

# 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	<b>Required</b>		
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	— —
A5	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Subject Health History	<b>Required</b>		
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	<b>Required</b>		
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	<b>Required</b>		
B9	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Clinician Judgment of Symptoms	<b>Required</b>		
C2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Neuropsychological Battery Scores	<b>Required</b>		
D1	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Clinician Diagnosis	<b>Required</b>		
D2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Clinician-assessed Medical Conditions	<b>Required</b>		

## 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	<b>Required</b>		
B9F	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Clinical PPA and bvFTD Features	<b>Required</b>		
C1F	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Neuropsychological Battery Summary Scores	<b>Required</b>		
C2F	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Social Norms Questionnaire	<b>Required</b>		
C3F	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Social Behavior Observer Checklist	<b>Required</b>		
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	<b>Required</b>		
E3F	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Imaging in Diagnosis	<b>Required</b>		

## 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	<b>Submit only once</b>

**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	<b>Required</b>	
B2L	UPDRS II: Activities of Daily Living	<b>Required</b>	
B3L	UPDRS III: Motor Examination	<b>Required</b>	
B4L	Neuropsychiatric Inventory (NPI)	<b>Required</b>	
B5L	Mayo Fluctuations Scale	<b>Required</b>	
B6L	Mayo Sleep Questionnaire — Participant	<b>Required</b>	
B7L	Mayo Sleep Questionnaire — Co-participant	<b>Required</b>	
B8L	Scopa Sleep — Participant	<b>Required</b>	
B9L	Scopa Sleep — Co-participant	<b>Required</b>	
C1L	Neuropsychological Battery Summary Scores	<b>Required</b>	
E1L	Genetics	<b>Required</b>	
E2L	Neuroimaging Available and Findings	<b>Required</b>	
E3L	Other Labs and Findings	<b>Required</b>	
D1L	Clinical DLB and PD Features	<b>Required</b>	

**LBD MODULE V3.1 — SHORT VERSION**

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

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