

**INITIAL 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 Initial 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? \_\_\_\_ \_\_\_\_ \_\_\_\_ (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:	____ ____ ____ (888=Not applicable; 999=Unknown)
29. Age of onset of impaired smell:	____ ____ ____ (888=Not applicable; 999=Unknown)

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