



Exam 7

UDS Physical Exam Completion

Participant ID #:

Acrostic:

Technician ID:

Date: / /

Month Day Year

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?

- No abnormal findings —————→ **END FORM HERE**
- Yes — abnormal findings were consistent syndromes listed in Questions 2-6
- Yes — abnormal findings were consistent with age-associated changes or irrelevant to dementing disorders (e.g., Bell’s palsy) —————→ **SKIP TO QUESTION 6**

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 finding/syndromes that were present:

2. Parkinsonian signs

- No —————→ **SKIP TO QUESTION 3**
- Yes —————→

Findings not marked Yes or Not assessed will default to No in the NACC database.

	LEFT		RIGHT	
	Yes	Not assessed	Yes	Not assessed
<u>Parkinsonian signs</u>				
2a. Resting tremor — arm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2b. Slowing of fine motor movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2c. Rigidity — arm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				Not assessed
2d. Bradykinesia		<input type="radio"/>	<input type="radio"/>	
2e. Parkinsonian gait disorder		<input type="radio"/>	<input type="radio"/>	
2f. Postural instability		<input type="radio"/>	<input type="radio"/>	



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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

No → **SKIP TO QUESTION 4**

Yes →

Findings not marked Yes or Not assessed will default to No in the NACC database.

<u>Findings consistent with stroke/cerebrovascular disease</u>	<u>PRESENT</u>			
	<u>LEFT</u>		<u>RIGHT</u>	
	Yes	Not assessed	Yes	Not assessed
3a. Cortical cognitive deficit (e.g., aphasia, apraxia, neglect)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3b. Focal or other neurological findings consistent with SIVD (subcortical ischemic vascular dementia)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3c. Motor (may include weakness of combinations of face, arm, and leg; reflex changes; etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3d. Cortical visual field loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Any signs of muscle wasting, fasciculations, upper motor neuron and/or lower motor neuron signs?

No

Yes

5. Any signs of magnetic gait (apraxia)?

No

Yes

6. Other findings (e.g., any signs of cerebellar ataxia, chorea, myoclonus)

(NOTE: For this question, do not specify symptoms that have already been checked above)

No

Yes → **(SPECIFY):** _____