Attachment 4

**Instructions for Completing the Medical Record Verification Form**

Please complete the form attached for each participant selected by looking at the 1st and the last neurology note. If you are unable to complete the form with just two notes, please review the rest of the record. Each question should be answered. For questions that have multiple subquestions, such as muscle atrophy, please continue reviewing the medical record until you can answer at least one of the subquestions (tongue, upper extremity, lower extremity, or unspecified location).

**ATSDR AMYOTROPHIC LATERAL SCLEROSIS MEDICAL RECORD VERIFICATION FORM**

1. Difficulty swallowing (dysphagia) (at any time): [ ]  Yes [ ]  No or not noted
2. Difficulty talking (dysarthria) (at any time): [ ]  Yes [ ]  No or not noted
3. Limb weakness (at any time):

 A. Upper extremity [ ]  Yes [ ]  No or not noted

 B. Lower extremity [ ]  Yes [ ]  No or not noted

 C. Generalized [ ]  Yes [ ]  No or not noted

1. Hyper-active Reflexes (at any time)
	1. Upper extremity (Biceps, Brachioradialis or Triceps)

 [ ]  Yes [ ]  No or not noted

 B. Lower extremity (Knee jerk, ankle jerk or positive Babinski response)

[ ]  Yes [ ]  No or not noted

1. Fasciculations (at any time)
	1. Tongue [ ]  Yes [ ]  No or not noted
	2. Upper extremity [ ]  Yes [ ]  No or not noted
	3. Lower extremity [ ]  Yes [ ]  No or not noted
	4. Chest [ ]  Yes [ ]  No or not noted
	5. Unspecified location [ ]  Yes [ ]  No or not noted
2. Muscle atrophy (at any time)
	1. Tongue [ ]  Yes [ ]  No or not noted
	2. Upper extremity [ ]  Yes [ ]  No or not noted
	3. Lower extremity [ ]  Yes [ ]  No or not noted
	4. Unspecified location [ ]  Yes [ ]  No or not noted
3. Site of Onset of Weakness (initial visit only, check one):

 [ ]  Bulbar [ ]  Truncal [ ]  Generalized [ ]  Respiratory

 [ ]  Limb Upper [ ]  Limb Lower [ ]  None [ ]  Unknown

1. Ever treated with riluzole (at any time):

[ ]  Yes [ ]  No

1. Date of Death(if applicable and known):       /       (mm/yyyy) [ ]  NA [ ]  Don’t know
2. **Please attach a copy of the most recent EMG report to this abstraction form.**

**[ ]** Yes, attached **[ ]** No**,** not available