

FOLLOW-UP VISIT PACKET NACC UNIFORM DATA SET (UDS)

Form B8: EVALUATION FORM Neurological Examination Findings

ADC name: _____ Subject ID: _____ Form date: ____ / ____ / _____
 Visit #: _____ Examiner's initials: _____

INSTRUCTIONS: This form must be completed by a clinician with experience in assessing the neurological signs listed below and in attributing the observed findings to a particular syndrome. Please use your best clinical judgment in assigning the syndrome. For additional clarification and examples, see UDS Coding Guidebook for Follow-up Visit Packet, Form B8.

1. Were there abnormal neurological exam findings?

- 0 No abnormal findings (**END FORM HERE**)
- 1 Yes — abnormal findings were consistent with syndromes listed in Questions 2–8
- 2 Yes — abnormal findings were consistent with age-associated changes or irrelevant to dementing disorders (e.g., Bell's palsy) (**SKIP TO QUESTION 8**)

INSTRUCTIONS FOR QUESTIONS 2 – 8

Please complete the appropriate sections below, using your best clinical judgment in selecting findings that indicate the likely syndrome(s) that is/are present.

CHECK ALL OF THE GROUPS OF FINDINGS / SYNDROMES THAT WERE PRESENT:

2. Parkinsonian signs

- 0 No (**SKIP TO QUESTION 3**)
- 1 Yes

Findings not marked Yes or Not assessed will default to No in the NACC database.

Parkinsonian signs	LEFT		RIGHT	
	Yes	Not assessed	Yes	Not assessed
2a. Resting tremor — arm	<input type="checkbox"/> 1	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 8
2b. Slowing of fine motor movements	<input type="checkbox"/> 1	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 8
2c. Rigidity — arm	<input type="checkbox"/> 1	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 8

	Yes	Not assessed
2d. Bradykinesia	<input type="checkbox"/> 1	<input type="checkbox"/> 8
2e. Parkinsonian gait disorder	<input type="checkbox"/> 1	<input type="checkbox"/> 8
2f. Postural instability	<input type="checkbox"/> 1	<input type="checkbox"/> 8

Please complete the appropriate sections below, using your best clinical judgment in selecting findings that indicate the likely syndrome(s) that is/are present.

3. Neurological signs considered by examiner to be most likely consistent with cerebrovascular disease

0 No (SKIP TO QUESTION 4) 1 Yes

Findings not marked Yes or Not assessed will default to No in the NACC database.

Findings consistent with stroke/cerebrovascular disease	PRESENT	
	Yes	Not assessed
3a. Cortical cognitive deficit (e.g., aphasia, apraxia, neglect)	<input type="checkbox"/> 1	<input type="checkbox"/> 8
3b. Focal or other neurological findings consistent with SIVD (subcortical ischemic vascular dementia)	<input type="checkbox"/> 1	<input type="checkbox"/> 8

	LEFT		RIGHT	
	Yes	Not assessed	Yes	Not assessed
3c. Motor (may include weakness of combinations of face, arm, and leg; reflex changes; etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 8
3d. Cortical visual field loss	<input type="checkbox"/> 1	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 8
3e. Somatosensory loss	<input type="checkbox"/> 1	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 8

4. Higher cortical visual problem suggesting posterior cortical atrophy (e.g., prosopagnosia, simultagnosia, Balint's syndrome) or apraxia of gaze

0 No 1 Yes

5. Findings suggestive of progressive supranuclear palsy (PSP), corticobasal syndrome, or other related disorders

0 No (SKIP TO QUESTION 6) 1 Yes

Findings not marked Yes or Not assessed will default to No in the NACC database.

Findings	PRESENT	
	Yes	Not assessed
5a. Eye movement changes consistent with PSP	<input type="checkbox"/> 1	<input type="checkbox"/> 8
5b. Dysarthria consistent with PSP	<input type="checkbox"/> 1	<input type="checkbox"/> 8
5c. Axial rigidity consistent with PSP	<input type="checkbox"/> 1	<input type="checkbox"/> 8
5d. Gait disorder consistent with PSP	<input type="checkbox"/> 1	<input type="checkbox"/> 8
5e. Apraxia of speech	<input type="checkbox"/> 1	<input type="checkbox"/> 8

	LEFT		RIGHT	
	Yes	Not assessed	Yes	Not assessed
5f. Apraxia consistent with CBS	<input type="checkbox"/> 1	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 8
5g. Cortical sensory deficits consistent with CBS	<input type="checkbox"/> 1	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 8
5h. Ataxia consistent with CBS	<input type="checkbox"/> 1	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 8
5i. Alien limb consistent with CBS	<input type="checkbox"/> 1	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 8
5j. Dystonia consistent with CBS, PSP, or related disorder	<input type="checkbox"/> 1	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 8
5k. Myoclonus consistent with CBS	<input type="checkbox"/> 1	<input type="checkbox"/> 8	<input type="checkbox"/> 1	<input type="checkbox"/> 8

Please complete the appropriate sections below, using your best clinical judgment in selecting findings that indicate the likely syndrome(s) that is/are present.

6. Findings suggesting ALS (e.g., muscle wasting, fasciculations, upper motor neuron and/or lower motor neuron signs) 0 No 1 Yes**7. Normal-pressure hydrocephalus: gait apraxia** 0 No 1 Yes**8. Other findings (e.g., cerebellar ataxia, chorea, myoclonus)**

(NOTE: For this question, do not specify symptoms that have already been checked above)

 0 No 1 Yes (SPECIFY): _____