

NACC Uniform Data Set (UDS) – Initial Visit Packet
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 Initial 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 | 97 = Other problem |
| 96 = Cognitive/behavior 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> | |

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

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

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) see Key 2 |
| 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) see Key 2 |
| 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) see Key |

| | | |
|---|-----|--|
| 9. Logical Memory IIA – Delayed | | |
| 9a. Total number of story units recalled: | ___ | (0-25) see Key |
| 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) see Key |

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"/> 0 Clinician unable to render opinion |
| | <input type="checkbox"/> 3 One or two test scores abnormal | |
| | | |