

Form B9: Clinician Judgment of Symptoms

ADRC name: _____ Participant ID: _____ Form date: ____ / ____ / ____

Visit #: _____ Examiner's initials: _____

INSTRUCTIONS: This form is to be completed by the clinician. Questions below are not intended for direct administration to patient 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 Initial Visit Packet, Form B9. Check only one box per question.

SECTION 1 - Declines in Function, 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)?	Check the <u>most</u> appropriate box: <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 behavioral domain (relative to stable baseline prior to onset of current syndrome)?	Check the <u>most</u> appropriate box: <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 a decline in any motor domain (relative to stable baseline prior to onset of current syndrome)?	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 Could not be assessed / participant is too impaired

SECTION 1 - Declines in Function, 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)?	Check the <u>most</u> appropriate box: <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 decline in any behavioral domain (relative to stable baseline prior to onset of current syndrome)?	Check the <u>most</u> appropriate box: <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 a change in any motor domain (relative to stable baseline prior to onset of current syndrome)?	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 8 There is no co-participant

continued...

SECTION 2 - Cognitive Symptoms

7. Based on the clinician's judgment, is the participant currently experiencing meaningful impairment in cognition?

Check the most appropriate box:

- ☐₀ No (**SKIP TO SECTION QUESTION 10**)
☐₁ Yes

8. Indicate whether the participant currently is meaningfully impaired, ***relative to stable baseline prior to onset of current syndrome***, in the following cognitive domains, or has fluctuating cognition:

**Note - All questions marked with an asterisk (*) can be removed from the follow-up visit packets.*

Memory	No	Yes	Unknown
8a. 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
8a1. IF YES, at what age did memory impairment begin?*	_____ *		
Orientation	No	Yes	Unknown
8b. For example, do they have trouble knowing the day, month, and year, or forget names of people they know well? Recognize familiar locations, or get lost in familiar locations.	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉
8b1. IF YES, at what age did orientation impairment begin?*	_____ *		
Executive Function - Judgment, planning, and problem-solving	No	Yes	Unknown
8c. 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
8c1. IF YES, at what age did executive function impairment begin?*	_____ *		
Language	No	Yes	Unknown
8d. Do they have hesitant speech, have trouble finding words, use inappropriate words without self-correction, or have trouble with speech comprehension?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉
8d1. IF YES, at what age did language impairment begin?*	_____ *		
Visuospatial Function	No	Yes	Unknown
8e. Do they have difficulty interpreting visual stimuli or finding his/her way around in familiar environments?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉
8e1. IF YES, at what age did visuospatial function impairment begin?*	_____ *		
Attention / Concentration	No	Yes	Unknown
8f. Does the participant have a short attention span or limited ability to concentrate? Are they easily distracted?	<input type="checkbox"/> ₀	<input type="checkbox"/> ₁	<input type="checkbox"/> ₉
8f1. IF YES, at what age did attention/concentration impairment begin?*	_____ *		

continued...

SECTION 2 - Cognitive Symptoms		Continued...		
Fluctuating Cognition		No	Yes	Unknown
8g. 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 his/her ideas have a disorganized flow?		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
8g1. IF YES, at what age did fluctuating cognition problem begin?*		_____ *		
Other Impairment(s)		No	Yes	Unknown
8h. Other (SPECIFY): _____		<input type="checkbox"/> 0	<input type="checkbox"/> 1	
8h1. IF YES, at what age did impairment in this domain(s) begin?*		_____ *		
9.	Mode of onset of cognitive symptoms Indicate the mode of onset for the most prominent cognitive problem that is causing the participant's complaints and/or affecting the participant's function.	Check the <u>most</u> appropriate box: <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 3 - Behavioral Symptoms				
10.	Based on the clinician's judgment, is the participant currently experiencing any kind of behavioral symptoms?	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 No (IF NO, SKIP TO QUESTION 13) <input type="checkbox"/> 1 Yes		
11.	Indicate whether the participant currently manifests meaningful change in behavior (in any of the following ways):			
Apathy / Withdrawal		No	Yes	Unknown
11a. Has the participant lost interest in or displayed a reduced ability to initiate usual activities and social interaction, such as conversing with family and/or friends?		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
11a1. IF YES, at what age did apathy/withdrawal begin?*		_____ *		
Depressed Mood		No	Yes	Unknown
11b. Is the participant currently going through a period where they have seemed to be depressed for more than two weeks (e.g., shown loss of interest or pleasure in nearly all activities, sadness, hopelessness, loss of appetite, fatigue)?		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
11b1. IF YES, at what age did the current period of depressive symptoms begin?*		_____ *		
Psychosis		No	Yes	Unknown
11c1. Visual Hallucinations		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
11c1a. IF YES, do their hallucinations include patterns that are not definite objects, such as pixellation of flat uniform surfaces?		<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9

continued...

SECTION 3 - Behavioral Symptoms		Continued...		
	11c1b. IF YES , 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"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	11c1c. IF YES , at what age did visual hallucinations begin?*	_____ *		
	11c2. Auditory hallucinations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	11c2a. IF YES , do the auditory hallucinations include simple sounds like knocks or other simple sounds?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	11c2b. IF YES , do the auditory hallucinations include complex sounds like voices speaking words, or music?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	11c2c. IF YES , at what age did auditory hallucinations begin?*	_____ *		
	11c3. Abnormal, False, or Delusional Beliefs	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	11c3a. IF YES , at what age did abnormal, false or delusional beliefs begin?*	_____ *		
	Disinhibition	No	Yes	Unknown
	11d. Does the participant 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?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	11d1. IF YES , at what age did disinhibition begin?*	_____ *		
	Explosive Anger	No	Yes	Unknown
	11e. Does the participant have a "short fuse"? Do they display explosive outbursts of anger/rage?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	11e1. IF YES , at what age did the bouts of explosive anger begin?*	_____ *		
	Irritability	No	Yes	Unknown
	11f. Does the participant overreact (e.g., by shouting, or voicing irritation at family members or others)?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	11f1. IF YES , at what age did irritability begin?*	_____ *		
	Agitation	No	Yes	Unknown
	11g. Does the participant have trouble sitting still? Do they frequently rummage through drawers or closets?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	11g1. IF YES , at what age did agitation begin?*	_____ *		

continued...

SECTION 3 - Behavioral Symptoms		Continued...		
Aggression		No	Yes	Unknown
11h. Does the participant verbally abuse, or hit or kick others (family, caregivers, strangers...)?		<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
11h1. IF YES, at what age did aggression begin?*		_____		
Personality Change		No	Yes	Unknown
11i. Does the participant exhibit bizarre behavior or behavior uncharacteristic of the participant, such as unusual collecting, suspiciousness (without delusions), unusual dress, or dietary changes?		<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
11i1. IF YES, at what age did personality change begin?*		_____		
Loss of Empathy		No	Yes	Unknown
11j. Does the participant fail to take others' feelings into account?		<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
11j1. IF YES, at what age did the loss of empathy begin?*		_____		
REM Sleep Behavior Disorder		No	Yes	Unknown
11k. 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
11k1. IF YES, at what age did the dream enactment behavior begin?*		_____		
11k2. Was REM sleep behavior disorder confirmed by polysomnography?*		<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
Anxiety		No	Yes	Unknown
11l. For example, do they show signs of nervousness (e.g., frequent sighing, anxious facial expressions, or hand-wringing) and/or excessive worrying?		<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
11l1. IF YES, at what age did anxiety begin?*		_____		
Obsessions and/or Compulsions		No	Yes	Unknown
11m. For example, do they repeatedly and excessively focus on particular ideas or activities, and/or has s/he developed new habits, like physical behaviors or stereotypical verbal phrases?		<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
11m1. IF YES, at what age did obsessions and/or compulsions begin?*		_____		
Other Behaviors		No	Yes	Unknown
11n. Other (SPECIFY): _____		<input type="checkbox"/> _0	<input type="checkbox"/> _1	
12.	Overall mode of onset for behavioral symptoms: Indicate the mode of onset for the most prominent behavioral problem that is causing the participant's complaints and/or affecting the participant's function.			
	Check the <u>most</u> appropriate box: <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			

continued...

SECTION 4 - Motor Symptoms

13. Based on the clinician's judgment, is the participant currently experiencing any motor symptoms?

Check the most appropriate box:

☐ 0 No (SKIP TO QUESTION 18)

☐ 1 Yes

14. Indicate whether the participant currently has meaningful change in motor function (in any of the following areas):

Gait Disorder

No

Yes

Unknown

14a. 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?

☐ 0☐ 1☐ 9

14a1. IF YES, at what age did gait disorder begin?*

*

Falls

No

Yes

Unknown

14b. Has the participant had an increase in frequency of falls compared with their stable baseline prior to the current syndrome?

☐ 0☐ 1☐ 9

14b1. IF YES, at what age did the falls begin?*

*

Tremors

No

Yes

Unknown

14c. Has the participant had rhythmic shaking, especially in the hands, arms, legs, head, mouth, or tongue?

☐ 0☐ 1☐ 9

14c1. IF YES, at what age did tremors begin?*

*

Slowness

No

Yes

Unknown

14d. Has the participant noticeably slowed down in walking, moving, or writing by hand, other than due to an injury or illness?

☐ 0☐ 1☐ 9

14d1. IF YES, at what age did slowness begin?*

*

Change in Facial Expression

No

Yes

Unknown

14e. Has the participant's facial expression changed or become more "wooden," or masked and unexpressive?

☐ 0☐ 1☐ 9

14e1. IF YES, at what age did the change in facial expression begin?*

*

Limb Weakness

No

Yes

Unknown

14f. Has the participant noticed a change (*abrupt or gradual*) in limb function such that an arm and/or leg is weak compared to their prior baseline?

☐ 0☐ 1☐ 9

14f1. IF YES, at what age did the limb weakness begin?*

*

continued...

SECTION 4 - Motor Symptoms		Continued...
Change in Speech		No Yes Unknown
	14g. 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
	14g1. IF YES, at what age did the speech changes begin?*	_____ *
15.	Mode of onset for motor symptoms: Indicate the mode of onset for the most prominent motor problem that is causing the participant's complaints and/or affecting the participant's function.	Check the <u>most</u> appropriate box: <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
16.	Were changes in motor function suggestive of parkinsonism?	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 No (IF NO OR UNKNOWN, SKIP TO QUESTION 17) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 99 Unknown
	16a. IF YES, at what age did the motor symptoms suggestive of parkinsonism begin?*	_____ *
17.	Were changes in motor function suggestive of amyotrophic lateral sclerosis? (<i>Examples of changes include weakness and/or muscle twitches in one or more limbs, slurred speech, etc.</i>)	Check the <u>most</u> appropriate box: <input type="checkbox"/> 0 No (IF NO OR UNKNOWN, SKIP TO QUESTION 18) <input type="checkbox"/> 1 Yes <input type="checkbox"/> 99 Unknown
	17a. IF YES, at what age did the motor symptoms suggestive of Amyotrophic Lateral Sclerosis (ALS) begin?*	_____ *
SECTION 5 - Overall Course of Decline and Predominant Domain		
18.	Overall course of decline of cognitive / behavioral / motor syndrome:	Check the <u>most</u> appropriate box: <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 N/A <input type="checkbox"/> 9 Unknown
19.	Indicate the predominant domain that was first recognized as changed in the participant:	Check the <u>most</u> appropriate box: <input type="checkbox"/> 1 Cognition <input type="checkbox"/> 2 Behavior <input type="checkbox"/> 3 Motor function <input type="checkbox"/> 8 N/A <input type="checkbox"/> 9 Unknown

continued...