DOB: Gender: Examiner:

Indicate laterality when applicable: [ ]  Left [ ]  Right

|  |  |  |
| --- | --- | --- |
| Cerebellar |  | Comments: If abnormal, explain or describe below |
| Rapid Alternating Movements (Forefinger to Thumb) | [ ]  Normal[ ]  Abnormal[ ]  Cannot assess, e*xplain*: |  |
| \*\*Heel to shin | [ ]  Normal[ ]  Abnormal[ ]  Cannot assess, e*xplain*: |  |
| \*\*Finger-Nose-Finger | [ ]  Normal[ ]  Abnormal[ ]  Cannot assess, e*xplain*: |  |
| \*Gait |  |  |
| 1. Tiptoes
 | 1. [ ] Normal

[ ] Abnormal [ ] Cannot assess, e*xplain*: |  |
|  | 1. Asymmetry in arm swing:

[ ] Yes [ ] No |  |
| 1. Heel walking
 | 1. [ ] Normal

[ ] Abnormal[ ] Cannot assess, e*xplain*: |  |
|  | 1. Asymmetry in arm swing:

[ ] Yes [ ] No |  |
| 1. Normal gait
 | 1. [ ] Normal

[ ]  Abnormal[ ] Cannot assess, e*xplain*: |  |
|  | 1. Asymmetry in arm swing:

[ ] Yes [ ] No |  |
| \*Military Romberg | 1. [ ]  Normal

[ ]  Abnormal[ ]  Cannot assess, e*xplain*: |  |
|  | 1. Sway [ ] Yes [ ] No
 |  |
| \*Tandem Romberg | 1. [ ]  Normal

[ ]  Abnormal[ ]  Cannot assess, e*xplain*: |  |
|  | 1. Sway [ ] Yes [ ] No
 |  |
| \*\*Handedness | [ ] Right [ ]  Left [ ]  Ambi [ ]  Cannot assess, e*xplain*: |  |
| \*\*Cerebellar summary | [ ]  Normal [ ] Abnormal [ ]  Exam not done |  |

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| --- | --- | --- |
| Cranial Nerves |  | Comments: If abnormal, explain or describe below |
| Extra ocular muscles (eye movements) | [ ]  Normal [ ]  Abnormal[ ] Cannot assess, e*xplain*: |  |
| Visual fields (confrontation) | [ ]  Normal [ ]  Abnormal[ ] Cannot assess, e*xplain*: |  |
| \*\*Shoulder raise | [ ]  Normal [ ]  Abnormal[ ] Cannot assess, e*xplain*: |  |
| \*\*Hearing (gross) | [ ]  Normal [ ]  Abnormal[ ] Cannot assess, e*xplain*: |  |
| Facial expression | [ ]  Normal [ ]  Abnormal[ ] Cannot assess, e*xplain*: |  |
| \*\*Tongue protrusion | [ ]  Normal [ ]  Abnormal[ ] Cannot assess, e*xplain*: |  |
| \*\*Cranial nerves summary | [ ]  Normal [ ]  Abnormal[ ]  Exam not done |  |

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| --- | --- | --- |
| Sensory (hands, feet) |  | Comments: If abnormal, explain or describe below |
| Light touch (Compare hand to foot) | [ ]  Normal [ ]  Abnormal[ ]  Cannot assess, e*xplain*: | Supplemental |
| Pinprick | [ ]  Normal[ ]  Abnormal[ ]  Cannot assess,e*xplain*: |  |
| Vibration (Compare hand to foot) | [ ]  Normal[ ]  Abnormal[ ]  Cannot assess, e*xplain*: |  |
| \*\*Proprioception (great toe, up/down) | [ ]  Normal [ ]  Abnormal[ ]  Cannot assess, e*xplain*: |  |
| \*\*Sensory (hands, feet) summary | [ ]  Normal [ ]  Abnormal[ ]  Exam not done |  |

|  |  |  |
| --- | --- | --- |
| Muscles |  | Comments: If abnormal, explain or describe below |
| \*\*Tone | [ ]  Normal [ ]  Abnormal[ ]  Cannot assess, e*xplain*: |  |
| \*\*Atrophy | [ ]  Normal [ ]  Abnormal[ ]  Cannot assess, e*xplain*: |  |
| \*\*Rise from chair to tip toes | [ ]  Normal [ ]  Abnormal[ ]  Cannot assess, e*xplain*: |  |
| \*\*Involuntary movements | [ ]  Normal [ ]  Abnormal[ ]  Cannot assess, e*xplain*: |  |
| Proximal muscle strength | [ ]  Normal [ ]  Abnormal[ ]  Cannot assess, e*xplain*: |  |
| Distal muscle strength | [ ]  Normal [ ]  Abnormal[ ]  Cannot assess, e*xplain*: |  |
| \*\*Muscle strength summary | [ ]  Normal [ ]  Abnormal[ ]  Exam not done |  |

|  |  |  |
| --- | --- | --- |
| Reflexes |  | Comments: If abnormal, explain or describe below |
| Biceps | [ ]  Normal [ ]  Abnormal [ ]  Hyper [ ]  Cannot assess, e*xplain*: |  |
| Wrist | [ ]  Normal [ ]  Abnormal [ ]  Hyper [ ]  Cannot assess, e*xplain*: |  |
| Patellar | [ ]  Normal [ ]  Abnormal [ ]  Hyper [ ]  Cannot assess, e*xplain*: |  |
| Ankle Jerk | [ ]  Normal [ ]  Abnormal [ ]  Hyper [ ]  Cannot assess, e*xplain*: |  |
| \*\*Babinski | [ ]  Absent[ ]  Present[ ]  Cannot assess, e*xplain*: |  |
| \*\*Hoffman’s Sign | [ ]  Positive[ ]  Negative[ ] Cannot assess, e*xplain*: |  |
| \*\*Reflexes summary | [ ]  Normal [ ]  Abnormal[ ]  Exam not done |  |

|  |  |  |
| --- | --- | --- |
|  |  | Comments: If abnormal, explain or describe below |
| Neurologic summary | [ ]  Normal [ ]  Abnormal[ ]  Exam not done |  |

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. If not specified, the CDEs on this CRF are Supplemental and should be used as needed for the study. 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.

This form may be modified for study-specific research hypotheses. The CDEs are dependent on the age of the patients, the research question(s) being investigated, and other data being collected.

Important note: None of the data elements included on this CRF Module are considered Core (i.e., required for all ME/CFS studies to collect).

\*Element is classified as Supplemental – Highly Recommended

\*\*Element is classified as Exploratory

SPECIFIC INSTRUCTIONS

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

REFERENCES

Unger ER, Lin JS, Tian H, Natelson BH, Lange G, Vu D, Blate M, Klimas NG, Balbin EG, Bateman L, Allen A, Lapp CW, Springs W, Kogelnik AM, Phan CC, Danver J, Podell RN,

Fitzpatrick T, Peterson DL, Gottschalk CG, Rajeevan MS; MCAM Study Group. Multi-Site Clinical Assessment of Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (MCAM): Design and Implementation of a Prospective/Retrospective Rolling Cohort Study. Am J Epidemiol. 2017;185(8):617-626.