

MMF/DZB Trial Neurologic Assessment

Participant ID Number: ____ - ____

Participant Letters: ____

Visit: _____

Date of Exam: _____

Performed By: _____

History: Provided by Participant and Family Member(s)

	<u>Yes</u>	<u>No</u>	<u>If Yes, Describe:</u>
Any complaints of:			
(1) face or limb weakness	()	()	_____
(2) speech or language problems	()	()	_____
(3) memory problems	()	()	_____
(4) impaired judgment or reasoning	()	()	_____
(5) headache	()	()	_____
(6) loss of balance	()	()	_____
(7) visual problems	()	()	_____
(8) double vision	()	()	_____
(9) numbness of face or limbs	()	()	_____
(11) convulsions	()	()	_____

Mini Mental Status Examination: Performed by Coordinator or Investigator

ORIENTATION

Score
0 = incorrect
1 = correct

- | | |
|-----------------------------------|--------------------------|
| (1) What is the year? | <input type="checkbox"/> |
| (2) What is the month? | <input type="checkbox"/> |
| (3) What is the day of the month? | <input type="checkbox"/> |

- (4) What is the day of the week? ☐
- (5) What season is it? ☐
- (6) What city are we in? ☐
- (7) What state are we in? ☐
- (8) What country are we in? ☐
- (9) What hospital are we in? ☐
- (10) What floor are we on? ☐

REGISTRATION

Examiner names 3 unrelated objects (such as apple, table, and penny) and patient is then asked to repeat them. 1 point is earned for each correct answer (can earn between 0 and 3 points).

☐

ATTENTION AND CALCULATION

Subtract 7 from 100 and keep subtracting 7 from the result until this has been done 5 times (answer: 93, 86, 79, 72, 65). 1 point is earned for each correct answer (can earn between 0 and 5 points).

Alternative: Spell "WORLD" backwards (answer: D-L-R-O-W). 1 point is earned for each letter in correct order (can earn between 0 and 5 points).

☐

MEMORY/RECALL

Name the 3 unrelated objects (such as apple, table, and penny) learned earlier. 1 point is earned for each correct answer (can earn between 0 and 3 points).

☐

LANGUAGE AND VISUO-SPATIAL SKILLS

- (1) Name a pencil and a watch when they are pointed to. 1 point is earned for each correct answer (can earn between 0 and 2 points).

☐

- (2) Repeat the statement: "No ifs, ands, or buts." 1 point is earned if this is repeated correctly.

☐

- (3) Follow this command: "Take this paper in your right hand, fold it in half and put it on the floor." 1 point is earned for performing each of the 3 tasks correctly (can earn between 0 and 3 points).

☐

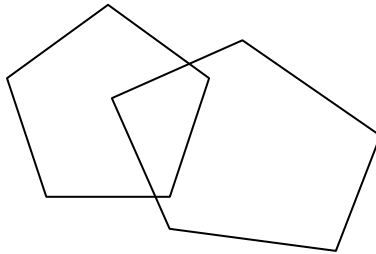
- (4) Read and obey the following written instruction: "CLOSE YOUR EYES." 1 point is earned for performing this task.

☐

- (5) Write a sentence below. 1 point is earned if the sentence makes sense and contains a subject and a verb. Correct punctuation and grammar are not necessary.

☐

- (6) Copy the following design:



1 point is earned for copying the figure correctly.

☐

Total Score

☐/30

Cranial Nerve Examination: Performed by Investigator

- (1) **PUPIL SIZE:** ☐ Equal ☐ Not Equal

Comments: _____

- (2) **PUPIL – DIRECT AND CONSENSUAL REFLEX:** ☐ Equal ☐ Not Equal

Comments: _____

- (3) **FUNDOSCOPIC EXAM:** ☐ Normal ☐ Abnormal

Comments: _____

- (4) **VISUAL FIELD CUT:** Right: ☐ Absent ☐ Present Left: ☐ Absent ☐ Present

Comments: _____

- (5) **EYE MOVEMENTS:** Right: ☐ Normal ☐ Abnormal Left: ☐ Normal ☐ Abnormal

Comments: _____

- (6) **PTOSIS:** Right: ☐ Absent ☐ Present Left: ☐ Absent ☐ Present

Comments: _____

- (7) **EYE CLOSURE AGAINST RESISTANCE:** ☐ Equal ☐ Right Weak ☐ Left Weak

Comments: _____

- (8) **SMILE:** ☐ Symmetrical ☐ Right Weak ☐ Left Weak ☐ Both Sides Weak

Comments: _____

- (9) **PALATE:** ☐ Symmetrical ☐ Right Weak ☐ Left Weak ☐ Both Sides Weak

Comments: _____

- (10) **TONGUE:** ☐ Protrudes Midline ☐ Deviates Right ☐ Deviates Left

Comments: _____

Motor Examination: Performed by Investigator

- (1) With arms extended parallel to the floor, palms facing ceiling, eyes closed for 10 seconds, observe patient for:

Right: Partial Arm Drop ☐ Yes ☐ No Left: Partial Arm Drop ☐ Yes ☐ No
Complete Arm Drop ☐ Yes ☐ No Complete Arm Drop ☐ Yes ☐ No

Comments: _____

- (2) For the following muscle groups, score strength as follows:

0 = no movement
1 = barely discernable movement
2 = movement along plane gravity
3 = movement against gravity
4 = movement against resistance
5 = normal

Muscle Group	Side	Score	Comments
Deltoid	Right		
	Left		
Biceps	Right		
	Left		
Grip	Right		
	Left		
Quadriceps	Right		
	Left		
Foot Dorsiflexion	Right		
	Left		

If there are specific muscle strength complaints identified during the history, the following muscle groups should also be evaluated:

Muscle Group	Side	Score	Comments
Wrist Extensors	Right		
	Left		
Triceps	Right		
	Left		
Hip Flexors	Right		
	Left		
Hamstring	Right		
	Left		
Foot Plantar Flexion	Right		
	Left		

(3) **MUSCLE TONE:**

Upper Extremities: Right: ☐ Normal ☐ Abnormal

Left: ☐ Normal ☐ Abnormal

Comments: _____

Lower Extremities: Right: ☐ Normal ☐ Abnormal

Left: ☐ Normal ☐ Abnormal

Comments: _____

(4) **REFLEXES:**

Biceps: Right: ☐ Normal ☐ Decreased ☐ Increased ☐ Absent

Left: ☐ Normal ☐ Decreased ☐ Increased ☐ Absent

Comments: _____

Triceps: Right: ☐ Normal ☐ Decreased ☐ Increased ☐ Absent

Left: ☐ Normal ☐ Decreased ☐ Increased ☐ Absent

Comments: _____

Brachioradialis: Right: ☐ Normal ☐ Decreased ☐ Increased ☐ Absent

Left: ☐ Normal ☐ Decreased ☐ Increased ☐ Absent

Comments: _____

Patellar: Right: ☐ Normal ☐ Decreased ☐ Increased ☐ Absent

Left: ☐ Normal ☐ Decreased ☐ Increased ☐ Absent

Comments: _____

Achilles: Right: ☐ Normal ☐ Decreased ☐ Increased ☐ Absent

Left: ☐ Normal ☐ Decreased ☐ Increased ☐ Absent

Comments: _____

Plantar Response: Right: ☐ Normal ☐ Babinski Up

Left: ☐ Normal ☐ Babinski Up

Comments: _____

Sensory Examination: Performed by Investigator

Sensation to Pin Prick:

(1) Arms: Right: ☐ Normal ☐ Decreased Left: ☐ Normal ☐ Decreased

Comments: _____

(2) Legs: Right: ☐ Normal ☐ Decreased Left: ☐ Normal ☐ Decreased

Comments: _____

(3) Face: Right: ☐ Normal ☐ Decreased Left: ☐ Normal ☐ Decreased

Comments: _____

Cerebellar Examination: Performed by Investigator
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(1) Tremor:

(a) Head or Jaw: ☐ Present ☐ Absent

Comments: _____

(b) Upper Extremities: Right: ☐ Present ☐ Absent Left: ☐ Present ☐ Absent

Comments: _____

(c) Lower Extremities: Right: ☐ Present ☐ Absent Left: ☐ Present ☐ Absent

Comments: _____

(2) Finger-to-Nose: Right: ☐ Normal ☐ Abnormal Left: ☐ Normal ☐ Abnormal

Comments: _____

(3) Heel-to-Shin: Right: ☐ Normal ☐ Abnormal Left: ☐ Normal ☐ Abnormal

Comments: _____

(4) Gait: ☐ Normal ☐ Abnormal

Comments: _____

(a) Posture: ☐ Normal ☐ Abnormal

Comments: _____

(b) Stability: ☐ Normal ☐ Abnormal

Comments: _____

(c) Arm Swing: ☐ Normal ☐ Abnormal

Comments: _____

(d) Tandem Gait: ☐ Normal ☐ Abnormal

Comments: _____