

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

Form C1L: Neuropsychological Battery Scores

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

INSTRUCTIONS: This form is to be completed by ADC or clinic staff. For test administration and scoring, see LBD Module Coding Guidebook for Follow-up Visit Packet, Form C1L.

KEY: If the participant cannot complete any of the following exams, please give the reason by entering one of the following codes:
 95/995=Physical problem 96/996=Cognitive/behavior problem 97/997=Other problem 98/998=Verbal refusal

1. Speeded Attention Task <i>If test not completed, enter reason code (995 – 998) for Question 1a, and SKIP TO QUESTION 2</i>	
1a. Raw Word Score:	____ ____ (0 – 150, 995 – 998)
1b. Raw Color Score:	____ ____ (0 – 150)
1c. Raw Color-word score:	____ ____ (0 – 150)
2. Noise Pareidolia Task <i>If test not completed, enter reason code (95 – 98) for Question 2a, and END FORM HERE</i>	
2a. Correct YES Face Responses:	____ ____ (0 – 7, 95 – 98)
2b. Correct NO Noise Responses:	____ ____ (0 – 13)
2c. Total YES and NO Correct:	____ ____ (0 – 20)
2d. Pareidolia (Illusory) Responses:	____ ____ (0 – 13)