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