Date of Exam:

## Mental Status

Table for Mental Assessments

| Mental assessments | Abnormality Present? | Explain Abnormality |
| --- | --- | --- |
| Attention | [ ] Yes [ ] No [ ] Unknown | Data to be entered by site |
| Language | [ ] Yes [ ] No [ ] Unknown | Data to be entered by site |
| Speech | [ ] Yes [ ] No [ ] Unknown | Data to be entered by site |
| 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, explain:

* 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 8)[ ] Cannot assess, explain: | [ ] Abnormal and bilateral[ ] Abnormal and unilateral |
| 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 9)[ ] Cannot assess, explain: | [ ] Abnormal and bilateral[ ] Abnormal and unilateral |
| 1. Right upper extremity (RUE)
 | [ ] Yes [ ] No[ ] Cannot assess, explain: | [ ] Abnormal–Hypertonia[ ] Abnormal–Hypotonia[ ] Other, specify: |
| 1. Left upper extremity (LUE):
 | [ ] Yes [ ] No[ ] Cannot assess, explain: | [ ] Abnormal–Hypertonia[ ] Abnormal–Hypotonia[ ] Other, specify: |
| 1. Right lower extremity (RLE):
 | [ ] Yes [ ] No[ ] Cannot assess, explain: | [ ] Abnormal–Hypertonia[ ] Abnormal–Hypotonia[ ] Other, specify: |
| 1. Left lower extremity| (LLE):
 | [ ] Yes [ ] No[ ] Cannot assess, explain: | [ ] Abnormal–Hypertonia[ ] Abnormal–Hypotonia[ ] Other, specify: |
| 1. Truncal tone:\*\*
 | [ ] Yes [ ] No[ ] Cannot assess, explain: | [ ] Abnormal–Hypertonia[ ] Abnormal–Hypotonia[ ] Other, specify: |
| 1. Muscle Strength–global assessment:
 | [ ] Yes [ ] No (If ‘No” skip to question 10)[ ] Cannot assess, explain: | [ ] Abnormal and bilateral[ ] Abnormal and unilateral |
| 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. Weakness? [ ] Yes (answer questions 10a) [ ] No
2. Does the weakness suggest one of the following patterns?

[ ] Right Unilateral

[ ] Left Unilateral

[ ] Bilateral

## Cerebellar/Coordination

Table for Recording Cerebellar/Coordination Assessments

| Cerebellar/Coordination Assessments | Abnormality Present? | If Abnormal, explain:(Select all that apply) |
| --- | --- | --- |
| Finger-to-Nose | [ ] Yes [ ] No[ ] Cannot Assess[ ] Other specify: | [ ] RUE [ ] LUE[ ] Dysmetria [ ] Slowness[ ] Cannot Assess[ ] Other, specify: |
| Rapid Alternating Movements | [ ] Yes [ ] No[ ] Cannot Assess[ ] Other specify: | [ ] RUE [ ] LUE[ ] Dysmetria [ ] Slowness[ ] Cannot Assess ~~due to Weakness~~[ ] Other, specify: |
| 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 11a and 11b)

[ ] Cannot Assess

[ ] Other, specify:

* 1. Assessment of Limbs
		1. Right Elbow Flexors (Biceps Brachii):

[ ] Increased with clonus

[ ] Increased without clonus

[ ] Hypoactive

[ ] Absent

 [ ] Cannot Assess

* + 1. Left Elbow Flexors (Biceps Brachii):

[ ] Increased with clonus

[ ] Increased without clonus

[ ] Hypoactive

[ ] Absent

 [ ] Cannot Assess

* + 1. Right Leg Adductors:

[ ] Increased with clonus

[ ] Increased without clonus

[ ] Hypoactive

[ ] Absent

 [ ] Cannot Assess

* + 1. Left Leg Adductors:

[ ] Increased with clonus

[ ] Increased without clonus

[ ] Hypoactive

[ ] Absent

[ ] Cannot Assess

* + 1. Right Knee Extensors (Quadriceps):

[ ] Increased with clonus

[ ] Increased without clonus

[ ] Hypoactive

[ ] Absent

 [ ] Cannot Assess

* + 1. Left Knee Extensors (Quadriceps):

[ ] Increased with clonus

[ ] Increased without clonus

[ ] Hypoactive

[ ] Absent

 [ ] Cannot Assess

* + 1. Right Knee Flexors (Hamstrings):

[ ] Increased with clonus

[ ] Increased without clonus

[ ] Hypoactive

[ ] Absent

 [ ] Cannot Assess

* + 1. Left Knee Flexors (Hamstrings):

[ ] Increased with clonus

[ ] Increased without clonus

[ ] Hypoactive

[ ] Absent

 [ ] Cannot Assess

* + 1. Right Plantar Flexors (Triceps Surae):

[ ] Increased with clonus

[ ] Increased without clonus

[ ] Hypoactive

[ ] Absent

 [ ] Cannot Assess

* + 1. Left Plantar Flexors (Triceps Surae):

[ ] Increased with clonus

[ ] Increased without clonus

[ ] Hypoactive

[ ] Absent

 [ ] Cannot Assess

* 1. Plantar Response
		1. Right:

[ ] Flexor

[ ] Extensor

[ ] Equivocal

[ ] Cannot Assess

 [ ] Other, specify:

* + 1. Left:

[ ] Flexor

[ ] Extensor

[ ] Equivocal

[ ] Cannot Assess

[ ] Other, specify:

## Gait

1. Gait–global assessment:[ ]  Normal [ ]  Abnormal (Indicate type below) [ ] Cannot Assess [ ] Other, specify:
	1. Type of Abnormal Gait:

[ ] Ataxic Gait

[ ] Hemiparetic Gait–Left side

[ ] Hemiparetic Gait–Right side

[ ] Crouch Gait

[ ] Jump Gait

[ ] Other Gait Abnormalities, specify:

## 13. Oxygen cost during walking \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mL/kg/m

14. Daily Step Counts \_\_\_\_\_\_\_\_\_\_\_\_ (Total mean number of steps per full, usual day)

## Sensory/Sensation

1. Sensory System–global assessment:

[ ] Normal

[ ] Abnormal (Continue to 15a–15d)

[ ] Cannot Assess

[ ] Other, specify:

* 1. Symmetry of Abnormality:

[ ] Symmetric [ ] Asymmetric

* 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. This CRF is 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.

The data elements collected on this form may need to 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. However please note that if a study chooses not to collect the information contained on this CRF Module, the researchers should be prepared to justify why if study section asks.

Suggested Screening Tools

Attention–forward digit span–6 is normal in adults