

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

Form D1D: Clinician Exam and Diagnosis

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

Visit #: ____ Examiner's initials: ____

INSTRUCTIONS: This form is to be completed by the clinician. For additional clarification and examples, see **Down Syndrome Coding Guidebook for Follow-up Visit Packet, Form D1D**. Check only one box per question.

1. Head circumference	_____ cm (777 = provided at previous visit, 888 = Not assessed)
2. Pathological reflexes — grasp	<input type="checkbox"/> 1 Absent <input type="checkbox"/> 2 Present <input type="checkbox"/> 9 Unknown/not assessed
3. Pathological reflexes — snout	<input type="checkbox"/> 1 Absent <input type="checkbox"/> 2 Present <input type="checkbox"/> 9 Unknown/not assessed
4. Pathological reflexes — rooting	<input type="checkbox"/> 1 Absent <input type="checkbox"/> 2 Present <input type="checkbox"/> 9 Unknown/not assessed
5. What is the participant's chromosome diagnosis?	<input type="checkbox"/> 1 Trisomy 21 <input type="checkbox"/> 2 Translocation DS <input type="checkbox"/> 3 Mosaic DS <input type="checkbox"/> 7 Provided at previous visit <input type="checkbox"/> 9 Unknown/not assessed
6. What is the participant's cognitive status?	<input type="checkbox"/> 1 Cognitively stable <input type="checkbox"/> 2 MCI-DS <input type="checkbox"/> 3 Dementia <input type="checkbox"/> 9 Unable to determine