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–globalassessment:
 | [ ] 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–globalassessment:
 | [ ] 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