**INITIAL VISIT PACKET**  
NACC UNIFORM DATA SET (UDS)  
FTLD MODULE

### Form B3F: Supplemental UPDRS

ADC name: _______________________  
Subject ID: _______________  
Form date: ___________ / _______ / _______  
Visit #: ___________  
Examiner’s initials: ___________

**INSTRUCTIONS:** This form is to be completed by the clinician or other trained health professional. For additional clarification and examples, see FTLD Module Coding Guidebook for Initial Visit Packet, Form B3F. Check only one box per question.

| SECTION A |  |  |  |
|-----------|------------------|------------------|
| A1. Does the subject have limb or torso fasciculations consistent with a diagnosis of spinal muscular atrophy (SMA) or amyotrophic lateral sclerosis (ALS)*? | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |

| SECTION B | Gait disturbances |  |  |
|-----------|-------------------|------------------|
| B1. Gait disturbance — severity | ☐ 0 Normal | ☐ 1 Slight alteration in speed or fluidity of gait | ☐ 2 Walks with difficulty but requires no assistance | ☐ 3 Severe disturbance | ☐ 4 Cannot walk at all | ☐ 8 Untestable (SPECIFY REASON): ____________________________ |

| B2. Gait disturbance — type | ☐ 0 Normal | ☐ 1 Hemiparetic (spastic) | ☐ 2 Foot drop gait (lower motor neuron) | ☐ 3 Ataxic gait | ☐ 4 Parkinsonian gait | ☐ 5 Apractic gait (“magnetic gait”) | ☐ 6 Antalgic gait | ☐ 7 Other gait disorder not listed above (SPECIFY): ____________________________ | ☐ 8 Untestable (SPECIFY REASON): ____________________________ |

*NOTE: For the items marked with an asterisk, definitions and explanations can be found in the FTLD Module Coding Guidebook for Initial Visit Packet, Form B3F.*