NACC Uniform Data Set (UDS)

Telephone Follow-up Form T1: Inclusion Form

Center: __________________ ADC Subject ID: __ __ __ __ __ __ __ __ __ __ Form Date: __ __/__ __/__ __ __ __

NOTE: This form is to be completed by the clinician or clinical interviewer who will participate in the telephone follow-up. For additional clarification and examples, see UDS Coding Guidebook for Telephone Follow-up Packet, Form T1.

ADC Visit #: __ __ __

To print a copy of data previously collected for this form, go to https://www.alz.washington.edu/MEMBER/siteprint.html.

Please complete the following before continuing with the Telephone Follow-up Packet.

1. Why is the UDS telephone follow-up protocol being used to obtain data about the subject?
   a. Too cognitively impaired for in-person UDS visit. □ 1 □ 0
   b. Too physically impaired (medical illness or injury) to attend in-person UDS visit. □ 1 □ 0
   c. Homebound or in nursing home and cannot travel. □ 1 □ 0
   d. Subject or informant refused in-person UDS visit. □ 1 □ 0
   e. Other (specify): ________________________________ (ADC staff convenience is not an acceptable reason.) □ 1 □ 0

2. Has a UDS Milestones Form documenting the change to telephone follow-up been completed? (If no, complete a Milestones Form now.) □ 1 □ 0

3. Is the subject likely to resume in-person UDS follow-up evaluations? □ 1 □ 0 □ 9

(version 2.0, February 2008)