Study Name/ID: Site Name:  
 Subject ID:

Date:

*Circle/complete any fields that apply.*

**Brainstem Signs**

1. Fundi: Disc Margins Sharp / Blurred / Not Visualized

2. Spontaneous Venous Pulsations Present / Absent / Can’t Tell

3. Pupils Equal,Reactive / Unequal,Unreactive

**Nystagmus/Strabismus**

1. Convergence-Retraction No / Yes, Sustained / Yes, Unsustained

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Coarse | Fine | Rotatory | Right | Left | Up | Down |

5. R-Lateral gaze No / Yes, Sustained / Yes, Unsustained

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Coarse | Fine | Rotatory | Right | Left | Up | Down |

6. L-Lateral gaze No / Yes, Sustained / Yes, Unsustained

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Coarse | Fine | Rotatory | Right | Left | Up | Down |

7. Vertical Downgaze No / Yes, Sustained / Yes, Unsustained

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Coarse | Fine | Rotatory | Right | Left | Up | Down |

8. Vertical Upgaze No / Yes, Sustained / Yes, Unsustained

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Coarse | Fine | Rotatory | Right | Left | Up | Down |

9. Head Shake/Thrust No / Yes, Sustained / Yes, Unsustained

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Coarse | Fine | Rotatory | Right | Left | Up | Down |

10. Saccadic pursuit No / Yes, Sustained / Yes, Unsustained

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Coarse | Fine | Rotatory | Right | Left | Up | Down |

11. Rebound No / Yes, Sustained / Yes, Unsustained

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Coarse | Fine | Rotatory | Right | Left | Up | Down |

12. Valsava induced nystagmus No / Yes, Sustained / Yes, Unsustained

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Coarse | Fine | Rotatory | Right | Left | Up | Down |

13. Neck flexion and nystagmus No / Yes, Sustained / Yes, Unsustained

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Coarse | Fine | Rotatory | Right | Left | Up | Down |

14. Strabismus Yes / No

15. 6th Nerve Palsy None

*If present:* R / L / Both

16. Corneal Reflex Present / Absent

*If present:* R / L / Both

17. Facial Sensation Normal / Impaired

*If impaired:* R / L / Both

18. Masseter Strength Normal / Impaired

*If impaired:* R / L / Both

19. Voice Normal / Hoarse

20. Gag Reflex Present / Absent

21. Tongue Deviation Yes / No

*If yes:* R / L

**Motor Testing**

**Limb Tone**

*Score from 0 to 4 using the Modified Ashworth scale.*

*Upper Extremities*

22. Shoulder Right \_\_\_\_\_\_\_\_

23. Shoulder Left \_\_\_\_\_\_\_\_

24. Elbow Right \_\_\_\_\_\_\_\_

25. Elbow Left \_\_\_\_\_\_\_\_

26. Wrist Right \_\_\_\_\_\_\_\_

27. Wrist Left \_\_\_\_\_\_\_\_

*Lower Extremities*

28. Hip Right \_\_\_\_\_\_\_\_

29. Hip Left \_\_\_\_\_\_\_\_

30. Knee Right \_\_\_\_\_\_\_\_

31. Knee Left \_\_\_\_\_\_\_\_

32. Ankle Right \_\_\_\_\_\_\_\_

33. Ankle Left \_\_\_\_\_\_\_\_

**Motor Strength**

*Score from 0-5 using Medical Research Council (MRC) scale.*

*Upper Extremities*

34. Deltoid Right \_\_\_\_\_\_\_\_

35. Deltoid Left \_\_\_\_\_\_\_\_

36. Bicep Right \_\_\_\_\_\_\_\_

37. Bicep Left \_\_\_\_\_\_\_\_

38. Tricep Right \_\_\_\_\_\_\_\_

39. Tricep Left \_\_\_\_\_\_\_\_

40. Wrist Ext Right \_\_\_\_\_\_\_\_

41. Wrist Ext Left \_\_\_\_\_\_\_\_

42. Wrist Flx Right \_\_\_\_\_\_\_\_

43. Wrist Flx Left \_\_\_\_\_\_\_\_

44. Intr. Hand Right \_\_\_\_\_\_\_\_

45. Intr. Hand Left \_\_\_\_\_\_\_\_

*Lower Extremities*

46. Iliopsoas Right \_\_\_\_\_\_\_\_

47. Iliopsoas Left \_\_\_\_\_\_\_\_

48. Gluteus Right \_\_\_\_\_\_\_\_

49. Gluteus Left \_\_\_\_\_\_\_\_

50. Quad Right \_\_\_\_\_\_\_\_

51. Quad Left \_\_\_\_\_\_\_\_

52. Hamstr Right \_\_\_\_\_\_\_\_

53. Hamstr Left \_\_\_\_\_\_\_\_

54. Ankle DF Right \_\_\_\_\_\_\_\_

55. Ankle DF Left \_\_\_\_\_\_\_\_

56. Ankle PF Right \_\_\_\_\_\_\_\_

57. Ankle PF Left \_\_\_\_\_\_\_\_

58. EHL Right \_\_\_\_\_\_\_\_

59. EHL Left \_\_\_\_\_\_\_\_

**Reflex Testing**

*Score from 0 to 4. 0- absent reflex; 1- present, faint; 2- present, normal; 3- present, brisk; 4- hyperactive.*

*DTRs* R L

60. Jaw (Trigeminal: CN V) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

61. Pectoralis (Ant. Thoracic: C5-T1) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

R L

62. Bicep (Musculocutaneous: C5-C6) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

63. Tricep (Radial: C7-C8) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

64. Brachioradialis (Radial: C5-C6) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

65. Finger Flexor (Median/Ulnar: C6-T1) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

66. Patellar (Femoral: L2-L4) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

67. Adductor (Obturator: L2-L4) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

68. Hamstring (Sciatic/Tibial: L4-S2) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

69. Achilles (Tibial: S1) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**Superficial Reflexes**

*Score as either 0 (absent) or 1 (present).*

R L

70. Abdominal (Intercostal: T7-T12) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

71. Cremasteric (Iliolingual/Genitofemoral: L1-L2) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

72. Plantar (Tibial: S1) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

73. Anal (Inf. Hemorrhoidal: S2-S4) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

74. Bulbocavernosus (Pudendal: S3-S4) \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**Pyramidal/Frontal Release Signs**

*Score as either 0 (absent) or 1 (present).*

R L

75. Glabellar \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

76. Snout \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

77. Sucking \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

78. Hand grasp \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

79. Hoffman \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

80. Palmomental \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

81. Foot grasp \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**Balance/Coordination**

82. Use of assistive device required? Yes / No

83. Gait Steady / Unsteady

84. Tandem Gait (10 steps) Steady / Unsteady

85. Tandem Stance (5 steps) Steady / Unsteady

R L

86. Finger-to-Nose \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

☐ Rhythmic ☐ Mild Ataxia ☐ Severe Ataxia

87. Hand Tap \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

☐ Rhythmic ☐ Mild Ataxia ☐ Severe Ataxia

88. Alternative Hand \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

☐ Rhythmic ☐ Mild Ataxia ☐ Severe Ataxia

89. Foot Tap \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

☐ Rhythmic ☐ Mild Ataxia ☐ Severe Ataxia

**Sensory Exam**

*Indicate whether senses appear intact or abnormal upon examination.*

Intact Abnormal

Pain

90. Upper Right \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

91. Upper Left \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

92. Lower Right \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

93. Lower Left \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Temperature

94. Upper Right \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

95. Upper Left \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

96. Lower Right \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

97. Lower Left \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Intact Abnormal

Vibration

98. Fingers Right \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

99. Fingers Left \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

100. Toes Right \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

101. Toes Left \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Proprioreception

102. Fingers Right \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

103. Fingers Left \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

104. Toes Right \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

105. Toes Left \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

106. Ankles Right \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

107. Ankles Left \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

108. **Beighton Score**

*Indicate if and where hypermobility exists.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No** | **Yes** | |
|  | **Right** | **Left** |
| Thumb to forearm |  |  |  |
| Bend little fingers back ≥90° |  |  |  |
| Elbow hyperextend to ≥10°  *(i.e. - bend backward 10° or more in wrong direction)* |  |  |  |
| Knees hyperextend ≥10° *(i.e. - bend backward 10° or more in wrong direction)* |  |  |  |
| Palms flat to floor, legs straight |  |  |  |

Instructions

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

Special Instructions

1-3. Choose best suited description.

4-13. Choose No; Yes, Sustained; Yes, Unsustained and report additional remarkable symptoms

14. Choose Yes / No.

15-21. Indicate whether impairments are present or absent; if necessary, indicate side(s) affected.

22-33. Score from 0 to 4 using the Modified Ashworth scale. **CDE ID: C11908**

No increase in muscle tone;Slight increase in muscle tone, manifested by a catch and release or by minimal resistance at the end of the range of motion when the affected part(s) is moved in flexion or extension;Slight increase in muscle tone, manifested by a catch, followed by minimal resistance throughout the remainder (less than half) of the ROM;More marked increase in muscle tone through most of the ROM, but affected part(s) easily moved;Considerable increase in muscle tone, passive movement difficult;Affected part(s) rigid in flexion or extension

34-59.

60-69. Score each point of interest from 0 to 4, 0 denoting absence of reflex; 1- present, faint reflex; 2- present, normal reflex; 3- present, brisk reflex; 4- hyperactive.

70-74. Score superficial reflexes as either absent (0) or present (1), on both R and L side.

75-81. Score pyramidal/front release signs as either absent (0) or present (1), on both R and L side.

82. Report use of assisted walking device (i.e. – walker).

83-85. Choose Steady / Unsteady.

86-89. Score from 0 to 4 on both R and L; indicate rhythmic, mild ataxia or severe ataxia.

90-107. Indicate whether sensory responses appear intact (normal) or abnormal.

108. When applicable, report results of Beighton test in patient. Score is calculated on a point-system from 0 to 9. The first four tests can result in: No = 0 points, R = 1 point, L = 1 point, Both = 2 points; Palms flat to floor, legs straight can result in only: No – 0 points, Yes: 1 point.