



NACC Uniform Data Set (UDS)

Follow-up Form B8: Evaluation – Physical/Neurological Exam Findings

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

NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook for Follow-up Visit Packet, Form B8. Check only one box per question.

ADC Visit #: _____

Examiner's initials: _____

PHYSICAL/NEUROLOGICAL EXAM FINDINGS	Yes	No	Unknown
1. Are all findings unremarkable (normal or normal for age)?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
2. Are focal deficits present indicative of central nervous system disorder?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
3. Is gait disorder present indicative of central nervous system disorder?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9
4. Are there eye movement abnormalities present indicative of central nervous system disorder?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 9