

FOLLOW-UP VISIT PACKET NACC UNIFORM DATA SET (UDS) DOWN SYNDROME MODULE

Form B2D: DLD Summary Page

ADRC name: _____ Participant ID: _____ Form date: ____/____/____
 Visit #: _____ Examiner's initials: _____

INSTRUCTIONS: For DLD purchasing information, see **Down Syndrome Module Coding Guidebook for Follow-up Visit Packet, Form B2D.**

Summary: Dementia Questionnaire for People With Learning Disabilities

Category →	1	2	3	4	5	6	7	8
Totals ↓	Short-term memory	Long-term memory	Spatial & temporal orientation	Speech	Practical skills	Mood	Activity & interest	Behavioral disturbance
Page 2					X	X	X	X
Page 3	X			X		X		
Page 4		X				X		
Page 5		X	X			X		X
Page 6					X	X		
Page 7		X	X	X	X			
Page 8	X			X			X	
Page 9	X			X	X		X	X
Page 10	X	X	X	X			X	X
Category total								

SCS = Sum of cognitive scores (1 – 3):

SOS = Sum of social scores (4 – 8):