

**NACC Uniform Data Set (UDS)
 Follow-up Form B2: Evaluation Form – HIS and CVD**

Center: _____ ADC Subject ID: _____ Form Date: ___/___/___

NOTE: This form is to be completed by the clinician or other trained health professional. For additional clarification and examples, see UDS Coding Guidebook for Follow-up Visit Packet, Form B2.

ADC Visit #: _____

Examiner's initials: _____

HACHINSKI ISCHEMIC SCORE ¹		
Please complete the following scale using information obtained from history/physical/neurological exam and/or medical records. Circle the appropriate value to indicate if a specific item is present (<u>characteristic of the patient</u>) or absent.		
	Present	Absent
1. Abrupt onset (re: cognitive status)	2	0
2. Stepwise deterioration (re: cognitive status)	1	0
3. Somatic complaints	1	0
4. Emotional incontinence	1	0
5. History or presence of hypertension	1	0
6. History of stroke	2	0
7. Focal neurological symptoms	2	0
8. Focal neurological signs	2	0
9. Sum all circled answers for a Total Score:	— —	

¹ Rosen Modification of Hachinski Ischemic Score (*Ann Neurol* 7:486-488, 1980). Copyright© John Wiley & Sons, Inc. Reproduced by permission.

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ADC Visit #: _____

CEREBROVASCULAR DISEASE	Yes	No	N/A
10. Using your best judgment, do you believe that cerebrovascular disease (CVD) is contributing to the cognitive impairment?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
11. If there is a stroke, is there a temporal relationship between stroke and onset of cognitive impairment?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
12. Is there imaging evidence which supports that CVD is contributing to the cognitive impairment?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
12a. If yes, indicate which imaging evidence was found:			
1) Single strategic infarct	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
2) Multiple infarcts	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
3) Extensive white matter hyperintensity	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
4) Other (<i>specify</i>): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	