

INITIAL 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 Initial 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

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|---|--------------------------------|
| 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) |