

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

# 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

<b>2. Noise Pareidolia Task</b> <i>If test not completed, enter reason code (95 – 98) for Question 2a, and END FORM HERE</i>	
2a. Correct <b>YES</b> Face Responses:	___ ___ (0 – 7, 95 – 98)
2b. Correct <b>NO</b> Noise Responses:	___ ___ (0 – 13)
2c. Total <b>YES</b> and <b>NO</b> Correct:	___ ___ (0 – 20)
2d. Pareidolia (Illusory) Responses:	___ ___ (0 – 13)