

Attachment 4
Validation Questions

- Q1: Were you ever told by a health professional that you might have ALS or Lou Gehrig's disease?
- a. Yes (Go to Q2)
 - b. No (Go to Q3)
- Q2: Were you clinically diagnosed with ALS?
- a. Yes (Go to Q5)
 - b. No (Go to Q3)
- Q3: Is there another diagnosis that you have been given by a health professional?
- a. Yes (Go to Q4)
 - b. No (Go to Q5)
- Q4: What was the diagnosis?
- a. Possible ALS (not yet determined/diagnosed) (Go to Q5, then Q6)
 - b. Primary lateral sclerosis (Go to Q5, then Q6)
 - c. Progressive bulbar palsy (Go to Q5, then Q6)
 - d. Progressive muscular atrophy (Go to Q5, then Q6)
 - e. Other (please list) (Go to Q5, then Q6)
- Q5: Have you been seen by a neurologist?
- a. Yes (Go to Q6 if Q2 = Yes, or Q3 = Yes)
 - b. No (Go to Q6 if Q2 = Yes, or Q3 = Yes)
- Q6: What was the date of your diagnosis?
- ____/____/____
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