

**FOLLOW-UP VISIT PACKET** NACC UNIFORM DATA SET (UDS) — FTLD MODULE

# Form B3F: Supplemental UPDRS

Center: \_\_\_\_\_ Subject ID: \_\_\_\_\_ Form Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: This form is to be completed by the clinician or other trained health professional.**  
**For additional clarification and examples, see FTLD Module Coding Guidebook for**  
**Follow-up Visit Packet, Form B3F. Check only one box per question.**

Visit #: \_\_\_\_\_  
 Examiner's initials: \_\_\_\_\_

		Not to a degree that would justify such a diagnosis	Yes — with asymmetry		Yes — without major asymmetry	Untestable
			L>R	R>L		
<b>SECTION A</b>						
<b>A1.</b>	Does the subject have limb or torso fasciculations consistent with a diagnosis of spinal muscular atrophy (SMA) or amyotrophic lateral sclerosis (ALS)*?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
<b>A2.</b>	Does the subject have limb weakness and/or hyperreflexia consistent with a diagnosis of primary lateral sclerosis (PLS) or ALS*?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
<b>A3.</b>	Does the subject have bulbar weakness and/or fasciculations consistent with a diagnosis of ALS*?	<input type="checkbox"/> 0			<input type="checkbox"/> 3	
<b>A4.</b>	Does the subject have eye movement abnormalities consistent with a diagnosis of progressive supranuclear palsy (PSP)*?	<input type="checkbox"/> 0			<input type="checkbox"/> 3	
<b>A5.</b>	Does the subject have dystonia* or rigidity consistent with a diagnosis of corticobasal degeneration (CBD)*?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
<b>A6.</b>	Is there ideomotor apraxia* consistent with a diagnosis of CBD?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
<b>A7.</b>	Is the alien limb phenomenon* present consistent with a diagnosis of CBD?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 8
<b>A8.</b>	Is there myoclonus* consistent with a diagnosis of CBD?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	
<b>A9.</b>	Is there a cortical sensory deficit* consistent with a diagnosis of CBD?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8

**\*NOTE: For the items marked with an asterisk, definitions and explanations can be found in the FTLD Module Coding Guidebook for Follow-up Visit Packet, Form B3F.**

SECTION B Gait disturbances		
<b>B1.</b>	Severity	<input type="checkbox"/> 0 Normal <input type="checkbox"/> 1 Slight alteration in speed or fluidity of gait <input type="checkbox"/> 2 Walks with difficulty but requires no assistance <input type="checkbox"/> 3 Severe disturbance <input type="checkbox"/> 4 Cannot walk at all <input type="checkbox"/> 8 Untestable (SPECIFY REASON): _____
<b>B2.</b>	Type	<input type="checkbox"/> 0 Normal <input type="checkbox"/> 1 Hemiparetic (spastic) <input type="checkbox"/> 2 Foot drop gait (lower motor neuron) <input type="checkbox"/> 3 Ataxic gait <input type="checkbox"/> 4 Parkinsonian gait <input type="checkbox"/> 5 Apractic gait ("magnetic gait") <input type="checkbox"/> 6 Antalgic gait <input type="checkbox"/> 7 Other gait disorder not listed above (SPECIFY): _____ <input type="checkbox"/> 8 Untestable (SPECIFY REASON): _____