



**NACC Uniform Data Set (UDS) – Initial Visit Packet**  
**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 Initial Visit Packet, Form B8. Check only one box per question.**

ADC Visit #: \_\_\_\_\_

Examiner's initials: \_\_\_\_\_

<b>PHYSICAL/NEUROLOGICAL EXAM FINDINGS</b>	<b>Yes</b>	<b>No</b>	<b>Unknown</b>
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