# Form D1a: Clinical Syndrome

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

| Language: | Mode: | Key (remote reason): |
|---|---|---|
| ☐1 English<br>☐2 Spanish | ☐1 In-person<br>☐2 Remote *(reason):* ___<br>☐1 Telephone ☐2 Video | *1=Too cognitively impaired*<br>*2=Too physically impaired*<br>*3=Homebound or nursing home*<br>*4=Refused in-person visit*<br>*5=Other* |

***INSTRUCTIONS:*** *This form is to be completed by the clinician. For additional clarification and examples, see the* **UDS Coding Guidebook** *for* **Form D1a.** *Check only <u>one</u> box per question.*

**1.** Diagnosis method—*responses in this form are based on diagnosis by a:*
☐1 Single clinician ☐2 Formal consensus panel ☐3 Other *(e.g., Two or more clinicians or other informal group)*

## Section 1 – Level of impairment – *Unimpaired cognition/behavior, SCD, MCI/MBI, or dementia*

**2. Does the participant have:**
1. Unimpaired cognition *(for example, cognitive performance and functional status (i.e., CDR) judged to be unimpaired)?*

*AND*

2. Unimpaired behavior *(i.e., the participant does not exhibit behavior sufficient to diagnose MBI (see MBI section starting at Q7)?*

☐0 No **(SKIP TO QUESTION 3)** ☐1 Yes **(CONTINUE TO QUESTION 2a)**

*Note: For those with longstanding cognitive impairment that does not represent a decline from their usual functioning, consider checking* **Question 5b** *for a diagnosis of* **"Cognitively Impaired, Not MCI/dementia"** *.*

### Subjective Cognitive Decline

| | | |
|---|---|---|
| **2a.** | Does the participant report 1) significant concerns about changes in cognition **AND** 2) no neuropsychological evidence of decline **AND** 3) no functional decline? | ☐0 No **(END FORM HERE)**<br>☐1 Yes |
| **2b.** | As a clinician, are you confident that the subjective cognitive decline is clinically meaningful? | ☐0 No **(END FORM HERE)**<br>☐1 Yes **(END FORM HERE)** |

### Dementia criteria

**Requirement #1:**
**Participant has cognitive or behavioral (neuropsychiatric) symptoms that meet <u>all of the following criteria</u>:**

- Interfere with ability to function as before at work or at usual activities
- Represent a decline from previous levels of functioning
- Are not explained by delirium or major psychiatric disorder
- Include cognitive impairment detected and diagnosed through a combination of: 1) history-taking; 2) objective assessment *(bedside or neuropsychological testing)*

**Requirement #2:**
**Participant must have impairment in <u>one* or more</u> of the following domains:**

- Impaired ability to acquire and remember new information
- Impaired reasoning and handling of complex tasks, poor judgment
- Impaired visuospatial abilities
- Impaired language functions
- Changes in personality, behavior, or comportment

** In the event of single-domain impairment (e.g., language in PPA, behavior in bvFTD, visuospatial in posterior cortical atrophy, etc.), the participant must not fulfill criteria for MCI.*

**3.** Does the participant meet criteria for dementia?
☐0 No **(CONTINUE TO QUESTION 4)** ☐1 Yes **(SKIP TO QUESTION 6a)**

## Section 1 – Level of impairment *continued...*

### MCI core clinical criteria

*Check all criteria that apply in Q4.*

**4.**
- ☐ 1 Clinical concern about decline in cognition compared to participant's prior level of lifelong or usual cognitive function *(e.g., based on input from participant, co-participant, and/or the clinician's judgment, CDR SB 0.5+, etc.)*
- ☐ 1 Impairment in one or more cognitive domains, compared to participant's estimated prior level of lifelong or usual cognitive function, or supported by objective longitudinal neuropsychological evidence of decline
- ☐ 1 Largely preserved functional independence OR functional dependence that is not related to cognitive decline *(e.g., based on clinical judgment)*

*If all three criteria are checked, choose* **1=MCI** *for Q4b. If less than 3 criteria are met, choose* **0=No** *for Q4b.*

| | | |
|---|---|---|
| **4b.** | Does the participant meet all three of the above criteria for MCI (amnestic or non-amnestic)? | ☐ 0 No **(CONTINUE TO QUESTION 5)**<br>☐ 1 Yes **(SKIP TO QUESTION 6a)** |

### Cognitively impaired, not MCI/dementia

The purpose of the "Cognitively impaired, not MCI/dementia" category is to capture those individuals with evidence of cognitive impairment or decline who do not meet formal MCI criteria.

**Check all applicable criteria for cognitively impaired, not MCI/dementia in Q5,** *using any relevant data.* Any conditions contributing to impairment *(e.g., substance abuse or medications)* should be identified in Section 3.
*(Note: If recent onset (not longstanding impairment), indicate the cognitive symptom(s) in Form B9 – Clinician Judgment of Symptoms.)*

**5.**
- ☐ 1 Evidence of functional impairment *(e.g., CDR SB>0 and/or FAS>0)*, but available cognitive testing is judged to be normal
- ☐ 1 Cognitive testing is abnormal but no clinical concern or functional decline (e.g., CDR SB=0 and FAS=0)
- ☐ 1 Longstanding cognitive difficulties, not representing a decline from their usual function *(e.g., early developmental differences remote TBI, other medical condition with clear effects on cognition)*
- ☐ 1 Other **(SPECIFY):** _____

If any of the criteria in Q5 are met, or if only some of the MCI criteria from Q4 are met, choose 1=Yes for Q5b. Note, if ***only*** the third MCI criteria is met in Q4, select 0=No for Q5b.

| | | |
|---|---|---|
| **5b.** | Does the participant meet any criteria for cognitively impaired, not MCI/dementia? | ☐ 0 No **(SKIP TO QUESTION 7)**<br>☐ 1 Yes **(SKIP TO QUESTION 7)** |

### Dementia and MCI affected domains

Choose domains that are impaired at the current visit. Select one or more as **Impaired**; all others will default to **unimpaired** in the NACC database.

Note on ***behavior changes***: For patients with *dementia* who have behavior changes, record the presence of behavioral changes here (not in the following MBI section) by marking Q6f as **Impaired** and skipping the MBI section **(SKIP TO Q8a)**. For behavioral changes in the context of an MCI (or as an isolated) symptom, consider a diagnosis of MBI in the next section.

| | | Impaired |
|---|---|---|
| **6a.** | Memory | ☐ 1 |
| **6b.** | Language | ☐ 1 |
| **6c.** | Attention | ☐ 1 |
| **6d.** | Executive | ☐ 1 |
| **6e.** | Visuospatial | ☐ 1 |
| **6f.** | Behavioral | ☐ 1 |
| **6g.** | Apraxia | ☐ 1 |

## Section 1 – Level of impairment *continued...*

### Mild Behavioral Impairment (MBI) core clinical criteria

- Participant, co-participant, or clinician identifies a change in the participant's affect, motivation, thought content, behavior, or personality that is clearly different from their usual affect, motivation, thought content, behavior, or personality
- Symptoms have been present at least intermittently for the last six months or longer
- Late onset (i.e., age > ~50, unless early onset neurodegenerative syndrome is suspected)
- Not explained by delirium, other psychiatric disorder by DSM criteria (including recent onset, longstanding or recurrence of longstanding disorder).
- Symptoms interfere with at least one of these: work, interpersonal relationships, social activities
- Largely preserved independence in other functional abilities (no change from prior manner/level of functioning, or uses minimal aids or assistance)

**7.** Does the participant meet criteria for MBI? *(If participant meets criteria for dementia an MBI diagnosis is excluded.)*
☐0 No **(SKIP TO QUESTION 8a)**
☐1 Yes **(CONTINUE TO QUESTION 7a)**

**MBI affected domains** — Select one or more affected domains
*(Note: If "Yes" is indicated in any domain below, the participant should have a corresponding symptom checked on Form B9 — Clinician Judgment of Symptoms, either from among the specific symptoms denoted there, or in "other")*

| | | No | Yes |
|---|---|---|---|
| **7a.** | Motivation *(e.g., apathy symptoms on Form B9)* | ☐0 | ☐1 |
| **7b.** | Affective regulation *(e.g., anxiety, irritability, depression, and/or euphoria symptoms on Form B9)* | ☐0 | ☐1 |
| **7c.** | Impulse control *(e.g., obsessions/compulsions, personality change, and/or substance abuse symptoms on Form B9)* | ☐0 | ☐1 |
| **7d.** | Social appropriateness *(e.g., disinhibition, personality change, and/or loss of empathy symptoms on Form B9)* | ☐0 | ☐1 |
| **7e.** | Thought content/perception *(e.g., delusions and/or hallucinations on Form B9)* | ☐0 | ☐1 |

## Section 2 – Clinical syndrome

**The purpose of Section 2 is to assign a clinical syndrome** to participants with dementia and, when appropriate MCI or MBI, using all available clinical, exam, and neuropsychiatric data. This should be done using clinical information and cognitive/neuropsychological testing, **ideally *without* reference to biomarker data** (which is incorporated into the Etiological Diagnoses section in Form D1b). This is not always possible and thus Q9 allows centers to record when biomarker data is known and may have influenced the clinical diagnosis.

Select applicable syndrome(s) as present; all others will default to Absent in the NACC database. Note that a participant may not meet any clinical criteria (for instance, this is common for MCI and "impaired, not MCI"). In this case, leave 8a-8l blank.

| | | Present |
|---|---|---|
| **8a.** | Amnestic predominant syndrome | ☐1 |
| **8b.** | Dysexecutive predominant syndrome | ☐1 |
| **8c.** | Primary visual presentation (such as posterior cortical atrophy (PCA) syndrome) | ☐1 |
| **8d.** | Primary progressive aphasia (PPA) syndrome: | ☐1 |
| **8d1.** | **If present,** select one:<br>☐1 Logopenic PPA<br>☐2 Semantic PPA<br>☐3 Nonfluent/agrammatic PPA<br>☐4 Primary progressive apraxia of speech<br>☐5 PPA other/not otherwise specified | |
| **8e.** | Behavioral variant frontotemporal (bvFTD) syndrome | ☐1 |
| **8f.** | Lewy body syndrome | ☐1 |
| **8f1.** | **If present,** select one:<br>☐1 Dementia with Lewy bodies<br>☐2 Parkinson's disease<br>☐3 Parkinson's disease dementia syndrome | |
| **8g.** | Non-amnestic multidomain syndrome, not PCA, PPA, bvFTD, or DLB syndrome | ☐1 |

## Section 2 – Clinical syndrome *continued...*

| | | Present |
|---|---|---|
| 8h. | Primary supranuclear palsy (PSP) syndrome | ☐1 |
| 8h1. | **If present,** select one:<br>☐1 Richardson's syndrome criteria<br>☐2 Non-Richardson's | |
| 8i. | Traumatic encephalopathy syndrome | ☐1 |
| 8j. | Corticobasal syndrome (CBS) | ☐1 |
| 8k. | Multiple system atrophy (MSA) syndrome | ☐1 |
| 8k1. | **If present,** select one:<br>☐1 MSA-predominant cerebellar ataxia (MSA-C)<br>☐2 MSA-predominant Parkinsonism (MSA-P)<br>☐3 MSA-predominant dysautonomia | |
| 8l. | Other **(SPECIFY):** _____ | ☐1 |

| | | Yes |
|---|---|---|
| 9. | Indicate the source(s) of information used to assign the clinical syndrome:<br>Select one or more as **Yes**; all others will default to **No** in the NACC database. | |
| 9a. | Clinical information (history, CDR) | ☐1 |
| 9b. | Cognitive testing | ☐1 |
| 9c. | Biomarkers (MRI, PET, CSF, plasma) | ☐1 |

## Section 3 – Primary or contributing non-neurodegenerative or non-CVD conditions

The purpose of Section 3 is to identify conditions or disorders that are present and potentially contributing to the clinical syndrome. This must be filled out for those with cognitive or behavioral impairment (i.e., MCI, MBI, dementia, etc.) Indicate whether a given condition is a primary, contributing, or non-contributing cause of the observed impairment, based on the clinician's best judgment.

Select one or more syndrome(s) as **Present**; all others will default to **Absent** in the NACC database. *Only one diagnosis should be selected as 1 = **Primary**.*

*In order to diagnose a disorder, **DSM-5-TR criteria require** that symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning. For more guidance see the **UDS Coding Guidebook, Form D1a**.

| | Condition | Present | | Primary | Contributing | Non-contributing |
|---|---|---|---|---|---|---|
| 10. | Major depressive disorder (DSM-5-TR criteria*) | ☐1 | 10a. | ☐1 | ☐2 | ☐3 |
| 11. | Other specified depressive disorder (DSM-5-TR criteria*) | ☐1 | 11a. | ☐1 | ☐2 | ☐3 |
| 12. | Bipolar disorder (DSM-5-TR criteria*) | ☐1 | 12a. | ☐1 | ☐2 | ☐3 |
| 13. | Schizophrenia or other psychotic disorder (DSM-5-TR criteria*) | ☐1 | 13a. | ☐1 | ☐2 | ☐3 |
| 14. | Anxiety disorder (DSM-5-TR criteria*) | ☐1 | 14a. | ☐1 | ☐2 | ☐3 |
| | If **present, (SPECIFY)** *(check all that apply)*: | | | | | |
| 14b. | ☐1 Generalized anxiety disorder | | | | | |
| 14c. | ☐1 Panic disorder | | | | | |
| 14d. | ☐1 Obsessive-compulsive disorder (OCD) | | | | | |
| 14e. | ☐1 Other **(SPECIFY)** : _____ | | | | | |
| 15. | Post-traumatic stress disorder (PTSD)(DSM-5-TR criteria*) | ☐1 | 15a. | ☐1 | ☐2 | ☐3 |

## Section 3 – Primary or contributing non-degenerative or non-CVD conditions *continued...*

| | Condition | Present | | Primary | Contributing | Non-contributing |
|---|---|---|---|---|---|---|
| 16. | Developmental neuropsychiatric disorders (e.g., autism spectrum disorder (ASD), attention-deficit hyperactivity disorder (ADHD), dyslexia) | ☐1 | 16a. | ☐1 | ☐2 | ☐3 |
| 17. | Delirium (DSM-5-TR criteria*) | ☐1 | 17a. | ☐1 | ☐2 | ☐3 |
| 18. | Other psychiatric disorder (DSM-5-TR criteria*) | ☐1 | 18a. | ☐1 | ☐2 | ☐3 |
| 18b. | If **present**, **(SPECIFY)** : _____ | | | | | |
| 19. | Traumatic brain injury *(Distinct from TES and CTE, which are documented as a Clinical Syndrome and Etiologic Diagnosis, respectively)* | ☐1 | 19a. | ☐1 | ☐2 | ☐3 |
| 20. | Epilepsy | ☐1 | 20a. | ☐1 | ☐2 | ☐3 |
| 21. | Normal-pressure hydrocephalus | ☐1 | 21a. | ☐1 | ☐2 | ☐3 |
| 22. | CNS Neoplasm | ☐1 | 22a. | ☐1 | ☐2 | ☐3 |
| 22b. | If **present**, select one:<br>☐1 Benign<br>☐2 Malignant | | | | | |
| 23. | Human immunodeficiency virus (HIV) infection | ☐1 | 23a. | ☐1 | ☐2 | ☐3 |
| 24. | Post COVID-19 cognitive impairment | ☐1 | 24a. | ☐1 | ☐2 | ☐3 |
| 25. | Sleep apnea *(i.e., obstructive, central, mixed or complex sleep apnea)* | ☐1 | 25a. | ☐1 | ☐2 | ☐3 |
| 26. | Cognitive impairment due to other neurologic, genetic, infectious conditions (*not listed above*), or systemic disease/medical illness (as indicated on Form A5/D2) | ☐1 | 26a. | ☐1 | ☐2 | ☐3 |
| 26b. | If **present, (SPECIFY):** _____ | | | | | |
| 27. | Cognitive impairment due to alcohol use or abuse | ☐1 | 27a. | ☐1 | ☐2 | ☐3 |
| 28. | Cognitive impairment due to substance use or abuse | ☐1 | 28a. | ☐1 | ☐2 | ☐3 |
| 29. | Cognitive impairment due to medications | ☐1 | 29a. | ☐1 | ☐2 | ☐3 |
| 30. | Cognitive impairment not otherwise specified (NOS) | ☐1 | 30a. | ☐1 | ☐2 | ☐3 |
| 30b. | If **present, (SPECIFY):** _____ | | | | | |
| 31. | Cognitive impairment not otherwise specified (NOS) | ☐1 | 31a. | ☐1 | ☐2 | ☐3 |
| 31b. | If **present, (SPECIFY):** _____ | | | | | |
| 32. | Cognitive impairment not otherwise specified (NOS) | ☐1 | 32a. | ☐1 | ☐2 | ☐3 |
| 32b. | If **present, (SPECIFY):** _____ | | | | | |