1. Date of Exam:
2. Primary language (ISO 639-2 code)

[ ]  English (eng)

[ ]  Spanish (spa)

[ ]  Sign Languages (sgn)

[ ]  Chinese languages (chi)

[ ]  French (fre)

[ ]  German (ger)

[ ]  Other, specify ISO 639-2 code:

1. Language spoken fluently text and corresponding ISO 639-2 code
2. Language written fluently text and corresponding ISO 639-2 code
3. Modified Romberg test result

[ ] Normal

[ ] Abnormal

## 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 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

* 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 12)[ ] 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–globalassessment:
 | [ ] Yes [ ] No (If ‘No” skip to question 13)[ ] 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–globalassessment:
 | [ ] Yes [ ] No (If ‘No” skip to question 14)[ ] 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: |

## Pupil Assessment

1. Left pupil measurement m m (1-9) **[ ]**  Untestable **[ ]**  Unknown
2. Right pupil measurement m m (1-9) [ ]  Untestable [ ]  Unknown
3. Left pupil shape: [ ] Round [ ]  Oval [ ]  Unknown
4. Right pupil shape: [ ] Round [ ]  Oval [ ]  Unknown
5. Left pupil reactivity: [ ]  Brisk [ ]  Sluggish [ ]  Nonreactive [ ]  Untestable [ ]  Unknown
6. Right pupil reactivity [ ]  Brisk [ ]  Sluggish [ ]  Nonreactive [ ]  Untestable [ ]  Unknown
7. Weakness? [ ] Yes (answer questions 20a and 20b) [ ] No
8. Does the weakness suggest one of the following patterns?

[ ] Right Hemiparesis

[ ] Left Hemiparesis

[ ] Diplegia/Paraparesis

[ ] Quadriplegia/Quadraparesis

[ ] Peripheral Nerve Lesion(s)

[ ] Neuropathic Weakness

[ ] Myopathic Weakness

[ ] Other, specify:

1. Specify the neurological location of the weakness:

[ ] Brain

[ ] Spinal Cord

[ ] Peripheral Nervous System

[ ] Other, specify:

## Cerebellar/Coordination

Table for Recording Cerebellar/Coordination Assessments

| Cerebellar/Coordination assessments | 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 24a and 24b)

[ ] 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:

## Sensory/Sensation

1. Sensory System–global assessment:

[ ] Normal

[ ] Abnormal (Continue to 25a–25d)

[ ] 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:

## 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. The elements on this CRF are 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. Every CDE contained in this CRF Module may not be appropriate for every subarachnoid hemorrhage (SAH) study.

**Specific Instructions**

For information regarding the elements on this form, please consult the Data Dictionary.