

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

Form B2L: UPDRS Part II — Activities of Daily Living (Determine for “On/Off”)¹

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

Visit #: _____ Examiner’s initials: _____

INSTRUCTIONS: This form is to be completed by the clinician or other trained health professional. For additional clarification and examples, see LBD Module Coding Guidebook for Initial Visit Packet, Form B2L. Check only one box per question.

<p>1. Speech</p>
<p><input type="checkbox"/>0 Normal.</p> <p><input type="checkbox"/>1 Mildly affected. No difficulty being understood.</p> <p><input type="checkbox"/>2 Moderately affected. Sometimes asked to repeat statements.</p> <p><input type="checkbox"/>3 Severely affected. Frequently asked to repeat statements.</p> <p><input type="checkbox"/>4 Unintelligible most of the time.</p> <p><input type="checkbox"/>8 Not applicable.</p> <p><input type="checkbox"/>9 Unknown.</p>
<p>2. Salivation</p>
<p><input type="checkbox"/>0 Normal.</p> <p><input type="checkbox"/>1 Slight but definite excess of saliva in mouth; may have night time drooling.</p> <p><input type="checkbox"/>2 Moderately excessive saliva; may have minimal drooling.</p> <p><input type="checkbox"/>3 Marked excess of saliva with some drooling.</p> <p><input type="checkbox"/>4 Marked drooling, requires constant tissue or handkerchief.</p> <p><input type="checkbox"/>8 Not applicable.</p> <p><input type="checkbox"/>9 Unknown.</p>
<p>3. Swallowing</p>
<p><input type="checkbox"/>0 Normal.</p> <p><input type="checkbox"/>1 Rare choking.</p> <p><input type="checkbox"/>2 Occasional choking.</p> <p><input type="checkbox"/>3 Requires soft food.</p> <p><input type="checkbox"/>4 Requires NG tube or gastrostomy feeding.</p> <p><input type="checkbox"/>8 Not applicable.</p> <p><input type="checkbox"/>9 Unknown.</p>

¹Fahn S, Elton RL, UPDRS Development Committee. The Unified Parkinson’s Disease Rating Scale. In Fahn S, Marsden CD, Calne DB, Goldstein M, eds. Recent developments in Parkinson’s disease, Vol. 2. Florham Park, NJ: Macmillan Healthcare Information, 1987:153-163, 293-304. Reproduced by permission of the author.

4. Handwriting

- 0 Normal.
- 1 Slightly slow or small.
- 2 Moderately slow or small; all words are legible.
- 3 Severely affected; not all words are legible.
- 4 The majority of words are not legible.
- 8 Not applicable.
- 9 Unknown.

5. Cutting food and handling utensils

- 0 Normal.
- 1 Somewhat slow and clumsy, but no help needed.
- 2 Can cut most foods, although clumsy and slow; some help needed.
- 3 Food must be cut by someone, but can still feed slowly.
- 4 Needs to be fed.
- 8 Not applicable.
- 9 Unknown.

6. Dressing

- 0 Normal.
- 1 Somewhat slow, but no help needed.
- 2 Occasional assistance with buttoning, getting arms in sleeves.
- 3 Considerable help required, but can do some things alone.
- 4 Helpless.
- 8 Not applicable.
- 9 Unknown.

7. Hygiene

- 0 Normal.
- 1 Somewhat slow, but no help needed.
- 2 Needs help to shower or bathe; or very slow in hygienic care.
- 3 Requires assistance for washing, brushing teeth, combing hair, going to bathroom.
- 4 Foley catheter or other mechanical aids.
- 8 Not applicable.
- 9 Unknown.

8. Turning in bed and adjusting bedclothes

- 0 Normal.
- 1 Somewhat slow and clumsy, but no help needed.
- 2 Can turn alone or adjust sheets, but with great difficulty.
- 3 Can initiate, but not turn or adjust sheets alone.
- 4 Helpless.
- 8 Not applicable.
- 9 Unknown.

9. Falling (unrelated to freezing)

- 0 None.
- 1 Rare falling.
- 2 Occasionally falls, less than once per day.
- 3 Falls an average of once daily.
- 4 Falls more than once daily.
- 8 Not applicable.
- 9 Unknown.

10. Freezing when walking

- 0 None.
- 1 Rare freezing when walking; may have start-hesitation.
- 2 Occasional freezing when walking.
- 3 Frequent freezing. Occasionally falls from freezing.
- 4 Frequent falls from freezing.
- 8 Not applicable.
- 9 Unknown.

11. Walking

- 0 Normal.
- 1 Mild difficulty. May not swing arms or may tend to drag leg.
- 2 Moderate difficulty, but requires little or no assistance.
- 3 Severe disturbance of walking, requiring assistance.
- 4 Cannot walk at all, even with assistance.
- 8 Not applicable.
- 9 Unknown.

12. Tremor

- 0 Absent.
- 1 Slight and infrequently present.
- 2 Moderate; bothersome to participant.
- 3 Severe; interferes with many activities.
- 4 Marked; interferes with most activities.
- 8 Not applicable.
- 9 Unknown.

13. Sensory complaints related to parkinsonism

- 0 None.
- 1 Occasionally has numbness, tingling, or mild aching.
- 2 Frequently has numbness, tingling, or aching; not distressing.
- 3 Frequent painful sensations.
- 4 Excruciating pain.
- 8 Not applicable.
- 9 Unknown.