

**NACC Uniform Data Set (UDS) – Initial Visit Packet**  
**Form B2: Evaluation Form – HIS and CVD**

Center: \_\_\_\_\_ ADC Subject ID: \_\_\_\_\_ Form Date: \_\_\_/\_\_\_/\_\_\_

**NOTE: This form is to be completed by the clinician or other trained health professional. For additional clarification and examples, see UDS Coding Guidebook for Initial Visit Packet, Form B2.**

ADC Visit #: \_\_\_\_\_

Examiner's initials: \_\_\_\_\_

<b>HACHINSKI ISCHEMIC SCORE <sup>1</sup></b>		
Please complete the following scale using information obtained from history/physical/neurological exam and/or medical records. Circle the appropriate value to indicate if a specific item is present (characteristic of the patient) or absent.		
	<b>Present</b>	<b>Absent</b>
1. Abrupt onset (re: cognitive status)	2	0
2. Stepwise deterioration (re: cognitive status)	1	0
3. Somatic complaints	1	0
4. Emotional incontinence	1	0
5. History or presence of hypertension	1	0
6. History of stroke	2	0
7. Focal neurological symptoms	2	0
8. Focal neurological signs	2	0
<b>9. Sum all circled answers for a Total Score:</b>	___	___

<sup>1</sup> Rosen Modification of Hachinski Ischemic Score (*Ann Neurol* 7:486-488, 1980). Copyright© John Wiley & Sons, Inc. Reproduced by permission.

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ADC Visit #: \_\_\_\_\_

<b>CEREBROVASCULAR DISEASE</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
10. Using your best judgment, do you believe that cerebrovascular disease (CVD) is contributing to the cognitive impairment?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
11. If there is a stroke, is there a temporal relationship between stroke and onset of cognitive impairment?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
12. Is there imaging evidence which supports that CVD is contributing to the cognitive impairment?	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 8
12a. If yes, indicate which imaging evidence was found:			
1) Single strategic infarct	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
2) Multiple infarcts	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
3) Extensive white matter hyperintensity	<input type="checkbox"/> 1	<input type="checkbox"/> 0	
4) Other ( <i>specify</i> ): _____	<input type="checkbox"/> 1	<input type="checkbox"/> 0	