

INITIAL 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 Initial 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		
SECTION A						
A1.	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	
A2.	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	
A3.	Does the subject have bulbar weakness and/or fasciculations consistent with a diagnosis of ALS*?	<input type="checkbox"/> 0			<input type="checkbox"/> 3	
A4.	Does the subject have eye movement abnormalities consistent with a diagnosis of progressive supranuclear palsy (PSP)*?	<input type="checkbox"/> 0			<input type="checkbox"/> 3	
A5.	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	
A6.	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
A7.	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
A8.	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	
A9.	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 Initial Visit Packet, Form B3F.**

SECTION B Gait disturbances		
B1.	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): _____
B2.	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): _____