



NCS DIAGNOSTIC CLASSIFICATION FORM

ID NUMBER: [ ][ ][ ][ ][ ][ ][ ][ ][ ]

FORM CODE: [ D ] [ C ] [ F ]

DATE: 6/27/12  
Version 1.0

**ADMINISTRATIVE INFORMATION**

0a. Completion Date: [ ][ ]/[ ][ ]/[ ][ ][ ][ ]  
                              Month              Day              Year

0b. Reviewer ID: [ ][ ][ ]

**Instructions:** *This form should be completed by the reviewer while reviewing the Diagnostic Classification Packet materials. If the adjudication reviewer has referred the case to the full committee, Items 1 and 1a should be completed at the time of referral and Items 1b through 11 should be completed once the full committee has reviewed the case and informed the adjudicator of its decision.*

**A. STATUS OF REVIEW**

1. Review status:

- Initial review .....  → **Go to Item 2**
- Re-review after consultation .....  → **Go to Item 2**
- Re-review with additional data (e.g., MRI) .....  → **Go to Item 2**
- Adjudication review .....  → **Go to Item 2**
- Referred to full committee by adjudicator .....

1a. Date referred to full committee: [ ][ ]/[ ][ ]/[ ][ ][ ][ ]  
  Month              Day              Year

1b. Date of full committee diagnosis: [ ][ ]/[ ][ ]/[ ][ ][ ][ ]  
  Month              Day              Year

2. Was MRI information used for this review? .....  Yes     No

**B. SYNDROMIC DIAGNOSIS**

3. Reviewer's diagnosis:

- Normal .....  → **End of Form**
- MCI .....  → **Go to Item 4**
- Dementia .....  → **Go to Item 4**
- Unclassifiable .....

a. If unclassifiable, explain diagnosis: \_\_\_\_\_  
\_\_\_\_\_

### C. DIAGNOSTIC ELEMENTS

4. History of Stroke: .....  Yes  No/Unknown  
If yes: 4a. Abrupt onset: (from Hachinski).....  Yes  No/Unknown
5. Infarcts or extensive white matter disease on imaging: .....  Yes/Single  Yes/Multiple  No  
[Mark "Yes/Single" if there is extensive white matter disease but no infarcts.]
6. Elevated ( $\geq 4$ ) Hachinski Ischemic score:.....  Yes  No/Unknown
7. Parkinsonism on neurological exam: .....  Yes  No/Unknown
8. Visual hallucinations:.....  Yes  No/Unknown
9. REM sleep behavior disorder: .....  Yes  No/Unknown
10. "Are you sleepy every day": .....  Yes  No/Unknown

### D. ETIOLOGIC DIAGNOSIS

11. Etiologic diagnosis (only **one primary** and **up to two secondary** etiologic diagnoses are allowed):

- |  | Primary                  | Secondary                | None/Unknown             |
|--|--------------------------|--------------------------|--------------------------|
| a. Alzheimer's disease:.....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cerebrovascular disease (Vascular Cognitive Impairment):.....       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Lewy Body Disease: .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Other neurodegenerative disorder:.....                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Depression related cognitive impairment:.....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Other major psychiatric disorder related cognitive impairment:..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Alcohol related cognitive impairment: .....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Medication related cognitive impairment:.....                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Systemic disease related cognitive impairment:.....                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Head trauma related cognitive impairment: .....                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |