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

Form B1L: Clinical Symptoms and Exam

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

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

INSTRUCTIONS: This form is to be completed by a clinician or other trained health professional. For additional clarification and examples, see LBD Module Coding Guidebook for Follow-up Visit Packet, Form B1L. Check only one box per question.

AUTONOMIC SYMPTOMS CHECKLIST

In the past six months ...	**No**	**Yes**	**Unknown**
1. Does the participant dribble saliva during the day?	☐ 0	☐ 1	☐ 9
2. Does the participant have difficulty swallowing?	☐ 0	☐ 1	☐ 9
3. Does the participant have altered interest in sex?	☐ 0	☐ 1	☐ 9
4. Does the participant have problems having sex?	☐ 0	☐ 1	☐ 9
5. Does the participant have a recent change in weight (not related to dieting)?	☐ 0	☐ 1	☐ 9
6. Does the participant report a change in the ability to taste or smell?	☐ 0	☐ 1	☐ 9
7. Does the participant experience excessive sweating (not related to hot weather)?	☐ 0	☐ 1	☐ 9
8. Does the participant report having difficulty tolerating cold weather?	☐ 0	☐ 1	☐ 9
9. Does the participant report having difficulty tolerating hot weather?	☐ 0	☐ 1	☐ 9
10. Does the participant experience double vision (two separate real objects, and not blurred vision)?	☐ 0	☐ 1	☐ 9
11. Does the participant have problems with constipation?	☐ 0	☐ 1	☐ 9
12. Does the participant have to strain to pass hard stools?	☐ 0	☐ 1	☐ 9
13. Has the participant had involuntary loss of stools?	☐ 0	☐ 1	☐ 9
14. Has the participant had the feeling that after passing urine, their bladder was not completely empty?	☐ 0	☐ 1	☐ 9
15. Has the participant's stream of urine been weak or reduced?	☐ 0	☐ 1	☐ 9
16. Has the participant had to pass urine within two hours of the previous urination?	☐ 0	☐ 1	☐ 9
17. Has the participant complained of feeling light-headed or dizzy when standing up?	☐ 0	☐ 1	☐ 9
18. Has the participant become light-headed after standing for some time?	☐ 0	☐ 1	☐ 9
19. Has the participant fainted?	☐ 0	☐ 1	☐ 9

20. Indicate the first predominant symptom to appear during the participant's lifetime: (SELECT ONLY ONE)

- ☐ 0 Provided at previous visit
- ☐ 1 Dribbling saliva during the day
- ☐ 2 Difficulty swallowing
- ☐ 3 Altered interest in sex
- ☐ 4 Problems having sex
- ☐ 5 Recent change in weight not related to dieting
- ☐ 6 Change in the ability to taste or smell
- ☐ 7 Excessive sweating
- ☐ 8 Difficulty tolerating cold weather
- ☐ 9 Difficulty tolerating hot weather
- ☐ 10 Double vision
- ☐ 11 Constipation
- ☐ 12 Straining to pass hard stools
- ☐ 13 Involuntary loss of stools
- ☐ 14 Feeling after passing urine that bladder is not completely empty
- ☐ 15 Stream of urine weak or reduced
- ☐ 16 Passing urine within two hours of previous urination
- ☐ 17 Feeling light-headed or dizzy when standing up
- ☐ 18 Feeling light-headed after standing for some time
- ☐ 19 Fainting
- ☐ 88 Not applicable — never experienced any of these symptoms
- ☐ 99 Unknown

21. At what age did the first predominant symptom appear? ___ ___ ___ *(777= Provided at previous visit; 888=Not applicable; 999=Unknown)*

MEASUREMENTS		
Supine position	22. Systolic blood pressure:	___ ___ ___ *(888=Not assessed)*
	23. Diastolic blood pressure:	___ ___ ___ *(888=Not assessed)*
	24. Heart rate:	___ ___ ___ *(888=Not assessed)*
Standing position	25. Systolic blood pressure:	___ ___ ___ *(888=Not assessed)*
	26. Diastolic blood pressure:	___ ___ ___ *(888=Not assessed)*
	27. Heart rate:	___ ___ ___ *(888=Not assessed)*

AGE OF ONSET OF NON-MOTOR SYMPTOMS	
28. Age of onset of probable REM sleep behavior disorder:	___ ___ ___ *(777= Provided at previous visit; 888=Not applicable; 999=Unknown)*
29. Age of onset of impaired smell:	___ ___ ___ *(777= Provided at previous visit; 888=Not applicable; 999=Unknown)*

AGE OF ONSET OF MOTOR SYMPTOMS	
30. Age of onset of gait disorder:	___ ___ ___ *(777= Provided at previous visit; 888=Not applicable; 999=Unknown)*
31. Age of onset of falls:	___ ___ ___ *(777= Provided at previous visit; 888=Not applicable; 999=Unknown)*
32. Age of onset of tremor:	___ ___ ___ *(777= Provided at previous visit; 888=Not applicable; 999=Unknown)*
33. Age of onset of bradykinesia:	___ ___ ___ *(777= Provided at previous visit; 888=Not applicable; 999=Unknown)*

34. WAS A STANDARDIZED SCALE OF AUTONOMIC SYMPTOMS COMPLETED AT THIS VISIT?

☐ 0 No **(END FORM HERE)**

☐ 1 Yes **(CONTINUE TO QUESTIONS 34a and 34b)**

34a. If yes, which version?

☐ 1 NMSS

☐ 2 SCOPA-AUT

☐ 8 Other (SPECIFY): _____

34b. If yes, what was the score? _____ *(999 = Unknown)*