

FOLLOW-UP VISIT PACKET NACC UNIFORM DATA SET (UDS) LBD MODULE V3.1 SHORT VERSION

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?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
2. Does the participant have difficulty swallowing?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
6. Does the participant report a change in the ability to taste or smell?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
7. Does the participant experience excessive sweating (not related to hot weather)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
11. Does the participant have problems with constipation?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
14. Has the participant had the feeling that after passing urine, their bladder was not completely empty?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
17. Has the participant complained of feeling light-headed or dizzy when standing up?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
18. Has the participant become light-headed after standing for some time?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
19. Has the participant fainted?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9

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

MEASUREMENTS	Standing position	Sitting position
Systolic blood pressure:	25a. ____ ____ ____ (888=Not assessed)	25b. ____ ____ ____ (888=Not assessed)
Diastolic blood pressure:	26a. ____ ____ ____ (888=Not assessed)	26b. ____ ____ ____ (888=Not assessed)
Heart rate:	27a. ____ ____ ____ (888=Not assessed)	27b. ____ ____ ____ (888=Not assessed)

AGE OF ONSET OF NON-MOTOR SYMPTOMS

28. Age of onset of probable REM sleep behavior disorder:	____ ____ ____ (777=Provided at a previous visit; 888=Not applicable; 999=Unknown)
29. Age of onset of impaired smell:	____ ____ ____ (777=Provided at a previous visit; 888=Not applicable; 999=Unknown)

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