

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

Form B3F: Supplemental UPDRS

ADC name: _____ Subject ID: _____ Form date: ____ / ____ / _____
 Visit #: _____ Examiner's initials: _____

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

	Not to a degree that would justify such a diagnosis	Yes — with asymmetry		Yes — without major asymmetry
		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
SECTION B Gait disturbances				
B1. Gait disturbance — 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. Gait disturbance — 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): _____			

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