

NACC Uniform Data Set (UDS) DATA ELEMENT DICTIONARY for Initial Visit Packet (IVP)

(Version 2.0, February 2008)

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Data Element Dictionary – NACC UDS Initial Visit Packet (IVP)

GLOSSARY OF TERMS

Variable Number: Indicates order of appearance on the UDS form.

Variable Name: For non-fixed-format files, variable name must match exactly.

Version: 2

Short Descriptor: Used on the web page to indicate variable.

Question: The question as it appears on the UDS form.

Length of Field: For fixed field formats, number of columns for this variable.

Column Positions: For fixed field formats, column numbers for this variable.

Data Type: For non-fixed field formats, variable type as numerical or character.

Allowable Codes: List of codes with mapping instructions.

Blanks and Skips: Instructions for skip patterns.

Comments: Other instructions as needed.

Form Header (all Initial Visit Packet forms)

| | |
|------------------|--------------------------|
| Variable Number | 0A |
| Variable Name | PACKET |
| Version | 2 |
| Short Descriptor | Packet code |
| UDS Question | |
| Length of Field | 2 |
| Column Positions | 1 – 2 |
| Data Type | Character |
| Allowable Codes | I = Initial Visit Packet |

| | |
|------------------|--|
| Variable Number | 0B |
| Variable Name | FORMID |
| Version | 2 |
| Short Descriptor | Form ID |
| UDS Question | |
| Length of Field | 3 |
| Column Positions | 4 – 6 |
| Data Type | Character |
| Allowable Codes | A1 – A5 B1 – B9 C1 D1 E1 Z1 |

| | |
|------------------|--|
| Variable Number | 0C |
| Variable Name | FORMVER |
| Version | 2 |
| Short Descriptor | Form version number |
| UDS Question | |
| Length of Field | 3 |
| Column Positions | 8 – 10 |
| Data Type | Numeric |
| Allowable Codes | See bottom of current form, use integer portion of version number. |
| Comment | For example, version 2.0 is FORMVER = 2. |

Form Header (all Initial Visit Packet forms)

| | |
|------------------|--|
| Variable Number | 0D |
| Variable Name | ADCID |
| Version | 2 |
| Short Descriptor | Center ID |
| UDS Question | |
| Length of Field | 2 |
| Column Positions | 12 – 13 |
| Data Type | Numeric |
| Allowable Codes | <p>2 – 38, Use code below as your Center ID:</p> <ul style="list-style-type: none"> 2 = Boston U 3 = Case Western 4 = Columbia 5 = Duke 6 = Emory 7 = Massachusetts ADRC 8 = Indiana U 9 = Johns Hopkins 10 = Mayo 11 = Mount Sinai 12 = New York U 13 = Northwestern 14 = Oregon Health & Science University 15 = Rush U 16 = U California, Davis 17 = U California, Los Angeles 18 = U California, San Diego 19 = U Kentucky 20 = U Michigan 21 = U Pennsylvania 22 = U Pittsburgh 25 = U Texas Southwestern 26 = U Washington 27 = Washington U, Saint Louis 28 = U Alabama 30 = U Southern California 31 = U California, Irvine 32 = Stanford 33 = Arizona ADC 34 = U Arkansas 35 = U California, San Francisco 36 = Florida ADC 37 = U Wisconsin 38 = U Kansas <p>Note: ADCID is replaced by a randomly generated NACCADC in research data sets generated by NACC.</p> |

Form Header (all Initial Visit Packet forms)

| | |
|------------------|---|
| Variable Number | 0E |
| Variable Name | PTID |
| Version | 2 |
| Short Descriptor | ADC Subject ID |
| UDS Question | ADC Subject ID |
| Length of Field | 10 |
| Column Positions | 15 – 24 |
| Data Type | Character |
| Allowable Codes | Follow your Center's Patient ID scheme; use same ID as in MDS, if enrolled in MDS. |
| Comment | <p>Number must be unique within data from your Center, and be used for each visit for subject.</p> <p>Note: PTID is replaced by a randomly generated NACCID in research data sets generated by NACC.</p> |
| Variable Number | 0F |
| Variable Name | VISITMO |
| Version | 2 |
| Short Descriptor | Form Date – month |
| UDS Question | Form Date |
| Length of Field | 2 |
| Column Positions | 26 – 27 |
| Data Type | Numeric |
| Allowable Codes | 1 – 12 |
| Comment | Form date cannot precede September 1, 2005. |
| Variable Number | 0G |
| Variable Name | VISITDAY |
| Version | 1 |
| Short Descriptor | Form Date – day |
| UDS Question | Form Date |
| Length of Field | 2 |
| Column Positions | 29 – 30 |
| Data Type | Numeric |
| Allowable Codes | 1 – 31 |
| Comment | Form date cannot precede September 1, 2005. |

Form Header (all Initial Visit Packet forms)

| | |
|------------------|--|
| Variable Number | 0H |
| Variable Name | VISITYR |
| Version | 2 |
| Short Descriptor | Form Date – year |
| UDS Question | Form Date |
| Length of Field | 4 |
| Column Positions | 32 – 35 |
| Data Type | Numeric |
| Allowable Codes | 2005 to present year |
| Comment | Visit date cannot precede September 1, 2005. |

| | |
|------------------|--|
| Variable Number | 0I |
| Variable Name | VISITNUM |
| Version | 2 |
| Short Descriptor | ADC Visit ID |
| UDS Question | ADC Visit # |
| Length of Field | 3 |
| Column Positions | 37 – 39 |
| Data Type | Character |
| Allowable Codes | Can be determined by the Center. |
| Comment | The Center can use its existing visit number scheme, if desired. It is NOT required to start with 1. |

| | |
|------------------|--|
| Variable Number | 0J |
| Variable Name | INITIALS |
| Version | 2 |
| Short Descriptor | Examiner's initials |
| UDS Question | Examiner's initials |
| Length of Field | 3 |
| Column Positions | 41 – 43 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&) or percentage signs (%). |
| | Note: INITIALS is never released in research data sets generated by NACC. |

Form Z1: Form Checklist

| | |
|------------------|---|
| Variable Number | 1 |
| Variable Name | A2SUB |
| Version | 2 |
| Short Descriptor | Form A2 submitted |
| UDS Question | Form A2, Informant Demographics submitted |
| Length of Field | 1 |
| Column Positions | 45 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Variable Number | 1A |
| Variable Name | A2NOT |
| Version | 2 |
| Short Descriptor | Reason Form A2 not submitted |
| UDS Question | Reason Form A2, Informant Demographics not submitted |
| Length of Field | 2 |
| Column Positions | 47 – 48 |
| Data Type | Numeric |
| Allowable Codes | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |
| Blanks | Blank if #1, A2SUB = 1 (Yes). |
| Variable Number | 1B |
| Variable Name | A2COMM |
| Version | 2 |
| Short Descriptor | Form A2 comments |
| UDS Question | Form A2, Informant Demographics, comments (provide if needed) |
| Length of Field | 60 |
| Column Positions | 50 – 109 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |

Form Z1: Form Checklist

| | |
|------------------|---|
| Variable Number | 2 |
| Variable Name | A3SUB |
| Version | 2 |
| Short Descriptor | Form A3 submitted |
| UDS Question | Form A3, Subject Family History submitted |
| Length of Field | 1 |
| Column Positions | 111 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Variable Number | 2A |
| Variable Name | A3NOT |
| Version | 2 |
| Short Descriptor | Reason Form A3 not submitted |
| UDS Question | Reason Form A3, Subject Family History not submitted |
| Length of Field | 2 |
| Column Positions | 113 – 114 |
| Data Type | Numeric |
| Allowable Codes | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |
| Blanks | Blank if #2, A3SUB = 1 (Yes). |
| Variable Number | 2B |
| Variable Name | A3COMM |
| Version | 2 |
| Short Descriptor | Form A3 comments |
| UDS Question | Form A3, Subject Family History, comments (provide if needed) |
| Length of Field | 60 |
| Column Positions | 116 – 175 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |

Form Z1: Form Checklist

| | |
|------------------|--|
| Variable Number | 3 |
| Variable Name | A4SUB |
| Version | 2 |
| Short Descriptor | Form A4 submitted |
| UDS Question | Form A4, Subject Medications submitted |
| Length of Field | 1 |
| Column Positions | 177 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|---|
| Variable Number | 3A |
| Variable Name | A4NOT |
| Version | 2 |
| Short Descriptor | Reason Form A4 not submitted |
| UDS Question | Reason Form A4, Subject Medications not submitted |
| Length of Field | 2 |
| Column Positions | 179 – 180 |
| Data Type | Numeric |
| Allowable Codes | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |
| Blanks | Blank if #3, A4SUB = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 3B |
| Variable Name | A4COMM |
| Version | 2 |
| Short Descriptor | Form A4 comments |
| UDS Question | Form A4, Subject Medications, comments (provide if needed) |
| Length of Field | 60 |
| Column Positions | 182 – 241 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). |

Form Z1: Form Checklist

| | |
|------------------|---|
| Variable Number | 4 |
| Variable Name | B1SUB |
| Version | 2 |
| Short Descriptor | Form B1 submitted |
| UDS Question | Form B1, Evaluation Form – Physical submitted |
| Length of Field | 1 |
| Column Positions | 243 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Variable Number | 4A |
| Variable Name | B1NOT |
| Version | 2 |
| Short Descriptor | Reason Form B1 not submitted |
| UDS Question | Reason Form B1, Evaluation Form – Physical not submitted |
| Length of Field | 2 |
| Column Positions | 245 – 246 |
| Data Type | Numeric |
| Allowable Codes | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |
| Blanks | Blank if #4, B1SUB = 1 (Yes). |
| Variable Number | 4B |
| Variable Name | B1COMM |
| Version | 2 |
| Short Descriptor | Form B1 comments |
| UDS Question | Form B1, Evaluation Form – Physical, comments (provide if needed) |
| Length of Field | 60 |
| Column Positions | 248 – 307 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). |

Form Z1: Form Checklist

| | |
|------------------|--|
| Variable Number | 5 |
| Variable Name | B2SUB |
| Version | 2 |
| Short Descriptor | Form B2 submitted |
| UDS Question | Form B2, Evaluation Form – HIS and CVD submitted |
| Length of Field | 1 |
| Column Positions | 309 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|---|
| Variable Number | 5A |
| Variable Name | B2NOT |
| Version | 2 |
| Short Descriptor | Reason Form B2 not submitted |
| UDS Question | Reason Form B2, Evaluation Form – HIS and CVD not submitted |
| Length of Field | 2 |
| Column Positions | 311 – 312 |
| Data Type | Numeric |
| Allowable Codes | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |
| Blanks | Blank if #5, B2SUB = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 5B |
| Variable Name | B2COMM |
| Version | 2 |
| Short Descriptor | Form B2 comments |
| UDS Question | Form B2, Evaluation Form – HIS and CVD, comments (provide if needed) |
| Length of Field | 60 |
| Column Positions | 314 – 373 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |

Form Z1: Form Checklist

| | |
|------------------|---|
| Variable Number | 6 |
| Variable Name | B3SUB |
| Version | 2 |
| Short Descriptor | Form B3 submitted |
| UDS Question | Form B3, Evaluation Form – UPDRS submitted |
| Length of Field | 1 |
| Column Positions | 375 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Variable Number | 6A |
| Variable Name | B3NOT |
| Version | 2 |
| Short Descriptor | Reason Form B3 not submitted |
| UDS Question | Reason Form B3 Evaluation Form – UPDRS not submitted |
| Length of Field | 2 |
| Column Positions | 377 – 378 |
| Data Type | Numeric |
| Allowable Codes | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |
| Blanks | Blank if #6, B3SUB = 1 (Yes). |
| Variable Number | 6B |
| Variable Name | B3COMM |
| Version | 2 |
| Short Descriptor | Form B3 comments |
| UDS Question | Form B3, Evaluation Form – UPDRS, comments (provide if needed) |
| Length of Field | 60 |
| Column Positions | 380 – 439 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). |

Form Z1: Form Checklist

| | |
|------------------|---|
| Variable Number | 7 |
| Variable Name | B5SUB |
| Version | 2 |
| Short Descriptor | Form B5 or B5S submitted |
| UDS Question | Form B5 or B5S, Behavioral Assessment – NPI-Q submitted |
| Length of Field | 1 |
| Column Positions | 441 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Variable Number | 7A |
| Variable Name | B5NOT |
| Version | 2 |
| Short Descriptor | Reason Form B5 or B5S not submitted |
| UDS Question | Reason Form B5 or B5S, Behavioral Assessment – NPI-Q not submitted |
| Length of Field | 2 |
| Column Positions | 443 – 444 |
| Data Type | Numeric |
| Allowable Codes | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |
| Blanks | Blank if #7, B5SUB = 1 (Yes). |
| Variable Number | 7B |
| Variable Name | B5COMM |
| Version | 2 |
| Short Descriptor | Form B5 or B5S comments |
| UDS Question | Form B5 or B5S, Behavioral Assessment – NPI-Q, comments (provide if needed) |
| Length of Field | 60 |
| Column Positions | 446 – 505 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |

Form Z1: Form Checklist

| | |
|------------------|---|
| Variable Number | 8 |
| Variable Name | B6SUB |
| Version | 2 |
| Short Descriptor | Form B6 or B6S submitted |
| UDS Question | Form B6 or B6S, Behavioral Assessment – GDS submitted |
| Length of Field | 1 |
| Column Positions | 507 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|---|
| Variable Number | 8A |
| Variable Name | B6NOT |
| Version | 2 |
| Short Descriptor | Reason Form B6 or B6S not submitted |
| UDS Question | Reason Form B6 or B6S, Behavioral Assessment – GDS not submitted |
| Length of Field | 2 |
| Column Positions | 509 – 510 |
| Data Type | Numeric |
| Allowable Codes | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |
| Blanks | Blank if #8, B6SUB = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 8B |
| Variable Name | B6COMM |
| Version | 2 |
| Short Descriptor | Form B6 or B6S comments |
| UDS Question | Form B6 or B6S, Behavioral Assessment – GDS, comments (provide if needed) |
| Length of Field | 60 |
| Column Positions | 512 – 571 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |

Form Z1: Form Checklist

| | |
|------------------|---|
| Variable Number | 9 |
| Variable Name | B7SUB |
| Version | 2 |
| Short Descriptor | Form B7 or B7S submitted |
| UDS Question | Form B7 or B7S, Functional Assessment – FAQ submitted |
| Length of Field | 1 |
| Column Positions | 573 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Variable Number | 9A |
| Variable Name | B7NOT |
| Version | 2 |
| Short Descriptor | Reason Form B7 or B7S not submitted |
| UDS Question | Reason Form B7 or B7S, Functional Assessment – FAQ not submitted |
| Length of Field | 2 |
| Column Positions | 575 – 576 |
| Data Type | Numeric |
| Allowable Codes | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |
| Blanks | Blank if #9, B7SUB = 1 (Yes). |
| Variable Number | 9B |
| Variable Name | B7COMM |
| Version | 2 |
| Short Descriptor | Form B7 or B7S comments |
| UDS Question | Form B7 or B7S, Functional Assessment – FAQ, comments (provide if needed) |
| Length of Field | 60 |
| Column Positions | 578 – 637 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |

Form Z1: Form Checklist

| | |
|------------------|---|
| Variable Number | 10 |
| Variable Name | B8SUB |
| Version | 2 |
| Short Descriptor | Form B8 submitted |
| UDS Question | Form B8, Evaluation – Physical/Neurological Exam Findings |
| Length of Field | 1 |
| Column Positions | 639 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Variable Number | 10A |
| Variable Name | B8NOT |
| Version | 2 |
| Short Descriptor | Reason Form B8 not submitted |
| UDS Question | Reason Form B8, Evaluation – Physical/Neurological Exam Findings not submitted |
| Length of Field | 2 |
| Column Positions | 641 – 642 |
| Data Type | Numeric |
| Allowable Codes | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |
| Blanks | Blank if #10, B8SUB = 1 (Yes). |
| Variable Number | 10B |
| Variable Name | B8COMM |
| Version | 2 |
| Short Descriptor | Form B8 comments |
| UDS Question | Form B8, Evaluation – Physical/Neurological Exam Findings, comments (provide if needed) |
| Length of Field | 60 |
| Column Positions | 644 – 703 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |

Form A1: Subject Demographics

| | |
|------------------|------------------------------|
| Variable Number | 1 |
| Variable Name | INMDS |
| Version | 2 |
| Short Descriptor | Subject in MDS |
| UDS Question | Subject enrolled in NACC MDS |
| Length of Field | 1 |
| Column Positions | 45 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|--|
| Variable Number | 2 |
| Variable Name | REASON |
| Version | 2 |
| Short Descriptor | Primary reason for coming to ADC |
| UDS Question | Primary reason for coming to ADC |
| Length of Field | 1 |
| Column Positions | 47 |
| Data Type | Numeric |
| Allowable Codes | 1 = Participate in research study 2 = Clinical evaluation 3 = Other 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 2A |
| Variable Name | REASONX |
| Version | 2 |
| Short Descriptor | Other primary reason – specify |
| UDS Question | Other primary reason for coming to ADC – specify |
| Length of Field | 60 |
| Column Positions | 49 – 108 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #2, REASON ≠ 3 (Other). |

Form A1: Subject Demographics

| | |
|------------------|---|
| Variable Number | 3 |
| Variable Name | REFER |
| Version | 2 |
| Short Descriptor | Principal referral source |
| UDS Question | Principal referral source |
| Length of Field | 1 |
| Column Positions | 110 |
| Data Type | Numeric |
| Allowable Codes | 1 = Self/relative/friend 2 = Clinician 3 = ADC solicitation 4 = Non-ADC study 5 = Clinic sample 6 = Population sample 7 = Non-ADC media appeal (e.g. Alzheimer's Association) 8 = Other 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 3A |
| Variable Name | REFERX |
| Version | 2 |
| Short Descriptor | Principal referral source, other – specify |
| UDS Question | Principal referral source, other – specify |
| Length of Field | 60 |
| Column Positions | 112 – 171 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #3, REFER ≠ 8 (Other). |

| | |
|------------------|--|
| Variable Number | 4 |
| Variable Name | PRESTAT |
| Version | 2 |
| Short Descriptor | Presumed disease status at enrollment |
| UDS Question | Presumed disease status at enrollment |
| Length of Field | 1 |
| Column Positions | 173 |
| Data Type | Numeric |
| Allowable Codes | 1 = Case/patient/proband 2 = Control/normal 3 = No presumed disease status |

Form A1: Subject Demographics

| | |
|------------------|---|
| Variable Number | 5 |
| Variable Name | PRESPART |
| Version | 2 |
| Short Descriptor | Presumed participation |
| UDS Question | Presumed participation |
| Length of Field | 1 |
| Column Positions | 175 |
| Data Type | Numeric |
| Allowable Codes | 1 = Initial evaluation only 2 = Longitudinal follow-up planned |

| | |
|------------------|--|
| Variable Number | 6 |
| Variable Name | SOURCE |
| Version | 2 |
| Short Descriptor | ADC enrollment type |
| UDS Question | ADC enrollment type |
| Length of Field | 1 |
| Column Positions | 177 |
| Data Type | Numeric |
| Allowable Codes | 1 = Clinical Core 2 = Satellite Core 3 = Other ADC Core/project 4 = Center-affiliated/non-ADC |

| | |
|------------------|--|
| Variable Number | 7A |
| Variable Name | BIRTHMO |
| Version | 2 |
| Short Descriptor | Subject's month of birth |
| UDS Question | Subject's month of birth |
| Length of Field | 2 |
| Column Positions | 179 – 180 |
| Data Type | Numeric |
| Allowable Codes | 1 – 12 |
| | Note: BIRTHMO is available to all researchers upon request. |

Form A1: Subject Demographics

| | |
|------------------|---------------------------------|
| Variable Number | 7B |
| Variable Name | BIRTHYR |
| Version | 2 |
| Short Descriptor | Subject's year of birth |
| UDS Question | Subject's year of birth |
| Length of Field | 4 |
| Column Positions | 182 – 185 |
| Data Type | Numeric |
| Allowable Codes | 1875 to (current year minus 15) |

| | |
|------------------|------------------------|
| Variable Number | 8 |
| Variable Name | SEX |
| Version | 2 |
| Short Descriptor | Subject's sex |
| UDS Question | Subject's sex |
| Length of Field | 1 |
| Column Positions | 187 |
| Data Type | Numeric |
| Allowable Codes | 1 = Male 2 = Female |

| | |
|------------------|---|
| Variable Number | 9 |
| Variable Name | HISPANIC |
| Version | 2 |
| Short Descriptor | Hispanic/Latino ethnicity |
| UDS Question | Does the subject report being of Hispanic/Latino ethnicity. (i.e., having origins from a mainly Spanish-speaking Latin American country), regardless of race? |
| Length of Field | 1 |
| Column Positions | 189 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Skips | If ≠ 1 (YES), skip to #10, RACE. |

Form A1: Subject Demographics

| | |
|------------------|--|
| Variable Number | 9A |
| Variable Name | HISPOR |
| Version | 2 |
| Short Descriptor | Hispanic origins |
| UDS Question | If the subject reports being of Hispanic/Latino ethnicity, what are the subject's reported origins? |
| Length of Field | 2 |
| Column Positions | 191 – 192 |
| Data Type | Numeric |
| Allowable Codes | 1 = Mexican/Chicano/Mexican-American 2 = Puerto Rican 3 = Cuban 4 = Dominican 5 = Central American 6 = South American 50 = Other 99 = Unknown |
| Blanks | Blank if #9, HISPANIC ≠ 1 (YES). |

| | |
|------------------|---|
| Variable Number | 9A1 |
| Variable Name | HISPORX |
| Version | 2 |
| Short Descriptor | Hispanic origins, other – specify |
| UDS Question | Hispanic origins, other – specify |
| Length of Field | 60 |
| Column Positions | 194 – 253 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #9, HISPANIC ≠ 1 (YES) or if #9A, HISPOR ≠ 50 (Other). |

Form A1: Subject Demographics

| | |
|------------------|--|
| Variable Number | 10 |
| Variable Name | RACE |
| Version | 2 |
| Short Descriptor | Race |
| UDS Question | What does subject report as his/her race? |
| Length of Field | 2 |
| Column Positions | 255 – 256 |
| Data Type | Numeric |
| Allowable Codes | 1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other 99 = Unknown |

| | |
|------------------|---|
| Variable Number | 10A |
| Variable Name | RACEX |
| Version | 2 |
| Short Descriptor | Race, other – specify |
| UDS Question | Race, other – specify |
| Length of Field | 60 |
| Column Positions | 258 – 317 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #10, RACE ≠ 50 (Other). |

Form A1: Subject Demographics

| | |
|------------------|--|
| Variable Number | 11 |
| Variable Name | RACESEC |
| Version | 2 |
| Short Descriptor | Additional race |
| UDS Question | What additional race does subject report? |
| Length of Field | 2 |
| Column Positions | 319 – 320 |
| Data Type | Numeric |
| Allowable Codes | 1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other 88 = None reported 99 = Unknown |

| | |
|------------------|---|
| Variable Number | 11A |
| Variable Name | RACESECX |
| Version | 2 |
| Short Descriptor | Additional race, other – specify |
| UDS Question | Additional race, other – specify |
| Length of Field | 60 |
| Column Positions | 322 – 381 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #11, RACESEC ≠ 50 (Other). |

Form A1: Subject Demographics

| | |
|------------------|--|
| Variable Number | 12 |
| Variable Name | RACETER |
| Version | 2 |
| Short Descriptor | Additional race |
| UDS Question | What additional race, beyond what was indicated above in questions 10 and 11, does subject report? |
| Length of Field | 2 |
| Column Positions | 383 – 384 |
| Data Type | Numeric |
| Allowable Codes | 1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other 88 = None reported 99 = Unknown |

| | |
|------------------|---|
| Variable Number | 12A |
| Variable Name | RACETERX |
| Version | 2 |
| Short Descriptor | Additional race, other – specify |
| UDS Question | Additional race, other – specify |
| Length of Field | 60 |
| Column Positions | 386 – 445 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #12, RACETER ≠ 50 (Other). |

Form A1: Subject Demographics

| | |
|------------------|---|
| Variable Number | 13 |
| Variable Name | PRIMLANG |
| Version | 2 |
| Short Descriptor | Primary language |
| UDS Question | Subject's primary language |
| Length of Field | 1 |
| Column Positions | 447 |
| Data Type | Numeric |
| Allowable Codes | 1 = English 2 = Spanish 3 = Mandarin 4 = Cantonese 5 = Russian 6 = Japanese 8 = Other primary language 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 13A |
| Variable Name | PRIMLANX |
| Version | 2 |
| Short Descriptor | Other primary language - specify |
| UDS Question | Other primary language - specify |
| Length of Field | 60 |
| Column Positions | 449 – 508 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #13, PRIMLANG ≠ 8 (Other primary language). |

| | |
|------------------|---|
| Variable Number | 14 |
| Variable Name | EDUC |
| Version | 2 |
| Short Descriptor | Education |
| UDS Question | Subject's years of education (report achieved level using the codes below; if an attempted level is not completed, enter the number of years completed): High school/GED = 12; Bachelors degree = 16; Master's degree = 18; Doctorate = 20) |
| Length of Field | 2 |
| Column Positions | 510 – 511 |
| Data Type | Numeric |
| Allowable Codes | 0 – 36 99 = Unknown |

Form A1: Subject Demographics

| | |
|------------------|--|
| Variable Number | 15 |
| Variable Name | LIVSIT |
| Version | 2 |
| Short Descriptor | Living situation |
| UDS Question | What is the subject's living situation? |
| Length of Field | 1 |
| Column Positions | 513 |
| Data Type | Numeric |
| Allowable Codes | 1 = Lives alone 2 = Lives with spouse or partner 3 = Lives with relative or friend 4 = Lives with group 5 = Other 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 15A |
| Variable Name | LIVSITX |
| Version | 2 |
| Short Descriptor | Living situation, other – specify |
| UDS Question | Living situation, other – specify |
| Length of Field | 60 |
| Column Positions | 515 – 574 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #15, LIVSIT ≠ 5 (Other). |

| | |
|------------------|---|
| Variable Number | 16 |
| Variable Name | INDEPEND |
| Version | 2 |
| Short Descriptor | Level of independence |
| UDS Question | What is the subject's level of independence? |
| Length of Field | 1 |
| Column Positions | 576 |
| Data Type | Numeric |
| Allowable Codes | 1 = Able to live independently 2 = Requires some assistance with complex activities 3 = Requires some assistance with basic activities 4 = Completely dependent 9 = Unknown |

Form A1: Subject Demographics

| | |
|------------------|---|
| Variable Number | 17 |
| Variable Name | RESIDENC |
| Version | 2 |
| Short Descriptor | Type of residence |
| UDS Question | What is the subject's type of residence? |
| Length of Field | 1 |
| Column Positions | 578 |
| Data Type | Numeric |
| Allowable Codes | 1 = Single family residence 2 = Retirement community 3 = Assisted living/boarding home/adult family home 4 = Skilled nursing facility/nursing home 5 = Other 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 17A |
| Variable Name | RESIDENX |
| Version | 2 |
| Short Descriptor | Type of residence, other – specify |
| UDS Question | Type of residence, other – specify |
| Length of Field | 60 |
| Column Positions | 580 – 639 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #17, RESIDENC ≠ 5 (Other). |

| | |
|------------------|---|
| Variable Number | 18 |
| Variable Name | ZIP |
| Version | 2 |
| Short Descriptor | Zip code |
| UDS Question | Subject's primary residence zip code (first 3 digits) |
| Length of Field | 3 |
| Column Positions | 641 – 643 |
| Data Type | Character |
| Allowable Codes | Must be valid zip code, in the range 006 – 999. Note: ZIP is available to all researchers upon request. |

Form A1: Subject Demographics

| | |
|------------------|---|
| Variable Number | 19 |
| Variable Name | MARISTAT |
| Version | 2 |
| Short Descriptor | Marital status |
| UDS Question | Subject's current marital status |
| Length of Field | 1 |
| Column Positions | 645 |
| Data Type | Numeric |
| Allowable Codes | 1 = Married 2 = Widowed 3 = Divorced 4 = Separated 5 = Never married 6 = Living as married 8 = Other 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 19A |
| Variable Name | MARISTAX |
| Version | 2 |
| Short Descriptor | Marital status, other – specify |
| UDS Question | Marital status, other – specify |
| Length of Field | 60 |
| Column Positions | 647 – 706 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #19, MARISTAT ≠ 8 (Other). |

| | |
|------------------|--|
| Variable Number | 20 |
| Variable Name | HANDED |
| Version | 2 |
| Short Descriptor | Left- or right-handed |
| UDS Question | Is the subject left- or right-handed (for example, which hand would s/he normally use to write or throw a ball)? |
| Length of Field | 1 |
| Column Positions | 708 |
| Data Type | Numeric |
| Allowable Codes | 1 = Left-handed 2 = Right-handed 3 = Ambidextrous 9 = Unknown |

Form A2: Informant Demographics

| | |
|------------------|---|
| Variable Number | 1A |
| Variable Name | INBIRMO |
| Version | 2 |
| Short Descriptor | Informant's month of birth |
| UDS Question | Informant's month of birth |
| Length of Field | 2 |
| Column Positions | 45 – 46 |
| Data Type | Numeric |
| Allowable Codes | 1 – 12 99 = Unknown |
| Variable Number | 1B |
| Variable Name | INBIRYR |
| Version | 2 |
| Short Descriptor | Informant's year of birth |
| UDS Question | Informant's year of birth |
| Length of Field | 4 |
| Column Positions | 48 – 51 |
| Data Type | Numeric |
| Allowable Codes | 1875 to (current year minus 15) 9999 = Unknown |
| Variable Number | 2 |
| Variable Name | INSEX |
| Version | 2 |
| Short Descriptor | Informant's sex |
| UDS Question | Informant's sex |
| Length of Field | 1 |
| Column Positions | 53 |
| Data Type | Numeric |
| Allowable Codes | 1 = Male 2 = Female |

Form A2: Informant Demographics

| | |
|------------------|--|
| Variable Number | 3 |
| Variable Name | INHISP |
| Version | 2 |
| Short Descriptor | Informant Hispanic/Latino ethnicity |
| UDS Question | Does the informant report being of Hispanic/Latino ethnicity (i.e., having origins from a mainly Spanish-speaking Latin American country), regardless of race? |
| Length of Field | 1 |
| Column Positions | 55 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Skips | If ≠ 1 (YES), skip to #4, INRACE. |

| | |
|------------------|--|
| Variable Number | 3A |
| Variable Name | INHISPOR |
| Version | 2 |
| Short Descriptor | Informant Hispanic origins |
| UDS Question | If informant reports being of Hispanic/Latino ethnicity, what are the informant's reported origins? |
| Length of Field | 2 |
| Column Positions | 57 – 58 |
| Data Type | Numeric |
| Allowable Codes | 1 = Mexican/Chicano/Mexican-American 2 = Puerto Rican 3 = Cuban 4 = Dominican 5 = Central American 6 = South American 50 = Other 99 = Unknown |
| Blanks | Blank if #3 ≠ 1 (YES). |

Form A2: Informant Demographics

| | |
|------------------|---|
| Variable Number | 3A1 |
| Variable Name | INHISPOX |
| Version | 2 |
| Short Descriptor | Informant of Hispanic origins, other - specify |
| UDS Question | Informant of Hispanic origins, other - specify |
| Length of Field | 60 |
| Column Positions | 60 – 119 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #3, INHISP ≠ 1 (YES) or #3A, INHISPOR ≠ 50 (Other). |

| | |
|------------------|--|
| Variable Number | 4 |
| Variable Name | INRACE |
| Version | 2 |
| Short Descriptor | Informant race |
| UDS Question | What does informant report as his/her race? |
| Length of Field | 2 |
| Column Positions | 121 – 122 |
| Data Type | Numeric |
| Allowable Codes | 1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other 99 = Unknown |

| | |
|------------------|---|
| Variable Number | 4A |
| Variable Name | INRACEX |
| Version | 2 |
| Short Descriptor | Informant race, other – specify |
| UDS Question | Informant race, other – specify |
| Length of Field | 60 |
| Column Positions | 124 – 183 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #4, INRACE ≠ 50 (Other). |

Form A2: Informant Demographics

| | |
|------------------|--|
| Variable Number | 5 |
| Variable Name | INRASEC |
| Version | 2 |
| Short Descriptor | Informant additional race |
| UDS Question | What additional race does informant report? |
| Length of Field | 2 |
| Column Positions | 185 – 186 |
| Data Type | Numeric |
| Allowable Codes | 1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other 88 = None reported 99 = Unknown |

| | |
|------------------|---|
| Variable Number | 5A |
| Variable Name | INRASECX |
| Version | 2 |
| Short Descriptor | Informant additional race, other – specify |
| UDS Question | Informant additional race, other – specify |
| Length of Field | 60 |
| Column Positions | 188 – 247 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #5, INRASEC ≠ 50 (Other). |

Form A2: Informant Demographics

| | |
|------------------|--|
| Variable Number | 6 |
| Variable Name | INRATER |
| Version | 2 |
| Short Descriptor | Informant additional race |
| UDS Question | What additional race, beyond what was indicated above in questions 4 and 5, does informant report? |
| Length of Field | 2 |
| Column Positions | 249 – 250 |
| Data Type | Numeric |
| Allowable Codes | 1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other 88 = None reported 99 = Unknown |
| Variable Number | 6A |
| Variable Name | INRATERX |
| Version | 2 |
| Short Descriptor | Informant additional race, other – specify |
| UDS Question | Informant additional race, other – specify |
| Length of Field | 60 |
| Column Positions | 252 – 311 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #6, INRATER ≠ 50 (Other). |
| Variable Number | 7 |
| Variable Name | INEDUC |
| Version | 2 |
| Short Descriptor | Informant education |
| UDS Question | Informant's years of education (report achieved level using the codes below; if an attempted level is not completed, enter the number of years attended). High school/GED = 12; Bachelors degree = 16; Master's degree = 18; Doctorate = 20) |
| Length of Field | 2 |
| Column Positions | 313 – 314 |
| Data Type | Numeric |
| Allowable Codes | 0 – 36 99 = Unknown |

Form A2: Informant Demographics

| | |
|------------------|---|
| Variable Number | 8 |
| Variable Name | INRELTO |
| Version | 2 |
| Short Descriptor | Informant relationship |
| UDS Question | What is informant's relationship to subject? |
| Length of Field | 1 |
| Column Positions | 316 |
| Data Type | Numeric |
| Allowable Codes | 1 = Spouse/partner 2 = Child 3 = Sibling 4 = Other relative 5 = Friend/neighbor 6 = Paid caregiver/provider 7 = Other |
| Variable Number | 8A |
| Variable Name | INRELTOX |
| Version | 2 |
| Short Descriptor | Informant relationship, other – specify |
| UDS Question | Informant relationship, other – specify |
| Length of Field | 60 |
| Column Positions | 318 – 377 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #8, INRELTO ≠ 7 (Other). |
| Variable Number | 9 |
| Variable Name | INLIVWTH |
| Version | 2 |
| Short Descriptor | Informant live with |
| UDS Question | Does the informant live with the subject? |
| Length of Field | 1 |
| Column Positions | 379 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Skips | If yes, skip to #10, INRELY. |

Form A2: Informant Demographics

| | |
|------------------|---|
| Variable Number | 9A |
| Variable Name | INVISITS |
| Version | 2 |
| Short Descriptor | Informant visits |
| UDS Question | If informant does not live with the subject, approximate frequency of in-person visits. |
| Length of Field | 1 |
| Column Positions | 381 |
| Data Type | Numeric |
| Allowable Codes | 1 = Daily 2 = At least 3x/week 3 = Weekly 4 = At least 3x/month 5 = Monthly 6 = Less than once a month |
| Blanks | Blank if #9, INLIVWTH = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 9B |
| Variable Name | INCALLS |
| Version | 2 |
| Short Descriptor | Informant telephone calls |
| UDS Question | If informant does not live with the subject, approximate frequency of telephone contact. |
| Length of Field | 1 |
| Column Positions | 383 |
| Data Type | Numeric |
| Allowable Codes | 1 = Daily 2 = At least 3x/week 3 = Weekly 4 = At least 3x/month 5 = Monthly 6 = Less than once a month |
| Blanks | Blank if #9, INLIVWTH = 1 (Yes). |

Form A2: Informant Demographics

| | |
|------------------|--|
| Variable Number | 10 |
| Variable Name | INRELY |
| Version | 2 |
| Short Descriptor | Informant reliability |
| UDS Question | Is there a question about the informant's reliability? |
| Length of Field | 1 |
| Column Positions | 385 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 1A |
| Variable Name | MOMYOB |
| Version | 2 |
| Short Descriptor | Mother's year of birth |
| UDS Question | Mother's year of birth |
| Length of Field | 4 |
| Column Positions | 45 – 48 |
| Data Type | Numeric |
| Allowable Codes | 1850 to current year minus 15 9999 = Unknown |
| Variable Number | 1B |
| Variable Name | MOMLIV |
| Version | 2 |
| Short Descriptor | Mother living |
| UDS Question | Is subject's mother still living? |
| Length of Field | 1 |
| Column Positions | 50 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Variable Number | 1C |
| Variable Name | MOMYOD |
| Version | 2 |
| Short Descriptor | Mother's year of death |
| UDS Question | If subject's mother is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 52 – 55 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #1B, MOMLIV ≠ 0 (No). |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 1D |
| Variable Name | MOMDEM |
| Version | 2 |
| Short Descriptor | Mother demented |
| UDS Question | Does/did subject's mother have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 57 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |

| | |
|------------------|--|
| Variable Number | 1E |
| Variable Name | MOMONSET |
| Version | 2 |
| Short Descriptor | Mother's age at onset |
| UDS Question | If subject's mother was demented, indicate age at onset. |
| Length of Field | 3 |
| Column Positions | 59 – 61 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Unknown |
| Blanks | Blank if #1D, MOMDEM ≠ 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 2A |
| Variable Name | DADYOB |
| Version | 2 |
| Short Descriptor | Father's year of birth |
| UDS Question | Father's year of birth |
| Length of Field | 4 |
| Column Positions | 63 – 66 |
| Data Type | Numeric |
| Allowable Codes | 1850 to current year minus 15 9999 = Unknown |

Form A3: Subject Family History

| | |
|------------------|-----------------------------------|
| Variable Number | 2B |
| Variable Name | DADLIV |
| Version | 2 |
| Short Descriptor | Father still living |
| UDS Question | Is subject's father still living? |
| Length of Field | 1 |
| Column Positions | 68 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 2C |
| Variable Name | DADYOD |
| Version | 2 |
| Short Descriptor | Father's year of death |
| UDS Question | If subject's father is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 70 – 73 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #2B, DADLIV ≠ 0 (No). |

| | |
|------------------|--|
| Variable Number | 2D |
| Variable Name | DADDEM |
| Version | 2 |
| Short Descriptor | Father demented |
| UDS Question | Does/did subject's father have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 75 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 2E |
| Variable Name | DADONSET |
| Version | 2 |
| Short Descriptor | Father's age at onset. |
| UDS Question | If subject's father was demented, indicate age at onset. |
| Length of Field | 3 |
| Column Positions | 77 – 79 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Unknown |
| Blanks | Blank if #2D, DADDEM ≠ 1 (Yes). |

| | |
|------------------|----------------------------------|
| Variable Number | 3 |
| Variable Name | TWIN |
| Version | 2 |
| Short Descriptor | Is the subject a twin |
| UDS Question | Is the subject a twin? |
| Length of Field | 1 |
| Column Positions | 81 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 3A |
| Variable Name | TWINTYPE |
| Version | 2 |
| Short Descriptor | Type of twin |
| UDS Question | If the subject is a twin, indicate type. |
| Length of Field | 1 |
| Column Positions | 83 |
| Data Type | Numeric |
| Allowable Codes | 1 = Monozygotic (i.e., identical) 2 = Dizygotic (i.e., fraternal) 9 = Unknown |
| Blanks | Blank if #3, TWIN ≠ 1 (Yes). |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 4 |
| Variable Name | SIBS |
| Version | 2 |
| Short Descriptor | Siblings |
| UDS Question | How many full siblings did the subject have? |
| Length of Field | 2 |
| Column Positions | 85 – 86 |
| Data Type | Numeric |
| Allowable Codes | 0 – 20 99 = Unknown |
| Variable Number | 5A1 |
| Variable Name | SIB1YOB |
| Version | 2 |
| Short Descriptor | Sibling 1 year of birth |
| UDS Question | Sibling 1 year of birth |
| Length of Field | 4 |
| Column Positions | 88 – 91 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Variable Number | 5B1 |
| Variable Name | SIB1LIV |
| Version | 2 |
| Short Descriptor | Sibling 1 living |
| UDS Question | Is Sibling 1 still living? |
| Length of Field | 1 |
| Column Positions | 93 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A1, SIB1YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 5C1 |
| Variable Name | SIB1YOD |
| Version | 2 |
| Short Descriptor | Sibling 1 year of death |
| UDS Question | If Sibling 1 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 95 – 98 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B1, SIB1LIV ≠ 0 (No) or #5A1, SIB1YOB = Blank. |
| Variable Number | 5D1 |
| Variable Name | SIB1DEM |
| Version | 2 |
| Short Descriptor | Sibling 1, demented? |
| UDS Question | Does/did Sibling 1 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 100 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A1, SIB1YOB = Blank. |
| Variable Number | 5E1 |
| Variable Name | SIB1ONS |
| Version | 2 |
| Short Descriptor | Sibling 1 age at onset |
| UDS Question | If Sibling 1 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 102 – 104 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D1, SIB1DEM ≠ 1 (Yes) or #5A1, SIB1YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 5A2 |
| Variable Name | SIB2YOB |
| Version | 2 |
| Short Descriptor | Sibling 2 year of birth |
| UDS Question | Sibling 2 year of birth |
| Length of Field | 4 |
| Column Positions | 106 – 109 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Variable Number | 5B2 |
| Variable Name | SIB2LIV |
| Version | 2 |
| Short Descriptor | Sibling 2 living |
| UDS Question | Is Sibling 2 still living? |
| Length of Field | 1 |
| Column Positions | 111 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A2, SIB2YOB = Blank. |
| Variable Number | 5C2 |
| Variable Name | SIB2YOD |
| Version | 2 |
| Short Descriptor | Sibling 2 year of death |
| UDS Question | If Sibling 2 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 113 – 116 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B2, SIB2LIV ≠ 0 (No) or #5A2, SIB2YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 5D2 |
| Variable Name | SIB2DEM |
| Version | 2 |
| Short Descriptor | Sibling 2, demented |
| UDS Question | Does/did Sibling 2 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 118 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A2, SIB2YOB = Blank. |

| | |
|------------------|--|
| Variable Number | 5E2 |
| Variable Name | SIB2ONS |
| Version | 2 |
| Short Descriptor | Sibling 2 age at onset |
| UDS Question | If Sibling 2 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 120 – 122 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D2, SIB2DEM ≠ 1 (Yes) or #5A2, SIB2YOB = Blank. |

| | |
|------------------|--|
| Variable Number | 5A3 |
| Variable Name | SIB3YOB |
| Version | 2 |
| Short Descriptor | Sibling 3 year of birth |
| UDS Question | Sibling 3 year of birth |
| Length of Field | 4 |
| Column Positions | 124 – 127 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |

Form A3: Subject Family History

| | |
|------------------|----------------------------------|
| Variable Number | 5B3 |
| Variable Name | SIB3LIV |
| Version | 2 |
| Short Descriptor | Sibling 3 living |
| UDS Question | Is Sibling 3 still living? |
| Length of Field | 1 |
| Column Positions | 129 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A3, SIB3YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 5C3 |
| Variable Name | SIB3YOD |
| Version | 2 |
| Short Descriptor | Sibling 3 year of death |
| UDS Question | If Sibling 3 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 131 – 134 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B3, SIB3LIV ≠ 0 (No) or #5A3, SIB3YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 5D3 |
| Variable Name | SIB3DEM |
| Version | 2 |
| Short Descriptor | Sibling 3, demented |
| UDS Question | Does/did Sibling 3 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 136 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A3, SIB3YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 5E3 |
| Variable Name | SIB3ONS |
| Version | 2 |
| Short Descriptor | Sibling 3 age at onset |
| UDS Question | If Sibling 3 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 138 – 140 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D3, SIB3DEM ≠ 1 (Yes) or #5A3, SIB3YOB = Blank. |
| Variable Number | 5A4 |
| Variable Name | SIB4YOB |
| Version | 2 |
| Short Descriptor | Sibling 4 year of birth |
| UDS Question | Sibling 4 year of birth |
| Length of Field | 4 |
| Column Positions | 142 – 145 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Variable Number | 5B4 |
| Variable Name | SIB4LIV |
| Version | 2 |
| Short Descriptor | Sibling 4 living |
| UDS Question | Is Sibling 4 still living? |
| Length of Field | 1 |
| Column Positions | 147 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A4, SIB4YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 5C4 |
| Variable Name | SIB4YOD |
| Version | 2 |
| Short Descriptor | Sibling 4 year of death |
| UDS Question | If Sibling 4 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 149 – 152 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B4, SIB4LIV ≠ 0 (No) or #5A4, SIB4YOB = Blank. |
| Variable Number | 5D4 |
| Variable Name | SIB4DEM |
| Version | 2 |
| Short Descriptor | Sibling 4, demented |
| UDS Question | Does/did Sibling 4 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 154 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A4, SIB4YOB = Blank. |
| Variable Number | 5E4 |
| Variable Name | SIB4ONS |
| Version | 2 |
| Short Descriptor | Sibling 4 age at onset |
| UDS Question | If Sibling 4 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 156 – 158 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D4, SIB4DEM ≠ 1 (Yes) or #5A4, SIB4YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 5A5 |
| Variable Name | SIB5YOB |
| Version | 2 |
| Short Descriptor | Sibling 5 year of birth |
| UDS Question | Sibling 5 year of birth |
| Length of Field | 4 |
| Column Positions | 160 – 163 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Variable Number | 5B5 |
| Variable Name | SIB5LIV |
| Version | 2 |
| Short Descriptor | Sibling 5 living |
| UDS Question | Is Sibling 5 still living? |
| Length of Field | 1 |
| Column Positions | 165 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A5, SIB5YOB = Blank. |
| Variable Number | 5C5 |
| Variable Name | SIB5YOD |
| Version | 2 |
| Short Descriptor | Sibling 5 year of death |
| UDS Question | If Sibling 5 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 167 – 170 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B5, SIB5LIV ≠ 0 (No) or #5A5, SIB5YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 5D5 |
| Variable Name | SIB5DEM |
| Version | 2 |
| Short Descriptor | Sibling 5, demented |
| UDS Question | Does/did Sibling 5 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 172 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A5, SIB5YOB = Blank. |

| | |
|------------------|--|
| Variable Number | 5E5 |
| Variable Name | SIB5ONS |
| Version | 2 |
| Short Descriptor | Sibling 5 age at onset |
| UDS Question | If Sibling 5 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 174 – 176 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D5, SIB5DEM ≠ 1 (Yes) or #5A5, SIB5YOB = Blank. |

| | |
|------------------|--|
| Variable Number | 5A6 |
| Variable Name | SIB6YOB |
| Version | 2 |
| Short Descriptor | Sibling 6 year of birth |
| UDS Question | Sibling 6 year of birth |
| Length of Field | 4 |
| Column Positions | 178 – 181 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |

Form A3: Subject Family History

| | |
|------------------|----------------------------------|
| Variable Number | 5B6 |
| Variable Name | SIB6LIV |
| Version | 2 |
| Short Descriptor | Sibling6 living |
| UDS Question | Is Sibling 6 still living? |
| Length of Field | 1 |
| Column Positions | 183 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A6, SIB6YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 5C6 |
| Variable Name | SIB6YOD |
| Version | 2 |
| Short Descriptor | Sibling 6 year of death |
| UDS Question | If Sibling 6 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 185 – 188 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B6, SIB6LIV ≠ 0 (No) or #5A6, SIB6YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 5D6 |
| Variable Name | SIB6DEM |
| Version | 2 |
| Short Descriptor | Sibling 6, demented |
| UDS Question | Does/did Sibling 6 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 190 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A6, SIB6YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 5E6 |
| Variable Name | SIB6ONS |
| Version | 2 |
| Short Descriptor | Sibling 6 age at onset |
| UDS Question | If Sibling 6 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 192 – 194 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D6, SIB6DEM ≠ 1 (Yes) or #5A6, SIB6YOB = Blank. |
| Variable Number | 5A7 |
| Variable Name | SIB7YOB |
| Version | 2 |
| Short Descriptor | Sibling 7 year of birth |
| UDS Question | Sibling 7 year of birth |
| Length of Field | 4 |
| Column Positions | 196 – 199 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Variable Number | 5B7 |
| Variable Name | SIB7LIV |
| Version | 2 |
| Short Descriptor | Sibling 7 living |
| UDS Question | Is Sibling 7 still living? |
| Length of Field | 1 |
| Column Positions | 201 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A7, SIB7YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 5C7 |
| Variable Name | SIB7YOD |
| Version | 2 |
| Short Descriptor | Sibling 7 year of death |
| UDS Question | If Sibling 7 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 203 – 206 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B7, SIB7LIV ≠ 0 (No) or #5A7, SIB7YOB = Blank. |
| Variable Number | 5D7 |
| Variable Name | SIB7DEM |
| Version | 2 |
| Short Descriptor | Sibling 7, demented? |
| UDS Question | Does/did Sibling 7 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 208 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A7, SIB7YOB = Blank. |
| Variable Number | 5E7 |
| Variable Name | SIB7ONS |
| Version | 2 |
| Short Descriptor | Sibling 7 age at onset |
| UDS Question | If Sibling 7 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 210 – 212 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D7, SIB7DEM ≠ 1 (Yes) or #5A7, SIB7YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 5A8 |
| Variable Name | SIB8YOB |
| Version | 2 |
| Short Descriptor | Sibling 8 year of birth |
| UDS Question | Sibling 8 year of birth |
| Length of Field | 4 |
| Column Positions | 214 – 217 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Variable Number | 5B8 |
| Variable Name | SIB8LIV |
| Version | 2 |
| Short Descriptor | Sibling 8 living |
| UDS Question | Is Sibling 8 still living? |
| Length of Field | 1 |
| Column Positions | 219 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A8, SIB8YOB = Blank. |
| Variable Number | 5C8 |
| Variable Name | SIB8YOD |
| Version | 2 |
| Short Descriptor | Sibling 8 year of death |
| UDS Question | If Sibling 8 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 221 – 224 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B8, SIB8LIV ≠ 0 (No) or #5A8, SIB8YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 5D8 |
| Variable Name | SIB8DEM |
| Version | 2 |
| Short Descriptor | Sibling 8, demented |
| UDS Question | Does/did Sibling 8 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 226 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A8, SIB8YOB = Blank. |
| Variable Number | 5E8 |
| Variable Name | SIB8ONS |
| Version | 2 |
| Short Descriptor | Sibling 8 age at onset |
| UDS Question | If Sibling 8 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 228 – 230 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D8, SIB8DEM ≠ 1 (Yes) or #5A8, SIB8YOB = Blank. |
| Variable Number | 5A9 |
| Variable Name | SIB9YOB |
| Version | 2 |
| Short Descriptor | Sibling 9 year of birth |
| UDS Question | Sibling 9 year of birth |
| Length of Field | 4 |
| Column Positions | 232 – 235 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |

Form A3: Subject Family History

| | |
|------------------|----------------------------------|
| Variable Number | 5B9 |
| Variable Name | SIB9LIV |
| Version | 2 |
| Short Descriptor | Sibling 9 living |
| UDS Question | Is Sibling 9 still living? |
| Length of Field | 1 |
| Column Positions | 237 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A9, SIB9YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 5C9 |
| Variable Name | SIB9YOD |
| Version | 2 |
| Short Descriptor | Sibling 9 year of death |
| UDS Question | If Sibling 9 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 239 – 242 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B9, SIB9LIV ≠ 0 (No) or #5A9, SIB9YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 5D9 |
| Variable Name | SIB9DEM |
| Version | 2 |
| Short Descriptor | Sibling 9, demented |
| UDS Question | Does/did Sibling 9 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 244 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A9, SIB9YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 5E9 |
| Variable Name | SIB9ONS |
| Version | 2 |
| Short Descriptor | Sibling 9 age at onset |
| UDS Question | If Sibling 9 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 246 – 248 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D9, SIB9DEM ≠ 1 (Yes) or #5A9, SIB9YOB = Blank. |
| Variable Number | 5A10 |
| Variable Name | SIB10YOB |
| Version | 2 |
| Short Descriptor | Sibling 10 year of birth |
| UDS Question | Sibling 10 year of birth |
| Length of Field | 4 |
| Column Positions | 250 – 253 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Variable Number | 5B10 |
| Variable Name | SIB10LIV |
| Version | 2 |
| Short Descriptor | Sibling 10 living |
| UDS Question | Is Sibling 10 still living? |
| Length of Field | 1 |
| Column Positions | 255 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A10, SIB10YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 5C10 |
| Variable Name | SIB10YOD |
| Version | 2 |
| Short Descriptor | Sibling 10 year of death |
| UDS Question | If Sibling 10 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 257 – 260 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B10, SIB10LIV ≠ 0 (No) or #5A10, SIB10YOB = Blank. |
| Variable Number | 5D10 |
| Variable Name | SIB10DEM |
| Version | 2 |
| Short Descriptor | Sibling 10, demented |
| UDS Question | Does/did Sibling 10 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 262 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A10, SIB10YOB = Blank. |
| Variable Number | 5E10 |
| Variable Name | SIB10ONS |
| Version | 2 |
| Short Descriptor | Sibling 10 age at onset |
| UDS Question | If Sibling 10 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 264 – 266 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D10, SIB10DEM ≠ 1 (Yes) or #5A10, SIB10YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 5A11 |
| Variable Name | SIB11YOB |
| Version | 2 |
| Short Descriptor | Sibling 11 year of birth |
| UDS Question | Sibling 11 year of birth |
| Length of Field | 4 |
| Column Positions | 268 – 271 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Variable Number | 5B11 |
| Variable Name | SIB11LIV |
| Version | 2 |
| Short Descriptor | Sibling 11 living |
| UDS Question | Is Sibling 11 still living? |
| Length of Field | 1 |
| Column Positions | 273 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A11, SIB11YOB = Blank. |
| Variable Number | 5C11 |
| Variable Name | SIB11YOD |
| Version | 2 |
| Short Descriptor | Sibling 11 year of death |
| UDS Question | If Sibling 11 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 275 – 278 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B11, SIB11LIV ≠ 0 (No) or #5A11, SIB11YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 5D11 |
| Variable Name | SIB11DEM |
| Version | 2 |
| Short Descriptor | Sibling 11, demented? |
| UDS Question | Does/did Sibling 11 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 280 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A11, SIB11YOB = Blank. |
| Variable Number | 5E11 |
| Variable Name | SIB11ONS |
| Version | 2 |
| Short Descriptor | Sibling 11 age at onset |
| UDS Question | If Sibling 11 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 282 – 284 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D11, SIB11DEM ≠ 1 (Yes) or #5A11, SIB11YOB = Blank. |
| Variable Number | 5A12 |
| Variable Name | SIB12YOB |
| Version | 2 |
| Short Descriptor | Sibling 12 year of birth |
| UDS Question | Sibling 12 year of birth |
| Length of Field | 4 |
| Column Positions | 286 – 289 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |

Form A3: Subject Family History

| | |
|------------------|-----------------------------------|
| Variable Number | 5B12 |
| Variable Name | SIB12LIV |
| Version | 2 |
| Short Descriptor | Sibling 12 living |
| UDS Question | Is Sibling 12 still living? |
| Length of Field | 1 |
| Column Positions | 291 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A12, SIB12YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 5C12 |
| Variable Name | SIB12YOD |
| Version | 2 |
| Short Descriptor | Sibling 12 year of death |
| UDS Question | If Sibling 12 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 293 – 296 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B12, SIB12LIV ≠ 0 (No) or #5A12, SIB12YOB = Blank. |

| | |
|------------------|--|
| Variable Number | 5D12 |
| Variable Name | SIB12DEM |
| Version | 2 |
| Short Descriptor | Sibling 12, demented? |
| UDS Question | Does/did Sibling 12 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 298 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A12, SIB12YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 5E12 |
| Variable Name | SIB12ONS |
| Version | 2 |
| Short Descriptor | Sibling 12 age at onset |
| UDS Question | If Sibling 12 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 300 – 302 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D12, SIB12DEM ≠ 1 (Yes) or #5A12, SIB12YOB = Blank. |
| Variable Number | 5A13 |
| Variable Name | SIB13YOB |
| Version | 2 |
| Short Descriptor | Sibling 13 year of birth |
| UDS Question | Sibling 13 year of birth |
| Length of Field | 4 |
| Column Positions | 304 – 307 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Variable Number | 5B13 |
| Variable Name | SIB13LIV |
| Version | 2 |
| Short Descriptor | Sibling 13 living |
| UDS Question | Is Sibling 13 still living? |
| Length of Field | 1 |
| Column Positions | 309 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A13, SIB13YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 5C13 |
| Variable Name | SIB13YOD |
| Version | 2 |
| Short Descriptor | Sibling 13 year of death |
| UDS Question | If Sibling 13 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 311 – 314 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B13, SIB13LIV ≠ 0 (No) or #5A13, SIB13YOB = Blank. |
| Variable Number | 5D13 |
| Variable Name | SIB13DEM |
| Version | 2 |
| Short Descriptor | Sibling 13, demented? |
| UDS Question | Does/did Sibling 13 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 316 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A13, SIB13YOB = Blank. |
| Variable Number | 5E13 |
| Variable Name | SIB13ONS |
| Version | 2 |
| Short Descriptor | Sibling 13 age at onset |
| UDS Question | If Sibling 13 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 318 – 320 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D13, SIB13DEM ≠ 1 (Yes) or #5A13, SIB13YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 5A14 |
| Variable Name | SIB14YOB |
| Version | 2 |
| Short Descriptor | Sibling 14 year of birth |
| UDS Question | Sibling 14 year of birth |
| Length of Field | 4 |
| Column Positions | 322 – 325 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Variable Number | 5B14 |
| Variable Name | SIB14LIV |
| Version | 2 |
| Short Descriptor | Sibling 14 living |
| UDS Question | Is Sibling 14 still living? |
| Length of Field | 1 |
| Column Positions | 327 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A14, SIB14YOB = Blank. |
| Variable Number | 5C14 |
| Variable Name | SIB14YOD |
| Version | 2 |
| Short Descriptor | Sibling 14 year of death |
| UDS Question | If Sibling 14 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 329 – 332 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B14, SIB14LIV ≠ 0 (No) or #5A14, SIB14YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 5D14 |
| Variable Name | SIB14DEM |
| Version | 2 |
| Short Descriptor | Sibling 14, demented? |
| UDS Question | Does/did Sibling 14 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 334 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A14, SIB14YOB = Blank. |
| Variable Number | 5E14 |
| Variable Name | SIB14ONS |
| Version | 2 |
| Short Descriptor | Sibling 14 age at onset |
| UDS Question | If Sibling 14 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 336 – 338 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D14, SIB14DEM ≠ 1 (Yes) or #5A14, SIB14YOB = Blank. |
| Variable Number | 5A15 |
| Variable Name | SIB15YOB |
| Version | 2 |
| Short Descriptor | Sibling 15 year of birth |
| UDS Question | Sibling 15 year of birth |
| Length of Field | 4 |
| Column Positions | 340 – 343 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |

Form A3: Subject Family History

| | |
|------------------|-----------------------------------|
| Variable Number | 5B15 |
| Variable Name | SIB15LIV |
| Version | 2 |
| Short Descriptor | Sibling 15 living |
| UDS Question | Is Sibling 15 still living? |
| Length of Field | 1 |
| Column Positions | 345 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A15, SIB15YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 5C15 |
| Variable Name | SIB15YOD |
| Version | 2 |
| Short Descriptor | Sibling 15 year of death |
| UDS Question | If Sibling 15 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 347 – 350 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B15, SIB15LIV ≠ 0 (No) or #5A15, SIB15YOB = Blank. |

| | |
|------------------|--|
| Variable Number | 5D15 |
| Variable Name | SIB15DEM |
| Version | 2 |
| Short Descriptor | Sibling 15, demented? |
| UDS Question | Does/did Sibling 15 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 352 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A15, SIB15YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 5E15 |
| Variable Name | SIB15ONS |
| Version | 2 |
| Short Descriptor | Sibling 15 age at onset |
| UDS Question | If Sibling 15 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 354 – 356 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D15, SIB15DEM ≠ 1 (Yes) or #5A15, SIB15YOB = Blank. |
| Variable Number | 5A16 |
| Variable Name | SIB16YOB |
| Version | 2 |
| Short Descriptor | Sibling 16 year of birth |
| UDS Question | Sibling 16 year of birth |
| Length of Field | 4 |
| Column Positions | 358 – 361 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Variable Number | 5B16 |
| Variable Name | SIB16LIV |
| Version | 2 |
| Short Descriptor | Sibling 16 living |
| UDS Question | Is Sibling 16 still living? |
| Length of Field | 1 |
| Column Positions | 363 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A16, SIB16YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 5C16 |
| Variable Name | SIB16YOD |
| Version | 2 |
| Short Descriptor | Sibling 16 year of death |
| UDS Question | If Sibling 16 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 365 – 368 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B16, SIB16LIV ≠ 0 (No) or #5A16, SIB16YOB = Blank. |
| Variable Number | 5D16 |
| Variable Name | SIB16DEM |
| Version | 2 |
| Short Descriptor | Sibling 16, demented? |
| UDS Question | Does/did Sibling 16 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 370 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A16, SIB16YOB = Blank. |
| Variable Number | 5E16 |
| Variable Name | SIB16ONS |
| Version | 2 |
| Short Descriptor | Sibling 16 age at onset |
| UDS Question | If Sibling 16 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 372 – 374 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D16, SIB16DEM ≠ 1 (Yes) or #5A16, SIB16YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 5A17 |
| Variable Name | SIB17YOB |
| Version | 2 |
| Short Descriptor | Sibling 17 year of birth |
| UDS Question | Sibling 17 year of birth |
| Length of Field | 4 |
| Column Positions | 376 – 379 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Variable Number | 5B17 |
| Variable Name | SIB17LIV |
| Version | 2 |
| Short Descriptor | Sibling 17 living |
| UDS Question | Is Sibling 17 still living? |
| Length of Field | 1 |
| Column Positions | 381 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A17, SIB17YOB = Blank. |
| Variable Number | 5C17 |
| Variable Name | SIB17YOD |
| Version | 2 |
| Short Descriptor | Sibling 17 year of death |
| UDS Question | If Sibling 17 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 383 – 386 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B17, SIB17LIV ≠ 0 (No) or #5A17, SIB17YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 5D17 |
| Variable Name | SIB17DEM |
| Version | 2 |
| Short Descriptor | Sibling 17, demented? |
| UDS Question | Does/did Sibling 17 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 388 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A17, SIB17YOB = Blank. |
| Variable Number | 5E17 |
| Variable Name | SIB17ONS |
| Version | 2 |
| Short Descriptor | Sibling 17 age at onset |
| UDS Question | If Sibling 17 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 390 – 392 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D17, SIB17DEM ≠ 1 (Yes) or #5A17, SIB17YOB = Blank. |
| Variable Number | 5A18 |
| Variable Name | SIB18YOB |
| Version | 2 |
| Short Descriptor | Sibling 18 year of birth |
| UDS Question | Sibling 18 year of birth |
| Length of Field | 4 |
| Column Positions | 394 – 397 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |

Form A3: Subject Family History

| | |
|------------------|-----------------------------------|
| Variable Number | 5B18 |
| Variable Name | SIB18LIV |
| Version | 2 |
| Short Descriptor | Sibling 18 living |
| UDS Question | Is Sibling 18 still living? |
| Length of Field | 1 |
| Column Positions | 399 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A18, SIB18YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 5C18 |
| Variable Name | SIB18YOD |
| Version | 2 |
| Short Descriptor | Sibling 18 year of death |
| UDS Question | If Sibling 18 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 401 – 404 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B18, SIB18LIV ≠ 0 (No) or #5A18, SIB18YOB = Blank. |

| | |
|------------------|--|
| Variable Number | 5D18 |
| Variable Name | SIB18DEM |
| Version | 2 |
| Short Descriptor | Sibling 18, demented? |
| UDS Question | Does/did Sibling 18 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 406 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A18, SIB18YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 5E18 |
| Variable Name | SIB18ONS |
| Version | 2 |
| Short Descriptor | Sibling 18 age at onset |
| UDS Question | If Sibling 18 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 408 – 410 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D18, SIB18DEM ≠ 1 (Yes) or #5A18, SIB18YOB = Blank. |
| Variable Number | 5A19 |
| Variable Name | SIB19YOB |
| Version | 2 |
| Short Descriptor | Sibling 19 year of birth |
| UDS Question | Sibling 19 year of birth |
| Length of Field | 4 |
| Column Positions | 412 – 415 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Variable Number | 5B19 |
| Variable Name | SIB19LIV |
| Version | 2 |
| Short Descriptor | Sibling 19 living |
| UDS Question | Is Sibling 19 still living? |
| Length of Field | 1 |
| Column Positions | 417 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A19, SIB19YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 5C19 |
| Variable Name | SIB19YOD |
| Version | 2 |
| Short Descriptor | Sibling 19 year of death |
| UDS Question | If Sibling 19 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 419 – 422 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B19, SIB19LIV ≠ 0 (No) or #5A19, SIB19YOB = Blank. |
| Variable Number | 5D19 |
| Variable Name | SIB19DEM |
| Version | 2 |
| Short Descriptor | Sibling 19, demented? |
| UDS Question | Does/did Sibling 19 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 424 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A19, SIB19YOB = Blank. |
| Variable Number | 5E19 |
| Variable Name | SIB19ONS |
| Version | 2 |
| Short Descriptor | Sibling 19 age at onset |
| UDS Question | If Sibling 19 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 426 – 428 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D19, SIB19DEM ≠ 1 (Yes) or #5A19, SIB19YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 5A20 |
| Variable Name | SIB20YOB |
| Version | 2 |
| Short Descriptor | Sibling 20 year of birth |
| UDS Question | Sibling 20 year of birth |
| Length of Field | 4 |
| Column Positions | 430 – 433 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Variable Number | 5B20 |
| Variable Name | SIB20LIV |
| Version | 2 |
| Short Descriptor | Sibling 20 living |
| UDS Question | Is Sibling 20 still living? |
| Length of Field | 1 |
| Column Positions | 435 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A20, SIB20YOB = Blank. |
| Variable Number | 5C20 |
| Variable Name | SIB20YOD |
| Version | 2 |
| Short Descriptor | Sibling 20 year of death |
| UDS Question | If Sibling 20 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 437 – 440 |
| Data Type | Numeric |
| Allowable Codes | 1875 to current year 9999 = Unknown |
| Blanks | Blank if #5B20, SIB20LIV ≠ 0 (No) or #5A20, SIB20YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 5D20 |
| Variable Name | SIB20DEM |
| Version | 2 |
| Short Descriptor | Sibling 20, demented? |
| UDS Question | Does/did Sibling 20 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 442 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #5A20, SIB20YOB = Blank. |
| Variable Number | 5E20 |
| Variable Name | SIB20ONS |
| Version | 2 |
| Short Descriptor | Sibling 20 age at onset |
| UDS Question | If Sibling 20 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 444 – 446 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #5D20, SIB20DEM ≠ 1 (Yes) or #5A20, SIB20YOB = Blank. |
| Variable Number | 6 |
| Variable Name | KIDS |
| Version | 2 |
| Short Descriptor | Children of subject |
| UDS Question | How many biological children did the subject have? |
| Length of Field | 2 |
| Column Positions | 448 – 449 |
| Data Type | Numeric |
| Allowable Codes | 0 – 15 99 = Unknown |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 7A1 |
| Variable Name | KID1YOB |
| Version | 2 |
| Short Descriptor | Child 1 year of birth |
| UDS Question | Child 1 year of birth |
| Length of Field | 4 |
| Column Positions | 451 – 454 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Variable Number | 7B1 |
| Variable Name | KID1LIV |
| Version | 2 |
| Short Descriptor | Child 1 living |
| UDS Question | Is Child 1 still living? |
| Length of Field | 1 |
| Column Positions | 456 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A1, KID1YOB = Blank. |
| Variable Number | 7C1 |
| Variable Name | KID1YOD |
| Version | 2 |
| Short Descriptor | Child 1 year of death |
| UDS Question | If Child 1 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 458 – 461 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Blanks | Blank if #7B1, KID1LIV ≠ 0 (No) or #7A1, KID1YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 7D1 |
| Variable Name | KID1DEM |
| Version | 2 |
| Short Descriptor | Child 1, demented |
| UDS Question | Does/did Child 1 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 463 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A1, KID1YOB = Blank. |
| Variable Number | 7E1 |
| Variable Name | KID1ONS |
| Version | 2 |
| Short Descriptor | Child 1 age at onset |
| UDS Question | If Child 1 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 465 – 467 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #7D1, KID1DEM ≠ 1 (Yes) or #7A1, KID1YOB = Blank. |
| Variable Number | 7A2 |
| Variable Name | KID2YOB |
| Version | 2 |
| Short Descriptor | Child 2 year of birth |
| UDS Question | Child 2 year of birth |
| Length of Field | 4 |
| Column Positions | 469 – 472 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |

Form A3: Subject Family History

| | |
|------------------|----------------------------------|
| Variable Number | 7B2 |
| Variable Name | KID2LIV |
| Version | 2 |
| Short Descriptor | Child 2 living |
| UDS Question | Is Child 2 still living? |
| Length of Field | 1 |
| Column Positions | 474 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A2, KID2YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 7C2 |
| Variable Name | KID2YOD |
| Version | 2 |
| Short Descriptor | Child 2 year of death |
| UDS Question | If Child 2 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 476 – 479 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Blanks | Blank if #7B2, KID2LIV ≠ 0 (No) or #7A2, KID2YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 7D2 |
| Variable Name | KID2DEM |
| Version | 2 |
| Short Descriptor | Child 2, demented |
| UDS Question | Does/did Child 2 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 481 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A2, KID2YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 7E2 |
| Variable Name | KID2ONS |
| Version | 2 |
| Short Descriptor | Child 2 age at onset |
| UDS Question | If Child 2 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 483 – 485 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #7D2, KID2DEM ≠ 1 (Yes) or #7A2, KID2YOB = Blank. |
| Variable Number | 7A3 |
| Variable Name | KID3YOB |
| Version | 2 |
| Short Descriptor | Child 3 year of birth |
| UDS Question | Child 3 year of birth |
| Length of Field | 4 |
| Column Positions | 487 – 490 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Variable Number | 7B3 |
| Variable Name | KID3LIV |
| Version | 2 |
| Short Descriptor | Child 3 living |
| UDS Question | Is Child 3 still living? |
| Length of Field | 1 |
| Column Positions | 492 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A3, KID3YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 7C3 |
| Variable Name | KID3YOD |
| Version | 2 |
| Short Descriptor | Child 3 year of death |
| UDS Question | If Child 3 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 494 – 497 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Blanks | Blank if #7B3, KID3LIV ≠ 0 (No) or #7A3, KID3YOB = Blank. |
| Variable Number | 7D3 |
| Variable Name | KID3DEM |
| Version | 2 |
| Short Descriptor | Child 3, demented |
| UDS Question | Does/did Child 3 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 499 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A3, KID3YOB = Blank. |
| Variable Number | 7E3 |
| Variable Name | KID3ONS |
| Version | 2 |
| Short Descriptor | Child 3 age at onset |
| UDS Question | If Child 3 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 501 – 503 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #7D3, KID3DEM ≠ 1 (Yes) or #7A3, KID3YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 7A4 |
| Variable Name | KID4YOB |
| Version | 2 |
| Short Descriptor | Child 4 year of birth |
| UDS Question | Child 4 year of birth |
| Length of Field | 4 |
| Column Positions | 505 – 508 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Variable Number | 7B4 |
| Variable Name | KID4LIV |
| Version | 2 |
| Short Descriptor | Child 4 living |
| UDS Question | Is Child 4 still living? |
| Length of Field | 1 |
| Column Positions | 510 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A4, KID4YOB = Blank. |
| Variable Number | 7C4 |
| Variable Name | KID4YOD |
| Version | 2 |
| Short Descriptor | Child 4 year of death |
| UDS Question | If Child 4 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 512 – 515 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Blanks | Blank if #7B4, KID4LIV ≠ 0 (No) or #7A4, KID4YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 7D4 |
| Variable Name | KID4DEM |
| Version | 2 |
| Short Descriptor | Child 4, demented |
| UDS Question | Does/did Child 4 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 517 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A4, KID4YOB = Blank. |

| | |
|------------------|--|
| Variable Number | 7E4 |
| Variable Name | KID4ONS |
| Version | 2 |
| Short Descriptor | Child 4 age at onset |
| UDS Question | If Child 4 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 519 – 521 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #7D4, KID4DEM ≠ 1 (Yes) or #7A4, KID4YOB = Blank. |

| | |
|------------------|--|
| Variable Number | 7A5 |
| Variable Name | KID5YOB |
| Version | 2 |
| Short Descriptor | Child 5 year of birth |
| UDS Question | Child 5 year of birth |
| Length of Field | 4 |
| Column Positions | 523 – 526 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |

Form A3: Subject Family History

| | |
|------------------|----------------------------------|
| Variable Number | 7B5 |
| Variable Name | KID5LIV |
| Version | 2 |
| Short Descriptor | Child 5 living |
| UDS Question | Is Child 5 still living? |
| Length of Field | 1 |
| Column Positions | 528 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A5, KID5YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 7C5 |
| Variable Name | KID5YOD |
| Version | 2 |
| Short Descriptor | Child 5 year of death |
| UDS Question | If Child 5 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 530 – 533 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Blanks | Blank if #7B5, KID5LIV ≠ 0 (No) or #7A5, KID5YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 7D5 |
| Variable Name | KID5DEM |
| Version | 2 |
| Short Descriptor | Child 5, demented |
| UDS Question | Does/did Child 5 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 535 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A5, KID5YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 7E5 |
| Variable Name | KID5ONS |
| Version | 2 |
| Short Descriptor | Child 5 age at onset |
| UDS Question | If Child 5 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 537 – 539 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #7D5, KID5DEM ≠ 1 (Yes) or #7A5, KID5YOB = Blank. |
| Variable Number | 7A6 |
| Variable Name | KID6YOB |
| Version | 2 |
| Short Descriptor | Child 6 year of birth |
| UDS Question | Child 6 year of birth |
| Length of Field | 4 |
| Column Positions | 541 – 544 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Variable Number | 7B6 |
| Variable Name | KID6LIV |
| Version | 2 |
| Short Descriptor | Child 6 living |
| UDS Question | Is Child 6 still living? |
| Length of Field | 1 |
| Column Positions | 546 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A6, KID6YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 7C6 |
| Variable Name | KID6YOD |
| Version | 2 |
| Short Descriptor | Child 6 year of death |
| UDS Question | If Child 6 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 548 – 551 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Blanks | Blank if #7B6, KID6LIV ≠ 0 (No) or #7A6, KID6YOB = Blank. |
| Variable Number | 7D6 |
| Variable Name | KID6DEM |
| Version | 2 |
| Short Descriptor | Child 6, demented |
| UDS Question | Does/did Child 6 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 553 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A6, KID6YOB = Blank. |
| Variable Number | 7E6 |
| Variable Name | KID6ONS |
| Version | 2 |
| Short Descriptor | Child 6 age at onset |
| UDS Question | If Child 6 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 555 – 557 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #7D6, KID6DEM ≠ 1 (Yes) or #7A6, KID6YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 7A7 |
| Variable Name | KID7YOB |
| Version | 2 |
| Short Descriptor | Child 7 year of birth |
| UDS Question | Child 7 year of birth |
| Length of Field | 4 |
| Column Positions | 559 – 562 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Variable Number | 7B7 |
| Variable Name | KID7LIV |
| Version | 2 |
| Short Descriptor | Child 7 living |
| UDS Question | Is Child 7 still living? |
| Length of Field | 1 |
| Column Positions | 564 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A7, KID7YOB = Blank. |
| Variable Number | 7C7 |
| Variable Name | KID7YOD |
| Version | 2 |
| Short Descriptor | Child 7 year of death |
| UDS Question | If Child 7 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 566 – 569 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Blanks | Blank if #7B7, KID7LIV ≠ 0 (No) or #7A7, KID7YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 7D7 |
| Variable Name | KID7DEM |
| Version | 2 |
| Short Descriptor | Child 7, demented |
| UDS Question | Does/did Child 7 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 571 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A7, KID7YOB = Blank. |

| | |
|------------------|--|
| Variable Number | 7E7 |
| Variable Name | KID7ONS |
| Version | 2 |
| Short Descriptor | Child 7 age at onset |
| UDS Question | If Child 7 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 573 – 575 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #7D7, KID7DEM ≠ 1 (Yes) or #7A7, KID7YOB = Blank. |

| | |
|------------------|--|
| Variable Number | 7A8 |
| Variable Name | KID8YOB |
| Version | 2 |
| Short Descriptor | Child 8 year of birth |
| UDS Question | Child 8 year of birth |
| Length of Field | 4 |
| Column Positions | 577 – 580 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |

Form A3: Subject Family History

| | |
|------------------|----------------------------------|
| Variable Number | 7B8 |
| Variable Name | KID8LIV |
| Version | 2 |
| Short Descriptor | Child 8 living |
| UDS Question | Is Child 8 still living? |
| Length of Field | 1 |
| Column Positions | 582 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A8, KID8YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 7C8 |
| Variable Name | KID8YOD |
| Version | 2 |
| Short Descriptor | Child 8 year of death |
| UDS Question | If Child 8 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 584 – 587 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Blanks | Blank if #7B8, KID8LIV ≠ 0 (No) or #7A8, KID8YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 7D8 |
| Variable Name | KID8DEM |
| Version | 2 |
| Short Descriptor | Child 8, demented |
| UDS Question | Does/did Child 8 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 589 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A8, KID8YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 7E8 |
| Variable Name | KID8ONS |
| Version | 2 |
| Short Descriptor | Child 8 age at onset |
| UDS Question | If Child 8 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 591 – 593 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #7D8, KID8DEM ≠ 1 (Yes) or #7A8, KID8YOB = Blank. |
| Variable Number | 7A9 |
| Variable Name | KID9YOB |
| Version | 2 |
| Short Descriptor | Child 9 year of birth |
| UDS Question | Child 9 year of birth |
| Length of Field | 4 |
| Column Positions | 595 – 598 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Variable Number | 7B9 |
| Variable Name | KID9LIV |
| Version | 2 |
| Short Descriptor | Child 9 living |
| UDS Question | Is Child 9 still living? |
| Length of Field | 1 |
| Column Positions | 600 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A9, KID9YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 7C9 |
| Variable Name | KID9YOD |
| Version | 2 |
| Short Descriptor | Child 9 year of death |
| UDS Question | If Child 9 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 602 – 605 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Blanks | Blank if #7B9, KID9LIV ≠ 0 (No) or #7A9, KID9YOB = Blank. |
| Variable Number | 7D9 |
| Variable Name | KID9DEM |
| Version | 2 |
| Short Descriptor | Child 9, demented |
| UDS Question | Does/did Child 9 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 607 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A9, KID9YOB = Blank. |
| Variable Number | 7E9 |
| Variable Name | KID9ONS |
| Version | 2 |
| Short Descriptor | Child 9 age at onset |
| UDS Question | If Child 9 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 609 – 611 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #7D9, KID9DEM ≠ 1 (Yes) or #7A9, KID9YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 7A10 |
| Variable Name | KID10YOB |
| Version | 2 |
| Short Descriptor | Child 10 year of birth |
| UDS Question | Child 10 year of birth |
| Length of Field | 4 |
| Column Positions | 613 – 616 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Variable Number | 7B10 |
| Variable Name | KID10LIV |
| Version | 2 |
| Short Descriptor | Child 10 living |
| UDS Question | Is Child 10 still living? |
| Length of Field | 1 |
| Column Positions | 618 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A10, KID10YOB = Blank. |
| Variable Number | 7C10 |
| Variable Name | KID10YOD |
| Version | 2 |
| Short Descriptor | Child 10 year of death |
| UDS Question | If Child 10 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 620 – 623 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Blanks | Blank if #7B10, KID10LIV ≠ 0 (No) or #7A10, KID10YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 7D10 |
| Variable Name | KID10DEM |
| Version | 2 |
| Short Descriptor | Child 10, demented |
| UDS Question | Does/did Child 10 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 625 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A10, KID10YOB = Blank. |
| Variable Number | 7E10 |
| Variable Name | KID10ONS |
| Version | 2 |
| Short Descriptor | Child 10 age at onset |
| UDS Question | If Child 10 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 627 – 629 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #7D10, KID10DEM ≠ 1 (Yes) or #7A10, KID10YOB = Blank. |
| Variable Number | 7A11 |
| Variable Name | KID11YOB |
| Version | 2 |
| Short Descriptor | Child 11 year of birth |
| UDS Question | Child 11 year of birth |
| Length of Field | 4 |
| Column Positions | 631 – 634 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |

Form A3: Subject Family History

| | |
|------------------|-----------------------------------|
| Variable Number | 7B11 |
| Variable Name | KID11LIV |
| Version | 2 |
| Short Descriptor | Child 11 living |
| UDS Question | Is Child 11 still living? |
| Length of Field | 1 |
| Column Positions | 636 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A11, KID11YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 7C11 |
| Variable Name | KID11YOD |
| Version | 2 |
| Short Descriptor | Child 11 year of death |
| UDS Question | If Child 11 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 638 – 641 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Blanks | Blank if #7B11, KID11LIV ≠ 0 (No) or #7A11, KID11YOB = Blank. |

| | |
|------------------|--|
| Variable Number | 7D11 |
| Variable Name | KID11DEM |
| Version | 2 |
| Short Descriptor | Child 11, demented |
| UDS Question | Does/did Child 11 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 643 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A11, KID11YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 7E11 |
| Variable Name | KID11ONS |
| Version | 2 |
| Short Descriptor | Child 11 age at onset |
| UDS Question | If Child 11 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 645 – 647 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #7D11, KID11DEM ≠ 1 (Yes) or #7A11, KID11YOB = Blank. |
| Variable Number | 7A12 |
| Variable Name | KID12YOB |
| Version | 2 |
| Short Descriptor | Child 12 year of birth |
| UDS Question | Child 12 year of birth |
| Length of Field | 4 |
| Column Positions | 649 – 652 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Variable Number | 7B12 |
| Variable Name | KID12LIV |
| Version | 2 |
| Short Descriptor | Child 12 living |
| UDS Question | Is Child 12 still living? |
| Length of Field | 1 |
| Column Positions | 654 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A12, KID12YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 7C12 |
| Variable Name | KID12YOD |
| Version | 2 |
| Short Descriptor | Child 12 year of death |
| UDS Question | If Child 12 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 656 – 659 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Blanks | Blank if #7B12, KID12LIV ≠ 0 (No) or #7A12, KID12YOB = Blank. |
| Variable Number | 7D12 |
| Variable Name | KID12DEM |
| Version | 2 |
| Short Descriptor | Child 12, demented |
| UDS Question | Does/did Child 12 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 661 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A12, KID12YOB = Blank. |
| Variable Number | 7E12 |
| Variable Name | KID12ONS |
| Version | 2 |
| Short Descriptor | Child 12 age at onset |
| UDS Question | If Child 12 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 663 – 665 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #7D12, KID12DEM ≠ 1 (Yes) or #7A12, KID12YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 7A13 |
| Variable Name | KID13YOB |
| Version | 2 |
| Short Descriptor | Child 13 year of birth |
| UDS Question | Child 13 year of birth |
| Length of Field | 4 |
| Column Positions | 667 – 670 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Variable Number | 7B13 |
| Variable Name | KID13LIV |
| Version | 2 |
| Short Descriptor | Child 13 living |
| UDS Question | Is Child 13 still living? |
| Length of Field | 1 |
| Column Positions | 672 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A13, KID13YOB = Blank. |
| Variable Number | 7C13 |
| Variable Name | KID13YOD |
| Version | 2 |
| Short Descriptor | Child 13 year of death |
| UDS Question | If Child 13 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 674 – 677 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Blanks | Blank if #7B13, KID13LIV ≠ 0 (No) or #7A13, KID13YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 7D13 |
| Variable Name | KID13DEM |
| Version | 2 |
| Short Descriptor | Child 13, demented |
| UDS Question | Does/did Child 13 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 679 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A13, KID13YOB = Blank. |
| Variable Number | 7E13 |
| Variable Name | KID13ONS |
| Version | 2 |
| Short Descriptor | Child 13 age at onset |
| UDS Question | If Child 13 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 681 – 683 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #7D13, KID13DEM ≠ 1 (Yes) or #7A13, KID13YOB = Blank. |
| Variable Number | 7A14 |
| Variable Name | KID14YOB |
| Version | 2 |
| Short Descriptor | Child 14 year of birth |
| UDS Question | Child 14 year of birth |
| Length of Field | 4 |
| Column Positions | 685 – 688 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |

Form A3: Subject Family History

| | |
|------------------|-----------------------------------|
| Variable Number | 7B14 |
| Variable Name | KID14LIV |
| Version | 2 |
| Short Descriptor | Child 14 living |
| UDS Question | Is Child 14 still living? |
| Length of Field | 1 |
| Column Positions | 690 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A14, KID14YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 7C14 |
| Variable Name | KID14YOD |
| Version | 2 |
| Short Descriptor | Child 14 year of death |
| UDS Question | If Child 14 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 692 – 695 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Blanks | Blank if #7B14, KID14LIV ≠ 0 (No) or #7A14, KID14YOB = Blank. |

| | |
|------------------|--|
| Variable Number | 7D14 |
| Variable Name | KID14DEM |
| Version | 2 |
| Short Descriptor | Child 14, demented |
| UDS Question | Does/did Child 14 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 697 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A14, KID14YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 7E14 |
| Variable Name | KID14ONS |
| Version | 2 |
| Short Descriptor | Child 14 age at onset |
| UDS Question | If Child 14 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 699 – 701 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #7D14, KID14DEM ≠ 1 (Yes) or #7A14, KID14YOB = Blank. |
| Variable Number | 7A15 |
| Variable Name | KID15YOB |
| Version | 2 |
| Short Descriptor | Child 15 year of birth |
| UDS Question | Child 15 year of birth |
| Length of Field | 4 |
| Column Positions | 703 – 706 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Variable Number | 7B15 |
| Variable Name | KID15LIV |
| Version | 2 |
| Short Descriptor | Child 15 living |
| UDS Question | Is Child 15 still living? |
| Length of Field | 1 |
| Column Positions | 708 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A15, KID15YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 7C15 |
| Variable Name | KID15YOD |
| Version | 2 |
| Short Descriptor | Child 15 year of death |
| UDS Question | If Child 15 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 710 – 713 |
| Data Type | Numeric |
| Allowable Codes | 1910 to current year 9999 = Unknown |
| Blanks | Blank if #7B15, KID15LIV ≠ 0 (No) or #7A15, KID15YOB = Blank. |
| Variable Number | 7D15 |
| Variable Name | KID15DEM |
| Version | 2 |
| Short Descriptor | Child 15, demented |
| UDS Question | Does/did Child 15 have dementia, as indicated by symptoms, history or diagnosis? |
| Length of Field | 1 |
| Column Positions | 715 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #7A15, KID15YOB = Blank. |
| Variable Number | 7E15 |
| Variable Name | KID15ONS |
| Version | 2 |
| Short Descriptor | Child 15 age at onset |
| UDS Question | If Child 15 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 717 – 719 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #7D15, KID15DEM ≠ 1 (Yes) or #7A15, KID15YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 8 |
| Variable Name | RELSDEM |
| Version | 2 |
| Short Descriptor | Relatives demented |
| UDS Question | Number of other demented (as defined on form) blood relatives (cousins, aunts, uncles, grandparents, half siblings), as indicated by symptoms, history or diagnosis. |
| Length of Field | 2 |
| Column Positions | 721 – 722 |
| Data Type | Numeric |
| Allowable Codes | 0 – 15 99 = Unknown |
| Variable Number | 9A1 |
| Variable Name | REL1YOB |
| Version | 2 |
| Short Descriptor | Relative 1 year of birth |
| UDS Question | Relative 1 year of birth |
| Length of Field | 4 |
| Column Positions | 724 – 727 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Variable Number | 9B1 |
| Variable Name | REL1LIV |
| Version | 2 |
| Short Descriptor | Relative 1 living |
| UDS Question | Is Relative 1 still living? |
| Length of Field | 1 |
| Column Positions | 729 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #9A1, REL1YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 9C1 |
| Variable Name | REL1YOD |
| Version | 2 |
| Short Descriptor | Relative 1 year of death |
| UDS Question | If Relative 1 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 731 – 734 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Blanks | Blank if #9B1, REL1LIV ≠ 0 (No) or #9A1, REL1YOB = Blank. |
| Variable Number | 9D1 |
| Variable Name | REL1ONS |
| Version | 2 |
| Short Descriptor | Relative 1 age at onset |
| UDS Question | Relative 1 age at onset |
| Length of Field | 3 |
| Column Positions | 736 – 738 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #9A1, REL1YOB = Blank. |
| Variable Number | 9A2 |
| Variable Name | REL2YOB |
| Version | 2 |
| Short Descriptor | Relative 2 year of birth |
| UDS Question | Relative 2 year of birth |
| Length of Field | 4 |
| Column Positions | 740 – 743 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |

Form A3: Subject Family History

| | |
|------------------|----------------------------------|
| Variable Number | 9B2 |
| Variable Name | REL2LIV |
| Version | 2 |
| Short Descriptor | Relative 2 living |
| UDS Question | Is Relative 2 still living? |
| Length of Field | 1 |
| Column Positions | 745 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #9A2, REL2YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 9C2 |
| Variable Name | REL2YOD |
| Version | 2 |
| Short Descriptor | Relative 2 year of death |
| UDS Question | If Relative 2 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 747 – 750 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Blanks | Blank if #9B2, REL2LIV ≠ 0 (No) or #9A2, REL2YOB = Blank. |

| | |
|------------------|---------------------------------|
| Variable Number | 9D2 |
| Variable Name | REL2ONS |
| Version | 2 |
| Short Descriptor | Relative 2 age at onset |
| UDS Question | Relative 2 age at onset |
| Length of Field | 3 |
| Column Positions | 752 – 754 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #9A2, REL2YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 9A3 |
| Variable Name | REL3YOB |
| Version | 2 |
| Short Descriptor | Relative 3 year of birth |
| UDS Question | Relative 3 year of birth |
| Length of Field | 4 |
| Column Positions | 756 – 759 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Variable Number | 9B3 |
| Variable Name | REL3LIV |
| Version | 2 |
| Short Descriptor | Relative 3 living |
| UDS Question | Is Relative 3 still living? |
| Length of Field | 1 |
| Column Positions | 761 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #9A3, REL3YOB = Blank. |
| Variable Number | 9C3 |
| Variable Name | REL3YOD |
| Version | 2 |
| Short Descriptor | Relative 3 year of death |
| UDS Question | If Relative 3 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 763 – 766 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Blanks | Blank if #9B3, REL3LIV ≠ 0 (No) or #9A3, REL3YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 9D3 |
| Variable Name | REL3ONS |
| Version | 2 |
| Short Descriptor | Relative 3 age at onset |
| UDS Question | Relative 3 age at onset |
| Length of Field | 3 |
| Column Positions | 768 – 770 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #9A3, REL3YOB = Blank. |
| Variable Number | 9A4 |
| Variable Name | REL4YOB |
| Version | 2 |
| Short Descriptor | Relative 4 year of birth |
| UDS Question | Relative 4 year of birth |
| Length of Field | 4 |
| Column Positions | 772 – 775 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Variable Number | 9B4 |
| Variable Name | REL4LIV |
| Version | 2 |
| Short Descriptor | Relative 4 living |
| UDS Question | Is Relative 4 still living? |
| Length of Field | 1 |
| Column Positions | 777 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #9A4, REL4YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 9C4 |
| Variable Name | REL4YOD |
| Version | 2 |
| Short Descriptor | Relative 4 year of death |
| UDS Question | If Relative 4 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 779 – 782 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Blanks | Blank if #9B4, REL4LIV ≠ 0 (No) or #9A4, REL4YOB = Blank. |
| Variable Number | 9D4 |
| Variable Name | REL4ONS |
| Version | 2 |
| Short Descriptor | Relative 4 age at onset |
| UDS Question | Relative 4 age at onset |
| Length of Field | 3 |
| Column Positions | 784 – 786 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #9A4, REL4YOB = Blank. |
| Variable Number | 9A5 |
| Variable Name | REL5YOB |
| Version | 2 |
| Short Descriptor | Relative 5 year of birth |
| UDS Question | Relative 5 year of birth |
| Length of Field | 4 |
| Column Positions | 788 – 791 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |

Form A3: Subject Family History

| | |
|------------------|----------------------------------|
| Variable Number | 9B5 |
| Variable Name | REL5LIV |
| Version | 2 |
| Short Descriptor | Relative 5 living |
| UDS Question | Is Relative 5 still living? |
| Length of Field | 1 |
| Column Positions | 793 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #9A5, REL5YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 9C5 |
| Variable Name | REL5YOD |
| Version | 2 |
| Short Descriptor | Relative 5 year of death |
| UDS Question | If Relative 5 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 795 – 798 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Blanks | Blank if #9B5, REL5LIV ≠ 0 (No) or #9A5, REL5YOB = Blank. |

| | |
|------------------|---------------------------------|
| Variable Number | 9D5 |
| Variable Name | REL5ONS |
| Version | 2 |
| Short Descriptor | Relative 5 age at onset |
| UDS Question | Relative 5 age at onset |
| Length of Field | 3 |
| Column Positions | 800 – 802 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #9A5, REL5YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 9A6 |
| Variable Name | REL6YOB |
| Version | 2 |
| Short Descriptor | Relative 6 year of birth |
| UDS Question | Relative 6 year of birth |
| Length of Field | 4 |
| Column Positions | 804 – 807 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Variable Number | 9B6 |
| Variable Name | REL6LIV |
| Version | 2 |
| Short Descriptor | Relative 6 living |
| UDS Question | Is Relative 6 still living? |
| Length of Field | 1 |
| Column Positions | 809 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #9A6, REL6YOB = Blank. |
| Variable Number | 9C6 |
| Variable Name | REL6YOD |
| Version | 2 |
| Short Descriptor | Relative 6 year of death |
| UDS Question | Relative 6 year of death |
| Length of Field | 4 |
| Column Positions | 811 – 814 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Blanks | Blank if #9B6, REL6LIV ≠ 0 (No) or #9A6, REL6YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 9D6 |
| Variable Name | REL6ONS |
| Version | 2 |
| Short Descriptor | Relative 6 age at onset |
| UDS Question | If Relative 6 demented, indicate age at onset |
| Length of Field | 3 |
| Column Positions | 816 – 818 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #9A6, REL6YOB = Blank. |
| Variable Number | 9A7 |
| Variable Name | REL7YOB |
| Version | 2 |
| Short Descriptor | Relative 7 year of birth |
| UDS Question | Relative 7 year of birth |
| Length of Field | 4 |
| Column Positions | 820 – 823 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Variable Number | 9B7 |
| Variable Name | REL7LIV |
| Version | 2 |
| Short Descriptor | Relative 7 living |
| UDS Question | Is Relative 7 still living? |
| Length of Field | 1 |
| Column Positions | 825 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #9A7, REL7YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 9C7 |
| Variable Name | REL7YOD |
| Version | 2 |
| Short Descriptor | Relative 7 year of death |
| UDS Question | If Relative 7 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 827 – 830 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Blanks | Blank if #9B7, REL7LIV ≠ 0 (No) or #9A7, REL7YOB = Blank. |
| Variable Number | 9D7 |
| Variable Name | REL7ONS |
| Version | 2 |
| Short Descriptor | Relative 7 age at onset |
| UDS Question | Relative 7 age at onset |
| Length of Field | 3 |
| Column Positions | 832 – 834 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #9A7, REL7YOB = Blank. |
| Variable Number | 9A8 |
| Variable Name | REL8YOB |
| Version | 2 |
| Short Descriptor | Relative 8 year of birth |
| UDS Question | Relative 8 year of birth |
| Length of Field | 4 |
| Column Positions | 836 – 839 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |

Form A3: Subject Family History

| | |
|------------------|----------------------------------|
| Variable Number | 9B8 |
| Variable Name | REL8LIV |
| Version | 2 |
| Short Descriptor | Relative 8 living |
| UDS Question | Is Relative 8 still living? |
| Length of Field | 1 |
| Column Positions | 841 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #9A8, REL8YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 9C8 |
| Variable Name | REL8YOD |
| Version | 2 |
| Short Descriptor | Relative 8 year of death |
| UDS Question | If Relative 8 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 843 – 846 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Blanks | Blank if #9B8, REL8LIV ≠ 0 (No) or #9A8, REL8YOB = Blank. |

| | |
|------------------|---------------------------------|
| Variable Number | 9D8 |
| Variable Name | REL8ONS |
| Version | 2 |
| Short Descriptor | Relative 8 age at onset |
| UDS Question | Relative 8 age at onset |
| Length of Field | 3 |
| Column Positions | 848 – 850 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #9A8, REL8YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 9A9 |
| Variable Name | REL9YOB |
| Version | 2 |
| Short Descriptor | Relative 9 year of birth |
| UDS Question | Relative 9 year of birth |
| Length of Field | 4 |
| Column Positions | 852 – 855 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Variable Number | 9B9 |
| Variable Name | REL9LIV |
| Version | 2 |
| Short Descriptor | Relative 9 living |
| UDS Question | Is Relative 9 still living? |
| Length of Field | 1 |
| Column Positions | 857 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #9A9, REL9YOB = Blank. |
| Variable Number | 9C9 |
| Variable Name | REL9YOD |
| Version | 2 |
| Short Descriptor | Relative 9 year of death |
| UDS Question | If Relative 9 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 859 – 862 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Blanks | Blank if #9B9, REL9LIV ≠ 0 (No) or #9A9, REL9YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 9D9 |
| Variable Name | REL9ONS |
| Version | 2 |
| Short Descriptor | Relative 9 age at onset |
| UDS Question | Relative 9 age at onset |
| Length of Field | 3 |
| Column Positions | 864 – 866 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #9A9, REL9YOB = Blank. |
| Variable Number | 9A10 |
| Variable Name | REL10YOB |
| Version | 2 |
| Short Descriptor | Relative 10 year of birth |
| UDS Question | Relative 10 year of birth |
| Length of Field | 4 |
| Column Positions | 868 – 871 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Variable Number | 9B10 |
| Variable Name | REL10LIV |
| Version | 2 |
| Short Descriptor | Relative 10 living |
| UDS Question | Is Relative 10 still living? |
| Length of Field | 1 |
| Column Positions | 873 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #9A10, REL10YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 9C10 |
| Variable Name | REL10YOD |
| Version | 2 |
| Short Descriptor | Relative 10 year of death |
| UDS Question | If Relative 10 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 875 – 878 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Blanks | Blank if #9B10, REL10LIV ≠ 0 (No) or #9A10, REL10YOB = Blank. |
| Variable Number | 9D10 |
| Variable Name | REL10ONS |
| Version | 2 |
| Short Descriptor | Relative 10 age at onset |
| UDS Question | Relative 10 age at onset |
| Length of Field | 3 |
| Column Positions | 880 – 882 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #9A10, REL10YOB = Blank. |
| Variable Number | 9A11 |
| Variable Name | REL11YOB |
| Version | 2 |
| Short Descriptor | Relative 11 year of birth |
| UDS Question | Relative 11 year of birth |
| Length of Field | 4 |
| Column Positions | 884 – 887 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |

Form A3: Subject Family History

| | |
|------------------|-----------------------------------|
| Variable Number | 9B11 |
| Variable Name | REL11LIV |
| Version | 2 |
| Short Descriptor | Relative 11 living |
| UDS Question | Is Relative 11 still living? |
| Length of Field | 1 |
| Column Positions | 889 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #9A11, REL11YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 9C11 |
| Variable Name | REL11YOD |
| Version | 2 |
| Short Descriptor | Relative 11 year of death |
| UDS Question | If Relative 11 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 891 – 894 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Blanks | Blank if #9B11, REL11LIV ≠ 0 (No) or #9A11, REL11YOB = Blank. |

| | |
|------------------|-----------------------------------|
| Variable Number | 9D11 |
| Variable Name | REL11ONS |
| Version | 2 |
| Short Descriptor | Relative 11 age at onset |
| UDS Question | Relative 11 age at onset |
| Length of Field | 3 |
| Column Positions | 896 – 898 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #9A11, REL11YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 9A12 |
| Variable Name | REL12YOB |
| Version | 2 |
| Short Descriptor | Relative 12 year of birth |
| UDS Question | Relative 12 year of birth |
| Length of Field | 4 |
| Column Positions | 900 – 903 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Variable Number | 9B12 |
| Variable Name | REL12LIV |
| Version | 2 |
| Short Descriptor | Relative 12 living |
| UDS Question | Is Relative 12 still living? |
| Length of Field | 1 |
| Column Positions | 905 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #9A12, REL12YOB = Blank. |
| Variable Number | 9C12 |
| Variable Name | REL12YOD |
| Version | 2 |
| Short Descriptor | Relative 12 year of death |
| UDS Question | If Relative 12 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 907 – 910 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Blanks | Blank if #9B12, REL12LIV ≠ 0 (No) or #9A12, REL12YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|--|
| Variable Number | 9D12 |
| Variable Name | REL12ONS |
| Version | 2 |
| Short Descriptor | Relative 12 age at onset |
| UDS Question | Relative 12 age at onset |
| Length of Field | 3 |
| Column Positions | 912 – 914 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #9A12, REL12YOB = Blank. |
| Variable Number | 9A13 |
| Variable Name | REL13YOB |
| Version | 2 |
| Short Descriptor | Relative 13 year of birth |
| UDS Question | Relative 13 year of birth |
| Length of Field | 4 |
| Column Positions | 916 – 919 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Variable Number | 9B13 |
| Variable Name | REL13LIV |
| Version | 2 |
| Short Descriptor | Relative 13 living |
| UDS Question | Is Relative 13 still living? |
| Length of Field | 1 |
| Column Positions | 921 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #9A13, REL13YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 9C13 |
| Variable Name | REL13YOD |
| Version | 2 |
| Short Descriptor | Relative 13 year of death |
| UDS Question | If Relative 13 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 923 – 926 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Blanks | Blank if #9B13, REL13LIV ≠ 0 (No) or #9A13, REL13YOB = Blank. |
| Variable Number | 9D13 |
| Variable Name | REL13ONS |
| Version | 2 |
| Short Descriptor | Relative 13 age at onset |
| UDS Question | Relative 13 age at onset |
| Length of Field | 3 |
| Column Positions | 928 – 930 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #9A13, REL13YOB = Blank. |
| Variable Number | 9A14 |
| Variable Name | REL14YOB |
| Version | 2 |
| Short Descriptor | Relative 14 year of birth |
| UDS Question | Relative 14 year of birth |
| Length of Field | 4 |
| Column Positions | 932 – 935 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |

Form A3: Subject Family History

| | |
|------------------|-----------------------------------|
| Variable Number | 9B14 |
| Variable Name | REL14LIV |
| Version | 2 |
| Short Descriptor | Relative 14 living |
| UDS Question | Is Relative 14 still living? |
| Length of Field | 1 |
| Column Positions | 937 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #9A14, REL14YOB = Blank. |

| | |
|------------------|---|
| Variable Number | 9C14 |
| Variable Name | REL14YOD |
| Version | 2 |
| Short Descriptor | Relative 14 year of death |
| UDS Question | If Relative 14 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 939 – 942 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Blanks | Blank if #9B14, REL14LIV ≠ 0 (No) or #9A14, REL14YOB = Blank. |

| | |
|------------------|-----------------------------------|
| Variable Number | 9D14 |
| Variable Name | REL14ONS |
| Version | 2 |
| Short Descriptor | Relative 14 age at onset |
| UDS Question | Relative 14 age at onset |
| Length of Field | 3 |
| Column Positions | 944 – 946 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #9A14, REL14YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|---|
| Variable Number | 9A15 |
| Variable Name | REL15YOB |
| Version | 2 |
| Short Descriptor | Relative 15 year of birth |
| UDS Question | Relative 15 year of birth |
| Length of Field | 4 |
| Column Positions | 948 – 951 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Variable Number | 9B15 |
| Variable Name | REL15LIV |
| Version | 2 |
| Short Descriptor | Relative 15 living |
| UDS Question | Is Relative 15 still living? |
| Length of Field | 1 |
| Column Positions | 953 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #9A15, REL15YOB = Blank. |
| Variable Number | 9C15 |
| Variable Name | REL15YOD |
| Version | 2 |
| Short Descriptor | Relative 15 year of death |
| UDS Question | If Relative 15 is deceased, indicate year of death |
| Length of Field | 4 |
| Column Positions | 955 – 958 |
| Data Type | Numeric |
| Allowable Codes | 1800 to current year 9999 = Unknown |
| Blanks | Blank if #9B15, REL15LIV ≠ 0 (No) or #9A15, REL15YOB = Blank. |

Form A3: Subject Family History

| | |
|------------------|-----------------------------------|
| Variable Number | 9D15 |
| Variable Name | REL15ONS |
| Version | 2 |
| Short Descriptor | Relative 15 age at onset |
| UDS Question | Relative 15 age at onset |
| Length of Field | 3 |
| Column Positions | 960 – 962 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Age unknown |
| Blanks | Blank if #9A15, REL15YOB = Blank. |

Form A4G: Subject Medications (general)

| | |
|------------------|--|
| Variable Number | 1 |
| Variable Name | ANYMEDS |
| Version | 2 |
| Short Descriptor | Subject taking any medications |
| UDS Question | Is the subject currently taking any medications? |
| Length of Field | 1 |
| Column Positions | 45 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

Form A4D: Subject Medications (details)

| | |
|------------------|--|
| Variable Number | 1 |
| Variable Name | DRUGID |
| Version | 2 |
| Short Descriptor | Standardized code for the medication |
| UDS Question | What is the Drug ID of the medication? |
| Length of Field | 6 |
| Column Positions | 45 – 50 |
| Data Type | Character |
| Allowable Codes | Preprinted drug IDs on the UDS form or drug IDs obtained from using the lookup tool on the NACC website. |

Form A5: Subject Health History

| | |
|------------------|---|
| Variable Number | 1A |
| Variable Name | CVHATT |
| Version | 2 |
| Short Descriptor | Heart attack/cardiac arrest |
| UDS Question | Heart attack/cardiac arrest |
| Length of Field | 1 |
| Column Positions | 45 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 1B |
| Variable Name | CVAFIB |
| Version | 2 |
| Short Descriptor | Atrial fibrillation |
| UDS Question | Atrial fibrillation |
| Length of Field | 1 |
| Column Positions | 47 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 1C |
| Variable Name | CVANGIO |
| Version | 2 |
| Short Descriptor | Angioplasty/endarterectomy/stent |
| UDS Question | Angioplasty/endarterectomy/stent |
| Length of Field | 1 |
| Column Positions | 49 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

Form A5: Subject Health History

| | |
|------------------|---|
| Variable Number | 1D |
| Variable Name | CVBYPASS |
| Version | 2 |
| Short Descriptor | Cardiac bypass procedure |
| UDS Question | Cardiac bypass procedure |
| Length of Field | 1 |
| Column Positions | 51 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |
| Variable Number | 1E |
| Variable Name | CVPACE |
| Version | 2 |
| Short Descriptor | Pacemaker |
| UDS Question | Pacemaker |
| Length of Field | 1 |
| Column Positions | 53 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |
| Variable Number | 1F |
| Variable Name | CVCHF |
| Version | 2 |
| Short Descriptor | Congestive heart failure |
| UDS Question | Congestive heart failure |
| Length of Field | 1 |
| Column Positions | 55 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

Form A5: Subject Health History

| | |
|------------------|---|
| Variable Number | 1G |
| Variable Name | CVOTHR |
| Version | 2 |
| Short Descriptor | Cardiovascular disease, other |
| UDS Question | Cardiovascular disease, other |
| Length of Field | 1 |
| Column Positions | 57 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

| | |
|------------------|--|
| Variable Number | 1G1 |
| Variable Name | CVOTHRX |
| Version | 2 |
| Short Descriptor | Cardiovascular disease, other (specify) |
| UDS Question | Cardiovascular disease, other (specify) |
| Length of Field | 60 |
| Column Positions | 59-118 |
| Data Type | Character |
| Allowable Codes | Any text or numbers, but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #1G, CVOTHR = 0 (Absent) or 9 (Unknown). |

| | |
|------------------|---|
| Variable Number | 2A |
| Variable Name | CBSTROKE |
| Version | 2 |
| Short Descriptor | Stroke |
| UDS Question | Stroke |
| Length of Field | 1 |
| Column Positions | 120 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

Form A5: Subject Health History

| | |
|------------------|--|
| Variable Number | 2A1 |
| Variable Name | STROK1YR |
| Version | 2 |
| Short Descriptor | Stroke 1 Year |
| UDS Question | If recent/active or remote/inactive, indicate year in which stroke occurred. |
| Length of Field | 4 |
| Column Positions | 122 – 125 |
| Data Type | Numeric |
| Allowable Codes | Between year of birth and date of visit. |
| Missing Code | 9999 = year unknown |
| Blanks | Blank if #2A, CBSTROKE = 0 (Absent) or 9 (Unknown). |
| Variable Number | 2A2 |
| Variable Name | STROK2YR |
| Version | 2 |
| Short Descriptor | Stroke 2 Year |
| UDS Question | If recent/active or remote/inactive, indicate year in which stroke occurred. |
| Length of Field | 4 |
| Column Positions | 127 – 130 |
| Data Type | Numeric |
| Allowable Codes | Between year of birth and date of visit. |
| Missing Code | 9999 = year unknown |
| Blanks | Blank if #2A, CBSTROKE = 0 (Absent) or 9 (Unknown). |
| Variable Number | 2A3 |
| Variable Name | STROK3YR |
| Version | 2 |
| Short Descriptor | Stroke 3 Year |
| UDS Question | If recent/active or remote/inactive, indicate year in which stroke occurred. |
| Length of Field | 4 |
| Column Positions | 132 – 135 |
| Data Type | Numeric |
| Allowable Codes | Between year of birth and date of visit. |
| Missing Code | 9999 = year unknown |
| Blanks | Blank if #2A, CBSTROKE = 0 (Absent) or 9 (Unknown). |

Form A5: Subject Health History

| | |
|------------------|--|
| Variable Number | 2A4 |
| Variable Name | STROK4YR |
| Version | 2 |
| Short Descriptor | Stroke 4 Year |
| UDS Question | If recent/active or remote/inactive, indicate year in which stroke occurred. |
| Length of Field | 4 |
| Column Positions | 137 – 140 |
| Data Type | Numeric |
| Allowable Codes | Between year of birth and date of visit. |
| Missing Code | 9999 = year unknown |
| Blanks | Blank if #2A, CBSTROKE = 0 (Absent) or 9 (Unknown). |

| | |
|------------------|--|
| Variable Number | 2A5 |
| Variable Name | STROK5YR |
| Version | 2 |
| Short Descriptor | Stroke 5 Year |
| UDS Question | If recent/active or remote/inactive, indicate year in which stroke occurred. |
| Length of Field | 4 |
| Column Positions | 142 – 145 |
| Data Type | Numeric |
| Allowable Codes | Between year of birth and date of visit. |
| Missing Code | 9999 = year unknown |
| Blanks | Blank if #2A, CBSTROKE = 0 (Absent) or 9 (Unknown). |

| | |
|------------------|--|
| Variable Number | 2A6 |
| Variable Name | STROK6YR |
| Version | 2 |
| Short Descriptor | Stroke 6 Year |
| UDS Question | If recent/active or remote/inactive, indicate year in which stroke occurred. |
| Length of Field | 4 |
| Column Positions | 147 – 150 |
| Data Type | Numeric |
| Allowable Codes | Between year of birth and date of visit. |
| Missing Code | 9999 = year unknown |
| Blanks | Blank if #2A, CBSTROKE = 0 (Absent) or 9 (Unknown). |

Form A5: Subject Health History

| | |
|------------------|---|
| Variable Number | 2B |
| Variable Name | CBTIA |
| Version | 2 |
| Short Descriptor | Transient ischemic attack |
| UDS Question | Transient ischemic attack |
| Length of Field | 1 |
| Column Positions | 152 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 2B1 |
| Variable Name | TIA1YR |
| Version | 2 |
| Short Descriptor | Transient ischemic attack 1 Year |
| UDS Question | If recent/active or remote/inactive, indicate year in which transient ischemic attack occurred. |
| Length of Field | 4 |
| Column Positions | 154 – 157 |
| Data Type | Numeric |
| Allowable Codes | Between year of birth and date of visit. |
| Missing Code | 9999 = year unknown |
| Blanks | Blank if #2B, CBTIA = 0 (Absent) or 9 (Unknown). |

| | |
|------------------|---|
| Variable Number | 2B2 |
| Variable Name | TIA2YR |
| Version | 2 |
| Short Descriptor | Transient ischemic attack 2 Year |
| UDS Question | If recent/active or remote/inactive, indicate year in which transient ischemic attack occurred. |
| Length of Field | 4 |
| Column Positions | 159 – 162 |
| Data Type | Numeric |
| Allowable Codes | Between year of birth and date of visit. |
| Missing Code | 9999 = year unknown |
| Blanks | Blank if #2B, CBTIA = 0 (Absent) or 9 (Unknown). |

Form A5: Subject Health History

| | |
|------------------|---|
| Variable Number | 2B3 |
| Variable Name | TIA3YR |
| Version | 2 |
| Short Descriptor | Transient ischemic attack 3 Year |
| UDS Question | If recent/active or remote/inactive, indicate year in which transient ischemic attack occurred. |
| Length of Field | 4 |
| Column Positions | 164 – 167 |
| Data Type | Numeric |
| Allowable Codes | Between year of birth and date of visit. |
| Missing Code | 9999 = year unknown |
| Blanks | Blank if #2B, CBTIA = 0 (Absent) or 9 (Unknown). |

| | |
|------------------|---|
| Variable Number | 2B4 |
| Variable Name | TIA4YR |
| Version | 2 |
| Short Descriptor | Transient ischemic attack 4 Year |
| UDS Question | If recent/active or remote/inactive, indicate year in which transient ischemic attack occurred. |
| Length of Field | 4 |
| Column Positions | 169 – 172 |
| Data Type | Numeric |
| Allowable Codes | Between year of birth and date of visit. |
| Missing Code | 9999 = year unknown |
| Blanks | Blank if #2B, CBTIA = 0 (Absent) or 9 (Unknown). |

| | |
|------------------|---|
| Variable Number | 2B5 |
| Variable Name | TIA5YR |
| Version | 2 |
| Short Descriptor | Transient ischemic attack 5 Year |
| UDS Question | If recent/active or remote/inactive, indicate year in which transient ischemic attack occurred. |
| Length of Field | 4 |
| Column Positions | 174 – 177 |
| Data Type | Numeric |
| Allowable Codes | Between year of birth and date of visit. |
| Missing Code | 9999 = year unknown |
| Blanks | Blank if #2B, CBTIA = 0 (Absent) or 9 (Unknown). |

Form A5: Subject Health History

| | |
|------------------|---|
| Variable Number | 2B6 |
| Variable Name | TIA6YR |
| Version | 2 |
| Short Descriptor | Transient ischemic attack 6 Year |
| UDS Question | If recent/active or remote/inactive, indicate year in which transient ischemic attack occurred. |
| Length of Field | 4 |
| Column Positions | 179 – 182 |
| Data Type | Numeric |
| Allowable Codes | Between year of birth and date of visit. |
| Missing Code | 9999 = year unknown |
| Blanks | Blank if #2B, CBTIA = 0 (Absent) or 9 (Unknown). |

| | |
|------------------|---|
| Variable Number | 2C |
| Variable Name | CBOTHR |
| Version | 2 |
| Short Descriptor | Cerebrovascular disease, other |
| UDS Question | Cerebrovascular disease, other |
| Length of Field | 1 |
| Column Positions | 184 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

| | |
|------------------|--|
| Variable Number | 2C1 |
| Variable Name | CBOTHRX |
| Version | 2 |
| Short Descriptor | Cerebrovascular disease, other (specify) |
| UDS Question | Cerebrovascular disease, other (specify) |
| Length of Field | 60 |
| Column Positions | 186 – 245 |
| Data Type | Character |
| Allowable Codes | Any text or numbers, but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #2C, CBOTHR = 0 (Absent) or 9 (Unknown). |

Form A5: Subject Health History

| | |
|------------------|--|
| Variable Number | 3A |
| Variable Name | PD |
| Version | 2 |
| Short Descriptor | Parkinson's disease |
| UDS Question | Parkinson's disease |
| Length of Field | 1 |
| Column Positions | 247 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 3A1 |
| Variable Name | PDYR |
| Version | 2 |
| Short Descriptor | Parkinson's disease = Year |
| UDS Question | If Parkinson's disease recent/active, indicate year of diagnosis. |
| Length of Field | 4 |
| Column Positions | 249 – 252 |
| Data Type | Numeric |
| Allowable Codes | Between year of birth and date of visit. |
| Missing Code | 9999 = year unknown |
| Blanks | Blank if #3A, PD ≠ 1 (Recent/Active). |

| | |
|------------------|--|
| Variable Number | 3B |
| Variable Name | PDOTHR |
| Version | 2 |
| Short Descriptor | Other Parkinsonism disorder |
| UDS Question | Other Parkinsonism disorder |
| Length of Field | 1 |
| Column Positions | 254 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 9 = Unknown |

Form A5: Subject Health History

| | |
|------------------|--|
| Variable Number | 3B1 |
| Variable Name | PDOTHRYR |
| Version | 2 |
| Short Descriptor | Other Parkinsonism disorder = Year |
| UDS Question | If other Parkinson's disorder recent/active, indicate year of diagnosis. |
| Length of Field | 4 |
| Column Positions | 256 – 259 |
| Data Type | Numeric |
| Allowable Codes | Between year of birth and date of visit. |
| Missing Code | 9999 = year unknown |
| Blanks | Blank if #3B, PDOTHR ≠ 1 (Recent/Active). |

| | |
|------------------|---|
| Variable Number | 4A |
| Variable Name | SEIZURES |
| Version | 2 |
| Short Descriptor | Seizures |
| UDS Question | Seizures |
| Length of Field | 1 |
| Column Positions | 261 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

| | |
|------------------|--|
| Variable Number | 4B1 |
| Variable Name | TRAUMBRF |
| Version | 2 |
| Short Descriptor | Brain trauma – brief unconsciousness |
| UDS Question | Traumatic brain injury with brief loss of consciousness (< 5 minutes) |
| Length of Field | 1 |
| Column Positions | 263 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

Form A5: Subject Health History

| | |
|------------------|--|
| Variable Number | 4B2 |
| Variable Name | TRAUMEXT |
| Version | 2 |
| Short Descriptor | Brain trauma – extended unconsciousness |
| UDS Question | Traumatic brain injury with extended loss of consciousness (\geq 5 minutes) |
| Length of Field | 1 |
| Column Positions | 265 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 4B3 |
| Variable Name | TRAUMCHR |
| Version | 2 |
| Short Descriptor | Brain trauma – chronic deficit |
| UDS Question | Traumatic brain injury with chronic deficit or dysfunction |
| Length of Field | 1 |
| Column Positions | 267 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 4C |
| Variable Name | NCOTHR |
| Version | 2 |
| Short Descriptor | Other neurologic conditions, other |
| UDS Question | Other neurologic conditions, other |
| Length of Field | 1 |
| Column Positions | 269 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

Form A5: Subject Health History

| | |
|------------------|--|
| Variable Number | 4C1 |
| Variable Name | NCOTHRX |
| Version | 2 |
| Short Descriptor | Other neurologic conditions, other (specify) |
| UDS Question | Other neurologic conditions, other (specify) |
| Length of Field | 60 |
| Column Positions | 271 – 330 |
| Data Type | Character |
| Allowable Codes | Any text or numbers, but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #4C, NCOTHR = 0 (Absent) or 9 (Unknown). |

| | |
|------------------|---|
| Variable Number | 5A |
| Variable Name | HYPERTEN |
| Version | 2 |
| Short Descriptor | Hypertension |
| UDS Question | Hypertension |
| Length of Field | 1 |
| Column Positions | 332 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 5B |
| Variable Name | HYPERCHO |
| Version | 2 |
| Short Descriptor | Hypercholesterolemia |
| UDS Question | Hypercholesterolemia |
| Length of Field | 1 |
| Column Positions | 334 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

Form A5: Subject Health History

| | |
|------------------|---|
| Variable Number | 5C |
| Variable Name | DIABETES |
| Version | 2 |
| Short Descriptor | Diabetes |
| UDS Question | Diabetes |
| Length of Field | 1 |
| Column Positions | 336 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 5D |
| Variable Name | B12DEF |
| Version | 2 |
| Short Descriptor | B12 deficiency |
| UDS Question | B12 deficiency |
| Length of Field | 1 |
| Column Positions | 338 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 5E |
| Variable Name | THYROID |
| Version | 2 |
| Short Descriptor | Thyroid disease |
| UDS Question | Thyroid disease |
| Length of Field | 1 |
| Column Positions | 340 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

Form A5: Subject Health History

| | |
|------------------|---|
| Variable Number | 5F |
| Variable Name | INCONTU |
| Version | 2 |
| Short Descriptor | Incontinence – urinary |
| UDS Question | Incontinence – urinary |
| Length of Field | 1 |
| Column Positions | 342 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 5G |
| Variable Name | INCONTF |
| Version | 2 |
| Short Descriptor | Incontinence – bowel |
| UDS Question | Incontinence – bowel |
| Length of Field | 1 |
| Column Positions | 344 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

| | |
|------------------|--|
| Variable Number | 6A |
| Variable Name | DEP2YRS |
| Version | 2 |
| Short Descriptor | Depression, active within the past 2 years |
| UDS Question | Depression, active within the past 2 years |
| Length of Field | 1 |
| Column Positions | 346 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |

Form A5: Subject Health History

| | |
|------------------|---|
| Variable Number | 6B |
| Variable Name | DEPOTHR |
| Version | 2 |
| Short Descriptor | Depression, other episodes |
| UDS Question | Depression, other episodes (prior to 2 years) |
| Length of Field | 1 |
| Column Positions | 348 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 7A1 |
| Variable Name | ALCOHOL |
| Version | 2 |
| Short Descriptor | Substance abuse – alcohol |
| UDS Question | Substance abuse – alcohol. Clinically significant impairment occurring over a 12-month period manifested in one of the following: work, driving, legal or social. |
| Length of Field | 1 |
| Column Positions | 350 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 7B1 |
| Variable Name | TOBAC30 |
| Version | 2 |
| Short Descriptor | Cigarette smoking history – last 30 days |
| UDS Question | Cigarette smoking history – Has subject smoked within last 30 days? |
| Length of Field | 1 |
| Column Positions | 352 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |

Form A5: Subject Health History

| | |
|------------------|--|
| Variable Number | 7B2 |
| Variable Name | TOBAC100 |
| Version | 2 |
| Short Descriptor | Cigarette smoking history - 100 lifetime cigarettes |
| UDS Question | Cigarette smoking history - Has subject smoked more than 100 cigarettes in his/her life? |
| Length of Field | 1 |
| Column Positions | 354 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |

| | |
|------------------|------------------------------------|
| Variable Number | 7B3 |
| Variable Name | SMOKYRS |
| Version | 2 |
| Short Descriptor | Total years smoked |
| UDS Question | Total years smoked |
| Length of Field | 2 |
| Column Positions | 356 – 357 |
| Data Type | Numeric |
| Allowable Codes | 00 – 87 88 = NA 99 = Unknown |

| | |
|------------------|--|
| Variable Number | 7B4 |
| Variable Name | PACKSPER |
| Version | 2 |
| Short Descriptor | Packs per day |
| UDS Question | Average number of packs/day smoked |
| Length of Field | 1 |
| Column Positions | 359 |
| Data Type | Numeric |
| Allowable Codes | 1 = 1 cigarette – < ½ pack 2 = ½ – < 1 pack 3 = 1 – < 1½ pack 4 = 1½ – < 2 packs 5 = ≥ 2 packs 8 = N/A 9 = Unknown |

Form A5: Subject Health History

| | |
|------------------|--|
| Variable Number | 7B5 |
| Variable Name | QUITSMOK |
| Version | 2 |
| Short Descriptor | Age – quit smoking |
| UDS Question | If subject quit smoking, specify age when last smoked (i.e., quit) |
| Length of Field | 3 |
| Column Positions | 361 – 363 |
| Data Type | Numeric |
| Allowable Codes | 8 to current age 888 = N/A 999 = Unknown |

| | |
|------------------|---|
| Variable Number | 7C1 |
| Variable Name | ABUSOTHR |
| Version | 2 |
| Short Descriptor | Other abused substances |
| UDS Question | Clinically significant impairment, due to other abused substances, occurring over a 12-month period manifested in one of the following: work, driving, legal or social. |
| Length of Field | 1 |
| Column Positions | 365 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

| | |
|------------------|--|
| Variable Number | 7C2 |
| Variable Name | ABUSX |
| Version | 2 |
| Short Descriptor | Other abused substances – specify |
| UDS Question | If other abused substances recent/active or remote/inactive, specify |
| Length of Field | 60 |
| Column Positions | 367 – 426 |
| Data Type | Character |
| Allowable Codes | Any text or numbers, but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #7C1, ABUSOTHR ≠ 1 (Recent/Active) or 2 (remote/inactive). |

Form A5: Subject Health History

| | |
|------------------|---|
| Variable Number | 7D |
| Variable Name | PSYCDIS |
| Version | 2 |
| Short Descriptor | Psychiatric disorders |
| UDS Question | Psychiatric disorders |
| Length of Field | 1 |
| Column Positions | 428 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown |

| | |
|------------------|--|
| Variable Number | 7D1 |
| Variable Name | PSYCDISX |
| Version | 2 |
| Short Descriptor | Psychiatric disorders – specify |
| UDS Question | If psychiatric disorders recent/active or remote/inactive, specify |
| Length of Field | 60 |
| Column Positions | 430 – 489 |
| Data Type | Character |
| Allowable Codes | Any text or numbers, but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #7D PSYCDIS ≠ 1 (Recent/Active) or 2 (Remote/Inactive). |

Form B1: Evaluation Form – Physical

| | |
|------------------|-------------------------------|
| Variable Number | 1 |
| Variable Name | HEIGHT |
| Version | 2 |
| Short Descriptor | Subject height (inches) |
| UDS Question | Subject height (inches) |
| Length of Field | 4 |
| Column Positions | 45 – 48 |
| Data Type | Numeric |
| Allowable Codes | 36.0 – 96.0 99.9 = Unknown |

| | |
|------------------|--|
| Variable Number | 2 |
| Variable Name | WEIGHT |
| Version | 2 |
| Short Descriptor | Subject weight (lbs) |
| UDS Question | Subject weight (lbs) |
| Length of Field | 3 |
| Column Positions | 50 – 52 |
| Data Type | Numeric |
| Allowable Codes | 50 – 400 999 = Unknown |
| Comment | Values outside the above range will generate an alert. |

| | |
|------------------|--|
| Variable Number | 3A |
| Variable Name | BPSYS |
| Version | 2 |
| Short Descriptor | Systolic value |
| UDS Question | Subject blood pressure (sitting), systolic |
| Length of Field | 3 |
| Column Positions | 54 – 56 |
| Data Type | Numeric |
| Allowable Codes | 70 – 230 999 = unknown |
| Comment | Values outside the above range will generate an alert. |

Form B1: Evaluation Form – Physical

| | |
|------------------|---|
| Variable Number | 3B |
| Variable Name | BPDIAS |
| Version | 2 |
| Short Descriptor | Diastolic value |
| UDS Question | Subject blood pressure (sitting), diastolic |
| Length of Field | 3 |
| Column Positions | 58 – 60 |
| Data Type | Numeric |
| Allowable Codes | 30 – 140 999 = unknown |
| Comment | Values outside the above range will generate an alert. |
| Variable Number | 4 |
| Variable Name | HRATE |
| Version | 2 |
| Short Descriptor | Subject resting heart rate (pulse) |
| UDS Question | Subject resting heart rate (pulse) |
| Length of Field | 3 |
| Column Positions | 62 – 64 |
| Data Type | Numeric |
| Allowable Codes | 35 – 140 999 = unknown |
| Comment | Values outside the above range will generate an alert. |
| Variable Number | 5 |
| Variable Name | VISION |
| Version | 2 |
| Short Descriptor | Vision normal |
| UDS Question | Without corrective lenses, is the subject's vision functionally normal? |
| Length of Field | 1 |
| Column Positions | 66 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |

Form B1: Evaluation Form – Physical

| | |
|------------------|--|
| Variable Number | 6 |
| Variable Name | VISCORR |
| Version | 2 |
| Short Descriptor | Corrective lenses |
| UDS Question | Does the subject usually wear corrective lenses? |
| Length of Field | 1 |
| Column Positions | 68 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |

| | |
|------------------|---|
| Variable Number | 6A |
| Variable Name | VISWCORR |
| Version | 2 |
| Short Descriptor | Vision with corrective lenses |
| UDS Question | If the subject wears corrective lenses, is the subject's vision functionally normal with corrective lenses? |
| Length of Field | 1 |
| Column Positions | 70 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #6, VISCORR ≠ 1 (YES). |

| | |
|------------------|---|
| Variable Number | 7 |
| Variable Name | HEARING |
| Version | 2 |
| Short Descriptor | Hearing normal |
| UDS Question | Without a hearing aid(s), is the subject's hearing functionally normal? |
| Length of Field | 1 |
| Column Positions | 72 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |

Form B1: Evaluation Form – Physical

| | |
|------------------|---|
| Variable Number | 8 |
| Variable Name | HEARAID |
| Version | 2 |
| Short Descriptor | Hearing aid |
| UDS Question | Does the subject usually wear a hearing aid(s)? |
| Length of Field | 1 |
| Column Positions | 74 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |

| | |
|------------------|--|
| Variable Number | 8A |
| Variable Name | HEARWAID |
| Version | 2 |
| Short Descriptor | Hearing with hearing aid |
| UDS Question | If the subject wears a hearing aid(s), is the subject's hearing functionally normal with a hearing aid(s)? |
| Length of Field | 1 |
| Column Positions | 76 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #8, HEARAID ≠ 1 (YES). |

Form B2: Evaluation Form – HIS and CVD

| | |
|------------------|-------------------------------------|
| Variable Number | 1 |
| Variable Name | ABRUPT |
| Version | 2 |
| Short Descriptor | Abrupt onset (re: cognitive status) |
| UDS Question | Abrupt onset (re: cognitive status) |
| Length of Field | 1 |
| Column Positions | 45 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 2 = Present |

| | |
|------------------|---|
| Variable Number | 2 |
| Variable Name | STEPWISE |
| Version | 2 |
| Short Descriptor | Stepwise deterioration (re: cognitive status) |
| UDS Question | Stepwise deterioration (re: cognitive status) |
| Length of Field | 1 |
| Column Positions | 47 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

| | |
|------------------|---------------------------|
| Variable Number | 3 |
| Variable Name | SOMATIC |
| Version | 2 |
| Short Descriptor | Somatic complaints |
| UDS Question | Somatic complaints |
| Length of Field | 1 |
| Column Positions | 49 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

Form B2: Evaluation Form – HIS and CVD

| | |
|------------------|-------------------------------------|
| Variable Number | 4 |
| Variable Name | EMOT |
| Version | 2 |
| Short Descriptor | Emotional incontinence |
| UDS Question | Emotional incontinence |
| Length of Field | 1 |
| Column Positions | 51 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Variable Number | 5 |
| Variable Name | HXHYPER |
| Version | 2 |
| Short Descriptor | History or presence of hypertension |
| UDS Question | History or presence of hypertension |
| Length of Field | 1 |
| Column Positions | 53 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Variable Number | 6 |
| Variable Name | HXSTROKE |
| Version | 2 |
| Short Descriptor | History of stroke |
| UDS Question | History of stroke |
| Length of Field | 1 |
| Column Positions | 55 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 2 = Present |

Form B2: Evaluation Form – HIS and CVD

| | |
|------------------|-----------------------------|
| Variable Number | 7 |
| Variable Name | FOCLSYM |
| Version | 2 |
| Short Descriptor | Focal neurological symptoms |
| UDS Question | Focal neurological symptoms |
| Length of Field | 1 |
| Column Positions | 57 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 2 = Present |

| | |
|------------------|---------------------------|
| Variable Number | 8 |
| Variable Name | FOCLSIGN |
| Version | 2 |
| Short Descriptor | Focal neurological signs |
| UDS Question | Focal neurological signs |
| Length of Field | 1 |
| Column Positions | 59 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 2 = Present |

| | |
|------------------|---|
| Variable Number | 9 |
| Variable Name | HACHIN |
| Version | 2 |
| Short Descriptor | Hachinski Ischemic score |
| UDS Question | Sum all circled answers for a total score |
| Length of Field | 2 |
| Column Positions | 61 – 62 |
| Data Type | Numeric |
| Allowable Codes | 0 – 12 |

Form B2: Evaluation Form – HIS and CVD

| | |
|------------------|--|
| Variable Number | 10 |
| Variable Name | CVDCOG |
| Version | 2 |
| Short Descriptor | Cerebrovascular disease contributing to cognitive impairment |
| UDS Question | Using your best judgment, do you believe that cerebrovascular disease (CVD) is contributing to the cognitive impairment? |
| Length of Field | 1 |
| Column Positions | 64 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 8 = N/A |
| Variable Number | 11 |
| Variable Name | STROKCOG |
| Version | 2 |
| Short Descriptor | Relationship between stroke and cognitive impairment |
| UDS Question | If there is a stroke, is there a temporal relationship between stroke and onset of cognitive impairment? |
| Length of Field | 1 |
| Column Positions | 66 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 8 = N/A |
| Variable Number | 12 |
| Variable Name | CVDIMAG |
| Version | 2 |
| Short Descriptor | Imaging evidence |
| UDS Question | Is there imaging evidence which supports that CVD is contributing to the cognitive impairment? |
| Length of Field | 1 |
| Column Positions | 68 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 8 = N/A |

Form B2: Evaluation Form – HIS and CVD

| | |
|------------------|---|
| Variable Number | 12A1 |
| Variable Name | CVDIMAG1 |
| Version | 2 |
| Short Descriptor | Single strategic infarct |
| UDS Question | If yes, was there imaging evidence of single strategic infarct? |
| Length of Field | 1 |
| Column Positions | 70 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Blanks | Blank if #12, CVDIMAG ≠ 1 (Yes). |

| | |
|------------------|--|
| Variable Number | 12A2 |
| Variable Name | CVDIMAG2 |
| Version | 2 |
| Short Descriptor | Multiple infarcts |
| UDS Question | If yes, was there imaging evidence of multiple infarcts? |
| Length of Field | 1 |
| Column Positions | 72 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Blanks | Blank if #12, CVDIMAG ≠ 1 (Yes). |

| | |
|------------------|--|
| Variable Number | 12A3 |
| Variable Name | CVDIMAG3 |
| Version | 2 |
| Short Descriptor | Extensive white matter hyperintensity |
| UDS Question | If yes, was there imaging evidence of extensive white matter hyperintensity? |
| Length of Field | 1 |
| Column Positions | 74 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Blanks | Blank if #12, CVDIMAG ≠ 1 (Yes). |

Form B2: Evaluation Form – HIS and CVD

| | |
|------------------|---|
| Variable Number | 12A4 |
| Variable Name | CVDIMAG4 |
| Version | 2 |
| Short Descriptor | Other imaging evidence |
| UDS Question | If yes, was there other imaging evidence? |
| Length of Field | 1 |
| Column Positions | 76 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Blanks | Blank if #12, CVDIMAG ≠ 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 12A5 |
| Variable Name | CVDIMAGX |
| Version | 2 |
| Short Descriptor | Other imaging evidence - specify |
| UDS Question | If yes, was there other imaging evidence - specify |
| Length of Field | 60 |
| Column Positions | 78 - 137 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #12, CVDIMAG ≠ 1 (Yes) or #12A4, CVDIMAG4 = 0 (No). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|--|
| Variable Number | G1 |
| Variable Name | PDNORMAL |
| Version | 2 |
| Short Descriptor | UPDRS normal |
| UDS Question | [Optional] If the clinician completes the UPDRS examination and determines all items are normal, check this box and end form here. |
| Length of Field | 1 |
| Column Positions | 45 |
| Data Type | Numeric |
| Allowable Codes | 0 = No (box not checked) 1 = Yes (box checked) |
| Skips | If Yes (normal), leave all other items blank. |

| | |
|------------------|--|
| Variable Number | 1 |
| Variable Name | SPEECH |
| Version | 2 |
| Short Descriptor | Speech |
| UDS Question | Speech |
| Length of Field | 1 |
| Column Positions | 47 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal. 1 = Slight loss of expression, diction and/or volume. 2 = Monotone, slurred but understandable; moderately impaired. 3 = Marked impairment, difficult to understand. 4 = Unintelligible. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 1A |
| Variable Name | SPEECHX |
| Version | 2 |
| Short Descriptor | Speech, untestable |
| UDS Question | Speech, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 49 – 108 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #1, SPEECH ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|--|
| Variable Number | 2 |
| Variable Name | FACEXP |
| Version | 2 |
| Short Descriptor | Facial expression |
| UDS Question | Facial expression |
| Length of Field | 1 |
| Column Positions | 110 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal. 1 = Minimal hypomimia, could be normal “poker face”. 2 = Slight but definitely abnormal diminution of facial expression. 3 = Moderate hypomimia; lips parted some of the time. 4 = Masked or fixed facies with severe or complete loss of facial expression; lips parted ¼ inch or more. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 2A |
| Variable Name | FACEXPX |
| Version | 2 |
| Short Descriptor | Facial expression, untestable |
| UDS Question | Facial expression, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 112 – 171 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #2, FACEXP ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|---|
| Variable Number | 3A |
| Variable Name | TRESTFAC |
| Version | 2 |
| Short Descriptor | Tremor at rest – Face, lips, chin |
| UDS Question | Tremor at rest – Face, lips, chin |
| Length of Field | 1 |
| Column Positions | 173 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent. 1 = Slight and infrequently present. 2 = Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present. 3 = Moderate in amplitude and present most of the time. 4 = Marked in amplitude and present most of the time. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 3A1 |
| Variable Name | TRESTFAX |
| Version | 2 |
| Short Descriptor | Tremor at rest – Face, lips, chin, untestable |
| UDS Question | Tremor at rest – Face, lips, chin, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 175 – 234 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #3A, TRESTFAC ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|---|
| Variable Number | 3B |
| Variable Name | TRESTRHD |
| Version | 2 |
| Short Descriptor | Tremor at rest – Right hand |
| UDS Question | Tremor at rest – Right hand |
| Length of Field | 1 |
| Column Positions | 236 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent. 1 = Slight and infrequently present. 2 = Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present. 3 = Moderate in amplitude and present most of the time. 4 = Marked in amplitude and present most of the time. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 3B1 |
| Variable Name | TRESTRHX |
| Version | 2 |
| Short Descriptor | Tremor at rest – Right hand, untestable |
| UDS Question | Tremor at rest – Right hand, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 238 – 297 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #3B, TRESTRHD ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|---|
| Variable Number | 3C |
| Variable Name | TRESTLHD |
| Version | 2 |
| Short Descriptor | Tremor at rest – Left hand |
| UDS Question | Tremor at rest – Left hand |
| Length of Field | 1 |
| Column Positions | 299 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent. 1 = Slight and infrequently present. 2 = Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present. 3 = Moderate in amplitude and present most of the time. 4 = Marked in amplitude and present most of the time. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 3C1 |
| Variable Name | TRESTLHX |
| Version | 2 |
| Short Descriptor | Tremor at rest – Left hand, untestable |
| UDS Question | Tremor at rest – Left hand, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 301 – 360 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #3C, TRESTLHD ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|---|
| Variable Number | 3D |
| Variable Name | TRESTRFT |
| Version | 2 |
| Short Descriptor | Tremor at rest – Right foot |
| UDS Question | Tremor at rest – Right foot |
| Length of Field | 1 |
| Column Positions | 362 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent. 1 = Slight and infrequently present. 2 = Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present. 3 = Moderate in amplitude and present most of the time. 4 = Marked in amplitude and present most of the time. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 3D1 |
| Variable Name | TRESTRFX |
| Version | 2 |
| Short Descriptor | Tremor at rest – Right foot, untestable |
| UDS Question | Tremor at rest – Right foot, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 364 – 423 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #3D, TRESTRFT ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|---|
| Variable Number | 3E |
| Variable Name | TRESTLFT |
| Version | 2 |
| Short Descriptor | Tremor at rest – Left foot |
| UDS Question | Tremor at rest – Left foot |
| Length of Field | 1 |
| Column Positions | 425 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent. 1 = Slight and infrequently present. 2 = Mild in amplitude and persistent; or moderate in amplitude, but only intermittently present. 3 = Moderate in amplitude and present most of the time. 4 = Marked in amplitude and present most of the time. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 3E1 |
| Variable Name | TRESTLFX |
| Version | 2 |
| Short Descriptor | Tremor at rest – Left foot, untestable |
| UDS Question | Tremor at rest – Left foot, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 427 – 486 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #3E, TRESTLFT ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|--|
| Variable Number | 4A |
| Variable Name | TRACTRHD |
| Version | 2 |
| Short Descriptor | Action tremor – Right hand |
| UDS Question | Action or postural tremor of hands – Right hand |
| Length of Field | 1 |
| Column Positions | 488 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent. 1 = Slight; present with action. 2 = Moderate in amplitude, present with action. 3 = Moderate in amplitude with posture holding as well as action. 4 = Marked in amplitude; interferes with feeding. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 4A1 |
| Variable Name | TRACTRHX |
| Version | 2 |
| Short Descriptor | Action tremor – Right hand, untestable |
| UDS Question | Action or postural tremor of hands – Right hand, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 490 – 549 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #4A, TRACTRHD ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|--|
| Variable Number | 4B |
| Variable Name | TRACTLHD |
| Version | 2 |
| Short Descriptor | Action tremor – Left hand |
| UDS Question | Action or postural tremor of hands – Left hand |
| Length of Field | 1 |
| Column Positions | 551 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent. 1 = Slight; present with action. 2 = Moderate in amplitude, present with action. 3 = Moderate in amplitude with posture holding as well as action. 4 = Marked in amplitude; interferes with feeding. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 4B1 |
| Variable Name | TRACTLHX |
| Version | 2 |
| Short Descriptor | Action tremor – Left hand, untestable |
| UDS Question | Action or postural tremor of hands – Left hand, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 553 – 612 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #4B, TRACTLHD ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|--|
| Variable Number | 5A |
| Variable Name | RIGDNECK |
| Version | 2 |
| Short Descriptor | Rigidity – Neck |
| UDS Question | Rigidity – Neck (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored) |
| Length of Field | 1 |
| Column Positions | 614 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent. 1 = Slight or detectable only when activated by mirror or other movements. 2 = Mild to moderate. 3 = Marked, but full range of motion easily achieved. 4 = Severe; range of motion achieved with difficulty. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 5A1 |
| Variable Name | RIGDNEX |
| Version | 2 |
| Short Descriptor | Rigidity – Neck, untestable |
| UDS Question | Rigidity – Neck (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored) , untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 616 – 675 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #5A, RIGDNECK ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|--|
| Variable Number | 5B |
| Variable Name | RIGDUPRT |
| Version | 2 |
| Short Descriptor | Rigidity – Upper right |
| UDS Question | Rigidity – Right upper extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored) |
| Length of Field | 1 |
| Column Positions | 677 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent. 1 = Slight or detectable only when activated by mirror or other movements. 2 = Mild to moderate. 3 = Marked, but full range of motion easily achieved. 4 = Severe; range of motion achieved with difficulty. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 5B1 |
| Variable Name | RIGDUPRX |
| Version | 2 |
| Short Descriptor | Rigidity – Upper right, untestable |
| UDS Question | Rigidity – Right upper extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored) , untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 679 – 738 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #5B, RIGDUPRT ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|--|
| Variable Number | 5C |
| Variable Name | RIGDUPLF |
| Version | 2 |
| Short Descriptor | Rigidity – Upper left |
| UDS Question | Rigidity – Left upper extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored) |
| Length of Field | 1 |
| Column Positions | 740 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent. 1 = Slight or detectable only when activated by mirror or other movements. 2 = Mild to moderate. 3 = Marked, but full range of motion easily achieved. 4 = Severe; range of motion achieved with difficulty. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|--|
| Variable Number | 5C1 |
| Variable Name | RIGDUPLX |
| Version | 2 |
| Short Descriptor | Rigidity – Upper left, untestable |
| UDS Question | Rigidity – Left upper extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored) , untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 742 – 801 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #5C, RIGDUPLF ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|--|
| Variable Number | 5D |
| Variable Name | RIGDLORT |
| Version | 2 |
| Short Descriptor | Rigidity – Lower right |
| UDS Question | Rigidity – Right lower extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored) |
| Length of Field | 1 |
| Column Positions | 803 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent. 1 = Slight or detectable only when activated by mirror or other movements. 2 = Mild to moderate. 3 = Marked, but full range of motion easily achieved. 4 = Severe; range of motion achieved with difficulty. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 5D1 |
| Variable Name | RIGDLORX |
| Version | 2 |
| Short Descriptor | Rigidity – Lower right, untestable |
| UDS Question | Rigidity – Right lower extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored) , untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 805 – 864 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #5D, RIGDLORT ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|--|
| Variable Number | 5E |
| Variable Name | RIGDLOLF |
| Version | 2 |
| Short Descriptor | Rigidity – Lower left |
| UDS Question | Rigidity – Left lower extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored) |
| Length of Field | 1 |
| Column Positions | 866 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent. 1 = Slight or detectable only when activated by mirror or other movements. 2 = Mild to moderate. 3 = Marked, but full range of motion easily achieved. 4 = Severe; range of motion achieved with difficulty. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|--|
| Variable Number | 5E1 |
| Variable Name | RIGDLOLX |
| Version | 2 |
| Short Descriptor | Rigidity – Lower left, untestable |
| UDS Question | Rigidity – Left lower extremity (judged on passive movement of major joints with patient relaxed in sitting position; cogwheeling to be ignored) , untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 868 – 927 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #5E, RIGDLOLF ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|---|
| Variable Number | 6A |
| Variable Name | TAPSRT |
| Version | 2 |
| Short Descriptor | Finger taps – Right hand |
| UDS Question | Finger taps – Right hand (patient taps thumb with index finger in rapid succession) |
| Length of Field | 1 |
| Column Positions | 929 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired; definite and early fatiguing; may have occasional arrests in movement. 3 = Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 6A1 |
| Variable Name | TAPSRTX |
| Version | 2 |
| Short Descriptor | Finger taps – Right hand, untestable |
| UDS Question | Finger taps – Right hand, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 931 – 990 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #6A, TAPSRT ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|--|
| Variable Number | 6B |
| Variable Name | TAPSLF |
| Version | 2 |
| Short Descriptor | Finger taps – Left hand |
| UDS Question | Finger taps – Left hand (patient taps thumb with index finger in rapid succession) |
| Length of Field | 1 |
| Column Positions | 992 |
| Data Type | Numeric |
| Allowable Codes | <p>0 = Normal.</p> <p>1 = Mild slowing and/or reduction in amplitude.</p> <p>2 = Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.</p> <p>3 = Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.</p> <p>4 = Can barely perform the task.</p> <p>8 = Untestable</p> |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 6B1 |
| Variable Name | TAPSLFX |
| Version | 2 |
| Short Descriptor | Finger taps – Left hand, untestable |
| UDS Question | Finger taps – Left hand, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 994 – 1053 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #6B, TAPSLF ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|---|
| Variable Number | 7A |
| Variable Name | HANDMOVR |
| Version | 2 |
| Short Descriptor | Hand movements – Right hand |
| UDS Question | Hand movements – Right hand (patient opens and closes hands in rapid succession) |
| Length of Field | 1 |
| Column Positions | 1055 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired; definite and early fatiguing; may have occasional arrests in movement. 3 = Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 7A1 |
| Variable Name | HANDMVRX |
| Version | 2 |
| Short Descriptor | Hand movements – Right hand, untestable |
| UDS Question | Hand movements – Right hand, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 1057 – 1116 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #7A, HANDMOVR ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|--|
| Variable Number | 7B |
| Variable Name | HANDMOVL |
| Version | 2 |
| Short Descriptor | Hand movements – Left hand |
| UDS Question | Hand movements – Left hand (patient opens and closes hands in rapid succession) |
| Length of Field | 1 |
| Column Positions | 1118 |
| Data Type | Numeric |
| Allowable Codes | <p>0 = Normal.</p> <p>1 = Mild slowing and/or reduction in amplitude.</p> <p>2 = Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.</p> <p>3 = Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.</p> <p>4 = Can barely perform the task.</p> <p>8 = Untestable</p> |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 7B1 |
| Variable Name | HANDMVLX |
| Version | 2 |
| Short Descriptor | Hand movements – Left hand, untestable |
| UDS Question | Hand movements – Left hand, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 1120 – 1179 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #7B, HANDMOVL ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|---|
| Variable Number | 8A |
| Variable Name | HANDALTR |
| Version | 2 |
| Short Descriptor | Alternating movement – Right hand |
| UDS Question | Rapid alternating movements of hands – Right hand (pronation-supination movements of hands, vertically and horizontally, with as large an amplitude as possible, both hands simultaneously) |
| Length of Field | 1 |
| Column Positions | 1181 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired; definite and early fatiguing; may have occasional arrests in movement. 3 = Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 8A1 |
| Variable Name | HANDATRX |
| Version | 2 |
| Short Descriptor | Alternating movement – Right hand, untestable |
| UDS Question | Alternating movement – Right hand, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 1183 – 1242 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #8A, HANDALTR ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|--|
| Variable Number | 8B |
| Variable Name | HANDALTL |
| Version | 2 |
| Short Descriptor | Alternating movement – Left hand |
| UDS Question | Rapid alternating movements of hands – Left hand (pronation-supination movements of hands, vertically and horizontally, with as large an amplitude as possible, both hands simultaneously) |
| Length of Field | 1 |
| Column Positions | 1244 |
| Data Type | Numeric |
| Allowable Codes | <p>0 = Normal.</p> <p>1 = Mild slowing and/or reduction in amplitude.</p> <p>2 = Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.</p> <p>3 = Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.</p> <p>4 = Can barely perform the task.</p> <p>8 = Untestable</p> |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 8B1 |
| Variable Name | HANDATLX |
| Version | 2 |
| Short Descriptor | Alternating movement – Left hand, untestable |
| UDS Question | Alternating movement – Left hand, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 1246 – 1305 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #8B, HANDALTL ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|---|
| Variable Number | 9A |
| Variable Name | LEGRT |
| Version | 2 |
| Short Descriptor | Leg agility – Right leg |
| UDS Question | Leg agility – Right leg (patient taps heel on the ground in rapid succession, picking up entire leg; amplitude should be at least 3 inches) |
| Length of Field | 1 |
| Column Positions | 1307 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal. 1 = Mild slowing and/or reduction in amplitude. 2 = Moderately impaired; definite and early fatiguing; may have occasional arrests in movement. 3 = Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement. 4 = Can barely perform the task. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 9A1 |
| Variable Name | LEGRTX |
| Version | 2 |
| Short Descriptor | Leg agility – Right leg, untestable |
| UDS Question | Leg agility – Right leg, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 1309 – 1368 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #9A, LEGRT ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|--|
| Variable Number | 9B |
| Variable Name | LEGLF |
| Version | 2 |
| Short Descriptor | Leg agility – Left leg |
| UDS Question | Leg agility – Left leg (patient taps heel on the ground in rapid succession, picking up entire leg; amplitude should be at least 3 inches) |
| Length of Field | 1 |
| Column Positions | 1370 |
| Data Type | Numeric |
| Allowable Codes | <p>0 = Normal.</p> <p>1 = Mild slowing and/or reduction in amplitude.</p> <p>2 = Moderately impaired; definite and early fatiguing; may have occasional arrests in movement.</p> <p>3 = Severely impaired; frequent hesitation in initiating movements or arrests in ongoing movement.</p> <p>4 = Can barely perform the task.</p> <p>8 = Untestable</p> |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes) |

| | |
|------------------|---|
| Variable Number | 9B1 |
| Variable Name | LEGLFX |
| Version | 2 |
| Short Descriptor | Leg agility – Left leg, untestable |
| UDS Question | Leg agility – Left leg, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 1372 – 1431 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #9B, LEGLF ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|--|
| Variable Number | 10 |
| Variable Name | ARISING |
| Version | 2 |
| Short Descriptor | Arising from chair |
| UDS Question | Arising from chair (patient attempts to rise from a straight-backed chair, with arms folded across chest) |
| Length of Field | 1 |
| Column Positions | 1433 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal. 1 = Slow; or may need more than one attempt. 2 = Pushes self up from arms of seat. 3 = Tends to fall back and may have to try more than one time, but can get up without help. 4 = Unable to arise without help. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 10A |
| Variable Name | ARISINGX |
| Version | 2 |
| Short Descriptor | Arising from chair, untestable |
| UDS Question | Arising from chair, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 1435 – 1494 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #10, ARISING ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|--|
| Variable Number | 11 |
| Variable Name | POSTURE |
| Version | 2 |
| Short Descriptor | Posture |
| UDS Question | Posture |
| Length of Field | 1 |
| Column Positions | 1496 |
| Data Type | Numeric |
| Allowable Codes | <p>0 = Normal.</p> <p>1 = Not quite erect, slightly stooped posture; could be normal for older person.</p> <p>2 = Moderately stooped posture, definitely abnormal; can be slightly leaning to one side.</p> <p>3 = Severely stooped posture with kyphosis; can be moderately leaning to one side.</p> <p>4 = Marked flexion with extreme abnormality of posture.</p> <p>8 = Untestable</p> |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 11A |
| Variable Name | POSTUREX |
| Version | 2 |
| Short Descriptor | Posture, untestable |
| UDS Question | Posture, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 1498 – 1557 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #11, POSTURE ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|--|
| Variable Number | 12 |
| Variable Name | GAIT |
| Version | 2 |
| Short Descriptor | Gait |
| UDS Question | Gait |
| Length of Field | 1 |
| Column Positions | 1559 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal. 1 = Walks slowly; may shuffle with short steps, but no festination (hastening steps) or propulsion. 2 = Walks with difficulty, but requires little or no assistance; may have some festination, short steps, or propulsion. 3 = Severe disturbance of gait requiring assistance. 4 = Cannot walk at all, even with assistance. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 12A |
| Variable Name | GAITX |
| Version | 2 |
| Short Descriptor | Gait, untestable |
| UDS Question | Gait, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 1561 – 1620 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #12, GAIT ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|---|
| Variable Number | 13 |
| Variable Name | POSSTAB |
| Version | 2 |
| Short Descriptor | Posture stability |
| UDS Question | Posture stability (response to sudden, strong posterior displacement produced by pull on shoulders while patient erect with eyes open and feet slightly apart; patient is prepared) |
| Length of Field | 1 |
| Column Positions | 1622 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal erect. 1 = Retropulsion, but recovers unaided. 2 = Absence of postural response; would fall if not caught by examiner. 3 = Very unstable, tends to lose balance spontaneously. 4 = Unable to stand without assistance. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 13A |
| Variable Name | POSSTABX |
| Version | 2 |
| Short Descriptor | Posture stability, untestable |
| UDS Question | Posture stability, untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 1624 – 1683 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes (‘), double quotes (“), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #13, POSSTAB ≠ 8 (untestable). |

Form B3: Evaluation Form – UPDRS

| | |
|------------------|--|
| Variable Number | 14 |
| Variable Name | BRADYKIN |
| Version | 2 |
| Short Descriptor | Body bradykinesia and hypokinesia |
| UDS Question | Body bradykinesia and hypokinesia (combining slowness, hesitancy, decreased arm swing, small amplitude, and poverty of movement in general) |
| Length of Field | 1 |
| Column Positions | 1685 |
| Data Type | Numeric |
| Allowable Codes | 0 = None. 1 = Minimal slowness, giving movement a deliberate character; could be normal for some persons; possibly reduced amplitude. 2 = Mild degree of slowness and poverty of movement which is definitely abnormal. Alternatively, some reduced amplitude. 3 = Moderate slowness, poverty or small amplitude of movement. 4 = Marked slowness, poverty or small amplitude of movement. 8 = Untestable |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 14A |
| Variable Name | BRADYKIX |
| Version | 2 |
| Short Descriptor | Body bradykinesia and hypokinesia, untestable |
| UDS Question | Body bradykinesia and hypokinesia (combining slowness, hesitancy, decreased arm swing, small amplitude, and poverty of movement in general) , untestable – specify reason |
| Length of Field | 60 |
| Column Positions | 1687 – 1746 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #G1, PDNORMAL = 1 (Yes), or if #14, BRADYKIN ≠ 8 (untestable). |

Form B4: Global Staging – CDR: Standard and Supplemental

| | |
|------------------|---|
| Variable Number | 1 |
| Variable Name | MEMORY |
| Version | 2 |
| Short Descriptor | Memory |
| UDS Question | Memory |
| Length of Field | 3 |
| Column Positions | 45 – 47 |
| Data Type | Numeric |
| Allowable Codes | 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment |

| | |
|------------------|---|
| Variable Number | 2 |
| Variable Name | ORIENT |
| Version | 2 |
| Short Descriptor | Orientation |
| UDS Question | Orientation |
| Length of Field | 3 |
| Column Positions | 49 – 51 |
| Data Type | Numeric |
| Allowable Codes | 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment |

| | |
|------------------|---|
| Variable Number | 3 |
| Variable Name | JUDGMENT |
| Version | 2 |
| Short Descriptor | Judgment & problem solving |
| UDS Question | Judgment & problem solving |
| Length of Field | 3 |
| Column Positions | 53 – 55 |
| Data Type | Numeric |
| Allowable Codes | 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment |

Form B4: Global Staging – CDR: Standard and Supplemental

| | |
|------------------|---|
| Variable Number | 4 |
| Variable Name | COMMUN |
| Version | 2 |
| Short Descriptor | Community Affairs |
| UDS Question | Community Affairs |
| Length of Field | 3 |
| Column Positions | 57 – 59 |
| Data Type | Numeric |
| Allowable Codes | 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment |

| | |
|------------------|---|
| Variable Number | 5 |
| Variable Name | HOMEHOBB |
| Version | 2 |
| Short Descriptor | Home & hobbies |
| UDS Question | Home & hobbies |
| Length of Field | 3 |
| Column Positions | 61 – 63 |
| Data Type | Numeric |
| Allowable Codes | 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment |

| | |
|------------------|--|
| Variable Number | 6 |
| Variable Name | PERS CARE |
| Version | 2 |
| Short Descriptor | Personal Care |
| UDS Question | Personal Care |
| Length of Field | 3 |
| Column Positions | 65 – 67 |
| Data Type | Numeric |
| Allowable Codes | 0.0 = No impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment |

Form B4: Global Staging – CDR: Standard and Supplemental

| | |
|------------------|--|
| Variable Number | 7 |
| Variable Name | CDRSUM |
| Version | 2 |
| Short Descriptor | Standard CDR |
| UDS Question | Standard CDR sum of boxes |
| Length of Field | 4 |
| Column Positions | 69 – 72 |
| Data Type | Numeric |
| Allowable Codes | 00.0, 00.5, 01.0, 01.5, ..., 18.0 (except scores of 16.5 and 17.5 not possible). |

| | |
|------------------|---|
| Variable Number | 8 |
| Variable Name | CDRGLOB |
| Version | 2 |
| Short Descriptor | Global CDR |
| UDS Question | Global CDR |
| Length of Field | 3 |
| Column Positions | 74 – 76 |
| Data Type | Numeric |
| Allowable Codes | 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment |

| | |
|------------------|---|
| Variable Number | 9 |
| Variable Name | COMPORT |
| Version | 2 |
| Short Descriptor | Behavior, Comportment and Personality |
| UDS Question | Behavior, Comportment and Personality |
| Length of Field | 3 |
| Column Positions | 78 – 80 |
| Data Type | Numeric |
| Allowable Codes | 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment |

Form B4: Global Staging – CDR: Standard and Supplemental

| | |
|------------------|---|
| Variable Number | 10 |
| Variable Name | CDRLANG |
| Version | 2 |
| Short Descriptor | Language |
| UDS Question | Language |
| Length of Field | 3 |
| Column Positions | 82 – 84 |
| Data Type | Numeric |
| Allowable Codes | 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment |

Form B5: Behavioral Assessment – NPI-Q

| | |
|------------------|--------------------------------------|
| Variable Number | 1 |
| Variable Name | NPIQINF |
| Version | 2 |
| Short Descriptor | NPI informant |
| UDS Question | NPI informant |
| Length of Field | 1 |
| Column Positions | 45 |
| Data Type | Numeric |
| Allowable Codes | 1 = Spouse 2 = Child 3 = Other |

| | |
|------------------|---|
| Variable Number | 1A |
| Variable Name | NPIQINF |
| Version | 2 |
| Short Descriptor | NPI informant, other – specify |
| UDS Question | NPI informant, other – specify |
| Length of Field | 60 |
| Column Positions | 47 – 106 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #1, NPIQINF ≠ 3 (Other). |

| | |
|------------------|--|
| Variable Number | 2A |
| Variable Name | DEL |
| Version | 2 |
| Short Descriptor | Delusions |
| UDS Question | Does the patient believe that others are stealing from him or her, or planning to harm him or her in some way? |
| Length of Field | 1 |
| Column Positions | 108 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

Form B5: Behavioral Assessment – NPI-Q

| | |
|------------------|--|
| Variable Number | 2B |
| Variable Name | DELSEV |
| Version | 2 |
| Short Descriptor | Delusions severity |
| UDS Question | Delusions severity |
| Length of Field | 1 |
| Column Positions | 110 |
| Data Type | Numeric |
| Allowable Codes | 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) |
| Blanks | Blank if #2A, DEL = 0 (No). |

| | |
|------------------|---|
| Variable Number | 3A |
| Variable Name | HALL |
| Version | 2 |
| Short Descriptor | Hallucinations |
| UDS Question | Does the patient act as if he or she hears voices? Does he or she talk to people who are not there? |
| Length of Field | 1 |
| Column Positions | 112 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|--|
| Variable Number | 3B |
| Variable Name | HALLSEV |
| Version | 2 |
| Short Descriptor | Hallucinations severity |
| UDS Question | Hallucinations severity |
| Length of Field | 1 |
| Column Positions | 114 |
| Data Type | Numeric |
| Allowable Codes | 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) |
| Blanks | Blank if #3A, HALL = 0 (No). |

Form B5: Behavioral Assessment – NPI-Q

| | |
|------------------|--|
| Variable Number | 4A |
| Variable Name | AGIT |
| Version | 2 |
| Short Descriptor | Agitation or aggression |
| UDS Question | Is the patient stubborn and resistive to help from others? |
| Length of Field | 1 |
| Column Positions | 116 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|--|
| Variable Number | 4B |
| Variable Name | AGITSEV |
| Version | 2 |
| Short Descriptor | Agitation or aggression severity |
| UDS Question | Agitation or aggression severity |
| Length of Field | 1 |
| Column Positions | 118 |
| Data Type | Numeric |
| Allowable Codes | 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) |
| Blanks | Blank if #4A, AGIT = 0 (No). |

| | |
|------------------|--|
| Variable Number | 5A |
| Variable Name | DEPD |
| Version | 2 |
| Short Descriptor | Depression or dysphoria |
| UDS Question | Does the patient act as if he or she is sad or in low spirits? Does he or she cry? |
| Length of Field | 1 |
| Column Positions | 120 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

Form B5: Behavioral Assessment – NPI-Q

| | |
|------------------|---|
| Variable Number | 5B |
| Variable Name | DEPDSEV |
| Version | 2 |
| Short Descriptor | Depression or dysphoria severity |
| UDS Question | Depression or dysphoria severity |
| Length of Field | 1 |
| Column Positions | 122 |
| Data Type | Numeric |
| Allowable Codes | 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) |
| Blanks | Blank if #5A, DEPD = 0 (No). |
| Variable Number | 6A |
| Variable Name | ANX |
| Version | 2 |
| Short Descriptor | Anxiety |
| UDS Question | Does the patient become upset when separated from you? Does he or she have any other signs of nervousness, such as shortness of breath, sighing, being unable to relax, or feeling excessively tense? |
| Length of Field | 1 |
| Column Positions | 124 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Variable Number | 6B |
| Variable Name | ANXSEV |
| Version | 2 |
| Short Descriptor | Anxiety severity |
| UDS Question | Anxiety severity |
| Length of Field | 1 |
| Column Positions | 126 |
| Data Type | Numeric |
| Allowable Codes | 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) |
| Blanks | Blank if #6A, ANX = 0 (No). |

Form B5: Behavioral Assessment – NPI-Q

| | |
|------------------|--|
| Variable Number | 7A |
| Variable Name | ELAT |
| Version | 2 |
| Short Descriptor | Elation or euphoria |
| UDS Question | Does the patient appear to feel too good or act excessively happy? |
| Length of Field | 1 |
| Column Positions | 128 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|--|
| Variable Number | 7B |
| Variable Name | ELATSEV |
| Version | 2 |
| Short Descriptor | Elation or euphoria severity |
| UDS Question | Elation or euphoria severity |
| Length of Field | 1 |
| Column Positions | 130 |
| Data Type | Numeric |
| Allowable Codes | 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) |
| Blanks | Blank if #7A, ELAT = 0 (No). |

| | |
|------------------|---|
| Variable Number | 8A |
| Variable Name | APA |
| Version | 2 |
| Short Descriptor | Apathy or indifference |
| UDS Question | Does the patient seem less interested in his or her usual activities and in the activities and plans of others? |
| Length of Field | 1 |
| Column Positions | 132 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

Form B5: Behavioral Assessment – NPI-Q

| | |
|------------------|---|
| Variable Number | 8B |
| Variable Name | APASEV |
| Version | 2 |
| Short Descriptor | Apathy or indifference severity |
| UDS Question | Apathy or indifference severity |
| Length of Field | 1 |
| Column Positions | 134 |
| Data Type | Numeric |
| Allowable Codes | 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) |
| Blanks | Blank if #8A, APA = 0 (No). |
| Variable Number | 9A |
| Variable Name | DISN |
| Version | 2 |
| Short Descriptor | Disinhibition |
| UDS Question | Does the patient seem to act impulsively? For example, does the patient talk to strangers as if he or she knows them, or does the patient say things that may hurt people's feelings? |
| Length of Field | 1 |
| Column Positions | 136 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Variable Number | 9B |
| Variable Name | DISNSEV |
| Version | 2 |
| Short Descriptor | Disinhibition severity |
| UDS Question | Disinhibition severity |
| Length of Field | 1 |
| Column Positions | 138 |
| Data Type | Numeric |
| Allowable Codes | 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) |
| Blanks | Blank if #9A, DISN = 0 (No). |

Form B5: Behavioral Assessment – NPI-Q

| | |
|------------------|--|
| Variable Number | 10A |
| Variable Name | IRR |
| Version | 2 |
| Short Descriptor | Irritability or lability |
| UDS Question | Is the patient impatient or cranky? Does he or she have difficulty coping with delays or waiting for planned activities? |
| Length of Field | 1 |
| Column Positions | 140 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|--|
| Variable Number | 10B |
| Variable Name | IRRSEV |
| Version | 2 |
| Short Descriptor | Irritability or lability severity |
| UDS Question | Irritability or lability severity |
| Length of Field | 1 |
| Column Positions | 142 |
| Data Type | Numeric |
| Allowable Codes | 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) |
| Blanks | Blank if #10A, IRR = 0 (No). |

| | |
|------------------|---|
| Variable Number | 11A |
| Variable Name | MOT |
| Version | 2 |
| Short Descriptor | Motor disturbance |
| UDS Question | Does the patient engage in repetitive activities, such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly? |
| Length of Field | 1 |
| Column Positions | 144 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

Form B5: Behavioral Assessment – NPI-Q

| | |
|------------------|--|
| Variable Number | 11B |
| Variable Name | MOTSEV |
| Version | 2 |
| Short Descriptor | Motor disturbance severity |
| UDS Question | Motor disturbance severity |
| Length of Field | 1 |
| Column Positions | 146 |
| Data Type | Numeric |
| Allowable Codes | 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) |
| Blanks | Blank if #11A, MOT = 0 (No). |

| | |
|------------------|---|
| Variable Number | 12A |
| Variable Name | NITE |
| Version | 2 |
| Short Descriptor | Nighttime behaviors |
| UDS Question | Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day? |
| Length of Field | 1 |
| Column Positions | 148 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|--|
| Variable Number | 12B |
| Variable Name | NITESEV |
| Version | 2 |
| Short Descriptor | Nighttime behaviors severity |
| UDS Question | Nighttime behaviors severity |
| Length of Field | 1 |
| Column Positions | 150 |
| Data Type | Numeric |
| Allowable Codes | 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) |
| Blanks | Blank if #12A, NITE = 0 (No). |

Form B5: Behavioral Assessment – NPI-Q

| | |
|------------------|---|
| Variable Number | 13A |
| Variable Name | APP |
| Version | 2 |
| Short Descriptor | Appetite and eating |
| UDS Question | Has the patient lost or gained weight, or had a change in the food he or she likes? |
| Length of Field | 1 |
| Column Positions | 152 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|--|
| Variable Number | 13B |
| Variable Name | APPSEV |
| Version | 2 |
| Short Descriptor | Appetite and eating severity |
| UDS Question | Appetite and eating severity |
| Length of Field | 1 |
| Column Positions | 154 |
| Data Type | Numeric |
| Allowable Codes | 1 = Mild (noticeable, but not a significant change) 2 = Moderate (significant, but not a dramatic change) 3 = Severe (very marked or prominent; a dramatic change) |
| Blanks | Blank if #13A, APP = 0 (No). |

Form B6: Behavioral Assessment – GDS

| | |
|------------------|---|
| Variable Number | G1 |
| Variable Name | NOGDS |
| Version | 2 |
| Short Descriptor | Not able to complete GDS |
| UDS Question | Not able to complete GDS |
| Length of Field | 1 |
| Column Positions | 45 |
| Data Type | Numeric |
| Allowable Codes | 0 = No, subject was able to complete the GDS (box not checked). 1 = Yes, subject was not able to complete the GDS (box checked). |

| | |
|------------------|---|
| Variable Number | 1 |
| Variable Name | SATIS |
| Version | 2 |
| Short Descriptor | Satisfied with life |
| UDS Question | Are you basically satisfied with your life? |
| Length of Field | 1 |
| Column Positions | 47 |
| Data Type | Numeric |
| Allowable Codes | 0 = Yes 1 = No |

| | |
|------------------|---|
| Variable Number | 2 |
| Variable Name | DROPACT |
| Version | 2 |
| Short Descriptor | Dropped activities and interests |
| UDS Question | Have you dropped many of your activities and interests? |
| Length of Field | 1 |
| Column Positions | 49 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

Form B6: Behavioral Assessment – GDS

| | |
|------------------|--------------------------------------|
| Variable Number | 3 |
| Variable Name | EMPTY |
| Version | 2 |
| Short Descriptor | Life feels empty |
| UDS Question | Do you feel that your life is empty? |
| Length of Field | 1 |
| Column Positions | 51 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|-------------------------|
| Variable Number | 4 |
| Variable Name | BORED |
| Version | 2 |
| Short Descriptor | Bored |
| UDS Question | Do you often get bored? |
| Length of Field | 1 |
| Column Positions | 53 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|---|
| Variable Number | 5 |
| Variable Name | SPIRITS |
| Version | 2 |
| Short Descriptor | Good spirits |
| UDS Question | Are you in good spirits most of the time? |
| Length of Field | 1 |
| Column Positions | 55 |
| Data Type | Numeric |
| Allowable Codes | 0 = Yes 1 = No |

Form B6: Behavioral Assessment – GDS

| | |
|------------------|--|
| Variable Number | 6 |
| Variable Name | AFRAID |
| Version | 2 |
| Short Descriptor | Afraid bad thing will happen |
| UDS Question | Are you afraid that something bad is going to happen to you? |
| Length of Field | 1 |
| Column Positions | 57 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|-------------------------------------|
| Variable Number | 7 |
| Variable Name | HAPPY |
| Version | 2 |
| Short Descriptor | Mostly happy |
| UDS Question | Do you feel happy most of the time? |
| Length of Field | 1 |
| Column Positions | 59 |
| Data Type | Numeric |
| Allowable Codes | 0 = Yes 1 = No |

| | |
|------------------|-----------------------------|
| Variable Number | 8 |
| Variable Name | HELPLESS |
| Version | 2 |
| Short Descriptor | Feel helpless |
| UDS Question | Do you often feel helpless? |
| Length of Field | 1 |
| Column Positions | 61 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

Form B6: Behavioral Assessment – GDS

| | |
|------------------|--|
| Variable Number | 9 |
| Variable Name | STAYHOME |
| Version | 2 |
| Short Descriptor | Prefer to stay home |
| UDS Question | Do you prefer to stay at home, rather than going out and doing new things? |
| Length of Field | 1 |
| Column Positions | 63 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|---|
| Variable Number | 10 |
| Variable Name | MEMPROB |
| Version | 2 |
| Short Descriptor | More memory problems |
| UDS Question | Do you feel you have more problems with memory than most? |
| Length of Field | 1 |
| Column Positions | 65 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|---|
| Variable Number | 11 |
| Variable Name | WONDRFUL |
| Version | 2 |
| Short Descriptor | Wonderful to be alive |
| UDS Question | Do you think it is wonderful to be alive now? |
| Length of Field | 1 |
| Column Positions | 67 |
| Data Type | Numeric |
| Allowable Codes | 0 = Yes 1 = No |

Form B6: Behavioral Assessment – GDS

| | |
|------------------|---|
| Variable Number | 12 |
| Variable Name | WRTHLESS |
| Version | 2 |
| Short Descriptor | Feel worthless |
| UDS Question | Do you feel pretty worthless the way you are now? |
| Length of Field | 1 |
| Column Positions | 69 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|-----------------------------|
| Variable Number | 13 |
| Variable Name | ENERGY |
| Version | 2 |
| Short Descriptor | Full of energy |
| UDS Question | Do you feel full of energy? |
| Length of Field | 1 |
| Column Positions | 71 |
| Data Type | Numeric |
| Allowable Codes | 0 = Yes 1 = No |

| | |
|------------------|--|
| Variable Number | 14 |
| Variable Name | HOPELESS |
| Version | 2 |
| Short Descriptor | Situation is hopeless |
| UDS Question | Do you feel that your situation is hopeless? |
| Length of Field | 1 |
| Column Positions | 73 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

Form B6: Behavioral Assessment – GDS

| | |
|------------------|--|
| Variable Number | 15 |
| Variable Name | BETTER |
| Version | 2 |
| Short Descriptor | Others are better off |
| UDS Question | Do you think that most people are better off than you are? |
| Length of Field | 1 |
| Column Positions | 75 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|---|
| Variable Number | 16 |
| Variable Name | GDS |
| Version | 2 |
| Short Descriptor | Total GDS score |
| UDS Question | Sum all circled answers for a Total GDS Score |
| Length of Field | 2 |
| Column Positions | 77 – 78 |
| Data Type | Numeric |
| Allowable Codes | 0 – 15 88 = Did not complete |

Form B7: Functional Assessment – FAQ

| | |
|------------------|--|
| Variable Number | 1 |
| Variable Name | BILLS |
| Version | 2 |
| Short Descriptor | Paying bills |
| UDS Question | In the past four weeks, did the subject have any difficulty or need help with writing checks, paying bills, or balancing a checkbook. |
| Length of Field | 1 |
| Column Positions | 45 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) |

| | |
|------------------|--|
| Variable Number | 2 |
| Variable Name | TAXES |
| Version | 2 |
| Short Descriptor | Taxes and business affairs |
| UDS Question | In the past four weeks, did the subject have any difficulty or need help with assembling tax records, business affairs, or other papers. |
| Length of Field | 1 |
| Column Positions | 47 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) |

Form B7: Functional Assessment – FAQ

| | |
|------------------|--|
| Variable Number | 3 |
| Variable Name | SHOPPING |
| Version | 2 |
| Short Descriptor | Shopping alone |
| UDS Question | In the past four weeks, did the subject have any difficulty or need help with shopping alone for clothes, household necessities, or groceries. |
| Length of Field | 1 |
| Column Positions | 49 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) |

| | |
|------------------|--|
| Variable Number | 4 |
| Variable Name | GAMES |
| Version | 2 |
| Short Descriptor | Games and hobbies |
| UDS Question | In the past four weeks, did the subject have any difficulty or need help with playing a game of skill such as bridge or chess, working on a hobby. |
| Length of Field | 1 |
| Column Positions | 51 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) |

Form B7: Functional Assessment – FAQ

| | |
|------------------|---|
| Variable Number | 5 |
| Variable Name | STOVE |
| Version | 2 |
| Short Descriptor | Using stove |
| UDS Question | In the past four weeks, did the subject have any difficulty or need help with heating water, making a cup of coffee, turning off the stove. |
| Length of Field | 1 |
| Column Positions | 53 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) |

| | |
|------------------|--|
| Variable Number | 6 |
| Variable Name | MEALPREP |
| Version | 2 |
| Short Descriptor | Preparing a balanced meal |
| UDS Question | In the past four weeks, did the subject have any difficulty or need help with preparing a balanced meal. |
| Length of Field | 1 |
| Column Positions | 55 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) |

Form B7: Functional Assessment – FAQ

| | |
|------------------|--|
| Variable Number | 7 |
| Variable Name | EVENTS |
| Version | 2 |
| Short Descriptor | Current events |
| UDS Question | In the past four weeks, did the subject have any difficulty or need help with keeping track of current events. |
| Length of Field | 1 |
| Column Positions | 57 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) |

| | |
|------------------|---|
| Variable Number | 8 |
| Variable Name | PAYATTN |
| Version | 2 |
| Short Descriptor | Paying attention |
| UDS Question | In the past four weeks, did the subject have any difficulty or need help with paying attention to and understanding a TV program, book or magazine. |
| Length of Field | 1 |
| Column Positions | 59 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) |

Form B7: Functional Assessment – FAQ

| | |
|------------------|--|
| Variable Number | 9 |
| Variable Name | REMDATES |
| Version | 2 |
| Short Descriptor | Remembering dates |
| UDS Question | In the past four weeks, did the subject have any difficulty or need help with remembering appointments, family occasions, holidays, medications. |
| Length of Field | 1 |
| Column Positions | 61 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) |

| | |
|------------------|---|
| Variable Number | 10 |
| Variable Name | TRAVEL |
| Version | 2 |
| Short Descriptor | Traveling and driving |
| UDS Question | In the past four weeks, did the subject have any difficulty or need help with traveling out of the neighborhood, driving, or arranging to take public transportation. |
| Length of Field | 1 |
| Column Positions | 63 |
| Data Type | Numeric |
| Allowable Codes | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) |

Form B8: Physical/Neurological Exam Findings

| | |
|------------------|---|
| Variable Number | 1 |
| Variable Name | NORMAL |
| Version | 2 |
| Short Descriptor | Exam findings normal |
| UDS Question | Are all findings unremarkable (normal or normal for age)? |
| Length of Field | 1 |
| Column Positions | 45 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Variable Number | 2 |
| Variable Name | FOCLDEF |
| Version | 2 |
| Short Descriptor | Focal deficits |
| UDS Question | Are focal deficits present indicative of central nervous system disorder? |
| Length of Field | 1 |
| Column Positions | 47 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Variable Number | 3 |
| Variable Name | GAITDIS |
| Version | 2 |
| Short Descriptor | Gait disorder |
| UDS Question | Is gait disorder present indicative of central nervous system disorder? |
| Length of Field | 1 |
| Column Positions | 49 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |

Form B8: Physical/Neurological Exam Findings

| | |
|------------------|---|
| Variable Number | 4 |
| Variable Name | EYEMOVE |
| Version | 2 |
| Short Descriptor | Eye movement abnormalities |
| UDS Question | Are there eye movement abnormalities present indicative of central nervous system disorder? |
| Length of Field | 1 |
| Column Positions | 51 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |

Form B9: Clinician Judgment of Symptoms

| | |
|------------------|--|
| Variable Number | 1 |
| Variable Name | DECSUB |
| Version | 2 |
| Short Descriptor | Decline reported by subject |
| UDS Question | Does the subject report a decline in memory relative to previously attained abilities? |
| Length of Field | 1 |
| Column Positions | 45 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|--|
| Variable Number | 2 |
| Variable Name | DECIN |
| Version | 2 |
| Short Descriptor | Decline reported by informant |
| UDS Question | Does the informant report a decline in subject's memory relative to previously attained abilities? |
| Length of Field | 1 |
| Column Positions | 47 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |

| | |
|------------------|--|
| Variable Number | 3A |
| Variable Name | DECCLIN |
| Version | 2 |
| Short Descriptor | Decline reported by clinician |
| UDS Question | Does the clinician believe there has been a current meaningful decline in the subject's memory, non-memory cognitive abilities, behavior, or ability to manage his/her affairs, or have there been motor/movement changes relative to previously attained abilities? |
| Length of Field | 1 |
| Column Positions | 49 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Skips | If no, end form here. |

Form B9: Clinician Judgment of Symptoms

| | |
|------------------|--|
| Variable Number | 3B |
| Variable Name | DECAGE |
| Version | 2 |
| Short Descriptor | Age decline began |
| UDS Question | At what age did the cognitive decline begin (based upon the clinician's assessment)? |
| Length of Field | 3 |
| Column Positions | 51 – 53 |
| Data Type | Numeric |
| Allowable Codes | 15 – 110 999 = Unknown 888 = N/A |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |
| Variable Number | 4A |
| Variable Name | COGMEM |
| Version | 2 |
| Short Descriptor | Memory decline |
| UDS Question | Memory (For example, does s/he forget conversations and/or dates; repeat questions and/or statements; misplace more than usual; forget names of people s/he knows well?) |
| Length of Field | 1 |
| Column Positions | 55 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |
| Variable Number | 4B |
| Variable Name | COGJUDG |
| Version | 2 |
| Short Descriptor | Judgment and problem-solving decline |
| UDS Question | Judgment and problem-solving (For example, does s/he have trouble handling money (tips); paying bills; shopping; preparing meals; handling appliances; handling medications; driving?) |
| Length of Field | 1 |
| Column Positions | 57 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

Form B9: Clinician Judgment of Symptoms

| | |
|------------------|---|
| Variable Number | 4C |
| Variable Name | COGLANG |
| Version | 2 |
| Short Descriptor | Language decline |
| UDS Question | Language (For example, does s/he have hesitant speech; have trouble finding words; use inappropriate words without self-correction?) |
| Length of Field | 1 |
| Column Positions | 59 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |
| Variable Number | 4D |
| Variable Name | COGVIS |
| Version | 2 |
| Short Descriptor | Visuospatial function decline |
| UDS Question | Visuospatial function (Difficulty interpreting visual stimuli and finding his/her way around). |
| Length of Field | 1 |
| Column Positions | 61 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |
| Variable Number | 4E |
| Variable Name | COGATTN |
| Version | 2 |
| Short Descriptor | Attention/concentration decline |
| UDS Question | Attention/concentration (For example, does the subject have a short attention span or ability to concentrate? Is s/he easily distracted?) |
| Length of Field | 1 |
| Column Positions | 63 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

Form B9: Clinician Judgment of Symptoms

| | |
|------------------|---|
| Variable Number | 4F |
| Variable Name | COGFLUC |
| Version | 2 |
| Short Descriptor | Fluctuating cognition decline |
| UDS Question | Fluctuating cognition (Does s/he have pronounced variation in attention and alertness, noticeably over hours or days? For example, long periods of staring into space or lapses, or times when his/her ideas have a disorganized flow.) |
| Length of Field | 1 |
| Column Positions | 65 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

| | |
|------------------|----------------------------------|
| Variable Number | 4G |
| Variable Name | COGOTHR |
| Version | 2 |
| Short Descriptor | Cognitive symptoms, other |
| UDS Question | Cognitive symptoms, other |
| Length of Field | 1 |
| Column Positions | 67 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

| | |
|------------------|---|
| Variable Number | 4G1 |
| Variable Name | COGOTHRX |
| Version | 2 |
| Short Descriptor | Cognitive symptoms, other – specify |
| UDS Question | Cognitive symptoms, other – specify |
| Length of Field | 60 |
| Column Positions | 69 – 128 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #3A, DECCLIN = 0 (No), or if #4G, COGOTHR ≠ 1 (Yes). |

Form B9: Clinician Judgment of Symptoms

| | |
|------------------|--|
| Variable Number | 5 |
| Variable Name | COGFRST |
| Version | 2 |
| Short Descriptor | First predominant cognitive symptom |
| UDS Question | Indicate the predominant symptom which was first recognized as a decline in the subject's cognition: |
| Length of Field | 2 |
| Column Positions | 130 – 131 |
| Data Type | Numeric |
| Allowable Codes | 1 = Memory 2 = Judgment and problem solving 3 = Language 4 = Visuospatial function 5 = Attention/concentration 6 = Other 7 = Fluctuating cognition 88 = N/A 99 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

| | |
|------------------|---|
| Variable Number | 5A |
| Variable Name | COGFRSTX |
| Version | 2 |
| Short Descriptor | First predominant cognitive symptom, other – specify |
| UDS Question | First predominant cognitive symptom, other – specify |
| Length of Field | 60 |
| Column Positions | 133 – 192 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #3A, DECCLIN = 0 (No), or if #5, COGFRST ≠ 6 (Other). |

Form B9: Clinician Judgment of Symptoms

| | |
|------------------|---|
| Variable Number | 6 |
| Variable Name | COGMODE |
| Version | 2 |
| Short Descriptor | Cognitive symptoms onset mode |
| UDS Question | Mode of onset of cognitive symptoms: |
| Length of Field | 2 |
| Column Positions | 194 – 195 |
| Data Type | Numeric |
| Allowable Codes | 1 = Gradual (> 6 months) 2 = Subacute (\leq 6 months) 3 = Abrupt (within days) 4 = Other 88 = NA 99 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

| | |
|------------------|---|
| Variable Number | 6A |
| Variable Name | COGMODEX |
| Version | 2 |
| Short Descriptor | Cognitive symptoms onset mode, other – specify |
| UDS Question | Cognitive symptoms onset mode, other – specify |
| Length of Field | 60 |
| Column Positions | 197 – 256 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #3A, DECCLIN = 0 (No) or if #6, COGMODE \neq 4 (Other). |

| | |
|------------------|---|
| Variable Number | 7A |
| Variable Name | BEAPATHY |
| Version | 2 |
| Short Descriptor | Apathy/withdrawal |
| UDS Question | Apathy/withdrawal (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?) |
| Length of Field | 1 |
| Column Positions | 258 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

Form B9: Clinician Judgment of Symptoms

| | |
|------------------|---|
| Variable Number | 7B |
| Variable Name | BEDEP |
| Version | 2 |
| Short Descriptor | Depression symptoms |
| UDS Question | Depression (Has the subject seemed depressed for more than two weeks at a time; e.g., loss of interest or pleasure in nearly all activities, sadness, hopelessness, loss of appetite, fatigue?) |
| Length of Field | 1 |
| Column Positions | 260 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

| | |
|------------------|----------------------------------|
| Variable Number | 7C1 |
| Variable Name | BEVHALL |
| Version | 2 |
| Short Descriptor | Visual hallucinations |
| UDS Question | Visual hallucinations |
| Length of Field | 1 |
| Column Positions | 262 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

| | |
|------------------|--|
| Variable Number | 7C1A |
| Variable Name | BEVWELL |
| Version | 2 |
| Short Descriptor | Hallucinations well-formed and detailed |
| UDS Question | If having visual hallucinations, are the hallucinations well-formed and detailed |
| Length of Field | 1 |
| Column Positions | 264 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No) or #7C1, BEVHALL ≠ 1 (YES). |

Form B9: Clinician Judgment of Symptoms

| | |
|------------------|----------------------------------|
| Variable Number | 7C2 |
| Variable Name | BEAHALL |
| Version | 2 |
| Short Descriptor | Auditory hallucinations |
| UDS Question | Auditory hallucinations |
| Length of Field | 1 |
| Column Positions | 266 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

| | |
|------------------|-----------------------------------|
| Variable Number | 7C3 |
| Variable Name | BEDEL |
| Version | 2 |
| Short Descriptor | Abnormal/false/delusional beliefs |
| UDS Question | Abnormal/false/delusional beliefs |
| Length of Field | 1 |
| Column Positions | 268 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

| | |
|------------------|--|
| Variable Number | 7D |
| Variable Name | BEDISIN |
| Version | 2 |
| Short Descriptor | Disinhibition |
| UDS Question | Disinhibition (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?) |
| Length of Field | 1 |
| Column Positions | 270 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

Form B9: Clinician Judgment of Symptoms

| | |
|------------------|--|
| Variable Number | 7E |
| Variable Name | BEIRRIT |
| Version | 2 |
| Short Descriptor | Irritability |
| UDS Question | Irritability (Does the subject overreact, such as shouting at family members or others?) |
| Length of Field | 1 |
| Column Positions | 272 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |
| Variable Number | 7F |
| Variable Name | BEAGIT |
| Version | 2 |
| Short Descriptor | Agitation |
| UDS Question | Agitation (Does the subject have trouble sitting still; does s/he shout, hit, and/or kick?) |
| Length of Field | 1 |
| Column Positions | 274 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |
| Variable Number | 7G |
| Variable Name | BEPERCH |
| Version | 2 |
| Short Descriptor | Personality change |
| UDS Question | Personality change (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 other's feeling into account?) |
| Length of Field | 1 |
| Column Positions | 276 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

Form B9: Clinician Judgment of Symptoms

| | |
|------------------|--|
| Variable Number | 7H |
| Variable Name | BEREM |
| Version | 2 |
| Short Descriptor | REM sleep disorder |
| UDS Question | REM sleep behavior disorder (Does the subject appear to act out his/her dreams while sleeping (e.g., punch or flail their arms, shout or scream?)) |
| Length of Field | 1 |
| Column Positions | 278 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

| | |
|------------------|----------------------------------|
| Variable Number | 7I |
| Variable Name | BEOTHR |
| Version | 2 |
| Short Descriptor | Behavior symptoms, other |
| UDS Question | Behavior symptoms, other |
| Length of Field | 1 |
| Column Positions | 280 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

| | |
|------------------|---|
| Variable Number | 7I1 |
| Variable Name | BEOTHRX |
| Version | 2 |
| Short Descriptor | Behavior symptoms, other – specify |
| UDS Question | Behavior symptoms, other – specify |
| Length of Field | 60 |
| Column Positions | 282 – 341 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #3A, DECCLIN = 0 (No), or if #7I, BEOTHR ≠ 1 (Yes). |

Form B9: Clinician Judgment of Symptoms

| | |
|------------------|---|
| Variable Number | 8 |
| Variable Name | BEFRST |
| Version | 2 |
| Short Descriptor | First predominant behavior symptom |
| UDS Question | Indicate the predominant symptom which was first recognized as a decline in the subject's behavioral symptoms: |
| Length of Field | 2 |
| Column Positions | 343 – 344 |
| Data Type | Numeric |
| Allowable Codes | 1 = Apathy/withdrawal 2 = Depression 3 = Psychosis 4 = Disinhibition 5 = Irritability 6 = Agitation 7 = Personality change 8 = Other 9 = REM sleep behavior disorder 88 = NA 99 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

| | |
|------------------|---|
| Variable Number | 8A |
| Variable Name | BEFRSTX |
| Version | 2 |
| Short Descriptor | First predominant behavior symptom, other – specify |
| UDS Question | First predominant behavior symptom, other – specify |
| Length of Field | 60 |
| Column Positions | 346 – 405 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #3A, DECCLIN = 0 (No), or if #8, BEFRST ≠ 8 (Other). |

Form B9: Clinician Judgment of Symptoms

| | |
|------------------|---|
| Variable Number | 9 |
| Variable Name | BEMODE |
| Version | 2 |
| Short Descriptor | Behavioral symptoms onset mode |
| UDS Question | Mode of onset of behavioral symptoms: |
| Length of Field | 2 |
| Column Positions | 407 – 408 |
| Data Type | Numeric |
| Allowable Codes | 1 = Gradual (> 6 months) 2 = Subacute (\leq 6 months) 3 = Abrupt (within days) 4 = Other 88 = NA 99 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

| | |
|------------------|---|
| Variable Number | 9A |
| Variable Name | BEMODEX |
| Version | 2 |
| Short Descriptor | Behavioral symptoms onset mode, other – specify |
| UDS Question | Behavioral symptoms onset mode, other – specify |
| Length of Field | 60 |
| Column Positions | 410 – 469 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #3A, DECCLIN = 0 (No), or if #9 BEMODE \neq 4 (Other). |

| | |
|------------------|--|
| Variable Number | 10A |
| Variable Name | MOGAIT |
| Version | 2 |
| Short Descriptor | Gait disorder |
| UDS Question | Gait disorder (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 or no arm-swing, or drag a foot?) |
| Length of Field | 1 |
| Column Positions | 471 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

Form B9: Clinician Judgment of Symptoms

| | |
|------------------|--|
| Variable Number | 10B |
| Variable Name | MOFALLS |
| Version | 2 |
| Short Descriptor | Falls |
| UDS Question | Falls (Does the subject fall more than usual?) |
| Length of Field | 1 |
| Column Positions | 473 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

| | |
|------------------|--|
| Variable Number | 10C |
| Variable Name | MOTREM |
| Version | 2 |
| Short Descriptor | Tremor |
| UDS Question | Tremor (Has the subject had rhythmic shaking, especially in the hands, arms, legs, head, mouth or tongue?) |
| Length of Field | 1 |
| Column Positions | 475 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

| | |
|------------------|---|
| Variable Number | 10D |
| Variable Name | MOSLOW |
| Version | 2 |
| Short Descriptor | Slowness |
| UDS Question | Slowness (Has the subject noticeably slowed down in walking or moving or handwriting, other than due to an injury or illness? Has his/her facial expression changed, or become more “wooden” or masked and unexpressive?) |
| Length of Field | 1 |
| Column Positions | 477 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

Form B9: Clinician Judgment of Symptoms

| | |
|------------------|---|
| Variable Number | 11 |
| Variable Name | MOFRST |
| Version | 2 |
| Short Descriptor | First predominant motor symptom |
| UDS Question | Indicate the predominant symptom which was first recognized as a decline in the subject's motor symptoms: |
| Length of Field | 2 |
| Column Positions | 479 – 480 |
| Data Type | Numeric |
| Allowable Codes | 1 = Gait disorder 2 = Falls 3 = Tremor 4 = Slowness 88 = NA 99 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

| | |
|------------------|---|
| Variable Number | 12 |
| Variable Name | MOMODE |
| Version | 2 |
| Short Descriptor | Motor symptoms onset mode |
| UDS Question | Mode of onset of motor symptoms: |
| Length of Field | 2 |
| Column Positions | 482 – 483 |
| Data Type | Numeric |
| Allowable Codes | 1 = Gradual (> 6 months) 2 = Subacute (\leq 6 months) 3 = Abrupt (within days) 4 = Other 88 = NA 99 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

Form B9: Clinician Judgment of Symptoms

| | |
|------------------|---|
| Variable Number | 12X |
| Variable Name | MOMODEX |
| Version | 2 |
| Short Descriptor | Motor symptoms onset mode, other – specify |
| UDS Question | Motor symptoms onset mode, other – specify |
| Length of Field | 60 |
| Column Positions | 485 – 544 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #3A, DECCLIN = 0 (No), or if #12 MOMODE ≠ 4 (Other). |

| | |
|------------------|---|
| Variable Number | 12A |
| Variable Name | MOMOPARK |
| Version | 2 |
| Short Descriptor | Changes parkinsonism |
| UDS Question | If there were changes in motor function, were these suggestive of parkinsonism? |
| Length of Field | 2 |
| Column Positions | 546 – 547 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes 88 = NA |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

| | |
|------------------|---|
| Variable Number | 13 |
| Variable Name | COURSE |
| Version | 2 |
| Short Descriptor | Course of overall syndrome |
| UDS Question | Course of overall cognitive/behavioral/motor syndrome: |
| Length of Field | 1 |
| Column Positions | 549 |
| Data Type | Numeric |
| Allowable Codes | 1 = Gradual progressive 2 = Stepwise 3 = Static 4 = Fluctuating 5 = Improved 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

Form B9: Clinician Judgment of Symptoms

| | |
|------------------|---|
| Variable Number | 14 |
| Variable Name | FRSTCHG |
| Version | 2 |
| Short Descriptor | First predominant changed domain |
| UDS Question | Indicate the predominant domain which was first recognized as changed in the subject: |
| Length of Field | 1 |
| Column Positions | 551 |
| Data Type | Numeric |
| Allowable Codes | 1 = Cognition 2 = Behavior 3 = Motor function 9 = Unknown |
| Blanks | Blank if #3A, DECCLIN = 0 (No). |

Form C1: MMSE and Neuropsychological Battery

| | |
|------------------|---|
| Variable Number | 1A |
| Variable Name | MMSELOC |
| Version | 2 |
| Short Descriptor | MMSE location |
| UDS Question | The administration of the MMSE was: |
| Length of Field | 1 |
| Column Positions | 45 |
| Data Type | Numeric |
| Allowable Codes | 1 = In ADC/clinic 2 = In home 3 = In person-other |

| | |
|------------------|---|
| Variable Number | 1A1 |
| Variable Name | MMSELAN |
| Version | 2 |
| Short Descriptor | Language of MMSE |
| UDS Question | Language of MMSE administration |
| Length of Field | 1 |
| Column Positions | 47 |
| Data Type | Numeric |
| Allowable Codes | 1 = English 2 = Spanish 3 = Other |

| | |
|------------------|---|
| Variable Number | 1A2 |
| Variable Name | MMSELANX |
| Version | 2 |
| Short Descriptor | Language of MMSE, other – specify |
| UDS Question | Language of MMSE, other – specify |
| Length of Field | 60 |
| Column Positions | 49 – 108 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #1A1, MMSELAN ≠ 3 (Other). |

Form C1: MMSE and Neuropsychological Battery

| | |
|------------------|--|
| Variable Number | 1B1 |
| Variable Name | MMSEORDA |
| Version | 2 |
| Short Descriptor | MMSE orientation time |
| UDS Question | MMSE orientation subscale score, time |
| Length of Field | 2 |
| Column Positions | 110 – 111 |
| Data Type | Numeric |
| Allowable Codes | 0 – 5 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |
| Variable Number | 1B2 |
| Variable Name | MMSEORLO |
| Version | 2 |
| Short Descriptor | MMSE orientation place |
| UDS Question | MMSE orientation subscale score, place |
| Length of Field | 2 |
| Column Positions | 113 – 114 |
| Data Type | Numeric |
| Allowable Codes | 0 – 5 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |
| Variable Number | 1C |
| Variable Name | PENTAGON |
| Version | 2 |
| Short Descriptor | Pentagon score |
| UDS Question | Intersecting pentagon subscale score |
| Length of Field | 2 |
| Column Positions | 116 – 117 |
| Data Type | Numeric |
| Allowable Codes | 0 – 1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |

Form C1: MMSE and Neuropsychological Battery

| | |
|------------------|---|
| Variable Number | 1D |
| Variable Name | MMSE |
| Version | 2 |
| Short Descriptor | Total MMSE score (using D-L-R-O-W) |
| UDS Question | Total MMSE score (using D-L-R-O-W) |
| Length of Field | 2 |
| Column Positions | 119 – 120 |
| Data Type | Numeric |
| Allowable Codes | 0 – 30 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |
| Variable Number | 2 |
| Variable Name | NPSYCLOC |
| Version | 2 |
| Short Descriptor | NPSYCH battery location |
| UDS Question | The remainder of the battery was administered: |
| Length of Field | 1 |
| Column Positions | 122 |
| Data Type | Numeric |
| Allowable Codes | 1 = In ADC/clinic 2 = In home 3 = In person-other |
| Variable Number | 2A |
| Variable Name | NPSYLAN |
| Version | 2 |
| Short Descriptor | Language of test |
| UDS Question | Language of test (neuropsychological battery) administration |
| Length of Field | 1 |
| Column Positions | 124 |
| Data Type | Numeric |
| Allowable Codes | 1 = English 2 = Spanish 3 = Other |

Form C1: MMSE and Neuropsychological Battery

| | |
|------------------|---|
| Variable Number | 2A1 |
| Variable Name | NPSYLANX |
| Version | 2 |
| Short Descriptor | Language of test, other – specify |
| UDS Question | Language of test (neuropsychological battery), other – specify |
| Length of Field | 60 |
| Column Positions | 126 – 185 |
| Data Type | Character |
| Allowable Codes | Any text or numbers but cannot use single quotes ('), double quotes ("), ampersands (&), or percentage signs (%). |
| Blanks | Blank if #2A, NPSYLAN ≠ 3 (Other). |

| | |
|------------------|---|
| Variable Number | 3AMO |
| Variable Name | LOGIMO |
| Version | 2 |
| Short Descriptor | Previous Logical Memory IA test, month |
| UDS Question | If this test has been administered to the subject within the past 3 months, specify the date previously administered: (month) |
| Length of Field | 2 |
| Column Positions | 187 – 188 |
| Data Type | Numeric |
| Allowable Codes | 1 – 12 88 = N/A |
| Comment | Date should be no more than 3 months prior to visit date. |

| | |
|------------------|---|
| Variable Number | 3ADY |
| Variable Name | LOGIDAY |
| Version | 2 |
| Short Descriptor | Previous Logical Memory IA test, day |
| UDS Question | If this test has been administered to the subject within the past 3 months, specify the date previously administered: (day) |
| Length of Field | 2 |
| Column Positions | 190 – 191 |
| Data Type | Numeric |
| Allowable Codes | 1 – 31 88 = N/A |
| Comment | Date should be no more than 3 months prior to visit date. Note: LOGIDAY is not available to non-ADC researchers. |

Form C1: MMSE and Neuropsychological Battery

| | |
|------------------|--|
| Variable Number | 3AYR |
| Variable Name | LOGIYR |
| Version | 2 |
| Short Descriptor | Previous Logical Memory IA test, year |
| UDS Question | If this test has been administered to the subject within the past 3 months, specify the date previously administered: (year) |
| Length of Field | 4 |
| Column Positions | 193 – 196 |
| Data Type | Numeric |
| Allowable Codes | Current year or previous year 8888 = N/A |
| Comment | Date should be no more than 3 months prior to visit date. |

| | |
|------------------|--|
| Variable Number | 3A1 |
| Variable Name | LOGIPREV |
| Version | 2 |
| Short Descriptor | Previous Logical Memory IA test score |
| UDS Question | Total score from the previous test administration: |
| Length of Field | 2 |
| Column Positions | 198 – 199 |
| Data Type | Numeric |
| Allowable Codes | 0 – 25 88 = N/A |

| | |
|------------------|---|
| Variable Number | 3B |
| Variable Name | LOGIMEM |
| Version | 2 |
| Short Descriptor | Current Logical Memory IA story units recalled |
| UDS Question | Total number of story units recalled from this current test administration: |
| Length of Field | 2 |
| Column Positions | 201 – 202 |
| Data Type | Numeric |
| Allowable Codes | 0 – 25 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |

Form C1: MMSE and Neuropsychological Battery

| | |
|------------------|---|
| Variable Number | 4A |
| Variable Name | DIGIF |
| Version | 2 |
| Short Descriptor | Digit span forward trials correct |
| UDS Question | Total number of trials correct prior to two consecutive errors at the same digit length: |
| Length of Field | 2 |
| Column Positions | 204 – 205 |
| Data Type | Numeric |
| Allowable Codes | 0 – 12 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |

| | |
|------------------|--|
| Variable Number | 4B |
| Variable Name | DIGIFLEN |
| Version | 2 |
| Short Descriptor | Digit span forward length |
| UDS Question | Digit span forward length: |
| Length of Field | 2 |
| Column Positions | 207 – 208 |
| Data Type | Numeric |
| Allowable Codes | 0 – 8 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |

Form C1: MMSE and Neuropsychological Battery

| | |
|------------------|---|
| Variable Number | 5A |
| Variable Name | DIGIB |
| Version | 2 |
| Short Descriptor | Digit span backward trials correct |
| UDS Question | Total number of trials correct prior to two consecutive errors at the same digit length: |
| Length of Field | 2 |
| Column Positions | 210 – 211 |
| Data Type | Numeric |
| Allowable Codes | 0 – 12 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |

| | |
|------------------|--|
| Variable Number | 5B |
| Variable Name | DIGIBLEN |
| Version | 2 |
| Short Descriptor | Digit span backward length |
| UDS Question | Digit span backward length: |
| Length of Field | 2 |
| Column Positions | 213 – 214 |
| Data Type | Numeric |
| Allowable Codes | 0 – 7 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |

Form C1: MMSE and Neuropsychological Battery

| | |
|------------------|---|
| Variable Number | 6A |
| Variable Name | ANIMALS |
| Version | 2 |
| Short Descriptor | Total animals named |
| UDS Question | Category fluency, Animals – Total number of animals named in 60 seconds: |
| Length of Field | 2 |
| Column Positions | 216 – 217 |
| Data Type | Numeric |
| Allowable Codes | 0 – 77 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |
| Variable Number | 6B |
| Variable Name | VEG |
| Version | 2 |
| Short Descriptor | Total vegetables named |
| UDS Question | Category fluency, Vegetables – Total number of vegetables named in 60 seconds: |
| Length of Field | 2 |
| Column Positions | 219 – 220 |
| Data Type | Numeric |
| Allowable Codes | 0 – 77 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |

Form C1: MMSE and Neuropsychological Battery

| | |
|------------------|--|
| Variable Number | 7A |
| Variable Name | TRAILA |
| Version | 2 |
| Short Descriptor | Trail making test – Part A |
| UDS Question | Part A – Total number of seconds to complete (if not finished by 150 seconds, enter 150): |
| Length of Field | 3 |
| Column Positions | 222 – 224 |
| Data Type | Numeric |
| Allowable Codes | 0 – 150 995 = Physical problem 996 = Cognitive/behavior problem 997 = Other problem 998 = Verbal refusal |

| | |
|------------------|--|
| Variable Number | 7A1 |
| Variable Name | TRAILARR |
| Version | 2 |
| Short Descriptor | Number of commission errors |
| UDS Question | Number of commission errors |
| Length of Field | 2 |
| Column Positions | 226 – 227 |
| Data Type | Numeric |
| Allowable Codes | 0 – 40 88 = N/A |
| Blanks | Blank if #7A, TRAILA = 995, 996, 997 or 998. |

| | |
|------------------|--|
| Variable Number | 7A2 |
| Variable Name | TRAILALI |
| Version | 2 |
| Short Descriptor | Number of correct lines |
| UDS Question | Number of correct lines |
| Length of Field | 2 |
| Column Positions | 229 – 230 |
| Data Type | Numeric |
| Allowable Codes | 0 – 24 88 = N/A |
| Blanks | Blank if #7A, TRAILA = 995, 996, 997 or 998. |

Form C1: MMSE and Neuropsychological Battery

| | |
|------------------|--|
| Variable Number | 7B |
| Variable Name | TRAILB |
| Version | 2 |
| Short Descriptor | Trail making test – Part B |
| UDS Question | Part B – Total number of seconds to complete (if not finished by 300 seconds, enter 300): |
| Length of Field | 3 |
| Column Positions | 232 – 234 |
| Data Type | Numeric |
| Allowable Codes | 0 – 300 995 = Physical problem 996 = Cognitive/behavior problem 997 = Other problem 998 = Verbal refusal |
| Variable Number | 7B1 |
| Variable Name | TRAILBRR |
| Version | 2 |
| Short Descriptor | Number of commission errors |
| UDS Question | Number of commission errors |
| Length of Field | 2 |
| Column Positions | 236 – 237 |
| Data Type | Numeric |
| Allowable Codes | 0 – 40 88 = N/A |
| Blanks | Blank if #7B, TRAILB = 995, 996, 997 or 998. |
| Variable Number | 7B2 |
| Variable Name | TRAILBLI |
| Version | 2 |
| Short Descriptor | Number of correct lines |
| UDS Question | Number of correct lines |
| Length of Field | 2 |
| Column Positions | 239 – 240 |
| Data Type | Numeric |
| Allowable Codes | 0 – 24 88 = N/A |
| Blanks | Blank if #7B, TRAILB = 995, 996, 997 or 998. |

Form C1: MMSE and Neuropsychological Battery

| | |
|------------------|---|
| Variable Number | 8A |
| Variable Name | WAIS |
| Version | 2 |
| Short Descriptor | WAIS-R Digit Symbol |
| UDS Question | Total number of items correctly completed in 90 seconds: |
| Length of Field | 2 |
| Column Positions | 242 – 243 |
| Data Type | Numeric |
| Allowable Codes | 0 – 93 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |

| | |
|------------------|---|
| Variable Number | 9A |
| Variable Name | MEMUNITS |
| Version | 2 |
| Short Descriptor | Logical Memory IIA – Delayed: story units recalled |
| UDS Question | Logical Memory IIA – Delayed: Total number of story units recalled: |
| Length of Field | 2 |
| Column Positions | 245 – 246 |
| Data Type | Numeric |
| Allowable Codes | 0 – 25 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |

| | |
|------------------|---|
| Variable Number | 9B |
| Variable Name | MEMTIME |
| Version | 2 |
| Short Descriptor | Time between Logical Memory tests (minutes) |
| UDS Question | Logical Memory IIA – Delayed: Time elapsed since Logical Memory IA – Immediate: (minutes) |
| Length of Field | 2 |
| Column Positions | 248 – 249 |
| Data Type | Numeric |
| Allowable Codes | 0 – 85 88 = N/A 99 = Unknown |

Form C1: MMSE and Neuropsychological Battery

| | |
|------------------|---|
| Variable Number | 10A |
| Variable Name | BOSTON |
| Version | 2 |
| Short Descriptor | Boston Naming Test |
| UDS Question | Boston Naming Test – (30 Odd-numbered items) total score: |
| Length of Field | 2 |
| Column Positions | 251 – 252 |
| Data Type | Numeric |
| Allowable Codes | 0 – 30 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal |

| | |
|------------------|---|
| Variable Number | 11A |
| Variable Name | COGSTAT |
| Version | 2 |
| Short Descriptor | Cognitive status overall appraisal |
| UDS Question | Based on the UDS neuropsychological examination, the subject's cognitive status is deemed: |
| Length of Field | 1 |
| Column Positions | 254 |
| Data Type | Numeric |
| Allowable Codes | 1 = Better than normal for age 2 = Normal for age 3 = One or two test scores abnormal 4 = Three or more scores are abnormal or lower than expected 0 = Clinician unable to render opinion |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|---|
| Variable Number | 1 |
| Variable Name | WHODIDDX |
| Version | 2 |
| Short Descriptor | Who did diagnosis |
| UDS Question | Responses are based on: |
| Length of Field | 1 |
| Column Positions | 45 |
| Data Type | Numeric |
| Allowable Codes | 1 = Diagnosis from single clinician 2 = Consensus diagnosis |
| Variable Number | 2 |
| Variable Name | NORMCOG |
| Version | 2 |
| Short Descriptor | Normal cognition |
| UDS Question | Does the subject have normal cognition (no MCI, dementia, or other neurological condition resulting in cognitive impairment)? |
| Length of Field | 1 |
| Column Positions | 47 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Skips | If Yes, go to #14, PSP. If No, continue to #3, DEMENTED. |
| Variable Number | 3 |
| Variable Name | DEMENTED |
| Version | 2 |
| Short Descriptor | Dementia criteria met |
| UDS Question | 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)? |
| Length of Field | 1 |
| Column Positions | 49 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Skips | If Yes, go to #5, PROBAD. If No, continue to #4A, MCIAMEM. |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|---|
| Variable Number | 4A |
| Variable Name | MCIAMEM |
| Version | 2 |
| Short Descriptor | Amnestic MCI – memory impairment only |
| UDS Question | Amnestic MCI – memory impairment only |
| Length of Field | 1 |
| Column Positions | 51 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes) or #3, DEMENTED = 1 (Yes). |

| | |
|------------------|--|
| Variable Number | 4B |
| Variable Name | MCIAPLUS |
| Version | 2 |
| Short Descriptor | Amnestic MCI – memory impairment plus |
| UDS Question | Amnestic MCI – memory impairment plus one or more other domains. |
| Length of Field | 1 |
| Column Positions | 53 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes) or #3, DEMENTED = 1 (Yes). |

| | |
|------------------|--|
| Variable Number | 4B1 |
| Variable Name | MCIAPLAN |
| Version | 2 |
| Short Descriptor | Amnestic MCI plus language |
| UDS Question | Amnestic MCI – memory impairment plus language domain |
| Length of Field | 1 |
| Column Positions | 55 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4B, MCIAPLUS = 0 (Absent). |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|--|
| Variable Number | 4B2 |
| Variable Name | MCIAPATT |
| Version | 2 |
| Short Descriptor | Amnestic MCI plus attention |
| UDS Question | Amnestic MCI – memory impairment plus attention domain |
| Length of Field | 1 |
| Column Positions | 57 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4B, MCIAPLUS = 0 (Absent). |

| | |
|------------------|--|
| Variable Number | 4B3 |
| Variable Name | MCIAPEX |
| Version | 2 |
| Short Descriptor | Amnestic MCI plus executive function |
| UDS Question | Amnestic MCI – memory impairment plus executive function domain |
| Length of Field | 1 |
| Column Positions | 59 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4B, MCIAPLUS = 0 (Absent). |

| | |
|------------------|--|
| Variable Number | 4B4 |
| Variable Name | MCIAPVIS |
| Version | 2 |
| Short Descriptor | Amnestic MCI plus visuospatial |
| UDS Question | Amnestic MCI – memory impairment plus visuospatial domain |
| Length of Field | 1 |
| Column Positions | 61 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4B, MCIAPLUS = 0 (Absent). |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|---|
| Variable Number | 4C |
| Variable Name | MCINON1 |
| Version | 2 |
| Short Descriptor | Non-amnestic MCI – single domain |
| UDS Question | Non-amnestic MCI – single domain |
| Length of Field | 1 |
| Column Positions | 63 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes). |

| | |
|------------------|--|
| Variable Number | 4C1 |
| Variable Name | MCIN1LAN |
| Version | 2 |
| Short Descriptor | Non-amnestic MCI – single domain, language |
| UDS Question | Non-amnestic MCI – single domain, language |
| Length of Field | 1 |
| Column Positions | 65 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4C MCINON1 = 0 (Absent). |

| | |
|------------------|--|
| Variable Number | 4C2 |
| Variable Name | MCIN1ATT |
| Version | 2 |
| Short Descriptor | Non-amnestic MCI – single domain, attention |
| UDS Question | Non-amnestic MCI – single domain, attention |
| Length of Field | 1 |
| Column Positions | 67 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4C MCINON1 = 0 (Absent). |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|--|
| Variable Number | 4C3 |
| Variable Name | MCIN1EX |
| Version | 2 |
| Short Descriptor | Non-amnestic MCI – single domain, executive function |
| UDS Question | Non-amnestic MCI – single domain, executive function |
| Length of Field | 1 |
| Column Positions | 69 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4C MCINON1 = 0 (Absent). |

| | |
|------------------|--|
| Variable Number | 4C4 |
| Variable Name | MCIN1VIS |
| Version | 2 |
| Short Descriptor | Non-amnestic MCI – single domain, visuospatial |
| UDS Question | Non-amnestic MCI – single domain, visuospatial |
| Length of Field | 1 |
| Column Positions | 71 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4C MCINON1 = 0 (Absent). |

| | |
|------------------|---|
| Variable Number | 4D |
| Variable Name | MCINON2 |
| Version | 2 |
| Short Descriptor | Non-amnestic MCI – multiple domains |
| UDS Question | Non-amnestic MCI – multiple domains |
| Length of Field | 1 |
| Column Positions | 73 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes) or #3, DEMENTED = 1 (Yes). |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|--|
| Variable Number | 4D1 |
| Variable Name | MCIN2LAN |
| Version | 2 |
| Short Descriptor | Non-amnestic MCI – multiple domains, language |
| UDS Question | Non-amnestic MCI – multiple domains, language |
| Length of Field | 1 |
| Column Positions | 75 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4D MCINON2 = 0 (Absent). |

| | |
|------------------|--|
| Variable Number | 4D2 |
| Variable Name | MCIN2ATT |
| Version | 2 |
| Short Descriptor | Non-amnestic MCI – multiple domains, attention |
| UDS Question | Non-amnestic MCI – multiple domains, attention |
| Length of Field | 1 |
| Column Positions | 77 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4D MCINON2 = 0 (Absent). |

| | |
|------------------|--|
| Variable Number | 4D3 |
| Variable Name | MCIN2EX |
| Version | 2 |
| Short Descriptor | Non-amnestic MCI – multiple domains, executive function |
| UDS Question | Non-amnestic MCI – multiple domains, executive function |
| Length of Field | 1 |
| Column Positions | 79 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4D MCINON2 = 0 (Absent). |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|--|
| Variable Number | 4D4 |
| Variable Name | MCIN2VIS |
| Version | 2 |
| Short Descriptor | Non-amnesic MCI – multiple domains, visuospatial |
| UDS Question | Non-amnesic MCI – multiple domains, visuospatial |
| Length of Field | 1 |
| Column Positions | 81 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), #3, DEMENTED = 1 (Yes), or #4D MCINON2 = 0 (Absent). |

| | |
|------------------|---|
| Variable Number | 4E |
| Variable Name | IMPNO MCI |
| Version | 2 |
| Short Descriptor | Impaired, not MCI |
| UDS Question | Impaired, not MCI |
| Length of Field | 1 |
| Column Positions | 83 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes) or #3, DEMENTED = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 5 |
| Variable Name | PROBAD |
| Version | 2 |
| Short Descriptor | Probable AD |
| UDS Question | Probable AD (NINCDS/ADRDA) |
| Length of Field | 1 |
| Column Positions | 85 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes) |
| Skips | If present, complete #5A, PROBADIF, then go to #7, DLB. |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|---|
| Variable Number | 5A |
| Variable Name | PROBADIF |
| Version | 2 |
| Short Descriptor | Probable AD, primary or contributing |
| UDS Question | Probable AD, primary or contributing |
| Length of Field | 1 |
| Column Positions | 87 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), or #5 PROBAD = 0 (Absent) |

| | |
|------------------|---|
| Variable Number | 6 |
| Variable Name | POSSAD |
| Version | 2 |
| Short Descriptor | Possible AD |
| UDS Question | Possible AD (NINCDS/ADRDA) |
| Length of Field | 1 |
| Column Positions | 89 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes) or #5, PROBAD = 1 (Present). |

| | |
|------------------|---|
| Variable Number | 6A |
| Variable Name | POSSADIF |
| Version | 2 |
| Short Descriptor | Possible AD, primary or contributing |
| UDS Question | Possible AD, primary or contributing |
| Length of Field | 1 |
| Column Positions | 91 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), #5, PROBAD = 1 (Present), or #6, POSSAD = 0 (Absent). |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|---------------------------------|
| Variable Number | 7 |
| Variable Name | DLB |
| Version | 2 |
| Short Descriptor | Dementia with Lewy bodies |
| UDS Question | Dementia with Lewy bodies |
| Length of Field | 1 |
| Column Positions | 93 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes). |

| | |
|------------------|--|
| Variable Number | 7A |
| Variable Name | DLBIF |
| Version | 2 |
| Short Descriptor | Dementia with Lewy bodies, primary or contributing |
| UDS Question | Dementia with Lewy bodies, primary or contributing |
| Length of Field | 1 |
| Column Positions | 95 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), or #7, DLB = 0 (Absent). |

| | |
|------------------|---|
| Variable Number | 8 |
| Variable Name | VASC |
| Version | 2 |
| Short Descriptor | Vascular dementia |
| UDS Question | Vascular dementia (NINDS/AIREN Probable) |
| Length of Field | 1 |
| Column Positions | 97 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes). |
| Skips | If present, complete #8A, VASCIF, then go to #10, ALCDEM. |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|---|
| Variable Number | 8A |
| Variable Name | VASCIF |
| Version | 2 |
| Short Descriptor | Vascular dementia (NINDS/AIREN Probable), primary or contributing |
| UDS Question | Vascular dementia (NINDS/AIREN Probable), primary or contributing |
| Length of Field | 1 |
| Column Positions | 99 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), or #8, VASC = 0 (Absent). |

| | |
|------------------|--|
| Variable Number | 9 |
| Variable Name | VASCPS |
| Version | 2 |
| Short Descriptor | Vascular dementia (NINDS/AIREN Possible) |
| UDS Question | Vascular dementia (NINDS/AIREN Possible) |
| Length of Field | 1 |
| Column Positions | 101 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), or #8, VASC = 1(Present) |

| | |
|------------------|--|
| Variable Number | 9A |
| Variable Name | VASCPSIF |
| Version | 2 |
| Short Descriptor | Vascular dementia (NINDS/AIREN Possible), primary or contributing |
| UDS Question | Vascular dementia (NINDS/AIREN Possible), primary or contributing |
| Length of Field | 1 |
| Column Positions | 103 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), or #8, VASC = 1 (Present) or #9, VASCPS = 0. |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|---------------------------------|
| Variable Number | 10 |
| Variable Name | ALCDEM |
| Version | 2 |
| Short Descriptor | Alcohol-related dementia |
| UDS Question | Alcohol-related dementia |
| Length of Field | 1 |
| Column Positions | 105 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes). |

| | |
|------------------|--|
| Variable Number | 10A |
| Variable Name | ALCDEMIF |
| Version | 2 |
| Short Descriptor | Alcohol-related dementia, primary or contributing |
| UDS Question | Alcohol-related dementia, primary or contributing |
| Length of Field | 1 |
| Column Positions | 107 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), or #10, ALCDEM = 0 (Absent). |

| | |
|------------------|-----------------------------------|
| Variable Number | 11 |
| Variable Name | DEMUN |
| Version | 2 |
| Short Descriptor | Dementia of undetermined etiology |
| UDS Question | Dementia of undetermined etiology |
| Length of Field | 1 |
| Column Positions | 109 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes). |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|---|
| Variable Number | 11A |
| Variable Name | DEMUNIF |
| Version | 2 |
| Short Descriptor | Dementia of undetermined etiology, primary or contributing |
| UDS Question | Dementia of undetermined etiology, primary or contributing |
| Length of Field | 1 |
| Column Positions | 111 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), or #11, DEMUN = 0 (Absent). |

| | |
|------------------|---|
| Variable Number | 12 |
| Variable Name | FTD |
| Version | 2 |
| Short Descriptor | Frontotemporal dementia |
| UDS Question | Frontotemporal dementia (behavioral/executive dementia) |
| Length of Field | 1 |
| Column Positions | 113 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 12A |
| Variable Name | FTDIF |
| Version | 2 |
| Short Descriptor | Frontotemporal dementia, primary or contributing |
| UDS Question | Frontotemporal dementia, primary or contributing |
| Length of Field | 1 |
| Column Positions | 115 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), or #12, FTD = 0 (Absent). |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|--|
| Variable Number | 13 |
| Variable Name | PPAPH |
| Version | 2 |
| Short Descriptor | Primary progressive aphasia |
| UDS Question | Primary progressive aphasia (aphasic dementia) |
| Length of Field | 1 |
| Column Positions | 117 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes). |

| | |
|------------------|---|
| Variable Number | 13A |
| Variable Name | PPAPHIF |
| Version | 2 |
| Short Descriptor | Primary progressive aphasia, primary or contributing |
| UDS Question | Primary progressive aphasia, primary or contributing |
| Length of Field | 1 |
| Column Positions | 119 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing |
| Blanks | Blank if #2, NORMCOG = 1 (Yes), or #13, PPAPH = 0 (Absent). |

| | |
|------------------|--|
| Variable Number | 13A1 |
| Variable Name | PNAPH |
| Version | 2 |
| Short Descriptor | Progressive nonfluent aphasia |
| UDS Question | Progressive nonfluent aphasia |
| Length of Field | 1 |
| Column Positions | 121 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes) or #13, PPAPH = 0 (Absent). |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|--|
| Variable Number | 13A2 |
| Variable Name | SEMDEMAN |
| Version | 2 |
| Short Descriptor | Semantic dementia – anomia plus word comprehension |
| UDS Question | Semantic dementia – anomia plus word comprehension |
| Length of Field | 1 |
| Column Positions | 123 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes) or #13, PPAPH = 0 (Absent). |
| Variable Number | 13A3 |
| Variable Name | SEMDEMAG |
| Version | 2 |
| Short Descriptor | Semantic dementia – agnosic variant |
| UDS Question | Semantic dementia – agnosic variant |
| Length of Field | 1 |
| Column Positions | 125 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes) or #13, PPAPH = 0 (Absent). |
| Variable Number | 13A4 |
| Variable Name | PPAOTHR |
| Version | 2 |
| Short Descriptor | Other primary progressive aphasia |
| UDS Question | Other (e.g. logopenic, anomic, transcortical, word deafness, syntactic comprehension, motor speech disorder) |
| Length of Field | 1 |
| Column Positions | 127 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |
| Blanks | Blank if #2, NORMCOG = 1 (Yes) or #13, PPAPH = 0 (Absent). |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|--------------------------------|
| Variable Number | 14 |
| Variable Name | PSP |
| Version | 2 |
| Short Descriptor | Progressive supranuclear palsy |
| UDS Question | Progressive supranuclear palsy |
| Length of Field | 1 |
| Column Positions | 129 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

| | |
|------------------|--|
| Variable Number | 14A |
| Variable Name | PSPIF |
| Version | 2 |
| Short Descriptor | Progressive supranuclear palsy, primary or contributing |
| UDS Question | Progressive supranuclear palsy, primary or contributing |
| Length of Field | 1 |
| Column Positions | 131 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing 3 = Non-contributing |
| Blanks | Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank. |

| | |
|------------------|---------------------------|
| Variable Number | 15 |
| Variable Name | CORT |
| Version | 2 |
| Short Descriptor | Corticobasal degeneration |
| UDS Question | Corticobasal degeneration |
| Length of Field | 1 |
| Column Positions | 133 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|--|
| Variable Number | 15A |
| Variable Name | CORTIF |
| Version | 2 |
| Short Descriptor | Corticobasal degeneration, primary or contributing |
| UDS Question | Corticobasal degeneration, primary or contributing |
| Length of Field | 1 |
| Column Positions | 135 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing 3 = Non-contributing |
| Blanks | Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank. |

| | |
|------------------|---------------------------|
| Variable Number | 16 |
| Variable Name | HUNT |
| Version | 2 |
| Short Descriptor | Huntington's disease |
| UDS Question | Huntington's disease |
| Length of Field | 1 |
| Column Positions | 137 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

| | |
|------------------|--|
| Variable Number | 16A |
| Variable Name | HUNTIF |
| Version | 2 |
| Short Descriptor | Huntington's disease, primary or contributing |
| UDS Question | Huntington's disease, primary or contributing |
| Length of Field | 1 |
| Column Positions | 139 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing 3 = Non-contributing |
| Blanks | Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank. |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|---------------------------|
| Variable Number | 17 |
| Variable Name | PRION |
| Version | 2 |
| Short Descriptor | Prion disease |
| UDS Question | Prion disease |
| Length of Field | 1 |
| Column Positions | 141 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

| | |
|------------------|--|
| Variable Number | 17A |
| Variable Name | PRIONIF |
| Version | 2 |
| Short Descriptor | Prion disease, primary or contributing |
| UDS Question | Prion disease, primary or contributing |
| Length of Field | 1 |
| Column Positions | 143 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing 3 = Non-contributing |
| Blanks | Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank. |

| | |
|------------------|--|
| Variable Number | 18 |
| Variable Name | MEDS |
| Version | 2 |
| Short Descriptor | Cognitive dysfunction from medications |
| UDS Question | Cognitive dysfunction from medications |
| Length of Field | 1 |
| Column Positions | 145 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|--|
| Variable Number | 18A |
| Variable Name | MEDSIF |
| Version | 2 |
| Short Descriptor | Cognitive dysfunction from medications, primary or contributing |
| UDS Question | Cognitive dysfunction from medications, primary or contributing |
| Length of Field | 1 |
| Column Positions | 147 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing 3 = Non-contributing |
| Blanks | Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank. |

| | |
|------------------|--|
| Variable Number | 19 |
| Variable Name | DYSILL |
| Version | 2 |
| Short Descriptor | Cognitive dysfunction from medical illnesses |
| UDS Question | Cognitive dysfunction from medical illnesses |
| Length of Field | 1 |
| Column Positions | 149 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

| | |
|------------------|--|
| Variable Number | 19A |
| Variable Name | DYSILLIF |
| Version | 2 |
| Short Descriptor | Cognitive dysfunction from medical illnesses, primary or contributing |
| UDS Question | Cognitive dysfunction from medical illnesses, primary or contributing |
| Length of Field | 1 |
| Column Positions | 151 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing 3 = Non-contributing |
| Blanks | Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank. |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|---------------------------|
| Variable Number | 20 |
| Variable Name | DEP |
| Version | 2 |
| Short Descriptor | Depression |
| UDS Question | Depression |
| Length of Field | 1 |
| Column Positions | 153 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

| | |
|------------------|--|
| Variable Number | 20A |
| Variable Name | DEPIF |
| Version | 2 |
| Short Descriptor | Depression, primary or contributing |
| UDS Question | Depression, primary or contributing |
| Length of Field | 1 |
| Column Positions | 155 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing 3 = Non-contributing |
| Blanks | Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank. |

| | |
|------------------|---------------------------------|
| Variable Number | 21 |
| Variable Name | OTHPSY |
| Version | 2 |
| Short Descriptor | Other major psychiatric illness |
| UDS Question | Other major psychiatric illness |
| Length of Field | 1 |
| Column Positions | 157 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|--|
| Variable Number | 21A |
| Variable Name | OTHPSYIF |
| Version | 2 |
| Short Descriptor | Other major psychiatric illness, primary or contributing |
| UDS Question | Other major psychiatric illness, primary or contributing |
| Length of Field | 1 |
| Column Positions | 159 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing 3 = Non-contributing |
| Blanks | Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank. |

| | |
|------------------|---------------------------|
| Variable Number | 22 |
| Variable Name | DOWNS |
| Version | 2 |
| Short Descriptor | Down's syndrome |
| UDS Question | Down's syndrome |
| Length of Field | 1 |
| Column Positions | 161 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

| | |
|------------------|--|
| Variable Number | 22A |
| Variable Name | DOWNSIF |
| Version | 2 |
| Short Descriptor | Down's syndrome, primary or contributing |
| UDS Question | Down's syndrome, primary or contributing |
| Length of Field | 1 |
| Column Positions | 163 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing 3 = Non-contributing |
| Blanks | Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank. |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|---------------------------|
| Variable Number | 23 |
| Variable Name | PARK |
| Version | 2 |
| Short Descriptor | Parkinson's disease |
| UDS Question | Parkinson's disease |
| Length of Field | 1 |
| Column Positions | 165 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

| | |
|------------------|--|
| Variable Number | 23A |
| Variable Name | PARKIF |
| Version | 2 |
| Short Descriptor | Parkinson's disease, primary or contributing |
| UDS Question | Parkinson's disease, primary or contributing |
| Length of Field | 1 |
| Column Positions | 167 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing 3 = Non-contributing |
| Blanks | Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank. |

| | |
|------------------|---------------------------|
| Variable Number | 24 |
| Variable Name | STROKE |
| Version | 2 |
| Short Descriptor | Stroke |
| UDS Question | Stroke |
| Length of Field | 1 |
| Column Positions | 169 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|--|
| Variable Number | 24A |
| Variable Name | STROKIF |
| Version | 2 |
| Short Descriptor | Stroke, primary or contributing |
| UDS Question | Stroke, primary or contributing |
| Length of Field | 1 |
| Column Positions | 171 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing 3 = Non-contributing |
| Blanks | Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank. |

| | |
|------------------|---------------------------|
| Variable Number | 25 |
| Variable Name | HYCEPH |
| Version | 2 |
| Short Descriptor | Hydrocephalus |
| UDS Question | Hydrocephalus |
| Length of Field | 1 |
| Column Positions | 173 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

| | |
|------------------|--|
| Variable Number | 25A |
| Variable Name | HYCEPHIF |
| Version | 2 |
| Short Descriptor | Hydrocephalus, primary or contributing |
| UDS Question | Hydrocephalus, primary or contributing |
| Length of Field | 1 |
| Column Positions | 175 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing 3 = Non-contributing |
| Blanks | Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank. |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|---------------------------|
| Variable Number | 26 |
| Variable Name | BRNINJ |
| Version | 2 |
| Short Descriptor | Traumatic brain injury |
| UDS Question | Traumatic brain injury |
| Length of Field | 1 |
| Column Positions | 177 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

| | |
|------------------|--|
| Variable Number | 26A |
| Variable Name | BRNINJIF |
| Version | 2 |
| Short Descriptor | Traumatic brain injury, primary or contributing |
| UDS Question | Traumatic brain injury, primary or contributing |
| Length of Field | 1 |
| Column Positions | 179 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing 3 = Non-contributing |
| Blanks | Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank. |

| | |
|------------------|---------------------------|
| Variable Number | 27 |
| Variable Name | NEOP |
| Version | 2 |
| Short Descriptor | CNS neoplasm |
| UDS Question | CNS neoplasm |
| Length of Field | 1 |
| Column Positions | 181 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|--|
| Variable Number | 27A |
| Variable Name | NEOPIF |
| Version | 2 |
| Short Descriptor | CNS neoplasm, primary or contributing |
| UDS Question | CNS neoplasm, primary or contributing |
| Length of Field | 1 |
| Column Positions | 183 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing 3 = Non-contributing |
| Blanks | Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank. |

| | |
|------------------|--------------------------------------|
| Variable Number | 28 |
| Variable Name | COGOTH |
| Version | 2 |
| Short Descriptor | Other cognitive/neurologic condition |
| UDS Question | Other cognitive/neurologic condition |
| Length of Field | 1 |
| Column Positions | 185 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

| | |
|------------------|--|
| Variable Number | 28A |
| Variable Name | COGOTHIF |
| Version | 2 |
| Short Descriptor | Other cognitive/neurologic condition, primary or contributing |
| UDS Question | Other cognitive/neurologic condition, primary or contributing |
| Length of Field | 1 |
| Column Positions | 187 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing 3 = Non-contributing |
| Blanks | Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank. |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|---|
| Variable Number | 28B |
| Variable Name | COGOTHX |
| Version | 2 |
| Short Descriptor | Other cognitive/neurologic condition, specify |
| UDS Question | Other cognitive/neurologic condition, specify |
| Length of Field | 60 |
| Column Positions | 189 – 248 |
| Data Type | Character |
| Blanks | Blank if #28, COGOTH = 0 (Absent). |

| | |
|------------------|--------------------------------------|
| Variable Number | 29 |
| Variable Name | COGOTH2 |
| Version | 2 |
| Short Descriptor | Other cognitive/neurologic condition |
| UDS Question | Other cognitive/neurologic condition |
| Length of Field | 1 |
| Column Positions | 250 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

| | |
|------------------|--|
| Variable Number | 29A |
| Variable Name | COGOTH2F |
| Version | 2 |
| Short Descriptor | Other cognitive/neurologic condition, primary or contributing |
| UDS Question | Other cognitive/neurologic condition, primary or contributing |
| Length of Field | 1 |
| Column Positions | 252 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing 3 = Non-contributing |
| Blanks | Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank. |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|---|
| Variable Number | 29B |
| Variable Name | COGOTH2X |
| Version | 2 |
| Short Descriptor | Other cognitive/neurologic condition, specify |
| UDS Question | Other cognitive/neurologic condition, specify |
| Length of Field | 60 |
| Column Positions | 254 – 313 |
| Data Type | Character |
| Blanks | Blank if #29, COGOTH2 = 0 (Absent). |

| | |
|------------------|--------------------------------------|
| Variable Number | 30 |
| Variable Name | COGOTH3 |
| Version | 2 |
| Short Descriptor | Other cognitive/neurologic condition |
| UDS Question | Other cognitive/neurologic condition |
| Length of Field | 1 |
| Column Positions | 315 |
| Data Type | Numeric |
| Allowable Codes | 0 = Absent 1 = Present |

| | |
|------------------|--|
| Variable Number | 30A |
| Variable Name | COGOTH3F |
| Version | 2 |
| Short Descriptor | Other cognitive/neurologic condition, primary or contributing |
| UDS Question | Other cognitive/neurologic condition, primary or contributing |
| Length of Field | 1 |
| Column Positions | 317 |
| Data Type | Numeric |
| Allowable Codes | 1 = Primary 2 = Contributing 3 = Non-contributing |
| Blanks | Should be coded only if condition is present AND subject is cognitively impaired, otherwise leave blank. |

Form D1: Clinician Diagnosis – Cognitive Status and Dementia

| | |
|------------------|---|
| Variable Number | 30B |
| Variable Name | COGOTH3X |
| Version | 2 |
| Short Descriptor | Other cognitive/neurologic condition, specify |
| UDS Question | Other cognitive/neurologic condition, specify |
| Length of Field | 60 |
| Column Positions | 319 – 378 |
| Data Type | Character |
| Blanks | Blank if #30, COGOTH3 = 0 (Absent). |

Form E1: Imaging/Labs

| | |
|------------------|--|
| Variable Number | 1A |
| Variable Name | CTFLM |
| Version | 2 |
| Short Descriptor | Computed tomography, film |
| UDS Question | Computed tomography, film |
| Length of Field | 1 |
| Column Positions | 45 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No". |

| | |
|------------------|--|
| Variable Number | 1B |
| Variable Name | CTDIG |
| Version | 2 |
| Short Descriptor | Computed tomography, digital image |
| UDS Question | Computed tomography, digital image |
| Length of Field | 1 |
| Column Positions | 47 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No". |

| | |
|------------------|--|
| Variable Number | 2A |
| Variable Name | MRI1FLM |
| Version | 2 |
| Short Descriptor | Magnetic resonance imaging – Clinical study, film |
| UDS Question | Magnetic resonance imaging – Clinical study, film |
| Length of Field | 1 |
| Column Positions | 49 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No". |

Form E1: Imaging/Labs

| | |
|------------------|--|
| Variable Number | 2B |
| Variable Name | MRI1DIG |
| Version | 2 |
| Short Descriptor | Magnetic resonance imaging – Clinical study, digital image |
| UDS Question | Magnetic resonance imaging – Clinical study, digital image |
| Length of Field | 1 |
| Column Positions | 51 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No". |

| | |
|------------------|--|
| Variable Number | 3A |
| Variable Name | MRI2FLM |
| Version | 2 |
| Short Descriptor | Magnetic resonance imaging – Research study/structural, film |
| UDS Question | Magnetic resonance imaging – Research study/structural, film |
| Length of Field | 1 |
| Column Positions | 53 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No". |

| | |
|------------------|--|
| Variable Number | 3B |
| Variable Name | MRI2DIG |
| Version | 2 |
| Short Descriptor | Magnetic resonance imaging – Research study/structural, digital image |
| UDS Question | Magnetic resonance imaging – Research study/structural, digital image |
| Length of Field | 1 |
| Column Positions | 55 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No". |

Form E1: Imaging/Labs

| | |
|------------------|--|
| Variable Number | 4A |
| Variable Name | MRI3FLM |
| Version | 2 |
| Short Descriptor | Magnetic resonance imaging – Research study/functional, film |
| UDS Question | Magnetic resonance imaging – Research study/functional, film |
| Length of Field | 1 |
| Column Positions | 57 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No". |

| | |
|------------------|--|
| Variable Number | 4B |
| Variable Name | MRI3DIG |
| Version | 2 |
| Short Descriptor | Magnetic resonance imaging – Research study/functional, digital image |
| UDS Question | Magnetic resonance imaging – Research study/functional, digital image |
| Length of Field | 1 |
| Column Positions | 59 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No". |

| | |
|------------------|--|
| Variable Number | 5A |
| Variable Name | MRISPFLM |
| Version | 2 |
| Short Descriptor | Magnetic resonance spectroscopy, film |
| UDS Question | Magnetic resonance spectroscopy, film |
| Length of Field | 1 |
| Column Positions | 61 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No". |

Form E1: Imaging/Labs

| | |
|------------------|--|
| Variable Number | 5B |
| Variable Name | MRISPDIG |
| Version | 2 |
| Short Descriptor | Magnetic resonance spectroscopy, digital image |
| UDS Question | Magnetic resonance spectroscopy, digital image |
| Length of Field | 1 |
| Column Positions | 63 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No". |

| | |
|------------------|--|
| Variable Number | 6A |
| Variable Name | SPECTFLM |
| Version | 2 |
| Short Descriptor | SPECT, film |
| UDS Question | SPECT, film |
| Length of Field | 1 |
| Column Positions | 65 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No". |

| | |
|------------------|--|
| Variable Number | 6B |
| Variable Name | SPECTDIG |
| Version | 2 |
| Short Descriptor | SPECT, digital image |
| UDS Question | SPECT, digital image |
| Length of Field | 1 |
| Column Positions | 67 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No". |

Form E1: Imaging/Labs

| | |
|------------------|--|
| Variable Number | 7A |
| Variable Name | PETFLM |
| Version | 2 |
| Short Descriptor | PET, film |
| UDS Question | PET, film |
| Length of Field | 1 |
| Column Positions | 69 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No". |

| | |
|------------------|--|
| Variable Number | 7B |
| Variable Name | PETDIG |
| Version | 2 |
| Short Descriptor | PET, digital image |
| UDS Question | PET, digital image |
| Length of Field | 1 |
| Column Positions | 71 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | Imaging (of the subject's head) available at your ADC. If data are not available to your Center researchers within a few hours, then this question should be coded "No". |

| | |
|------------------|--|
| Variable Number | 8 |
| Variable Name | DNA |
| Version | 2 |
| Short Descriptor | DNA |
| UDS Question | DNA |
| Length of Field | 1 |
| Column Positions | 73 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | Specimens available at your ADC. If specimen and/or data are not available to your Center researchers within a few hours, then this question should be coded "No". |

Form E1: Imaging/Labs

| | |
|------------------|--|
| Variable Number | 9 |
| Variable Name | CSFANTEM |
| Version | 2 |
| Short Descriptor | Cerebrospinal fluid – ante-mortem |
| UDS Question | Cerebrospinal fluid – ante-mortem |
| Length of Field | 1 |
| Column Positions | 75 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | Specimens available at your ADC. If specimen and/or data are not available to your Center researchers within a few hours, then this question should be coded “No”. |

| | |
|------------------|--|
| Variable Number | 10 |
| Variable Name | SERUM |
| Version | 2 |
| Short Descriptor | Serum/plasma |
| UDS Question | Serum/plasma |
| Length of Field | 1 |
| Column Positions | 77 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | Specimens available at your ADC. If specimen and/or data are not available to your Center researchers within a few hours, then this question should be coded “No”. |

| | |
|------------------|---|
| Variable Number | 11 |
| Variable Name | APOE |
| Version | 2 |
| Short Descriptor | APOE genotype collected |
| UDS Question | APOE genotype collected |
| Length of Field | 1 |
| Column Positions | 79 |
| Data Type | Numeric |
| Allowable Codes | 0 = No 1 = Yes |
| Comment | If the subject’s APOE genotype (data) is not accessible to your Center researchers within a few hours, then this question should be coded “No”. |