

## 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 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 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)?	<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)?	<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)?	<input type="checkbox"/> 0 No <input type="checkbox"/> 1 Yes	<input type="checkbox"/> 8 Could not be assessed / participant is too impaired
4.	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.

5.	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
6.	Does the <u>co-participant</u> report a decline in any behavioral 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
7.	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
8.	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

### Section 2 – Cognitive symptoms

9.	Based on the clinician's judgment, is the participant currently experiencing meaningful impairment in cognition?	<input type="checkbox"/> 0 No (SKIP TO QUESTION 12) <input type="checkbox"/> 1 Yes
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The clinician must use their best judgment to estimate an age of onset for the following cognitive symptoms (if present).

10.	Indicate whether the participant currently is meaningfully impaired, <b>relative to stable baseline prior to onset of current syndrome</b> , in the following cognitive domains, or has fluctuating cognition:			
		No	Yes	Unknown
10a. Memory	— 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
10a1. IF YES,	at what age did memory impairment begin?	— — —		
10b. Orientation	— 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
10b1. IF YES,	at what age did orientation impairment begin?	— — —		

**Section 2 – Cognitive symptoms***continued...*

		No	Yes	Unknown
	<b>10c. Executive function (<i>judgment, planning, and problem-solving</i>)</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
	<b>10c1. IF YES</b> , at what age did executive function impairment begin?	____ _		
	<b>10d. 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"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	<b>10d1. IF YES</b> , at what age did language impairment begin?	____ _		
	<b>10e. Visuospatial function</b> — Do they have difficulty interpreting visual stimuli or finding their way around in familiar environments?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	<b>10e1. IF YES</b> , at what age did visuospatial function impairment begin?	____ _		
	<b>10f. Attention/concentration</b> — 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
	<b>10f1. IF YES</b> , at what age did attention/concentration impairment begin?	____ _		
	<b>10g. 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"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	<b>10g1. IF YES</b> , at what age did fluctuating cognition problem begin?	____ _		
	<b>10h. Other (SPECIFY):</b> _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
	<b>10h2. IF YES</b> , at what age did impairment in this domain(s) begin?	____ _		
<b>11.</b>	<b>Mode of onset of cognitive symptoms</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"/> 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**

<b>12.</b>	Based on the clinician's judgment, is the participant currently experiencing any kind of behavioral symptoms?	<input type="checkbox"/> 0 No ( <b>SKIP TO QUESTION 15</b> ) <input type="checkbox"/> 1 Yes
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The clinician must use their best judgment to estimate an age of onset for the following behavioral symptoms (if present).

<b>13.</b>	<b>Indicate whether the participant currently manifests meaningful change in behavior, relative to stable baseline prior to onset of current syndrome, and not explained by longstanding psychiatric disorder, in any of the following ways:</b>			
		No	Yes	Unknown
	<b>13a. Apathy/withdrawal</b> — 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
	<b>13a1. IF YES</b> , at what age did apathy/withdrawal begin?	____ _		
	<b>13b. Depressed mood</b> — Does the participant have periods where they seem to be depressed for two weeks or more ( <i>e.g., shown loss of interest or pleasure in nearly all activities, sadness, hopelessness, loss of appetite, fatigue</i> )?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	<b>13b1. IF YES</b> , at what age did the current period of depressive symptoms begin?	____ _		
	<b>13c. Euphoria</b> — Does the participant have periods where they seem to be too cheerful or euphoric for two weeks or more?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	<b>13c1. IF YES</b> , at what age did the euphoric symptoms begin?	____ _		

**Section 3 – Behavioral symptoms***continued...*

		No	Yes	Unknown
<b>13d. 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"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
<b>13d1. IF YES</b> , record substance(s) involved: <i>(Check all that apply)</i>		<b>13d1a.</b> <input type="checkbox"/> _1 Alcohol <b>13d1b.</b> <input type="checkbox"/> _1 Sedative/hypnotic <b>13d1c.</b> <input type="checkbox"/> _1 Opiate		
<b>13d1d.</b> <input type="checkbox"/> _1 Cocaine <b>13d1e.</b> <input type="checkbox"/> _1 Other ( <b>SPECIFY</b> ): _____				
<b>13d2. IF YES</b> , at what age did the change in substance use begin?		____ _		
<b>13e1. Psychosis — Visual hallucinations</b>		<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
<b>13e1a. IF YES</b> , do their hallucinations include patterns that are not definite objects, such as pixelation of flat uniform surfaces?		<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
<b>13e1b. 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"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
<b>13e1c. IF YES</b> , at what age did visual hallucinations begin?		____ _		
<b>13e2. Psychosis — Auditory hallucinations</b>		<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
<b>13e2a. IF YES</b> , 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
<b>13e2b. IF YES</b> , 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
<b>13e2c. IF YES</b> , at what age did auditory hallucinations begin?		____ _		
<b>13e3. Psychosis — Abnormal, false, or delusional beliefs</b>		<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
<b>13e3a. IF YES</b> , at what age did abnormal, false or delusional beliefs begin?		____ _		
<b>13f. Disinhibition</b> — Does the participant use inappropriate coarse language or exhibit inappropriate speech or behaviors in public or in the home? Do they talk personally to strangers or have disregard for personal hygiene?		<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
<b>13f1. IF YES</b> , at what age did disinhibition begin?		____ _		
<b>13g. Explosive anger</b> — 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
<b>13g1. IF YES</b> , at what age did the bouts of explosive anger begin?		____ _		
<b>13h. Irritability</b> — Does the participant overreact ( <i>e.g., by shouting, or voicing irritation at family members or others</i> )?		<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
<b>13h1. IF YES</b> , at what age did irritability begin?		____ _		
<b>13i. Agitation</b> — 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
<b>13i1. IF YES</b> , at what age did agitation begin?		____ _		
<b>13j. Aggression</b> — Does the participant verbally abuse, or hit or kick others ( <i>family, caregivers, strangers...</i> )?		<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
<b>13j1. IF YES</b> , at what age did aggression begin?		____ _		
<b>13k. 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 dietary changes?		<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
<b>13k1. IF YES</b> , at what age did personality change begin?		____ _		
<b>13l. Loss of empathy</b> — Does the participant fail to take others' feelings into account?		<input type="checkbox"/> _0	<input type="checkbox"/> _1	<input type="checkbox"/> _9
<b>13l1. IF YES</b> , at what age did the loss of empathy begin?		____ _		

**Section 3 – Behavioral symptoms***continued...*

		No	Yes	Unknown
	<b>13m. REM sleep behavior disorder</b> — 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
	<b>13m1. IF YES</b> , at what age did the dream enactment behavior begin?	— — —		
	<b>13m2.</b> Was REM sleep behavior disorder confirmed by polysomnography?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	<b>13n. Anxiety</b> — 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
	<b>13n1. IF YES</b> , at what age did anxiety begin?	— — —		
	<b>13o. Obsessions and/or compulsions</b> — For example, do they 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"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	<b>13o1. IF YES</b> , at what age obsessions and/or compulsions begin?	— — —		
	<b>13p. Other (SPECIFY):</b> _____	<input type="checkbox"/> 0	<input type="checkbox"/> 1	
	<b>13p2. IF YES</b> , at what age did impairment in this domain(s) begin?	— — —		
<b>14.</b>	<b>Overall mode of onset for behavioral symptoms:</b> 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 symptoms**

<b>15.</b>	Based on the clinician's judgment, is the participant currently experiencing any motor symptoms?	<input type="checkbox"/> 0 No ( <b>SKIP TO QUESTION 20</b> ) <input type="checkbox"/> 1 Yes
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The clinician must use their best judgment to estimate an age of onset for the following motor symptoms (if present).

<b>16.</b>	<b>Indicate whether 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, in any of the following areas:</b>
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		No	Yes	Unknown
	<b>16a. 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
	<b>16a1. IF YES</b> , at what age did gait disorder begin?	— — —		
	<b>16b. 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
	<b>16b1. IF YES</b> , at what age did the falls begin?	— — —		
	<b>16c. 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
	<b>16c1. IF YES</b> , at what age did tremors begin?	— — —		
	<b>16d. 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
	<b>16d1. IF YES</b> , at what age did slowness begin?	— — —		
	<b>16e. 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
	<b>16e1. IF YES</b> , at what age did the change in facial expression begin?	— — —		

**Section 4 – Motor symptoms***continued...*

		No	Yes	Unknown
	<b>16f. 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
	<b>16f1. IF YES</b> , at what age did the limb weakness begin?	— — —		
	<b>16g. 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
	<b>16g1. IF YES</b> , at what age did the speech changes begin?	— — —		
<b>17.</b>	<b>Mode of onset for motor symptoms:</b> 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 ( <b>SPECIFY</b> ): _____ <input type="checkbox"/> 99 Unknown
<b>18.</b>	Were changes in motor function suggestive of parkinsonism?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	<b>18a. IF YES</b> , at what age did the motor symptoms suggestive of parkinsonism begin?	— — —		
<b>19.</b>	Were changes in motor function suggestive of amyotrophic lateral sclerosis (ALS)? ( <i>e.g., changes in weakness and/or muscle twitches in one or more limbs, slurred speech, etc.</i> )	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
	<b>19a. IF YES</b> , at what age did the motor symptoms suggestive of ALS begin?	— — —		

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

<b>20.</b>	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
<b>21.</b>	Indicate the <b>predominant</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