

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).

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).