

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?
- (2) What is the month?
- (3) What is the day of the month?

- (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).

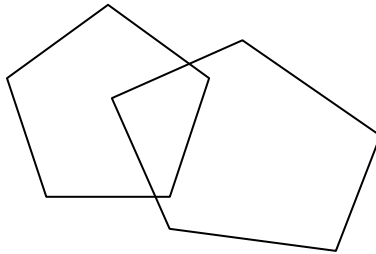
(2) Repeat the statement: "No ifs, ands, or buts." 1 point is earned if this is repeated correctly.

- (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

(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: _____