Form B8: EVALUATION FORM – Neurological Examination Findings

In-person ☐ Remote ☐

ADRC name: _____ Participant ID: _____ Form date: ___ ___ / ___ ___ / ___ ___ ___ ___

Visit #: _____ Examiner's initials: _____ Language: English ☐ Spanish ☐

INSTRUCTIONS: *This form should be completed by a clinician with experience in performing a comprehensive neurologic examination, assessing the presence/absence of neurological signs, and rating the degree of any abnormalities. Additionally, the clinician should have experience in completing each of the assessment measures associated with the gateway questions if any key neurologic findings are present. For additional clarification and examples, see* **UDS Coding Guidebook** *for* **Initial Visit Packet**, **Form B8**. *Check only one box per question.*

Section 1 – Examiner & examination questions

1. Which of the following was completed on this participant?

☐0 No neurologic examination **(END FORM HERE)**

☐1 Comprehensive neurologic examination as suggested in the UDS Coding Guidebook

☐2 Focused or partial neurologic examination performed in-person

☐3 Focused or partial neurologic examination performed via telehealth

2. Were there abnormal neurological exam findings?

☐0 No abnormal findings **(END FORM HERE;** *If this box is checked, all items will default to 0 = Absent in the database***)**

☐1 Yes

Section 2 – Specific clinical findings

Section 2A – Parkinsonian signs

3. ☐0 No abnormal signs in this section are present **(SKIP TO SECTION 2B;** *If this box is checked, Q3a through Q3n will default to 0 = Absent in the database***)**

☐1 Yes (***IF YES –*** *complete questions 3a–3n and consider completing additional measures as described on page 3*)

☐8 Not assessed **(SKIP TO SECTION 2B;** *If this box is checked, Q3a through Q3n will default to 8 = Not Assessed in the database***)**

FINDING:		Absent	Focal or Unilateral	Bilateral & Largely Symmetric	Bilateral & Largely Asymmetric	Not Assessed
3a.	**Slowing of fine motor movements**	☐0	☐1	☐2	☐3	☐8
3b.	**Limb tremor at rest**	☐0	☐1	☐2	☐3	☐8
3c.	**Limb tremor - postural**	☐0	☐1	☐2	☐3	☐8
3d.	**Limb tremor - kinetic**	☐0	☐1	☐2	☐3	☐8
3e.	**Limb rigidity - arm**	☐0	☐1	☐2	☐3	☐8
3f.	**Limb rigidity - leg**	☐0	☐1	☐2	☐3	☐8
3g.	**Limb dystonia - arm**	☐0	☐1	☐2	☐3	☐8
3h.	**Limb dystonia - leg**	☐0	☐1	☐2	☐3	☐8
3i.	**Chorea**	☐0	☐1	☐2	☐3	☐8

Section 2 – Specific clinical findings *continued...*

Section 2A – Parkinsonian signs

FINDING:		Absent	Present	Not Assessed
3j.	**Decrement in amplitude of fine motor movements**	☐0	☐1	☐8
3k.	**Axial rigidity**	☐0	☐1	☐8
3l.	**Postural instability**	☐0	☐1	☐8
3m.	**Facial masking**	☐0	☐1	☐8
3n.	**Stooped posture**	☐0	☐1	☐8

Section 2B – Cortical/pyramidal/other signs

4. ☐0 No abnormal signs in this section are present **(SKIP TO SECTION 2C;** *If this box is checked, Q4a through Q4q will default to 0=Absent in the database)*
   ☐1 Yes (***IF YES –*** *complete questions 4a–4q and consider completing additional measures as described on page 3*)
   ☐8 Not assessed **(SKIP TO SECTION 2C;** *If this box is checked, Q4a through Q4q will default to 8 = Not Assessed in the database*)

FINDING:		Absent	Focal or Unilateral	Bilateral & Largely Symmetric	Bilateral & Largely Asymmetric	Not Assessed
4a.	**Limb apraxia**	☐0	☐1	☐2	☐3	☐8
4b.	**Face or limb findings in UMN distribution***	☐0	☐1	☐2	☐3	☐8
4c.	**Face or limb findings in an LMN distribution***	☐0	☐1	☐2	☐3	☐8
4d.	**Visual field cut**	☐0	☐1	☐2	☐3	☐8
4e.	**Limb ataxia**	☐0	☐1	☐2	☐3	☐8
4f.	**Myoclonus**	☐0	☐1	☐2	☐3	☐8

FINDING:		Absent	Present	Not Assessed
4g.	**Unilateral Somatosensory loss** *(localized to the brain; disregard sensory changes localized to the spinal cord or peripheral nerves)*	☐0	☐1	☐8
4h.	**Aphasia** *(disregard complaints of mild dysnomia if not viewed as reflecting a clinically significant change)*	☐0	☐1	☐8
4i.	**Alien limb phenomenon**	☐0	☐1	☐8
4j.	**Hemispatial neglect**	☐0	☐1	☐8
4k.	**Prosopagnosia**	☐0	☐1	☐8
4l.	**Simultanagnosia**	☐0	☐1	☐8
4m.	**Optic ataxia**	☐0	☐1	☐8
4n.	**Apraxia of gaze**	☐0	☐1	☐8
4o.	**Vertical +/- horizontal gaze palsy****	☐0	☐1	☐8
4p.	**Dysarthria***	☐0	☐1	☐8
4q.	**Apraxia of speech**	☐0	☐1	☐8

**UMN findings could include weakness in a pyradmidal pattern, hyper-reflexia, Babinski or Hoffman sign present, or spasticity; LMN findings could include weakness due to neuromuscular dysfunction, muscle wasting/atrophy, or fasciculations. These findings could be consistent with a cerebrovascular insult or with a degenerative disorder such as ALS, PLS, SMA, PSP, CBS, etc.*

***Do not mark Present if only reduction of upgaze is present.*

Section 2 – Specific clinical findings *continued...*

Section 2C – Gait

5. ☐0 No abnormal signs in this section are present **(END FORM HERE)**
☐1 Yes (***IF YES*** *- complete question 5a and consider completing additional measures as described on page 3)*
☐8 Not assessed **(END FORM HERE)**

5a. Finding:
☐1 Hemiparetic gait (spastic)
☐2 Foot drop gait (lower motor neuron)
☐3 Ataxic gait
☐4 Apractic magnetic gait
☐5 Hypokinetic/parkinsonian gait
☐6 Antalgic gait

☐7 Other **(SPECIFY):**

Section 2D – Additional measures

There are ***several additional clinical measures*** to consider for completion depending on the findings and the suspicion of the clinical syndrome; *these include, but are not limited to, the following:*

a) If there are any features of a movement disorder *(e.g., bradykinesia, tremor, rigidity, postural instability, etc.):*
Consider completing Form B3 UPDRS, or the MDS-UPDRS

b) If there are any features of ALS *(e.g., upper motor neuron dysfunction and/or lower motor neuron dysfunction):*
Consider completing the ALSFRS-R

c) If there are any features of PSP- Richardson's syndrome *(e.g., parkinsonism, postural instability, supranuclear gaze palsy, etc.):*
Consider completing the PSPRS

d) If there are any features of corticobasal syndrome *(e.g., limb rigidity, limb apraxia, myoclonus, dystonia, corticol sensory loss, alien limb phenomenon, etc.):*
Consider completing the PSPRS and/or the CBFS

e) If there are any features of complex visual processing dysfunction (*e.g. hemineglect, visual agnosia, simultanagnosia, optic ataxia, ocular apraxia, apraxia of eyelid opening, etc.):*
Consider completing a standardized measure assessing PCA

f) If there are any features of aphasia or apraxia of speech *(e.g., NIH Stroke Scale, Progressive Aphasia Severity Scale, Western Aphasia Battery, etc.)*:
Consider completing a standardized measure assessing speech and language

g) If there are clinical and/or imaging findings suggesting a vascular contribution to the clinical presentation:
Consider completing NIH Stroke Scale, Hachinski Ischemic Scale, etc.

Section 2E – Glossary of abbreviations

ALS = *Amyotrophic Lateral Sclerosis*
ALSFRS-R = *Amyotrophic Lateral Sclerosis Functional Rating Scale–Revised*
CBS = *Corticobasal Syndrome*
CBFS = *Cortical Basal ganglia Functional Scale*
LMN = *Lower Motor Neuron*
MDS-UPDRS = *Movement Disorders Society - Unified Parkinson's Disease Rating Scale*
PCA = *Posterior Cortical Atrophy*
PLS = *Primary Lateral Sclerosis*
PSP = *Progressive Supranuclear Palsy*
PSPRS = *Progressive Supranuclear Palsy Rating Scale*
SMA = *Spinal Muscular Atrophy*
UMN = *Upper Motor Neuron*
UPDRS = *Unified Parkinson's Disease Rating Scale*