1. Date of Exam:
2. Primary language (ISO 639-2 code)

English (eng)

Spanish (spa)

Sign Languages (sgn)

Chinese languages (chi)

French (fre)

German (ger)

Other, specify ISO 639-2 code:

1. Language spoken fluently text and corresponding ISO 639-2 code
2. Language written fluently text and corresponding ISO 639-2 code
3. Modified Romberg test result

Normal

Abnormal

## Mental Status

Table for Mental Assessments

| Mental assessments | Abnormality Present? | Explain Abnormality |
| --- | --- | --- |
| Attention | Yes No Unknown | Data to be entered by site |
| 1. Memory:    1. Working Memory | Yes No Unknown | Data to be entered by site |
| * 1. Recent (Episodic) Memory | Yes No Unknown | Data to be entered by site |
| * 1. Remote (Semantic) Memory | Yes No Unknown | Data to be entered by site |
| 1. Language:    1. Spontaneous speech | Yes No Unknown | Data to be entered by site |
| * 1. Comprehension | Yes No Unknown | Data to be entered by site |
| * 1. Naming | Yes No Unknown | Data to be entered by site |
| * 1. Repetition | Yes No Unknown | Data to be entered by site |
| * 1. Reading | Yes No Unknown | Data to be entered by site |
| 1. Affect | Yes No Unknown | Data to be entered by site |

Cranial Nerves

1. Cranial Nerves–global assessment:

Normal

Abnormal (explain further in table below)

Cannot Assess, explain:

Other, specify:

Table for Recording Which of the Following Cranial Nerves are Abnormal

| Cranial Nerve Number | Laterality | Explain Abnormality |
| --- | --- | --- |
| CN II | Left Right Bilateral | Data to be entered by site |
| CN III | Left Right Bilateral | Data to be entered by site |
| CN IV | Left Right Bilateral | Data to be entered by site |
| CN V | Left Right Bilateral | Data to be entered by site |
| CN VI | Left Right Bilateral | Data to be entered by site |
| CN VII | Left Right Bilateral | Data to be entered by site |
| CN VIII | Left Right Bilateral | Data to be entered by site |
| CN IX | Left Right Bilateral | Data to be entered by site |
| CN X | Left Right Bilateral | Data to be entered by site |
| CN XI | Left Right Bilateral | Data to be entered by site |
| CN XII | Left Right Bilateral | Data to be entered by site |

1. Nystagmus:

Yes (Specify type below) No Cannot assess

* 1. Type of Nystagmus:

Physiologic Abnormal Other, specify:

## Motor

Table for Recording Motor Assessments

| Motor assessments | Abnormality Present? | If Abnormal, indicate type: |
| --- | --- | --- |
| 1. Muscle Bulk–global assessment: | Yes No (If ‘No” skip to question 12)  Cannot assess, explain: | Abnormal and symmetric  Abnormal and asymmetric |
| 1. Right upper extremity (RUE) | Yes No  Cannot assess, explain: | Abnormal–Decreased  Other, specify: |
| 1. Left upper extremity (LUE): | Yes No  Cannot assess, explain: | Abnormal–Decreased  Other, specify: |
| 1. Right lower extremity (RLE): | Yes No  Cannot assess, explain: | Abnormal–Decreased  Other, specify: |
| 1. Left lower extremity (LLE): | Yes No  Cannot assess, explain: | Abnormal–Decreased  Other, specify: |
| 1. Muscle Tone–global assessment: | Yes No (If ‘No” skip to question 13)  Cannot assess, explain: | Abnormal and symmetric  Abnormal and asymmetric |
| 1. Right upper extremity (RUE) | Yes No  Cannot assess, explain: | Abnormal–Increased  Other, specify: |
| 1. Left upper extremity  (LUE): | Yes No  Cannot assess, explain: | Abnormal–Increased  Other, specify: |
| 1. Right lower extremity (RLE): | Yes No  Cannot assess, explain: | Abnormal–Increased  Other, specify: |
| 1. Left lower extremity (LLE): | Yes No  Cannot assess, explain: | Abnormal–Increased  Other, specify: |
| 1. Truncal tone: | Yes No  Cannot assess, explain: | Abnormal–Increased  Abnormal–Decreased  Other, specify: |
| 1. Muscle Strength–global assessment: | Yes No (If ‘No” skip to question 14)  Cannot assess, explain: | Abnormal and symmetric  Abnormal and asymmetric |
| 1. Right upper extremity (RUE) | Yes No  Cannot assess, explain: | Abnormal–Decreased  Other, specify: |
| 1. Left upper extremity (LUE): | Yes No  Cannot assess, explain: | Abnormal–Decreased  Other, specify: |
| 1. Right lower extremity (RLE): | Yes No  Cannot assess, explain: | Abnormal–Decreased  Other, specify: |
| 1. Left lower extremity (LLE): | Yes No  Cannot assess, explain: | Abnormal–Decreased  Other, specify: |

## Pupil Assessment

1. Left pupil measurement m m (1-9)  Untestable  Unknown
2. Right pupil measurement m m (1-9)  Untestable  Unknown
3. Left pupil shape: Round  Oval  Unknown
4. Right pupil shape: Round  Oval  Unknown
5. Left pupil reactivity:  Brisk  Sluggish  Nonreactive  Untestable  Unknown
6. Right pupil reactivity  Brisk  Sluggish  Nonreactive  Untestable  Unknown
7. Weakness? Yes (answer questions 20a and 20b) No
8. Does the weakness suggest one of the following patterns?

Right Hemiparesis

Left Hemiparesis

Diplegia/Paraparesis

Quadriplegia/Quadraparesis

Peripheral Nerve Lesion(s)

Neuropathic Weakness

Myopathic Weakness

Other, specify:

1. Specify the neurological location of the weakness:

Brain

Spinal Cord

Peripheral Nervous System

Other, specify:

## Cerebellar/Coordination

Table for Recording Cerebellar/Coordination Assessments

| Cerebellar/Coordination assessments | Abnormality Present? | If Abnormal, explain:  (Select all that apply) |
| --- | --- | --- |
| 1. Finger-to-Nose | Yes No  Cannot Assess  Other specify: | RUE LUE  Dysmetria Slowness  Cannot Assess due to Weakness  Other, specify: |
| 1. Rapid Alternating Movements | Yes No  Cannot Assess  Other specify: | RUE LUE  Dysmetria Slowness  Cannot Assess due to Weakness  Other, specify: |
| 1. Heel-to-Shin | Yes No  Cannot Assess  Other specify: | RUE LUE  Dysmetria Slowness  Cannot Assess due to Weakness  Other, specify: |

## Reflexes

1. Reflexes–global assessment:

Normal

Abnormal (Continue to 24a and 24b)

Cannot Assess

Other, specify:

* 1. Assessment of Limbs
     1. Right Arm:

Increased with clonus

Increased without clonus

Hypoactive

Absent

* + 1. Left Arm:

Increased with clonus

Increased without clonus

Hypoactive

Absent

* + 1. Right Leg:

Increased with clonus

Increased without clonus

Hypoactive

Absent

Left Leg:

Increased with clonus

Increased without clonus

Hypoactive

Absent

* 1. Plantar Response
     1. Right:

Flexor

Extensor

Equivocal

Cannot Assess

Other, specify:

* + 1. Left:

Flexor

Extensor

Equivocal

Cannot Assess

Other, specify:

## Sensory/Sensation

1. Sensory System–global assessment:

Normal

Abnormal (Continue to 25a–25d)

Cannot Assess

Other, specify:

* 1. Symmetry of Abnormality:

Symmetric Asymmetric

* 1. Location of Abnormality (Select all that apply):

Stocking, explain:

Stocking/Glove, explain:

Dermatome, explain:

Sensory Nerve, explain:

Other, specify:

* 1. Patient Description of abnormal symptoms:
  2. Sensory Modalities Affected (Select all that apply):

Light Touch

Pain and Temperature

Vibration

Proprioception

Other, specify:

## General Instructions

The Neurological Exam is generally administered at screening and/or baseline to determine study eligibility. It may also be administered at follow-up visits to track a participant’s/subject’s physical status. The elements on this CRF are Supplemental for certain types of clinical research, but is not intended to be used in all studies. If the study is going to conduct a neurological exam, investigators should consider these elements, but there may be some studies where a physical exam is not appropriate or could be abbreviated. Every CDE contained in this CRF Module may not be appropriate for every subarachnoid hemorrhage (SAH) study.

**Specific Instructions**

For information regarding the elements on this form, please consult the Data Dictionary.