

INITIAL VISIT PACKET NACC UNIFORM DATA SET (UDS) DOWN SYNDROME MODULE

Form C1D: Neuropsychological Battery Scores

ADC name: _____ Subject ID: _____ Form date: ____/____/____

Visit #: _____ Examiner's initials: _____

INSTRUCTIONS: This form should be completed by ADRC or clinic staff. For test administration and scoring, see **Down Syndrome Module Coding Guidebook for Initial Visit Packet, Form C1D**.

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. Down Syndrome Mental Status Examination (DSMSE)

1. Was any part of the DSMSE administered?

- 0 ☐ No (If No, enter reason code, 95 – 98: ____ and **SKIP TO QUESTION 2**)
- 1 ☐ Yes (If Yes, **CONTINUE**)

			TOTALS
Personal information IA+IIIA+IIIB 1a1. ____ (0 – 7; 8=Not assessed)			1b2. ____ (0 – 11; 88=Not assessed)
Season/day IIIC+IIID 1b1. ____ (0 – 4; 8=Not assessed)			(1a1 + 1b1)
Shoebox Memory			
Object IIA	Immediate 1c1. ____ (0 – 9; 88=Not assessed)	VA Delay 1c2. ____ (0 – 9; 88=Not assessed)	1c3. ____ (0 – 18; 88=Not assessed) (1c1 + 1c2)
Memory			
Place VIIA	Immediate 1d1. ____ (0 – 3; 8=Not assessed)	XA Delay 1d2. ____ (0 – 3; 8=Not assessed)	1d3. ____ (0 – 6; 8=Not assessed) (1d1 + 1d2)
Apraxia			
Intransitive XIA	1e1. ____ (0 – 2; 8=Not assessed)		1e3. ____ . ____ (0.0 – 4.0; 8.8=Not assessed) (1e1 + 1e2)
Transitive XIB	1e2. ____ . ____ (0.0 – 2.0; 8.8=Not assessed)		
Language			
Naming VIA+VIIIA	1f1. ____ (0 – 11; 88=Not assessed)		1f4. ____ . ____ (0.0 – 53; 88.8=Not assessed) (1f1 + 1f2 + 1f3)
Repetitions IVA	1f2. ____ (0 – 30; 88=Not assessed)		
Comprehension VIB	1f3. ____ . ____ (0.0 – 12; 88.8=Not assessed)		
Visuospatial			
IXA+IXB	1g1. ____ . ____ (0.0 – 8.0; 8.8=Not assessed)		1g2. ____ . ____ (0.0 – 8.0; 8.8=Not assessed)

1. Down Syndrome Mental Status Examination (DSMSE)**Knowledge of the Examiner**

III E+IIIF 1h1. ____ (0 – 3; 8=Not assessed)

1h2. ____ (0 – 3; 8= Not assessed)

DSMSE TOTAL SCORE:**TOTAL SCORE:**1i1. ____ . ____
(0.0 – 103.0; 995.0 – 998.0)**2. Cued Recall Task (whole integer range)****2a.** Was any part of the Cued Recall Task administered?0 ☐ No (If No, enter reason code, 95 – 98: ____ and **SKIP TO QUESTION 3**)1 ☐ Yes (If Yes, **CONTINUE**)**2b.** Indicate which cue card set was used:1 ☐ Version 1 (Set A)2 ☐ Version 2 (Set B)*(NOTE: Set B no longer used by ABC-DS. See Down Syndrome Module neuropsychological battery instructions.)***2c. Training trial**

	TRIAL 1	TRIAL 2	TRIAL 3
Card 1	2c1. ____ (0 – 4)	2c4. ____ (0 – 4)	2c7. ____ (0 – 4)
Card 2	2c2. ____ (0 – 4)	2c5. ____ (0 – 4)	2c8. ____ (0 – 4)
Card 3	2c3. ____ (0 – 4)	2c6. ____ (0 – 4)	2c9. ____ (0 – 4)

2d. Test trials

	FREE RECALL	INTRUSIONS TO FR	CUED RECALL	INTRUSIONS TO CR
Trial 1	2d1. ____ (0 – 12)	2d2. ____ (no limit)	2d3. ____ (0 – 12)	2d4. ____ (no limit)
Trial 2	2d5. ____ (0 – 12)	2d6. ____ (no limit)	2d7. ____ (0 – 12)	2d8. ____ (no limit)
Trial 3	2d9. ____ (0 – 12)	2d10. ____ (no limit)	2d11. ____ (0 – 12)	2d12. ____ (no limit)
TOTAL SCORE	2d13. ____ (0 – 36)	2d14. ____ (no limit)	2d15. ____ (0 – 36)	2d16. ____ (no limit)

3. Appraisal of participant engagement

Select the best description of the participant's behavior during each test:

	COOPERATIVE AND ENGAGED	COOPERATIVE BUT DISTRACTED	UNCOOPERATIVE	NOT ADMINISTERED
3a. DSMSE	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>
3b. Cued Recall Task	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	9 <input type="checkbox"/>