

## Form B9: Clinician Judgment of Symptoms

ADRC: \_\_\_\_\_ PTID: \_\_\_\_\_ Form date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Visit #: \_\_\_\_\_ Examiner's initials: \_\_\_\_\_

Language: <input type="checkbox"/> 1 English <input type="checkbox"/> 2 Spanish	Mode: <input type="checkbox"/> 1 In-person <input type="checkbox"/> 2 Remote (reason): ____ <input type="checkbox"/> 1 Telephone <input type="checkbox"/> 2 Video	Key (remote reason): 1=Too cognitively impaired 2=Too physically impaired 3=Homebound or nursing home 4=Refused in-person visit 5=Other
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**INSTRUCTIONS:** This form is to be completed by the clinician. Questions below are not intended for direct administration to participant or co-participant. For all questions the clinician must use their best judgment about whether symptoms are present and make their estimate when symptoms began based on information from participant and co-participant. For additional clarification and examples, see **UDS Coding Guidebook for Form B9.** Check only one box per question.

## Section 1 – Changes across domains

Reported by participant.

1.	Does the <u>participant</u> report a decline in any cognitive domain (relative to stable baseline prior to onset of current syndrome)?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	<input type="checkbox"/> 8 Could not be assessed / participant is too impaired
2.	Does the <u>participant</u> report a decline in any motor domain (relative to stable baseline prior to onset of current syndrome)?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	<input type="checkbox"/> 8 Could not be assessed / participant is too impaired
3.	Does the <u>participant</u> report the development of any significant neuropsychiatric/behavioral symptoms (relative to stable baseline prior to onset of current syndrome)?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	<input type="checkbox"/> 8 Could not be assessed / participant is too impaired

Reported by co-participant.

4.	Does the <u>co-participant</u> report a decline in any cognitive domain (relative to stable baseline prior to onset of current syndrome)?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	<input type="checkbox"/> 8 There is no co-participant
5.	Does the <u>co-participant</u> report a change in any motor domain (relative to stable baseline prior to onset of current syndrome)?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	<input type="checkbox"/> 8 There is no co-participant
6.	Does the <u>co-participant</u> report the development of any significant neuropsychiatric/behavioral symptoms (relative to stable baseline prior to onset of current syndrome)?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	<input type="checkbox"/> 8 There is no co-participant

Reported by clinician

7.	Does the participant have any neuropsychiatric/behavioral symptoms or declines in any cognitive or motor domains?	<input type="checkbox"/> 0 No (END FORM HERE) <input type="checkbox"/> 1 Yes
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In the following sections record the phenotype of clinically meaningful symptoms or absence of a **history of these symptoms**, as determined by the clinician's best judgment following the medical history interview with the participant and co-participant.

## Section 2 – Cognitive impairment

Consider if the participant currently is meaningfully impaired, **relative to stable baseline prior to onset of current syndrome**:

8.	Based on the clinician's judgment, is the participant currently experiencing meaningful impairment in cognition?	<input type="checkbox"/> 0 No (SKIP TO QUESTION 11) <input type="checkbox"/> 1 Yes		
9.	Indicate whether the participant is meaningfully impaired in the following cognitive domains or has fluctuating cognition:			
	<b>Cognitive</b>	<b>No</b>	<b>Yes</b>	<b>Unknown</b>
	<b>9a. Memory</b> — For example, do they forget conversations and/or dates, repeat questions, and/or statements, misplace things more than usual?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	<b>9b. Orientation</b> — For example, do they have trouble knowing the day, month, and year, or forget names of people they know well, get lost in familiar locations, or not recognize familiar locations?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	<b>9c. Executive function (judgment, planning, and problem-solving)</b> — Do they have trouble planning complex activities like trips, financial transactions, parties, or group meetings?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9

**Section 2 – Cognitive impairment***continued...*

	No	Yes	Unknown
<b>9d. Language</b> — Do they have hesitant speech, have trouble finding words, use inappropriate words without self-correction, or have trouble with speech comprehension?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
<b>9e. Visuospatial function</b> — Do they have difficulty interpreting visual stimuli or finding their way around in familiar environments?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
<b>9f. Attention/concentration</b> — Does the participant have a short attention span or limited ability to concentrate? Are they easily distracted?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
<b>9g. Fluctuating cognition</b> — Does the participant exhibit pronounced variation in attention and alertness, noticeably over hours or days—for example, long lapses or periods of staring into space, or times when their ideas have a disorganized flow?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
<b>9h. Other (SPECIFY):</b> _____	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	
<b>9i.</b> If any of the cognitive-related behavioral symptoms in 9a–9h are present, at what age did they begin? ( <i>The clinician must use their best judgment to estimate an age of onset.</i> )	_____		
<b>10. Mode of onset of cognitive impairment:</b> Indicate the mode of onset for the <b>most prominent</b> cognitive problem that is causing the participant's complaints and/or affecting the participant's function.	<input type="checkbox"/> <sub>1</sub> Gradual <input type="checkbox"/> <sub>2</sub> Subacute <input type="checkbox"/> <sub>3</sub> Abrupt <input type="checkbox"/> <sub>4</sub> Other (SPECIFY): _____ <input type="checkbox"/> <sub>99</sub> Unknown		

**Section 3 – Neuropsychiatric symptoms and behavioral changes**

Consider if the participant manifests – ***in the last month*** – clinically meaningful neuropsychiatric symptoms or change in behavior ***relative to stable baseline***. Clinically meaningful change refers to symptoms or changes that are evident most days in a given four-week period.

<b>11.</b> Based on the clinician's judgment, does the participant manifest clinically meaningful neuropsychiatric symptoms or meaningful change in behavior?	<input type="checkbox"/> <sub>0</sub> No ( <b>SKIP TO QUESTION 14</b> ) <input type="checkbox"/> <sub>1</sub> Yes		
<b>12.</b> Specify the phenotype of clinically meaningful neuropsychiatric symptoms or meaningful change in behavior that has manifested <b><i>in the last month</i></b> .			
<b>Mood, motivation, and agitations</b>	No	Yes	Unknown
<b>12a. Apathy/withdrawal</b> — Has the participant lost interest in the world around them or lost interest in doing things or lacks motivation for starting new activities?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
<b>12b. Depressed mood</b> — Does the participant seem sad or depressed or say that they feel sad or depressed?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
<b>12c. Anxiety</b> — Does the participant seem very nervous, worried, or frightened for no apparent reason? Do they seem very tense or fidgety? Do they seem afraid to be apart from caregivers or from others that they trust?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
<b>12d. Euphoria</b> — Does the participant seem too cheerful or too happy for no reason or manifest a persistent and abnormally good mood or find humor where others do not?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
<b>12e. Irritability</b> — Does the participant get irritated and easily disturbed? Are their moods very interchangeable? Are they abnormally impatient?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
<b>12f. Agitation</b> — Is the participant easily distressed or angered, and also hard to handle or uncooperative or resistive to care or to help from others?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
<b>12g.</b> If any of the mood-related behavioral changes in 12a–12f are present, at what age did they begin? ( <i>The clinician must use their best judgment to estimate an age of onset.</i> )	_____		

**Section 3 – Neuropsychiatric symptoms and behavioral changes***continued...*

Psychosis and impulse control		No	Yes	Unknown
	<b>12h. Visual hallucinations</b> - Does the participant exhibit visual perceptions without a stimulus?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
	<b>12h1. IF YES</b> , do their hallucinations include patterns that are not definite objects, such as pixelation of flat uniform surfaces?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
	<b>12h2. IF YES</b> , do their hallucinations include well-formed and detailed images of objects or people, either as independent images or as part of other objects?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
	<b>12i. Auditory hallucinations</b> - Does the participant exhibit auditory perceptions without a stimulus?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
	<b>12i1. IF YES</b> , do the auditory hallucinations include simple sounds like knocks or other simple sounds?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
	<b>12i2. IF YES</b> , do the auditory hallucinations include complex sounds like voices speaking words, or music?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
	<b>12j. Delusions</b> - Does the participant have fixed, idiosyncratic beliefs that are not true? For example, insisting that others are trying to harm them or steal from them? Or said that family members or staff are not who they say they are or that the house is not their home?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
	<b>12k. Aggression</b> — Does the participant shout angrily, slam doors, attempt to hit or hurt others or exhibit other verbally or physically aggressive behaviors?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
	<b>12l.</b> If any of the psychosis and impulse control –related behavioral changes in 12h–12k are present, at what age did they begin? (The clinician must use their best judgment to estimate an age of onset.)	_____		
Personality		No	Yes	Unknown
	<b>12m. Disinhibition</b> — Does the participant act impulsively without thinking? Or say things that are not usually done or said in public? Or do things that are embarrassing to caregivers or others? Do they talk personally to strangers or have disregard for personal hygiene?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
	<b>12n. Personality change</b> — Does the participant exhibit bizarre behavior or behavior uncharacteristic of the participant, such as unusual collecting, suspiciousness ( <i>without delusions</i> ), unusual dress, or unusual eating behaviors?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
	<b>12o. Loss of empathy</b> — Does the participant fail to take others' feelings into account?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
	<b>12p. Obsessions and/or compulsions</b> — Does the participant repeatedly and excessively focus on particular ideas or activities, and/or have they developed new habits, like physical behaviors or stereotypical verbal phrases?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
	<b>12q. Explosive anger</b> — Does the participant have a "short fuse"? Do they display explosive outbursts of anger/rage?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
	<b>12r. Substance use</b> — Does the participant currently show evidence of excessive consumption of recreational, psychoactive, or typically abused substances ( <i>substantial increase compared with prior habits, and beyond medical necessity if prescribed substance</i> )?	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>9</sub>
	<b>12r1. IF YES</b> , record substance(s) involved: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <b>12r1a.</b> <input type="checkbox"/><sub>1</sub> Alcohol  <b>12r1b.</b> <input type="checkbox"/><sub>1</sub> Sedative/hypnotic  <b>12r1c.</b> <input type="checkbox"/><sub>1</sub> Opiate  <b>12r1d.</b> <input type="checkbox"/><sub>1</sub> Cocaine  <b>12r1e.</b> <input type="checkbox"/><sub>1</sub> Cannabis  <b>12r1f.</b> <input type="checkbox"/><sub>1</sub> Other (<b>SPECIFY</b>): _____ </div> </div>			
	<b>12s.</b> If any of the personality–related behavioral changes in 12m–12r are present, at what age did they begin? (The clinician must use their best judgment to estimate an age of onset.)	_____		

**Section 3 – Neuropsychiatric symptoms and behavioral changes***continued...*

REM sleep		No	Yes	Unknown
12t. REM sleep behavior disorder	— While sleeping, does the participant appear to repeatedly act out their dreams (e.g., punch or flail their arms, shout, or scream)?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
12t1. IF YES, at what age did the dream enactment behavior begin? (The clinician must use their best judgment to estimate an age of onset.)		_____		
12t2.	Was REM sleep behavior disorder confirmed by polysomnography?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
Other		No	Yes	Unknown
12u.	Other behavioral changes (SPECIFY): _____	<input type="checkbox"/> _0	<input type="checkbox"/> _1	
13.	Overall mode of onset for behavioral changes: Indicate the mode of onset for the <b>most prominent</b> behavioral problem that is causing the participant's complaints and/or affecting the participant's function.	<input type="checkbox"/> _1 Gradual <input type="checkbox"/> _2 Subacute <input type="checkbox"/> _3 Abrupt		<input type="checkbox"/> _4 Other (SPECIFY): _____ <input type="checkbox"/> _99 Unknown

**Section 4 – Motor changes**

Consider if the participant currently has meaningful change in motor function **that represents a change relative to a stable baseline prior to the current syndrome and is potentially due to a disorder affecting the central nervous system:**

14.	Based on the clinician's judgment, is the participant currently experiencing any meaningful changes in motor function?	<input type="checkbox"/> _0 No (SKIP TO QUESTION 19) <input type="checkbox"/> _1 Yes		
15.	Indicate whether the participant has meaningful change in motor function:			
Motor		No	Yes	Unknown
15a.	<b>Gait disorder</b> — Has the participant's walking changed, not specifically due to arthritis, injury, or peripheral neuropathy? Are they unsteady, or do they shuffle when walking, have little or no arm-swing, or drag a foot?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
15b.	<b>Falls</b> — Has the participant had an increase in frequency of falls compared with their stable baseline prior to the current syndrome?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
15c.	<b>Slowness</b> — Has the participant noticeably slowed down in walking, moving, or writing by hand, other than due to an injury or illness?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
15d.	<b>Tremors</b> — Has the participant had rhythmic shaking, especially in the hands, arms, legs, head, mouth, or tongue?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
15e.	<b>Limb weakness</b> — Has the participant noticed a change ( <i>abrupt or gradual</i> ) in limb function such that an arm and/or leg is weak compared to their prior baseline?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
15f.	<b>Change in facial expression</b> — Has the participant's facial expression changed or become more "wooden," or masked and unexpressive?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
15g.	<b>Change in speech</b> — Has the participant noted a change in speech ( <i>abrupt or gradual</i> ) such that speech is slurred, and/or the ability to articulate the tongue and lips to form words and sentences has declined compared to their baseline?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
15h.	If changes in motor function are present in 15a–15g, at what age did they begin? (The clinician must use their best judgment to estimate an age of onset.)			
		_____		
16.	Mode of onset for motor changes: Indicate the mode of onset for the <b>most prominent</b> motor problem that is causing the participant's complaints and/or affecting the participant's function.	<input type="checkbox"/> _1 Gradual <input type="checkbox"/> _2 Subacute <input type="checkbox"/> _3 Abrupt		<input type="checkbox"/> _4 Other (SPECIFY): _____ <input type="checkbox"/> _99 Unknown
		No	Yes	Unknown
17.	Were changes in motor function suggestive of parkinsonism?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
18.	Were changes in motor function suggestive of amyotrophic lateral sclerosis (ALS) (e.g., changes in weakness and/or muscle twitches in one or more limbs, slurred speech, etc.)?	<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9

## Section 5 – Overall course of decline and predominant domain

19.	Overall course of decline of cognitive / behavioral / motor syndrome:	<input type="checkbox"/> 1 Gradually progressive <input type="checkbox"/> 2 Stepwise <input type="checkbox"/> 3 Static <input type="checkbox"/> 4 Fluctuating <input type="checkbox"/> 5 Improved <input type="checkbox"/> 8 Not applicable <input type="checkbox"/> 9 Unknown
20.	Indicate the <b><u>predominant</u></b> domain that was first recognized as changed in the participant:	<input type="checkbox"/> 1 Cognition <input type="checkbox"/> 2 Behavior <input type="checkbox"/> 3 Motor function <input type="checkbox"/> 8 Not applicable <input type="checkbox"/> 9 Unknown