



**NACC Uniform Data Set (UDS) – Initial Visit Packet**  
**Form B2: Evaluation Form – Hachinski Ischemic Scale**

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

**NOTE: This form is to be completed by the clinician. For additional clarification and examples, see UDS Coding Guidebook page 25.**  
**Circle only one number per characteristic.**

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. Indicate if a characteristic is <u>present or characteristic of the patient</u> by circling the appropriate value.		
	<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

9. **Sum all circled answers for a Total Score:**      \_\_\_

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