

Form Z1X: Form Checklist

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

INSTRUCTIONS: This form is to be completed by clinic personnel.

NACC expects and intends that all UDS forms will be attempted on all subjects, but we realize this may be impossible when the patient is terminally ill, or when there is no co-participant, or for other reasons. An explanation is required below for forms that are not submitted.

UDS

Form	Language:		Description	Submitted:		If not submitted, specify reason (see KEY):
	English	Spanish		Yes	No	
A1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Subject Demographics	Required		
A2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Co-participant Demographics	<input type="checkbox"/> 1	<input type="checkbox"/> 0	— —
A3	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Subject Family History	<input type="checkbox"/> 1	<input type="checkbox"/> 0	— —
A4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Subject Medications	<input type="checkbox"/> 1	<input type="checkbox"/> 0	— —
B1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	EVALUATION FORM Physical	<input type="checkbox"/> 1	<input type="checkbox"/> 0	— —
B4	<input type="checkbox"/> 1	<input type="checkbox"/> 2	CDR® Plus NACC FTLD	Required		
B5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	BEHAVIORAL ASSESSMENT NPI-Q	<input type="checkbox"/> 1	<input type="checkbox"/> 0	— —
B6	<input type="checkbox"/> 1	<input type="checkbox"/> 2	BEHAVIORAL ASSESSMENT GDS	<input type="checkbox"/> 1	<input type="checkbox"/> 0	— —
B7	<input type="checkbox"/> 1	<input type="checkbox"/> 2	FUNCTIONAL ASSESSMENT NACC FAS	<input type="checkbox"/> 1	<input type="checkbox"/> 0	— —
B8	<input type="checkbox"/> 1	<input type="checkbox"/> 2	EVALUATION FORM Neurological Examination Findings	Required		
B9	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Clinician Judgment of Symptoms	Required		
C1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Neuropsychological Battery Summary Scores	Either C1 or C2 is required		
C2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Neuropsychological Battery Scores			
D1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Clinician Diagnosis	Required		
D2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Clinician-assessed Medical Conditions	Required		

FTLD MODULE

Form	Language:		Description	Submitted:		If not submitted, specify reason (see KEY*):
	English	Spanish		Yes	No	
A3a	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Record of Consent for Biologic Specimen Use	<input type="checkbox"/> 1	<input type="checkbox"/> 0	— —
B3F	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Supplemental UPDRS	Required		
B9F	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Clinical PPA and bvFTD Features	Required		
C1F	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Neuropsychological Battery Summary Scores	Required		
C2F	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Social Norms Questionnaire	Required		
C3F	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Social Behavior Observer Checklist	Required		
C4F	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Behavioral Inhibition Scale	<input type="checkbox"/> 1	<input type="checkbox"/> 0	— —
C5F	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Interpersonal Reactivity Index	<input type="checkbox"/> 1	<input type="checkbox"/> 0	— —
C6F	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Revised Self-monitoring Scale	<input type="checkbox"/> 1	<input type="checkbox"/> 0	— —
E2F	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Imaging Available	Required		
E3F	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Imaging in Diagnosis	Required		

CLS FORM

Form	Language:		Description	Submitted:		
	English	Spanish		Yes	No	
CLS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Subject's Language History	<input type="checkbox"/> 1	<input type="checkbox"/> 0	Submit only once

KEY: If the specified form was not completed, please enter one of the following codes: 95=Physical problem 96=Cognitive or behavioral problem 97=Other problem 98=Verbal refusal
 *KEY FOR FTLD MODULE ONLY: Allowable codes are 95 – 98 as above, as well as 99=Unknown or inadequate information.

LBD MODULE V3.0 — ORIGINAL VERSION

Form	Description	Submitted:	
		Yes	No
B1L	Clinical Symptoms and Exam	Required	
B2L	UPDRS II: Activities of Daily Living	Required	
B3L	UPDRS III: Motor Examination	Required	
B4L	Neuropsychiatric Inventory (NPI)	Required	
B5L	Mayo Fluctuations Scale	Required	
B6L	Mayo Sleep Questionnaire — Participant	Required	
B7L	Mayo Sleep Questionnaire — Co-participant	Required	
B8L	Scopa Sleep — Participant	Required	
B9L	Scopa Sleep — Co-participant	Required	
C1L	Neuropsychological Battery Summary Scores	Required	
E1L	Genetics	Required	
E2L	Neuroimaging Available and Findings	Required	
E3L	Other Labs and Findings	Required	
D1L	Clinical DLB and PD Features	Required	

LBD MODULE V3.1 — SHORT VERSION

Form	Description	Submitted:		If not submitted, specify reason (see KEY)*:
		Yes	No	
B1L	Clinical Symptoms and Exam	Required		
B2L	UPDRS II: Activities of Daily Living	<input type="checkbox"/> 1	<input type="checkbox"/> 0	— —
B3L	UPDRS III: Motor Examination	Required		
B4L	Neuropsychiatric Inventory (NPI)	Required		
B5L	Mayo Fluctuations Scale	Required		
B6L	Mayo Sleep Questionnaire — Participant	<input type="checkbox"/> 1	<input type="checkbox"/> 0	— —
B7L	Mayo Sleep Questionnaire — Co-participant	Required		
B9L	Scopa Sleep — Co-participant	Required		
C1L	Neuropsychological Battery Summary Scores	Required		
E1L	Genetics	Required		
E2L	Neuroimaging Available and Findings	Required		
E3L	Other Labs and Findings	Required		
D1L	Clinical DLB and PD Features	Required		

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