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

Form E3F: Imaging in Diagnosis

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

Visit #: _ _ _

Examiner's initials: _ _ _

NOTE: This form is to be completed by the clinician or imaging specialist involved in interpreting the scan. For additional clarification and examples, see FTLD Module Coding Guidebook for Follow-up Visit Packet, Form E3F. Check only one box per question.

	No	Yes	Unknown
1. Was imaging obtained as part of this visit for use in diagnosis? **If the answer is "0 (No)", SKIP THE REST OF THIS FORM.**	☐ 0	☐ 1	
STRUCTURAL MRI			
2. Was structural MRI done? **If "No", SKIP TO QUESTION 3.**	☐ 0	☐ 1	
2a. Was focal atrophy (beyond what would be expected for age) appreciated by visual inspection? **If "No" or "Unknown", SKIP TO QUESTION 3.**	☐ 0	☐ 1	☐ 9
Where was focal atrophy appreciated?			
2a1. Right frontal lobe	☐ 0	☐ 1	☐ 9
2a2. Left frontal lobe	☐ 0	☐ 1	☐ 9
2a3. Right temporal lobe	☐ 0	☐ 1	☐ 9
2a4. Left temporal lobe	☐ 0	☐ 1	☐ 9
2a5. Right medial temporal lobe	☐ 0	☐ 1	☐ 9
2a6. Left medial temporal lobe	☐ 0	☐ 1	☐ 9
2a7. Right parietal lobe	☐ 0	☐ 1	☐ 9
2a8. Left parietal lobe	☐ 0	☐ 1	☐ 9
2a9. Right basal ganglia	☐ 0	☐ 1	☐ 9
2a10. Left basal ganglia	☐ 0	☐ 1	☐ 9
2a11. Other area of the brain (SPECIFY BELOW): _____	☐ 0	☐ 1	☐ 9

	No	Yes	Unknown
FDG-PET			
3. Was FDG-PET done? **If "No", SKIP TO QUESTION 4.**	☐ 0	☐ 1	
3a. Was focal hypometabolism appreciated by visual inspection? **If "No" or "Unknown", SKIP TO QUESTION 4.**	☐ 0	☐ 1	☐ 9
Where was focal hypometabolism appreciated?			
3a1. Right frontal lobe	☐ 0	☐ 1	☐ 9
3a2. Left frontal lobe	☐ 0	☐ 1	☐ 9
3a3. Right temporal lobe	☐ 0	☐ 1	☐ 9
3a4. Left temporal lobe	☐ 0	☐ 1	☐ 9
3a5. Right medial temporal lobe	☐ 0	☐ 1	☐ 9
3a6. Left medial temporal lobe	☐ 0	☐ 1	☐ 9
3a7. Right parietal lobe	☐ 0	☐ 1	☐ 9
3a8. Left parietal lobe	☐ 0	☐ 1	☐ 9
3a9. Right basal ganglia	☐ 0	☐ 1	☐ 9
3a10. Left basal ganglia	☐ 0	☐ 1	☐ 9
3a11. Other area of the brain (SPECIFY BELOW): _____	☐ 0	☐ 1	☐ 9

	No	Yes	Unknown
AMYLOID PET			
4. Was amyloid PET done? **If "No", SKIP TO QUESTION 5.**	☐ 0	☐ 1	
4a. Was amyloid deposition appreciated by visual inspection? **If "No" or "Unknown", SKIP TO QUESTION 5.**	☐ 0	☐ 1	☐ 9
Where was amyloid deposition noted?			
4a1. Right frontal lobe	☐ 0	☐ 1	☐ 9
4a2. Left frontal lobe	☐ 0	☐ 1	☐ 9
4a3. Right temporal lobe	☐ 0	☐ 1	☐ 9
4a4. Left temporal lobe	☐ 0	☐ 1	☐ 9
4a5. Right medial temporal lobe	☐ 0	☐ 1	☐ 9
4a6. Left medial temporal lobe	☐ 0	☐ 1	☐ 9
4a7. Right parietal lobe	☐ 0	☐ 1	☐ 9
4a8. Left parietal lobe	☐ 0	☐ 1	☐ 9
4a9. Right basal ganglia	☐ 0	☐ 1	☐ 9
4a10. Left basal ganglia	☐ 0	☐ 1	☐ 9
4a11. Other area of the brain (SPECIFY BELOW): _____	☐ 0	☐ 1	☐ 9

	No	Yes	Unknown
CBF SPECT			
5. Was CBF SPECT done? **If "No", SKIP TO QUESTION 6.**	☐ 0	☐ 1	
5a. Were abnormalities appreciated by visual inspection? **If "No" or "Unknown", SKIP TO QUESTION 6.**	☐ 0	☐ 1	☐ 9
Where were abnormalities noted?			
5a1. Right frontal lobe	☐ 0	☐ 1	☐ 9
5a2. Left frontal lobe	☐ 0	☐ 1	☐ 9
5a3. Right temporal lobe	☐ 0	☐ 1	☐ 9
5a4. Left temporal lobe	☐ 0	☐ 1	☐ 9
5a5. Right medial temporal lobe	☐ 0	☐ 1	☐ 9
5a6. Left medial temporal lobe	☐ 0	☐ 1	☐ 9
5a7. Right parietal lobe	☐ 0	☐ 1	☐ 9
5a8. Left parietal lobe	☐ 0	☐ 1	☐ 9
5a9. Right basal ganglia	☐ 0	☐ 1	☐ 9
5a10. Left basal ganglia	☐ 0	☐ 1	☐ 9
5a11. Other area of the brain (SPECIFY BELOW): _____	☐ 0	☐ 1	☐ 9

	No	Yes	Unknown
OTHER IMAGING			
6. Was other imaging done?	☐ 0	☐ 1	
If yes, specify: _____			