

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

Form B5L: Mayo Fluctuations Scale

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, based on co-participant response. For additional clarification and examples, see LBD Module Coding Guidebook for Initial Visit Packet, Form B5L. Check only one box per question.

DIRECTIONS: Please mark the answer that best describes the participant within the past 6 months.

<p>1. Is the participant drowsy and lethargic during the day, despite getting enough sleep the night before?</p>	<p><input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown</p>
<p>2. Does the participant sleep 2 or more hours during the day (before 7:00 p.m.)?</p>	<p><input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown</p>
<p>3. Are there times when the participant's flow of ideas is disorganized, unclear, or not logical?</p>	<p><input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown</p>
<p>4. Does the participant tend to stare into space for long periods of time?</p>	<p><input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 9 Unknown</p>