

NINDS CDE Notice of Copyright  
The UCSF Screening Exam

Availability:	*Please see below for more information and how to obtain the individual subtests*.
Classification:	Supplemental.
Short Description of Instrument:	<p>Construct measured: Cognitive and behavioral changes, depression level, and presence of pseudobulbar affect.</p> <p>Generic vs. disease specific: Specific to both ALS and FTD dementia, tailored to the overlap syndrome of ALS-FTD.</p> <p>Strengths: This battery of measures was selected to broadly screen for the components of cognitive and behavioral change in ALS, and to simultaneously identify how pseudobulbar affect and depression may complicate the syndrome. The written fluency test measures a key feature of ALS, and is created specifically to control for motor and bulbar weakness. The FBI-ALS was created specifically to remove the effects of MND changes when measuring behavior and personality change. The depression and PBA measures are generic for those conditions, and are important to include because these syndromes can be confused with neurologically-based cognitive change and behavioral change. The ALS-CBS is included to provide a rapid screen of more broad cognitive deficits seen in ALS. By including these 5 components in the UCSF.</p> <p>Weaknesses: The battery is more time consuming than a global, self report measure. No non-English translations are yet available. The ALS-FBI is yet to be validated.</p>
Beck Depression Inventory (BDI-II)	Beck Depression Inventory (BDI-II).
Availability:	<p>Please visit this website for more information about the instrument:</p> <p><a href="#">PLEASE CLICK HERE FOR MORE INFORMATION.</a></p>
Short Description of Instrument:	<p>Background: The BDI-II was developed in 1996 and was derived from the BDI. The 21-item survey is self-administered and is scored on a scale of 0-3 in a list of four statements arranged in increasing severity about a particular symptom of depression, bringing the BDI-II into alignment with DSM-IV criteria. The cutoffs used differ from the original scale: 0-13: minimal depression; 14-19: mild depression; 20-28: moderate depression; and 29-63: severe depression. Higher total scores indicate more severe depressive symptoms.</p>

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Scoring:	<p>Scoring: Each of the 21 items corresponding to a symptom of depression is summed to give a single score for the BDI-II. There is a four-point scale for each item ranging from 0 to 3. On two items (16 and 18) there are seven options to indicate either an increase or decrease of appetite and sleep. Cut-off score guidelines for the BDI-II are given with the recommendation that thresholds be adjusted based on the characteristics of the sample, and the purpose for use of the BDI-II. Total score of 0-13 is considered minimal range, 14-19 is mild, 20-28 is moderate, and 29-63 is severe.</p>
References:	<p>Key References:</p> <p>Beck AT, Steer RA, Brown GK. Manual for The Beck Depression Inventory Second Edition (BDI-II). San Antonio: Psychological Corporation; 1996.</p> <p>Beck AT, Steer RA, Ball R, Ranieri W. Comparison of Beck Depression Inventories -IA and -II in psychiatric outpatients. <i>J Pers Assess.</i> 1996; 67(3): 588-97.</p> <p>Steer RA, Ball R, Ranieri WF, Beck AT (January 1999). "Dimensions of the Beck Depression Inventory-II in clinically depressed outpatients". <i>Journal of clinical psychology</i> 55 (1): 117–28.</p> <p>Storch EA, Roberti JW, Roth DA (2004). "Factor structure, concurrent validity, and internal consistency of the Beck Depression Inventory-Second Edition in a sample of college students". <i>Depression and anxiety</i> 19 (3): 187–9.</p> <p>ALS References:</p> <p>Taylor L, Wicks P, Leigh PN, Goldstein LH. Prevalence of depression in amyotrophic lateral sclerosis and other motor disorders. <i>Eur J Neurol.</i> 2010; 17: 1047-1053.</p> <p>Rabkin JG, Albert SM, Del Bene ML, O’Sullivan MS, Tider T, Rowland LP, Mitsumoto H. Prevalence of depressive disorders and change over time in late-stage ALS. <i>Neurology</i> 2005; 65: 62-67.</p> <p>Trail M, Nelson ND, Van JN, Appel, Lai EC. A study comparing patients with amyotrophic lateral sclerosis and their caregivers on measures of quality of life, depression and their attitudes towards treatment options. <i>J Neurol Sci</i> 2003; 209(1-2):79-85.</p>
Frontal Behavior Inventory-ALS (FBI-ALS)	Frontal Behavior Inventory-ALS (FBI-ALS).
Availability:	<p>This instrument is not currently available on the NINDS CDE website; however, copyright permission has been granted. If you wish to obtain a copy of the instrument, please submit your request to <a href="mailto:NINDSCDE@EMMES.com">NINDSCDE@EMMES.com</a>.</p>

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<p>Short Description of Instrument:</p>	<p>Summary: This version of the FBI has one or two questions for each item, to help distinguish between MND symptoms and behavioral changes due to FTD. There are also instructions in parentheses to help disentangle the two. This effort to distinguish the physical MND from the behavioral/personality change makes this version ALS-specific yet lengthier as compared with the other two FBI versions.</p> <p>Strengths: This ALS version of the FBI is currently being used widely in a multicenter study and has been shown to have good inter-rater reliability (N=10; r=.97). A training video has been created for the purpose of increasing reliability and validity. This is the only version of the FBI which distinguishes between MND symptoms and behavioral changes due to FTD.</p> <p>Weaknesses: This ALS version of the scale has not yet been published. It is more time consuming than the FBI-mod, which is a self-administered questionnaire given to caregivers without requiring staff involvement.</p>
<p>Scoring:</p>	<p>Scoring: Items are scored according to the extent of the behavioral change: 0 = None/never; 1 = Mild, occasional; 2 = Moderate/often; 3 = Severe, most of the time.</p>
<p>References:</p>	<p>Kertesz, A., Davidson, W., &amp; Fox, H. (1997). Frontal behavioral inventory: diagnostic criteria for frontal lobe dementia. <i>Can J Neurol Sci</i>, 24(1), 29-36.</p> <p>Kertesz, A. (1998).</p> <p>The quantification of behavior in frontal lobe dementia. In A. Kertesz &amp; D. G. Munoz (Eds.), <i>Pick's disease and Pick complex</i> (pp. 47-67). New York: Wiley &amp; Sons, Inc.</p> <p>Kertesz, A., Nadkarni, N., Davidson, W., &amp; Thomas, A. W. (2000). The Frontal Behavioral Inventory in the differential diagnosis of frontotemporal dementia. <i>Journal of the International Neuropsychological Society</i>, 6(4), 460-468.</p> <p>Kertesz, A., Davidson, W., McCabe, P., &amp; Munoz, D. (2003). Behavioral quantitation is more sensitive than cognitive testing in frontotemporal dementia. <i>Alzheimer Disease &amp; Associated Disorders</i>, 17(4), 223-229.</p> <p>Marczinski, C. A., Davidson, W., &amp; Kertesz, A. (2004). A longitudinal study of behavior in frontotemporal dementia and primary progressive aphasia. <i>Cogn Behav Neurol</i>, 17(4), 185-190.</p>
<p>Center for Neurologic Study-Lability Scale (CNS-LS) for Pseudobulbar Affect (PBA)</p>	<p>Center for Neurologic Study-Lability Scale (CNS-LS) for Pseudobulbar Affect (PBA).</p>

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Availability:	Please visit this website for more information about the instrument: <a href="#">PLEASE CLICK HERE FOR MORE INFORMATION.</a>
Short Description of Instrument:	<p>Background: Pathological affect may occur in 27-49% of people with bulbar ALS. Devised to provide a short, self- report measure of affective lability in patients with ALS, to cover both labile tearfulness and laughter. Items were initially generated from interviews with patients identified as having affective lability and their caregivers.</p> <p>Strengths: Subscales derived from principal components analysis.</p> <p>Weaknesses: No proxy measure; only asks about the previous week; brief screen- no detailed information.</p> <p>Purpose of Tool: Screening, diagnostic, research.</p> <p>Used in: Clinical trial, observational study; also used in MS studies.</p> <p>Administration time: 5 minutes.</p>
Scoring:	Scoring: Each item is scored using a 5-point Likert scale, from 1 (applies never) 5 (applies most of the time) .
References:	<p>Key Reference:</p> <p>Moore SR, Gresham L, Bromberg MB, Kasarkis E, Smith RA (1997). A self report measure of affective lability. J. Neurol Neurosurg Psychiatry 1997;63:89-93.</p> <p>Other References:</p> <p>Brooks BR, Thisted RA, Appel SH, Bradley WG, Olney RK, Berg JE, Pope LE, and Smith RA (2004) Treatment of pseudobulbar affect in ALS with dextromethorphan/quinidine. A randomized trial. Neurology, 2004; 63:1364-1370.</p>
ALS Cognitive Behavioral Screen (ALS-CBS)	ALS Cognitive Behavioral Screen (ALS-CBS).
Availability:	This instrument is not currently available on the NINDS CDE website; however, copyright permission has been granted. If you wish to obtain a copy of the instrument, please submit your request to <a href="mailto:NINDSCDE@EMMES.com">NINDSCDE@EMMES.com</a> .

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<b>Short Description of Instrument:</b>	<p>Background: Developed as a screen to triage patients who required formal neuropsychological testing. Preliminary cut off scores may be useful to classify patients into subgroups of possible FTD, cognitively impaired, or cognitively normal.</p> <p>Strengths: Free to use and reproduce, easy to administer, relatively quick, does not require a neuropsychologist or M.D. for administration, can be completed either verbally or in writing, and many items can be completed with eye movements/augmentative communication.</p> <p>Weaknesses: Cannot provide a cognitive diagnosis, does not assess all cognitive domains (i.e. memory, confrontational naming, visuospatial functioning).</p>
<b>Scoring:</b>	<p>The cognitive section results in a total score out of a possible 20 points. Scores are based both on accuracy and errors-made, the latter of which result in deduction of points towards the total score. The behavioral section is a sum of the Likert scale items endorsed.</p>
<b>References:</b>	<p>Key Reference: Woolley, SC, York, MK, Moore, DH, Strutt, AM, Murphy, J, Schulz, PE, Katz, JS. Detecting frontotemporal dysfunction in ALS: Utility of the ALS Cognitive Behavioral Screen (ALS-CBS™). Amyotrophic Lateral Sclerosis 2010; 11(3): 303-311.</p> <p>Other References: Rush, B, Woolley, SC, Boylan, K. Diagnostic Validity of the ALS Cognitive Behavioral Screen. Amyotrophic Lateral Sclerosis 2010; 11 (Supp 1): 33. Platform Presentation, 21st Int'l Symposium on ALS/MND, Orlando, FL.</p>