STOP II TRIAL
NEUROLOGICAL CONSULTANT REPORT

AFFIX PATIENT LABEL

HERE

A1. Name of Examiner: ________________________ (Initials): ☐☐☐

A2. Date and time of interview (Month/Day/Year): ___ ___/___ ___/___ ___ ___ ___ A2.a Time:____:____

A2.b ☐ **1. A.M.** ☐ **2. P.M.**

A3. Patient is: ☐ **1. Male** ☐ **2. Female** A4. Patients age: ☐☐ Years

A5. Type of exam

☐ **1. BASELINE →** **GO TO SECTION C**

☐ **2. ANNUAL →** **GO TO SECTION C**

☐ **3. NEUROLOGICAL EVENT →** **GO TO SECTION B**

☐ **4. POST-MENINGITIS →**

A5.a Date of event (month/day/year): ___ ___/___ ___/___ ___ ___ ___

A5.b Date of discharge(month/day/year): ___ ___/___ ___/___ ___ ___ ___

GO TO SECTION C

☐ **5. POST-HEAD INJURY →**

A5.c Date of event (month/day/year): ___ ___/___ ___/___ ___ ___ ___

A5.d Date of discharge(month/day/year): ___ ___/___ ___/___ ___ ___ ___

GO TO SECTION C

B EVENT HISTORY

B1. Person interviewed (Choose **ONE** for person providing majority of answers to questions in Section B):

☐ **1. Patient** ☐ **2. Parent** ☐ **3. Legal Guardian** ☐ **4. Other →** B1.a (specify): ______________________

B2. Did person interviewed witness the event? ☐ **1. NO** ☐ **2. YES**

PERSON INTERVIEWED SHOULD ANSWER QUESTIONS B3 - B10

B3. Why did the patient come to the hospital?

____

____

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____

☐ ML ☐ DE

B4. Describe the development of symptoms in detail:

____
____
____
____

B5. Specific date and time of onset: (Month/Day/Year): ___ ___/___ ___/___ ___ ___ ___ B5.a Time:____:____

B5.b ☐ **1. A.M.** ☐ **2. P.M.**

B6. How long did symptoms last? ____

B7. Has patient had these symptoms before? ☐ **1. NO** ☐ **2. YES**

B8. Was the patient also experiencing a pain crisis or medical illness? ☐ **1. NO** ☐ **2. YES**

B8.a Specify type of event:
____
____
____

B9. Did the patient experience any of the following symptoms?

		1. NO	2. YES	GIVE DETAILS IF YES
B9.a	Alteration of Level of Consciousness	☐	☐	B9.a1. ______________________
B9.b	Headache	☐	☐	B9.b1. ______________________
B9.c	Hemiparesis or other weakness	☐	☐	B9.c1. ______________________

LOCATION		RIGHT		LEFT		
B9.c2.	Face	☐ **1. NO**	☐ **2. YES**	a.	☐ **1. NO**	☐ **2. YES**
B9.c3.	Arm	☐ **1. NO**	☐ **2. YES**	b.	☐ **1. NO**	☐ **2. YES**
B9.c4.	Leg	☐ **1. NO**	☐ **2. YES**	c.	☐ **1. NO**	☐ **2. YES**

		1. NO	2. YES	GIVE DETAILS IF YES
B9.d	Loss of vision	☐	☐	B9.d1. ______________________
B9.e	Alteration of speech	☐	☐	B9.e1. ______________________
B9.f	Clumsiness	☐	☐	B9.f1. ______________________
B9.g	Possible seizure	☐	☐	B9.g1. ______________________

B9. (cont'd) Did the patient experience any of the following symptoms?

	1. NO	2. YES	GIVE DETAILS IF YES
B9.h Numbness or other sensory disturbance	☐	☐ ↓	B9.h1. ______________________

LOCATION		RIGHT		LEFT		
B9.h2.	Face	☐ 1. NO	☐ 2. YES	a.	☐ 1. NO	☐ 2. YES
B9.h3.	Arm	☐ 1. NO	☐ 2. YES	b.	☐ 1. NO	☐ 2. YES
B9.h4.	Leg	☐ 1. NO	☐ 2. YES	c.	☐ 1. NO	☐ 2. YES

	1. NO	2. YES
B9.i Abnormal Movements	☐	☐ ↓

B9.i1. **GIVE DETAILS** ______________________

____

B10. PLEASE PROVIDE ANY OTHER INFORMATION THAT MAY HELP DETERMINE THE NATURE OF THE EVENT:

____

____

____

C. GENERAL PHYSICAL EXAM

C1. Record Vital Signs and Measurements:

C1.a Pulse (beats/minute) ☐☐☐

C1.b Respirations (breaths/minute) ☐☐☐

C1.c Blood Pressure (mmHg) (sys/dia) c1. ☐☐☐ / c2. ☐☐☐

C1.d Temperature (C°) ☐☐☐ . ☐

C1.e Height (cm) ☐☐☐ . ☐

C1.f Weight (kg) ☐☐☐ . ☐

C1.g Head Circumference (cm) ☐☐ . ☐ (Measure at baseline and annual visits)

C2. Is the patient right or left handed? ☐ **1. Right** ☐ **2. Left** ☐ **3. Ambidexterous** ☐ **4. Undetermined**

C3. Assess condition of the following:	1. NORMAL	2. ABNORMAL	GIVE DETAILS IF ABNORMAL
C3.a Skin	☐	☐	C3.a1 ______________________________
C3.b Head and Neck	☐	☐	C3.b1 ______________________________
C3.c Chest	☐	☐	C3.c1 ______________________________
C3.d Spine	☐	☐	C3.d1 ______________________________
C3.e Abdomen	☐	☐	C3.e1 ______________________________

C3.f Cardiovascular:	1. ABSENT	2. PRESENT	GIVE DETAILS IF PRESENT
C3.f1 Murmurs:	☐	☐	C3.f1.a ___________________________
C3.f2 Arrhythmias	☐	☐	C3.f2.a___________________________

D. NEUROLOGICAL EXAMINATION

D1. Level of Consciousness ☐ **1. NORMAL** ☐ **2. ABNORMAL**

D1.a
- ☐ **1. Lethargy**
- ☐ **2. Stupor**
- ☐ **3. Coma**
- ☐ **4. Other:** D1.a1 specify______________________

EXAMINER: MARK ANY ITEMS "NA" IF NOT APPLICABLE DUE TO AGE, OR "NE" IF NOT EVALUABLE DUE TO PHYSICAL/MENTAL CAPABILITY, OR LACK OF COOPERATION, AND EXPLAIN IN THE COMMENTS SECTION. OTHERWISE PLEASE ANSWER ALL ITEMS.

D2. **NAMING TO CONFRONTATION** **(SHOW PATIENT DRAWINGS ON PAGE 11)**

(check if response correct)		
Clock	☐	
Pencil	☐	D2.a Total Correct: ☐ ☐ **-8. NE** ☐ **-1. NA**
Skateboard	☐	
Shirt	☐	D2.b Is naming appropriate for age? ☐ **-8. NE** ☐ **1. NO** ☐ **2. YES**
Ball	☐	
Bicycle	☐	

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D3. **COMPREHENSION**

(check if response correct) Ask patient to:	
1. Close your eyes ☐	D3.a Total Correct: ☐ ☐ **-8. NE** ☐ **-1. NA**
2. Touch your nose ☐	D3.b Is comprehension appropriate for age? ☐ **-8. NE** ☐ **1. NO** ☐ **2. YES**
3. Point to the floor and then point to the ceiling ☐	

D4. **REPETITION**

(check if response correct) Ask patient to repeat:	
1. Stop. ☐	D4.a Total Correct: ☐ ☐ **-8. NE** ☐ **-1. NA**
2. Stop and go. ☐	D4.b Is comprehension appropriate for age? ☐ **-8. NE** ☐ **1. NO** ☐ **2. YES**
3. If it rains we play inside ☐	
4. The President lives in Washington ☐	

D5. **READING** **(SHOW PATIENT SENTENCES ON PAGE 12)**

(check if response correct) Ask patient to read:	
1. Stop. ☐	D5.a Total Correct: ☐ ☐ **-8. NE** ☐ **-1. NA**
2. See the dog run. ☐	D5.b Is reading appropriate for age? ☐ **-8. NE** ☐ **1. NO** ☐ **2. YES**
3. Little children like to play outdoors ☐	

D6. **WRITING** **(SPACES PROVIDED ON PAGE 13)**

(check if response correct) Ask patient to write:	
1. The patient's signature ☐	D6.a Total Correct: ☐ ☐ **-8. NE** ☐ **-1. NA**
2. Cat ☐	D6.b Is writing appropriate for age? ☐ **-8. NE** ☐ **1. NO** ☐ **2. YES**
3. The cat is black ☐	

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D7. **RIGHT/LEFT ORIENTATION**		
(check if response correct) Ask patient to:		D7.a Total Correct: ☐ ☐ **-8. NE** ☐ **-1. NA**
1. Show me your left hand	☐	
2. Show me your right hand	☐	D7.b Is right/left orientation appropriate for age? ☐ **-8. NE** ☐ **1. NO** ☐ **2. YES**

D8. **DRAWING** **(SHOW PATIENT DRAWINGS ON PAGE 14)**		
(check if response is correct) Ask patient to copy:		D8.a Total Correct: ☐ ☐ **-8. NE** ☐ **-1. NA**
1. Circle	☐	
2. Triangle	☐	D8.b Is drawing appropriate for age? ☐ **-8. NE** ☐ **1. NO** ☐ **2. YES**
3. Maltese cross	☐	
4. Bisecting lines	☐	

D9. SUMMARIZE THE ABNORMALITIES/COMMENTS:

____

____

____

____

EXAMINER: ANSWER NE IF NOT EVALUABLE DUE TO PHYSICAL/MENTAL CAPABILITY OR LACK OF COOPERATION, AND EXPLAIN IN THE COMMENTS SECTION. PLEASE ANSWER ALL ITEMS.

D10. CRANIAL NERVES:

D10.a Visual fields to confrontation ☐ **-8. NE** ☐ **1. NORMAL** ☐ **2. ABNORMAL →** **B10.a1 GIVE DETAILS IF ABNORMAL**

____

____

D10.b Papilledema ☐ **-8. NE** ☐ **1. ABSENT** ☐ **2. PRESENT**

EXAMINER: MARK ANY ITEMS "NE" IF NOT EVALUABLE DUE TO PHYSICAL/MENTAL CAPABILITY OR LACK OF COOPERATION, AND EXPLAIN IN THE COMMENTS SECTION. OTHERWISE PLEASE ANSWER ALL ITEMS.

CRANIAL NERVES III, IV, VI	-8. NE	1. NORMAL	2. ABNORMAL	GIVE DETAILS IF ABNORMAL
D10.c Pupils	☐	☐	☐	→c1. ______
D10.d Extra Ocular Movements	☐	☐	☐	→d1. ______
D10.e Gaze	☐	☐	☐	→e1. ______

CRANIAL NERVES V.	-8. NE	1. NORMAL	2. ABNORMAL	GIVE DETAILS IF ABNORMAL
D10.f Facial Sensation	☐	☐	☐	→f1. ______
D10.g. Corneal Reflexes	☐	☐	☐	→g1. ______

CRANIAL NERVE VII	-8. NE	1. NORMAL	2. WEAK	GIVE DETAILS IF WEAK
D10.h Facial Strength				
D10.h1 Right Lower Face	☐	☐	☐	→h1.a ______
D10.h2 Right Upper Face	☐	☐	☐	→h2.a ______
D10.h3 Left Lower Face	☐	☐	☐	→h3.a ______
D10.h4 Left Upper Face	☐	☐	☐	→h4.a ______

CRANIAL NERVES VIII	-8. NE	1. NORMAL	2. ABNORMAL	GIVE DETAILS IF ABNORMAL
D10.i Hearing	☐	☐	☐	→i1. ______
CRANIAL NERVES IX, X				
D10.j Gag	☐	☐	☐	→j1. ______
D10.k Palate elevation	☐	☐	☐	→k1. ______
CRANIAL NERVE XI				
D10.l Trapezius strength	☐	☐	☐	→l1. ______
CRANIAL NERVE XII				
D10.m Tongue strength	☐	☐	☐	→m1. ______

D10.n Dysarthria ☐ **-8. NE** ☐ **1. ABSENT** ☐ **2. MILD** ☐ **3. MODERATE** ☐ **4. SEVERE**

D11. MOTOR FUNCTION - TONE

	-8. NE	1. NORMAL	2. INCREASED	3. DECREASED
D11.a Right arm	☐	☐	☐	☐
D11.b Right leg	☐	☐	☐	☐
D11.c Left arm	☐	☐	☐	☐
D11.d Left Leg	☐	☐	☐	☐

11.e DESCRIBE ANY ABNORMAL MOVEMENTS:

EXAMINER: MARK ANY ITEMS "NA" IF NOT APPLICABLE DUE TO AGE, OR "NE" IF NOT EVALUABLE DUE TO PHYSICAL/MENTAL CAPABILITY, OR LACK OF COOPERATION, AND EXPLAIN IN THE COMMENTS SECTION. OTHERWISE PLEASE ANSWER ALL ITEMS.

D12. STRENGTH (Circle Appropriate MRC Grade*)

D12.a Right arm	12a.p proximal	**NE**	**0**	**1**	**2**	**3**	**4**	**5**
	12a.d distal	**NE**	**0**	**1**	**2**	**3**	**4**	**5**
D12.b Right leg	12b.p. proximal	**NE**	**0**	**1**	**2**	**3**	**4**	**5**
	12b.d distal	**NE**	**0**	**1**	**2**	**3**	**4**	**5**
D12.c Left arm	12c.p proximal	**NE**	**0**	**1**	**2**	**3**	**4**	**5**
	12c.d distal	**NE**	**0**	**1**	**2**	**3**	**4**	**5**
D12.d Left Leg	12d.p proximal	**NE**	**0**	**1**	**2**	**3**	**4**	**5**
	12d.d distal	**NE**	**0**	**1**	**2**	**3**	**4**	**5**

MRC GRADE

0 = No contraction
1 = Flicker or trace of contraction
2 = Active movement, with gravity eliminated
3 = Active movement against gravity
4 = Active movement against gravity and resistance
5 = Normal power

D12.e Can the patient hop on the left foot? ☐ **-1. NA** ☐ **-8 NE** ☐ **1. NO** ☐ **2. YES**

D12.f Can the patient hop on the right foot? ☐ **-1. NA** ☐ **-8 NE** ☐ **1. NO** ☐ **2. YES**

D12.g Can the patient walk on tip toes? ☐ **-1. NA** ☐ **-8 NE** ☐ **1. NO** ☐ **2. YES**

↓

D12.g1. **IF NO**, the problem is with which foot? ☐ **1. RIGHT** ☐ **2. LEFT** ☐ **3. BOTH**

D12.h Can the patient walk on heels? ☐ **-1. NA** ☐ **-8 NE** ☐ **1. NO** ☐ **2. YES**

↓

D12.h1. **IF NO**, the problem is with which foot? ☐ **1. RIGHT** ☐ **2. LEFT** ☐ **3. BOTH**

D13. IF ANY MOTOR ITEMS ARE NOT EVALUABLE, EXPLAIN WHY:

EXAMINER: MARK ANY ITEMS "NA" IF NOT APPLICABLE DUE TO AGE, OR "NE" IF NOT EVALUABLE DUE TO PHYSICAL/MENTAL CAPABILITY, OR LACK OF COOPERATION, AND EXPLAIN IN THE COMMENTS SECTION. OTHERWISE PLEASE ANSWER ALL ITEMS.

D14. TENDON REFLEXES

Circle response:

	RIGHT							LEFT					
D14.a Knee Jerk	**NE**	**0**	**1**	**2**	**3**	**4**	a1.	**NE**	**0**	**1**	**2**	**3**	**4**
D14.b Ankle Jerk	**NE**	**0**	**1**	**2**	**3**	**4**	b1.	**NE**	**0**	**1**	**2**	**3**	**4**
D14.c Biceps Jerk	**NE**	**0**	**1**	**2**	**3**	**4**	c1.	**NE**	**0**	**1**	**2**	**3**	**4**
D14.d Triceps Jerk	**NE**	**0**	**1**	**2**	**3**	**4**	d1.	**NE**	**0**	**1**	**2**	**3**	**4**
D14.e Brachioradialis	**NE**	**0**	**1**	**2**	**3**	**4**	e1.	**NE**	**0**	**1**	**2**	**3**	**4**

D14.f. Plantar Responses:

D14.f1. Right	☐ **-8. NE**	☐ **1. NORMAL**	☐ **2. ABNORMAL**
D14.f2. Left	☐ **-8. NE**	☐ **1. NORMAL**	☐ **2. ABNORMAL**

D15. COORDINATION

D15.a Gait	☐ **-1. NA**	☐ **-8. NE**	☐ **1. NORMAL**	☐ **2. ABNORMAL**
D15.b Can the patient balance on the left foot?	☐ **-1. NA**	☐ **-8. NE**	☐ **1. NO**	☐ **2. YES**
D15.c Can the patient balance on the right foot?	☐ **-1. NA**	☐ **-8. NE**	☐ **1. NO**	☐ **2. YES**
D15.d The fine motor coordination of the left hand is	☐ **-1. NA**	☐ **-8. NE**	☐ **1. NORMAL**	☐ **2. ABNORMAL**
D15.e The fine motor coordination of the right hand is	☐ **-1. NA**	☐ **-8. NE**	☐ **1. NORMAL**	☐ **2. ABNORMAL**

D15.f Appendicular Ataxia?

D15.f1. Right Arm	☐ **-8. NE**	☐ **1. ABSENT**	☐ **2. PRESENT**
D15.f2. Right Leg	☐ **-8. NE**	☐ **1. ABSENT**	☐ **2. PRESENT**
D15.f3. Left Arm	☐ **-8. NE**	☐ **1. ABSENT**	☐ **2. PRESENT**
D15.f4. Left Leg	☐ **-8. NE**	☐ **1. ABSENT**	☐ **2. PRESENT**

D15.g DESCRIBE ANY ABNORMALITIES WITH COORDINATION:

____

____

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____

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D16. SENSATION

	Light Touch	Pinprick
D16.a Right Arm	☐ -1. NA ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal	a1. ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal
D16.b Right Leg	☐ -1. NA ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal	b1. ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal
D16.c Left Arm	☐ -1. NA ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal	c1. ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal
D16.d Left Leg	☐ -1. NA ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal	d1. ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal
D16.e Right Face	☐ -1. NA ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal	e1. ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal
D16.f Right Trunk	☐ -1. NA ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal	f1. ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal
D16.g Left Face	☐ -1. NA ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal	g1. ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal
D16.h Left Trunk	☐ -1. NA ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal	h1. ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal

	Vibration	Proprioception
D16.a2. Right Arm	☐ -1. NA ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal	a3. ☐ -1. NA ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal
D16.b2. Right Leg	☐ -1. NA ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal	b3. ☐ -1. NA ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal
D16.c2. Left Arm	☐ -1. NA ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal	c3. ☐ -1. NA ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal
D16.d2. Left Leg	☐ -1. NA ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal	d3. ☐ -1. NA ☐ -8. NE ☐ 1. Normal ☐ 2. Abnormal

D16.i If sensation is not evaluable, explain why:

____

____

____

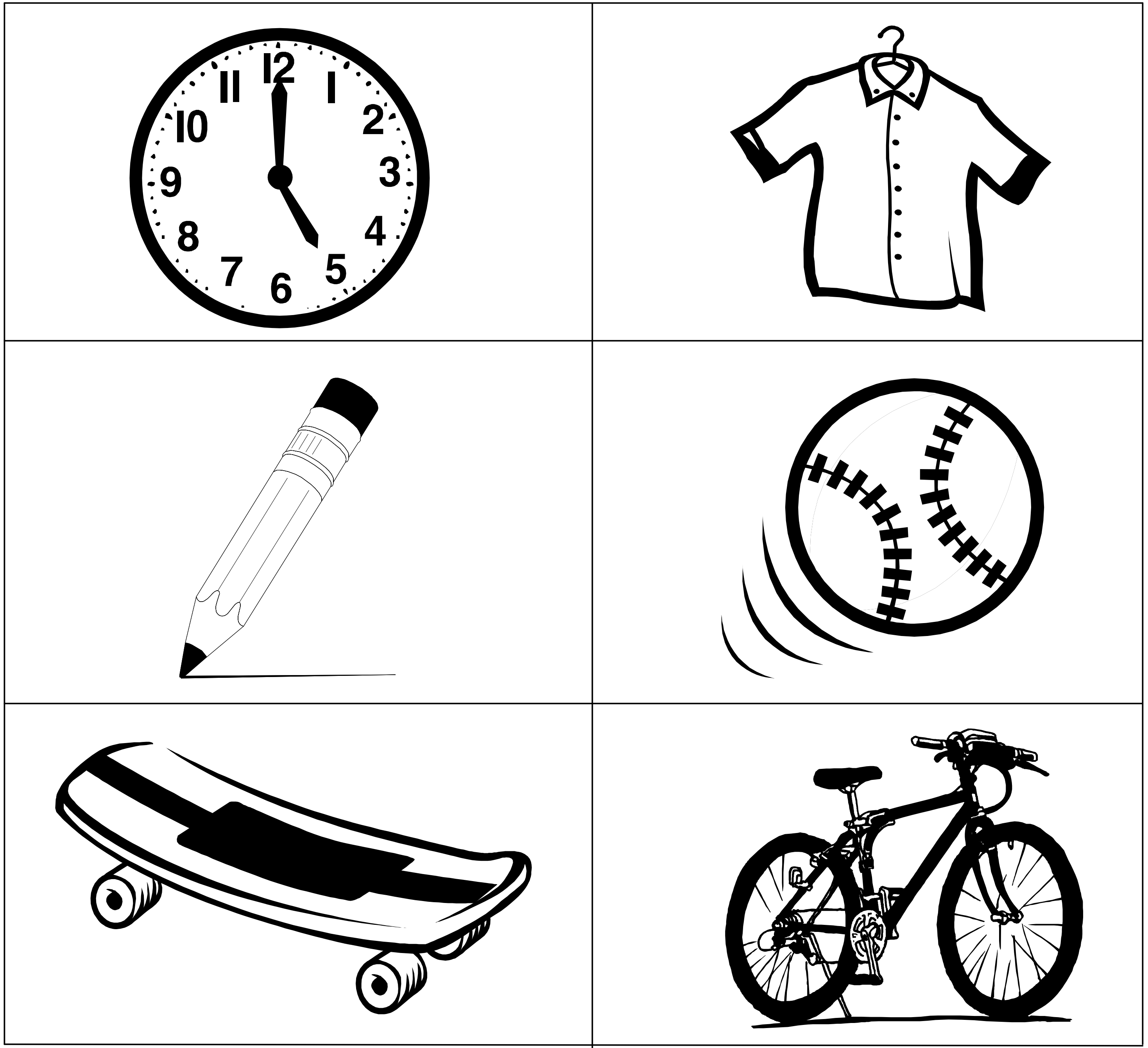
D. EXAMINERS ASSESSMENT - FOR EVENT ONLY:

D17. Was this event a stroke (pick one)?

- ☐ **1. Definitely yes**
- ☐ **2. Probably yes**
- ☐ **3. Unclear**
- ☐ **4. Probably not**
- ☐ **5. Definitely not**

D2. Naming to Confrontation

Ask patient to identify:



D5. Reading

Ask the patient to read:

1. Stop.

2. See the dog run.

3. Little children like to play outdoors.

D6. Writing

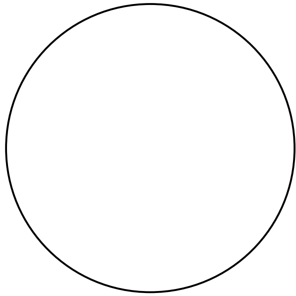
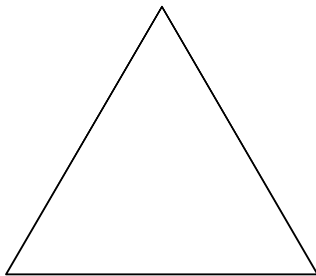
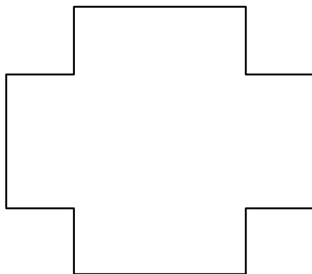
1. ____

2. ____

3. ____

D7. Drawing

Ask patient to copy these drawings:

	
	
	
Ask patient to place an "X" in the middle of these lines:	