

# Neurologic Exam Form Final

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# NEUROLOGIC EXAM FORM

Patient data (remove top page following exam)

Patient's Name: \_\_\_\_\_  
Last Name First Name

PATIENT ID \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Gender: M  F

Tribal community: \_\_\_\_\_

Tribal affiliation: \_\_\_\_\_

# FINAL

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PATIENT ID \_\_\_\_\_

Date of RMSF onset: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MM DD YYYY

Age at illness (years): \_\_\_\_\_

Current age (years): \_\_\_\_\_

Neurologic exam completed?  Yes  No

If yes,

Date of exam: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Provider performing exam: \_\_\_\_\_

If no, why not?

Deceased  Lost to follow up  Did not consent  Other, describe: \_\_\_\_\_

## I. Altered mental status

Altered  Normal  Unknown/Unable to determine

(If altered or unknown, proceed to II. Mental status examination, otherwise skip to III. Language)

## II. Mental status (8 years and older) (as determined by the healthcare provider using the Montreal Cognitive Assessment (MOCA)) (If less than 8 years skip to section IV, cranial nerve assessment.)

Visuospatial/executive: \_\_\_\_\_ (5) Attention: \_\_\_\_\_ (6) Abstraction: \_\_\_\_\_ (2) Orientation \_\_\_\_\_ (6)

Naming: \_\_\_\_\_ (3) Language: \_\_\_\_\_ (3) Delayed recall \_\_\_\_\_ (5) **TOTAL: \_\_\_\_\_ (30)**

## III. Language (8 years and older)

Normal  Expressive aphasia  Receptive aphasia  Global aphasia  Dysarthria

Description of difficulty: \_\_\_\_\_

## IV. Cranial nerves

CN I  Normal  Abnormal, describe: \_\_\_\_\_

CN VI  Normal  Abnormal, describe: \_\_\_\_\_

CN II

Pupil exam  Normal  Abnormal, describe: \_\_\_\_\_

CN VII  Normal  Abnormal, describe: \_\_\_\_\_

Accommodation  Normal  Abnormal, describe: \_\_\_\_\_

CN VIII  Normal  Abnormal, describe: \_\_\_\_\_

Visual field  Normal  Abnormal, describe: \_\_\_\_\_

CN IX  Normal  Abnormal, describe: \_\_\_\_\_

Visual acuity  Normal  Abnormal, describe: \_\_\_\_\_

CN X  Normal  Abnormal, describe: \_\_\_\_\_

Fundoscopic exam  Normal  Abnormal, describe: \_\_\_\_\_

CN XI  Normal  Abnormal, describe: \_\_\_\_\_

CN III  Normal  Abnormal, describe: \_\_\_\_\_

CN XII  Normal  Abnormal, describe: \_\_\_\_\_

CN IV  Normal  Abnormal, describe: \_\_\_\_\_

CN V  Normal  Abnormal, describe: \_\_\_\_\_

## V. Sensory

Upper extremities  Normal  Numbness  Paresthesias Other, describe: \_\_\_\_\_

Lower extremities  Normal  Numbness  Paresthesias Other, describe: \_\_\_\_\_

Core  Normal  Numbness  Paresthesias Other, describe: \_\_\_\_\_

Face  Normal  Numbness  Paresthesias Other, describe: \_\_\_\_\_

## VI. Motor

### A. Abnormal movements

Fasciculations  Yes  No Comments: \_\_\_\_\_

Tremor  Yes  No Comments: \_\_\_\_\_

Chorea/dyskinesias  Yes  No Comments: \_\_\_\_\_

Myoclonus  Yes  No Comments: \_\_\_\_\_

### B. Bulk

Atrophy  Yes  No Comments: \_\_\_\_\_

### C. Tone

Upper extremities  Normal  Increased (spastic or rigid)  Decreased Comments: \_\_\_\_\_

Lower extremities  Normal  Increased (spastic or rigid)  Decreased Comments: \_\_\_\_\_

Core  Normal  Increased (spastic or rigid)  Decreased Comments: \_\_\_\_\_

### D. Other upper motor neuro signs

Pronator drift  Yes  No  Yes  No Comments: \_\_\_\_\_

Finger tap speed  Normal  Slow  Normal  Slow Comments: \_\_\_\_\_

Foot tap speed  Normal  Slow  Normal  Slow Comments: \_\_\_\_\_

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PATIENT ID \_\_\_\_\_

**E. Strength** (0 = No movement; 1 = Barely discernable movement; 2 = Movement along plane of gravity; 3 = Movement against gravity; 4 = Movement against resistance; 5 = Normal)

Neck flexors \_\_\_\_\_

Neck extensors \_\_\_\_\_

**Upper extremity:**

	R	L
	Deltoids	
	Biceps	
	Triceps	
	Wrist extensors	
	Wrist flexors	
	Finger extensors	
	Finger flexors	
	Abductor pollicis brevis	
	Opponens pollicis	
	Interossei	

**Lower extremity:**

	R	L
	Hip flexors	
	Hip extensors	
	Hip abduction	
	Hip adduction	
	Quadriceps	
	Hamstrings	
	Plantarflexors	
	Dorsiflexors	
	Foot evertors	
	Foot invertors	
	Extensor hallucis longus	
	Toe flexors	
	Toe extensors	

**VII. Reflexes** (0 = Absent; 1 = Decreased; 2 = Normal; 3 = Increased/hyperactive; 4 = sustained clonus)

	R	L
	Brachioradialis	
	Biceps	
	Triceps	
	Patellar	
	Ankle jerk	

Excessive jaw jerk  Yes  No

Sustained ankle clonus  Yes  No |  Yes  No

Plantar response (Babinski)  Up  Down  Unclear |  Up  Down  Unclear

**VIII. Coordination**

	R	L	Comments:
Finger-to-nose	<input type="checkbox"/> Normal <input type="checkbox"/> Dysmetric <input type="checkbox"/> Other	<input type="checkbox"/> Normal <input type="checkbox"/> Dysmetric <input type="checkbox"/> Other	_____
Heel-knee-shin	<input type="checkbox"/> Normal <input type="checkbox"/> Dysmetric <input type="checkbox"/> Other	<input type="checkbox"/> Normal <input type="checkbox"/> Dysmetric <input type="checkbox"/> Other	_____
Past-pointing	<input type="checkbox"/> Normal <input type="checkbox"/> Overshoot <input type="checkbox"/> Other	<input type="checkbox"/> Normal <input type="checkbox"/> Overshoot <input type="checkbox"/> Other	_____
Check reflex	<input type="checkbox"/> Normal <input type="checkbox"/> Loss of check reflex <input type="checkbox"/> Other	<input type="checkbox"/> Normal <input type="checkbox"/> Loss of check reflex <input type="checkbox"/> Other	_____

**IX. Gait and station**

- Spontaneous gait  Normal  Hemiplegic  Steppage  Shuffling  Other, describe: \_\_\_\_\_
- Able to walk on toes  Yes  No
- Able to walk on heels  Yes  No
- Able to tandem  Yes  No
- Romberg  Positive  Negative  Unable to assess

**X. Additional narrative/comments:**

**Modified Rankin Scale** (Determined by healthcare provider at exam)  
Use pediatric modified Rankin for children less than 8 years of age (appendix A)

- 0 = No symptoms at all
- 1 = No significant disability despite symptoms; able to carry out all usual duties and activities
- 2 = Slight disability; unable to carry out all previous activities, but able to look after own affairs without assistance
- 3 = Moderate disability; requiring some help, but able to walk without assistance
- 4 = Moderately severe disability; unable to walk without assistance and unable to attend to own bodily needs without assistance
- 5 = Severe disability; bedridden, incontinent and requiring constant nursing care and attention
- 6 = Dead

**SCORE (0 - 6):** \_\_\_\_\_

## Appendix A: Modified Rankin Scale for children

Score	Description
0	No symptoms at all
1	No significant disabilities despite symptoms in clinical examination; age appropriate behaviour and further development
2	Slight disability; unable to carry out all previous activities, but same independence as other age- and sex-matched children (no reduction of levels on the gross motor function scale )
3	Moderate disability; requiring some help, but able to walk without assistance; in younger patients adequate motor development despite mild functional impairment (reduction of one level on the gross motor function scale)
4	Moderately severe disability; unable to walk without assistance; in younger patients reduction of at least 2 levels on the gross motor function scale
5	Severe disability; bedridden, requiring constant nursing care and attention
6	Dead