

**INITIAL 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 Initial 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): \_\_\_\_\_