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: __ __ __

<table>
<thead>
<tr>
<th>MEMORY COMPLAINT/AGE OF ONSET:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative to previously attained abilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Does the subject report a decline in memory?</td>
<td>☐ 1</td>
<td>☐ 0</td>
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<tr>
<td>2. Does the informant report a decline in subject’s memory?</td>
<td>☐ 1</td>
<td>☐ 0</td>
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<tr>
<td>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?</td>
<td>☐ 1</td>
<td>☐ 0</td>
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<tr>
<td>3b. At what age did the cognitive decline begin (based upon the clinician’s assessment)?</td>
<td>__ __ __ (999 = Unknown, 888 = N/A)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COGNITIVE SYMPTOMS:</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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</thead>
<tbody>
<tr>
<td>4. Indicate whether the subject currently is impaired meaningfully, relative to previously attained abilities in the following cognitive domains, or has fluctuating cognition:</td>
<td></td>
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<tr>
<td>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?)</td>
<td>☐ 1</td>
<td>☐ 0</td>
<td>☐ 9</td>
</tr>
<tr>
<td>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?)</td>
<td>☐ 1</td>
<td>☐ 0</td>
<td>☐ 9</td>
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<tr>
<td>c. Language (For example, does s/he have hesitant speech; have trouble finding words; use inappropriate words without self-correction?)</td>
<td>☐ 1</td>
<td>☐ 0</td>
<td>☐ 9</td>
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<tr>
<td>d. Visuospatial function (Difficulty interpreting visual stimuli and finding his/her way around.)</td>
<td>☐ 1</td>
<td>☐ 0</td>
<td>☐ 9</td>
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<tr>
<td>e. Attention/concentration (For example, does the subject have a short attention span or ability to concentrate? Is s/he easily distracted?)</td>
<td>☐ 1</td>
<td>☐ 0</td>
<td>☐ 9</td>
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<tr>
<td>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.)</td>
<td>☐ 1</td>
<td>☐ 0</td>
<td>☐ 9</td>
</tr>
<tr>
<td>g. Other (If yes, then specify):</td>
<td>☐ 1</td>
<td>☐ 0</td>
<td>☐ 9</td>
</tr>
</tbody>
</table>

(continued on next page)
5. Indicate the predominant symptom which was first recognized as a decline in the subject’s cognition:

<table>
<thead>
<tr>
<th></th>
<th>Memory</th>
<th>Judgment and problem solving</th>
<th>Language</th>
<th>Visuospatial function</th>
<th>Attention/concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</table>

6. Mode of onset of cognitive symptoms:

<table>
<thead>
<tr>
<th></th>
<th>Gradual (&gt; 6 months)</th>
<th>Subacute (≤ 6 months)</th>
<th>Abrupt (within days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td></td>
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<tr>
<td>2</td>
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<tr>
<td>3</td>
<td></td>
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</tbody>
</table>

7. Indicate whether the subject currently manifests the following behavioral symptoms:

- **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?)
  - Yes: [ ]
  - No: [ ]
  - Unknown: [ ]

- **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?)
  - Yes: [ ]
  - No: [ ]
  - Unknown: [ ]

- **Psychosis**
  1. Visual hallucinations
  a) If yes, are the hallucinations well-formed and detailed?
  - Yes: [ ]
  - No: [ ]
  - Unknown: [ ]

- **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?)
  - Yes: [ ]
  - No: [ ]
  - Unknown: [ ]

- **Irritability** (Does the subject overreact, such as shouting at family members or others?)
  - Yes: [ ]
  - No: [ ]
  - Unknown: [ ]

- **Agitation** (Does the subject have trouble sitting still; does s/he shout, hit, and/or kick?)
  - Yes: [ ]
  - No: [ ]
  - Unknown: [ ]

- **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?)
  - Yes: [ ]
  - No: [ ]
  - Unknown: [ ]

- **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?)
  - Yes: [ ]
  - No: [ ]
  - Unknown: [ ]

- **Other** (If yes, then specify):
  - Specify: [ ]

(continued on next page)
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:

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 Yes
  - □ 0 No
  - □ 9 Unknown
- □ b. Falls (Does the subject fall more than usual?)
  - □ 1 Yes
  - □ 0 No
  - □ 9 Unknown
- □ c. Tremor (Has the subject had rhythmic shaking, especially in the hands, arms, legs, head, mouth, or tongue?)
  - □ 1 Yes
  - □ 0 No
  - □ 9 Unknown
- □ 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 Yes
  - □ 0 No
  - □ 9 Unknown

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