Date of Exam: //20 (m m dd yyyy)

If follow-up exam, change from prior exam:

No change

Improved

Worse

Unknown

Other, specify:

## 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 questions 5a through 5k 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 assesments | Abnormality Present? | If Abnormal, indicate type: |
| --- | --- | --- |
| 1. Muscle Bulk–global assessment: | Yes No (If ‘No” skip to question 8)  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 9)  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 10)  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. Weakness? Yes (answer questions 10a and 10b) No
2. Does the weakness suggest one of the following patterns?

Right Hemiparesis

Left Hemiparesis

Diplegia/Paraparesis

Quadriplegia/Quadraparesis

Peripheral Nerve Lesion(s), describe:

Neuropathic Weakness, describe:

Myopathic Weakness, describe:

Other, specify:

1. Specify the neurological location of the weakness:

Brain

Spinal Cord

Peripheral Nervous System

Other, specify:

1. Tremor?

Yes (Specify type below)

No

Cannot Assess, explain:

Other, specify:

1. Type of Tremor:

Postural

Rest

Intention

Other, specify:

## Cerebellar/Coordination

Table for Recording Cerebellar/Coordination Assessments

| Cerebellar/Coordination assesments | 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 15a and 15b)

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:

## 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

Diplegic Gait

Parkinsonian Gait

Other Gait Abnormalities, specify:

## Sensory/Sensation

1. Sensory System–global assessment:

Normal

Abnormal (Continue to 17a–17d)

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:

\*\* Recommended for pediatric studies ONLY

## 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. Some, but not all epilepsy studies, will include Neuropsychological testing. For these studies, the mental status section of the Neurological Exam can and should be modified, and the Recommended Neuropsychology Instruments should be consulted. Every CDE contained in this CRF Module may not be appropriate for every epilepsy study, e.g. pediatric versus adult populations. 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

Working Memory–reverse digit span–4 is normal in adults

Recent (Episodic) Memory–recall of 3 objects after 5 minute delay–3/3 is normal in adults

Remote (Semantic) Memory–listing of verifiable historical or personal events