"ImportId":"QID27"}
C_7	TECH_USE	Is your tablet computer a PC (Windows Tablet, etc.) or an Apple (iPad, etc.)? - Selected Choice	{"ImportId":"QID28"}
C_7_3_TEXT	TECH_USE	Is your tablet computer a PC (Windows Tablet, etc.) or an Apple (iPad, etc.)? - Other, please explain below: - Text	{"ImportId":"QID28_3_TEXT"}
C_8	TECH_USE	About when did you get this tablet computer?	{"ImportId":"QID29"}
C_9	TECH_USE	Of your devices, which do you use the most as a computer (for internet/email and related activities)?	{"ImportId":"QID31"}
C_10	TECH_USE	Do you use your laptop and/or tablet outside of your home or apartment?	{"ImportId":"QID30"}

W_1	TECH_USE	Do you regularly use any wearable technology OTHER THAN the watch provided to you by the CART study (e.g. smartwatch, apple watch, fitness tracker, fitbit)?	{"ImportId":"QID76"}
W_1.1_5	TECH_USE	What kind of wearable do you or did you have? (Select all that apply.) - Selected Choice - Apple Watch	{"ImportId":"QID85","choiceId":"5"}
W_1.1_6	TECH_USE	What kind of wearable do you or did you have? (Select all that apply.) - Selected Choice - Samsung Smartwatch	{"ImportId":"QID85","choiceId":"6"}
W_1.1_1	TECH_USE	What kind of wearable do you or did you have? (Select all that apply.) - Selected Choice - Fitbit	{"ImportId":"QID85","choiceId":"1"}
W_1.1_2	TECH_USE	What kind of wearable do you or did you have? (Select all that apply.) - Selected Choice - Nokia / Withings	{"ImportId":"QID85","choiceId":"2"}
W_1.1_3	TECH_USE	What kind of wearable do you or did you have? (Select all that apply.) - Selected Choice - Jawbone	{"ImportId":"QID85","choiceId":"3"}
W_1.1_4	TECH_USE	What kind of wearable do you or did you have? (Select all that apply.) - Selected Choice - Garmin	{"ImportId":"QID85","choiceId":"4"}
W_1.1_7	TECH_USE	What kind of wearable do you or did you have? (Select all that apply.) - Selected Choice - Misfit	{"ImportId":"QID85","choiceId":"7"}
W_1.1_8	TECH_USE	What kind of wearable do you or did you have? (Select all that apply.) - Selected Choice - Pebble	{"ImportId":"QID85","choiceId":"8"}
W_1.1_9	TECH_USE	What kind of wearable do you or did you have? (Select all that apply.) - Selected Choice - Other	{"ImportId":"QID85","choiceId":"9"}
W_1.1_9_TEXT	TECH_USE	What kind of wearable do you or did you have? (Select all that apply.) - Other - Text	{"ImportId":"QID85_9_TEXT"}

W_1.2	TECH_USE	On average, how many days per week do you wear your smartwatch/fitness tracker?	{"ImportId":"QID77"}
W_1.4_1	TECH_USE	You said you are not wearing your smartwatch/fitness tracker daily or using it anymore. What barriers are there to you wearing the device? (Select all that apply.) - Selected Choice - It requires frequent charging	{"ImportId":"QID78","choiceId":"1"}
W_1.4_2	TECH_USE	using it anymore. What barriers are there to you wearing the device? (Select all that apply.) - Selected Choice - I do not always put it back on after taking it off	{"ImportId":"QID78","choiceId":"2"}
W_1.4_3	TECH_USE	using it anymore. What barriers are there to you wearing the device? (Select all that apply.) - Selected Choice - I need to remove it at times because it is not waterproof	{"ImportId":"QID78","choiceId":"3"}
W_1.4_4	TECH_USE	You said you are not wearing your smartwatch/fitness tracker daily or using it anymore. What barriers are there to you wearing the device? (Select all that apply.) - Selected Choice - It is uncomfortable	{"ImportId":"QID78","choiceId":"4"}
W_1.4_6	TECH_USE	using it anymore. What barriers are there to you wearing the device? (Select all that apply.) - Selected Choice - I didn't want to wear my smartwatch and the CART watch	{"ImportId":"QID78","choiceId":"6"}
W_1.4_7	TECH_USE	You said you are not wearing your smartwatch/fitness tracker daily or using it anymore. What barriers are there to you wearing the device? (Select all that apply.) - Selected Choice - Other	{"ImportId":"QID78","choiceId":"7"}
W_1.4_7_TEXT	TECH_USE	You said you are not wearing your smartwatch/fitness tracker daily or using it anymore. What barriers are there to you wearing the device? (Select all that apply.) - Other - Text	{"ImportId":"QID78_7_TEXT"}
BP_1	TECH_USE	Do you do any online bill paying?	{"ImportId":"QID48"}
BP_2_1	TECH_USE	Which bills do you pay online? Select all that apply. - Utilities	{"ImportId":"QID49","choiceId":"1"}
BP_2_2	TECH_USE	Which bills do you pay online? Select all that apply. - Credit Card	{"ImportId":"QID49","choiceId":"2"}

BP_2_3	TECH_USE	Which bills do you pay online? Select all that apply. - Rent/Mortgage	{"ImportId":"QID49","choiceId":"3"}
BP_2_4	TECH_USE	Which bills do you pay online? Select all that apply. - Taxes	{"ImportId":"QID49","choiceId":"4"}
BP_2_5	TECH_USE	Which bills do you pay online? Select all that apply. - Telephone/Cable	{"ImportId":"QID49","choiceId":"5"}
BP_2_6	TECH_USE	Which bills do you pay online? Select all that apply. - Other	{"ImportId":"QID49","choiceId":"6"}
OB_1	TECH_USE	Do you do any online banking (e.g., manage checking, savings or other accounts; review statements)?	{"ImportId":"QID62"}
OB_2	TECH_USE	How often do you go online for banking or financial management?	{"ImportId":"QID63"}
P_1_5	TECH_USE	Which of the following phones do you have? Check all that apply. - Landline Telephone	{"ImportId":"QID34","choiceId":"5"}
P_1_6	TECH_USE	Which of the following phones do you have? Check all that apply. - Cell Phone	{"ImportId":"QID34","choiceId":"6"}
P_2	TECH_USE	Which one of these best describes the way you use your phone(s)?	{"ImportId":"QID35"}
P_5	TECH_USE	What type of cell phone do you have? Pick the one that looks most like yours.	{"ImportId":"QID36"}
P_6	TECH_USE	Does your cell phone have internet access for things like email, maps, web-search, etc.?	{"ImportId":"QID37"}

P_7	TECH_USE	Do you use your cell phone to send text messages?	{"ImportId":"QID39"}
subid	TECH_USE	Subject ID	{"ImportId":"Subject ID"}
C_7_3_TEXT - Topics	TECH_USE	C_7_3_TEXT - Topics	{"ImportId":"QID28_3_TEXT_9fa91a6ddfb243a89282c9a8Topics"}