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<td>Coding corrected for co-participant’s relationship to subject (4=Parent, 5=Sibling)</td>
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Guide to abbreviations

AD  Alzheimer's disease
ADC  Alzheimer's Disease Center, any of 30 Centers across the United States participating in the Alzheimer's Disease Centers Program conducted by NIA
ADNI  Alzheimer's Disease Neuroimaging Initiative
ALS  Amyotrophic lateral sclerosis
bvFTD  Behavioral variant frontotemporal dementia
CBD  Corticobasal degeneration
DLB  Dementia with Lewy bodies
FTLD  Frontotemporal lobar degeneration
FTLD Module  A collection of data concerning FTLD on subjects in the NACC Uniform Data Set and appended to the UDS
IVP  Initial Visit Packet, the set of forms completed at a subject's initial evaluation for submission to NACC
MCI  Mild cognitive impairment
MMSE  Mini-mental state examination
MND  Motor neuron disease
NACC  National Alzheimer's Coordinating Center, funded by NIA and charged with collecting data from the ADCs
NIA  National Institute on Aging, one of the U.S. National Institutes of Health
PLS  Primary lateral sclerosis
PPA  Primary progressive aphasia
SMA  Spinal muscular atrophy
UDS  Uniform Data Set, the longitudinal database maintained by NACC; the other components of the NACC database are the Minimum Data Set (MDS) and the Neuropathologic Data Set (NP)
UPDRS  Unified Parkinson's Disease Rating Scale
VaD  Vascular dementia

A note on form numbering

Each NACC form has a unique two- to four-character number (e.g., B9, E2F, Z1, A3aF). With the exception of Form A3a, all forms in the FTLD Module have numbers ending with F. As in the UDS, the first character of the form number indicates what kind of information is collected by the form:

A:  Family history (genetic) data
B:  Clinical data
C:  Neuropsychology data
E:  Imaging data
Z:  Used only for the Form Checklist
INITIAL VISIT PACKET    NACC UNIFORM DATA SET (UDS)

Form Z1X: Form Checklist

ADC name: ____________________________________________  Subject ID: ______ ______ ______ ______ ______ ______  Form date: ____ / ____ / ____
Visit #: ______  Examiner’s initials: ______

**INSTRUCTIONS:** This form is to be completed by clinic personnel.

NACC expects and intends that all UDS forms will be attempted on all subjects, but we realize this may be impossible when the patient is terminally ill, or when there is no co-participant, or for other reasons. An explanation is required below for forms that are not submitted.

### UDS

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<td>EVALUATION FORM Physical</td>
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<tr>
<td>B4</td>
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<td>Global Staging — CDR: Standard and Supplemental</td>
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<td>Clinician Judgment of Symptoms</td>
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### FTLD MODULE

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<td>B3F</td>
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<td>2</td>
<td>Supplemental UPDRS</td>
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<td>Neuropsychological Battery Summary Scores</td>
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<td>Social Norms Questionnaire</td>
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<td>Imaging in Diagnosis</td>
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### CLS FORM

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<td>Subject’s Language History</td>
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**KEY:** If the specified form was not completed, please enter one of the following codes:  
95 = Physical problem  
96 = Cognitive or behavioral problem  
97 = Other problem  
98 = Verbal refusal  
*KEY FOR FTLD MODULE ONLY: Allowable codes are 95 – 98 as above, as well as 99=Unknown or inadequate information.*

National Alzheimer's Coordinating Center  |  (206) 543-8637  |  fax: (206) 616-5927  |  naccmail@uw.edu  |  www.alz.washington.edu  
UDS Version 3.0, March 2015  
Page 1 of 1
Form A3a: Record of Consent for Biologic Specimen Use

INSTRUCTIONS: This form is to be completed by clinic staff responsible for obtaining consents, based on an existing consent at clinic. For additional clarification, see FTLD Coding Guidebook for Initial Visit Packet, Form A3af.

One of these forms will be completed for each relative who provides a specimen.

1. What relative's consent is being recorded on this form?
   - [ ] 1 Mother
   - [ ] 2 Father
   - [ ] 3 Sibling (sibling's birth year: __ __ __ )
   - [ ] 4 Child (child's birth year: __ __ __ )

   NOTE: “Unknown” (9999) is not a permissible value for sibling’s or child’s birth year. If birth year is unknown, please provide an approximate year on UDS Initial Visit Form A3 so that the sibling or child ends up in correct birth order relative to the other siblings or children.

   “Sibling’s birth year” or “child’s birth year” on this form MUST agree with the birth year listed for that person on UDS Initial Visit or UDS Follow-up Visit Form A3.

Please indicate that the above relative provided consent for the following. The wording need not be identical but should explicitly express the same points.

| 1a. | I permit my sample to be stored and used in future research of neurologic disease at (home institution). | [ ] 0 No | [ ] 1 Yes |
| 1b. | I permit my sample to be stored and used in future research at (home institution) to learn about, prevent, or treat other health problems. | [ ] 0 No | [ ] 1 Yes |
| 1c. | There is a small chance that some commercial value may result from my sample at the National Cell Repository for Alzheimer's Disease (NCRAD). If that were to happen, I would not be offered a share in any profits. I permit (home institution) to give my sample to researchers at other institutions. | [ ] 0 No | [ ] 1 Yes |
### Form B3F: Supplemental UPDRS

**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.

<table>
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<th>Section A</th>
<th>Yes — with asymmetry</th>
<th>Yes — without major asymmetry</th>
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<tr>
<td>A1. Does the subject have limb or torso fasciculations consistent with a diagnosis of spinal muscular atrophy (SMA) or amyotrophic lateral sclerosis (ALS)*?</td>
<td>□ 0</td>
<td>□ 1</td>
</tr>
<tr>
<td>A2. Does the subject have limb weakness and/or hyperreflexia consistent with a diagnosis of primary lateral sclerosis (PLS) or ALS*?</td>
<td>□ 0</td>
<td>□ 1</td>
</tr>
<tr>
<td>A3. Does the subject have bulbar weakness and/or fasciculations consistent with a diagnosis of ALS*?</td>
<td>□ 0</td>
<td>□ 3</td>
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</table>

<table>
<thead>
<tr>
<th>Section B</th>
<th>Gait disturbances</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1. Gait disturbance — severity</td>
<td>□ 0 Normal&lt;br&gt;□ 1 Slight alteration in speed or fluidity of gait&lt;br&gt;□ 2 Walks with difficulty but requires no assistance&lt;br&gt;□ 3 Severe disturbance&lt;br&gt;□ 4 Cannot walk at all&lt;br&gt;□ 8 Untestable (SPECIFY REASON): ____________________________</td>
</tr>
<tr>
<td>B2. Gait disturbance — type</td>
<td>□ 0 Normal&lt;br&gt;□ 1 Hemiparetic (spastic)&lt;br&gt;□ 2 Foot drop gait (lower motor neuron)&lt;br&gt;□ 3 Ataxic gait&lt;br&gt;□ 4 Parkinsonian gait&lt;br&gt;□ 5 Apractic gait (“magnetic gait”)&lt;br&gt;□ 6 Antalgic gait&lt;br&gt;□ 7 Other gait disorder not listed above (SPECIFY): ____________________________&lt;br&gt;□ 8 Untestable (SPECIFY REASON): ____________________________</td>
</tr>
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</table>

*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.*
**Form B9F: Clinical PPA and bvFTD Features**

In the Initial Visit Packet, the National Alzheimer's Coordinating Center (NACC) uses the Uniform Data Set (UDS) FTLD Module to document clinical features of patients with frontotemporal lobar degeneration. This form is designed for clinicians to assess and document clinical features of primary progressive aphasia (PPA) and other relevant symptoms.

### Gateway question for primary progressive aphasia (PPA)

1. **Is an acquired disorder of language a prominent element of the clinical presentation of the subject?**
   - (i.e., at least one of the characteristics described in Questions 2–11 is “Definitely present”.)
   - **No** (skip to Question 14)
   - **Yes**

### Characterizing speech and language symptoms / assigning PPA subtype

Are these features present on the current examination?

**Note:** Many of these items are also evaluated in the neuropsychological assessment. The responses recorded here should represent the consensus of the clinical and neuropsychological evaluation.

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<tr>
<th>Question</th>
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<th>Not evaluated</th>
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</thead>
<tbody>
<tr>
<td>2. Poor object naming / object/person knowledge</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 9</td>
</tr>
<tr>
<td>(Core diagnostic feature of semantic variant; abnormal in all variants)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Impoverished word selection/retrieval in spontaneous speech or writing</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 9</td>
</tr>
<tr>
<td>(Core diagnostic feature of logopenic variant; abnormal in all variants)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Impaired word comprehension</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 9</td>
</tr>
<tr>
<td>(Core diagnostic feature of semantic variant; absent in other variants)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Poor object/person knowledge</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 9</td>
</tr>
<tr>
<td>(Secondary diagnostic feature of semantic variant; absent in other variants)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Grammatical simplification or grammatical errors in speech or writing</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 9</td>
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<tr>
<td>(Core diagnostic feature of nonfluent/agrammatic variant)</td>
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<td></td>
<td></td>
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<tr>
<td>7. Effortful, halting speech</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 9</td>
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<tr>
<td>(Core diagnostic feature of nonfluent/agrammatic variant)</td>
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<td>8. Circumlocutory, empty speech</td>
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<td>☐ 9</td>
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<tr>
<td>9. Speech sound/word errors (paraphasias)</td>
<td>☐ 0</td>
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<td>☐ 2</td>
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<tr>
<td>(Secondary diagnostic feature of logopenic variant; abnormal in nonfluent/agrammatic variant)</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Impaired speech repetition (inability to repeat verbatim sentence-length material)</td>
<td>☐ 0</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 9</td>
</tr>
<tr>
<td>(Core diagnostic feature of logopenic variant; present in nonfluent/agrammatic type; absent in semantic variant)</td>
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11. **Surface dyslexia and dysgraphia** — also refer to Word Reading Test from FTLD Neuropsychological Battery
   (Secondary feature of semantic variant)
   
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12. **ROOT DIAGNOSIS OF PPA**
   Does the subject have an acquired and progressive difficulty with language consistent with PPA of a neurodegenerative type AND is the language disorder the most prominent deficit at symptom outset and for the initial phase (1–2 years) of the disorder?
   
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<td>Yes</td>
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</table>
   (SKIP TO QUESTION 14)
   (PROCEED TO QUESTION 13)

13. **Consensus diagnosis of dominant PPA subtype based on clinician and neuropsychologist judgment**

   | 1  | PPA, semantic variant (semPPA) |
   | 2  | PPA, nonfluent/agrammatic variant (nf/gPPA) |
   | 3  | PPA, logopenic variant |
   | 4  | PPA not otherwise specified |

### Gateway question for behavioral variant frontotemporal dementia (bvFTD)

14. **Are acquired alterations in behavior, personality, or comportment important elements in the clinical presentation of the subject? (I.e., at least one of the characteristics described in Questions 15–21 is “Definitely present”.)**

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<tbody>
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<td>0</td>
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<td>1</td>
<td>Yes</td>
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</table>
   (SKIP TO QUESTION 23)

15. **Disinhibition**
   Socially inappropriate behavior; loss of manners or decorum; impulsive, rash, or careless actions
   
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<th>Not evaluated</th>
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<td>2</td>
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</table>

16. **Apathy or inertia**
   Loss of interest, drive, and motivation; decreased initiation of behavior
   
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<th>Questionably present</th>
<th>Definitely present</th>
<th>Not evaluated</th>
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<td>2</td>
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17. **Loss of sympathy / empathy**
   Diminished response to other people’s needs or feelings; diminished social interest, interrelatedness, or personal warmth
   
<table>
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<th>Questionably present</th>
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<th>Not evaluated</th>
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<td>9</td>
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18. **Ritualistic / compulsive behavior**
   Simple repetitive movements or complex compulsive or ritualistic behaviors
   
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<th>Questionably present</th>
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<td>2</td>
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19. **Hyperorality and appetite changes**
   Altered food preferences, binge eating, increased consumption of alcohol or cigarettes, oral exploration or consumption of inedible objects
   
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<tbody>
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<td>9</td>
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</tbody>
</table>

20. **Changes on neuropsychological testing consistent with bvFTD** (refer to neuropsychological evaluation and neuropsychologist’s impression)
   
<table>
<thead>
<tr>
<th>Absent</th>
<th>Questionably present</th>
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<td>2</td>
<td>9</td>
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21. **Impaired daily functioning**
   Are these alterations in behavior, personality, or comportment the principal cause of impaired daily living activities?
   
<table>
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<th>Definitely present</th>
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<td>1</td>
<td>2</td>
<td>9</td>
</tr>
</tbody>
</table>
22. **Does the subject meet the criteria for clinical probable* or possible** bvFTD syndrome — in other words, are features described in Questions 15–20 the most prominent parts of the clinical picture now or initially?**

*PROBABLE: Meets three of the above criteria in Questions 15–20 and: (1) has impaired daily functioning (Question 21 = Definitely Present); and (2) has imaging consistent with bvFTD.

**POSSIBLE: Meets three of the above criteria in Questions 15–20 and either: (1) is not functionally impaired (i.e., Question 21 = Absent) or (2) does not have imaging consistent with bvFTD.

<table>
<thead>
<tr>
<th></th>
<th>Does not meet criteria for bvFTD</th>
<th>Probable bvFTD</th>
<th>Meets criteria for possible bvFTD and has impaired daily functioning but without evidence of diagnostic imaging</th>
<th>Meets criteria for possible bvFTD (with or without evidence of diagnostic imaging), but daily functioning is not significantly impaired</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. **Was an electromyogram (EMG) performed at this visit?**

If answer is “1 (Yes)”, SKIP TO QUESTION 25.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24. **Has an EMG been performed in the past year?**

If answer is “0 (No)”, SKIP TO QUESTION 26.

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25. **If an EMG was performed, did it show evidence of motor neuron disease?**

<table>
<thead>
<tr>
<th></th>
<th>No</th>
<th>Yes</th>
<th>Uncertain</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If subject has only one diagnosis (either PPA or bvFTD), then END FORM HERE.

26. **For subjects with a diagnosis of both PPA and bvFTD, which diagnosis appeared first?**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

UDS/FTLD (V3.0, March 2015) Initial Visit Form B9F: Clinical PPA and bvFTD Features  Page 3 of 3
### Form C1F: Neuropsychological Battery Summary Scores

ADC name: ________________________  Subject ID: __________  __________  __________  __________  __________  __________  __________  __________  __________  __________  __________  __________  __________  __________  __________

Visit #: __________  __________  __________  Examiners initials: __________  __________  __________

**INSTRUCTIONS:** This form is to be completed by ADC or clinic staff. For test administration and scoring, see FTLD Module Coding Guidebook for Initial Visit Packet, Form C1F. Time to completion of C1F and C2F tests should be reported at the end of Form C3F.

**KEY:** If the subject cannot complete any of the following exams, please give the reason by entering one of the following codes:

- 95 = Physical problem
- 96 = Cognitive/behavior problem
- 97 = Other problem
- 98 = Verbal refusal

### 1. Word Reading Test — Regular and Irregular Words

#### REGULAR

1a. Total completely accurate words

   *(If test not completed, enter reason code, 95–98, and SKIP TO QUESTION 2a)*

   

1b. Total semantically related inaccurate words

   

1c. Total other phonologically related words or nonword errors

   

#### IRREGULAR

1d. Total completely accurate words

   

1e. Total semantically related inaccurate words

   

1f. Total words that are “regularized” (read using “phonics,” e.g., sew read as sue)

   

1g. Total other phonologically related words or nonword errors

   

### 2. Semantic Word-picture Matching Test

2a. Total correct word-picture matches

   *(If test not completed, enter reason code, 95–98, and SKIP TO QUESTION 3a)*

   

### 3. Semantic Associates Test

3a. Total correct animal associations

   *(If test not completed, enter reason code, 95–98, and SKIP TO QUESTION 4a)*

   

3b. Total correct tool associations

   

3c. Sum of all correct associations (Semantic Associates Test total score)

   

### 4. Northwestern Anagram Test — Short Form

4a. Correct subject who-questions

   *(If test not completed, enter reason code, 95–98, and SKIP TO QUESTION 5a)*

   

4b. Correct object who-questions

   

4c. Total score: sum of all correct questions

   

---

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**UDS/FTLD Module Version 3.0, March 2015**

---

**Page 1 of 2**
### 5. Sentence Repetition Test

<table>
<thead>
<tr>
<th>Question</th>
<th>Score Range</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>5a. Number of completely accurate sentences</td>
<td>(0–5, 95–98)</td>
<td></td>
</tr>
<tr>
<td><em>(If test not completed, enter reason code, 95–98, and <strong>SKIP TO QUESTION 6a</strong>)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5b. Total number of words omitted from sentences</td>
<td>(0–37)</td>
<td></td>
</tr>
<tr>
<td>5c. Total number of semantically related or unrelated incorrect real words</td>
<td>(0–20)</td>
<td></td>
</tr>
<tr>
<td>5d. Total number of phonologically related words or nonword errors</td>
<td>(0–20)</td>
<td></td>
</tr>
</tbody>
</table>

### 6. Noun and Verb Naming Subtests

<table>
<thead>
<tr>
<th>Question</th>
<th>Score Range</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>6a. Total nouns correct</td>
<td>(0–16, 95–98)</td>
<td></td>
</tr>
<tr>
<td><em>(If test not completed, enter reason code, 95–98, and <strong>SKIP TO QUESTION 7a</strong>)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b. Total verbs correct</td>
<td>(0–16)</td>
<td></td>
</tr>
<tr>
<td>6c. Noun-to-verb ratio (total nouns correct / total verbs correct)</td>
<td>(88.88 = Cannot be calculated)</td>
<td></td>
</tr>
</tbody>
</table>

### 7. Sentence Reading Test

<table>
<thead>
<tr>
<th>Question</th>
<th>Score Range</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>7a. Number of completely accurate sentences</td>
<td>(0–5, 95–98)</td>
<td></td>
</tr>
<tr>
<td><em>(If test not completed, enter reason code, 95–98, and <strong>END FORM HERE</strong>)</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b. Total number of words omitted from sentence</td>
<td>(0–37)</td>
<td></td>
</tr>
<tr>
<td>7c. Total number of semantically related or unrelated incorrect real words</td>
<td>(0–20)</td>
<td></td>
</tr>
<tr>
<td>7d. Total number of phonologically related words or nonword errors</td>
<td>(0–20)</td>
<td></td>
</tr>
</tbody>
</table>
INSTRUCTIONS FOR THE CENTER

This questionnaire is designed to be completed by the subject in the presence of a qualified psychologist or psychometrist as part of a face-to-face battery of tests. The examiner should read and explain the instructions to the subject, then ask the subject to complete the questionnaire. If the subject asks for clarification of the procedure or questions, it is acceptable for the examiner to discuss the questionnaire with him or her. Tell the subject that “Don’t know” and “Not applicable” are not allowable responses for any item. While it is permissible to help a cognitively impaired subject understand and complete the questionnaire (e.g., by reading the questions out loud, or marking their response for them), the examiner should ensure that they merely help the subject understand a question (e.g., by saying, “Do you think it’s OK to cut in line if you are in a hurry?”), but not help them formulate their response. In this way, if the subject asks what they should answer, it would be permissible to respond with prompts such as, “It’s up to you. Answer whatever you think is best. It’s OK to guess if you’re not sure.”

KEY: If the subject is so impaired as to make administration of this questionnaire impossible, please give the reason by checking one of the following reason codes in the “FOR CLINIC USE ONLY” section and skip the remaining data elements.

- 95 = Physical problem
- 96 = Cognitive/behavior problem
- 97 = Other problem
- 98 = Verbal refusal

If the subject completes some but not all of the questionnaire, items that are missing should be left blank, and all affected summary scores should be entered as “88” or “88.88”, as appropriate.
**Form C2F: Social Norms Questionnaire**

**Instructions:** Following is a list of behaviors that a person might engage in. Please decide whether or not it would be socially acceptable and appropriate to do these things in the mainstream culture of the United States and answer yes or no to each. Think about these questions as if they were occurring in front of or with a stranger or acquaintance, NOT a close friend or family member.

<table>
<thead>
<tr>
<th>Would It Be Socially Acceptable To:</th>
<th>0 NO</th>
<th>1 YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tell a stranger you don’t like their hairstyle?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Spit on the floor?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Blow your nose in public?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Ask a coworker their age?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Cry during a movie at the theater?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Cut in line if you are in a hurry?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Laugh when you yourself trip and fall?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Eat pasta with your fingers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Tell a coworker your age?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Tell someone your opinion of a movie they haven’t seen?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Laugh when someone else trips and falls?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Wear the same shirt every day?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Keep money you find on the sidewalk?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

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<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Pick your nose in public?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Tell a coworker you think they are overweight?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Eat ribs with your fingers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Tell a stranger you like their hairstyle?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Wear the same shirt twice in two weeks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Tell someone the ending of a movie they haven’t seen?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Hug a stranger without asking first?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Talk out loud during a movie at the theater?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Tell a coworker you think they have lost weight?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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FOR CLINIC USE ONLY. Note: Calculation of the four summary scores below is OPTIONAL.

<table>
<thead>
<tr>
<th>Summary Score</th>
<th>Score Range</th>
<th>Unknown Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. SNQ22 Total Score</td>
<td>0–22</td>
<td>88=Unknown</td>
</tr>
<tr>
<td>24. Break Score</td>
<td>0–12</td>
<td>88=Unknown</td>
</tr>
<tr>
<td>25. Overadhere Score</td>
<td>0–10</td>
<td>88=Unknown</td>
</tr>
<tr>
<td>26. Yes-No Ratio Score</td>
<td>0–22</td>
<td>88.88=Unknown</td>
</tr>
</tbody>
</table>
## Form C3F: Social Behavior Observer Checklist

### INSTRUCTIONS: This form is to be completed by the examiner who administered the neuro-psychological battery to the subject. For additional clarification and examples, see FTLD Module — Instructions for Neuropsychological Questionnaires (Forms C2F – C6F) and Tests Reported on Form C1F. Check only one box per question.

### Directions:

Immediately after the end of your evaluation of the subject, please rate his/her behavior during the time he/she was with you. Use the scales for both the main descriptors (i.e., 1, 2, 3 ...) and the behavior counts (a, b, c ...) and complete all items.

Your descriptor ratings and behavior counts for the same item can be independent. You may describe the subject as having a particular characteristic on a main descriptor, even if you endorse “never” for all of the behavior counts for that item, or vice versa.

<table>
<thead>
<tr>
<th></th>
<th>0 Not at all</th>
<th>1 A little bit</th>
<th>2 Moderately</th>
<th>3 Severely</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Was overly self-conscious / embarrassed for self:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Spontaneously mentioned that he/she was performing badly</td>
<td>0 Never</td>
<td>1 Once</td>
<td>2 2-3x</td>
<td>3 4+</td>
</tr>
<tr>
<td>b. Made other self-depreciatory comments</td>
<td>0 Never</td>
<td>1 Once</td>
<td>2 2-3x</td>
<td>3 4+</td>
</tr>
<tr>
<td>c. Showed emotional distress over his/her performance / cognitive abilities</td>
<td>0 Never</td>
<td>1 Once</td>
<td>2 2-3x</td>
<td>3 4+</td>
</tr>
<tr>
<td>2. <strong>Showed too little self-consciousness / embarrassment for self:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Disrobed immodestly (took off shoes, belt, pants, etc.; lifted shirt, etc.)</td>
<td>0 Never</td>
<td>1 Once</td>
<td>2 2-3x</td>
<td>3 4+</td>
</tr>
<tr>
<td>b. Engaged in belching or flatulence, or picked nose without apology</td>
<td>0 Never</td>
<td>1 Once</td>
<td>2 2-3x</td>
<td>3 4+</td>
</tr>
<tr>
<td>c. Giggled or otherwise made silly, childish comment or noise</td>
<td>0 Never</td>
<td>1 Once</td>
<td>2 2-3x</td>
<td>3 4+</td>
</tr>
<tr>
<td>3. <strong>Insensitive to others’ embarrassment or privacy:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Insulted or made a negative comment about examiner</td>
<td>0 Never</td>
<td>1 Once</td>
<td>2 2-3x</td>
<td>3 4+</td>
</tr>
<tr>
<td>b. Made an embarrassing comment about examiner</td>
<td>0 Never</td>
<td>1 Once</td>
<td>2 2-3x</td>
<td>3 4+</td>
</tr>
<tr>
<td>c. Made an inappropriate or embarrassing joke</td>
<td>0 Never</td>
<td>1 Once</td>
<td>2 2-3x</td>
<td>3 4+</td>
</tr>
</tbody>
</table>

---

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### 4. Failed to adapt / defer to structure of testing situation established by examiner:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Resisted redirection while engaging in a verbal monologue</td>
<td>Never</td>
<td>Once</td>
<td>2-3x</td>
<td>4+</td>
</tr>
<tr>
<td>b. Interrupted examiner</td>
<td>Never</td>
<td>Once</td>
<td>2-3x</td>
<td>4+</td>
</tr>
<tr>
<td>c. Verbalized a desire to leave the evaluation prematurely</td>
<td>Never</td>
<td>Once</td>
<td>2-3x</td>
<td>4+</td>
</tr>
<tr>
<td>d. Physically attempted to leave the evaluation prematurely</td>
<td>Never</td>
<td>Once</td>
<td>2-3x</td>
<td>4+</td>
</tr>
<tr>
<td>e. Failed to maintain topic of discussion, initiated tangent</td>
<td>Never</td>
<td>Once</td>
<td>2-3x</td>
<td>4+</td>
</tr>
<tr>
<td>f. Demanded that test protocol be broken for him/her (e.g., insisted on completing an item after being told to stop, tried to cheat, tried to turn page to advance to next item against examiner's expressed wishes, etc.)</td>
<td>Never</td>
<td>Once</td>
<td>2-3x</td>
<td>4+</td>
</tr>
</tbody>
</table>

### 5. Was preoccupied with time or kept a strict timetable:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Reminded examiner what time evaluation had to be finished</td>
<td>Never</td>
<td>Once</td>
<td>2-3x</td>
<td>4+</td>
</tr>
</tbody>
</table>

### 6. Acted overly dependent:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Mentioned caregiver's absence or asked when caregiver would return</td>
<td>Never</td>
<td>Once</td>
<td>2-3x</td>
<td>4+</td>
</tr>
<tr>
<td>b. Asked for feedback on performance</td>
<td>Never</td>
<td>Once</td>
<td>2-3x</td>
<td>4+</td>
</tr>
<tr>
<td>c. Showed frustration when examiner would not provide explicit feedback</td>
<td>Never</td>
<td>Once</td>
<td>2-3x</td>
<td>4+</td>
</tr>
</tbody>
</table>

### 7. Was anxious:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Mentioned being nervous about testing / performance anxiety</td>
<td>Never</td>
<td>Once</td>
<td>2-3x</td>
<td>4+</td>
</tr>
<tr>
<td>b. Mentioned being nervous about diagnosis or prognosis</td>
<td>Never</td>
<td>Once</td>
<td>2-3x</td>
<td>4+</td>
</tr>
</tbody>
</table>

### 8. Was stimulus-bound:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Made stimulus-bound error on testing</td>
<td>Never</td>
<td>Once</td>
<td>2-3x</td>
<td>4+</td>
</tr>
<tr>
<td>b. Picked up object on desk unnecessarily</td>
<td>Never</td>
<td>Once</td>
<td>2-3x</td>
<td>4+</td>
</tr>
<tr>
<td>c. Circumstantial speech; overly focused on details, overly lengthy</td>
<td>Never</td>
<td>Once</td>
<td>2-3x</td>
<td>4+</td>
</tr>
</tbody>
</table>
### 9. Was perseverative:
- **Repeated previous answer on testing**
  - Never
  - Once
  - 2-3x
  - 4+
- **Repeated an anecdote**
  - Never
  - Once
  - 2-3x
  - 4+

### 10. Showed decreased initiation:
- **Began response in a notably delayed manner (not due to general slowing)**
  - Never
  - Once
  - 2-3x
  - 4+
- **Required additional verbal prompting to initiate task**
  - Never
  - Once
  - 2-3x
  - 4+

### 11. Showed fluctuating level of cognitive ability through sessions regardless of complexity of material (e.g., was coherent at times and had notable difficulty understanding at other times):
- **Lost task set / forgot instructions after performing task correctly**
  - Never
  - Once
  - 2-3x
  - 4+
- **Repeated rules to self multiple times during task**
  - Never
  - Once
  - 2-3x
  - 4+
- **Lost train of thought during conversation or response (demonstrated thought blocking)**
  - Never
  - Once
  - 2-3x
  - 4+

### 12. Was overly disclosing or inappropriately familiar:
- **Spontaneously revealed inappropriately personal information concerning self (only)**
  - Never
  - Once
  - 2-3x
  - 4+
- **Spontaneously revealed inappropriately personal information concerning a relative or friend (can also involve self)**
  - Never
  - Once
  - 2-3x
  - 4+
- **Stood or leaned too close to examiner (noticeably entered examiner’s personal space)**
  - Never
  - Once
  - 2-3x
  - 4+
- **Touched examiner**
  - Never
  - Once
  - 2-3x
  - 4+

### 13. Showed diminished social / emotional engagement:

### 14. Showed exaggerated / labile emotional reactivity:

### 15. DESCRIPTOR TOTAL SCORE (0–42):

### 16. CHECKLIST (BEHAVIOR) SCORE (0–105):

### 17. LENGTH OF THE ENTIRE FTLD NEUROPSYCHOLOGICAL TESTING SESSION:

---

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Form C4F: Behavioral Inhibition Scale\textsuperscript{1} CO-PARTICIPANT QUESTIONNAIRE

**INSTRUCTIONS FOR THE CENTER**

This questionnaire is designed to be completed independently by the co-participant, who will be describing the subject’s current typical behavior. This form may be handed to the co-participant for completion by him- or herself at any time during the study visit. Tell the subject that “Don’t know” and “Not applicable” are not allowable responses for any item. If the co-participant asks for clarification of questions, it is acceptable for a qualified psychologist or psychometrist to discuss the questionnaire with him or her. However, if the co-participant completes this questionnaire collaboratively with the clinician, either face-to-face or via telephone, you must inform NACC of this change in protocol by checking the appropriate box in the gray “FOR CLINIC USE ONLY” area at the top of the questionnaire.

Before the co-participant leaves, clinic staff should make sure that all questions were completed by the co-participant (i.e., none was left blank) by discussing the missing item with the co-participant and encouraging them to provide a response. If this is not done and it is later noticed that some items were missed by the co-participant, clinic staff should call the co-participant as soon as possible so that the missing items can be completed by phone. In this case, the questionnaire is not considered to have been completed independently by the co-participant. In the shaded area at the top of the form, the appropriate response would therefore be, “This questionnaire was completed via telephone interview of co-participant by clinic staff.”

If there are still missing items, these items should be left blank, and “88” should be entered for the total score.

\textsuperscript{1}Copyright © 1994 by the American Psychological Association. Adapted with permission. The official citation that should be used in referencing this material is Table 1 (adapted), p. 323, from Carver C. S., & White, T. L. (1994). Behavioral inhibition, behavioral activation, and affective responses to impending reward and punishment: The BIS/BAS Scales. Journal of Personality and Social Psychology, 67(2), 319-333. doi:10.1037/0022-3514.67.2.319. No further reproduction or distribution is permitted without written permission from the American Psychological Association.
**Form C4F: Behavioral Inhibition Scale**

*FOR CLINIC USE ONLY:*

<table>
<thead>
<tr>
<th>ADC name:</th>
<th>______________________</th>
<th>Subject ID:</th>
<th>______________________</th>
<th>Form date:</th>
<th>______________________</th>
<th>Visit #:</th>
<th>______</th>
<th>Examiner's initials:</th>
<th>______</th>
</tr>
</thead>
</table>

**THIS QUESTIONNAIRE WAS COMPLETED:**

- [ ] 0 Independently by co-participant, as described in "Instructions to the Center"
- [ ] 1 Via in-person interview of co-participant by clinic staff
- [ ] 2 Via telephone interview of co-participant by clinic staff

**INSTRUCTIONS:** Indicate how well each statement describes the subject’s CURRENT behavior. There are no right or wrong answers; we just want to get your impression of how you think the subject typically behaves. If you have questions about how to complete this questionnaire, please ask a staff member, and they will be happy to help you.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1)</td>
<td>(2)</td>
<td>(3)</td>
<td>(4)</td>
</tr>
</tbody>
</table>

1. If the subject thinks something unpleasant is going to happen, he/she usually gets pretty “worked up.”
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4

2. The subject worries about making mistakes.
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4

3. Criticism or scolding hurts the subject quite a bit.
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4

4. The subject feels pretty worried or upset when he/she thinks somebody is angry at him/her.
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4

5. Even if something bad is about to happen to the subject, he/she rarely experiences fear or nervousness.
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4

6. The subject feels worried when he/she thinks he/she has done poorly at something.
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4

7. The subject has very few fears compared to his/her friends.
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4

---

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---

**FOR CLINIC USE ONLY:**

8. BIS Total Score (7–28, 88=Unknown): ______ ______
INSTRUCTIONS FOR THE CENTER

This questionnaire is designed to be completed independently by the co-participant, who will be describing the subject’s current typical behavior. This form may be handed to the co-participant for completion by him- or herself at any time during the study visit. If the co-participant asks for clarification of questions, it is acceptable for a qualified psychologist or psychometrist to discuss the questionnaire with him or her. However, if the co-participant completes this questionnaire collaboratively with the clinician, either face-to-face or via telephone, you must inform NACC of this change in protocol by checking the appropriate box in the gray “FOR CLINIC USE ONLY” area at the top of the questionnaire.

Before the co-participant leaves, clinic staff should make sure that all questions were completed by the co-participant (i.e., none was left blank) by discussing the missing item with the co-participant and encouraging them to provide a response. If this is not done and it is later noticed that some items were missed by the co-participant, clinic staff should call the co-participant as soon as possible so that the missing items can be completed by phone. In this case, the questionnaire is not considered to have been completed independently by the co-participant. In the shaded area at the top of the form, the appropriate response would therefore be, “This questionnaire was completed via telephone interview of co-participant by clinic staff.”

If there are still missing items, these items should be left blank, and “88” should be entered for the Empathic Concern (EC) Score and Perspective-taking (PT) Score.

---

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**Form C5F: Interpersonal Reactivity Index**

**CO-PARTICIPANT QUESTIONNAIRE**

**FOR CLINIC USE ONLY:**

<table>
<thead>
<tr>
<th>ADC name:</th>
<th>Subject ID:</th>
<th>Form date:</th>
<th>Visit #:</th>
<th>Examiner's initials:</th>
</tr>
</thead>
</table>

**THIS QUESTIONNAIRE WAS COMPLETED:**

- [ ] Independently by co-participant, as described in "Instructions to the Center"
- [x] Via in-person interview of co-participant by clinic staff
- [ ] Via telephone interview of co-participant by clinic staff

---

**DIRECTIONS:** Indicate how well each statement describes the subject's CURRENT behavior. There are no right or wrong answers; we just want to get your impression of how you think the subject typically behaves.

If you have questions about how to complete this questionnaire, please ask a staff member, and they will be happy to help you.

Please give us some information about yourself:

- **Your sex:**
  - [ ] Male
  - [x] Female

- **Your date of birth (mm/yyyy):**
  
- **Your relationship to subject:**
  - [ ] Spouse or spouse equivalent
  - [ ] Child
  - [ ] Daughter- or son-in-law
  - [ ] Parent
  - [ ] Sibling
  - [ ] Other (other relative, friend, neighbor, paid caregiver)

**Does NOT describe well**

<table>
<thead>
<tr>
<th>Does NOT describe well</th>
<th>Describes very well</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

1. The subject shows tender, concerned feelings for people less fortunate than him/her.

2. The subject sometimes finds it difficult to see things from the "other guy's" point of view.

3. Sometimes the subject does NOT feel very sorry for other people when they are having problems.

4. The subject tries to look at everybody's side of a disagreement before he/she makes a decision.

5. If the subject sees somebody being taken advantage of, the subject feels kind of protective towards him/her.

6. The subject is likely to try to understand others better by imagining how things look from their perspective.

7. Other people's misfortunes do NOT usually disturb the subject a great deal.

---

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UDS/FTLD Version 3.0, March 2015
8. If the subject is sure he/she is right about something, he/she doesn’t waste much time listening to other people’s arguments.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
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</table>

9. If the subject sees someone being treated unfairly, the subject doesn’t feel much pity for him/her.

<table>
<thead>
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<th></th>
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<th>4</th>
<th>5</th>
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<td></td>
<td></td>
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</table>

10. The subject is often quite touched by things he/she sees happen.

<table>
<thead>
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<th></th>
<th>1</th>
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<th>4</th>
<th>5</th>
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</tbody>
</table>

11. The subject believes that there are two sides to every question and tries to look at both of them.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

12. I would describe the subject as a pretty soft-hearted person.

<table>
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<th>1</th>
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<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
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<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

13. If the subject is upset at someone, the subject usually tries to put him/herself “in the other person’s shoes” for a while.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

14. Before criticizing me, the subject is likely to imagine how he/she would feel if he/she were in my place.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>


__FOR CLINIC USE ONLY:__

15. Empathic Concern Score (EC) (7–35, 88=Unknown):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

16. Perspective-taking Score (PT) (7–35, 88=Unknown):

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

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INSTRUCTIONS FOR THE CENTER

This questionnaire is designed to be completed independently by the co-participant, who will be describing the subject’s current typical behavior. This form may be handed to the co-participant for completion by him- or herself at any time during the study visit. If the co-participant asks for clarification of questions, it is acceptable for a qualified psychologist or psychometrist to discuss the questionnaire with him or her. However, if the co-participant completes this questionnaire collaboratively with the clinician, either face-to-face or via telephone, you must inform NACC of this change in protocol by checking the appropriate box in the gray “FOR CLINIC USE ONLY” area at the top of the questionnaire.

Before the co-participant leaves, clinic staff should make sure that all questions were completed by the co-participant (i.e., none was left blank) by discussing the missing item with the co-participant and encouraging them to provide a response. If this is not done and it is later noticed that some items were missed by the co-participant, clinic staff should call the co-participant as soon as possible so that the missing items can be completed by phone. In this case, the questionnaire is not considered to have been completed independently by the co-participant. In the shaded area at the top of the form, the appropriate response would therefore be, “This questionnaire was completed via telephone interview of co-participant by clinic staff.”

If there are still missing items, these items should be left blank, and “88” should be entered for the Sensitivity to Socio-emotional Expressivity (EX) Score, the Ability to Modify Self-presentation (SP) Score and the RSMS Total Score.

---

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## Form C6F: Revised Self-monitoring Scale

### CO-PARTICIPANT QUESTIONNAIRE

**FOR CLINIC USE ONLY:**

ADC name: ______________________  Subject ID: __________________________
Form date: ______ / ______ / ______  Visit #: ______  Examiner’s initials: ______

**THIS QUESTIONNAIRE WAS COMPLETED:**

- [ ] 0  Independently by co-participant, as described in "Instructions to the Center"
- [ ] 1  Via in-person interview of co-participant by clinic staff
- [ ] 2  Via telephone interview of co-participant by clinic staff

**DIRECTIONS:** Indicate how well each statement describes the subject’s CURRENT behavior. There are no right or wrong answers; we just want to get your impression of how you think the subject typically behaves. If you have questions about how to complete this questionnaire, please ask a staff member, and they will be happy to help you.

<table>
<thead>
<tr>
<th></th>
<th>Certainly, always false (0)</th>
<th>Generally false (1)</th>
<th>Somewhat false, but with exceptions (2)</th>
<th>Somewhat true, but with exceptions (3)</th>
<th>Generally true (4)</th>
<th>Certainly, always true (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>In social situations, the subject has the ability to alter his/her behavior if he/she feels that something else is called for.</td>
<td>[ ] 0</td>
<td>[ ] 1</td>
<td>[ ] 2</td>
<td>[ ] 3</td>
<td>[ ] 4</td>
</tr>
</tbody>
</table>

| 2. | The subject is often able to correctly read people’s true emotions through their eyes. | [ ] 0 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |

| 3. | The subject has the ability to control the way he/she comes across to people, depending on the impression he/she wants to give them. | [ ] 0 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |

| 4. | In conversations, the subject is sensitive to even the slightest change in the facial expression of the person he/she is conversing with. | [ ] 0 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |

| 5. | The subject’s powers of intuition are quite good when it comes to understanding others. | [ ] 0 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |

| 6. | The subject can usually tell when others consider a joke in bad taste, even though they may laugh convincingly. | [ ] 0 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |

| 7. | When the subject feels that the image he/she is projecting isn’t working, he/she can readily change to something that does. | [ ] 0 | [ ] 1 | [ ] 2 | [ ] 3 | [ ] 4 | [ ] 5 |

---

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8. The subject can usually tell when he/she said something inappropriate by reading it in the listener's eyes. | Certainly, always false (0) | Generally false (1) | Somewhat false, but with exceptions (2) | Somewhat true, but with exceptions (3) | Generally true (4) | Certainly, always true (5) 
---
0 | 1 | 2 | 3 | 4 | 5

9. The subject has trouble changing his/her behavior to suit different people and different situations. | Certainly, always false (0) | Generally false (1) | Somewhat false, but with exceptions (2) | Somewhat true, but with exceptions (3) | Generally true (4) | Certainly, always true (5) 
---
0 | 1 | 2 | 3 | 4 | 5

10. The subject can adjust his/her behavior to meet the requirements of any situation he/she is in. | Certainly, always false (0) | Generally false (1) | Somewhat false, but with exceptions (2) | Somewhat true, but with exceptions (3) | Generally true (4) | Certainly, always true (5) 
---
0 | 1 | 2 | 3 | 4 | 5

11. If someone is lying to the subject, he/she usually knows it at once from that person’s manner or expression. | Certainly, always false (0) | Generally false (1) | Somewhat false, but with exceptions (2) | Somewhat true, but with exceptions (3) | Generally true (4) | Certainly, always true (5) 
---
0 | 1 | 2 | 3 | 4 | 5

12. Even when it might be to his/her advantage, the subject has difficulty putting up a good front. | Certainly, always false (0) | Generally false (1) | Somewhat false, but with exceptions (2) | Somewhat true, but with exceptions (3) | Generally true (4) | Certainly, always true (5) 
---
0 | 1 | 2 | 3 | 4 | 5

13. Once the subject knows what the situation calls for, it’s easy for him/her to regulate his/her actions accordingly. | Certainly, always false (0) | Generally false (1) | Somewhat false, but with exceptions (2) | Somewhat true, but with exceptions (3) | Generally true (4) | Certainly, always true (5) 
---
0 | 1 | 2 | 3 | 4 | 5

---

14. Sensitivity to Socio-emotional Expressiveness Score (EX) (0–30, 88=Unknown): ■ ■

15. Ability to Modify Self-presentation Score (SP) (0–35, 88=Unknown): ■ ■

16. RSMS Total Score (0–65, 88=Unknown): ■ ■

---

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### Form E2F: Imaging Available

INSTRUCTIONS: This form is to be completed by the clinician or imaging specialist involved in interpreting the scan. For additional clarification and examples, see FTLD Module Coding Guidebook for Initial Visit Packet, Form E2F. Check only one box per question.

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| 1. Is a structural MRI scan, obtained as part of the current evaluation or a previous evaluation, available for data sharing? (REPORT MOST RECENT) | 0  No  
1  Yes |
| IF YES, complete 1a – 1f; if no, go to Question 2.                      |                                                                         |
| 1a. Date of scan (MM / DD / YYYY):                                      | __ / __ / __ |
|   NOTE: A value of 99 (unknown) is permissible for day only.             |                                                                         |
| 1b. Is it in DICOM format or other electronic format?                    | 0  No  
1  Yes (specify format): 
   ___________________________________________________________________ 
9  Unknown |
| 1c. Was ADNI protocol used?                                              | 0  No  
1  Yes  
   *ADNI version:* ________________ 
9  Unknown |
| 1d. Scan manufacturer:                                                   | 1  GE  
2  Siemens  
3  Philips  
4  Other: ___________________________________________________________________ 
9  Unknown |
<p>| 1d1. Scan model:                                                         | ___________________________________________________________________ |</p>
<table>
<thead>
<tr>
<th>Subject ID:</th>
<th>Form date:</th>
<th>Visit #:</th>
</tr>
</thead>
</table>

**1e. Field strength:**
- □ 1 1.5T
- □ 2 3T
- □ 3 7T
- □ 4 Other: ____________________________
- □ 9 Unknown

**1f. Are results of quantitative image analysis available?**
- □ 0 No
- □ 1 Yes

**2. Is an FDG-PET scan, obtained as part of the current evaluation or a previous evaluation, available for data sharing? (REPORT MOST RECENT)**
- □ 0 No
- □ 1 Yes

**IF YES, complete 2a – 2e; if no, go to Question 3.**

**2a. Date of scan (MM / DD / YYYY):**
- ____/__/____

*NOTE: A value of 99 (unknown) is permissible for day only.*

**2b. Is it in DICOM format or other electronic format?**
- □ 0 No
- □ 1 Yes (specify format):
  - ____________________________
- □ 9 Unknown

**2c. Was ADNI protocol used?**
- □ 0 No
- □ 1 Yes
  - **ADNI version:** ____________________________
- □ 9 Unknown

**2d. Scan manufacturer:**
- □ 1 GE
- □ 2 Siemens
- □ 3 Philips
- □ 4 Other: ____________________________
- □ 9 Unknown

**2d1. Scan model:**
- ____________________________

**2e. Are results of quantitative image analysis available?**
- □ 0 No
- □ 1 Yes
3. **Is an amyloid PET scan, obtained as part of the current evaluation or a previous evaluation, available for data sharing? (REPORT MOST RECENT)**

<table>
<thead>
<tr>
<th>0</th>
<th>No</th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>

   **IF YES, complete 3a – 3f; if no, go to Question 4.**

3a. Date of scan (MM / DD / YYYY):

   **NOTE: A value of 99 (unknown) is permissible for day only.**

   

3b. Is it in DICOM format or other electronic format?

<table>
<thead>
<tr>
<th>0</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes (specify format): ____________________________</td>
</tr>
<tr>
<td>9</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

3c. Ligand used:

   | 1  | 11C-PIB |
   | 2  | 18F-AV45 |
   | 3  | Other (specify): ____________________________ |
   | 9  | Unknown |

3d. Was ADNI protocol used?

<table>
<thead>
<tr>
<th>0</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>

   **ADNI version: ____________________________**

   | 9  | Unknown |

3e. Scan manufacturer:

   | 1  | GE |
   | 2  | Siemens |
   | 3  | Philips |
   | 4  | Other: ____________________________ |
   | 9  | Unknown |

3e1. Scan model:

   ____________________________

3f. Are results of quantitative image analysis available?

<table>
<thead>
<tr>
<th>0</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
</tbody>
</table>
4. Are other PET or SPECT scans, obtained as part of the current evaluation or a previous evaluation, available for data sharing? (REPORT MOST RECENT)

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>□ 0 No</td>
<td>□ 1 Yes</td>
<td></td>
</tr>
</tbody>
</table>

IF YES, complete 4a – 4d; if no, END FORM HERE.

<table>
<thead>
<tr>
<th>4a. Is a dopaminergic scan available?</th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>□ 0 No</td>
<td>□ 1 Yes</td>
<td>□ 9 Unknown</td>
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<table>
<thead>
<tr>
<th>4b. Is a serotonergic scan available?</th>
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<tbody>
<tr>
<td>□ 0 No</td>
<td>□ 1 Yes</td>
<td>□ 9 Unknown</td>
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</table>

<table>
<thead>
<tr>
<th>4c. Is a cholinergic scan available?</th>
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<tbody>
<tr>
<td>□ 0 No</td>
<td>□ 1 Yes</td>
<td>□ 9 Unknown</td>
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<table>
<thead>
<tr>
<th>4d. Is another kind of scan available?</th>
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</thead>
<tbody>
<tr>
<td>□ 0 No</td>
<td>□ 1 Yes (SPECIFY):</td>
<td></td>
</tr>
</tbody>
</table>
**Form E3F: Imaging in Diagnosis**

ADC name: ______________________  Subject ID: ____________  Form date: ___ / ___ / ___
Visit #: ___  Examiner’s initials: ___ ___ ___

**INSTRUCTIONS:** This form is to be completed by the clinician or imaging specialist involved in interpreting the scan. For additional clarification and examples, see FTLD Module Coding Guidebook for Initial Visit Packet, Form E3F. Check only one box per question.

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**STRUCTURAL MRI**

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</tbody>
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| 2a. |   |     |         |
|     |   |     |         |

Where was focal atrophy appreciated?

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<td>2a1.</td>
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<td>2a3.</td>
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<td>2a4.</td>
<td></td>
<td></td>
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<td>2a5.</td>
<td></td>
<td></td>
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<tr>
<td>2a6.</td>
<td></td>
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<tr>
<td>2a7.</td>
<td></td>
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<tr>
<td>2a8.</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2a9.</td>
<td></td>
<td></td>
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<tr>
<td>2a10.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a11.</td>
<td></td>
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</table>

Where was focal atrophy appreciated:

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<tr>
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<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>2a2.</td>
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<td>2a3.</td>
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<td>2a4.</td>
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<td>2a5.</td>
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<td>2a6.</td>
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<td>2a7.</td>
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<td>2a8.</td>
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<tr>
<td>2a9.</td>
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<td></td>
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<td>2a10.</td>
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<tr>
<td>2a11.</td>
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### FDG-PET

3. **Was FDG-PET done?**
   
   If “No”, SKIP TO QUESTION 4.

<table>
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</table>

3a. **Was focal hypometabolism appreciated by visual inspection?**
   
   If “No” or “Unknown”, SKIP TO QUESTION 4.

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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<tbody>
<tr>
<td>0</td>
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Where was focal hypometabolism appreciated?

- 3a1. Right frontal lobe
- 3a2. Left frontal lobe
- 3a3. Right temporal lobe
- 3a4. Left temporal lobe
- 3a5. Right medial temporal lobe
- 3a6. Left medial temporal lobe
- 3a7. Right parietal lobe
- 3a8. Left parietal lobe
- 3a9. Right basal ganglia
- 3a10. Left basal ganglia
- 3a11. Other area of the brain (specify below):

### AMYLOID PET

4. **Was amyloid PET done?**
   
   If “No”, SKIP TO QUESTION 5.

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4a. **Was amyloid deposition appreciated by visual inspection?**
   
   If “No” or “Unknown”, SKIP TO QUESTION 5.

<table>
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<tr>
<th>No</th>
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Where was amyloid deposition noted?

- 4a1. Right frontal lobe
- 4a2. Left frontal lobe
- 4a3. Right temporal lobe
- 4a4. Left temporal lobe
- 4a5. Right medial temporal lobe
<table>
<thead>
<tr>
<th>Question</th>
<th>No</th>
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<td>4a6. Left medial temporal lobe</td>
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<td>4a7. Right parietal lobe</td>
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<tr>
<td>4a8. Left parietal lobe</td>
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<tr>
<td>4a9. Right basal ganglia</td>
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<tr>
<td>4a10. Left basal ganglia</td>
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<td>4a11. Other area of the brain (specify below):</td>
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**CBF SPECT**

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<td>If “No”, SKIP TO QUESTION 6.</td>
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<td>5a. Were abnormalities appreciated by visual inspection?</td>
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<td>If “No” or “Unknown”, SKIP TO QUESTION 6.</td>
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<td>Where were abnormalities noted?</td>
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<td>5a3. Right temporal lobe</td>
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<td>5a5. Right medial temporal lobe</td>
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<tr>
<td>5a6. Left medial temporal lobe</td>
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<td>5a7. Right parietal lobe</td>
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<td>5a8. Left parietal lobe</td>
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<tr>
<td>5a9. Right basal ganglia</td>
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<tr>
<td>5a10. Left basal ganglia</td>
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<tr>
<td>5a11. Other area of the brain (specify below):</td>
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**OTHER IMAGING**

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<td>6. Was other imaging done?</td>
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<td>If “Yes”, specify:</td>
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