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NACC Uniform Data Set (UDS) – Initial Visit Packet

Form B9: Clinician Judgment of Symptoms

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 B9. Check only one box per question.

ADC Visit #:__ __ __

Examiner's initials:__ __ __

MEMORY COMPLAINT/AGE OF ONSET:	**Yes**	**No**
Relative to previously attained abilities:		
1. Does the subject report a decline in memory?	☐ 1	☐ 0
2. Does the informant report a decline in subject's memory?	☐ 1	☐ 0
3a. Does the clinician believe there has been a current meaningful decline in the subject's memory, non-memory cognitive abilities, behavior, or ability to manage his/her affairs, or have there been motor/movement changes?	☐ 1	☐ 0 (*If no, end form here*)
3b. At what age did the cognitive decline begin (based upon the clinician's assessment)?	__ __ __ (*999 = Unknown*) (*888 = N/A*)	

COGNITIVE SYMPTOMS:	**Yes**	**No**	**Unknown**
4. Indicate whether the subject currently is impaired meaningfully, relative to previously attained abilities, in the following cognitive domains or has fluctuating cognition:			
a. **Memory** (For example, does s/he forget conversations and/or dates; repeat questions and/or statements; misplace more than usual; forget names of people s/he knows well?)	☐ 1	☐ 0	☐ 9
b. **Judgment and problem-solving** (For example, does s/he have trouble handling money (tips); paying bills; shopping; preparing meals; handling appliances; handling medications; driving?)	☐ 1	☐ 0	☐ 9
c. **Language** (For example, does s/he have hesitant speech; have trouble finding words; use inappropriate words without self-correction?)	☐ 1	☐ 0	☐ 9
d. **Visuospatial function** (Difficulty interpreting visual stimuli and finding his/her way around.)	☐ 1	☐ 0	☐ 9
e. **Attention/concentration** (For example, does the subject have a short attention span or ability to concentrate? Is s/he easily distracted?)	☐ 1	☐ 0	☐ 9
f. **Fluctuating cognition** (Does s/he have pronounced variation in attention and alertness, noticeably over hours or days? For example, long periods of staring into space or lapses, or times when his/her ideas have a disorganized flow.)	☐ 1	☐ 0	☐ 9
g. **Other** (*If yes, then specify*): _____	☐ 1	☐ 0	☐ 9

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

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5. Indicate the predominant symptom which was first recognized as a decline in the subject's cognition:	☐ 1 Memory ☐ 2 Judgment and problem solving ☐ 3 Language ☐ 4 Visuospatial function ☐ 5 Attention/concentration	☐ 6 Other (*specify*): _____ ☐ 7 Fluctuating cognition ☐ 88 N/A ☐ 99 Unknown	
6. Mode of onset of cognitive symptoms:	☐ 1 Gradual (> *6 months*) ☐ 2 Subacute (≤ *6 months*) ☐ 3 Abrupt (*within days*)	☐ 4 Other (*specify*): _____ ☐ 88 N/A ☐ 99 Unknown	

BEHAVIOR SYMPTOMS:	**Yes**	**No**	**Unknown**
7. Indicate whether the subject currently manifests the following behavioral symptoms:			
a. **Apathy/withdrawal** (Has the subject lost interest in or displayed a reduced ability to initiate usual activities and social interaction, such as conversing with family and/or friends?)	☐ 1	☐ 0	☐ 9
b. **Depression** (Has the subject seemed depressed for more than two weeks at a time; e.g., loss of interest or pleasure in nearly all activities; sadness, hopelessness, loss of appetite, fatigue?)	☐ 1	☐ 0	☐ 9
c. **Psychosis**			
1) Visual hallucinations	☐ 1	☐ 0	☐ 9
a) If yes, are the hallucinations well-formed and detailed?	☐ 1	☐ 0	☐ 9
2) Auditory hallucinations	☐ 1	☐ 0	☐ 9
3) Abnormal/false/delusional beliefs	☐ 1	☐ 0	☐ 9
d. **Disinhibition** (Does the subject use inappropriate coarse language or exhibit inappropriate speech or behaviors in public or in the home? Does s/he talk personally to strangers or have disregard for personal hygiene?)	☐ 1	☐ 0	☐ 9
e. **Irritability** (Does the subject overreact, such as shouting at family members or others?)	☐ 1	☐ 0	☐ 9
f. **Agitation** (Does the subject have trouble sitting still; does s/he shout, hit, and/or kick?)	☐ 1	☐ 0	☐ 9
g. **Personality change** (Does the subject exhibit bizarre behavior or behavior uncharacteristic of the subject, such as unusual collecting, suspiciousness [without delusions], unusual dress, or dietary changes? Does the subject fail to take other's feelings into account?)	☐ 1	☐ 0	☐ 9
h. **REM sleep behavior disorder** (Does the subject appear to act out his/her dreams while sleeping (e.g., punch or flail their arms, shout or scream?)	☐ 1	☐ 0	☐ 9
i. **Other** (*If yes, then specify*): _____	☐ 1	☐ 0	☐ 9

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ADC Visit #:__ __ __

8. Indicate the predominant symptom which was first recognized as a decline in the subject's behavioral symptoms:	☐ 1 Apathy/withdrawal ☐ 2 Depression ☐ 3 Psychosis ☐ 4 Disinhibition ☐ 5 Irritability ☐ 6 Agitation	☐ 7 Personality change ☐ 8 Other (*specify*): _____ ☐ 9 REM sleep behavior disorder ☐ 88 N/A ☐ 99 Unknown
9. Mode of onset of behavioral symptoms:	☐ 1 Gradual (> *6 months*) ☐ 2 Subacute (≤ *6 months*) ☐ 3 Abrupt (*within days*)	☐ 4 Other (*specify*): _____ ☐ 88 N/A ☐ 99 Unknown

MOTOR SYMPTOMS:	**Yes**	**No**	**Unknown**
10. Indicate whether the subject currently has the following motor symptoms:			
a. **Gait disorder** (Has the subject's walking changed, not specifically due to arthritis or an injury? Is s/he unsteady, or does s/he shuffle when walking, have little or no arm-swing, or drag a foot?)	☐ 1	☐ 0	☐ 9
b. **Falls** (Does the subject fall more than usual?)	☐ 1	☐ 0	☐ 9
c. **Tremor** (Has the subject had rhythmic shaking, especially in the hands, arms, legs, head, mouth, or tongue?)	☐ 1	☐ 0	☐ 9
d. **Slowness** (Has the subject noticeably slowed down in walking or moving or handwriting, other than due to an injury or illness? Has his/her facial expression changed, or become more "wooden" or masked and unexpressive?)	☐ 1	☐ 0	☐ 9

11. Indicate the predominant symptom which was first recognized as a decline in the subject's motor symptoms:	☐ 1 Gait disorder ☐ 2 Falls ☐ 3 Tremor	☐ 4 Slowness ☐ 88 N/A ☐ 99 Unknown
12. Mode of onset of motor symptoms:	☐ 1 Gradual (> *6 months*) ☐ 2 Subacute (≤ *6 months*) ☐ 3 Abrupt (*within days*)	☐ 4 Other (*specify*): _____ ☐ 88 N/A ☐ 99 Unknown
a. If there were changes in motor function, were these suggestive of parkinsonism?		☐ 1 Yes ☐ 0 No ☐ 88 N/A

OVERALL SUMMARY OF SYMPTOMS ONSET:		
13. Course of overall cognitive/behavioral/ motor syndrome:	☐ 1 Gradually progressive ☐ 2 Stepwise ☐ 3 Static	☐ 4 Fluctuating ☐ 5 Improved ☐ 9 Unknown
14. Indicate the predominant domain which was first recognized as changed in the subject:	☐ 1 Cognition ☐ 2 Behavior	☐ 3 Motor function ☐ 9 Unknown