

## Attachment 4

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

Please complete the form attached for each participant selected by looking at the 1<sup>st</sup> 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).

Abstractor (Name)  
Abstraction Date \_\_\_/\_\_\_/\_\_\_  
Site Specific Subject ID:

Form Approved  
OMB No. 0923-XXXX  
Exp. Date xx/xx/20xx

**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
4. Hyper-active Reflexes (at any time)
  - A. 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
5. Fasciculations (at any time)
  - A. Tongue  Yes  No or not noted
  - B. Upper extremity  Yes  No or not noted
  - C. Lower extremity  Yes  No or not noted
  - D. Chest  Yes  No or not noted
  - E. Unspecified location  Yes  No or not noted
6. Muscle atrophy (at any time)
  - A. Tongue  Yes  No or not noted
  - B. Upper extremity  Yes  No or not noted
  - C. Lower extremity  Yes  No or not noted
  - D. Unspecified location  Yes  No or not noted
7. Site of Onset of Weakness (initial visit only, check one):  
 Bulbar  Truncal  Generalized  Respiratory  
  
 Limb Upper  Limb Lower  None  Unknown
8. Ever treated with riluzole (at any time):  
 Yes  No
9. Date of Death (if applicable and known):        /        (mm/yyyy)  NA  Don't know
10. **Please attach a copy of the most recent EMG report to this abstraction form.**  
 Yes, attached  No, not available

For Official Use Only

1 2 3 4 5

Public reporting burden of this collection of information is estimated to average 20 minutes including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the data collection of information. An agency may not conduct or sponsor and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, GA 30333; ATTN: PRA (0923-XXXX).