

Form B8: EVALUATION Neurological Examination Findings

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

Visit #: _____ Examiner's initials: _____

INSTRUCTIONS: This form should be completed by a clinician with experience in performing a comprehensive neurologic examination, assessing the presence/absence of neurological signs, and rating the degree of any abnormalities. Additionally, the clinician should have experience in completing each of the assessment measures associated with the gateway questions if any key neurologic findings are present. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B8.

Check only one box per question.

SECTION 1 - Examiner & Examination Questions

1. Which of the following was completed on this participant?
- ☐ 0 No neurologic examination (**END FORM HERE**)
- ☐ 1 Comprehensive neurologic examination as suggested in the UDS Coding Guidebook
- ☐ 2 Focused or partial neurologic examination performed in-person
- ☐ 3 Focused or partial neurologic examination performed via telehealth
2. Were there abnormal neurological exam findings?
- ☐ 0 No abnormal findings (**END FORM HERE**)
- ☐ 1 Yes

SECTION 2 - Specific Clinical Findings**[2A] Parkinsonian Signs**

3. ☐ 0 No abnormal signs in this section are present (**SKIP TO SECTION 2B**)
- ☐ 1 Yes (**IF YES**, complete questions 3a-3n and consider completing additional measures as described on page 4)
- ☐ 8 Not assessed

continued...

SECTION 2 - Specific Clinical Findings**[2A] Parkinsonian Signs**

Findings not marked present or not assessed will default to absent in the NACC database.

FINDING:		Absent	Focal or Unilateral	Bilateral & Largely Symmetric	Bilateral & Largely Asymmetric	Not Assessed
3a.	Slowing of fine motor movements	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
3b.	Limb tremor at rest	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
3c.	Limb tremor - postural	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
3d.	Limb tremor - kinetic	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
3e.	Limb rigidity - arm	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
3f.	Limb rigidity - leg	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
3g.	Limb dystonia - arm	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
3h.	Limb dystonia - leg	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
3i.	Chorea	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8

FINDING:		Absent	Present	Not Assessed
3j.	Decrement in amplitude of fine motor movements*	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 8
3k.	Axial rigidity	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 8
3l.	Postural instability	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 8
3m.	Facial masking	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 8
3n.	Stooped posture	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 8

[2B] Cortical / Pyramidal / Other Signs

4.	<input type="checkbox"/> 0 No abnormal signs in this section are present (SKIP TO SECTION 2C)
	<input type="checkbox"/> 1 Yes IF YES - complete questions 4a-4q and consider completing additional measures as described on page 4
	<input type="checkbox"/> 8 Not assessed

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SECTION 2 - Specific Clinical Findings**[2B] Cortical / Pyramidal / Other Signs**

Findings not marked present or not assessed will default to absent in the NACC database.

FINDING:	Absent	Focal or Unilateral	Bilateral & Largely Symmetric	Bilateral & Largely Asymmetric	Not Assessed
4a. Limb apraxia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
4b. Face or limb findings in UMN distribution*	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
4c. Face or limb findings in an LMN distribution*	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
4d. Visual field cut	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
4e. Limb ataxia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8
4f. Myoclonus	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 8

FINDING:	Absent	Present	Not Assessed
4g. Unilateral Somatosensory Loss (<i>localized to the brain; disregard sensory changes localized to the spinal cord or peripheral nerves</i>)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 8
4h. Aphasia (<i>disregard complaints of mild dysnomia if not viewed as reflecting a clinically significant change</i>)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 8
4i. Alien limb phenomenon	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 8
4j. Hemispatial neglect	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 8
4k. Prosopagnosia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 8
4l. Simultanagnosia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 8
4m. Optic ataxia	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 8
4n. Apraxia of gaze	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 8
4o. Vertical +/- horizontal gaze palsy**	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 8
4p. Dysarthria*	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 8
4q. Apraxia of speech	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 8

*UMN findings could include weakness in a pyramidal pattern, hyper-reflexia, Babinski or Hoffman sign present, or spasticity; LMN findings could include weakness due to neuromuscular dysfunction, muscle wasting/atrophy, or fasciculations. These findings could be consistent with a cerebrovascular insult or with a degenerative disorder such as ALS, PLS, SMA, PSP, CBS, etc.

**Do not mark Present if only reduction of upgaze is present.

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SECTION 2 - Specific Clinical Findings**[2C] Gait**

5. ☐ 0 No abnormal signs in this section are present (**END FORM HERE**)
- ☐ 1 Yes *IF YES - complete question 5a and consider completing additional measures as described on page 4*
- ☐ 8 Not assessed
- 5a. **Finding (check the most appropriate box):**
- ☐ 1 Hemiparetic gait (spastic)
- ☐ 2 Foot drop gait (lower motor neuron)
- ☐ 3 Ataxic gait
- ☐ 4 Apractic magnetic gait
- ☐ 5 Hypokinetic/parkinsonian gait
- ☐ 6 Antalgic gait
- ☐ 7 Other (**SPECIFY**): _____

[2D] Additional Measures

There are **several additional clinical measures** to consider for completion depending on the findings and the suspicion of the clinical syndrome; *these include, but are not limited to, the following:*

- a) If there are any features of a movement disorder (*e.g., bradykinesia, tremor, rigidity, postural instability, etc.*):
Consider completing the UPDRS or MDS-UPDRS
- b) If there are any features of ALS (*e.g., upper motor neuron dysfunction and/or lower motor neuron dysfunction*):
Consider completing the ALSFRS
- c) If there are any features of PSP- Richardson's syndrome (*e.g., parkinsonism, postural instability, supranuclear gaze palsy, etc.*): **Consider completing the PSPRS**
- d) If there are any features of corticobasal syndrome (*e.g., limb rigidity, limb apraxia, myoclonus, dystonia, cortical sensory loss, alien limb phenomenon, etc.*): **Consider completing the PSPRS and/or the CBFRS**
- e) If there are any features of complex visual processing dysfunction (*e.g. hemineglect, visual agnosia, simultanagnosia, optic ataxia, ocular apraxia, apraxia of eyelid opening, etc.*):
Consider completing a standardized measure assessing PCA
- f) If there are any features of aphasia or apraxia of speech (*e.g., NIH Stroke Scale, Progressive Aphasia Severity Scale, Western Aphasia Battery, etc.*): **Consider completing a standardized measure assessing speech and language**
- g) If there are clinical and/or imaging findings suggesting a vascular contribution to the clinical presentation:
Consider completing NIH Stroke Scale, Hachinski Ischemic Scale, etc.

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SECTION 2 - SPECIFIC CLINICAL FINDINGS*Continued...***[2E] Glossary of Abbreviations:**

ALS	=	<i>Amyotrophic Lateral Sclerosis</i>
ALSFRS	=	<i>Amyotrophic Lateral Sclerosis Functional Rating Scale</i>
CBS	=	<i>Corticobasal Syndrome</i>
CBFRS	=	<i>Corticobasal Functional Rating Scale</i>
LMN	=	<i>Lower Motor Neuron</i>
MDS-UPDRS	=	<i>Movement Disorders Society - Unified Parkinson's Disease Rating Scale</i>
PCA	=	<i>Posterior Cortical Atrophy</i>
PLS	=	<i>Primary Lateral Sclerosis</i>
PSP	=	<i>Progressive Supranuclear Palsy</i>
PSPRS	=	<i>Progressive Supranuclear Palsy Rating Scale</i>
SMA	=	<i>Spinal Muscular Atrophy</i>
UMN	=	<i>Upper Motor Neuron</i>
UPDRS	=	<i>Unified Parkinson's Disease Rating Scale</i>