NEUROLOGICAL EXAMINATION AND QUESTIONNAIRE

(Adapted from Chiriboga, Kairam, Kline 1991)

PART I: IDENTIFYING INFORMATION

1. Patient's ID Number: [ID] [ ][ ][ ][ ]
2. Current Clinic: [ ][ ] SITE
3. Patient's Letter Code: [ ][ ][ ] INITS
4. Visit: [VISIT] [ ][ ]M - sequence # [0][0] SEQNO
5. Testing Date: [ ][ ] - [ ][ ] - [ ][ ][ ][ ] VIS_DT
   Month Day Year

PART II: QUESTIONNAIRE FOR THE CHILD'S CARETAKER

1. Which hand does your child prefer to . . . . . Right (1) HANDED
   . . . . . Left (2)
   . . . . . No preference (3)
   . . . . . Not able to assess (4)

2. How would you describe your child's ability to swallow? SWALLOW
   - Normal . . . . . (1)
   - Abnormal, no intervention needed . . . . . (2)
   - Abnormal, requires modification of food consistency . . . . . (3)
   - Abnormal, swallowing impossible, tube or parenteral feedings . . . . . (4)
   - Not able to assess . . . . . (5)

3. How would you describe your child's ability to walk and climb stairs? WALKCLMB
   - Walks and climbs stairs without assistance, and alternates feet upon stair climbing . . . . . (1)
   - Walks and climbs stairs without assistance, but does not alternate feet upon stair climbing . . . . . (2)
   - Walks unassisted, but cannot climb stairs without support . . . . . (3)
   - Walks only with assistance, or walks unassisted only with leg braces or other supporting device . . . . . (4)
   - Non-ambulatory despite supporting devices . . . . . (5)
   - Not old enough . . . . . (6)

4. How would you describe your child's toileting? DIAPNITE

	Yes	No	N/A
A. Routinely wears diapers at night	(1)	(2)	(3)

B. Wets at night WETSNITE
   - More than 5 times/week . . . . . (1)
   - 1-5 times/week (2)
   - 1/week to 1/month . . . . . (3)
   - Less than 1/month . . . . . (4)
   - N/A . . . . . (5)

	Yes	No	N/A	
C. Routinely wears diapers in daytime?	(1)	(2)	(3)	DIAP_DAY

1. If NO, currently experiencing wetting accidents? — WET_ACC
   - Often . . . . . (1)
   - Occasionally . . . . . (2)
   - Rarely . . . . . (3)
   - N/A . . . . . (4)

5. Does your child have tingling, numbness, pins and needles, “electric shock” or a burning sensation in his/her hands or feet? — TINGNUMB
   - No . . . . . (1)
   - Yes, sometimes . . . . . (2)
   - Yes, often . . . . . (3)
   - Not able to assess . . . . . (4)
   - Question not age appropriate . . . . . (5)

6. Has your child ever had a seizure or convulsion? — SEIZURE
   - No . . . . . (1)
   - Yes, with fever . . . . . (2)
   - Yes, without fever . . . . . (3)
   - Yes, both febrile and afebrile . . . . . (4)
   - Not able to assess . . . . . (5)

PART III: QUESTIONS COMPLETED BY THE EXAMINER

	Yes	No	N/A	
1. Does the child have sensory loss or sensory diminishment?	(1)	(2)	(3)	SENSLOSS

If NO or N/A, skip to PART III, Question 2

	DESCLOSR R	DESCLOSL L
A. Which best describes the change?		
Decrease or loss of pain/temperature/position sense/vibration in great toes	(1)	(1)
Decrease or loss of pain/temperature/position sense/vibration in ankles	(2)	(2)
Decrease or loss of pain/temperature/position sense/vibration in knees	(3)	(3)
Not able to assess	(4)	(4)

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2. Does the child have loss or diminishment of motor function? Yes (1) No (2) LOSSSTRG

If NO, skip to PART IV, Question 1

A. Which best describes the loss of strength? LOSSSTRU

1. Right Upper
   - Mild weakness . . . (1)
   - Moderate weakness . . . (2)
   - Severe weakness . . . (3)
   - No change. . . . (4)
   - Not able to assess . . . (5)

2. Left Upper LOSSSTLU
   - Mild weakness . . . (1)
   - Moderate weakness . . . (2)
   - Severe weakness . . . (3)
   - No change. . . . (4)
   - Not able to assess . . . (5)

3. Right Lower LOSSSTRL
   - Mild weakness . . . (1)
   - Moderate weakness . . . (2)
   - Severe weakness . . . (3)
   - No change. . . . (4)
   - Not able to assess . . . (5)

4. Left Lower LOSSSTLL
   - Mild weakness . . . (1)
   - Moderate weakness . . . (2)
   - Severe weakness . . . (3)
   - No change. . . . (4)
   - Not able to assess . . . (5)

5. Nonfocal impairment of gross motor development LOSSGMTR
   - Abnormal quality without delay in skills relative to age. . . . (1)
   - Mild delay in skills relative to age . . . (2)
   - Moderate or severe delay in skills relative to age . . . (3)

6. Nonfocal impairment of fine motor skills LOSSFMTR
   - Abnormal quality without delay in skills relative to age. . . . (1)
   - Mild delay in skills relative to age . . . (2)
   - Moderate or severe delay in skills relative to age . . . (3)

B. Which best describes the change in tone? LOSSTONE
   - Proximal decrease . . . (1)
   - Proximal increase . . . (2)
   - Distal decrease . . . (3)
   - Distal increase . . . (4)
   - Proximal and distal decrease . . . (5)
   - Proximal and distal increase . . . (6)
   - Proximal decrease and distal increase . . . (7)

PART IV: REFLEXES

Reflex Codes[1]

1 = Muscle contraction without limb displacement
2 = Muscle contraction with limb displacement
3 = Muscle contraction accompanied by clonus
4 = No reflex elicited
8 = Not able to assess

			RIGHT	LEFT
1.	Biceps reflex[1]:	. . . . .	☐ RFLXBICR	☐ RFLXBICL
2.	Knee jerk[1]:	. . . . .	☐ RFLXKJR	☐ RFLXKJL
3.	Ankle jerk[1]:	. . . . .	☐ RFLXAJR	☐ RFLXAJL
4.	Ankle clonus:	Codes: 1 - Clonus absent 2 - (1-4) beats on 2 trials 3 - (≥ 5) beats on at least 1 of 2 trials 4 - Spontaneous clonus 8 - Not able to assess	☐ RFLXACR	☐ RFLXACL
5.	Crossed adductor response:	Codes: 1 - Absent 2 - Present 8 - Not able to assess	☐ RFLXARR	☐ RFLXARL
6.	Upgoing toe:	Codes: 1 - Absent 2 - Present 3 - Two informative trials not obtained	☐ RFLXUPTR	☐ RFLXUPTL

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PART V: CRAWLING AND WALKING

1. Does the child ordinarily walk independently? Yes (1) No (2) WALKINDE

If No, complete question V-1A, then go to PART VI.
If Yes, go to question V-1B.

A. CRAWLING AND WALKING (Awake):
(observe child in underclothes or in tight top and shorts).
Complete 1 through 9, then go to PART VI.

		Does Task	Does Not Do Task	Not Able to Assess	
1.	Crawls on four limbs for 9 inches or more	(1)	(2)	(3)	CRWL9IN
2.	Pulls-to-stand	(1)	(2)	(3)	PULL2STD
3.	Stands alone for at least 3 seconds	(1)	(2)	(3)	STND3SEC
4.	Stands alone for at least 30 seconds	(1)	(2)	(3)	STND30S
5.	Takes at least 3 steps with support	(1)	(2)	(3)	STEP3SPT
6.	Takes at least 3 steps holding onto furniture	(1)	(2)	(3)	STEP3HOL
7.	Takes at least 3 steps without support	(1)	(2)	(3)	STEP3ALN
8.	Gets up off floor to standing without help	(1)	(2)	(3)	STDUPALN
9.	Walks independently for at least 6 feet	(1)	(2)	(3)	WALK6FT

B. GAIT FOR CHILDREN WHO WALK INDEPENDENTLY

Have the child walk a distance of 6' away from examiner, turn around, and walk back. Repeat task, observing from side.

Codes:
1 - Absent
2 - Present
8 - Not able to assess

		RIGHT	LEFT
1.	Knee flexion	☐ KNEEFLXR	☐ KNEEFLXL
2.	Knee hyperextension	☐ KNEHYPER	☐ KNEHYPEL
3.	Toe walking	☐ TOEWALKR	☐ TOEWALKL
4.	Circumducting gait	☐ CIRCGTR	☐ CIRCGTL
5.	Decreased arm swing	☐ DECRSWNR	☐ DECRSWNL
6.	Cortical arm posture . . . . . (persistent adduction at shoulder w/flexion at elbow, with/without forearm pronation)	☐ CORARMPR	☐ CORARMPL

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PART VI: CLINICAL NEUROLOGICAL DIAGNOSIS

[1]Distribution
1 -None
2 -General
3 -Axial
4 -Limb

[2]Severity Codes
1 - None
2 - Mild
3 - Moderate
4 - Severe

1. TONE

	Distribution[1]	Severity[2]
A. Hypotonia	HYPOTOND	HYPOTONS
B. Hypertonia	HYPRTOND	HYPRTONS

2. DIAGNOSIS BY STUDY EXAMINER:
Are any of the diagnoses listed below present today? . . . . . Yes (1) No (2) DIAGNOS

If Yes, code diagnoses below.
If No, go to question PART VII-1.

*These diagnoses require demarcation of "side involved."

⇓

	[1]Diagnosis Codes		[2]Side Involved
	11 -Ataxia, specify	29 -Static Encephalopathy (etiology	1 -Right
*	12 -Cranial Nerve Abnormality, Specify	30 -Static Encephalopathy (etiology	2 -Left
*	13 -Headaches (muscular contraction)	31 -Attention Deficit Hyperactivity	3 -Bilateral
*	14 -Headaches (vascular)	32 -Epilepsy (idiopathic)	4 -Side
	15 -HIV-Associated Progressive	33 -State Abnormality < 6 months	
	23 -Macrocephaly (> 95% for sex and	34 -Newborn Drug Withdrawal < 3	
	24 -Microcephaly (< 5% for sex and	40 -Stroke, neurological deficit	
*	25 -Myelopathy, specify	41 -TIA	
*	26 -Myopathy, specify	88 -Other Neurological Condition	
*	27 -Peripheral Neuropathy or		

	Diagnosis[1]	Side[2]	Specify:
A.	DIAGN_A	DIAGN_AS	DIAGNASP
B.	DIAGN_B	DIAGN_BS	DIAGNBSP
C.	DIAGN_C	DIAGN_CS	DIAGNCSP
D.	DIAGN_D	DIAGN_DS	DIAGNDSP

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PART VII: NEUROLOGIC STATUS BY STUDY EXAMINER

1. From a neurological standpoint, what do you think the status of the patient is since the last assessment? . . . . . NEURSTA1 ☐

1 - Improved
2 - Stable/unchanged
* 3 - Deteriorated
* 4 - Unable to assess
5 - No previous assessment

2. From a neurological standpoint, what do you think the status of the patient is since the initial (baseline) assessment? . . . . NEURSTA2 ☐

1 - Improved
2 - Stable/unchanged
* 3 - Deteriorated
* 4 - Unable to assess
5 - No previous

3. Summary findings

	Yes	No	N/A	
A. New stroke	*(1)	(2)	(3)	NEW_STRK
B. New TIA	*(1)	(2)	(3)	NEW_TIA

If either Yes, complete Form 50.

4. *Form 80 submitted? (1) (2) F80VII4

PART VIII: COORDINATION

1. Checked for completeness and accuracy:
   A. Certification number: ☐☐ - ☐☐ CERT_NO
   B. Signature: _____ CERT_SIG
   C. General Comments: GEN_CMNT

2. Neurological examiner certification number: ☐☐ - ☐☐ NCERT_NO