\*Symptom: onset date mm/dd/yyyy

\*Diagnosis date: mm/dd/yyyy

1. What is the patient’s classification?

ALS Upper Motor Neuron Predominant Lower Motor Neuron Predominant PLS

1. \*Site of onset of progressive weakness (select one):

Bulbar Truncal Generalized Respiratory Upper Limb Lower Limb

Findings

Table 1 Findings

| Region | UMN - Clinical | LMN - Clinical LMN |
| --- | --- | --- |
| Bulbar | Yes No  Not Assessed | Yes No  Not Assessed |
| Truncal | Yes  No  Not Assessed | Yes  No  Not Assessed |
| Generalized | Yes  No  Not Assessed | Yes  No  Not Assessed |
| Respiratory | Yes  No  Not Assessed | Yes  No  Not Assessed |
| Upper Limb | Yes  No  Not Assessed | Yes  No  Not Assessed |
| Lower Limb | Yes  No  Not Assessed | Yes  No  Not Assessed |

\*Revised El Escorial Criteria:

Definite Probable Lab supported-probable Possible Familial

Awaji Criteria:

Definite Probable Possible

\* Element is classified as Core

## GENERAL INSTRUCTIONS

This form contains data elements that are collected from various diagnostic procedures used to assess progression of disease.

Responses to categories are obtained from health professionals performing the procedure and laboratory tests results.

Important note: The data elements noted with an asterisk on this CRF Module are classified as Core (i.e., required for all ALS studies to collect). The remaining data elements are classified as supplemental (i.e., non Core) and should only be collected if the research team considers them appropriate for their study. Please see the Data Dictionary for element classifications.

## SPECIFIC INSTRUCTIONS

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

* Symptom onset – Symptom is referring to dysphasia, dysarthria, focal weakness, shortness of breath, gait disturbance. Symptom does NOT refer to cramps, fatigue or fasciculations.
* Body part first affected – Select one. If more than one body part was first involved, then more than one may be selected.