

# S10r1 Neurological Consultant Report

Patient's Identification Number \_\_\_\_\_

Visit Date (yyyy/mm/dd): \_\_\_\_\_

Was the visit scheduled or for an event?  Scheduled visit  
 Event

Correction:  Yes  
 No

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## Section A

1. Name of Examiner: \_\_\_\_\_

1A. Examiner's Initials: \_\_\_\_\_

2. Time of Interview (24-hour clock): \_\_\_\_\_

3. Patient's Age (xx years): \_\_\_\_\_

4. Patient is:  Male  
 Female

5. Type of Exam:  Baseline  
 Annual  
 Neurological event

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## Section B - Patient History

6. Person interviewed (check all that apply):  Patient  
 Parent  
 Legal guardian  
 Other

6A. If Other, specify: \_\_\_\_\_

7. Has the patient ever had an episode of altered neurological function? If Yes, complete Items 7A through 13. If No, skip to Section C, Item 14.  Yes  
 No

7A. If Yes, did the person interviewed witness the event?  Yes  
 No

7A-1. If No, who observed the event? \_\_\_\_\_

7B. When did the event occur (yyyy/mm/dd)? \_\_\_\_\_

8. Did the patient see a physician to evaluate the event?  Yes  
 No  
 Don't know

8A. If Yes, was brain imaging performed?  Yes  
 No  
 Don't know

8A-1. What was the result?  Normal  
 Abnormal  
 Don't know

8B. Was any new treatment recommended?

- Yes  
 No  
 Don't know

8B-1. If Item 8B is Yes, specify treatment:

\_\_\_\_\_

9. How long did symptoms last?

- < 1 hour  
 >= 1 hour and < = 24 hours  
 > 24 hours

10. Has patient had these symptoms before?

- Yes  
 No

11. Was the patient also experiencing a pain episode or medical illness?

- Yes  
 No

11A. If Yes, specify type of episode:

\_\_\_\_\_

12A. Did the patient experience alteration of level of consciousness?

- Yes  
 No

12A-1. If Yes, give details:

\_\_\_\_\_

12B. Did the patient experience a headache?

- Yes  
 No

12B-1. If Yes, give details (also, complete CRF 30):

\_\_\_\_\_

12C. Did the patient experience hemiparesis or other weakness?

- Yes  
 No

12C-1. If Yes, give details:

\_\_\_\_\_

12C-2a. Location: Face (Right)

- Yes  
 No

12C-2b. Location: Face (Left)

- Yes  
 No

12C-3a. Location: Arm (Right)

- Yes  
 No

12C-3b. Location: Arm (Left)

- Yes  
 No

12C-4a. Location: Leg (Right)

- Yes  
 No

12C-4b. Location: Leg (Left)

- Yes  
 No

12D. Did the patient experience loss of vision?

- Yes  
 No

12D-1. If Yes, give details:

\_\_\_\_\_

12E. Did the patient experience alteration of speech?

- Yes  
 No

12E-1. If Yes, give details:

\_\_\_\_\_

12F. Did the patient experience clumsiness or unsteady gait?

- Yes  
 No

12F-1. If Yes, give details:

\_\_\_\_\_

12G. Did the patient experience a possible seizure?

- Yes  
 No

12G-1. If Yes, give details (also, complete CRF 15):

\_\_\_\_\_

12H. Did the patient experience numbness or other sensory disturbance?

- Yes  
 No

12H-1. If Yes, give details:

\_\_\_\_\_

12H-2a. Location: Face (Right)

- Yes  
 No

12H-2b. Location: Face (Left)

- Yes  
 No

12H-3a. Location: Arm (Right)

- Yes  
 No

12H-3b. Location: Arm (Left)

- Yes  
 No

12H-4a. Location: Leg (Right)

- Yes  
 No

12H-4b. Location: Leg (Left)

- Yes  
 No

12I. Did the patient experience abnormal movements?

- Yes  
 No

12I-1. If Yes, give details:

\_\_\_\_\_

13. Please describe any other symptoms that may help determine the nature of the event:

\_\_\_\_\_

## Section C - Physical Exam

14A. Pulse (xxx beats/minute)

\_\_\_\_\_

14B. Respirations (xxx breaths/minutes)

\_\_\_\_\_

14C-1. Blood pressure (xxx mmHg) - Systolic

\_\_\_\_\_

14C-2. Blood pressure (xxx mmHg) - Diastolic

\_\_\_\_\_

14D. Temperature (xxx.x deg C)

\_\_\_\_\_

14E. Height (xxx.x cm)

\_\_\_\_\_

14F. Weight (xxx.x kg)

\_\_\_\_\_

14G. Head circumference (xxx.x cm) [Measure at baseline and annual visits]

\_\_\_\_\_

15. Is the patient right or left handed?

- Right  
 Left  
 Ambidextrous  
 Undetermined

16A. Assess condition of skin:

- Normal  
 Abnormal

16B. Assess condition of head and neck:

- Normal  
 Abnormal

16C. Assess condition of chest:

- Normal  
 Abnormal

- 16D. Assess condition of spine:  Normal  
 Abnormal
- 16E. Assess condition of abdomen:  Normal  
 Abnormal
- 16F-1. Assess cardiovascular condition - murmurs:  Absent  
 Present
- 16F-2. Assess cardiovascular condition - arrhythmias:  Absent  
 Present

## Section D - Neurological Exam

17. Level of consciousness  Normal  
 Abnormal
- 17A. If abnormal, choose one:  Lethargy  
 Stupor  
 Coma  
 Unable to test due to medication

## 18. Naming to confrontation (Show patient the drawings on Worksheet S10r1 Visual Stimuli for Testing Language and Visual Motor Skills. Worksheet S10r1 can be found in the File Repository.)

- 18A. Clock  Yes  
 No
- 18B. Pencil  Yes  
 No
- 18C. Skateboard  Yes  
 No
- 18D. Shirt  Yes  
 No
- 18E. Ball  Yes  
 No
- 18F. Bicycle  Yes  
 No
- 18G. Total correct: \_\_\_\_\_
- 18G-1. If naming to confrontation not done, select one:  NE (not evaluable due to physical/mental capability or lack of cooperation)  
 NA (not applicable due to age)
- 18H. Is naming appropriate for age?  Yes  
 No  
 NE (not evaluable due to physical/mental capability or lack of cooperation)  
 NA (not applicable due to age)

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## 19. Comprehension

- 19A. Ask the patient to "close your eyes":  
 Yes  
 No
- 19B. Ask the patient to "touch your nose":  
 Yes  
 No
- 19C. Ask the patient to "point to the floor and then point to the ceiling":  
 Yes  
 No
- 19D. Total correct: \_\_\_\_\_
- 19D-1. If comprehension not done, select one:  
 NE (not evaluable due to physical/mental capability or lack of cooperation)  
 NA (not applicable due to age)
- 19E. Is comprehension appropriate for age?  
 Yes  
 No  
 NE (not evaluable due to physical/mental capability or lack of cooperation)  
 NA (not applicable due to age)

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## 20. Repetition

- 20A. Ask patient to repeat "stop":  
 Yes  
 No
- 20B. Ask patient to repeat "stop and go":  
 Yes  
 No
- 20C. Ask patient to repeat "if it rains we play inside":  
 Yes  
 No
- 20D. Ask the patient to repeat "the President lives in Washington":  
 Yes  
 No
- 20E. Total correct: \_\_\_\_\_
- 20E-1. If repetition not done, select one:  
 NE (not evaluable due to physical/mental capability or lack of cooperation)  
 NA (not applicable due to age)
- 20F. Is repetition appropriate for age?  
 Yes  
 No  
 NE (not evaluable due to physical/mental capability or lack of cooperation)  
 NA (not applicable due to age)

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## 21. Reading (Show patient the words to read on Worksheet S10r1 Visual Stimuli for Testing Language and Visual Motor Skills. Worksheet S10r1 can be found in the File Repository.)

- 21A. Ask patient to read "stop":  
 Yes  
 No
- 21B. Ask the patient to read "see the dog run":  
 Yes  
 No
- 21C. Ask the patient to read "little children like to play outdoors":  
 Yes  
 No

21D. Total correct: \_\_\_\_\_

21D-1. If reading not done, select one:

- NE (not evaluable due to physical/mental capability or lack of cooperation)  
 NA (not applicable due to age)

21E. Is reading appropriate for age?

- Yes  
 No  
 NE (not evaluable due to physical/mental capability or lack of cooperation)  
 NA (not applicable due to age)

**22. Writing (Ask patient to write on Worksheet S10r1 Visual Stimuli for Testing Language and Visual Motor Skills. Worksheet S10r1 can be found in the File Repository.)**

22A. Ask patient to write the patient's signature:

- Yes  
 No

22B. Ask patient to write "cat":

- Yes  
 No

22C. Ask patient to write "The cat is black":

- Yes  
 No

22D. Total correct: \_\_\_\_\_

22D-1. If writing not done, select one:

- NE (not evaluable due to physical/mental capability or lack of cooperation)  
 NA (not applicable due to age)

22E. Is writing appropriate for age?

- Yes  
 No  
 NE (not evaluable due to physical/mental capability or lack of cooperation)  
 NA (not applicable due to age)

**23. Right/left orientation**

23A. Ask patient to "show me your left hand":

- Yes  
 No

23B. Ask patient to "show me your right hand":

- Yes  
 No

23C. Total correct: \_\_\_\_\_

23C-1. If right/left orientation not done, select one:

- NE (not evaluable due to physical/mental capability or lack of cooperation)  
 NA (not applicable due to age)

23D. Is right/left orientation appropriate for age?

- Yes  
 No  
 NA (not applicable due to age)  
 NE (not evaluable due to physical/mental capability or lack of cooperation)

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**24. Drawing (Ask patient to copy the drawings on Worksheet S10r1 Visual Stimuli for Testing Language and Visual Motor Skills. Worksheet S10r1 can be found in the File Repository.)**

- 24A. Ask patient to copy the circle:  Yes  
 No
- 24B. Ask patient to copy the triangle:  Yes  
 No
- 24C. Ask patient to copy the Maltese cross:  Yes  
 No
- 24D. Ask patient to copy the bisecting lines:  Yes  
 No
- 24E. Total correct: \_\_\_\_\_
- 24E-1. If drawing not done, select one:  NE (not evaluable due to physical/mental capability or lack of cooperation)  
 NA (not applicable due to age)
- 24F. Is drawing appropriate for age?  Yes  
 No  
 NE (not evaluable due to physical/mental capability or lack of cooperation)  
 NA (not applicable due to age)

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**Scan this patient's completed Worksheet S10r1, Visual Stimuli for Testing Language and Visual Motor Skills, and save it on your computer. If you do not have access to a scanner, fax the completed worksheet to the Statistical Data Center (Pat Morris/Len Haertter) at (314) 362-0231.**

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**25. Cranial nerves:**

- 25A. Vision  NE  
 Normal  
 Left visual field cut  
 Right visual field cut  
 Reduced acuity  
 Other (specify) \_\_\_\_\_
- 25A-1. Specify other: \_\_\_\_\_
- 25B. Papilledema  NE  
 Absent  
 Present

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**Cranial nerves II, IV, VI:**

- 25C. Pupils  NE  
 Normal  
 Abnormal
- 25C-1. Give details if abnormal \_\_\_\_\_

25D. Extra ocular movement

- NE  
 Normal  
 Abnormal

25D-1. Give details if abnormal

\_\_\_\_\_

25E. Gaze

- NE  
 Normal  
 Abnormal

25E-1. Give details if abnormal

\_\_\_\_\_

**Cranial nerves V:**

25F. Facial sensation

- NE  
 Normal  
 Abnormal

25F-1. Give details if abnormal

\_\_\_\_\_

25G. Corneal reflexes

- NE  
 Normal  
 Abnormal

25G-1. Give details if abnormal

\_\_\_\_\_

**Cranial nerves VII:**

25H-1. Facial strength - Right lower face

- NE  
 Normal  
 Weak

25H-1a. Give details if weak

\_\_\_\_\_

25H-2. Facial strength - Right upper face

- NE  
 Normal  
 Weak

25H-2a. Give details if weak

\_\_\_\_\_

25H-3. Facial strength - Left lower face

- NE  
 Normal  
 Weak

25H-3a. Give details if weak

\_\_\_\_\_

25H-4. Facial strength - Left upper face

- NE  
 Normal  
 Weak

25H-4a. Give details if weak

\_\_\_\_\_



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**Cranial nerves VIII:**

25I. Hearing

- NE  
 Normal  
 Abnormal

25I-1. Give details if abnormal

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**Cranial nerves IX, X:**

25J. Gag

- NE  
 Normal  
 Abnormal

25J-1. Give details if abnormal

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25K. Palate elevation

- NE  
 Normal  
 Abnormal

25K-1. Give details if abnormal

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**Cranial nerves XII:**

25L. Trapezius strength

- NE  
 Normal  
 Abnormal

25L-1. Give details if abnormal

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25M. Tongue strength

- NE  
 Normal  
 Abnormal

25M-1. Give details if abnormal

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25N. Dysarthria

- NE  
 Absent  
 Mild  
 Moderate  
 Severe

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**26. Motor Function - Tone**

26A. Right arm

- NE  
 Normal  
 Increased  
 Decreased

26B. Right leg

- NE  
 Normal  
 Increased  
 Decreased

26C. Left arm

- NE  
 Normal  
 Increased  
 Decreased

26D. Left leg

- NE
- Normal
- Increased
- Decreased

26E. Describe any abnormal movements: \_\_\_\_\_

**27. Strength - select appropriate MRC grade:**

27A-1. Right arm - Proximal

- NE
- No contraction
- Flicker or trace of contraction
- Active movement, with gravity eliminated
- Active movement against gravity
- Active movement against gravity and resistance
- Normal power

27A-2. Right arm - Distal

- NE
- No contraction
- Flicker or trace of contraction
- Active movement, with gravity eliminated
- Active movement against gravity
- Active movement against gravity and resistance
- Normal power

27B-1. Right leg - Proximal

- NE
- No contraction
- Flicker or trace of contraction
- Active movement, with gravity eliminated
- Active movement against gravity
- Active movement against gravity and resistance
- Normal power

27B-2. Right leg - Distal

- NE
- No contraction
- Flicker or trace of contraction
- Active movement, with gravity eliminated
- Active movement against gravity
- Active movement against gravity and resistance
- Normal power

27C-1. Left arm - Proximal

- NE
- No contraction
- Flicker or trace of contraction
- Active movement, with gravity eliminated
- Active movement against gravity
- Active movement against gravity and resistance
- Normal power

27C-2. Left arm - Distal

- NE
- No contraction
- Flicker or trace of contraction
- Active movement, with gravity eliminated
- Active movement against gravity
- Active movement against gravity and resistance
- Normal power

27D-1. Leg leg - Proximal

- NE
- No contraction
- Flicker or trace of contraction
- Active movement, with gravity eliminated
- Active movement against gravity
- Active movement against gravity and resistance
- Normal power

- 27D-2. Left leg - Distal
- NE
  - No contraction
  - Flicker or trace of contraction
  - Active movement, with gravity eliminated
  - Active movement against gravity
  - Active movement against gravity and resistance
  - Normal power
- 27E. Can the patient hop on the left foot?
- Yes
  - No
  - NE
  - NA
- 27F. Can the patient hop on the right foot?
- Yes
  - No
  - NE
  - NA
- 27G. Can the patient walk on tip toes?
- Yes
  - No
  - NE
  - NA
- 27G-1. If NO, the problem is with which foot?
- Right
  - Left
  - Both
- 27H. Can the patient walk on heels?
- Yes
  - No
  - NE
  - NA
- 27H-1. If NO, the problem is with which foot?
- Right
  - Left
  - Both
- 27I. If any motor items are not evaluable, explain why:
- \_\_\_\_\_

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## 28. Tendon reflexes

- 28A-1. Knee jerk (right)
- NE
  - 0
  - 1
  - 2
  - 3
  - 4
- 28A-2. Knee jerk (left)
- NE
  - 0
  - 1
  - 2
  - 3
  - 4
- 28B-1. Ankle jerk (right)
- NE
  - 0
  - 1
  - 2
  - 3
  - 4

28B-2. Ankle jerk (left)

- NE
- 0
- 1
- 2
- 3
- 4

28C-1. Biceps jerk (right)

- NE
- 0
- 1
- 2
- 3
- 4

28C-2. Biceps jerk (left)

- NE
- 0
- 1
- 2
- 3
- 4

28D-1. Triceps jerk (right)

- NE
- 0
- 1
- 2
- 3
- 4

28D-2. Triceps jerk (left)

- NE
- 0
- 1
- 2
- 3
- 4

28E-1. Brachioradialis (right)

- NE
- 0
- 1
- 2
- 3
- 4

28E-2. Brachioradialis (left)

- NE
- 0
- 1
- 2
- 3
- 4

28F-1. Plantar responses (right)

- NE
- Normal
- Abnormal

28F-2. Plantar responses (left)

- NE
- Normal
- Abnormal

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**29. Coordination**

29A. Gait

- Normal
- Abnormal
- NE
- NA

29B. The fine motor coordination of the left hand is:

- Normal
- Abnormal
- NE
- NA

29C. The fine motor coordination of the right hand is:

- Normal
- Abnormal
- NE
- NA

29D. Can the patient balance on the left foot?

- Yes
- No
- NE
- NA

29E. Can the patient balance on the right foot?

- Yes
- No
- NE
- NA

29F-1. Appendicular Ataxia - Right arm

- NE
- Absent
- Present

29F-2. Appendicular Ataxia - Right leg

- NE
- Absent
- Present

29F-3. Appendicular Ataxia - Left arm

- NE
- Absent
- Present

29F-4. Left leg

- NE
- Absent
- Present

29G. Describe any abnormalities with coordination: \_\_\_\_\_

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**30. Sensation**

30A-1. Light touch - Right arm

- Normal
- Abnormal
- NE
- NA

30A-2. Light touch - Right leg

- Normal
- Abnormal
- NE
- NA

30A-3. Light touch - Left arm

- Normal
- Abnormal
- NE
- NA

- 30A-4. Light touch - Left leg
- Normal  
 Abnormal  
 NE  
 NA
- 30A-5. Light touch - Right face
- Normal  
 Abnormal  
 NE  
 NA
- 30A-6. Light touch - Right trunk
- Normal  
 Abnormal  
 NE  
 NA
- 30A-7. Light touch - Left face
- Normal  
 Abnormal  
 NE  
 NA
- 30A-8. Light touch - Left trunk
- Normal  
 Abnormal  
 NE  
 NA
- 30B-1. Pinprick - Right arm
- Normal  
 Abnormal  
 NE  
 NA
- 30B-2. Pinprick - Right leg
- Normal  
 Abnormal  
 NE  
 NA
- 30B-3. Pinprick - Left arm
- Normal  
 Abnormal  
 NE  
 NA
- 30B-4. Pinprick - Left leg
- Normal  
 Abnormal  
 NE  
 NA
- 30B-5. Pinprick - Right face
- Normal  
 Abnormal  
 NE  
 NA
- 30B-6. Pinprick - Right trunk
- Normal  
 Abnormal  
 NE  
 NA
- 30B-7. Pinprick - Left face
- Normal  
 Abnormal  
 NE  
 NA
- 30B-8. Pinprick - Left trunk
- Normal  
 Abnormal  
 NE  
 NA

30C-1. Vibration - Right arm

- Normal  
 Abnormal  
 NE  
 NA

30C-2. Vibration - Right leg

- Normal  
 Abnormal  
 NE  
 NA

30C-3. Vibration - Left arm

- Normal  
 Abnormal  
 NE  
 NA

30C-4. Vibration - Left leg

- Normal  
 Abnormal  
 NE  
 NA

30D-1. Proprioception - Right arm

- Normal  
 Abnormal  
 NE  
 NA

30D-2. Proprioception - Right leg

- Normal  
 Abnormal  
 NE  
 NA

30D-3. Proprioception - Left arm

- Normal  
 Abnormal  
 NE  
 NA

30D-4. Proprioception - Left leg

- Normal  
 Abnormal  
 NE  
 NA

30E. If sensation is not evaluable, explain why:

\_\_\_\_\_

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### Section E - Examiner's Assessment

31. Neurological exam is: (complete for trial entry/baseline visit and annual and exit visits)

- Normal  
 Suspect - go to PSOM Summary of Impressions  
 Abnormal - go to PSOM Summary of Impressions

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**Note: For any child undergoing neurological assessment for an acute event, and the examiner determines that the neurological event was definitely or possibly a stroke or TIA, or is unclear as to it being a stroke, then the Pediatric NIH Stroke Scale (CRF 16) must be completed and sent with the consultant report.**

32. FOR EVENT ONLY - Was this event a stroke?

- Definitely yes - Complete CRF16 and document score  
 Probably yes - Complete CRF16 and document score  
 Unclear - Complete CRF16 and document score  
 Probably not  
 Definitely not

32A. If the event was Probably Not OR Definitely Not a stroke, choose one:

- TIA
- Seizure-Provoked
- Seizure-Unprovoked, not previously diagnosed with epilepsy
- Seizure-Unprovoked, with confirmed diagnosis of epilepsy - Complete CRF15
- Migraine or other chronic headache condition - Complete CRF30
- CNS infection/ADEM
- Head injury
- Sleep disturbance
- Manifestation of systemic illness
- Other

32A-1. If Manifestation of a systemic illness, describe:

\_\_\_\_\_

32A-1, If Other, describe:

\_\_\_\_\_

**After completing the neurological consultative report, summarize and grade your impressions in the following categories, and provide a composite score, which is the sum of all subscores from Sections 33 through 36.**

33A. Sensorimotor Deficit - Right side (any motor or sensory abnormality, including cranial nerve deficits, visual, and hearing deficits):

- 0; None
- 0.5; Mild but no impact on function
- 1; Moderate with some functional limitations
- 2; Severe or profound with missing function

33B. Sensorimotor Deficit - Left side (any motor or sensory abnormality, including cranial nerve deficits, visual, and hearing deficits):

- 0; None
- 0.5; Mild but no impact on function
- 1; Moderate with some functional limitations
- 2; Severe or profound with missing function

33C. Describe the Sensorimotor Deficits:

\_\_\_\_\_

34. Language Deficit - Production (including dysarthria):

- 0; None
- 0.5; Mild but no impact on function
- 1; Moderate with some functional limitations
- 2; Severe or profound with missing function

34A. Describe the Language Production Deficits:

\_\_\_\_\_

35. Language Deficit - Comprehension:

- 0; None
- 0.5; Mild but no impact on function
- 1; Moderate with some functional limitations
- 2; Severe or profound with missing function

35A. Describe the Language Comprehension Deficits:

\_\_\_\_\_

36. Cognitive or Behavioral Deficit (specify which):

- 0; None
- 0.5; Mild but no impact on function
- 1; Moderate with some functional limitations
- 2; Severe or profound with missing function

36A. Describe the Cognitive or Behavioral Deficits:

\_\_\_\_\_

37. Total of "Summary of Impressions" subscores, Sections A through D = (xx.x):

\_\_\_\_\_



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**SUMMARY OF IMPRESSIONS from the Pediatric Stroke Outcome Measure (deVerber GA, MacGregor D, Cuttis R, and Mayank S. Neurological outcome in survivors of childhood arterial ischemic stroke and sinovenous thrombosis. J Child Neurol 2000; 15:316-324)**

38. Have you uploaded this patient's completed Worksheet S10r1, Visual Stimuli for Testing Language and Visual Motor Skills, to REDCap? If not, go to Item 24G above.

- Yes
- Faxed to (Pat Morris/Len Haertter)
- No, I neither faxed nor uploaded Worksheet S10r1

38A. If you answered "No, I neither faxed nor uploaded Worksheet S10r1," explain:

\_\_\_\_\_

Staff I.D. #:

\_\_\_\_\_