

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

Form Z1F: Form Checklist

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

NOTE: This form is to be completed by clinic staff.

Visit #: _____

Examiner's initials: _____

NACC expects and intends that all FTLD forms will be attempted on all subjects being evaluated for the FTLD Module of the UDS, but we realize this may be impossible when the subject is terminally ill, or when there is no informant, or for other reasons. Nevertheless, NACC **requires** that Forms B3F, B9F, C1F, C2F, C3F, E2F, and E3F be submitted for a subject to be included in the FTLD Module of the UDS database, even though these forms may include some missing data.

For forms **not** designated as required, if it is not feasible to collect all or almost all of the data elements for a subject, and the ADC therefore decides not to attempt collection of those data, an explanation should be provided. Please indicate this decision by including the appropriate explanatory code and any additional comments.

KEY: If the specified form was not completed, please enter one of the following codes:
95=Physical problem **96=Cognitive/behavior problem** **97=Other problem** **98=Verbal refusal** **99=Unknown or inadequate information**

Form	Description	Submitted:		If not submitted, specify reason (see key, above)	Comments (provide if needed)
		Yes	No		
A3aF	Record of Consent for Biologic Specimen Use	<input type="checkbox"/> 1	<input type="checkbox"/> 0	____	
A3F	Family History: Affected Family Members	<input type="checkbox"/> 1	<input type="checkbox"/> 0	____	
B3F	Supplemental UPDRS	Required			
B9F	Clinical PPA and bvFTD Features	Required			
C1F	Neuropsychological Battery Summary Scores	Required			
C2F	Social Norms Questionnaire	Required			
C3F	Social Behavior Observer Checklist	Required			
C4F	Behavioral Inhibition Scale	<input type="checkbox"/> 1	<input type="checkbox"/> 0	____	
C5F	Interpersonal Reactivity Index	<input type="checkbox"/> 1	<input type="checkbox"/> 0	____	
C6F	Revised Self-monitoring Scale	<input type="checkbox"/> 1	<input type="checkbox"/> 0	____	
E2F	Imaging Available	Required			
E3F	Imaging in Diagnosis	Required			