



NACC Uniform Data Set (UDS)

Follow-up Form C1: MMSE and Neuropsychological Battery

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

NOTE: This form is to be completed by ADC or clinic staff. For test administration and scoring, see UDS Coding Guidebook for Follow-up Visit Packet, Form C1. ADC Visit #: _____

Examiner's initials: _____

KEY: If the subject cannot complete any of the following exams, please use the following codes for test scores (except for the Trail Making Test):

- 95 = Physical problem
- 96 = Cognitive/behavior problem
- 97 = Other problem
- 98 = Verbal refusal

1. Mini-Mental State Examination			
1a. The administration of the MMSE was:	<input type="checkbox"/> 1 In ADC/clinic	<input type="checkbox"/> 2 In home	<input type="checkbox"/> 3 In person—other
1) Language of MMSE administration:	<input type="checkbox"/> 1 English	<input type="checkbox"/> 2 Spanish	<input type="checkbox"/> 3 Other (<i>specify</i>): _____
1b. Orientation subscale score			
1) Time:	___	___	(0–5) <i>see Key</i>
2) Place:	___	___	(0–5) <i>see Key</i>
1c. Intersecting pentagon subscale score:	___	___	(0–1) <i>see Key</i>
1d. Total MMSE score (using D-L-R-O-W)	___	___	(0–30) <i>see Key</i>

2. The remainder of the battery (below) was administered:			
	<input type="checkbox"/> 1 In ADC/clinic	<input type="checkbox"/> 2 In home	<input type="checkbox"/> 3 In person—other
2a. Language of test administration:	<input type="checkbox"/> 1 English	<input type="checkbox"/> 2 Spanish	<input type="checkbox"/> 3 Other (<i>specify</i>): _____

3. Logical Memory IA – Immediate			
3a. If this test has been administered to the subject within the past 3 months, specify the date previously administered:	___/___/_____		(88/88/8888 = N/A)
1) Total score from the previous test administration:	___	___	(0–25; 88 = N/A)
3b. Total number of story units recalled from this current test administration:	___	___	(0–25) <i>see Key</i>
4. Digit Span Forward			
4a. Total number of trials correct prior to two consecutive errors at the same digit length:	___	___	(0–12) <i>see Key</i>
4b. Digit span forward length:	___	___	(0–8) <i>see Key</i>

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5. Digit Span Backward		
5a. Total number of trials correct prior to two consecutive errors at the same digit length:	___	(0-12) <i>see Key</i>
5b. Digit span backward length:	___	(0-7) <i>see Key</i>
6. Category Fluency		
6a. Animals – Total number of animals named in 60 seconds:	___	(0-77) <i>see Key</i>
6b. Vegetables – Total number of vegetables named in 60 seconds:	___	(0-77) <i>see Key</i>

KEY 2: If necessary, use the following codes for the Trail Making Test only:
 995 = Physical problem 997 = Other problem
 996 = Cognitive/behavior problem 998 = Verbal refusal

7. Trail Making Test		
7a. Part A–Total number of seconds to complete (if not finished by 150 seconds, enter 150):	___	(0-150) <i>see Key 2</i>
1) Number of commission errors	___	(0-40; 88 = N/A)
2) Number of correct lines	___	(0-24; 88 = N/A)
7b. Part B–Total number of seconds to complete (if not finished by 300 seconds, enter 300):	___	(0-300) <i>see Key 2</i>
1) Number of commission errors	___	(0-40; 88 = N/A)
2) Number of correct lines	___	(0-24; 88 = N/A)

8. WAIS-R Digit Symbol		
8a. Total number of items correctly completed in 90 seconds:	___	(0-93) <i>see Key</i>
9. Logical Memory IIA – Delayed		
9a. Total number of story units recalled:	___	(0-25) <i>see Key</i>
9b. Time elapsed since Logical Memory IA – Immediate:	___	(0-85 minutes) (88 = N/A) (99 = Unknown)
10. Boston Naming Test (30 Odd-numbered items)		
10a. Total score:	___	(0-30) <i>see Key</i>

Check only one box below:

11. Overall Appraisal		
11a. Based on the UDS neuropsychological examination, the subject’s cognitive status is deemed:	<input type="checkbox"/> 1 Better than normal for age	<input type="checkbox"/> 4 Three or more scores are abnormal or lower than expected
	<input type="checkbox"/> 2 Normal for age	
	<input type="checkbox"/> 3 One or two test scores abnormal	<input type="checkbox"/> 0 Clinician unable to render opinion