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NACC Uniform Data Set (UDS)

Telephone Follow-up 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 Telephone Follow-up 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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ADC Visit #:__ __ __

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

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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