

**TELEPHONE 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 Telephone 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): \_\_\_\_\_