Neurological Examination

*Name of Site: ____________________

*Type of Visit: ____________________
  e.g. Screening, Baseline, 6 months, 12 months, 18 months, 24
  months, 30 months, 36 months, 42 months, 48 months, 54 months,
  60 months.

*Date of Visit: ____________________

*GUID: __________________________

*Age of Subject (years and months): ______________

Subject ID: _______________________

1*. Is the subject a case or a control
   □ Case       □ Control
   If the subject is a control, go to question 3.

2a. Primary Diagnosis:
   □ Control     □ Parkinson’s    □ Lewy Body Dementia
   □ Progressive Supranuclear Palsy □ Corticobasal Degeneration
   □ Multisystem Atrophy     □ Other:________________________

2b*. Age at Diagnosis: ___ ___ ___

3. Neurological Exam Finding:
   □ Normal
   □ Abnormal
   If normal, STOP here and do not complete remainder of form.

3a. If abnormal, is abnormality documented in another form? □ Yes □ No
   e.g. MDS-UPDRS, MoCA, Hamilton?

   If yes, STOP here. Otherwise, please complete remainder of form.

Mental Status

4. MENTAL STATUS EXAMINATION: □ Normal □ Abnormal □ Not assessed
   If normal or not assessed, go to question 5.

4a. Describe cognitive abnormality (e.g., dyspraxia, neglect, perseveration, etc. If none, write none):
    ____________________________
4b. **Describe** other Mood or Affect abnormality (e.g., pseudobulbar affect, irritability, elation, etc. If none, write none.): ___________________

**Cranial Nerves**

5. **Cranial nerves II-XII-examination:**  
   - [ ] Normal  
   - [ ] Abnormal  
   - [ ] Not assessed  

   If normal or not assessed, go to question 6.

5a) **Visual acuity (corrected)**  
   - [ ] Normal  
   - [ ] Abnormal  
   - [ ] Not assessed  

   If normal or not assessed, go to question 5b.

5a-i) If abnormal, check all that apply:  
   - [ ] Able to read text  
   - [ ] Detects movement only  
   - [ ] Detects light only  
   - [ ] Vision impaired on right  
   - [ ] Vision impaired on left

5b) **Papilledema:**  
   - [ ] Right  
   - [ ] Left  
   - [ ] Bilateral  
   - [ ] Normal  
   - [ ] Not assessed

5c) **Disc Pallor:**  
   - [ ] Right  
   - [ ] Left  
   - [ ] Bilateral  
   - [ ] Normal  
   - [ ] Not assessed

5d) **Pupils:**  
   - [ ] Normal  
   - [ ] Abnormal  
   - [ ] Not assessed  

   If normal or not assessed, go to question 5e.

5d-i) If abnormal, check all abnormalities found:  
   - [ ] Right at rest  
   - [ ] Left at rest  
   - [ ] Right to light  
   - [ ] Left to light  
   - [ ] Right to accommodation  
   - [ ] Left to accommodation

5e) **Ptosis:**  
   - [ ] Right  
   - [ ] Left  
   - [ ] Bilateral  
   - [ ] Normal  
   - [ ] Not assessed

5f) **Visual Fields:**  
   - [ ] Normal  
   - [ ] Abnormal  
   - [ ] Not assessed

5f-i) Note area(s) of hemianopia:  
   - [ ] Right Medial  
   - [ ] Right Lateral  
   - [ ] Right Inferior  
   - [ ] Right Superior  
   - [ ] Left Medial  
   - [ ] Left Lateral  
   - [ ] Left Inferior  
   - [ ] Left Superior  
   - [ ] Not applicable

5f-ii) Note areas of Quadrantanopia:  
   - [ ] Right Medial  
   - [ ] Right Lateral  
   - [ ] Right Inferior  
   - [ ] Right Superior  
   - [ ] Left Medial  
   - [ ] Left Lateral  
   - [ ] Left Inferior  
   - [ ] Left Superior  
   - [ ] Not applicable

5f-iii) **Central Scotoma:**  
   - [ ] Right  
   - [ ] Left  
   - [ ] Bilateral  
   - [ ] Normal  
   - [ ] Not assessed
5g) Eye Movements: □ Right  □ Left  □ Bilateral  □ Normal  □ Not assessed

**If normal or not assessed, go to question 5h.**

5g-i) Lateral: □ Right  □ Left  □ Bilateral  □ Normal  □ Not assessed  □ Nystagmus

5g-ii) Medial: □ Right  □ Left  □ Bilateral  □ Normal  □ Not assessed  □ Nystagmus

5g-iii) Up: □ Right  □ Left  □ Bilateral  □ Normal  □ Not assessed  □ Nystagmus

5g-iv) Down: □ Right  □ Left  □ Bilateral  □ Normal  □ Not assessed  □ Nystagmus

5g-v) Saccades: □ Right  □ Left  □ Bilateral  □ Normal  □ Not assessed

5g-vi) Smooth Pursuit: □ Right  □ Left  □ Bilateral  □ Normal  □ Not assessed

5h) Facial numbness: □ Normal  □ Abnormal  □ Not assessed

**If normal or not assessed, go to question 5i.**

5h-i) Note location(s) of facial numbness

□ V1 Right  □ V1 Left  □ V1 Bilateral  □ V2 Right  □ V2 Left  □ V2 Bilateral

□ V3 Right  □ V3 Left  □ V3 Bilateral

5i) Masseter weakness: □ Right  □ Left  □ Bilateral  □ Normal  □ Not assessed

5j) Facial strength:

□ Normal  □ Abnormal  □ Not assessed

**If normal or not assessed, go to question 5k.**

5j-i) Facial strength (R) □ Normal  □ Central weakness  □ Peripheral weakness  □ Not assessed

5j-ii) Facial strength (L) □ Normal  □ Central weakness  □ Peripheral weakness  □ Not assessed

5k) Hearing:

□ Normal  □ Abnormal  □ Not assessed

**If normal or not assessed, go to question 5l.**

5k-i) Hearing abnormality □ Normal  □ Left decreased  □ Right Decreased  □ Bilaterally Decreased  □ Not assessed

5k-ii) Weber: □ Lateralized Right  □ Lateralized Left  □ Normal  □ Not assessed
5k-iii) Rinne: □ Air = Bone  □ Air > Bone  □ Air < Bone

5l) Palatal Elevation: □ Normal  □ Left decreased  □ Right Decreased  □ Bilaterally Decreased  □ Not assessed

5m) Gag Reflex: □ Normal  □ Not assessed  □ Decreased  □ Absent

5n) Shoulder shrug weakness: □ Right  □ Left  □ Bilateral  □ Normal  □ Not assessed

5o) Sternocleidomastoid weakness: □ Right  □ Left  □ Bilateral  □ Normal  □ Not assessed

5p) Tongue Weakness: □ Right  □ Left  □ Normal  □ Not assessed

5q) Other tongue findings: □ None  □ Not assessed  □ Atrophy  □ Fasciculations

Motor Strength

6) MOTOR STRENGTH: □ Normal  □ Abnormal  □ Not assessed

If normal or not assessed, go to question 7.

If abnormal, assess muscle groups according to the following scale:
5: Normal strength against resistance
4: Less than normal strength against resistance
3: Active movement against gravity
2: Active movement with gravity eliminated
1: Visible muscle contraction, no movement
0: No muscle contraction

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<th>Muscles</th>
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<td>6a) Deltoid (R)</td>
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<td>6b) Deltoid (L)</td>
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<td>6c) Biceps (R)</td>
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<td>6d) Biceps (L)</td>
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<td>6e) Triceps (R)</td>
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<td>6f) Triceps (L)</td>
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<td>6g) Ext. Carpi Radialis (R)</td>
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<td>6h) Ext. Carpi Radialis (L)</td>
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<td>6i) Flex Carpi Radialis (R)</td>
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<td>6k) Interossei (R)</td>
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<td>6l) Interossei (L)</td>
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<td>6m) Iliopsoas (R)</td>
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<td>6n) Iliopsoas (L)</td>
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<td>6o) Quadriceps (R)</td>
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<td>6p) Quadriceps (L)</td>
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6q) Hamstrings (R) □ □ □ □ □ □ □
6r) Hamstrings (L) □ □ □ □ □ □ □
6s) Gastrocnemius (R) □ □ □ □ □ □ □
6t) Gastrocnemius (L) □ □ □ □ □ □ □
6u) Tibialis Anterior (R) □ □ □ □ □ □ □
6v) Tibialis Anterior (L) □ □ □ □ □ □ □

6w) Atrophy present in any muscle group(s)?
□ No atrophy present □ Deltoid (R) □ Deltoid (L) □ Biceps (R) □ Biceps (L)
□ Triceps (R) □ Triceps (L) □ Quadriceps (R) □ Quadriceps (L) □ Hamstrings (R)
□ Hamstrings (L) □ Gastrocnemius (L) □ Gastrocnemius (R) □ Tibialis Anterior (L)
□ Tibialis Anterior (R)

6X) Fasciculations present in any muscle group(s)?
□ No fasciculations present □ Deltoid (R) □ Deltoid (L) □ Biceps (R) □ Biceps (L)
□ Triceps (R) □ Triceps (L) □ Quadriceps (R) □ Quadriceps (L) □ Hamstrings (R)
□ Hamstrings (L) □ Gastrocnemius (L) □ Gastrocnemius (R) □ Tibialis Anterior (L)
□ Tibialis Anterior (R)

Sensation

7) Sensation: □ Normal □ Abnormal □ Not assessed

If normal or not assessed, go to question 8.

7a) Proximal Arm (R) □ □ □ □ □ □ □
7b) Proximal Arm (L) □ □ □ □ □ □ □
7c) Distal Arm (R) □ □ □ □ □ □ □
7d) Distal Arm (L) □ □ □ □ □ □ □
7e) Proximal Leg (R) □ □ □ □ □ □ □
7f) Proximal Leg (L) □ □ □ □ □ □ □
7g) Distal Leg (R) □ □ □ □ □ □ □
7h) Distal Leg (L) □ □ □ □ □ □ □
7i) Stocking/Glove □ □ □ □ □ □ □

Reflexes

8) Reflexes: □ Normal □ Abnormal □ Not assessed

If normal or not assessed, go to question 9.

If abnormal, assess reflexes according to the following scale:
4+: Very brisk with clonus
3+: Brisk
2+: Normal
1+: Low normal
0: No response

8a) Biceps (R) □□□□□
8b) Biceps (L) □□□□□
8c) Triceps (R) □□□□□
8d) Triceps (L) □□□□□
8e) Brachioradialis (R) □□□□□
8f) Brachioradialis (L) □□□□□
8g) Patellar (R) □□□□□
8h) Patellar (L) □□□□□
8i) Achilles (R) □□□□□
8j) Achilles (L) □□□□□
8k) Babinsky present □ Present □ Not present □ Unknown

If not present or unknown, go to question 8i.
8k-i) Babinsky □ Right □ Left

8i) Other, e.g., grasp, snout, such, palmonmental, etc. ____________________________

Gait

9) GAIT: □ Normal □ Not assessed
□ Ataxic □ Spastic □ Wide-Based
□ Steppage □ Unable to Tandem □ Romberg □ Not assessed
□ Other: __________________

Other Movements

10) OTHER MOVEMENTS: □ Normal □ Abnormal □ Not assessed

If normal or not assessed, go to question 11.

10a) Ataxia: □ Normal □ RUE □ LUE □ RLE □ LLE □ Truncal
10b) Chorea: □ Normal □ RUE □ LUE □ RLE □ LLE □ Generalized
10c) Ballismus: □ Normal □ RUE □ LUE □ RLE □ LLE □ Generalized
10d) Tics: □ Normal □ RUE □ LUE □ RLE □ LLE □ Generalized
10e) Athetosis: □ Normal □ RUE □ LUE □ RLE □ LLE □ Generalized
10f) Myoclonus: □ Normal □ RUE □ LUE □ RLE □ LLE □ Generalized

11) OTHER EXAM FINDING NOT NOTED ELSEWHERE: ______________________________