



NACC UNIFORM DATA SET

Data Element Dictionary

For Initial Visit Visit Packet

Version 3.0, March 2015

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PLEASE SEE INSIDE COVER FOR LIST OF REVISIONS MADE TO THIS DOCUMENT SINCE UDS3 IMPLEMENTATION

Revisions made to this DED since UDS3 implementation (March 15, 2015)

| Date yyyy-mm-dd | Description | Form(s) affected | Question(s) affected | Data element(s) affected |
|--------------------|--|---------------------|----------------------|---|
| 2018-03-29 | Name of CDR® Dementia Staging Instrument changed to comply with trademark | B4, Z1X | N/A | N/A |
| 2018-04-02 | Form Z1 replaced by Form Z1X | Z1 | All | New data elements added on language of administration |
| 2017-10-18 | Blank corrected from “Blank if Question 4a FOTH-MUT ≠ 8 (Other)” to “Blank if Question 4a FOTHMUT ≠ 1 (Yes)” | A3 | 4a1 | FOTHMUTX |
| 2017-03-07 | Name of form changed from Functional Activities Questionnaire (FAQ). All items and coding remain unchanged. | B7 | N/A | N/A |
| 2017-02-14 | Code changed from 1 to 0 in skip pattern to read “If Question 11 ARTH = 0 (No) ...” Also, blank instructions for 11a1 were moved from skip column to blank column. | D2 | 11 11a1 | ARTH, ARTYPEX |
| 2016-11-09 | Allowable code of 77 added to blanks | A3 | 6a – 6at7 | (All) |
| 2016-11-09 | Allowable code added for 77=Adopted, unknown; new 77 code added to skip pattern | A3 | 6 | SIBS |
| 2016-09-09 | New Center codes added | All | Form header | ADCID |
| 2015-10-26 | Skip instruction added | B9 | 9c1 | BEVHALL |
| 2015-10-26 | Blank instruction corrected from “if BEVHALL = 0 (No)” to “if BEVHALL ≠ 1 (Yes)” | B9 | 9c1a | BEWELL |
| 2015-10-26 | Blank instruction corrected from “if BEVHALL = 0 (No)” to “if BEVHALL ≠ 1 (Yes)” | B9 | 9c1b | BEVHAGO |
| 2015-08-12 | Added three new ADCs and their allowable codes to Form Header section | All | N/A | ADCID |
| 2015-07-29 | Allowable codes for mother’s and father’s year of birth changed to allow for earlier dates | A3 | 5a2, 5b2 | MOMYOB, DADYOB |
| 2015-07-01 | Note added to Form B5 DED entry highlighting change of FORMVER variable to 3.1 (change affects Form B5 only; all other forms remain version 3.0). | B5 | N/A | FORMVER |
| 2015-06-16 | Text of questions in Form B5 revised for consistency with original instrument. | B5 | All | N/A |

| | | | | |
|------------|--|----|-----------------------------------|--|
| 2015-06-11 | In Form A5, variable name in skips corrected from CVGATT to CVHATT. | A5 | 2a | CVHATT |
| 2015-05-12 | In Form A2, code for "At least 3 times per month" corrected to 4. | A2 | 9b | INCALLS |
| 2015-05-12 | In Form A2, text for blank corrected to read "Blank if Question 9 INLIVWTH = 1 (Yes)" | A2 | 9a, 9b | INVISITS, INCALLS |
| 2015-04-03 | In Form A3, allowable codes for age of onset were changed from 15-110, 999 to 0-110, 999 . | A3 | 5a7, 5b7, 6aa7-6at7, 7aa7-7ao7 | MOMAGEO, DADAGEO, SIB(1-20)AGO, KID(1-15)AGO |
| 2015-04-03 | In Form A3, allowable codes for age of death were changed from 15-110, 999 to 0-110, 999 . | A3 | 5a3, 5b3, 6aa3-6at3, 7aa7-7ao7 | MOMDAGE, DADDAGE, SIB(1-20)AGD, KID(1-15)AGD |

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 | 3 |
| UDS 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

| Q # | Data element name | UDS Ver | Description | Length of field | Column positions | Data type | Allowable codes | Comment |
|-----|-------------------|---------|---------------------|-----------------|------------------|-----------|--|--------------------------------------|
| OA | PACKET | 3 | Packet code | 2 | 1 – 2 | Char | I = Initial Visit Packet | |
| OB | FORMID | 3 | Form ID | 3 | 4 – 6 | Char | A1 – A5 B1, B4 – B9 C2 D1 – D2 | |
| OC | FORMVER | 3 | Form version number | 3 | 8 – 10 | Num | See bottom of current form; use integer portion of version number. | Example: version 3.0 is FORMVER = 3. |

| Q # | Data element name | UDS Ver | Description | Length of field | Column positions | Data type | Allowable codes | Comment |
|-----|-------------------|---------|-------------|-----------------|------------------|-----------|---|--|
| OD | ADCID | 3 | Center ID | 2 | 12 – 13 | Num | 2 – 43; use appropriate code below: 2 = Boston University 3 = Case Western University 4 = Columbia University 5 = Duke University 6 = Emory University 7 = Massachusetts ADRC 8 = Indiana University 9 = Johns Hopkins University 10 = Mayo Clinic 11 = Mount Sinai 12 = New York University 13 = Northwestern University 14 = Oregon Health & Science University 15 = Rush University 16 = University of California, Davis 17 = University of California, Los Angeles 18 = University of California, San Diego 19 = University of Kentucky 20 = University of Michigan 21 = University of Pennsylvania 22 = University of Pittsburgh 25 = University of Texas Southwestern 26 = University of Washington 27 = Washington University in St. Louis 28 = University of Alabama 30 = University of Southern California 31 = University of California, Irvine 32 = Stanford University 33 = Arizona ADC 34 = University of Arkansas 35 = University of California, San Francisco 36 = Florida ADC 37 = University of Wisconsin 38 = University of Kansas 39 = Stanford University #2 40 = Yale University 41 = 1Florida ADRC 42 = Wake Forest University 43 = University of Michigan ADC | Note: ADCID is replaced by a randomly generated NACCADC in research data sets generated by NACC. |

| Q # | Data element name | UDS Ver | Description | Length of field | Column positions | Data type | Allowable codes | Comment |
|-----|-------------------|---------|---------------------|-----------------|------------------|-----------|---|--|
| OE | PTID | 3 | ADC subject ID | 10 | 15 – 24 | Char | Follow your Center's Patient ID scheme; use same ID as in MDS, if subject is enrolled in MDS. | Number must be unique within data from your Center and be used across all visits for the subject. NOTE: PTID is replaced by a randomly generated NACCID in research data sets generated by NACC. |
| OF | VISITMO | 3 | Form date — month | 2 | 26 – 27 | Num | 1 – 12 | Visit date cannot precede September 1, 2005. |
| OG | VISITDAY | 3 | Form date — day | 2 | 29 – 30 | Num | 1 – 31 | Visit date cannot precede September 1, 2005. |
| OH | VISITYR | 3 | Form date — year | 4 | 32 – 35 | Num | 2005 to the present year | Visit date cannot precede September 1, 2005. |
| OI | VISITNUM | 3 | ADC visit ID | 3 | 37 – 39 | Char | Can be determined by Center. | The Center may use its existing visit number scheme. It is not required to start with 1. |
| OJ | INITIALS | 3 | Examiner's initials | 3 | 41 – 43 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | NOTE: INITIALS is never released in research data sets generated by NACC. |

Form Z1X: Form Checklist

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|---------------------------------|-------|
| 1a | LANGA1 | 3 | A1 Subject Demographics — language | 1 | 45 - 45 | Num | 1 = English 2 = Spanish | | |
| 2a | LANGA2 | 3 | A2 Co-participant Demographics — language | 1 | 47 - 47 | Num | 1 = English 2 = Spanish | Blank if #2b A2SUB = 0 (No) | |
| 2b | A2SUB | 3 | A2 Co-participant Demographics — submitted | 1 | 49 - 49 | Num | 0 = No 1 = Yes | | |
| 2c | A2NOT | 3 | If A2 not submitted, specify reason | 2 | 51 - 52 | Num | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if #2b A2SUB = 1 (Yes) | |
| 3a | LANGA3 | 3 | A3 Subject Family History — language | 1 | 54 - 54 | Num | 1 = English 2 = Spanish | Blank if #3b A3SUB = 0 (No) | |
| 3b | A3SUB | 3 | A3 Subject Family History — submitted | 1 | 56 - 56 | Num | 0 = No 1 = Yes | | |
| 3c | A3NOT | 3 | If A3 not submitted, specify reason | 2 | 58 - 59 | Num | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if #3b A3SUB = 1 (Yes) | |
| 4a | LANGA4 | 3 | A4 Subject Medications — language | 1 | 61 - 61 | Num | 1 = English 2 = Spanish | Blank if #4b A4SUB = 0 (No) | |
| 4b | A4SUB | 3 | A4 Subject Medications — submitted | 1 | 63 - 63 | Num | 0 = No 1 = Yes | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|---------------------------------|-------|
| 4c | A4NOT | 3 | If A4 not submitted, specify reason | 2 | 65 - 66 | Num | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if #4b A4SUB = 1 (Yes) | |
| 5a | LANGA5 | 3 | A5 Subject Health History — language | 1 | 68 - 68 | Num | 1 = English 2 = Spanish | | |
| 6a | LANGB1 | 3 | B1 Evaluation Form: Physical — language | 1 | 70 - 70 | Num | 1 = English 2 = Spanish | Blank if #6b B1SUB = 0 (No) | |
| 6b | B1SUB | 3 | B1 Evaluation Form: Physical — submitted | 1 | 72 - 72 | Num | 0 = No 1 = Yes | | |
| 6c | B1NOT | 3 | If B1 not submitted, specify reason | 2 | 74 - 75 | Num | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if #6b B1SUB = 1 (Yes) | |
| 7a | LANGB4 | 3 | B4 CDR® Plus NACC FTLD | 1 | 77 - 77 | Num | 1 = English 2 = Spanish | | |
| 8a | LANGB5 | 3 | B5 Behavioral Assessment: NPI-Q — language | 1 | 79 - 79 | Num | 1 = English 2 = Spanish | Blank if #8b B5SUB = 0 (No) | |
| 8b | B5SUB | 3 | B5 Behavioral Assessment: NPI-Q — submitted | 1 | 81 - 81 | Num | 0 = No 1 = Yes | | |
| 8c | B5NOT | 3 | If B5 not submitted, specify reason | 2 | 83 - 84 | Num | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if #8b B5SUB = 1 (Yes) | |
| 9a | LANGB6 | 3 | B6 Behavioral Assessment: GDS — language | 1 | 86 - 86 | Num | 1 = English 2 = Spanish | Blank if #9b B6SUB = 0 (No) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|----------------------------------|-------|
| 9b | B6SUB | 3 | B6 Behavioral Assessment: GDS — submitted | 1 | 88 - 88 | Num | 0 = No 1 = Yes | | |
| 9c | B6NOT | 3 | If B6 not submitted, specify reason | 2 | 90 - 91 | Num | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if #9b B6SUB = 1 (Yes) | |
| 10a | LANGB7 | 3 | B7 Functional Assessment: FAS language | 1 | 93 - 93 | Num | 1 = English 2 = Spanish | Blank if #10b B7SUB = 0 (No) | |
| 10b | B7SUB | 3 | B7 Functional Assessment: FAS — submitted | 1 | 95 - 95 | Num | 0 = No 1 = Yes | | |
| 10c | B7NOT | 3 | If B7 not submitted, specify reason | 2 | 97 - 98 | Num | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if #10b B7SUB = 1 (Yes) | |
| 11a | LANGB8 | 3 | B8 Neurological Examination Findings — language | 1 | 100 - 100 | Num | 1 = English 2 = Spanish | | |
| 12a | LANGB9 | 3 | B9 Clinician Judgment of Symptoms — language | 1 | 102 - 102 | Num | 1 = English 2 = Spanish | | |
| 13a | LANGC2 | 3 | C2 Neurological Battery Scores — language | 1 | 104 - 104 | Num | 1 = English 2 = Spanish | | |
| 14a | LANGD1 | 3 | D1 Clinician Diagnosis — language | 1 | 106 - 106 | Num | 1 = English 2 = Spanish | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|-----------------------------------|-------|
| 15a | LANGD2 | 3 | D2 Clinician-assessed Medical Conditions — language | 1 | 108 - 108 | Num | 1 = English 2 = Spanish | | |
| 16a | LANGA3A | 3 | A3A Record of consent for biologic specimen use — language | 1 | 110 - 110 | Num | 1 = English 2 = Spanish | Blank if #16b FT-DA3AFS = 0 (No) | |
| 16b | FTDA3AFS | 3 | A3A Record of consent for biologic specimen use — submitted | 1 | 112 - 112 | Num | 0 = No 1 = Yes | | |
| 16c | FTDA3AFR | 3 | If A3A not submitted, specify reason | 2 | 114 - 115 | Num | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal 99 = Unknown or inadequate information | Blank if #16b FT-DA3AFS = 1 (Yes) | |
| 17a | LANGB3F | 3 | B3F Supplemental UPDRS — language | 1 | 117 - 117 | Num | 1 = English 2 = Spanish | | |
| 18a | LANGB9F | 3 | B9F Clinical PPA and bvFTD Features — language | 1 | 119 - 119 | Num | 1 = English 2 = Spanish | | |
| 19a | LANGC1F | 3 | C1F Neuropsychological Battery Summary Scores — language | 1 | 121 - 121 | Num | 1 = English 2 = Spanish | | |
| 20a | LANGC2F | 3 | C2F Social Norms Questionnaire — language | 1 | 123 - 123 | Num | 1 = English 2 = Spanish | | |
| 21a | LANGC3F | 3 | C3F Social Behavior Observer Checklist — language | 1 | 125 - 125 | Num | 1 = English 2 = Spanish | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|----------------------------------|-------|
| 22a | LANGC4F | 3 | C4F Behavioral Inhibition Scale — language | 1 | 127 - 127 | Num | 1 = English 2 = Spanish | Blank if #22b FTD-C4FS = 0 (No) | |
| 22b | FTDC4FS | 3 | C4F Behavioral Inhibition Scale — submitted | 1 | 129 - 129 | Num | 0 = No 1 = Yes | | |
| 22c | FTDC4FR | 3 | If C4F not submitted, specify reason | 2 | 131 - 132 | Num | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal 99 = Unknown or inadequate information | Blank if #22b FTD-C4FS = 1 (Yes) | |
| 23a | LANGC5F | 3 | C5F Interpersonal Reactivity Index — language | 1 | 134 - 134 | Num | 1 = English 2 = Spanish | Blank if #23b FTD-C5FS = 0 (No) | |
| 23b | FTDC5FS | 3 | C5F Interpersonal Reactivity Index — submitted | 1 | 136 - 136 | Num | 0 = No 1 = Yes | | |
| 23c | FTDC5FR | 3 | If C5F not submitted, specify reason | 2 | 138 - 139 | Num | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal 99 = Unknown or inadequate information | Blank if #23b FTD-C5FS = 1 (Yes) | |
| 24a | LANGC6F | 3 | C6F Revised self-monitoring scale — language | 1 | 141 - 141 | Num | 1 = English 2 = Spanish | Blank if #24b FTD-C6FS = 0 (No) | |
| 24b | FTDC6FS | 3 | C6F Revised self-monitoring scale — submitted | 1 | 143 - 143 | Num | 0 = No 1 = Yes | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|----------------------------------|-------|
| 24c | FTDC6FR | 3 | If C6F not submitted, specify reason | 2 | 145 - 146 | Num | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal 99 = Unknown or inadequate information | Blank if #24b FTD-C6FS,= 1 (Yes) | |
| 25a | LANG2F | 3 | E2F Imaging Available — language | 1 | 148 - 148 | Num | 1 = English 2 = Spanish | | |
| 26a | LANG3F | 3 | E3F Imaging in Diagnosis — language | 1 | 150 - 150 | Num | 1 = English 2 = Spanish | | |
| 27a | LANGCLS | 3 | CLS — Language — language | 1 | 152 - 152 | Num | 1 = English 2 = Spanish | Blank if #27b CLS-SUB = 0 (No) | |
| 27b | CLSSUB | 3 | CLS Subject Language History — submitted | 1 | 154 - 154 | Num | 0 = No 1 = Yes | | |

Form A1: Participant Demographics

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|--|--|---|
| 1 | REASON | 3 | Primary reason for coming to ADC | 1 | 45–45 | Num | 1 = To participate in a research study 2 = To have a clinical evaluation 4 = Both (to participate in a research study and to have a clinical evaluation) 9 = Unknown | | |
| 2a | REFERSC | 3 | Principal referral source: | 1 | 47–47 | Num | 1 = Self-referral 2 = Non-professional contact (spouse/partner, relative, friend, coworker, etc.) 3 = ADC participant referral 4 = ADC clinician, staff, or investigator referral 5 = Nurse, doctor, or other health care provider 6 = Other research study clinician/staff/investigator (non-ADC; e.g., ADNI, Women's Health Initiative) 8 = Other 9 = Unknown | | If Question 2a REFERSC = 1 (Self-referral), then continue to Question 2b If Question 2a REFERSC = 2 (Non-professional contact), then continue to Question 2b |
| 2b | LEARNED | 3 | If the referral source was self-referral or a non-professional contact, how did the referral source learn of the ADC? | 1 | 49–49 | Num | 1 = ADC advertisement (e.g., website, mailing, newspaper ad, community presentation) 2 = News article or TV program mentioning the ADC study 3 = Conference or community event (e.g., community memory walk) 4 = Another organizations's media appeal or website (e.g., Alzheimer's Association, clinicaltrials.gov) 8 = Other 9 = Unknown | Blank if Question 2a REFERSC ≠ 1 Blank if Question 2a REFERSC ≠ 2 | |
| 3 | PRESTAT | 3 | Presumed disease status at enrollment | 1 | 51–51 | Num | 1 = Case, patient, proband 2 = Control or normal 3 = No presumed disease status | | |
| 4 | PRESPART | 3 | Presumed participation | 1 | 53–53 | Num | 1 = Initial evaluation only 2 = Longitudinal follow-up planned | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|--|--|---|
| 5 | SOURCENW | 3 | ADC enrollment type | 1 | 55–55 | Num | 1 = Primarily ADC-funded (Clinical Core, Satellite Core, or other ADC Core or project) 2 = Subject is supported primarily by a non-ADC study (e.g., RO1, including non-ADC grants supporting the FTLD Module participation) | | |
| 6a | BIRTHMO | 3 | Subject's month of birth | 2 | 57–58 | Num | 1–12 | | |
| 6b | BIRTHYR | 3 | Subject's year of birth | 4 | 60–63 | Num | 1875 to (current year minus 15) | | |
| 7 | SEX | 3 | Subject's sex | 1 | 65–65 | Num | 1 = Male 2 = Female | | |
| 8 | HISPANIC | 3 | Does the subject report being of Hispanic/Latino ethnicity (i.e., having origins from a mainly Spanish-speaking Latin American country), regardless of race? | 1 | 67–67 | Num | 0 = No 1 = Yes 9 = Unknown | | If Question 8 HISPANIC = 0 (No), then skip to Question 9 If Question 8 HISPANIC = 9 (Unknown), then skip to Question 9 |
| 8a | HISPOR | 3 | If yes, what are the subject's reported origins? | 2 | 69–70 | Num | 1 = Mexican, Chicano, or Mexican-American 2 = Puerto Rican 3 = Cuban 4 = Dominican 5 = Central American 6 = South American 50 = Other (specify) 99 = Unknown | Blank if Question 8 HISPANIC ≠ 1 (Yes) | |
| 8a1 | HISPORX | 3 | Other (specify): | 60 | 72–131 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 8 HISPANIC ≠ 1 (Yes) Blank if Question 8a HISPOR ≠ 50 (Other) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|--|---|-------|
| 9 | RACE | 3 | What does the subject report as his or her race? | 2 | 133–134 | Num | 1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other (specify) 99 = Unknown | | |
| 9a | RACEX | 3 | Other (specify): | 60 | 136–195 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 9 RACE ≠ 50 (Other) | |
| 10 | RACESEC | 3 | What additional race does subject report? | 2 | 197–198 | Num | 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 | | |
| 10a | RACESECX | 3 | Other (specify): | 60 | 200–259 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 10 RACESEC ≠ 50 (Other) | |
| 11 | RACETER | 3 | What additional race, beyond those reported in Questions 9 and 10, does subject report? | 2 | 261–262 | Num | 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 | | |
| 11a | RACETERX | 3 | Other (specify): | 60 | 264–323 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 11 RACETER ≠ 50 (Other) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|--|---|-------|
| 12 | PRIMLANG | 3 | Subject's primary language: | 1 | 325–325 | Num | 1 = English 2 = Spanish 3 = Mandarin 4 = Cantonese 5 = Russian 6 = Japanese 8 = Other primary language (specify) 9 = Unknown | | |
| 12a | PRIMLANX | 3 | Other (specify): | 60 | 327–386 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 12 PRIMLANG ≠ 8 (Other) | |
| 13 | EDUC | 3 | Subject's years of education, use the codes below to report the level achieved; if an attempted level is not completed, enter the number of years completed: 12 = high school or GED, 16 = bachelor's degree, 18 = master's degree, 20 = doctorate, 99 = unknown | 2 | 388–389 | Num | 0–36 99 = Unknown | | |
| 14 | MARISTAT | 3 | Subject's current marital status: | 1 | 391–391 | Num | 1 = Married 2 = Widowed 3 = Divorced 4 = Separated 5 = Never married (or marriage was annulled) 6 = Living as married/domestic partner 9 = Unknown | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|-------------------------------------|-------|
| 15 | LIVSITUA | 3 | What is the subject's living situation? | 1 | 393–393 | Num | 1 = Lives alone 2 = Lives with one other person: a spouse or partner 3 = Lives with one other person: a relative, friend, or roommate 4 = Lives with caregiver who is not spouse/partner, relative, or friend 5 = Lives with a group (related or not related) in a private residence 6 = Lives in a group home (e.g., assisted living, nursing home, convent) 9 = Unknown | | |
| 16 | INDEPEND | 3 | What is the subject's level of independence? | 1 | 395–395 | Num | 1 = Able to live independently 2 = Requires some assistance with complex activities 3 = Requires some assistance with basic activities 4 = Completely dependent 9 = Unknown | | |
| 17 | RESIDENC | 3 | What is the subject's primary type of residence? | 1 | 397–397 | Num | 1 = Single- or multi-family private residence (apartment, condo, house) 2 = Retirement community or independent group living 3 = Assisted living, adult family home, or boarding home 4 = Skilled nursing facility, nursing home, hospital, or hospice 9 = Unknown | | |
| 18 | ZIP | 3 | ZIP Code (first three digits) of subject's primary residence: | 3 | 399–401 | Char | Must be valid ZIP Code, in the range 006–999 | Blank if Question 18 ZIP is unknown | |
| 19 | HANDED | 3 | Is the subject left- or right-handed (for example, which hand would s/he normally use to write or throw a ball)? | 1 | 403–403 | Num | 1 = Left-handed 2 = Right-handed 3 = Ambidextrous 9 = Unknown | | |

Form A2: Co-participant Demographics

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|--|---|---|
| 1a | INBIRMO | 3 | Co-participant's month of birth: | 2 | 45–46 | Num | 1–12 99 = Unknown | | |
| 1b | INBIRYR | 3 | Co-participant's year of birth | 4 | 48–51 | Num | 1875 to (current year minus 15) 9999 = Unknown | | |
| 2 | INSEX | 3 | Co-participant's sex: | 1 | 53–53 | Num | 1 = Male 2 = Female | | |
| 3 | INHISP | 3 | Does the co-participant report being of Hispanic/Latino ethnicity (i.e., having origins from mainly Spanish-speaking Latin American country), regardless of race? | 1 | 55–55 | Num | 0 = No 1 = Yes 9 = Unknown | | If Question 3 INHISP = 0 (No), then skip to Question 4 If Question 3 INHISP = 9 (Unknown), then skip to Question 4 |
| 3a | INHISPOR | 3 | If yes, what are the co-participant's reported origins? | 2 | 57–58 | Num | 1 = Mexican, Chicano, or Mexican-American 2 = Puerto Rican 3 = Cuban 4 = Dominican 5 = Central American 6 = South American 50 = Other (specify) 99 = Unknown | Blank if Question 3 INHISP ≠ 1 (Yes) | |
| 3a1 | INHISPOX | 3 | Other (specify): | 60 | 60–119 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 3a INHISPOR ≠ 50 (Other) | |
| 4 | INRACE | 3 | What does the co-participant report as his or her race? | 2 | 121–122 | Num | 1 = White 2 = Black or African American 3 = American Indian or Alaska Native 4 = Native Hawaiian or Other Pacific Islander 5 = Asian 50 = Other (specify) 99 = Unknown | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|--|--|-------|
| 4a | INRACEX | 3 | Other (specify): | 60 | 124–183 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 4 INRACE ≠ 50 (Other) | |
| 5 | INRASEC | 3 | What additional race does co-participant report? | 2 | 185–186 | Num | 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 | | |
| 5a | INRASECX | 3 | Other (specify) | 60 | 188–247 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 5 INRASEC ≠ 50 (Other) | |
| 6 | INRATER | 3 | What additional race, beyond those reported in Questions 4 and 5, does the co-participant report? | 2 | 249–250 | Num | 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 | | |
| 6a | INRATERX | 3 | Other (specify) | 60 | 252–311 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 6 INRATER ≠ 50 (Other) | |
| 7 | INEDUC | 3 | Co-participant's years of education — use the codes below to report the level achieved; if an attempted level is not completed, enter the number of years completed: | 2 | 313–314 | Num | 0–36 99 = Unknown | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|--|---|
| 8 | INRELTO | 3 | What is co-participant's relationship to subject? | 1 | 316–316 | Num | 1 = Spouse, partner, or companion 2 = Child 3 = Sibling 4 = Other relative 5 = Friend, neighbor, or someone known through family, friends, work, or community 6 = Paid caregiver, health care provider, or clinician | | |
| 8a | INKNOWN | 3 | How long has the co-participant known the subject? | 3 | 318–320 | Num | 0–120 999 = Unknown | | |
| 9 | INLIVWTH | 3 | Does the co-participant live with the subject? | 1 | 322–322 | Num | 0 = No 1 = Yes | | If Question 9 = 1 (Yes), then skip to Question 10 |
| 9a | INVISITS | 3 | If no, approximate frequency of in-person visits? | 1 | 324–324 | Num | 1 = Daily 2 = At least 3 times per week 3 = Weekly 4 = At least 3 times per month 5 = Monthly 6 = Less than once a month | Blank if Question 9 INLIVWTH = 1 (Yes) | |
| 9b | INCALLS | 3 | If no, approximate frequency of telephone contact? | 1 | 326–326 | Num | 1 = Daily 2 = At least 3 times per week 3 = Weekly 4 = At least 3 times per month 5 = Monthly 6 = Less than once a month | Blank if Question 9 INLIVWTH = 1 (Yes) | |
| 10 | INRELY | 3 | Is there a question about the co-participant's reliability? | 1 | 328–328 | Num | 0 = No 1 = Yes | | |

Form A3: Family History

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|---|---|
| 1 | AFFFAMM | 3 | Are there affected first-degree relatives (biological parents, full siblings, or biological children)? | 1 | 45–45 | Num | 0 = No 1 = Yes 9 = Unknown | | |
| 2a | FADMUT | 3 | In this family, is there evidence for an AD mutation? If Yes, select predominant mutation. | 1 | 47–47 | Num | 0 = No 1 = Yes, APP 2 = Yes, PS-1 (PSEN-1) 3 = Yes, PS-2 (PSEN-2) 8 = Yes, Other (specify) 9 = Unknown whether mutation exists | | If Question 2a FADMUT = 0 (No), then skip to Question 3a If Question 2a FADMUT = 9 (Unknown), then skip to Question 3a |
| 2a1 | FADMUTX | 3 | If Yes, Other (specify): | 60 | 49–108 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 2a FADMUT ≠ 8 (Other) | |
| 2b | FADMUSO | 3 | Source of evidence for AD mutation | 1 | 110–110 | Num | 1 = Family report (no test documentation available) 2 = Commercial test documentation 3 = Research lab test documentation 8 = Other (specify) 9 = Unknown | Blank if Question 2a FADMUT = 0 (No) Blank if Question 2a FADMUT = 9 (Unknown) | |
| 2b1 | FADMUSOX | 3 | If other, specify | 60 | 112–171 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 2a FADMUT = 0 (No) Blank if Question 2a FADMUT = 9 (Unknown) Blank if Question 2b FADMUSO ≠ 8 (Other) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|--|--|
| 3a | FFTDMUT | 3 | In this family, is there evidence for an FTL D mutation? If Yes, select predominant mutation. | 1 | 173–173 | Num | 0 = No 1 = Yes, MAPT 2 = Yes, PGRN 3 = Yes, C9orf72 4 = Yes, FUS 8 = Yes, Other (specify) 9 = Unknown whether mutation exists | | If Question 3a FADMUT = 0 (No), then skip to Question 4a If Question 2a FADMUT = 9 (Unknown), then skip to Question 4a |
| 3a1 | FFTDMUTX | 3 | If Yes, Other (specify) | 60 | 175–234 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 3a FFTDMUT ≠ 8 (Other) | |
| 3b | FFTDMUSO | 3 | Source of evidence for FTL D mutation | 1 | 236–236 | Num | 1 = Family report (no test documentation available) 2 = Commercial test documentation 3 = Research lab test documentation 8 = Other (specify) 9 = Unknown | Blank if Question 3a FFTDMUT = 0 (No) Blank if Question 3a FFTDMUT = 9 (Unknown) | |
| 3b1 | FFTDMUSX | 3 | If other, specify: | 60 | 238–297 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 3a FFTDMUT= 0 (No) Blank if Question 3a FFTDMUT= 9 (Unknown) Blank if Question 3b FFTDMUSO ≠ 8 (Other) | |
| 4a | FOTHMUT | 3 | In this family, is there evidence for a mutation other than an AD or FTL D mutation? | 1 | 299–299 | Num | 0 = No 1 = Yes (specify) 9 = Unknown | | If Question 4a FOTHMUT = 0 (No), then, skip to Question 5a If Question 4a FOTHMUT = 9 (Unknown), then skip to Question 5a |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---------------------------------------|-----------------|------------------|-----------|--|--|--|
| 4a1 | FOTHMUTX | 3 | If Yes, specify | 60 | 301–360 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 4a FOTHMUT ≠ 1 (Yes) | |
| 4b | FOTHMUSO | 3 | Source of evidence for other mutation | 1 | 362–362 | Num | 1 = Family report (no test documentation available) 2 = Commercial test documentation 3 = Research lab test documentation 8 = Other (specify) 9 = Unknown | Blank if Question 4a FOTHMUT = 0 (No) Blank if Question 4a FOTHMUT = 9 (Unknown) | |
| 4b1 | FOTHMUSX | 3 | If other, specify | 60 | 364–423 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 4a FOTHMUT = 0 (No) Blank if Question 4a FOTHMUT = 9 (Unknown) Blank if Question 4b FOTHMUSO ≠ 8 (Other) | |
| 5a1 | MOMMOB | 3 | Mother — birth month | 2 | 425–426 | Num | 1–12 99 = Unknown | | |
| 5a2 | MOMYOB | 3 | Mother — birth year | 4 | 428–431 | Num | 1850 to current year minus 15 9999 = Unknown | | |
| 5a3 | MOMDAGE | 3 | Mother — age at death | 3 | 433–435 | Num | 0–110 888 = N/A 999 = Unknown | | |
| 5a4 | MOMNEUR | 3 | Mother — neurological problem | 1 | 437–437 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | | If Question 5a4 MOMNEUR = 8 (N/A), then skip the remaining questions in the row If Question 5a4 MOMNEUR = 9 (Unknown), then skip the remaining questions in the row |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-------------------------------|-----------------|------------------|-----------|--|---|-------|
| 5a5 | MOMPRDX | 3 | Mother — primary diagnosis | 3 | 439–441 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 5a4 MOMNEUR = 8 (N/A) Blank if Question 5a4 MOMNEUR = 9 (Unknown) | |
| 5a6 | MOMMOE | 3 | Mother — method of evaluation | 1 | 443–443 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 5a4 MOMNEUR = 8 (N/A) Blank if Question 5a4 MOMNEUR = 9 (Unknown) | |
| 5a7 | MOMAGEO | 3 | Mother — age of onset | 3 | 445–447 | Num | 0–110 999 = Unknown | Blank if Question 5a4 MOMNEUR = 8 (N/A) Blank if Question 5a4 MOMNEUR = 9 (Unknown) | |
| 5b1 | DADMOB | 3 | Father — birth month | 2 | 449–450 | Num | 1–12 99 = Unknown | | |
| 5b2 | DADYOB | 3 | Father — birth year | 4 | 452–455 | Num | 1850 to current year minus 15 9999 = Unknown | | |
| 5b3 | DADDAGE | 3 | Father — age at death | 3 | 457–459 | Num | 0–110 888 = N/A 999 = Unknown | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-------------------------------|-----------------|------------------|-----------|--|--|--|
| 5b4 | DADNEUR | 3 | Father — neurological problem | 1 | 461–461 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | | If Question 5b4 DADNEUR = 8 (N/A), then skip the remaining questions in the row If Question 5b4 DADNEUR = 9 (Unknown), then skip the remaining questions in the row |
| 5b5 | DADPRDX | 3 | Father — primary diagnosis | 3 | 463–465 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 5b4 DADNEUR = 8 (N/A) Blank if Question 5b4 DADNEUR = 9 (Unknown) | |
| 5b6 | DADMOE | 3 | Father — method of evaluation | 1 | 467–467 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 5b4 DADNEUR = 8 (N/A) Blank if Question 5b4 DADNEUR = 9 (Unknown) | |
| 5b7 | DADAGEO | 3 | Father — age of onset | 3 | 469–471 | Num | 0–110 999 = Unknown | Blank if Question 5b4 DADNEUR = 8 (N/A) Blank if Question 5b4 DADNEUR = 9 (Unknown) | |
| 6 | SIBS | 3 | Number of full siblings? | 2 | 473–474 | Num | 0–20 77 = Adopted, unknown | | If Question 6 SIBS=0 or SIBS=77, then skip to Question 7 |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|----------------------------------|-----------------|------------------|-----------|--|---|--|
| 6a1 | SIB1MOB | 3 | Sibling 1 — birth month | 2 | 476–477 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6a2 | SIB1YOB | 3 | Sibling 1 — birth year | 4 | 479–482 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6a3 | SIB1AGD | 3 | Sibling 1 — age at death | 3 | 484–486 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6a4 | SIB1NEU | 3 | Sibling 1 — neurological problem | 1 | 488–488 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6a4 SIB1NEU = 8 (N/A), then skip the remaining questions in the row If Question 6a4 SIB1NEU = 9 (Unknown), then skip the remaining questions in the row |
| 6a5 | SIB1PDX | 3 | Sibling 1 — primary diagnosis | 3 | 490–492 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a4 SIB1NEU = 8 (N/A) Blank if Question 6a4 SIB1NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|----------------------------------|-----------------|------------------|-----------|--|--|-------|
| 6a6 | SIB1MOE | 3 | Sibling 1 — method of evaluation | 1 | 494–494 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a4 SIB1NEU = 8 (N/A) Blank if Question 6a4 SIB1NEU = 9 (Unknown) | |
| 6a7 | SIB1AGO | 3 | Sibling 1 — age of onset | 3 | 496–498 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6a4 SIB1NEU = 8 (N/A) Blank if Question 6a4 SIB1NEU = 9 (Unknown) | |
| 6b1 | SIB2MOB | 3 | Sibling 2 — birth month | 2 | 500–501 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6b2 | SIB2YOB | 3 | Sibling 2 — birth year | 4 | 503–506 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6b3 | SIB2AGD | 3 | Sibling 2 — age at death | 3 | 508–510 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|----------------------------------|-----------------|------------------|-----------|--|---|--|
| 6b4 | SIB2NEU | 3 | Sibling 2 — neurological problem | 1 | 512–512 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6b4 SIB2NEU = 8 (N/A), then skip the remaining questions in the row If Question 6b4 SIB2NEU = 9 (Unknown), then skip the remain- ing questions in the row |
| 6b5 | SIB2PDX | 3 | Sibling 2 — primary diagnosis | 3 | 514–516 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6b4 SIB2NEU = 8 (N/A) Blank if Question 6b4 SIB2NEU = 9 (Unknown) | |
| 6b6 | SIB2MOE | 3 | Sibling 2 — method of evaluation | 1 | 518–518 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6b4 SIB2NEU = 8 (N/A) Blank if Question 6b4 SIB2NEU = 9 (Unknown) | |
| 6b7 | SIB2AGO | 3 | Sibling 2 — age of onset | 3 | 520–522 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6b4 SIB2NEU = 8 (N/A) Blank if Question 6b4 SIB2NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|----------------------------------|-----------------|------------------|-----------|--|---|--|
| 6c1 | SIB3MOB | 3 | Sibling 3 — birth month | 2 | 524–525 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6c2 | SIB3YOB | 3 | Sibling 3 — birth year | 4 | 527–530 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6c3 | SIB3AGD | 3 | Sibling 3 — age at death | 3 | 532–534 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6c4 | SIB3NEU | 3 | Sibling 3 — neurological problem | 1 | 536–536 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6c4 SIB3NEU = 8 (N/A), then skip the remaining questions in the row If Question 6c4 SIB3NEU = 9 (Unknown), then skip the remaining questions in the row |
| 6c5 | SIB3PDX | 3 | Sibling 3 — primary diagnosis | 3 | 538–540 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6c4 SIB3NEU = 8 (N/A) Blank if Question 6c4 SIB3NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|----------------------------------|-----------------|------------------|-----------|--|--|-------|
| 6c6 | SIB3MOE | 3 | Sibling 3 — method of evaluation | 1 | 542–542 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6c4 SIB3NEU = 8 (N/A) Blank if Question 6c4 SIB3NEU = 9 (Unknown) | |
| 6c7 | SIB3AGO | 3 | Sibling 3 — age of onset | 3 | 544–546 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6c4 SIB3NEU = 8 (N/A) Blank if Question 6c4 SIB3NEU = 9 (Unknown) | |
| 6d1 | SIB4MOB | 3 | Sibling 4 — birth month | 2 | 548–549 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6d2 | SIB4YOB | 3 | Sibling 4 — birth year | 4 | 551–554 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6d3 | SIB4AGD | 3 | Sibling 4 — age at death | 3 | 556–558 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|----------------------------------|-----------------|------------------|-----------|--|---|--|
| 6d4 | SIB4NEU | 3 | Sibling 4 — neurological problem | 1 | 560–560 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6d4 SIB4NEU = 8 (N/A), then skip the remaining questions in the row If Question 6d4 SIB4NEU = 9 (Unknown), then skip the remain- ing questions in the row |
| 6d5 | SIB4PDX | 3 | Sibling 4 — primary diagnosis | 3 | 562–564 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6d4 SIB4NEU = 8 (N/A) Blank if Question 6d4 SIB4NEU = 9 (Unknown) | |
| 6d6 | SIB4MOE | 3 | Sibling 4 — method of evaluation | 1 | 566–566 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6d4 SIB4NEU = 8 (N/A) Blank if Question 6d4 SIB4NEU = 9 (Unknown) | |
| 6d7 | SIB4AGO | 3 | Sibling 4 — age of onset | 3 | 568–570 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6d4 SIB4NEU = 8 (N/A) Blank if Question 6d4 SIB4NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|----------------------------------|-----------------|------------------|-----------|--|---|--|
| 6e1 | SIB5MOB | 3 | Sibling 5 — birth month | 2 | 572–573 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6e2 | SIB5YOB | 3 | Sibling 5 — birth year | 4 | 575–578 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6e3 | SIB5AGD | 3 | Sibling 5 — age at death | 3 | 580–582 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6e4 | SIB5NEU | 3 | Sibling 5 — neurological problem | 1 | 584–584 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6e4 SIB5NEU = 8 (N/A), then skip the remaining questions in the row If Question 6d4 SIB5NEU = 9 (Unknown), then skip the remain- ing questions in the row |
| 6e5 | SIB5PDX | 3 | Sibling 5 — primary diagnosis | 3 | 586–588 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6e4 SIB5NEU = 8 (N/A) Blank if Question 6e4 SIB5NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|----------------------------------|-----------------|------------------|-----------|--|--|-------|
| 6e6 | SIB5MOE | 3 | Sibling 5 — method of evaluation | 1 | 590–590 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6e4 SIB5NEU = 8 (N/A) Blank if Question 6e4 SIB5NEU = 9 (Unknown) | |
| 6e7 | SIB5AGO | 3 | Sibling 5 — age of onset | 3 | 592–594 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6e4 SIB5NEU = 8 (N/A) Blank if Question 6e4 SIB5NEU = 9 (Unknown) | |
| 6f1 | SIB6MOB | 3 | Sibling 6 — birth month | 2 | 596–597 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6f2 | SIB6YOB | 3 | Sibling 6 — birth year | 4 | 599–602 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6f3 | SIB6AGD | 3 | Sibling 6 — age at death | 3 | 604–606 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|----------------------------------|-----------------|------------------|-----------|--|---|--|
| 6f4 | SIB6NEU | 3 | Sibling 6 — neurological problem | 1 | 608–608 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6f4 SIB6NEU = 8 (N/A), then skip the remaining questions in the row If Question 6f4 SIB6NEU = 9 (Unknown), then skip the remaining questions in the row |
| 6f5 | SIB6PDX | 3 | Sibling 6 — primary diagnosis | 3 | 610–612 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6f4 SIB6NEU = 8 (N/A) Blank if Question 6f4 SIB6NEU = 9 (Unknown) | |
| 6f6 | SIB6MOE | 3 | Sibling 6 — method of evaluation | 1 | 614–614 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6f4 SIB6NEU = 8 (N/A) Blank if Question 6f4 SIB6NEU = 9 (Unknown) | |
| 6f7 | SIB6AGO | 3 | Sibling 6 — age of onset | 3 | 616–618 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6f4 SIB6NEU = 8 (N/A) Blank if Question 6f4 SIB6NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|----------------------------------|-----------------|------------------|-----------|--|---|--|
| 6g1 | SIB7MOB | 3 | Sibling 7 — birth month | 2 | 620–621 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6g2 | SIB7YOB | 3 | Sibling 7 — birth year | 4 | 623–626 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6g3 | SIB7AGD | 3 | Sibling 7 — age at death | 3 | 628–630 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6g4 | SIB7NEU | 3 | Sibling 7 — neurological problem | 1 | 632–632 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6g4 SIB7NEU = 8 (N/A), then skip the remaining questions in the row If Question 6g4 SIB7NEU = 9 (Unknown), then skip the remaining questions in the row |
| 6g5 | SIB7PDX | 3 | Sibling 7 — primary diagnosis | 3 | 634–636 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6g4 SIB7NEU = 8 (N/A) Blank if Question 6g4 SIB7NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|----------------------------------|-----------------|------------------|-----------|--|---|-------|
| 6g6 | SIB7MOE | 3 | Sibling 7 — method of evaluation | 1 | 638–638 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6g4 SIB7NEU = 8 (N/A) Blank if Question 6g4 SIB7NEU = 9 (Unknown) | |
| 6g7 | SIB7AGO | 3 | Sibling 7 — age of onset | 3 | 640–642 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6g4 SIB7NEU = 8 (N/A) Blank if Question 6g4 SIB7NEU = 9 (Unknown) | |
| 6h1 | SIB8MOB | 3 | Sibling 8 — birth month | 2 | 644–645 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6h2 | SIB8YOB | 3 | Sibling 8 — birth year | 4 | 647–650 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6h3 | SIB8AGD | 3 | Sibling 8 — age at death | 3 | 652–654 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|----------------------------------|-----------------|------------------|-----------|--|---|--|
| 6h4 | SIB8NEU | 3 | Sibling 8 — neurological problem | 1 | 656–656 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6h4 SIB8NEU = 8 (N/A), then skip the remaining questions in the row If Question 6h4 SIB8NEU = 9 (Unknown), then skip the remain- ing questions in the row |
| 6h5 | SIB8PDX | 3 | Sibling 8 — primary diagnosis | 3 | 658–660 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6h4 SIB8NEU = 8 (N/A) Blank if Question 6h4 SIB8NEU = 9 (Unknown) | |
| 6h6 | SIB8MOE | 3 | Sibling 8 — method of evaluation | 1 | 662–662 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6h4 SIB8NEU = 8 (N/A) Blank if Question 6h4 SIB8NEU = 9 (Unknown) | |
| 6h7 | SIB8AGO | 3 | Sibling 8 — age of onset | 3 | 664–666 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6h4 SIB8NEU = 8 (N/A) Blank if Question 6h4 SIB8NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|----------------------------------|-----------------|------------------|-----------|--|--|--|
| 6i1 | SIB9MOB | 3 | Sibling 9 — birth month | 2 | 668–669 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6i2 | SIB9YOB | 3 | Sibling 9 — birth year | 4 | 671–674 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6i3 | SIB9AGD | 3 | Sibling 9 — age at death | 3 | 676–678 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6i4 | SIB9NEU | 3 | Sibling 9 — neurological problem | 1 | 680–680 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6i4 SIB9NEU = 8 (N/A), then skip the remaining questions in the row If Question 6i4 SIB9NEU = 9 (Unknown), then skip the remaining questions in the row |
| 6i5 | SIB9PDX | 3 | Sibling 9 — primary diagnosis | 3 | 682–684 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6i4 SIB9NEU = 8 (N/A) Blank if Question 6i4 SIB9NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|----------------------------------|-----------------|------------------|-----------|--|---|-------|
| 6i6 | SIB9MOE | 3 | Sibling 9 — method of evaluation | 1 | 686–686 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6i4 SIB9NEU = 8 (N/A) Blank if Question 6i4 SIB9NEU = 9 (Unknown) | |
| 6i7 | SIB9AGO | 3 | Sibling 9 — age of onset | 3 | 688–690 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6i4 SIB9NEU = 8 (N/A) Blank if Question 6i4 SIB9NEU = 9 (Unknown) | |
| 6j1 | SIB10MOB | 3 | Sibling 10 — birth month | 2 | 692–693 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6j2 | SIB10YOB | 3 | Sibling 10 — birth year | 4 | 695–698 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6j3 | SIB10AGD | 3 | Sibling 10 — age at death | 3 | 700–702 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-----------------------------------|-----------------|------------------|-----------|--|---|--|
| 6j4 | SIB1ONEU | 3 | Sibling 10 — neurological problem | 1 | 704–704 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6j4 SIB1ONEU = 8 (N/A), then skip the remaining questions in the row If Question 6j4 SIB1ONEU = 9 (Unknown), then skip the remain- ing questions in the row |
| 6j5 | SIB1OPDX | 3 | Sibling 10 — primary diagnosis | 3 | 706–708 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6j4 SIB1ONEU = 8 (N/A) Blank if Question 6j4 SIB1ONEU = 9 (Unknown) | |
| 6j6 | SIB10MOE | 3 | Sibling 10 — method of evaluation | 1 | 710–710 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6j4 SIB1ONEU = 8 (N/A) Blank if Question 6j4 SIB1ONEU = 9 (Unknown) | |
| 6j7 | SIB10AGO | 3 | Sibling 10 — age of onset | 3 | 712–714 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6j4 SIB1ONEU = 8 (N/A) Blank if Question 6j4 SIB1ONEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-----------------------------------|-----------------|------------------|-----------|--|---|--|
| 6k1 | SIB11MOB | 3 | Sibling 11 — birth month | 2 | 716–717 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6k2 | SIB11YOB | 3 | Sibling 11 — birth year | 4 | 719–722 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6k3 | SIB11AGD | 3 | Sibling 11 — age at death | 3 | 724–726 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6k4 | SIB11NEU | 3 | Sibling 11 — neurological problem | 1 | 728–728 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6k4 SIB11NEU = 8 (N/A), then skip the remaining questions in the row If Question 6k4 SIB11NEU = 9 (Unknown), then skip the remain- ing questions in the row |
| 6k5 | SIB11PDX | 3 | Sibling 11 — primary diagnosis | 3 | 730–732 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6k4 SIB11NEU = 8 (N/A) Blank if Question 6k4 SIB11NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-----------------------------------|-----------------|------------------|-----------|--|---|-------|
| 6k6 | SIB11MOE | 3 | Sibling 11 — method of evaluation | 1 | 734–734 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6k4 SIB11NEU = 8 (N/A) Blank if Question 6k4 SIB11NEU = 9 (Unknown) | |
| 6k7 | SIB11AGO | 3 | Sibling 11 — age of onset | 3 | 736–738 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6k4 SIB11NEU = 8 (N/A) Blank if Question 6k4 SIB11NEU = 9 (Unknown) | |
| 6l1 | SIB12MOB | 3 | Sibling 12 — birth month | 2 | 740–741 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6l2 | SIB12YOB | 3 | Sibling 12 — birth year | 4 | 743–746 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6l3 | SIB12AGD | 3 | Sibling 12 — age at death | 3 | 748–750 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-----------------------------------|-----------------|------------------|-----------|--|---|--|
| 614 | SIB12NEU | 3 | Sibling 12 — neurological problem | 1 | 752–752 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 614 SIB12NEU = 8 (N/A), then skip the remaining questions in the row If Question 614 SIB12NEU = 9 (Unknown), then skip the remain- ing questions in the row |
| 615 | SIB12PDX | 3 | Sibling 12 — primary diagnosis | 3 | 754–756 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 614 SIB12NEU = 8 (N/A) Blank if Question 614 SIB12NEU = 9 (Unknown) | |
| 616 | SIB12MOE | 3 | Sibling 12 — method of evaluation | 1 | 758–758 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 614 SIB12NEU = 8 (N/A) Blank if Question 614 SIB12NEU = 9 (Unknown) | |
| 617 | SIB12AGO | 3 | Sibling 12 — age of onset | 3 | 760–762 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 614 SIB12NEU = 8 (N/A) Blank if Question 614 SIB12NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-----------------------------------|-----------------|------------------|-----------|--|--|--|
| 6m1 | SIB13MOB | 3 | Sibling 13 — birth month | 2 | 764–765 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6m2 | SIB13YOB | 3 | Sibling 13 — birth year | 4 | 767–770 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6m3 | SIB13AGD | 3 | Sibling 13 — age at death | 3 | 772–774 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6m4 | SIB13NEU | 3 | Sibling 13 — neurological problem | 1 | 776–776 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6m4 SIB13NEU = 8 (N/A), then skip the remaining questions in the row If Question 6m4 SIB13NEU = 9 (Unknown), then skip the remaining questions in the row |
| 6m5 | SIB13PDX | 3 | Sibling 13 — primary diagnosis | 3 | 778–780 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6m4 SIB13NEU = 8 (N/A) Blank if Question 6m4 SIB13NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-----------------------------------|-----------------|------------------|-----------|--|--|-------|
| 6m6 | SIB13MOE | 3 | Sibling 13 — method of evaluation | 1 | 782–782 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6m4 SIB13NEU = 8 (N/A) Blank if Question 6m4 SIB13NEU = 9 (Unknown) | |
| 6m7 | SIB13AGO | 3 | Sibling 13 — age of onset | 3 | 784–786 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6m4 SIB13NEU = 8 (N/A) Blank if Question 6m4 SIB13NEU = 9 (Unknown) | |
| 6n1 | SIB14MOB | 3 | Sibling 14 — birth month | 2 | 788–789 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6n2 | SIB14YOB | 3 | Sibling 14 — birth year | 4 | 791–794 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6n3 | SIB14AGD | 3 | Sibling 14 — age at death | 3 | 796–798 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-----------------------------------|-----------------|------------------|-----------|--|---|--|
| 6n4 | SIB14NEU | 3 | Sibling 14 — neurological problem | 1 | 800–800 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6n4 SIB14NEU = 8 (N/A), then skip the remaining questions in the row If Question 6n4 SIB14NEU = 9 (Unknown), then skip the remain- ing questions in the row |
| 6n5 | SIB14PDX | 3 | Sibling 14 — primary diagnosis | 3 | 802–804 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6n4 SIB14NEU = 8 (N/A) Blank if Question 6n4 SIB14NEU = 9 (Unknown) | |
| 6n6 | SIB14MOE | 3 | Sibling 14 — method of evaluation | 1 | 806–806 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6n4 SIB14NEU = 8 (N/A) Blank if Question 6n4 SIB14NEU = 9 (Unknown) | |
| 6n7 | SIB14AGO | 3 | Sibling 14 — age of onset | 3 | 808–810 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6n4 SIB14NEU = 8 (N/A) Blank if Question 6n4 SIB14NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-----------------------------------|-----------------|------------------|-----------|--|---|--|
| 6o1 | SIB15MOB | 3 | Sibling 15 — birth month | 2 | 812–813 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6o2 | SIB15YOB | 3 | Sibling 15 — birth year | 4 | 815–818 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6o3 | SIB15AGD | 3 | Sibling 15 — age at death | 3 | 820–822 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6o4 | SIB15NEU | 3 | Sibling 15 — neurological problem | 1 | 824–824 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6o4 SIB15NEU = 8 (N/A), then skip the remaining questions in the row If Question 6o4 SIB15NEU = 9 (Unknown), then skip the remain- ing questions in the row |
| 6o5 | SIB15PDX | 3 | Sibling 15 — primary diagnosis | 3 | 826–828 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6o4 SIB15NEU = 8 (N/A) Blank if Question 6o4 SIB15NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-----------------------------------|-----------------|------------------|-----------|--|--|-------|
| 6o6 | SIB15MOE | 3 | Sibling 15 — method of evaluation | 1 | 830–830 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6o4 SIB15NEU = 8 (N/A) Blank if Question 6o4 SIB15NEU = 9 (Unknown) | |
| 6o7 | SIB15AGO | 3 | Sibling 15 — age of onset | 3 | 832–834 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6o4 SIB15NEU = 8 (N/A) Blank if Question 6o4 SIB15NEU = 9 (Unknown) | |
| 6p1 | SIB16MOB | 3 | Sibling 16 — birth month | 2 | 836–837 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6p2 | SIB16YOB | 3 | Sibling 16 — birth year | 4 | 839–842 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6p3 | SIB16AGD | 3 | Sibling 16 — age at death | 3 | 844–846 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-----------------------------------|-----------------|------------------|-----------|--|---|--|
| 6p4 | SIB16NEU | 3 | Sibling 16 — neurological problem | 1 | 848–848 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6p4 SIB16NEU = 8 (N/A), then skip the remaining questions in the row If Question 6p4 SIB16NEU = 9 (Unknown), then skip the remain- ing questions in the row |
| 6p5 | SIB16PDX | 3 | Sibling 16 — primary diagnosis | 3 | 850–852 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6p4 SIB16NEU = 8 (N/A) Blank if Question 6p4 SIB16NEU = 9 (Unknown) | |
| 6p6 | SIB16MOE | 3 | Sibling 16 — method of evaluation | 1 | 854–854 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6p4 SIB16NEU = 8 (N/A) Blank if Question 6p4 SIB16NEU = 9 (Unknown) | |
| 6p7 | SIB16AGO | 3 | Sibling 16 — age of onset | 3 | 856–858 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6p4 SIB16NEU = 8 (N/A) Blank if Question 6p4 SIB16NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-----------------------------------|-----------------|------------------|-----------|--|---|--|
| 6q1 | SIB17MOB | 3 | Sibling 17 — birth month | 2 | 860–861 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6q2 | SIB17YOB | 3 | Sibling 17 — birth year | 4 | 863–866 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6q3 | SIB17AGD | 3 | Sibling 17 — age at death | 3 | 868–870 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6q4 | SIB17NEU | 3 | Sibling 17 — neurological problem | 1 | 872–872 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6q4 SIB17NEU = 8 (N/A), then skip the remaining questions in the row If Question 6q4 SIB17NEU = 9 (Unknown), then skip the remaining questions in the row |
| 6q5 | SIB17PDX | 3 | Sibling 17 — primary diagnosis | 3 | 874–876 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6q4 SIB17NEU = 8 (N/A) Blank if Question 6q4 SIB17NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-----------------------------------|-----------------|------------------|-----------|--|--|-------|
| 6q6 | SIB17MOE | 3 | Sibling 17 — method of evaluation | 1 | 878–878 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6q4 SIB17NEU = 8 (N/A) Blank if Question 6q4 SIB17NEU = 9 (Unknown) | |
| 6q7 | SIB17AGO | 3 | Sibling 17 — age of onset | 3 | 880–882 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6q4 SIB17NEU = 8 (N/A) Blank if Question 6q4 SIB17NEU = 9 (Unknown) | |
| 6r1 | SIB18MOB | 3 | Sibling 18 — birth month | 2 | 884–885 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6r2 | SIB18YOB | 3 | Sibling 18 — birth year | 4 | 887–890 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6r3 | SIB18AGD | 3 | Sibling 18 — age at death | 3 | 892–894 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-----------------------------------|-----------------|------------------|-----------|--|---|--|
| 6r4 | SIB18NEU | 3 | Sibling 18 — neurological problem | 1 | 896–896 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6r4 SIB18NEU = 8 (N/A), then skip the remaining questions in the row If Question 6r4 SIB18NEU = 9 (Unknown), then skip the remain- ing questions in the row |
| 6r5 | SIB18PDX | 3 | Sibling 18 — primary diagnosis | 3 | 898–900 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6r4 SIB18NEU = 8 (N/A) Blank if Question 6r4 SIB18NEU = 9 (Unknown) | |
| 6r6 | SIB18MOE | 3 | Sibling 18 — method of evaluation | 1 | 902–902 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6r4 SIB18NEU = 8 (N/A) Blank if Question 6r4 SIB18NEU = 9 (Unknown) | |
| 6r7 | SIB18AGO | 3 | Sibling 18 — age of onset | 3 | 904–906 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6r4 SIB18NEU = 8 (N/A) Blank if Question 6r4 SIB18NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-----------------------------------|-----------------|------------------|-----------|--|---|--|
| 6s1 | SIB19MOB | 3 | Sibling 19 — birth month | 2 | 908–909 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6s2 | SIB19YOB | 3 | Sibling 19 — birth year | 4 | 911–914 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6s3 | SIB19AGD | 3 | Sibling 19 — age at death | 3 | 916–918 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6s4 | SIB19NEU | 3 | Sibling 19 — neurological problem | 1 | 920–920 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6s4 SIB19NEU = 8 (N/A), then skip the remaining questions in the row If Question 6s4 SIB19NEU = 9 (Unknown), then skip the remaining questions in the row |
| 6s5 | SIB19PDX | 3 | Sibling 19 — primary diagnosis | 3 | 922–924 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6s4 SIB19NEU = 8 (N/A) Blank if Question 6s4 SIB19NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-----------------------------------|-----------------|------------------|-----------|--|--|-------|
| 6s6 | SIB19MOE | 3 | Sibling 19 — method of evaluation | 1 | 926–926 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6s4 SIB19NEU = 8 (N/A) Blank if Question 6s4 SIB19NEU = 9 (Unknown) | |
| 6s7 | SIB19AGO | 3 | Sibling 19 — age of onset | 3 | 928–930 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6s4 SIB19NEU = 8 (N/A) Blank if Question 6s4 SIB19NEU = 9 (Unknown) | |
| 6t1 | SIB20MOB | 3 | Sibling 20 — birth month | 2 | 932–933 | Num | 1–12 99 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6t2 | SIB20YOB | 3 | Sibling 20 — birth year | 4 | 935–938 | Num | 1875 to current year 9999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |
| 6t3 | SIB20AGD | 3 | Sibling 20 — age at death | 3 | 940–942 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|-----------------------------------|-----------------|------------------|-----------|--|---|--|
| 6t4 | SIB2ONEU | 3 | Sibling 20 — neurological problem | 1 | 944–944 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 | If Question 6t4 SIB2ONEU = 8 (N/A), then skip the remaining questions in the row If Question 6t4 SIB2ONEU = 9 (Unknown), then skip the remain- ing questions in the row |
| 6t5 | SIB2OPDX | 3 | Sibling 20 — primary diagnosis | 3 | 946–948 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6t4 SIB2ONEU = 8 (N/A) Blank if Question 6t4 SIB2ONEU = 9 (Unknown) | |
| 6t6 | SIB2OMOE | 3 | Sibling 20 — method of evaluation | 1 | 950–950 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6t4 SIB2ONEU = 8 (N/A) Blank if Question 6t4 SIB2ONEU = 9 (Unknown) | |
| 6t7 | SIB2OAGO | 3 | Sibling 20 — age of onset | 3 | 952–954 | Num | 0–110 999 = Unknown | Blank if Question 6 SIBS=0 or SIBS=77 Blank if Question 6t4 SIB2ONEU = 8 (N/A) Blank if Question 6t4 SIB2ONEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--------------------------------|-----------------|------------------|-----------|--|--|--|
| 7 | KIDS | 3 | Number of biological children? | 2 | 956–957 | Num | 0–15 | | If no biological children, end form here. |
| 7a1 | KID1MOB | 3 | Child 1 — birth month | 2 | 959–960 | Num | 1–12 99 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7a2 | KID1YOB | 3 | Child 1 — birth year | 4 | 962–965 | Num | 1910 to current year 9999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7a3 | KID1AGD | 3 | Child 1 — age at death | 3 | 967–969 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7a4 | KID1NEU | 3 | Child 1 — neurological problem | 1 | 971–971 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 7 KIDS = 0 | If Question 7a4 KID1NEU = 8 (N/A), then skip the remaining questions in the row If Question 7a4 KID1NEU = 9 (Unknown), then skip the remaining questions in the row |
| 7a5 | KID1PDX | 3 | Child 1 — primary diagnosis | 3 | 973–975 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 7 KIDS = 0 Blank if Question 7a4 KID1NEU = 8 (N/A) Blank if Question 7a4 KID1NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--------------------------------|-----------------|------------------|-----------|--|--|-------|
| 7a6 | KID1MOE | 3 | Child 1 — method of evaluation | 1 | 977–977 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 7 KIDS = 0 Blank if Question 7a4 KID1NEU = 8 (N/A) Blank if Question 7a4 KID1NEU = 9 (Unknown) | |
| 7a7 | KID1AGO | 3 | Child 1 — age of onset | 3 | 979–981 | Num | 0–110 999 = Unknown | Blank if Question 7 KIDS = 0 Blank if Question 7a4 KID1NEU = 8 (N/A) Blank if Question 7a4 KID1NEU = 9 (Unknown) | |
| 7b1 | KID2MOB | 3 | Child 2 — birth month | 2 | 983–984 | Num | 1–12 99 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7b2 | KID2YOB | 3 | Child 2 — birth year | 4 | 986–989 | Num | 1910 to current year 9999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7b3 | KID2AGD | 3 | Child 2 — age at death | 3 | 991–993 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 7 KIDS = 0 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--------------------------------|-----------------|------------------|-----------|--|--|--|
| 7b4 | KID2NEU | 3 | Child 2 — neurological problem | 1 | 995–995 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 7 KIDS = 0 | If Question 7b4 KID2NEU = 8 (N/A), then skip the remaining questions in the row If Question 7b4 KID2NEU = 9 (Unknown), then skip the remaining questions in the row |
| 7b5 | KID2PDX | 3 | Child 2 — primary diagnosis | 3 | 997–999 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 7 KIDS = 0 Blank if Question 7b4 KID2NEU = 8 (N/A) Blank if Question 7b4 KID2NEU = 9 (Unknown) | |
| 7b6 | KID2MOE | 3 | Child 2 — method of evaluation | 1 | 1001–1001 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 7 KIDS = 0 Blank if Question 7b4 KID2NEU = 8 (N/A) Blank if Question 7b4 KID2NEU = 9 (Unknown) | |
| 7b7 | KID2AGO | 3 | Child 2 — age of onset | 3 | 1003–1005 | Num | 0–110 999 = Unknown | Blank if Question 7 KIDS = 0 Blank if Question 7b4 KID2NEU = 8 (N/A) Blank if Question 7b4 KID2NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--------------------------------|-----------------|------------------|-----------|--|--|--|
| 7c1 | KID3MOB | 3 | Child 3 — birth month | 2 | 1007–1008 | Num | 1–12 99 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7c2 | KID3YOB | 3 | Child 3 — birth year | 4 | 1010–1013 | Num | 1910 to current year 9999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7c3 | KID3AGD | 3 | Child 3 — age at death | 3 | 1015–1017 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7c4 | KID3NEU | 3 | Child 3 — neurological problem | 1 | 1019–1019 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 7 KIDS = 0 | If Question 7c4 KID3NEU = 8 (N/A), then skip the remaining questions in the row If Question 7c4 KID3NEU = 9 (Unknown), then skip the remaining questions in the row |
| 7c5 | KID3PDX | 3 | Child 3 — primary diagnosis | 3 | 1021–1023 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 7 KIDS = 0 Blank if Question 7c4 KID3NEU = 8 (N/A) Blank if Question 7c4 KID3NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--------------------------------|-----------------|------------------|-----------|--|--|-------|
| 7c6 | KID3MOE | 3 | Child 3 — method of evaluation | 1 | 1025–1025 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 7 KIDS = 0 Blank if Question 7c4 KID3NEU = 8 (N/A) Blank if Question 7c4 KID3NEU = 9 (Unknown) | |
| 7c7 | KID3AGO | 3 | Child 3 — age of onset | 3 | 1027–1029 | Num | 0–110 999 = Unknown | Blank if Question 7 KIDS = 0 Blank if Question 7c4 KID3NEU = 8 (N/A) Blank if Question 7c4 KID3NEU = 9 (Unknown) | |
| 7d1 | KID4MOB | 3 | Child 4 — birth month | 2 | 1031–1032 | Num | 1–12 99 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7d2 | KID4YOB | 3 | Child 4 — birth year | 4 | 1034–1037 | Num | 1910 to current year 9999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7d3 | KID4AGD | 3 | Child 4 — age at death | 3 | 1039–1041 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 7 KIDS = 0 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--------------------------------|-----------------|------------------|-----------|--|--|--|
| 7d4 | KID4NEU | 3 | Child 4 — neurological problem | 1 | 1043–1043 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 7 KIDS = 0 | If Question 7d4 KID4NEU = 8 (N/A), then skip the remaining questions in the row If Question 7d4 KID4NEU = 9 (Unknown), then skip the remaining questions in the row |
| 7d5 | KID4PDX | 3 | Child 4 — primary diagnosis | 3 | 1045–1047 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 7 KIDS = 0 Blank if Question 7d4 KID4NEU = 8 (N/A) Blank if Question 7d4 KID4NEU = 9 (Unknown) | |
| 7d6 | KID4MOE | 3 | Child 4 — method of evaluation | 1 | 1049–1049 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 7 KIDS = 0 Blank if Question 7d4 KID4NEU = 8 (N/A) Blank if Question 7d4 KID4NEU = 9 (Unknown) | |
| 7d7 | KID4AGO | 3 | Child 4 — age of onset | 3 | 1051–1053 | Num | 0–110 999 = Unknown | Blank if Question 7 KIDS = 0 Blank if Question 7d4 KID4NEU = 8 (N/A) Blank if Question 7d4 KID4NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--------------------------------|-----------------|------------------|-----------|--|--|--|
| 7e1 | KID5MOB | 3 | Child 5 — birth month | 2 | 1055–1056 | Num | 1–12 99 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7e2 | KID5YOB | 3 | Child 5 — birth year | 4 | 1058–1061 | Num | 1910 to current year 9999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7e3 | KID5AGD | 3 | Child 5 — age at death | 3 | 1063–1065 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7e4 | KID5NEU | 3 | Child 5 — neurological problem | 1 | 1067–1067 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 7 KIDS = 0 | If Question 7e4 KID5NEU = 8 (N/A), then skip the remaining questions in the row If Question 7e4 KID5NEU = 9 (Unknown), then skip the remaining questions in the row |
| 7e5 | KID5PDX | 3 | Child 5 — primary diagnosis | 3 | 1069–1071 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 7 KIDS = 0 Blank if Question 7e4 KID5NEU = 8 (N/A) Blank if Question 7e4 KID5NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--------------------------------|-----------------|------------------|-----------|--|---|-------|
| 7e6 | KID5MOE | 3 | Child 5 — method of evaluation | 1 | 1073–1073 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 7 KIDS = 0 Blank if Question 7e4 KID5NEU = 8 (N/A) Blank if Question 7e4 KID5NEU = 9 (Unknown) | |
| 7e7 | KID5AGO | 3 | Child 5 — age of onset | 3 | 1075–1077 | Num | 0–110 999 = Unknown | Blank if Question 7 KIDS = 0 Blank if Question 7e4 KID5NEU = 8 (N/A) Blank if Question 7e4 KID5NEU = 9 (Unknown) | |
| 7f1 | KID6MOB | 3 | Child 6 — birth month | 2 | 1079–1080 | Num | 1–12 99 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7f2 | KID6YOB | 3 | Child 6 — birth year | 4 | 1082–1085 | Num | 1910 to current year 9999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7f3 | KID6AGD | 3 | Child 6 — age at death | 3 | 1087–1089 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 7 KIDS = 0 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--------------------------------|-----------------|------------------|-----------|--|--|--|
| 7f4 | KID6NEU | 3 | Child 6 — neurological problem | 1 | 1091–1091 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 7 KIDS = 0 | If Question 7f4 KID6NEU = 8 (N/A), then skip the remaining questions in the row If Question 7f4 KID6NEU = 9 (Unknown), then skip the remaining questions in the row |
| 7f5 | KID6PDX | 3 | Child 6 — primary diagnosis | 3 | 1093–1095 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 7 KIDS = 0 Blank if Question 7f4 KID6NEU = 8 (N/A) Blank if Question 7f4 KID6NEU = 9 (Unknown) | |
| 7f6 | KID6MOE | 3 | Child 6 — method of evaluation | 1 | 1097–1097 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 7 KIDS = 0 Blank if Question 7f4 KID6NEU = 8 (N/A) Blank if Question 7f4 KID6NEU = 9 (Unknown) | |
| 7f7 | KID6AGO | 3 | Child 6 — age of onset | 3 | 1099–1101 | Num | 0–110 999 = Unknown | Blank if Question 7 KIDS = 0 Blank if Question 7f4 KID6NEU = 8 (N/A) Blank if Question 7f4 KID6NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--------------------------------|-----------------|------------------|-----------|--|--|--|
| 7g1 | KID7MOB | 3 | Child 7 — birth month | 2 | 1103–1104 | Num | 1–12 99 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7g2 | KID7YOB | 3 | Child 7 — birth year | 4 | 1106–1109 | Num | 1910 to current year 9999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7g3 | KID7AGD | 3 | Child 7 — age at death | 3 | 1111–1113 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7g4 | KID7NEU | 3 | Child 7 — neurological problem | 1 | 1115–1115 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 7 KIDS = 0 | If Question 7g4 KID7NEU = 8 (N/A), then skip the remaining questions in the row If Question 7g4 KID7NEU = 9 (Unknown), then skip the remaining questions in the row |
| 7g5 | KID7PDX | 3 | Child 7 — primary diagnosis | 3 | 1117–1119 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 7 KIDS = 0 Blank if Question 7g4 KID7NEU = 8 (N/A) Blank if Question 7g4 KID7NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--------------------------------|-----------------|------------------|-----------|--|--|-------|
| 7g6 | KID7MOE | 3 | Child 7 — method of evaluation | 1 | 1121–1121 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 7 KIDS = 0 Blank if Question 7g4 KID7NEU = 8 (N/A) Blank if Question 7g4 KID7NEU = 9 (Unknown) | |
| 7g7 | KID7AGO | 3 | Child 7 — age of onset | 3 | 1123–1125 | Num | 0–110 999 = Unknown | Blank if Question 7 KIDS = 0 Blank if Question 7g4 KID7NEU = 8 (N/A) Blank if Question 7g4 KID7NEU = 9 (Unknown) | |
| 7h1 | KID8MOB | 3 | Child 8 — birth month | 2 | 1127–1128 | Num | 1–12 99 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7h2 | KID8YOB | 3 | Child 8 — birth year | 4 | 1130–1133 | Num | 1910 to current year 9999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7h3 | KID8AGD | 3 | Child 8 — age at death | 3 | 1135–1137 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 7 KIDS = 0 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--------------------------------|-----------------|------------------|-----------|--|--|--|
| 7h4 | KID8NEU | 3 | Child 8 — neurological problem | 1 | 1139–1139 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 7 KIDS = 0 | If Question 7h4 KID8NEU = 8 (N/A), then skip the remaining questions in the row If Question 7h4 KID8NEU = 9 (Unknown), then skip the remaining questions in the row |
| 7h5 | KID8PDX | 3 | Child 8 — primary diagnosis | 3 | 1141–1143 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 7 KIDS = 0 Blank if Question 7h4 KID8NEU = 8 (N/A) Blank if Question 7h4 KID8NEU = 9 (Unknown) | |
| 7h6 | KID8MOE | 3 | Child 8 — method of evaluation | 1 | 1145–1145 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 7 KIDS = 0 Blank if Question 7h4 KID8NEU = 8 (N/A) Blank if Question 7h4 KID8NEU = 9 (Unknown) | |
| 7h7 | KID8AGO | 3 | Child 8 — age of onset | 3 | 1147–1149 | Num | 0–110 999 = Unknown | Blank if Question 7 KIDS = 0 Blank if Question 7h4 KID8NEU = 8 (N/A) Blank if Question 7h4 KID8NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--------------------------------|-----------------|------------------|-----------|--|--|--|
| 7i1 | KID9MOB | 3 | Child 9 — birth month | 2 | 1151–1152 | Num | 1–12 99 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7i2 | KID9YOB | 3 | Child 9 — birth year | 4 | 1154–1157 | Num | 1910 to current year 9999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7i3 | KID9AGD | 3 | Child 9 — age at death | 3 | 1159–1161 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7i4 | KID9NEU | 3 | Child 9 — neurological problem | 1 | 1163–1163 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 7 KIDS = 0 | If Question 7i4 KID9NEU = 8 (N/A), then skip the remaining questions in the row If Question 7i4 KID9NEU = 9 (Unknown), then skip the remaining questions in the row |
| 7i5 | KID9PDX | 3 | Child 9 — primary diagnosis | 3 | 1165–1167 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 7 KIDS = 0 Blank if Question 7i4 KID9NEU = 8 (N/A) Blank if Question 7i4 KID9NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--------------------------------|-----------------|------------------|-----------|--|--|-------|
| 7i6 | KID9MOE | 3 | Child 9 — method of evaluation | 1 | 1169–1169 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 7 KIDS = 0 Blank if Question 7i4 KID9NEU = 8 (N/A) Blank if Question 7i4 KID9NEU = 9 (Unknown) | |
| 7i7 | KID9AGO | 3 | Child 9 — age of onset | 3 | 1171–1173 | Num | 0–110 999 = Unknown | Blank if Question 7 KIDS = 0 Blank if Question 7i4 KID9NEU = 8 (N/A) Blank if Question 7i4 KID9NEU = 9 (Unknown) | |
| 7j1 | KID10MOB | 3 | Child 10 — birth month | 2 | 1175–1176 | Num | 1–12 99 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7j2 | KID10YOB | 3 | Child 10 — birth year | 4 | 1178–1181 | Num | 1910 to current year 9999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7j3 | KID10AGD | 3 | Child 10 — age at death | 3 | 1183–1185 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 7 KIDS = 0 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---------------------------------|-----------------|------------------|-----------|--|--|--|
| 7j4 | KID1ONEU | 3 | Child 10 — neurological problem | 1 | 1187–1187 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 7 KIDS = 0 | If Question 7j4 KID1ONEU = 8 (N/A), then skip the remaining questions in the row If Question 7j4 KID1ONEU = 9 (Unknown), then skip the remaining questions in the row |
| 7j5 | KID1OPDX | 3 | Child 10 — primary diagnosis | 3 | 1189–1191 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 7 KIDS = 0 Blank if Question 7j4 KID1ONEU = 8 (N/A) Blank if Question 7j4 KID1ONEU = 9 (Unknown) | |
| 7j6 | KID10MOE | 3 | Child 10 — method of evaluation | 1 | 1193–1193 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 7 KIDS = 0 Blank if Question 7j4 KID1ONEU = 8 (N/A) Blank if Question 7j4 KID1ONEU = 9 (Unknown) | |
| 7j7 | KID10AGO | 3 | Child 10 — age of onset | 3 | 1195–1197 | Num | 0–110 999 = Unknown | Blank if Question 7 KIDS = 0 Blank if Question 7j4 KID1ONEU = 8 (N/A) Blank if Question 7j4 KID1ONEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---------------------------------|-----------------|------------------|-----------|--|--|--|
| 7k1 | KID11MOB | 3 | Child 11 — birth month | 2 | 1199–1200 | Num | 1–12 99 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7k2 | KID11YOB | 3 | Child 11 — birth year | 4 | 1202–1205 | Num | 1910 to current year 9999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7k3 | KID11AGD | 3 | Child 11 — age at death | 3 | 1207–1209 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7k4 | KID11NEU | 3 | Child 11 — neurological problem | 1 | 1211–1211 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 7 KIDS = 0 | If Question 7k4 KID11NEU = 8 (N/A), then skip the remaining questions in the row If Question 7k4 KID11NEU = 9 (Unknown), then skip the remain- ing questions in the row |
| 7k5 | KID11PDX | 3 | Child 11 — primary diagnosis | 3 | 1213–1215 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 7 KIDS = 0 Blank if Question 7k4 KID11NEU = 8 (N/A) Blank if Question 7k4 KID11NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---------------------------------|-----------------|------------------|-----------|--|--|-------|
| 7k6 | KID11MOE | 3 | Child 11 — method of evaluation | 1 | 1217–1217 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 7 KIDS = 0 Blank if Question 7k4 KID11NEU = 8 (N/A) Blank if Question 7k4 KID11NEU = 9 (Unknown) | |
| 7k7 | KID11AGO | 3 | Child 11 — age of onset | 3 | 1219–1221 | Num | 0–110 999 = Unknown | Blank if Question 7 KIDS = 0 Blank if Question 7k4 KID11NEU = 8 (N/A) Blank if Question 7k4 KID11NEU = 9 (Unknown) | |
| 7l1 | KID12MOB | 3 | Child 12 — birth month | 2 | 1223–1224 | Num | 1–12 99 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7l2 | KID12YOB | 3 | Child 12 — birth year | 4 | 1226–1229 | Num | 1910 to current year 9999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7l3 | KID12AGD | 3 | Child 12 — age at death | 3 | 1231–1233 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 7 KIDS = 0 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---------------------------------|-----------------|------------------|-----------|--|--|--|
| 714 | KID12NEU | 3 | Child 12 — neurological problem | 1 | 1235–1235 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 7 KIDS = 0 | If Question 714 KID12NEU = 8 (N/A), then skip the remaining questions in the row If Question 714 KID12NEU = 9 (Unknown), then skip the remain- ing questions in the row |
| 715 | KID12PDX | 3 | Child 12 — primary diagnosis | 3 | 1237–1239 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 7 KIDS = 0 Blank if Question 714 KID12NEU = 8 (N/A) Blank if Question 714 KID12NEU = 9 (Unknown) | |
| 716 | KID12MOE | 3 | Child 12 — method of evaluation | 1 | 1241–1241 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 7 KIDS = 0 Blank if Question 714 KID12NEU = 8 (N/A) Blank if Question 714 KID12NEU = 9 (Unknown) | |
| 717 | KID12AGO | 3 | Child 12 — age of onset | 3 | 1243–1245 | Num | 0–110 999 = Unknown | Blank if Question 7 KIDS = 0 Blank if Question 714 KID12NEU = 8 (N/A) Blank if Question 714 KID12NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---------------------------------|-----------------|------------------|-----------|--|---|--|
| 7m1 | KID13MOB | 3 | Child 13 — birth month | 2 | 1247–1248 | Num | 1–12 99 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7m2 | KID13YOB | 3 | Child 13 — birth year | 4 | 1250–1253 | Num | 1910 to current year 9999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7m3 | KID13AGD | 3 | Child 13 — age at death | 3 | 1255–1257 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7m4 | KID13NEU | 3 | Child 13 — neurological problem | 1 | 1259–1259 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 7 KIDS = 0 | If Question 7m4 KID13NEU = 8 (N/A), then skip the remaining questions in the row If Question 7m4 KID13NEU = 9 (Unknown), then skip the remaining questions in the row |
| 7m5 | KID13PDX | 3 | Child 13 — primary diagnosis | 3 | 1261–1263 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 7 KIDS = 0 Blank if Question 7m4 KID13NEU = 8 (N/A) Blank if Question 7m4 KID13NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---------------------------------|-----------------|------------------|-----------|--|---|-------|
| 7m6 | KID13MOE | 3 | Child 13 — method of evaluation | 1 | 1265–1265 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 7 KIDS = 0 Blank if Question 7m4 KID13NEU = 8 (N/A) Blank if Question 7m4 KID13NEU = 9 (Unknown) | |
| 7m7 | KID13AGO | 3 | Child 13 — age of onset | 3 | 1267–1269 | Num | 0–110 999 = Unknown | Blank if Question 7 KIDS = 0 Blank if Question 7m4 KID13NEU = 8 (N/A) Blank if Question 7m4 KID13NEU = 9 (Unknown) | |
| 7n1 | KID14MOB | 3 | Child 14 — birth month | 2 | 1271–1272 | Num | 1–12 99 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7n2 | KID14YOB | 3 | Child 14 — birth year | 4 | 1274–1277 | Num | 1910 to current year 9999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7n3 | KID14AGD | 3 | Child 14 — age at death | 3 | 1279–1281 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 7 KIDS = 0 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---------------------------------|-----------------|------------------|-----------|--|--|--|
| 7n4 | KID14NEU | 3 | Child 14 — neurological problem | 1 | 1283–1283 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 7 KIDS = 0 | If Question 7n4 KID14NEU = 8 (N/A), then skip the remaining questions in the row If Question 7n4 KID14NEU = 9 (Unknown), then skip the remaining questions in the row |
| 7n5 | KID14PDX | 3 | Child 14 — primary diagnosis | 3 | 1285–1287 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 7 KIDS = 0 Blank if Question 7n4 KID14NEU = 8 (N/A) Blank if Question 7n4 KID14NEU = 9 (Unknown) | |
| 7n6 | KID14MOE | 3 | Child 14 — method of evaluation | 1 | 1289–1289 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 7 KIDS = 0 Blank if Question 7n4 KID14NEU = 8 (N/A) Blank if Question 7n4 KID14NEU = 9 (Unknown) | |
| 7n7 | KID14AGO | 3 | Child 14 — age of onset | 3 | 1291–1293 | Num | 0–110 999 = Unknown | Blank if Question 7 KIDS = 0 Blank if Question 7n4 KID14NEU = 8 (N/A) Blank if Question 7n4 KID14NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---------------------------------|-----------------|------------------|-----------|--|--|--|
| 7o1 | KID15MOB | 3 | Child 15 — birth month | 2 | 1295–1296 | Num | 1–12 99 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7o2 | KID15YOB | 3 | Child 15 — birth year | 4 | 1298–1301 | Num | 1910 to current year 9999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7o3 | KID15AGD | 3 | Child 15 — age at death | 3 | 1303–1305 | Num | 0–110 888 = N/A 999 = Unknown | Blank if Question 7 KIDS = 0 | |
| 7o4 | KID15NEU | 3 | Child 15 — neurological problem | 1 | 1307–1307 | Num | 1 = Cognitive impairment/behavior change 2 = Parkinsonism 3 = ALS 4 = Other neurologic condition such as multiple sclerosis or stroke 5 = Psychiatric condition such as schizophrenia, bipolar disorder, or alcoholism 8 = N/A, no neurological problem or psychiatric condition 9 = Unknown | Blank if Question 7 KIDS = 0 | If Question 7o4 KID15NEU = 8 (N/A), then skip the remaining questions in the row If Question 7o4 KID15NEU = 9 (Unknown), then skip the remain- ing questions in the row |
| 7o5 | KID15PDX | 3 | Child 15 — primary diagnosis | 3 | 1309–1311 | Num | 40–490 999 = Specific diagnosis unknown | Blank if Question 7 KIDS = 0 Blank if Question 7o4 KID15NEU = 8 (N/A) Blank if Question 7o4 KID15NEU = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---------------------------------|-----------------|------------------|-----------|--|---|-------|
| 7o6 | KID15MOE | 3 | Child 15 — method of evaluation | 1 | 1313–1313 | Num | 1 = Autopsy 2 = Examination 3 = Medical record review from formal dementia evaluation 4 = Review of general medical records AND co-participant and/or subject telephone interview 5 = Review of general medical records only 6 = Subject and/or co-participant telephone interview 7 = Family report | Blank if Question 7 KIDS = 0 Blank if Question 7o4 KID15NEU = 8 (N/A) Blank if Question 7o4 KID15NEU = 9 (Unknown) | |
| 7o7 | KID15AGO | 3 | Child 15 — age of onset | 3 | 1315–1317 | Num | 0–110 999 = Unknown | Blank if Question 7 KIDS = 0 Blank if Question 7o4 KID15NEU = 8 (N/A) Blank if Question 7o4 KID15NEU = 9 (Unknown) | |

Form A4G: Subject Medications, General

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|-------------------|--------|-------|
| 1 | ANYMEDS | 3 | Is the subject currently taking any medications? | 1 | 45-45 | Num | 0 = No 1 = Yes | | |

Form A4D: Subject Medications, Detail

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|--|--------|-------|
| 1 | DRUGID | 3 | What is the Drug ID of the medication? | 6 | 45–50 | Char | 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

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|--|---|---|
| 1a | TOBAC30 | 3 | Has subject smoked within the last 30 days? | 1 | 45–45 | Num | 0 = No 1 = Yes 9 = Unknown | | |
| 1b | TOBAC100 | 3 | Has subject smoked more than 100 cigarettes in his/her life? | 1 | 47–47 | Num | 0 = No 1 = Yes 9 = Unknown | | If Question 1b TOBAC100 = 0 (No), then skip to question 1f If Question 1b TOBAC100 = 9 (Unknown), then skip to question 1f |
| 1c | SMOKYRS | 3 | Total years smoked | 2 | 49–50 | Num | 0–87 99 = Unknown | Blank if Question 1b TOBAC100 ≠ 1 (Yes) | |
| 1d | PACKSPER | 3 | Average number of packs smoked per day | 1 | 52–52 | Num | 1 = 1 cigarette to less than 1/2 pack 2 = 1/2 pack to less than 1 pack 3 = 1 pack to 1½ packs 4 = 1½ packs to 2 packs 5 = More than two packs 9 = Unknown | Blank if Question 1b TOBAC100 ≠ 1 (Yes) | |
| 1e | QUITSMOK | 3 | If the subject quit smoking, specify age at which he/she last smoked (i.e., quit) | 3 | 54–56 | Num | 8–110 888 = N/A 999 = Unknown | Blank if Question 1b TOBAC100 ≠ 1 (Yes) | |
| 1f | ALCOCCAS | 3 | In the past three months, has the subject consumed any alcohol? | 1 | 58–58 | Num | 0 = No 1 = Yes 9 = Unknown | | If Question 1f ALCOCCAS = 0 (No), then skip to Question 2a If Question 1f ALCOCCAS = 9 (Unknown), then skip to Question 2a |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|---|---|
| 1g | ALCFREQ | 3 | During the past three months, how often did the subject have at least one drink of any alcoholic beverage such as wine, beer, malt liquor, or spirits? | 1 | 60–60 | Num | 0 = Less than once a month 1 = About once a month 2 = About once a week 3 = A few times a week 4 = Daily or almost daily 9 = Unknown | Blank if Question 1f ALCOCCAS ≠ 1 (Yes) | |
| 2a | CVHATT | 3 | Heart attack/cardiac arrest | 1 | 62–62 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | If Question 2a CVHATT = 0 (Absent), then skip to Question 2b If Question 2a CVHATT = 9 (Unknown), then skip to Question 2b |
| 2a1 | HATTMULT | 3 | More than one heart attack? | 1 | 64–64 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 2a CVHATT = 0 (Absent) Blank if Question 2a CVHATT = 9 (Unknown) | |
| 2a2 | HATTYEAR | 3 | Year of most recent heart attack | 4 | 66–69 | Num | 1900–current year 9999 = Unknown | Blank if Question 2a CVHATT = 0 (Absent) Blank if Question 2a CVHATT = 9 (Unknown) | |
| 2b | CVAFIB | 3 | Atrial fibrillation | 1 | 71–71 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 2c | CVANGIO | 3 | Angioplasty/endarterectomy/stent | 1 | 73–73 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|---|-------|
| 2d | CVBYPASS | 3 | Cardiac bypass procedure | 1 | 75–75 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 2e | CVPACDEF | 3 | Pacemaker and/or de-fibrillator | 1 | 77–77 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 2f | CVCHF | 3 | Congestive heart failure | 1 | 79–79 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 2g | CVANGINA | 3 | Angina | 1 | 81–81 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 2h | CVHVALVE | 3 | Heart valve replacement or repair | 1 | 83–83 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 2i | CVOTHR | 3 | Other cardiovascular disease | 1 | 85–85 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 2i1 | CVOTHRX | 3 | Other cardiovascular disease (specify): | 60 | 87–146 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 2i CVOTHR = 0 (Absent) Blank if Question 2i CVOTHR = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|---|---|
| 3a | CBSTROKE | 3 | Stroke—by history, not exam (imaging is not required) | 1 | 148–148 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | If Question 3a CBSTROKE = 0 (Absent), then skip to Question 3b If Question 3a CBSTROKE = 9 (Unknown), then skip to Question 3b |
| 3a1 | STROKMUL | 3 | More than one stroke? | 1 | 150–150 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 3a CBSTROKE = 0 (Absent) Blank if Question 3a CBSTROKE = 9 (Unknown) | |
| 3a2 | STROKYR | 3 | Year of most recent stroke | 4 | 152–155 | Num | 1900–current year 9999 = Unknown | Blank if Question 3a CBSTROKE = 0 (Absent) Blank if Question 3a CBSTROKE = 9 (Unknown) | |
| 3b | CBTIA | 3 | Transient ischemic attack (TIA) | 1 | 157–157 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | If Question 3b CBTIA = 0 (Absent), then skip to Question 4a If Question 3b CBTIA = 9 (Unknown), then skip to Question 3b |
| 3b1 | TIAMULT | 3 | More than one TIA | 1 | 159–159 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 3b CBTIA = 0 (Absent) Blank if Question 3b CBTIA = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|---|---|
| 3b2 | TIAYEAR | 3 | Year of most recent TIA | 4 | 161–164 | Num | 1900–current year 9999=Unknown | Blank if Question 3b CBTIA = 0 (Absent) Blank if Question 3b CBTIA = 9 (Unknown) | |
| 4a | PD | 3 | Parkinson's disease (PD) | 1 | 166–166 | Num | 0 = Absent 1 = Recent/Active 9 = Unknown | | If Question 4a PD = 0 (Absent), then skip to Question 4b If Question 4a PD = 9 (Unknown), then skip to Question 4b |
| 4a1 | PDYR | 3 | Year of PD diagnosis | 4 | 168–171 | Num | 1900–current year 9999 = Unknown | Blank if Question 4a PD = 0 (Absent) Blank if Question 4a PD = 9 (Unknown) | |
| 4b | PDOTHR | 3 | Other parkinsonian disorder | 1 | 173–173 | Num | 0 = Absent 1 = Recent/Active 9 = Unknown | | If Question 4b PDOTHR = 0 (Absent), then skip to Question 4c If Question 4b PDOTHR = 9 (Unknown), then skip to Question 4c |
| 4b1 | PDOTHR YR | 3 | Year of parkinsonian disorder diagnosis | 4 | 175–178 | Num | 1900–current year 9999 = Unknown | Blank if Question 4b PDOTHR = 0 (Absent) Blank if Question 4b PDOTHR = 9 (Unknown) | |
| 4c | SEIZURES | 3 | Seizures | 1 | 180–180 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|---|---|
| 4d | TBI | 3 | Traumatic brain injury (TBI) | 1 | 182–182 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | If Question 4d TBI = 0 (Absent), then skip to Question 5a If Question 4d TBI = 9 (Unknown), then skip to Question 5a |
| 4d1 | TBIBRIEF | 3 | TBI with brief loss of consciousness (< 5 minutes) | 1 | 184–184 | Num | 0 = No 1 = Single 2 = Repeated/multiple 9 = Unknown | Blank if Question 4d TBI = 0 (Absent) Blank if Question 4d TBI = 9 (Unknown) | |
| 4d2 | TBIEXTEN | 3 | TBI with extended loss of consciousness (5 minutes or longer) | 1 | 186–186 | Num | 0 = No 1 = Single 2 = Repeated/multiple 9 = Unknown | Blank if Question 4d TBI = 0 (Absent) Blank if Question 4d TBI = 9 (Unknown) | |
| 4d3 | TBIWOLOS | 3 | TBI without loss of consciousness (as might result from military detonations or sports injuries)? | 1 | 188–188 | Num | 0 = No 1 = Single 2 = Repeated/multiple 9 = Unknown | Blank if Question 4d TBI = 0 (Absent) Blank if Question 4d TBI = 9 (Unknown) | |
| 4d4 | TBIYEAR | 3 | Year of most recent TBI | 4 | 190–193 | Num | 1900–current year 9999 = Unknown | Blank if Question 4d TBI = 0 (Absent) or 9 (Unknown) | |
| 5a | DIABETES | 3 | Diabetes | 1 | 195–195 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | If Question 5a DIABETES = 0 (Absent), then skip to Question 5b If Question 5a DIABETES = 9 (Unknown), then skip to Question 5b |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|---|---|
| 5a1 | DIABTYPE | 3 | If Recent/active or Remote/inactive, which type? | 1 | 197–197 | Num | 1 = Type 1 2 = Type 2 3 = Other type (diabetes insipidus, latent autoimmune diabetes/type 1.5, gestational diabetes) 9 = Unknown | Blank if Question 5a DIABETES = 0 (Absent) Blank if Question 5a DIABETES = 9 (Unknown) | |
| 5b | HYPERTEN | 3 | Hypertension | 1 | 199–199 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 5c | HYPERCHO | 3 | Hypercholesterolemia | 1 | 201–201 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 5d | B12DEF | 3 | B12 deficiency | 1 | 203–203 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 5e | THYROID | 3 | Thyroid disease | 1 | 205–205 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 5f | ARTHRIT | 3 | Arthritis | 1 | 207–207 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | If Question 5f ARTHRIT = 0 (Absent), then skip to Question 5g If Question 5f ARTHRIT = 9 (Unknown), then skip to Question 5g |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|------|-------------------|---------|----------------------------------|-----------------|------------------|-----------|---|---|-------|
| 5f1 | ARTHTYPE | 3 | Type of arthritis | 1 | 209–209 | Num | 1 = Rheumatoid 2 = Osteoarthritis 3 = Other 9 = Unknown | Blank if Question 5f ARTHRIT = 0 (Absent) Blank if Question 5f ARTHRIT = 9 (Unknown) | |
| 5f1a | ARTHTYPX | 3 | Other arthritis (specify) | 60 | 211–270 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 5f ARTHRIT = 0 (Absent) Blank if Question 5f ARTHRIT = 9 (Unknown) Blank if Question 5f1 ARTHTYPE ≠ 3 (Other) | |
| 5f2a | ARTHUPEX | 3 | Region affected: upper extremity | 1 | 272–272 | Num | 0 = Blank 1 = Upper Extremity | Blank if Question 5f ARTHRIT = 0 (Absent) Blank if Question 5f ARTHRIT = 9 (Unknown) | |
| 5f2b | ARTHLOEX | 3 | Region affected: lower extremity | 1 | 274–274 | Num | 0 = Blank 1 = Lower Extremity | Blank if Question 5f ARTHRIT = 0 (Absent) Blank if Question 5f ARTHRIT = 9 (Unknown) | |
| 5f2c | ARTHSPIN | 3 | Region affected: spine | 1 | 276–276 | Num | 0 = Blank 1 = Spine | Blank if Question 5f ARTHRIT = 0 (Absent) Blank if Question 5f ARTHRIT = 9 (Unknown) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|------|-------------------|---------|-----------------------------------|-----------------|------------------|-----------|---|---|-------|
| 5f2d | ARTHUNK | 3 | Region affected: unknown | 1 | 278–278 | Num | 0 = Blank 1 = Unknown | Blank if Question 5f ARTHRIT = 0 (Absent) Blank if Question 5f ARTHRIT = 9 (Unknown) | |
| 5g | INCONTU | 3 | Incontinence — Urinary | 1 | 280–280 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 5h | INCONTF | 3 | Incontinence — Bowel | 1 | 282–282 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 5i | APNEA | 3 | Sleep apnea | 1 | 284–284 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 5j | RBD | 3 | REM sleep behavior disorder (RBD) | 1 | 286–286 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 5k | INSOMN | 3 | Hyposomnia/insomnia | 1 | 288–288 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 5l | OTHSLEEP | 3 | Other sleep disorder | 1 | 290–290 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|---|---|
| 51l | OTHSLEEX | 3 | Other sleep disorder (specify) | 60 | 292–351 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 51 OTHSLEEP = 0 (Absent) Blank if Question 51 OTHSLEEP = 9 (Unknown) | |
| 6a | ALCOHOL | 3 | Alcohol abuse: Clinically significant impairment occurring over a 12-month period manifested in one of the following areas: work, driving, legal, or social | 1 | 353–353 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 6b | ABUSOTHR | 3 | Other abused substances: Clinically significant impairment occurring over a 12-month period manifested in one of the following areas: work, driving, legal, or social | 1 | 355–355 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | If Question 6b ABUSOTHER = 0 (Absent), then skip to Question 7a If Question 6b ABUSOTHER = 9 (Unknown), then skip to Question 7a |
| 6b1 | ABUSX | 3 | If Question 6b = 1 (Recent/active) or 2 (Remote/inactive), then specify abused substance(s) | 60 | 357–416 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 6b ABUSOTHR = 0 (Absent) Blank if Question 6b ABUSOTHR = 9 (Unknown) | |
| 7a | PTSD | 3 | Post-traumatic stress disorder (PTSD) | 1 | 418–418 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|--------|-------|
| 7b | BIPOLAR | 3 | Bipolar disorder | 1 | 420–420 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 7c | SCHIZ | 3 | Schizophrenia | 1 | 422–422 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 7d1 | DEP2YRS | 3 | Active depression in the last two years | 1 | 424–424 | Num | 0 = No 1 = Yes 9 = Unknown | | |
| 7d2 | DEPOTHR | 3 | Depression episodes more than two years ago | 1 | 426–426 | Num | 0 = No 1 = Yes 9 = Unknown | | |
| 7e | ANXIETY | 3 | Anxiety | 1 | 428–428 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 7f | OCD | 3 | Obsessive-compulsive disorder (OCD) | 1 | 430–430 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |
| 7g | NPSYDEV | 3 | Developmental neuropsychiatric disorders (e.g., autism spectrum disorder [ASD], attention-deficit hyperactivity disorder [ADHD], dyslexia) | 1 | 432–432 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|--|---|
| 7h | PSYCDIS | 3 | Other psychiatric disorders | 1 | 434–434 | Num | 0 = Absent 1 = Recent/Active 2 = Remote/Inactive 9 = Unknown | | If Question 7h PSYCDIS = 0 (Absent), then end form here If Question 7h PSYCDIS = 9 (Unknown), then end form here |
| 7h1 | PSYCDISX | 3 | If recent/active or remote/inactive, specify disorder | 60 | 436–495 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 7h PSYCDIS = 0 (Absent) or 9 (Unknown) | |

Form B1: Physical

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|----------------------------------|--|-------|
| 1 | HEIGHT | 3 | Subject height (inches): | 4 | 45–48 | Num | 36.0–87.9 88.8 = not assessed | | |
| 2 | WEIGHT | 3 | Subject weight (lbs) | 3 | 50–52 | Num | 50–400 888 = Not assessed | | |
| 3a | BPSYS | 3 | Subject blood pressure (sitting) | 3 | 54–56 | Num | 70-230 888 = Not assessed | | |
| 3b | BPDIAS | 3 | Subject blood pressure (sitting), diastolic | 3 | 58-60 | Num | 30-140 888 = Not assessed | | |
| 4 | HRATE | 3 | Subject resting heart rate (pulse) | 3 | 62–64 | Num | 33–160 888 = Not assessed | | |
| 5 | VISION | 3 | Without corrective lenses, is the subject's vision functionally normal? | 1 | 66–66 | Num | 0 = No 1 = Yes 9 = Unknown | | |
| 6 | VISCORR | 3 | Does the subject usually wear corrective lenses? | 1 | 68–68 | Num | 0 = No 1 = Yes 9 = Unknown | | |
| 6a | VISWCORR | 3 | If yes, is the subject's vision functionally normal with corrective lenses? | 1 | 70–70 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 6 VISCORR ≠ 1 (Yes) | |
| 7 | HEARING | 3 | Without a hearing aid(s), is the subject's hearing functionally normal? | 1 | 72–72 | Num | 0 = No 1 = Yes 9 = Unknown | | |
| 8 | HEARAID | 3 | Does the subject usually wear a hearing aid(s)? | 1 | 74–74 | Num | 0 = No 1 = Yes 9 = Unknown | | |
| 8a | HEARWAID | 3 | If yes, is the subject's hearing functionally normal with a hearing aid(s)? | 1 | 76–76 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 8 HEARAID ≠ 1 (Yes) | |

Form B4: CDR® Dementia Staging Instrument Plus NACC FTLD Behavior & Language Domains (CDR® Plus NACC FTLD)

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|------------------------------|-----------------|------------------|-----------|---|--------|-------|
| 1 | MEMORY | 3 | MEMORY | 3 | 45–47 | Num | 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment | | |
| 2 | ORIENT | 3 | ORIENTATION | 3 | 49–51 | Num | 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment | | |
| 3 | JUDGMENT | 3 | JUDGMENT AND PROBLEM-SOLVING | 3 | 53–55 | Num | 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment | | |
| 4 | COMMUN | 3 | COMMUNITY AFFAIRS | 3 | 57–59 | Num | 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment | | |
| 5 | HOMEHOBB | 3 | HOME AND HOBBIES | 3 | 61–63 | Num | 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment | | |
| 6 | PERSCARE | 3 | PERSONAL CARE | 3 | 65–67 | Num | 0.0 = No impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment | | |
| 7 | CDRSUM | 3 | CDR SUM OF BOXES | 4 | 69–72 | Num | 00.0, 00.5, 01.0, 01.5, ..., 18.0 (except scores of 16.5 and 17.5 not possible) | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|--------|-------|
| 8 | CDRGLOB | 3 | GLOBAL CDR | 3 | 74–76 | Num | 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment | | |
| 9 | COMPORT | 3 | Behavior, comportment, and personality | 3 | 78–80 | Num | 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment | | |
| 10 | CDRLANG | 3 | Language | 4 | 82–84 | Num | 0.0 = No impairment 0.5 = Questionable impairment 1.0 = Mild impairment 2.0 = Moderate impairment 3.0 = Severe impairment | | |

Form B5: Neuropsychiatric Inventory Questionnaire (NPI-Q)

PLEASE NOTE that the form version variable for Form B5 should be 3.1 (formver=3.1) to indicate that the corrected version of the NPI-Q was used. For all the other forms, 3.0 remains the correct form version variable (formver=3.0).

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|--|---|-------|
| 1 | NPIQINF | 3 | NPI CO-PARTICIPANT | 1 | 45–45 | Num | 1 = Spouse 2 = Child 3 = Other | | |
| 1a | NPIQINFx | 3 | If NPI informant other — specify | 60 | 47–106 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 1 NPIQINF ≠ 3 (Other) | |
| 2a | DEL | 3 | DELUSIONS: Does the patient have false beliefs, such as thinking that others are stealing from him/her or planning to harm him/her in some way? | 1 | 108–108 | Num | 0 = No 1 = Yes 9 = Unknown | | |
| 2b | DELSEV | 3 | If DELUSIONS, rate severity | 1 | 110–110 | Num | 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) 9 = Unknown | Blank if Question 2a DEL ≠ 1 (Yes) | |
| 3a | HALL | 3 | HALLUCINATIONS: Does the patient have hallucinations such as false visions or voices? Does he or she seem to hear or see things that are not present? | 1 | 112–112 | Num | 0 = No 1 = Yes 9 = Unknown | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|--|--|-------|
| 3b | HALLSEV | 3 | If HALLUCINATIONS, rate severity | 1 | 114–114 | Num | 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) 9 = Unknown | Blank if Question 3a HALL ≠ 1 (Yes) | |
| 4a | AGIT | 3 | AGITATION/AGGRESSION: Is the patient resistant to help from others at times, or hard to handle? | 1 | 116–116 | Num | 0 = No 1 = Yes 9 = Unknown | | |
| 4b | AGITSEV | 3 | If AGITATION/AGGRESSION, rate severity | 1 | 118–118 | Num | 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) 9 = Unknown | Blank if Question 4a AGIT ≠ 1 (Yes) | |
| 5a | DEPD | 3 | DEPRESSION/DYSPHORIA: Does the patient seem sad or say that he / she is depressed? | 1 | 120–120 | Num | 0 = No 1 = Yes 9 = Unknown | | |
| 5b | DEPDSEV | 3 | If DEPRESSION/DYSPHORIA, rate severity | 1 | 122–122 | Num | 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) 9 = Unknown | Blank if Question 5a DEPD ≠ 1 (Yes) | |
| 6a | ANX | 3 | ANXIETY: Does the patient become upset when separated from you? Does he/she have any other signs of nervousness such as shortness of breath, sighing, being unable to relax, or feeling excessively tense? | 1 | 124–124 | Num | 0 = No 1 = Yes 9 = Unknown | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|--|--|-------|
| 6b | ANXSEV | 3 | If ANXIETY, rate severity | 1 | 126–126 | Num | 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) 9 = Unknown | Blank if Question 6a ANX ≠ 1 (Yes) | |
| 7a | ELAT | 3 | ELATION/EUPHORIA: Does the patient appear to feel too good or act excessively happy? | 1 | 128–128 | Num | 0 = No 1 = Yes 9 = Unknown | | |
| 7b | ELATSEV | 3 | If ELATION/EUPHORIA, rate severity | 1 | 130–130 | Num | 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) 9 = Unknown | Blank if Question 7a ELAT ≠ 1 (Yes) | |
| 8a | APA | 3 | APATHY/INDIFFERENCE: Does the patient seem less interested in his/her usual activities or in the activities and plans of others? | 1 | 132–132 | Num | 0 = No 1 = Yes 9 = Unknown | | |
| 8b | APASEV | 3 | If APATHY/INDIFFERENCE, rate severity | 1 | 134–134 | Num | 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) 9 = Unknown | Blank if Question 8a APA ≠ 1 (Yes) | |
| 9a | DISN | 3 | DISINHIBITION: Does the patient seem to act impulsively, for example, talking to strangers as if he/she knows them, or saying things that may hurt people's feelings? | 1 | 136–136 | Num | 0 = No 1 = Yes 9 = Unknown | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|--|--|-------|
| 9b | DISNSEV | 3 | If DISINHIBITION, rate severity: | 1 | 138–138 | Num | 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) 9 = Unknown | Blank if Question 9a DISN ≠ 1 (Yes) | |
| 10a | IRR | 3 | IRRITABILITY/LABILITY: Is the patient impatient and cranky? Does he/she have difficulty coping with delays or waiting for planned activities? | 1 | 140–140 | Num | 0 = No 1 = Yes 9 = Unknown | | |
| 10b | IRRSEV | 3 | If IRRITABILITY/LABILITY, rate severity | 1 | 142–142 | Num | 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) 9 = Unknown | Blank if Question 10a IRR ≠ 1 (Yes) | |
| 11a | MOT | 3 | MOTOR DISTURBANCE: Does the patient engage in repetitive activities such as pacing around the house, handling buttons, wrapping string, or doing other things repeatedly? | 1 | 144–144 | Num | 0 = No 1 = Yes 9 = Unknown | | |
| 11b | MOTSEV | 3 | If MOTOR DISTURBANCE, rate severity | 1 | 146–146 | Num | 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) 9 = Unknown | Blank if Question 11a MOT ≠ 1 (Yes) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|--|--------------------------------------|-------|
| 12a | NITE | 3 | NIGHTTIME BEHAVIORS: Does the patient awaken you during the night, rise too early in the morning, or take excessive naps during the day? | 1 | 148–148 | Num | 0 = No 1 = Yes 9 = Unknown | | |
| 12b | NITSEV | 3 | If NIGHTTIME BEHAVIORS, rate severity: | 1 | 150–150 | Num | 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) 9 = Unknown | Blank if Question 12a NITE ≠ 1 (Yes) | |
| 13a | APP | 3 | APPETITE/EATING: Has the patient lost or gained weight, or had a change in the type of food he/she likes? | 1 | 152–152 | Num | 0 = No 1 = Yes 9 = Unknown | | |
| 13b | APPSEV | 3 | If APPETITE/EATING, rate severity: | 1 | 154–154 | Num | 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) 9 = Unknown | Blank if Question 13a APP ≠ 1 (Yes) | |

Form B6: Geriatric Depression Scale (GDS)

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|--|--------|-------|
| G1 | NOGDS | 3 | Check this box if the subject is not able to complete the GDS, based on the clinician's best judgment | 1 | 45–45 | Num | 0 = Able to complete (box not checked) 1 = Not able to complete (box checked) | | |
| 1 | SATIS | 3 | Are you basically satisfied with your life? | 1 | 47–47 | Num | 0 = Yes 1 = No 9 = Did not answer | | |
| 2 | DROPACT | 3 | Have you dropped many of your activities and interests? | 1 | 49–49 | Num | 0 = No 1 = Yes 9 = Did not answer | | |
| 3 | EMPTY | 3 | Do you feel that your life is empty? | 1 | 51–51 | Num | 0 = No 1 = Yes 9 = Did not answer | | |
| 4 | BORED | 3 | Do you often get bored? | 1 | 53–53 | Num | 0 = No 1 = Yes 9 = Did not answer | | |
| 5 | SPIRITS | 3 | Are you in good spirits most of the time? | 1 | 55–55 | Num | 0 = Yes 1 = No 9 = Did not answer | | |
| 6 | AFRAID | 3 | Are you afraid that something bad is going to happen to you? | 1 | 57–57 | Num | 0 = No 1 = Yes 9 = Did not answer | | |
| 7 | HAPPY | 3 | Do you feel happy most of the time? | 1 | 59–59 | Num | 0 = Yes 1 = No 9 = Did not answer | | |
| 8 | HELPLESS | 3 | Do you often feel help- less? | 1 | 61–61 | Num | 0 = No 1 = Yes 9 = Did not answer | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|--------|-------|
| 9 | STAYHOME | 3 | Do you prefer to stay at home, rather than going out and doing new things? | 1 | 63–63 | Num | 0 = No 1 = Yes 9 = Did not answer | | |
| 10 | MEMPROB | 3 | Do you feel you have more problems with memory than most? | 1 | 65–65 | Num | 0 = No 1 = Yes 9 = Did not answer | | |
| 11 | WONDRFUL | 3 | Do you think it is wonderful to be alive now? | 1 | 67–67 | Num | 0 = Yes 1 = No 9 = Did not answer | | |
| 12 | WRTHLESS | 3 | Do you feel pretty worthless the way you are now? | 1 | 69–69 | Num | 0 = No 1 = Yes 9 = Did not answer | | |
| 13 | ENERGY | 3 | Do you feel full of energy? | 1 | 71–71 | Num | 0 = Yes 1 = No 9 = Did not answer | | |
| 14 | HOPELESS | 3 | Do you feel that your situation is hopeless? | 1 | 73–73 | Num | 0 = No 1 = Yes 9 = Did not answer | | |
| 15 | BETTER | 3 | Do you think that most people are better off than you are? | 1 | 75–75 | Num | 0 = No 1 = Yes 9 = Did not answer | | |
| 16 | GDS | 3 | Sum of all circled answers for a Total GDS Score | 2 | 77–78 | Num | 0–15 88 = Did not complete | | |

Form B7: NACC Functional Assessment Scale (FAS)

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|--------|-------|
| 1 | BILLS | 3 | In the past four weeks, did the subject have any difficulty or need help with: Writing checks, paying bills, or balancing a checkbook | 1 | 45–45 | Num | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown | | |
| 2 | TAXES | 3 | In the past four weeks, did the subject have any difficulty or need help with: Assembling tax records, business affairs, or other papers | 1 | 47–47 | Num | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown | | |
| 3 | SHOPPING | 3 | In the past four weeks, did the subject have any difficulty or need help with: Shopping alone for clothes, household necessities, or groceries | 1 | 49–49 | Num | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown | | |
| 4 | GAMES | 3 | 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 | 1 | 51–51 | Num | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown | | |
| 5 | STOVE | 3 | 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 | 1 | 53–53 | Num | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|--------|-------|
| 6 | MEALPREP | 3 | In the past four weeks, did the subject have any difficulty or need help with: Preparing a balanced meal | 1 | 55–55 | Num | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown | | |
| 7 | EVENTS | 3 | In the past four weeks, did the subject have any difficulty or need help with: Keeping track of current events | 1 | 57–57 | Num | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown | | |
| 8 | PAYATTN | 3 | 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 | 1 | 59–59 | Num | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown | | |
| 9 | REMDATES | 3 | In the past four weeks, did the subject have any difficulty or need help with: Remembering appointments, family occasions, holidays, medications | 1 | 61–61 | Num | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown | | |
| 10 | TRAVEL | 3 | 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 | 1 | 63–63 | Num | 0 = Normal 1 = Has difficulty, but does by self 2 = Requires assistance 3 = Dependent 8 = Not applicable (e.g., never did) 9 = Unknown | | |

Form B8: Neurological Examination Findings

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|---|--|
| 1 | NORMEXAM | 3 | Were there abnormal neurological exam findings? | 1 | 45–45 | Num | 0 = No abnormal findings 1 = Yes — abnormal findings were consistent with syndromes listed in Questions 2–8 2 = Yes — abnormal findings were consistent with age-associated changes or irrelevant to dementing disorders (e.g., Bell’s palsy) | | If Question 1 NORMEXAM = 0 (No), then end form here If Question 1 NORMEXAM = 2 (Yes), then skip to Question 8 |
| 2 | PARKSIGN | 3 | Parkinsonian signs | 1 | 47–47 | Num | 0 = No 1 = Yes | Blank if Question 1 NORMEXAM ≠ 1 (Yes) | If Question 2 PARKSIGN = 0 (No), then skip to Question 3 |
| 2a1 | RESTTRL | 3 | Resting tremor — left arm | 1 | 49–49 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No) | |
| 2a2 | RESTRR | 3 | Resting tremor — right arm | 1 | 51–51 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No) | |
| 2b1 | SLOWINGL | 3 | Slowing of fine motor movements — left side | 1 | 53–53 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No) | |
| 2b2 | SLOWINGR | 3 | Slowing of fine motor movements — right side | 1 | 55–55 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---------------------------------------|---|--|
| 2c1 | RIGIDL | 3 | Rigidity — left arm | 1 | 57–57 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No) | |
| 2c2 | RIGIDR | 3 | Rigidity — right arm | 1 | 59–59 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No) | |
| 2d | BRADY | 3 | Bradykinesia | 1 | 61–61 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No) | |
| 2e | PARKGAIT | 3 | Parkinsonian gait disorder | 1 | 63–63 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No) | |
| 2f | POSTINST | 3 | Postural instability | 1 | 65–65 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 2 PARKSIGN = 0 (No) | |
| 3 | CVDSIGNS | 3 | Neurological sign considered by examiner to be most likely consistent with cerebrovascular disease | 1 | 67–67 | Num | 0 = No 1 = Yes | Blank if Question 1 NORMEXAM ≠ 1 (Yes) | If Question 3 CVDSIGNS = 0 (No), then skip to Question 4 |
| 3a | CORTDEF | 3 | Cortical cognitive deficit (e.g., aphasia, apraxia, neglect) | 1 | 69–69 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 3 CVDSIGNS = 0 (No) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---------------------------------------|---|-------|
| 3b | SIVDFIND | 3 | Focal or other neurological findings consistent with SIVD (subcortical ischemic vascular dementia) | 1 | 71–71 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 3 CVDSIGNS = 0 (No) | |
| 3c1 | CVDMOTL | 3 | Motor (may include weakness of combination of face, arm, and leg; reflex changes, etc.) — left side | 1 | 73–73 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 3 CVDSIGNS = 0 (No) | |
| 3c2 | CVDMOTR | 3 | Motor (may include weakness of combination of face, arm, and leg; reflex changes, etc.) — right side | 1 | 75–75 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 3 CVDSIGNS = 0 (No) | |
| 3d1 | CORTVISL | 3 | Cortical visual field loss — left side | 1 | 77–77 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 3 CVDSIGNS = 0 (No) | |
| 3d2 | CORTVISR | 3 | Cortical visual field loss — right side | 1 | 79–79 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 3 CVDSIGNS = 0 (No) | |
| 3e1 | SOMATL | 3 | Somatosensory loss — left side | 1 | 81–81 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 3 CVDSIGNS = 0 (No) | |
| 3e2 | SOMATR | 3 | Somatosensory loss — right side | 1 | 83–83 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 3 CVDSIGNS = 0 (No) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---------------------------------------|---|--|
| 4 | POSTCORT | 3 | Higher cortical visual problem suggesting posterior cortical atrophy (e.g., prosopagnosia, simultagnosia, Balint's syndrome) or apraxia of gaze | 1 | 85–85 | Num | 0 = No 1 = Yes | Blank if Question 1 NORMEXAM ≠ 1 (Yes) | |
| 5 | PSPCBS | 3 | Findings suggestive of progressive supranuclear palsy (PSP), corticobasal syndrome, or other related disorders | 1 | 87–87 | Num | 0 = No 1 = Yes | Blank if Question 1 NORMEXAM ≠ 1 (Yes) | If Question 5 PSPCBS = 0 (No), then skip to Question 6 |
| 5a | EYEPS | 3 | Eye movement changes consistent with PSP | 1 | 89–89 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No) | |
| 5b | DYSPSP | 3 | Dysarthria consistent with PSP | 1 | 91–91 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No) | |
| 5c | AXIALPSP | 3 | Axial rigidity consistent with PSP | 1 | 93–93 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No) | |
| 5d | GAITPSP | 3 | Gait disorder consistent with PSP | 1 | 95–95 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No) | |
| 5e | APRAXSP | 3 | Apraxia of speech | 1 | 97–97 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---------------------------------------|---|-------|
| 5f1 | APRAXL | 3 | Apraxia consistent with CBS — left side | 1 | 99–99 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No) | |
| 5f2 | APRAXR | 3 | Apraxia consistent with CBS — right side | 1 | 101–101 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No) | |
| 5g1 | CORTSENL | 3 | Cortical sensory deficits consistent with CBS — left side | 1 | 103–103 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No) | |
| 5g2 | CORTSENR | 3 | Cortical sensory deficits consistent with CBS — right side | 1 | 105–105 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No) | |
| 5h1 | ATAXL | 3 | Ataxia consistent with CBS — left side | 1 | 107–107 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No) | |
| 5h2 | ATAXR | 3 | Ataxia consistent with CBS — right side | 1 | 109–109 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No) | |
| 5i1 | ALIENLML | 3 | Alien limb consistent with CBS — left side | 1 | 111–111 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---------------------------------------|---|-------|
| 5i2 | ALIENLMR | 3 | Alien limb consistent with CBS — right side | 1 | 113–113 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No) | |
| 5j1 | DYSTONL | 3 | Dystonia consistent with CBS, PSP, or related disorder — left side | 1 | 115–115 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No) | |
| 5j2 | DYSTONR | 3 | Dystonia consistent with CBS, PSP, or related disorder — right side | 1 | 117–117 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No) | |
| 5k1 | MYOCLLT | 3 | Myoclonus consistent with CBS — left side | 1 | 119–119 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No) | |
| 5k2 | MYOCLRT | 3 | Myoclonus consistent with CBS — right side | 1 | 121–121 | Num | 0 = No 1 = Yes 8 = Not assessed | Blank if Question 1 NORMEXAM ≠ 1 (Yes) Blank if Question 5 PSPCBS = 0 (No) | |
| 6 | ALS FIND | 3 | Findings suggesting ALS (e.g., muscle wasting, fasciculations, upper motor and/or lower motor neuron signs) | 1 | 123–123 | Num | 0 = No 1 = Yes | Blank if Question 1 NORMEXAM ≠ 1 (Yes) | |
| 7 | GAITNPH | 3 | Normal pressure hydrocephalus: gait apraxia | 1 | 125–125 | Num | 0 = No 1 = Yes | Blank if Question 1 NORMEXAM ≠ 1 (Yes) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|---|-------|
| 8 | OTHNEUR | 3 | Other findings (e.g., cerebella ataxia, chorea, myoclonus) (NOTE: For this question, do not specify symptoms that have already been checked above) | 1 | 127–127 | Num | 0 = No 1 = Yes | Blank if Question 1 NORMEXAM = 0 (No) | |
| 8a | OTHNEURX | 3 | Other findings (specify) | 60 | 129–188 | Char | Any text or numbers, with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%) | Blank if Question 1 NORMEXAM = 0 (No) Blank if Question 8 OTHNEUR = 0 (No) | |

Form B9: Clinician Judgment of Symptoms

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|---------------------------------------|--|
| 1 | DECSUB | 3 | Does the subject report a decline in memory (relative to previously attained abilities)? | 1 | 45–45 | Num | 0 = No 1 = Yes 8 = Could not be assessed/subject too impaired | | |
| 2 | DECIN | 3 | Does the co-participant report a decline in subject's memory (relative to previously attained abilities)? | 1 | 47–47 | Num | 0 = No 1 = Yes 8 = There is no co-participant | | |
| 3 | DECCLCOG | 3 | Based on the clinician's judgment, is the subject currently experiencing meaningful impairment in cognition? | 1 | 49–49 | Num | 0 = No 1 = Yes | | If Question 3 DECCLCOG = 0 (No), then skip to Question 8 |
| 4a | COGMEM | 3 | Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in memory | 1 | 51–51 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 3 DECCLCOG = 0 (No) | |
| 4b | COGORI | 3 | Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in orientation | 1 | 53–53 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 3 DECCLCOG = 0 (No) | |
| 4c | COGJUDG | 3 | Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in executive function — judgment, planning, or problem-solving | 1 | 55–55 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 3 DECCLCOG = 0 (No) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|---|-------|
| 4d | COGLANG | 3 | Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in language | 1 | 57–57 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 3 DECCLCOG = 0 (No) | |
| 4e | COGVIS | 3 | Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in visuospatial function | 1 | 59–59 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 3 DECCLCOG = 0 (No) | |
| 4f | COGATTN | 3 | Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in attention or concentration | 1 | 61–61 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 3 DECCLCOG = 0 (No) | |
| 4g | COGFLUC | 3 | Indicate whether the subject currently has fluctuating cognition | 1 | 63–63 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 3 DECCLCOG = 0 (No) | |
| 4g1 | COGFLAGO | 3 | At what age did the fluctuating cognition begin? | 3 | 65–67 | Num | 15–110 | Blank if Question 4g COGFLUC ≠ 1 (Yes) | |
| 4h | COGOTHR | 3 | Indicate whether the subject currently is meaningfully impaired, relative to previously attained abilities, in other cognitive domains | 1 | 69–69 | Num | 0 = No 1 = Yes | Blank if Question 3 DECCLCOG = 0 (No) | |
| 4h1 | COGOTHRX | 3 | Specification of other cognitive impairment | 60 | 71–130 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 4h COGOTHR ≠ 1 (Yes) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|--|--|
| 5 | COGFPRED | 3 | Indicate the predominant symptom that was first recognized as a decline in the subject's cognition | 2 | 132–133 | Num | 1 = Memory 2 = Orientation 3 = Executive function — judgment, planning, problem-solving 4 = Language 5 = Visuospatial function 6 = Attention/concentration 7 = Fluctuating cognition 8 = Other (specify) 99 = Unknown | Blank if Question 3 DECCLCOG = 0 (No) | |
| 5a | COGFPREX | 3 | Specification for Other predominant symptom first recognized as a decline in the subject's cognition | 60 | 135–194 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 5 COGFPRED ≠ 8 (Other) | |
| 6 | COGMODE | 3 | Mode of onset of cognitive symptoms | 2 | 196–197 | Num | 1 = Gradual 2 = Subacute 3 = Abrupt 4 = Other (specify) 99 = Unknown | Blank if Question 3 DECCLCOG = 0 (No) | |
| 6a | COGMODEX | 3 | Specification for mode of onset of other cognitive symptoms | 60 | 199–258 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 6 COGMODE ≠ 4 (Other) | |
| 7 | DECAGE | 3 | Based on clinician's assessment, at what age did the cognitive decline begin? (The clinician must use his/her best judgment to estimate an age of onset.) | 3 | 260–262 | Num | 15–110 | Blank if Question 3 DECCLCOG = 0 (No) | |
| 8 | DECCLBE | 3 | Based on clinician's judgment, is the subject currently experiencing any kind of behavioral symptoms? | 1 | 264–264 | Num | 0 = No 1 = Yes | | If Question 8 = 0 (No), then skip to Question 13 |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|------|-------------------|---------|--|-----------------|------------------|-----------|--------------------------------------|---|---|
| 9a | BEAPATHY | 3 | Subject currently manifests meaningful change in behavior — Apathy, withdrawal | 1 | 266–266 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 8 DECCLBE = 0 (No) | |
| 9b | BEDEP | 3 | Subject currently manifests meaningful change in behavior — Depressed mood | 1 | 268–268 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 8 DECCLBE = 0 (No) | |
| 9c1 | BEVHALL | 3 | Subject currently manifests meaningful change in behavior — Psychosis — Visual hallucinations | 1 | 270–270 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 8 DECCLBE = 0 (No) | If Question 9c1 BEVHALL = 0 (No), then skip to Question 9c2. |
| 9c1a | BEVWELL | 3 | If yes, are the hallucinations well-formed and detailed? | 1 | 272–272 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 8 DECCLBE = 0 (No) Blank if Question 9c1 BEVHALL ≠ 1 (Yes) | |
| 9c1b | BEVHAGO | 3 | If well-formed, clear-cut visual hallucinations, at what age did these hallucinations begin? | 3 | 274–276 | Num | 15–110 888 = N/A, not well-formed | Blank if Question 8 DECCLBE = 0 (No) Blank if Question 9c1 BEVHALL ≠ 1 (Yes) | |
| 9c2 | BEAHALL | 3 | Subject currently manifests meaningful change in behavior — Psychosis — Auditory hallucinations | 1 | 278–278 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 8 DECCLBE = 0 (No) | |
| 9c3 | BEDEL | 3 | Subject currently manifests meaningful change in behavior — Psychosis — Abnormal, false, or delusional beliefs | 1 | 280–280 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 8 DECCLBE = 0 (No) | |
| 9d | BEDISIN | 3 | Subject currently manifests meaningful change in behavior — Disinhibition | 1 | 282–282 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 8 DECCLBE = 0 (No) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|--|-------|
| 9e | BEIRRIT | 3 | Subject currently manifests meaningful change in behavior — Irritability | 1 | 284–284 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 8 DECCLBE = 0 (No) | |
| 9f | BEAGIT | 3 | Subject currently manifests meaningful change in behavior — Agitation | 1 | 286–286 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 8 DECCLBE = 0 (No) | |
| 9g | BEPERCH | 3 | Subject currently manifests meaningful change in behavior — Personality change | 1 | 288–288 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 8 DECCLBE = 0 (No) | |
| 9h | BEREM | 3 | Subject currently manifests meaningful change in behavior — REM sleep behavior disorder | 1 | 290–290 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 8 DECCLBE = 0 (No) | |
| 9h1 | BEREMAGO | 3 | If Yes, at what age did the REM sleep behavior disorder begin? (The clinician must use his/her best judgment to estimate an age of onset.) | 3 | 292–294 | Num | 15–110 | Blank if Question 9h BEREM ≠ 1 (Yes) | |
| 9i | BEANX | 3 | Subject currently manifests meaningful change in behavior — Anxiety | 1 | 296–296 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 8 DECCLBE = 0 (No) | |
| 9j | BEOTHR | 3 | Subject currently manifests meaningful change in behavior — Other | 1 | 298–298 | Num | 0 = No 1 = Yes | Blank if Question 8 DECCLBE = 0 (No) | |
| 9j1 | BEOTHRX | 3 | Subject currently manifests meaningful change in behavior — Other, specify | 60 | 300–359 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 9j BEOTHR ≠ 1 (Yes) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|--|--|--|
| 10 | BEFPRED | 3 | Indicate the predominant symptom that was first recognized as a decline in the subject's behavior | 2 | 361–362 | Num | 1 = Apathy / withdrawal 2 = Depressed mood 3 = Psychosis 4 = Disinhibition 5 = Irritability 6 = Agitation 7 = Personality change 8 = REM sleep behavior disorder 9 = Anxiety 10 = Other (specify) 99 = Unknown | Blank if Question 8 DECCLBE = 0 (No) | |
| 10a | BEFPREDX | 3 | Specification of other predominant symptom that was first recognized as a decline in the subject's behavior | 60 | 364–423 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 10 BEFPRED ≠ 10 (Other) | |
| 11 | BEMODE | 3 | Mode of onset of behavioral symptoms | 2 | 425–426 | Num | 1 = Gradual 2 = Subacute 3 = Abrupt 4 = Other (specify) 99 = Unknown | Blank if Question 8 DECCLBE = 0 (No) | |
| 11a | BEMODEX | 3 | Specification of other mode of onset of behavioral symptoms | 60 | 428–487 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 11 BEMODE ≠ 4 (Other) | |
| 12 | BEAGE | 3 | Based on the clinician's assessment, at what age did the behavioral symptoms begin? (The clinician must use his/her best judgment to estimate an age of onset.) | 3 | 489–491 | Num | 15–110 | Blank if Question 8 DECCLBE = 0 (No) | |
| 13 | DECCLMOT | 3 | Based on clinician's judgment, is the subject currently experiencing any motor symptoms? | 1 | 493–493 | Num | 0 = No 1 = Yes | | If Question 13 = 0 (No) then skip to Question 20 |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|--|-------|
| 14a | MOGAIT | 3 | Indicate whether the subject currently has meaningful changes in motor function — Gait disorder | 1 | 495–495 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 13 DECCLMOT = 0 (No) | |
| 14b | MOFALLS | 3 | Indicate whether the subject currently has meaningful changes in motor function — Falls | 1 | 497–497 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 13 DECCLMOT = 0 (No) | |
| 14c | MOTREM | 3 | Indicate whether the subject currently has meaningful changes in motor function — Tremor | 1 | 499–499 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 13 DECCLMOT = 0 (No) | |
| 14d | MOSLOW | 3 | Indicate whether the subject currently has meaningful changes in motor function — Slowness | 1 | 501–501 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 13 DECCLMOT = 0 (No) | |
| 15 | MOFRST | 3 | Indicate the predominant symptom that was first recognized as a decline in the subject's motor function | 2 | 503–504 | Num | 1 = Gait disorder 2 = Falls 3 = Tremor 4 = Slowness 99 = Unknown | Blank if Question 13 DECCLMOT = 0 (No) | |
| 16 | MOMODE | 3 | Mode of onset of motor symptoms | 2 | 506–507 | Num | 1 = Gradual 2 = Subacute 3 = Abrupt 4 = Other 99 = Unknown | Blank if Question 13 DECCLMOT = 0 (No) | |
| 16a | MOMODEX | 3 | Specification for other mode of onset of motor symptoms | 60 | 509–568 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 16 MOMODE ≠ 4 (Other) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|--|---|--|
| 17 | MOMOPARK | 3 | Were changes in motor function suggestive of parkinsonism? | 1 | 570–570 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 13 DECCLMOT = 0 (No) | If Question 17 MOMOPARK = 0 (No), then skip to Question 18 If Question 17 MOMOPARK = 9 (Unknown), then skip to Question 18 |
| 17a | PARKAGE | 3 | If yes, at what age did the motor symptoms suggestive of parkinsonism begin | 3 | 572–574 | Num | 15–110 | Blank if Question 17 MOMOPARK ≠ 1 (Yes) | |
| 18 | MOMOALS | 3 | Were changes in motor function suggestive of amyotrophic lateral sclerosis? | 1 | 576–576 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 13 DECCLMOT = 0 (No) | If Question 18 MOMOALS = 0 (No), then skip to Question 19 If Question 18 MOMOALS = 9 (Unknown), then skip to Question 19 |
| 18a | ALSAGE | 3 | If yes, at what age did the motor symptoms suggestive of ALS begin? | 3 | 578–580 | Num | 15–110 | Blank if Question 18 MOMOALS ≠ 1 (Yes) | |
| 19 | MOAGE | 3 | Based on clinician's assessment, at what age did the motor changes begin? (The clinician must use his/her best judgment to estimate an age of onset.) | 3 | 582–584 | Num | 15–110 | Blank if Question 13 DECCLMOT = 0 (No) | |
| 20 | COURSE | 3 | Overall course of decline of cognitive/behavioral/motor syndrome | 1 | 586–586 | Num | 1 = Gradually progressive 2 = Stepwise 3 = Static 4 = Fluctuating 5 = Improved 8 = N/A 9 = Unknown | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|--------|-------|
| 21 | FRSTCHG | 3 | Indicate the predominant domain that was first recognized as changed in the subject | 1 | 588–588 | Num | 1 = Cognition 2 = Behavior 3 = Motor function 8 = N/A 9 = Unknown | | |
| 22 | LBDEVAL | 3 | Is the subject a potential candidate for further evaluation for Lewy body disease? | 1 | 590–590 | Num | 0 = No 1 = Yes | | |
| 23 | FTLDEVAL | 3 | Is the subject a potential candidate for further evaluation for frontotemporal lobar degeneration? | 1 | 592–592 | Num | 0 = No 1 = Yes | | |

Form C2: Neuropsychological Battery Scores

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|--|--|
| 1a | MOCACOMP | 3 | Was any part of MoCA administered? | 1 | 45–45 | Num | 0 = No 1 = Yes | | If Question 1a MOCACOMP = 0 (No), then enter reason code, 95–98, and skip to Question 2a |
| 1a1 | MOCAREAS | 3 | Was any part of MoCA administered? If No, enter reason code, 95–98 | 2 | 47–48 | Num | 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 1 (Yes) | If Question 1a1 MOCAREAS = 95–98, then skip to Question 2a |
| 1b | MOCALOC | 3 | MoCA was administered? | 1 | 50–50 | Num | 1 = In ADC or Clinic 2 = In Home 3 = In-person–other | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1c | MOCALAN | 3 | Language of MoCA administration | 1 | 52–52 | Num | 1 = English 2 = Spanish 3 = Other | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1c1 | MOCALANX | 3 | Language of MoCA administration — Other specify | 60 | 54–113 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 1a MOCACOMP = 0 (No) Blank if Question 1c MOCALAN = 1 Blank if Question 1c MOCALAN = 2 | |
| 1d | MOCAVIS | 3 | Subject was unable to complete one or more sections due to visual impairment | 1 | 115–115 | Num | 0 = No 1 = Yes | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1e | MOCAHEAR | 3 | Subject was unable to complete one or more sections due to hearing impairment | 1 | 117–117 | Num | 0 = No 1 = Yes | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1f | MOCATOTS | 3 | MoCA Total Raw Score — uncorrected | 2 | 119–120 | Num | 0–30 88 = Item not administered | Blank if Question 1a MOCACOMP = 0 (No) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|--|---|-------|
| 1g | MOCATRAI | 3 | MoCA: Visuospatial/executive — Trails | 2 | 122–123 | Num | 0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1h | MOCACUBE | 3 | MoCA: Visuospatial/executive — Cube | 2 | 125–126 | Num | 0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1i | MOCACLOC | 3 | MoCA: Visuospatial/executive — Clock contour | 2 | 128–129 | Num | 0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1j | MOCACLON | 3 | MoCA: Visuospatial/executive — Clock numbers | 2 | 131–132 | Num | 0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1k | MOCACLOH | 3 | MoCA: Visuospatial/executive — Clock hands | 2 | 134–135 | Num | 0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1l | MOCANAMI | 3 | MoCA: Language — Naming | 2 | 137–138 | Num | 0–3 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|---|-------|
| 1m | MOCAREGI | 3 | MoCA: Memory — Registration (two trials) | 2 | 140–141 | Num | 0–10 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1n | MOCADIGI | 3 | MoCA: Attention — Digits | 2 | 143–144 | Num | 0–2 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1o | MOCALETT | 3 | MoCA: Attention — Letter A | 2 | 146–147 | Num | 0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1p | MOCASER7 | 3 | MoCA: Attention — Serial 7s | 2 | 149–150 | Num | 0–3 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1q | MOCAREPE | 3 | MoCA: Language — Repetition | 2 | 152–153 | Num | 0–2 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1r | MOCAFLUE | 3 | MoCA: Language — Fluency | 2 | 155–156 | Num | 0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|--|---|-------|
| 1s | MCCAABST | 3 | MoCA: Abstraction | 2 | 158–159 | Num | 0–2 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1t | MCCARECN | 3 | MoCA: Delayed recall — No cue | 2 | 161–162 | Num | 0–5 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1u | MCCARECC | 3 | MoCA: Delayed recall — Category cue | 2 | 164–165 | Num | 0–5 88 = Not applicable | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1v | MCCARECR | 3 | MoCA: Delayed recall — Recognition | 2 | 167–168 | Num | 0–5 88 = Not applicable | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1w | MCCAORDT | 3 | MoCA: Orientation — Date | 2 | 170–171 | Num | 0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1x | MCCAORMO | 3 | MoCA: Orientation — Month | 2 | 173–174 | Num | 0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1y | MCCAORYR | 3 | MoCA: Orientation — Year | 2 | 176–177 | Num | 0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1z | MCCAORDY | 3 | MoCA: Orientation — Day | 2 | 179–180 | Num | 0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|--|--|
| 1aa | MOCAORPL | 3 | MoCA: Orientation — Place | 2 | 182–183 | Num | 0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |
| 1bb | MOCAORCT | 3 | MoCA: Orientation — City | 2 | 185–186 | Num | 0–1 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | Blank if Question 1a MOCACOMP = 0 (No) | |
| 2a | NPSYCLOC | 3 | The tests following the MoCA were administered | 1 | 188–188 | Num | 1 = In ADC or clinic 2 = In home 3 = In person — other | | |
| 2b | NPSYLAN | 3 | Test following MoCA: Language of test administration | 1 | 190–190 | Num | 1 = English 2 = Spanish 3 = Other | | |
| 2b1 | NPSYLANX | 3 | Testa following MoCA: Language of test administration — Other specify | 60 | 192–251 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Questions 2b NPSYLAN ≠ 3 (Other) | |
| 3a | CRAFTVRS | 3 | Craft Story 21 Recall (Immediate): Total story units recalled, verbatim scoring | 2 | 253–254 | Num | 0–44 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | | If Question 3a CRAFTVRS = 95–98, then skip to Question 4a |
| 3b | CRAFTURS | 3 | Craft Story 21 Recall (Immediate): Total story units recalled, paraphrase scoring | 2 | 256–257 | Num | 0–25 | Blank if Question 3a CRAFTVRS = 95–98 | |
| 4a | UDSBENTC | 3 | Benson Complex Figure Copy: Total Score for copy of Benson figure | 2 | 259–260 | Num | 0–17 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|--|---------------------------------------|---|
| 5a | DIGFORCT | 3 | Number Span Test: Forward—Number of correct trials | 2 | 262–263 | Num | 0–14 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | | If Question 5a DIGFORCT = 95–98, then skip to Question 6a |
| 5b | DIGFORSL | 3 | Number Span Test: Forward — Longest span forward | 2 | 265–266 | Num | 0 3–9 | Blank if Question 5a DIGFORCT = 95–98 | |
| 6a | DIGBACCT | 3 | Number Span Test: Backward — Number of correct trials | 2 | 268–269 | Num | 0–14 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | | If Question 6a DIGBACCT = 95–98, then skip to Question 7a |
| 6b | DIGBACLS | 3 | Number Span Test: Backward — Longest span backward | 2 | 271–272 | Num | 0 2–8 | Blank if Question 6a DIGBACCT = 95–98 | |
| 7a | ANIMALS | 3 | Category Fluency — Animals: Total number of animals named in 60 seconds | 2 | 274–275 | Num | 0–77 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | | |
| 7b | VEG | 3 | Category Fluency — Vegetables: Total number of vegetables named in 60 seconds | 2 | 277–278 | Num | 0–77 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | | |
| 8a | TRAILA | 3 | Trail Making Test — Part A: Total number of seconds to complete | 3 | 280–282 | Num | 0–150 995 = Physical problem 996 = Cognitive/behavior problem 997 = Other problem 998 = Verbal refusal | | If Question 8a TRAILA = 995–998, then skip to Question 8b |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|--|---|--|
| 8a1 | TRAILARR | 3 | Trail Making Test — Part A: Number of commission errors | 2 | 284–285 | Num | 0–40 | Blank if Question 8a TRAILA = 995–998 | |
| 8a2 | TRAILALI | 3 | Trail Making Test — Part A: Number of correct lines | 2 | 287–288 | Num | 0–24 | Blank if Question 8a TRAILA = 995–998 | |
| 8b | TRAILB | 3 | Trail Making Test Part B: Total number of seconds to complete | 3 | 290–292 | Num | 0–300 995 = Physical problem 996 = Cognitive/behavior problem 997 = Other problem 998 = Verbal refusal | | If Question 8b TRAILB = 995–998, then skip to Question 9a |
| 8b1 | TRAILBRR | 3 | Trail Making Test Part B: Number of commission errors | 2 | 294–295 | Num | 0–40 | Blank if Question 8b TRAILB = 995–998 | |
| 8b2 | TRAILBLI | 3 | Trail Making Test Part B: Number of correct lines | 2 | 297–298 | Num | 0–24 | Blank if Question 8b TRAILB is 995–998 | |
| 9a | CRAFTDVR | 3 | Craft Story 21 Recall (Delayed): Total story units recalled, verbatim scoring | 2 | 300–301 | Num | 0–44 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | | If Question 9a CRAFTDVR = 95–98, then skip to Question 10a |
| 9b | CRAFTDRE | 3 | Craft Story 21 Recall (Delayed): Total story units recalled, paraphrase scoring | 2 | 303–304 | Num | 0–25 | Blank if Question 9a CRAFTDVR = 95–98 | |
| 9c | CRAFTDTI | 3 | Craft Story 21 Recall (Delayed): Delay time | 2 | 306–307 | Num | 0–85 99 = Unknown | Blank if Question 9a CRAFTDVR = 95–98 | |
| 9d | CRAFTCUE | 3 | Craft Story 21 Recall (Delayed): Cue (boy) needed | 1 | 309–309 | Num | 0 = No 1 = Yes | Blank if Question 9a CRAFTDVR is 95–98 | |
| 10a | UDSBENTD | 3 | Benson Complex Figure Recall — Total score for drawing of Benson figure following 10- to 15-minuted delay | 2 | 311–312 | Num | 0–17 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | | If Question 10a UDSBENTD = 95–98, then skip to Question 11a |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|--|--|
| 10b | UDSBENRS | 3 | Benson Complex Figure Recall — Recognized original stimulus among four options | 1 | 314–314 | Num | 0 = No 1 = Yes | Blank if Question 10a UDSBENTD = 95–98 | |
| 11a | MINTTOTS | 3 | Multilingual Naming Test (MINT) — Total score | 2 | 316–317 | Num | 0–32 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | | If Question 11a MINTTOTS = 95–98, then skip to Question 12a |
| 11b | MINTTOTW | 3 | Multilingual Naming Test (MINT) — Total correct without semantic cue | 2 | 319–320 | Num | 0–32 | Blank if Question 11a MINTTOTS = 95–98 | |
| 11c | MINTSCNG | 3 | Multilingual Naming Test (MINT) — Semantic cues: Number given | 2 | 322–323 | Num | 0–32 | Blank if Question 11a MINTTOTS = 95–98 | |
| 11d | MINTSCNC | 3 | Multilingual Naming Test (MINT) — Semantic cues: Number correct with cue | 2 | 325–326 | Num | 0–32 88 = Not applicable | Blank if Question 11a MINTTOTS = 95–98 | |
| 11e | MINTPCNG | 3 | Multilingual Naming Test (MINT) — Phonemic cues: Number given | 2 | 328–329 | Num | 0–32 | Blank if Question 11a MINTTOTS = 95–98 | |
| 11f | MINTPCNC | 3 | Multilingual Naming Test (MINT) — Phonemic cues: Number correct with cue | 2 | 331–332 | Num | 0–32 88 = Not applicable | Blank if Question 11a MINTTOTS = 95–98 | |
| 12a | UDSVERFC | 3 | Verbal Fluency: Phonemic Test — Number of correct F-words generated in 1 minute | 2 | 334–335 | Num | 0–40 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | | If Question 12a UDSVERFC = 95–98, then skip to Question 12d |
| 12b | UDSVERFN | 3 | Verbal Fluency: Phonemic Test — Number of correct F-words repeated in 1 minute | 2 | 337–338 | Num | 0–15 | Blank if Question 12a UDSVERFC is 95–98 | If Question 12a UDSVERFC = 95–98, then skip to Question 12d |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|---|---|
| 12c | UDSVERNF | 3 | Verbal Fluency: Phonemic Test — Number of non-F-words and rule violation errors in 1 minute | 2 | 340–341 | Num | 0–15 | Blank if Question 12a UDSVERFC is 95–98 | If Question 12a UDSVERFC = 95–98, then skip to Question 12d |
| 12d | UDSVERLC | 3 | Verbal Fluency: Phonemic Test — Number of correct L-words generated in 1 minute | 2 | 343–344 | Num | 0–40 95 = Physical problem 96 = Cognitive/behavior problem 97 = Other problem 98 = Verbal refusal | | If Question 12d UDSVERLC = 95–98, then skip to Question 13a |
| 12e | UDSVERLR | 3 | Verbal Fluency: Phonemic Test — Number of correct L-words repeated in 1 minute | 2 | 346–347 | Num | 0–15 | Blank if Question 12d UDSVERLC = 95–98 | |
| 12f | UDSVERLN | 3 | Verbal Fluency: Phonemic Test — Number of non-L-words and rule violation errors in 1 minute | 2 | 349–350 | Num | 0–15 | Blank if Question 12d UDSVERLC = 95–98 | |
| 12g | UDSVERTN | 3 | Verbal Fluency: Phonemic Test — Total number of correct F-words and L-words | 2 | 352–353 | Num | 0–80 | Blank if Question 12d UDSVERLC = 95–98 | |
| 12h | UDSVERTE | 3 | Verbal Fluency: Phonemic Test — Total number of F-word and L-words repetition errors | 2 | 355–356 | Num | 0–30 | Blank if Question 12d UDSVERLC = 95–98 | |
| 12i | UDSVERTI | 3 | Verbal Fluency: Phonemic Test — Number of non-F/L-words and rule violation errors | 2 | 358–359 | Num | 0–30 | Blank if Question 2d UDSVERLC = 95–98 | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|--------|-------|
| 13a | COGSTAT | 3 | Overall appraisal: Per the clinician (e.g., neuropsychologist, behavioral neurologist, or other suitably qualified clinician), based on the UDS neuropsychological examination, the subjects cognitive status is deemed | 1 | 361–361 | Num | 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

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|--|--|--|
| 1 | DXMETHOD | 3 | Diagnosis method — Responses in this form are based on diagnosis by: | 1 | 45–45 | Num | 1 = A single clinician 2 = A formal consensus panel 3 = Other (two or more clinicians or informal group) | | |
| 2 | NORMCOG | 3 | Does the subject have normal cognition (global CDR=0 and/or neuropsychological testing within normal range) and normal behavior (i.e., the subject does not exhibit behavior sufficient to diagnose MCI or dementia due to FTL or LBD)? | 1 | 47–47 | Num | 0 = No 1 = Yes | | If Question 2 NORMCOG = 1 (Yes), then skip to Question 6 |
| 3 | DEMENTED | 3 | Does the subject meet criteria for dementia? | 1 | 49–49 | Num | 0 = No 1 = Yes | Blank if Question 2 NORMCOG = 1 (Yes) | If Question 3 DEMENTED = 0 (No), then skip to Question 5 |
| 4a | AMNDEM | 3 | Amnesic multidomain dementia syndrome | 1 | 51–51 | Num | 0 = Absent 1 = Present | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 0 (No) | |
| 4b | PCA | 3 | Posterior cortical atrophy syndrome (or primary visual presentation) | 1 | 53–53 | Num | 0 = Absent 1 = Present | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 0 (No) | |
| 4c | PPASYN | 3 | Primary progressive aphasia (PPA) syndrome | 1 | 55–55 | Num | 0 = Absent 1 = Present | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 0 (No) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|---|-------|
| 4c1 | PPASYNT | 3 | If PPA present | 1 | 57–57 | Num | 1 = Meets criteria for semantic PPA 2 = Meets criteria for logopenic PPA 3 = Meets criteria for nonfluent/agrammatic PPA 4 = PPA other/not otherwise specified | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 0 (No) Blank if Question 4c PPASYN ≠ 1 (Present) | |
| 4d | FTDSYN | 3 | Behavioral variant FTD (bvFTD) syndrome | 1 | 59–59 | Num | 0 = Absent 1 = Present | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 0 (No) | |
| 4e | LBDSYN | 3 | Lewy body dementia syndrome | 1 | 61–61 | Num | 0 = Absent 1 = Present | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 0 (No) | |
| 4f | NAMNDEM | 3 | Non-amnestic multi-domain dementia, not PCA, PPA, bvFTD, or DLB syndrome | 1 | 63–63 | Num | 0 = Absent 1 = Present | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 0 (No) | |
| 5a | MCIAMEM | 3 | Amnestic MCI, single domain (aMCI SD) | 1 | 65–65 | Num | 0 = Absent 1 = Present | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) | |
| 5b | MCIAPLUS | 3 | Amnestic MCI, multiple domains (aMCI MD) | 1 | 67–67 | Num | 0 = Absent 1 = Present | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) | |
| 5b1 | MCIAPLAN | 3 | Amnestic MCI, multiple domains — language | 1 | 69–69 | Num | 0 = No 1 = Yes | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5b MCIAPLUS ≠ 1 (Present) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---------------------------|--|-------|
| 5b2 | MCIAPATT | 3 | Amnestic MCI, multiple domains — Attention | 1 | 71–71 | Num | 0 = No 1 = Yes | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5b MCIAPLUS ≠ 1 (Present) | |
| 5b3 | MCIAPEX | 3 | Amnestic MCI, multiple domains — Executive | 1 | 73–73 | Num | 0 = No 1 = Yes | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5b MCIAPLUS ≠ 1 (Present) | |
| 5b4 | MCIAPVIS | 3 | Amnestic MCI, multiple domains — Visuospatial | 1 | 75–75 | Num | 0 = No 1 = Yes | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5b MCIAPLUS ≠ 1 (Present) | |
| 5c | MCINON1 | 3 | Non-amnestic MCI, single domain (naMCI SD) | 1 | 77–77 | Num | 0 = Absent 1 = Present | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) | |
| 5c1 | MCIN1LAN | 3 | Non-amnestic MCI, single domain — Language | 1 | 79–79 | Num | 0 = No 1 = Yes | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5c MCINON1 ≠ 1 (Present) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---------------------------|---|-------|
| 5c2 | MCIN1ATT | 3 | Non-amnestic MCI, single domain — Attention | 1 | 81–81 | Num | 0 = No 1 = Yes | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5c MCINON1 ≠ 1 (Present) | |
| 5c3 | MCIN1EX | 3 | Non-amnestic MCI, single domain — Executive | 1 | 83–83 | Num | 0 = No 1 = Yes | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5c MCINON1 ≠ 1 (Present) | |
| 5c4 | MCIN1VIS | 3 | Non-amnestic MCI, single domain — Visuospatial | 1 | 85–85 | Num | 0 = No 1 = Yes | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5c MCINON1 ≠ 1 (Present) | |
| 5d | MCINON2 | 3 | Non-amnestic MCI, multiple domains (naMCI MD) | 1 | 87–87 | Num | 0 = Absent 1 = Present | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) | |
| 5d1 | MCIN2LAN | 3 | Non-amnestic MCI, multiple domains — Language | 1 | 89–89 | Num | 0 = No 1 = Yes | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5d MCINON2 ≠ 1 (Present) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|---|-------|
| 5d2 | MCIN2ATT | 3 | Non-amnesic MCI, multiple domains — Attention | 1 | 91–91 | Num | 0 = No 1 = Yes | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5d MCINON2 ≠ 1 (Present) | |
| 5d3 | MCIN2EX | 3 | Non-amnesic MCI, multiple domains — Executive | 1 | 93–93 | Num | 0 = No 1 = Yes | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5d MCINON2 ≠ 1 (Present) | |
| 5d4 | MCIN2VIS | 3 | Non-amnesic MCI, multiple domains — Visuo-spatial | 1 | 95–95 | Num | 0 = No 1 = Yes | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) Blank if Question 5d MCINON2 ≠ 1 (Present) | |
| 5e | IMPNO MCI | 3 | Cognitively impaired, not MCI | 1 | 97–97 | Num | 0 = Absent 1 = Present | Blank if Question 2 NORMCOG = 1 (Yes) Blank if Question 3 DEMENTED = 1 (Yes) | |
| 6a | AMYPET | 3 | Biomarker findings — Abnormally elevated amyloid on PET | 1 | 99–99 | Num | 0 = No 1 = Yes 8 = Unknown/not assessed | | |
| 6b | AMYLCSF | 3 | Biomarker findings — Abnormally low amyloid in CSF | 1 | 101–101 | Num | 0 = No 1 = Yes 8 = Unknown/not assessed | | |
| 6c | FDGAD | 3 | Biomarker findings — FDG-PET pattern of AD | 1 | 103–103 | Num | 0 = No 1 = Yes 8 = Unknown/not assessed | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|---------------------------------------|-------|
| 6d | HIPPATR | 3 | Biomarker findings — Hippocampal atrophy | 1 | 105–105 | Num | 0 = No 1 = Yes 8 = Unknown/not assessed | | |
| 6e | TAUPETAD | 3 | Biomarker findings — Tau PET evidence for AD | 1 | 107–107 | Num | 0 = No 1 = Yes 8 = Unknown/not assessed | | |
| 6f | CSFTAU | 3 | Biomarker findings — Abnormally elevated CSF Tau or pTau | 1 | 109–109 | Num | 0 = No 1 = Yes 8 = Unknown/not assessed | | |
| 6g | FDGFTLD | 3 | Biomarker findings — FDG-PET evidence for frontal or anterior temporal hypometabolism for FTLD | 1 | 111–111 | Num | 0 = No 1 = Yes 8 = Unknown/not assessed | | |
| 6h | TPETFTLD | 3 | Biomarker findings — Tau PET evidence for FTLD | 1 | 113–113 | Num | 0 = No 1 = Yes 8 = Unknown/not assessed | | |
| 6i | MRFTLD | 3 | Biomarker findings — Structural MR evidence for frontal or anterior temporal atrophy for FTLD | 1 | 115–115 | Num | 0 = No 1 = Yes 8 = Unknown/not assessed | | |
| 6j | DATSCAN | 3 | Biomarker findings — Dopamine transporter scan (DATscan) evidence for Lewy body disease | 1 | 117–117 | Num | 0 = No 1 = Yes 8 = Unknown/not assessed | | |
| 6k | OTHBIOM | 3 | Biomarker findings — Other | 1 | 119–119 | Num | 0 = No 1 = Yes | | |
| 6k1 | OTHBIOMX | 3 | Biomarker findings — Other (SPECIFY) | 60 | 121–180 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 6k OTHBIOM = 0 (No) | |
| 7a | IMAGLINF | 3 | Imaging findings — Large vessel infarct(s) | 1 | 182–182 | Num | 0 = No 1 = Yes 8 = Unknown/not assessed | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|---|-------|
| 7b | IMAGLAC | 3 | Imaging findings — Lacunar infarct(s) | 1 | 184–184 | Num | 0 = No 1 = Yes 8 = Unknown/not assessed | | |
| 7c | IMAGMACH | 3 | Imaging findings — Macrohemorrhage(s) | 1 | 186–186 | Num | 0 = No 1 = Yes 8 = Unknown/not assessed | | |
| 7d | IMAGMICH | 3 | Imaging findings — Microhemorrhage(s) | 1 | 188–188 | Num | 0 = No 1 = Yes 8 = Unknown/not assessed | | |
| 7e | IMAGMWMH | 3 | Imaging findings — Moderate white-matter hyperintensity (CHS score 5–6) | 1 | 190–190 | Num | 0 = No 1 = Yes 8 = Unknown/not assessed | | |
| 7f | IMAGEWMH | 3 | Imaging findings — Extensive white-matter hyperintensity (CHS score 7–8) | 1 | 192–192 | Num | 0 = No 1 = Yes 8 = Unknown/not assessed | | |
| 8 | ADMUT | 3 | Does the subject have a dominantly inherited AD mutation (PSEN1, PSEN2, APP)? | 1 | 194–194 | Num | 0 = No 1 = Yes 9 = Unknown/not assessed | | |
| 9 | FTLDMUT | 3 | Does the subject have a hereditary FTL mutation (e.g., GRN, VCP, TARBP, FUS, C9orf72, CHMP2B, MAPT)? | 1 | 196–196 | Num | 0 = No 1 = Yes 9 = Unknown/not assessed | | |
| 10 | OTHMUT | 3 | Does the subject have a hereditary mutation other than an AD or FTL mutation? | 1 | 198–198 | Num | 0 = No 1 = Yes 9 = Unknown/not assessed | | |
| 10a | OTHMUTX | 3 | If yes, specify | 60 | 200–259 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 10 OTHMUT = 0 (No) or 9 (Unknown) | |
| 11 | ALZDIS | 3 | Alzheimer's disease | 1 | 261–261 | Num | 0 = Absent 1 = Present | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|------|-------------------|---------|---|-----------------|------------------|-----------|---|--|-------|
| 11a | ALZDISIF | 3 | Alzheimer's disease, primary or contributing | 1 | 263–263 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 11 ALZDIS ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 12 | LBDIS | 3 | Lewy body disease | 1 | 265–265 | Num | 0 = Absent 1 = Present | | |
| 12a | LBDIF | 3 | Lewy body disease, primary or contributing | 1 | 267–267 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 12 LBDIS ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 12b | PARK | 3 | Parkinson's disease | 1 | 269–269 | Num | 0 = Absent 1 = Present | Blank if Question 12 LBDIS ≠ 1 | |
| 13 | MSA | 3 | Multiple system atrophy | 1 | 271–271 | Num | 0 = Absent 1 = Present | | |
| 13a | MSAIF | 3 | Multiple system atrophy, primary or contributing | 1 | 273–273 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 13 MSA ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 14a | PSP | 3 | Progressive supranuclear palsy (PSP) | 1 | 275–275 | Num | 0 = Absent 1 = Present | | |
| 14a1 | PSPIF | 3 | Progressive supranuclear palsy (PSP), primary or contributing | 1 | 277–277 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 14a PSP ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 14b | CORT | 3 | Corticobasal degeneration (CBD) | 1 | 279–279 | Num | 0 = Absent 1 = Present | | |
| 14b1 | CORTIF | 3 | Corticobasal degeneration (CBD), primary or contributing | 1 | 281–281 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 14b CORT ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 14c | FTLDMO | 3 | FTLD with motor neuron disease | 1 | 283–283 | Num | 0 = Absent 1 = Present | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|------|-------------------|---------|--|-----------------|------------------|-----------|---|--|---|
| 14c1 | FTLDMOIF | 3 | FTLD with motor neuron disease, primary or contributing | 1 | 285–285 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 14c FTLDMO ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 14d | FTLDNOS | 3 | FTLD NOS | 1 | 287–287 | Num | 0 = Absent 1 = Present | | |
| 14d1 | FTLDNOIF | 3 | FTLD NOS, primary or contributing | 1 | 289–289 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 14d FTLDNOS ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 14e | FTLDSUBT | 3 | If FTLD (Questions 14a–14d) are Present, specify FTLD subtype | 1 | 291–291 | Num | 1 = Tauopathy 2 = TDP-43 proteinopathy 3 = Other 9 = Unknown | Blank if Question 14a PSP ≠ 1 (Present) and Question 14b CORT ≠ 1 (Present) and Question 14c FTLDMO ≠ 1 (Present) and Question 14d FTLDNOS ≠ 1 (Present) | |
| 14e1 | FTLDSUBX | 3 | Other FTLD, specify | 60 | 293–352 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 14e FTLDSUBT ≠ 3 | |
| 15 | CVD | 3 | Vascular brain injury (based on clinical and imaging evidence) | 1 | 354–354 | Num | 0 = Absent 1 = Present | | If Question 15 CVD = 0 (Absent), then skip to Question 16 |
| 15a | CVDIF | 3 | Vascular brain injury, primary or contributing | 1 | 356–356 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 15 CVD ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 15b | PREVSTK | 3 | Previous symptomatic stroke? | 1 | 358–358 | Num | 0 = No 1 = Yes | Blank if Question 15 CVD ≠ 1 (Present) | If Question 15b PREVSTK = 0 (No), then skip to Question 15c |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|------|-------------------|---------|--|-----------------|------------------|-----------|--|---|-------|
| 15b1 | STROKDEC | 3 | Temporal relationship between stroke and cognitive decline? | 1 | 360–360 | Num | 0 = No 1 = Yes | Blank if Question 15 CVD ≠ 1 (Present) Blank if Question 15b PREVSTK ≠ 1 | |
| 15b2 | STKIMAG | 3 | Confirmation of stroke by neuroimaging? | 1 | 362–362 | Num | 0 = No 1 = Yes 9 = Unknown, no relevant imaging data available | Blank if Question 15 CVD ≠ 1 (Present) Blank if Question 15b PREVSTK ≠ 1 | |
| 15c | INFNETW | 3 | Is there imaging evidence of cystic infarction in cognitive network(s)? | 1 | 364–364 | Num | 0 = No 1 = Yes 9 = Unknown, no relevant imaging data available | Blank if Question 15 CVD ≠ 1 (Present) | |
| 15d | INFWMH | 3 | Is there imaging evidence of cystic infarction, imaging evidence of extensive WMH (CHS grade 7–8), and impairment in executive function? | 1 | 366–366 | Num | 0 = No 1 = Yes 9 = Unknown, no relevant imaging data available | Blank if Question 15 CVD ≠ 1 (Present) | |
| 16 | ESSTREM | 3 | Essential tremor | 1 | 368–368 | Num | 0 = Absent 1 = Present | | |
| 16a | ESSTREIF | 3 | Essential tremor, primary or contributing | 1 | 370–370 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 16 ESSTREM ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 17 | DOWNNS | 3 | Down syndrome | 1 | 372–372 | Num | 0 = Absent 1 = Present | | |
| 17a | DOWNNSIF | 3 | Down syndrome, primary or contributing | 1 | 374–374 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 17 DOWNNS ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 18 | HUNT | 3 | Huntington's disease | 1 | 376–376 | Num | 0 = Absent 1 = Present | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|--|-------|
| 18a | HUNTIF | 3 | Huntington's disease, primary or contributing | 1 | 378–378 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 18 HUNT ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 19 | PRION | 3 | Prion disease (CJD, other) | 1 | 380–380 | Num | 0 = Absent 1 = Present | | |
| 19a | PRIONIF | 3 | Prion disease (CJD, other), primary or contributing | 1 | 382–382 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 19 PRION ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 20 | BRNINJ | 3 | Traumatic brain injury | 1 | 384–384 | Num | 0 = Absent 1 = Present | | |
| 20a | BRNINJIF | 3 | Traumatic brain injury, primary or contributing | 1 | 386–386 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 20 BRNINJ ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 20b | BRNINCTE | 3 | If Present, does the subject have symptoms consistent with chronic traumatic encephalopathy? | 1 | 388–388 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 20 BRNINJ ≠ 1 (Present) | |
| 21 | HYCEPH | 3 | Normal-pressure hydrocephalus | 1 | 390–390 | Num | 0 = Absent 1 = Present | | |
| 21a | HYCEPHIF | 3 | Normal-pressure hydrocephalus, primary or contributing | 1 | 392–392 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 21 HYCEPH ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 22 | EPILEP | 3 | Epilepsy | 1 | 394–394 | Num | 0 = Absent 1 = Present | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|--|-------|
| 22a | EPILEPIF | 3 | Epilepsy, primary or contributing | 1 | 396–396 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 22 EPILEP ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 23 | NEOP | 3 | CNS neoplasm | 1 | 398–398 | Num | 0 = Absent 1 = Present | | |
| 23a | NEOPIF | 3 | CNS neoplasm, primary or contributing | 1 | 400–400 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 23 NEOP ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 23b | NEOPSTAT | 3 | CNS neoplasm, benign or malignant? | 1 | 402–402 | Num | 1 = Benign 2 = Malignant | Blank if Question 23, NEOP ≠ 1 (Present) | |
| 24 | HIV | 3 | Human immunodeficiency virus (HIV) | 1 | 404–404 | Num | 0 = Absent 1 = Present | | |
| 24a | HIVIF | 3 | Human immunodeficiency virus (HIV), primary or contributing | 1 | 406–406 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 24 HIV ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 25 | OTHCOG | 3 | Cognitive impairment due to other neurologic, genetic, or infectious conditions not listed above | 1 | 408–408 | Num | 0 = Absent 1 = Present | | |
| 25a | OTHCOGIF | 3 | Cognitive impairment due to other neurologic, genetic, or infectious conditions not listed above, primary or contributing | 1 | 410–410 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 25 OTHCOG ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 25b | OTHCOGX | 3 | Cognitive impairment due to other neurologic, genetic, or infectious conditions not listed above — if Present, specify: | 60 | 412–471 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 25 OTHCOG ≠ 1 (Present) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|--|---|-------|
| 26 | DEP | 3 | Active depression | 1 | 473–473 | Num | 0 = Absent 1 = Present | | |
| 26a | DEPIF | 3 | Active depression, primary or contributing | 1 | 475–475 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 26 DEP ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 26b | DEPTREAT | 3 | If Present, select one: | 1 | 477–477 | Num | 0 = Untreated 1 = Treated with medication and/or counseling | Blank if Question 26 DEP ≠ 1 (Present) | |
| 27 | BIPOLDX | 3 | Bipolar disorder | 1 | 479–479 | Num | 0 = Absent 1 = Present | | |
| 27a | BIPOLDIF | 3 | Bipolar disorder, primary or contributing | 1 | 481–481 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 27 BIPOLDX ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 28 | SCHIZOP | 3 | Schizophrenia or other psychosis | 1 | 483–483 | Num | 0 = Absent 1 = Present | | |
| 28a | SCHIZOIF | 3 | Schizophrenia or other psychosis, primary or contributing | 1 | 485–485 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 28 SCHIZOP ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 29 | ANXIET | 3 | Anxiety disorder | 1 | 487–487 | Num | 0 = Absent 1 = Present | | |
| 29a | ANXIETIF | 3 | Anxiety disorder, primary or contributing | 1 | 489–489 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 29 ANXIET ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 30 | DELIR | 3 | Delirium | 1 | 491–491 | Num | 0 = Absent 1 = Present | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|--|-------|
| 30a | DELIRIF | 3 | Delirium, primary or contributing | 1 | 493–493 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 30 DELIR ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 31 | PTSDDX | 3 | Post-traumatic stress disorder (PTSD) | 1 | 495–495 | Num | 0 = Absent 1 = Present | | |
| 31a | PTSDDXIF | 3 | Post-traumatic stress disorder (PTSD), primary or contributing | 1 | 497–497 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 31 PTSDDX ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 32 | OTHPSY | 3 | Other psychiatric disease | 1 | 499–499 | Num | 0 = Absent 1 = Present | | |
| 32a | OTHPSYIF | 3 | Other psychiatric disease, primary or contributing | 1 | 501–501 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 32 OTHPSY ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 32b | OTHPSYX | 3 | Other psychiatric disease — if Present, specify: | 60 | 503–562 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 32 OTHPSY ≠ 1 (Present) | |
| 33 | ALCDEM | 3 | Cognitive impairment due to alcohol abuse | 1 | 564–564 | Num | 0 = Absent 1 = Present | | |
| 33a | ALCDEMIF | 3 | Cognitive impairment due to alcohol abuse, primary or contributing | 1 | 566–566 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 33 ALCDEM ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 33b | ALCABUSE | 3 | Current alcohol abuse: | 1 | 568–568 | Num | 0 = No 1 = Yes 9 = Unknown | Blank if Question 33 ALCDEM ≠ 1 (Present) | |
| 34 | IMPSUB | 3 | Cognitive impairment due to other substance abuse | 1 | 570–570 | Num | 0 = Absent 1 = Present | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|--|-------|
| 34a | IMPSUBIF | 3 | Cognitive impairment due to other substance abuse, primary or contributing | 1 | 572–572 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 34 IMPSUB ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 35 | DYSILL | 3 | Cognitive impairment due to systemic disease/medical illness (as indicated on Form D2) | 1 | 574–574 | Num | 0 = Absent 1 = Present | | |
| 35a | DYSILLIF | 3 | Cognitive impairment due to systemic disease/medical illness, primary or contributing | 1 | 576–576 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 35 DYSILL ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 36 | MEDS | 3 | Cognitive impairment due to medications | 1 | 578–578 | Num | 0 = Absent 1 = Present | | |
| 36a | MEDSIF | 3 | Cognitive impairment due to medications, primary or contributing | 1 | 580–580 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 36 MEDS ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 37 | COGOTH | 3 | Cognitive impairment NOS | 1 | 582–582 | Num | 0 = Absent 1 = Present | | |
| 37a | COGOTHIF | 3 | Cognitive impairment NOS, primary or contributing | 1 | 584–584 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 37 COGOTH ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 37b | COGOTHX | 3 | Cognitive impairment NOS — if Present, specify: | 60 | 586–645 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 37 COGOTH ≠ 1 (Present) | |
| 38 | COGOTH2 | 3 | Cognitive impairment NOS | 1 | 647–647 | Num | 0 = Absent 1 = Present | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|---|-----------------|------------------|-----------|---|---|-------|
| 38a | COGOTH2F | 3 | Cognitive impairment NOS, primary or contributing | 1 | 649–649 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 38 COGOTH2 ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 38b | COGOTH2X | 3 | Cognitive impairment NOS — if Present, specify: | 60 | 651–710 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 38 COGOTH2 ≠ 1 (Present) | |
| 39 | COGOTH3 | 3 | Cognitive impairment NOS | 1 | 712–712 | Num | 0 = Absent 1 = Present | | |
| 39a | COGOTH3F | 3 | Cognitive impairment NOS, primary or contributing | 1 | 714–714 | Num | 1 = Primary 2 = Contributing 3 = Non-contributing | Blank if Question 39 COGOTH3 ≠ 1 (Present) Blank if Question 2 NORMCOG = 1 (Yes) | |
| 39b | COGOTH3X | 3 | Cognitive impairment NOS — if Present, specify: | 60 | 716–775 | Char | Any text or numbers with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%). | Blank if Question 39 COGOTH3 ≠ 1 (Present) | |

Form D2: Clinician-assessed Medical Conditions

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|---|--|
| 1 | CANCER | 3 | Cancer (excluding non-melanoma skin cancer), primary or metastatic | 1 | 45–45 | Num | 0 = No 1 = Yes, primary/non-metastatic 2 = Yes, metastatic 8 = Not assessed | | If Question 1 CANCER = 0 (No), then skip to Question 2 If Question 1 CANCER = 8 (Not assessed), then skip to Question 2 |
| 1a | CANCSITE | 3 | Cancer primary site specification | 60 | 47–106 | Char | Any text or numbers, with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%) | Blank if Question 1 CANCER = 0 (No) Blank if Question 1 CANCER = 8 (Not assessed) | |
| 2 | DIABET | 3 | Diabetes | 1 | 108–108 | Num | 0 = No 1 = Yes, Type I 2 = Yes, Type II 3 = Yes, other type 9 = Not assessed or unknown | | |
| 3 | MYOINF | 3 | Myocardial infarct | 1 | 110–110 | Num | 0 = No 1 = Yes 8 = Not assessed | | |
| 4 | CONGHRT | 3 | Congestive heart failure | 1 | 112–112 | Num | 0 = No 1 = Yes 8 = Not assessed | | |
| 5 | AFIBRILL | 3 | Atrial fibrillation | 1 | 114–114 | Num | 0 = No 1 = Yes 8 = Not assessed | | |
| 6 | HYPERT | 3 | Hypertension | 1 | 116–116 | Num | 0 = No 1 = Yes 8 = Not assessed | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|------|-------------------|---------|---|-----------------|------------------|-----------|---|--|--|
| 7 | ANGINA | 3 | Angina | 1 | 118–118 | Num | 0 = No 1 = Yes 8 = Not assessed | | |
| 8 | HYPCHOL | 3 | Hypercholesterolemia | 1 | 120–120 | Num | 0 = No 1 = Yes 8 = Not assessed | | |
| 9 | VB12DEF | 3 | B12 deficiency | 1 | 122–122 | Num | 0 = No 1 = Yes 8 = Not assessed | | |
| 10 | THYDIS | 3 | Thyroid disease | 1 | 124–124 | Num | 0 = No 1 = Yes 8 = Not assessed | | |
| 11 | ARTH | 3 | Arthritis | 1 | 126–126 | Num | 0 = No 1 = Yes 8 = Not assessed | | If Question 11 ARTH = 0 (No), then skip to Question 12 If Question 11 ARTH = 8 (Not assessed), then skip to Question 12 |
| 11a | ARTYPE | 3 | Arthritis type | 1 | 128–128 | Num | 1 = Rheumatoid 2 = Osteoarthritis 3 = Other (specify) 9 = Unknown | Blank if Question 11 ARTH = 0 (No) Blank if Question 11 ARTH = 8 (Not assessed) | |
| 11a1 | ARTYPEX | 3 | Other arthritis type specification | 60 | 130–189 | Char | Any text or numbers, with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%) | Blank if Question 11a ARTYPE ≠ 3 (Other) | |
| 11b1 | ARTUPEX | 3 | Arthritis region affected — upper extremity | 1 | 191–191 | Num | 0 = No 1 = Yes | Blank if Question 11 ARTH = 0 (No) Blank if Question 11 ARTH = 8 (Not assessed) | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|------|-------------------|---------|---|-----------------|------------------|-----------|---------------------------------------|--|-------|
| 11b2 | ARTLOEX | 3 | Arthritis region affected — lower extremity | 1 | 193–193 | Num | 0 = No 1 = Yes | Blank if Question 11 ARTH = 0 (No) Blank if Question 11 ARTH = 8 (Not assessed) | |
| 11b3 | ARTSPIN | 3 | Arthritis region affected — spine | 1 | 195–195 | Num | 0 = No 1 = Yes | Blank if Question 11 ARTH = 0 (No) Blank if Question 11 ARTH = 8 (Not assessed) | |
| 11b4 | ARTUNKN | 3 | Arthritis region affected — unknown | 1 | 197–197 | Num | 0 = No 1 = Yes | Blank if Question 11 ARTH = 0 (No) Blank if Question 11 ARTH = 8 (Not assessed) | |
| 12 | URINEINC | 3 | Incontinence — urinary | 1 | 199–199 | Num | 0 = No 1 = Yes 8 = Not assessed | | |
| 13 | BOWLINC | 3 | Incontinence — bowel | 1 | 201–201 | Num | 0 = No 1 = Yes 8 = Not assessed | | |
| 14 | SLEEPAP | 3 | Sleep apnea | 1 | 203–203 | Num | 0 = No 1 = Yes 8 = Not assessed | | |
| 15 | REMDIS | 3 | REM sleep behavior disorder (RBD) | 1 | 205–205 | Num | 0 = No 1 = Yes 8 = Not assessed | | |
| 16 | HYPOSOM | 3 | Hyposomnia/insomnia | 1 | 207–207 | Num | 0 = No 1 = Yes 8 = Not assessed | | |
| 17 | SLEEPOTH | 3 | Other sleep disorder | 1 | 209–209 | Num | 0 = No 1 = Yes 8 = Not assessed | | |

| Q # | Data element name | UDS Ver | UDS question | Length of field | Column positions | Data type | Allowable codes | Blanks | Skips |
|-----|-------------------|---------|--|-----------------|------------------|-----------|---|---|-------|
| 17a | SLEEPOTX | 3 | Other sleep disorder specification | 60 | 211–270 | Char | Any text or numbers, with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%) | Blank if Question 17 SLEEPOTH ≠ 1 (Yes) | |
| 18 | ANGIOCP | 3 | Carotid procedure: angioplasty, endarterectomy, or stent | 1 | 272–272 | Num | 0 = No 1 = Yes 8 = Not assessed | | |
| 19 | ANGIOPCI | 3 | Percutaneous coronary intervention: angioplasty and/or stent | 1 | 274–274 | Num | 0 = No 1 = Yes 8 = Not assessed | | |
| 20 | PACEMAKE | 3 | Procedure: pacemaker and/or defibrillator | 1 | 276–276 | Num | 0 = No 1 = Yes 8 = Not assessed | | |
| 21 | HVALVE | 3 | Procedure: heart valve replacement or repair | 1 | 278–278 | Num | 0 = No 1 = Yes 8 = Not assessed | | |
| 22 | ANTIENC | 3 | Antibody-mediated encephalopathy | 1 | 280–280 | Num | 0 = No 1 = Yes 8 = Not assessed | | |
| 22a | ANTIENCX | 3 | Antibody-mediated encephalopathy, specify | 60 | 282–341 | Char | Any text or numbers, with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%) | Blank if Question 22 ANTIENC ≠ 1 (Yes) | |
| 23 | OTHCOND | 3 | Other medical conditions or procedures not listed above | 1 | 343–343 | Num | 0 = No 1 = Yes | | |
| 23a | OTHCONDX | 3 | Other medical conditions specification | 60 | 345–404 | Char | Any text or numbers, with the exception of single quotes ('), double quotes ("), ampersands (&), and percentage signs (%) | Blank if Question 23 OTHCOND ≠ 1 (Yes) | |