

NACC Uniform Data Set (UDS) – Initial Visit Packet Form B9: Clinician Judgment of Symptoms

Cent	er:	ADC Subject ID:	Form Date:_	//		
and	exa	This form is to be completed by the clinician. For additional clarification mples, see UDS Coding Guidebook for Initial Visit Packet, Form B9. only <u>one</u> box per question.	ADC Visit #: Examiner's initials:			
ME	CMO	RY COMPLAINT/AGE OF ONSET:	Yes	No		
Rel	ativ	e to previously attained abilities:				
	1.	Does the subject report a decline in memory?	$\Box 1$	$\Box 0$		
	2.	Does the informant report a decline in subject's memory?	$\Box 1$	$\Box 0$		
	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 (<u>If no, end form here</u>)		
					(999 = Unknown) (888 = N/A)	
CO	GNI	TIVE 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:					
		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		□9	
		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		□ 9	
		Language (For example, does s/he have hesitant speech; have trouble finding words; use inappropriate words without self-correction?)	□ 1	$\Box 0$	□9	
		Visuospatial function (Difficulty interpreting visual stimuli and finding his/her way around.)	□ 1	$\Box 0$	□9	
		Attention/concentration (For example, does the subject have a short attention span or ability to concentrate? Is s/he easily distracted?)	□ 1	$\Box 0$	□9	
		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):	\Box 1	$\Box 0$	□9	
				(continued on	ı next page)	

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ADC Subject ID:	Form Date: / /

NOTE: This form is to be completed by the clinician. For additional clarification and	ADC Visit #:_
examples, see UDS Coding Guidebook for Initial Visit Packet, Form B9. Check only one box	per question.

Center: _____

5.	symp recog	ate the <u>predominant</u> tom which was first nized as a decline in the ct's cognition:	□ 1 □ 2 □ 3 □ 4 □ 5	Memory Judgment and problem solving Language Visuospatial function Attention/concentration	□ 6 □ 7 □ 88 □ 99	Other (<i>specify</i>): ————————————————————————————————————	
6.		e of onset of cognitive toms:	Set of cognitive \Box 1Gradual (> 6 more \Box 2 \Box 2Subacute (\leq 6 more \Box 3 $Abrupt$ (within data			Other (<i>specify</i>): N/A Unknown	
BE	HAVI	OR SYMPTOMS:			Yes	No	Unknown
7.		ate whether the subject current toms:	ly man	ifests the following behavioral			
	re	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?)				$\Box 0$	□9
	at	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?)				$\Box 0$	□9
	c. Ps	sychosis					
	1)	Visual hallucinations			\Box 1	$\Box 0$	□ 9
		a) If yes, are the hallucinati	ons we	ell-formed and detailed?	\Box 1	$\Box 0$	□9
	2)	Auditory hallucinations			\Box 1	$\Box 0$	□ 9
	3)	3) Abnormal/false/delusional beliefs				$\Box 0$	□ 9
	ex	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?)					□9
		ritability (Does the subject ov embers or others?)	erreact	, such as shouting at family	□ 1		□9
		gitation (Does the subject have id/or kick?)	e troub	le sitting still; does s/he shout, hit,	□ 1	$\Box 0$	□9
	be su	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		9
		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		□9
	i. Other (<i>If yes, then specify</i>):				□ 1	$\Box 0$	□9

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	Cent	r: ADC Subject ID:				Form Date://			
which was first recognized as a decline 2 Depression 8 Other (specify): in the subject's behavioral symptoms: 3 Psychosis 9 REM sleep behavior disorder 5 friability 6 Agitation 9 REM sleep behavior disorder 9. Mode of onset of behavioral symptoms: 1 Gradual (> 6 months) 4 Other (specify): 2 Subacute (≤ 6 months) 88 N/A 9 Uknown 9. Mode of onset of behavioral symptoms: 3 Abrupt (within days) 9 Note Teknown 10. Indicate whether the subject currently has the following motor symptoms: a. Gait disorder (Has the subject's walking changed, not specifically due to arbritis or an injury of Is she unsteady, or does she shuffle when walking. 1 0 9 10. Indicate the subject fall more than usual?) 1 0 19 9 e. Tremor (Has the subject had rhythmic shaking, especially in the hands, arms, legs, head, mouth, or tongue?) 1 0 1 0 19 d. Slowness (Has the subject had rhythmic shaking, especially in the hands, arms, legs, head, mouth, or tongue?) 1 1 0 9	NOTE: This form is to be completed by the clinician. For additional clarification and ADC Visit #: examples, see UDS Coding Guidebook for Initial Visit Packet, Form B9. Check only <u>one</u> box per question.								
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