

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

# Form D1L: Clinical DLB and PD Features

ADC name: \_\_\_\_\_ Subject ID: \_\_\_\_\_ Form date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Visit #: \_\_\_\_ Examiner's initials: \_\_\_\_

*INSTRUCTIONS: This form is to be completed by the clinician. For additional clarification and examples, see LBD Module Coding Guidebook for Initial Visit Packet, Form D1L. Check only one box per question.*

### Gateway question for cognitive symptoms

**1. Is an acquired disorder of cognition a prominent element of the clinical presentation of the participant? (I.e., at least one of the characteristics described in Questions 1a–1e is “Definitely present.”)**

0 No (SKIP TO QUESTION 2)

1 Yes (CONTINUE)

### Characterizing cognitive symptoms

Please indicate whether any of the features listed below are present during the current examination.	Absent	Questionably present	Definitely present	Not evaluated
1a. Episodic memory deficits	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
1b. Language deficits	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
1c. Attention deficits	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
1d. Executive deficits	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
1e. Visuo-perceptual deficits	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8

### Gateway question for motor symptoms

**2. Is an acquired disorder of movement a prominent element of the clinical presentation of the participant? (I.e., at least one of the characteristics described in Questions 2a–2h is “Definitely present.”)**

0 No (SKIP TO QUESTION 3)

1 Yes (CONTINUE)

### Characterizing motor symptoms

Please indicate whether any of the features listed below are present during the current examination.	Absent	Questionably present	Definitely present	Not evaluated
2a. Bradykinesia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
2b. Rigidity (with or without cogwheel characteristics)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
2c. Rest tremor	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
2d. Postural tremor	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
2e. Action tremor	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8

	Absent	Questionably present	Definitely present	Not evaluated
2f. Myoclonus	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
2g. Gait abnormality	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
2h. Postural instability	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8

### Gateway question for behavioral symptoms

**3. Is an acquired disorder of behavior a prominent element of the clinical presentation of the participant? (I.e., at least one of the characteristics described in Questions 3a–3e is “Definitely present.”)**

0 No (SKIP TO QUESTION 4)

1 Yes (CONTINUE)

### Characterizing behavioral symptoms

Please indicate whether any of the features listed below are present during the current examination.	Absent	Questionably present	Definitely present	Not evaluated
3a. Depression	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
3b. Apathy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
3c. Anxiety	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
3d. Hallucinations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
3e. Delusions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8

### Gateway question for autonomic or constitutional symptoms

**4. Is an acquired disorder of autonomic or constitutional features a prominent element of the clinical presentation of the participant? (I.e., at least one of the characteristics described in Questions 4a–4l is “Definitely present.”)**

0 No (SKIP TO QUESTION 5)

1 Yes (CONTINUE)

### Characterizing autonomic or constitutional symptoms

Please indicate whether any of the features listed below are present during the current examination.	Absent	Questionably present	Definitely present	Not evaluated
4a. REM sleep behavior disorder	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
4b. Obstructive sleep apnea	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
4c. Periodic leg movements of sleep	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
4d. Restless leg syndrome	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
4e. Excessive daytime sleepiness	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
4f. Cognitive fluctuations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
4g. Orthostatic hypotension	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8

	Absent	Questionably present	Definitely present	Not evaluated
4h. Constipation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
4i. Hyposmia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
4j. Falls	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
4k. Syncope	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
4l. Severe sensitivity to anti-psychotic agents	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
<b>Cognitive status and etiology</b>				
5. What is the participant's cognitive status?	<input type="checkbox"/> 1 Normal cognition <input type="checkbox"/> 2 Cognitively impaired, not MCI <input type="checkbox"/> 3 MCI <input type="checkbox"/> 4 Dementia			
6. Which etiologic diagnosis best characterizes the participant?	<input type="checkbox"/> 1 Dementia with Lewy bodies <input type="checkbox"/> 2 Parkinson's disease <input type="checkbox"/> 3 Alzheimer's disease <input type="checkbox"/> 4 Vascular disease <input type="checkbox"/> 5 FTLT <input type="checkbox"/> 6 Other <input type="checkbox"/> 8 Not applicable — no neurodegenerative disease and no cognitive impairment			