INITIAL VISIT PACKET NACC UNIFORM DATA SET (UDS) **FTLD MODULE**

Form E3F: Imaging in Diagnosis

ADC name: _____ Subject ID: _ _ _ _ _ _ _ _ _ _ Form date: _ _ / _ _ / _ _ _ _

Visit #: _ _ _ Examiner's initials: _ _ _

INSTRUCTIONS: 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 Initial 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

	No	Yes	Unknown
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? **If "Yes", specify:** _____	☐ 0	☐ 1	