

## neurostatus scoring

Definitions for a standardised, quantified neurological examination and assessment of Kurtzke's Functional Systems and Expanded Disability Status Scale in Multiple Sclerosis

## GENERAL GUIDELINES

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To ensure unbiased EDSS assessment in controlled clinical trials, the EDSS rater should not inquire about the patients' condition except as necessary to perform the EDSS assessment.

Patients must be observed to walk the required distance.

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### NEUROSTATUS (NS)

In the Neurostatus, "signs only" is noted when the examination reveals signs of which the patient is unaware.

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### FUNCTIONAL SYSTEMS (FS)

A score of 1 in a Functional System implies that the patient is not aware of the deficit and that the deficit or sign does not interfere with normal daily activities. However, this general rule does not apply to the Visual, Bowel/Bladder and Cerebral FS.

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### EXPANDED DISABILITY STATUS SCALE (EDSS)

The EDSS step should not be lower than the score of any individual FS, with the exception of the Visual and Bowel/Bladder FS (before conversion). Signs or symptoms that are not due to multiple sclerosis will not be taken into consideration for assessments, but should be noted.

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UE = upper extremities

LE = lower extremities

\* = optional

## 1 VISUAL (OPTIC) FUNCTIONS

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### VISUAL ACUITY

The visual acuity score is based on the line in the Snellen chart at 20 feet (5 meters) for which the patient makes no more than one error (use best available correction). Alternatively, best corrected near vision can be assessed, but this should be noted and consistently performed during follow-up examinations.

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### VISUAL FIELDS

- 0 normal
  - 1 **signs only**: deficits present only on formal (confrontational) testing
  - 2 **moderate**: patient aware of deficit, but incomplete hemianopsia on examination
  - 3 **marked**: complete homonymous hemianopsia or equivalent
- 

### SCOTOMA

- 0 none
  - 1 **small**: detectable only on formal (confrontational) testing
  - 2 **large**: spontaneously reported by patient
- 

### \* DISC PALLOR

- 0 not present
  - 1 present
- 

### NOTE

When determining the EDSS step, the Visual FS score is converted to a lower score as follows:

Visual FS Score	6	5	4	3	2	1
Converted Visual FS Score	4	3	3	2	2	1

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### FUNCTIONAL SYSTEM SCORE

- 0 normal
- 1 disc pallor and/or small scotoma and/or visual acuity (corrected) of worse eye less than 20/20 (1.0) but better than 20/30 (0.67)
- 2 worse eye with maximal visual acuity (corrected) of 20/30 to 20/59 (0.67–0.34)
- 3 worse eye with large scotoma and/or moderate decrease in fields and/or maximal visual acuity (corrected) of 20/60 to 20/99 (0.33–0.21)
- 4 worse eye with marked decrease of fields and/or maximal visual acuity (corrected) of 20/100 to 20/200 (0.2–0.1); grade 3 plus maximal acuity of better eye of 20/60 (0.33) or less
- 5 worse eye with maximal visual acuity (corrected) less than 20/200 (0.1); grade 4 plus maximal acuity of better eye of 20/60 (0.33) or less
- 6 grade 5 plus maximal visual acuity of better eye of 20/60 (0.33) or less

## 2 BRAINSTEM FUNCTIONS

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### EXTRAOCULAR MOVEMENTS (EOM) IMPAIRMENT

- 0 none
  - 1 **signs only**: subtle and barely clinically detectable EOM weakness, patient does not complain of blurry vision, diplopia or discomfort
  - 2 **mild**: subtle and barely clinically detectable EOM weakness of which patient is aware; or obvious incomplete paralysis of any eye movement of which patient is not aware
  - 3 **moderate**: obvious incomplete paralysis of any eye movement of which patient is aware; or complete loss of movement in one direction of gaze in either eye
  - 4 **marked**: complete loss of movement in more than one direction of gaze in either eye
- 

### NYSTAGMUS

- 0 none
  - 1 **signs only or mild**: gaze evoked nystagmus below the limits of “moderate” (equivalent to a Brainstem FS score of 1)
  - 2 **moderate**: sustained nystagmus on horizontal or vertical gaze at 30 degrees, but not in primary position, patient may or may not be aware of the disturbance
  - 3 **severe**: sustained nystagmus in primary position or coarse persistent nystagmus in any direction that interferes with visual acuity; complete internuclear ophthalmoplegia with sustained nystagmus of the abducting eye; oscillopsia
- 

### TRIGEMINAL DAMAGE

- 0 none
  - 1 **signs only**
  - 2 **mild**: clinically detectable numbness of which patient is aware
  - 3 **moderate**: impaired discrimination of sharp/dull in one, two or three trigeminal branches; trigeminal neuralgia (at least one attack in the last 24 hours)
  - 4 **marked**: unable to discriminate between sharp/dull or complete loss of sensation in entire distribution of one or both trigeminal nerves
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### FACIAL WEAKNESS

- 0 none
  - 1 **signs only**
  - 2 **mild**: clinically detectable facial weakness of which patient is aware
  - 3 **moderate**: incomplete facial palsy, such as weakness of eye closure that requires patching overnight or weakness of mouth closure that results in drooling
  - 4 **marked**: complete unilateral or bilateral facial palsy with lagophthalmus or difficulty with liquids
- 

### HEARING LOSS

- 0 none
  - 1 **signs only**: hears finger rub less in one or both sides and has lateralized Weber test but does not complain of any hearing problem
  - 2 **mild**: as in 1 but is aware of hearing problem
  - 3 **moderate**: does not hear finger rub on one or both sides, misses several whispered numbers
  - 4 **marked**: misses all or nearly all whispered numbers
- 

### DYSARTHRIA

- 0 none
  - 1 **signs only**
  - 2 **mild**: clinically detectable dysarthria of which patient is aware
  - 3 **moderate**: obv. dysarthria during ordinary conversation that impairs comprehensibility
  - 4 **marked**: incomprehensible speech
  - 5 **inability** to speak
- 

### DYSPHAGIA

- 0 none
  - 1 **signs only**
  - 2 **mild**: difficulty with thin liquids
  - 3 **moderate**: difficulty with liquids and solid food
  - 4 **marked**: sustained difficulty with swallowing; requires a pureed diet
  - 5 **inability** to swallow
- 

### OTHER CRANIAL NERVE FUNCTIONS

- 0 normal
  - 1 **signs only**
  - 2 **mild disability**: clinically detectable deficit of which patient is usually aware
  - 3 **moderate disability**
  - 4 **marked disability**
- 

### FUNCTIONAL SYSTEM SCORE

- 0 normal
  - 1 **signs only**
  - 2 moderate nystagmus and/or moderate EOM impairment and/or other mild disability
  - 3 severe nystagmus and/or marked extraocular weakness and/or moderate disability of other cranial nerves
  - 4 marked dysarthria and/or other marked disability
  - 5 inability to swallow or speak
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### 3 PYRAMIDAL FUNCTIONS

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#### REFLEXES

0	absent		Cutaneous Reflexes
1	diminished	0	normal
2	normal	1	weak
3	exaggerated	2	absent
4	nonsustained clonus (a few beats of clonus)		* Palmomentar Reflex
5	sustained clonus	0	absent
		1	present
			Plantar Response
		0	flexor
		1	neutral or equivocal
		2	extensor

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#### LIMB STRENGTH

The weakest muscle in each group defines the score for that muscle group. Use of functional tests, such as hopping on one foot and walking on heels/toes, are recommended in order to assess BMRC grades 3–5.

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#### BMRC RATING SCALE

- 0 no muscle contraction detected
  - 1 visible contraction without visible joint movement
  - 2 visible movement only on the plane of gravity
  - 3 active movement against gravity, but not against resistance
  - 4 active movement against resistance, but not full strength
  - 5 normal strength
- 

#### FUNCTIONAL TESTS

\*Pronator Drift (upper extremities) Pronation and downward drift:

- 0 none
- 1 mild
- 2 evident

\* Position Test (lower extremities – ask patient to lift both legs together, with legs fully extended at the knee) Sinking:

- 0 none
- 1 mild
- 2 evident
- 3 able to lift only one leg at a time (grade from the horizontal pos. at the hip joints...)
- 4 unable to lift one leg at a time

\*Walking on heels/toes

- 0 normal
- 1 impaired
- 2 not possible

\* Hopping on one foot

- 0 normal
- 1 6–10 times
- 2 1–5 times
- 3 not possible

#### LIMB SPASTICITY (AFTER RAPID FLEXION OF THE EXTREMITY)

- 0 none
  - 1 mild: barely increased muscle tone
  - 2 moderate: moderately increased muscle tone that can be overcome and full range of motion is possible
  - 3 severe: severely increased muscle tone that is extremely difficult to overcome and full range of motion is not possible
  - 4 contracted
- 

#### GAIT SPASTICITY

- 0 none
  - 1 barely perceptible
  - 2 evident: minor interference with function
  - 3 permanent shuffling: major interference with function
- 

#### FUNCTIONAL SYSTEM SCORE

- 0 normal
- 1 abnormal signs without disability
- 2 minimal disability: patient complains of fatigability or reduced performance in strenuous motor tasks and/or BMRC grade 4 in one or two muscle groups
- 3 mild to moderate paraparesis or hemiparesis: usually BMRC grade 4 in more than two muscle groups; or BMRC grade 3 in one or two muscle groups (movements against gravity are possible); or severe monoparesis: BMRC grade 2 or less in one muscle group
- 4 marked paraparesis or hemiparesis: usually BMRC grade 2 in two limbs; or moderate tetraparesis: BMRC grade 3 in three or more limbs; or monoplegia: BMRC grade 0 or 1 in one limb
- 5 paraplegia: BMRC grade 0 or 1 in all muscle groups of the lower limbs; or marked tetraparesis: BMRC grade 2 or less in three or more limbs; and/or hemiplegia;
- 6 tetraplegia: BMRC grade 0 or 1 in all muscle groups of the upper and lower limbs

## 4 CEREBELLAR FUNCTIONS

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### HEAD TREMOR

- 0 none
  - 1 mild
  - 2 moderate
  - 3 severe
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### TRUNCAL ATAXIA

- 0 none
  - 1 signs only
  - 2 mild: swaying with eyes closed
  - 3 moderate: swaying with eyes open
  - 4 severe: unable to sit without assistance
- 

### LIMB ATAXIA (TREMOR/DYSMETRIA AND RAPID ALTERNATING MOVEMENTS)

- 0 none
  - 1 signs only
  - 2 mild: tremor or clumsy movements easily seen, minor interference with function
  - 3 moderate: tremor or clumsy movements interfere with function in all spheres
  - 4 severe: most functions are very difficult
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### TANDEM (STRAIGHT LINE) WALKING

- 0 normal
  - 1 impaired
  - 2 not possible
- 

### GAIT ATAXIA

- 0 none
  - 1 signs only
  - 2 mild: problems with balance realized by patient and/or significant other
  - 3 moderate: abnormal balance with ordinary walking
  - 4 severe: unable to walk more than a few steps unassisted or requires a walking aid or assistance by another person because of ataxia
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### ROMBERG TEST

- 0 normal
  - 1 mild: mild instability with eyes closed
  - 2 moderate: not stable with eyes closed
  - 3 severe: not stable with eyes open
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### OTHER CEREBELLAR TESTS

- 0 normal
- 1 mild abnormality
- 2 moderate abnormality
- 3 severe abnormality

### NOTE

The presence of severe gait/truncal ataxia alone (without severe truncal ataxia and severe ataxia in three or four limbs) results in a Cerebellar FS score of 3.

If weakness or sensory deficits interfere with the testing of ataxia, score the patient's actual performance. To indicate the possible role of weakness make an "X" after the Cerebellar FS score.

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### FUNCTIONAL SYSTEM SCORE

- 0 normal
- 1 abnormal signs without disability
- 2 mild ataxia and/or moderate station ataxia (Romberg)
- 3 moderate truncal ataxia and/or moderate limb ataxia and/or moderate or severe gait/truncal ataxia
- 4 severe gait/truncal ataxia and severe ataxia in three or four limbs
- 5 unable to perform coordinated movements due to ataxia
- X pyramidal weakness (BMRC grade 3 or worse in limb strength) interferes with cerebellar testing

## 5 SENSORY FUNCTIONS

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### SUPERFICIAL SENSATION (LIGHT TOUCH AND PAIN)

- 0 normal
  - 1 **signs only**: slightly diminished sensation (temperature, figure-writing) on formal testing of which patient is not aware
  - 2 **mild**: patient is aware of impaired light touch or pain, but is able to discriminate sharp/dull
  - 3 **moderate**: impaired discrimination of sharp/dull
  - 4 **marked**: unable to discriminate between sharp/dull and/or unable to feel light touch
  - 5 **complete loss**: anaesthesia
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### VIBRATION SENSE (AT THE MOST DISTAL JOINT)

- 0 normal
  - 1 **mild**: graded tuning fork 5–7 of 8; alternatively, detects more than 10 seconds but less than the examiner
  - 2 **moderate**: graded tuning fork 1–4 of 8; alternatively, detects between 2 and 10 sec.
  - 3 **marked**: complete loss of vibration sense
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### POSITION SENSE

- 0 normal
  - 1 **mild**: 1–2 incorrect responses, only distal joints affected
  - 2 **moderate**: misses many movements of fingers or toes; proximal joints affected
  - 3 **marked**: no perception of movement, astasia
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### \* LHERMITTE'S SIGN

Does not contribute to the Sensory FS score

- 0 negative
  - 1 positive
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### \* PARAESTHESIAE (TINGLING)

Does not contribute to the Sensory FS score

- 0 none
  - 1 present
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### FUNCTIONAL SYSTEM SCORE

- 0 normal
- 1 mild vibration or figure-writing or temperature decrease only in one or two limbs
- 2 mild decrease in touch or pain or position sense or moderate decrease in vibration in one or two limbs;  
or mild vibration or figure-writing or temperature decrease alone in three or four limbs
- 3 moderate decrease in touch or pain or position sense or essentially lost vibration in one or two limbs;  
or mild decrease in touch or pain or moderate decrease in all proprioceptive tests in three or four limbs
- 4 marked decrease in touch or pain in one or two limbs;  
or moderate decrease in touch or pain and/or severe proprioceptive decrease in more than two limbs
- 5 loss (essentially) of sensation in one or two limbs;  
or moderate decrease in touch or pain and/or loss of proprioception for most of the body below the head
- 6 sensation essentially lost below the head

## 6 BOWEL AND BLADDER FUNCTIONS

### URINARY HESITANCY AND RETENTION

- 0 none
- 1 mild: no major impact on lifestyle
- 2 moderate: urinary retention; frequent urinary tract infections
- 3 severe: requires catheterisation
- 4 loss of function: overflow incontinence

### URINARY URGENCY AND INCONTINENCE

- 0 none
- 1 mild: no major impact on lifestyle
- 2 moderate: rare incontinence occurring no more than once a week; must wear pads
- 3 severe: frequent incontinence occurring from several times a week to more than once a day; must wear urinal or pads
- 4 loss of function: loss of bladder control

### BLADDER CATHETERISATION

- 0 none
- 1 intermittent self-catheterisation
- 2 constant catheterisation

### BOWEL DYSFUNCTION

- 0 none
- 1 mild: no incontinence, no major impact on lifestyle, mild constipation
- 2 moderate: must wear pads or alter lifestyle to be near lavatory
- 3 severe: in need of enemata or manual measures to evacuate bowels
- 4 complete loss of function

### \*SEXUAL DYSFUNCTION

#### Male

- 0 none
- 1 mild: difficulty to maintain erection during intercourse, but achieves erection and still has intercourse
- 2 moderate: difficulty to achieve erection, decrease in libido, still has intercourse and reaches orgasm
- 3 severe: marked decrease in libido, inability to achieve full erection, intercourse with difficulty and hypoorgasmia
- 4 loss of function

#### Female

- 0 none
- 1 mild: mild lack of lubrication, still sexually active and reaches orgasm
- 2 moderate: dyspareunia, hypoorgasmia, decrease in sexual activity
- 3 severe: marked decrease in sexual activity, anorgasmia
- 4 loss of function

### NOTE

When determining the EDSS step, the Bowel and Bladder FS score is converted to a lower score as follows:

Bowel and Bladder FS Score	6	5	4	3	2	1
Converted Bowel and Bladder FS Score	5	4	3	3	2	1

Sexual dysfunction can be documented but in general does not impact on FS score because of obvious difficulties in assessment by examining physician

### FUNCTIONAL SYSTEM SCORE

- 0 normal
- 1 mild urinary hesitancy, urgency and/or constipation
- 2 moderate urinary hesitancy and/or urgency and/or rare urinary incontinence and/or severe constipation
- 3 frequent urinary incontinence or intermittent self-catheterisation; needs enemata or manual measures to evacuate bowels
- 4 in need of almost constant catheterisation
- 5 loss of bladder or bowel function; external or indwelling catheter
- 6 loss of bowel and bladder function

## 7 CEREBRAL FUNCTIONS

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### DEPRESSION AND EUPHORIA

- 0 none
  - 1 **present**: Patient complains of depression or is considered depressed or euphoric by the investigator or significant other.
- 

### DECREASE IN MENTATION

- 0 none
  - 1 **signs only**: not apparent to patient and/or significant other
  - 2 **mild**: Patient and/or significant other report mild changes in mentation. Examples include: impaired ability to follow a rapid course of association and in surveying complex matters; impaired judgement in certain demanding situations; capable of handling routine daily activities, but unable to tolerate additional stressors; intermittently symptomatic even to normal levels of stress; reduced performance; tendency toward negligence due to obliviousness or fatigue.
  - 3 **moderate**: definite abnormalities on brief mental status testing, but still oriented to person, place and time
  - 4 **marked**: not oriented in one or two spheres (person, place or time), marked effect on lifestyle
  - 5 **dementia**, confusion and/or complete disorientation
- 

### +FATIGUE

- 0 none
  - 1 **mild**: does not usually interfere with daily activities
  - 2 **moderate**: interferes, but does not limit daily activities for more than 50 %
  - 3 **severe**: significant limitation in daily activities (> 50 % reduction)
- 

+Because fatigue is difficult to evaluate objectively, in some studies it does not contribute to the Cerebral FS score or EDSS step. Please adhere to the study's specific instructions.

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### NOTE

The presence of depression and/or euphoria alone results in a Cerebral FS score of 1, but does not affect the EDSS step. However, a Cerebral FS score of 1 due to mild fatigue and/or signs only decrease in mentation contributes to the determination of the EDSS step.

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### FUNCTIONAL SYSTEM SCORE

- 0 normal
  - 1 mood alteration (depression and/or euphoria) alone (does not affect EDSS step) and/or mild fatigue and/or signs only decrease in mentation
  - 2 mild decrease in mentation; moderate or severe fatigue
  - 3 moderate decrease in mentation
  - 4 marked decrease in mentation
  - 5 dementia
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## 8 AMBULATION

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### DEFINITIONS / IMPLICATIONS FOR SCORING THE FS AND EDSS STEP

**Fully ambulatory** means at least 500 meters of ambulation. If the walking distance is at least 500 meters, but not unrestricted, the EDSS step is determined only by the FS scores and could be anything above or equal to EDSS 2 (in this case the pyramidal or cerebellar FS must be  $\geq 2$  to reflect the "restriction" of ambulation).

**Unrestricted** means the patient is able to walk a distance that is regarded as normal, compared with healthy individuals of similar age.

An EDSS step from 0 up to 1.5 requires an "unrestricted" ambulation. If the walking distance is at least 500 meters but restricted, the EDSS step must be  $\geq 2$ . If the walking distance is < 500 meters, the EDSS step must be  $\geq 4$ , depending on the ranges provided in part 10 of this manual (> 100, > 200, > 300).

Observe the patient walking unassisted for a minimum distance of 500 meters and measure the time needed, if possible. If the patient walks with assistance, observe the patient walking with the assistive device or help by another person for a minimum distance of 130 meters, if possible.

If a patient walks without assistance and the walking range determines the EDSS step, please note that the definitions mark the lower limit for each step. For example, if a patient is able to walk 280 meters without aid or rest, the EDSS step is still 5.0. An EDSS step of 4.5 is defined by an unassisted walking distance of  $\geq 300$  meters (but < 500 meters).

The definitions of EDSS steps 6.0 and 6.5 include both a description of the type of assistance required when walking and the walking range. In general, the type of assistance required (unilateral vs. bilateral) overrules the walking range when determining the EDSS step.

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### HOWEVER, THE FOLLOWING EXCEPTIONS APPLY:

1. If a patient is able to walk considerably longer than 100 meters (> 120 meters) with two sticks, crutches or braces, the EDSS step is 6.0.
  2. If a patient needs two sticks, crutches or braces to walk between 10 and 120 meters, the EDSS step is 6.5.
  3. If a patient is able to walk more than 50 meters with one stick, crutch or brace, the EDSS step is 6.0.
  4. If a patient cannot walk more than 50 meters with one stick, crutch or brace, the EDSS step is 6.5.
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### NOTE

1. Assistance by another person (as opposed to one stick, crutch or brace) is equivalent to bilateral assistance.
  2. The use of an ankle foot orthotic device, without any other type of assistive device, is not considered unilateral assistance.
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## 9 EXPANDED DISABILITY STATUS SCALE

### DEFINITIONS / GENERAL COMMENTS ABOUT SCORING THE EDSS STEP

- EDSS steps below 4 refer to patients who are fully ambulatory (able to walk  $\geq 500$  meters). The precise step is defined by the Functional System (FS) scores.
- EDSS steps between 4.0 and 5.0 are defined by both the FS scores and the walking range. In general, the more severe parameter determines the EDSS step.
- EDSS steps 5.5 to 8.0 are exclusively defined by the ability to ambulate and type of assistance required, or the ability to use a wheelchair.
- From steps 0 to 4.0, the EDSS should not change by 1.0 step, unless there is a similar change in a FS score by 1 grade.
- The EDSS step should not be lower than the score of any individual FS, with the exception of the Visual and Bowel/Bladder FS.

### NOTE

A Cerebral FS score of 1 due to depression and/or euphoria alone does not affect the EDSS step. However, a Cerebral FS score of 1 due to mild fatigue and/or signs only decrease in mentation contributes to the determination of the EDSS step.

When determining the EDSS step, the Visual FS and Bowel and Bladder FS scores are converted to a lower score as follows:

Visual FS Score	6	5	4	3	2	1
Converted Visual FS Score	4	3	3	2	2	1
Bowel and Bladder FS Score	6	5	4	3	2	1
Converted Bowel and Bladder FS Score	5	4	3	3	2	1

Please enter both the actual and converted scores.

### EXPANDED DISABILITY STATUS SCALE

- 0 normal neurological exam (all FS grade 0)
- 1.0 no disability, minimal signs in one FS (one FS grade 1)
- 1.5 no disability, minimal signs in more than one FS (more than one FS grade 1)
- 2.0 minimal disability in one FS (one FS grade 2, others 0 or 1)
- 2.5 minimal disability in two FS (two FS grade 2, others 0 or 1)
- 3.0 moderate disability in one FS (one FS grade 3, others 0 or 1) though fully ambulatory; or mild disability in three or four FS (three/four FS grade 2, others 0 or 1) though fully ambulatory
- 3.5 fully ambulatory but with moderate disability in one FS (one FS grade 3) and mild disability in one or two FS (one/two FS grade 2) and others 0 or 1; or fully ambulatory with two FS grade 3 (others 0 or 1); or fully ambulatory with five FS grade 2 (others 0 or 1)
- 4.0 ambulatory without aid or rest for  $\geq 500$  meters; up and about some 12 hours a day despite relatively severe disability consisting of one FS grade 4 (others 0 or 1) or combinations of lesser grades exceeding limits of previous steps
- 4.5 ambulatory without aid or rest for  $\geq 300$  meters; up and about much of the day, characterised by relatively severe disability usually consisting of one FS grade 4 and combination of lesser grades exceeding limits of previous steps
- 5.0 ambulatory without aid or rest for  $\geq 200$  meters (usual FS equivalents include at least one FS grade 5, or combinations of lesser grades usually exceeding specifications for step 4.5)
- 5.5 ambulatory without aid or rest  $\geq 100$  meters
- 6.0 unilateral assistance (cane or crutch) required to walk at least 100 meters with or without resting; see chapter 8 (Ambulation)
- 6.5 constant bilateral assistance (canes or crutches) required to walk at least 20 meters without resting; see chapter 8 (Ambulation)
- 7.0 unable to walk 5 meters even with aid, essentially restricted to wheelchair; wheels self and transfers alone; up and about in wheelchair some 12 hours a day
- 7.5 unable to take more than a few steps; restricted to wheelchair; may need some help in transferring and in wheeling self
- 8.0 essentially restricted to bed or chair or perambulated in wheelchair, but out of bed most of day; retains many self-care functions; generally has effective use of arms
- 8.5 essentially restricted to bed much of the day; has some effective use of arm(s); retains some self-care functions
- 9.0 helpless bed patient; can communicate and eat
- 9.5 totally helpless bed patient; unable to communicate effectively or eat/swallow
- 10 death due to MS

# NEUROSTATUS SCORING

Scoring Sheet for a standardised, quantified neurological examination and assessment of Kurtzke's Functional Systems and Expanded Disability Status Scale in Multiple Sclerosis

STUDY NAME

**PERSONAL INFORMATION**

Patient

Date of Birth (04-Jun-1980) --

Centre Nr/Country

Name of EDSS rater

Date of Examination -- 2 0

**SYNOPSIS OF FS SCORES**

1. Visual <sup>1</sup>	<input type="text"/>	5. Sensory	<input type="text"/>
2. Brainstem	<input type="text"/>	6. Bowel/Bladder <sup>1</sup>	<input type="text"/>
3. Pyramidal	<input type="text"/>	7. Cerebral	<input type="text"/>
4. Cerebellar	<input type="text"/>		

<sup>1</sup> = converted FS Score

EDSS Step  Signature

**1. VISUAL (OPTIC) FUNCTIONS**

OD	OS	Scotoma	<input type="text"/>
Visual acuity (corrected)	<input type="text"/>	* Disc pallor	<input type="text"/>
Visual fields	<input type="text"/>	FUNCTIONAL SYSTEM SCORE	<input type="text"/> → <input type="text"/>

**2. BRAINSTEM FUNCTIONS**

CRANIAL NERVE EXAMINATION	Hearing loss	<input type="text"/>
Extraocular movements (EOM) impairment	Dysarthria	<input type="text"/>
Nystagmus	Dysphagia	<input type="text"/>
Trigeminal damage	Other cranial nerve functions	<input type="text"/>
Facial weakness	FUNCTIONAL SYSTEM SCORE	<input type="text"/>

**3. PYRAMIDAL FUNCTIONS**

REFLEXES	R	>	<	L	Knee flexors	<input type="text"/>
Biceps	<input type="text"/>			<input type="text"/>	Knee extensors	<input type="text"/>
Triceps	<input type="text"/>			<input type="text"/>	Plantar flexion (feet/toes)	<input type="text"/>
Brachioradialis	<input type="text"/>			<input type="text"/>	Dorsiflexion (feet/toes)	<input type="text"/>
Knee	<input type="text"/>			<input type="text"/>	* Position test UE, pronation	<input type="text"/>
Ankle	<input type="text"/>			<input type="text"/>	* Position test UE, downward drift	<input type="text"/>
Plantar response	<input type="text"/>			<input type="text"/>	* Position test LE, sinking	<input type="text"/>
Cutaneous reflexes	<input type="text"/>			<input type="text"/>	Able to lift only one leg at a time (grade in °)	<input type="text"/>
* Palmomental reflex	<input type="text"/>			<input type="text"/>	* Walking on heels	<input type="text"/>
LIMB STRENGTH	R			L	* Walking on toes	<input type="text"/>
Deltoids	<input type="text"/>			<input type="text"/>	* Hopping on one foot	<input type="text"/>
Biceps	<input type="text"/>			<input type="text"/>	SPASTICITY	
Triceps	<input type="text"/>			<input type="text"/>	Arms	<input type="text"/>
Wrist/finger flexors	<input type="text"/>			<input type="text"/>	Legs	<input type="text"/>
Wrist/finger extensors	<input type="text"/>			<input type="text"/>	Gait	<input type="text"/>
Hip flexors	<input type="text"/>			<input type="text"/>	FUNCTIONAL SYSTEM SCORE	<input type="text"/>

\* = optional  
<sup>1</sup> = converted FS Score

**4. CEREBELLAR FUNCTIONS**

CEREBELLAR EXAMINATION	Rapid alternating movements UE impairment	<input type="text"/>
Head tremor	Rapid alternating movements LE impairment	<input type="text"/>
Truncal ataxia	Tandem walking	<input type="text"/>
	Gait ataxia	<input type="text"/>
	Romberg test	<input type="text"/>
Tremor/dysmetria UE	Other, e. g. rebound	<input type="text"/>
Tremor/dysmetria LE	FUNCTIONAL SYSTEM SCORE	<input type="text"/>

**5. SENSORY FUNCTIONS**

SENSORY EXAMINATION	R	L	Position sense UE	<input type="text"/>
Superficial sensation UE	<input type="text"/>	<input type="text"/>	Position sense LE	<input type="text"/>
Superficial sensation trunk	<input type="text"/>	<input type="text"/>	* Lhermitte's sign	<input type="text"/>
Superficial sensation LE	<input type="text"/>	<input type="text"/>	* Paraesthesiae UE	<input type="text"/>
Vibration sense UE	<input type="text"/>	<input type="text"/>	* Paraesthesiae trunk	<input type="text"/>
Vibration sense LE	<input type="text"/>	<input type="text"/>	* Paraesthesiae LE	<input type="text"/>
			FUNCTIONAL SYSTEM SCORE	<input type="text"/>

**6. BOWEL/BLADDER FUNCTIONS**

Urinary hesitancy/retention	<input type="text"/>	Bowel dysfunction	<input type="text"/>
Urinary urgency/incontinence	<input type="text"/>	* Sexual dysfunction	<input type="text"/>
Bladder catheterisation	<input type="text"/>	FUNCTIONAL SYSTEM SCORE	<input type="text"/> → <input type="text"/>

**7. CEREBRAL FUNCTIONS**

MENTAL STATUS EXAMINATION	Decrease in mentation	<input type="text"/>
* Depression	* Fatigue	<input type="text"/>
* Euphoria	FUNCTIONAL SYSTEM SCORE	<input type="text"/>

**8. AMBULATION**

Walking range as reported (without help or sticks)	
meters	<input type="text"/>
in min	<input type="text"/>
Distance able to walk without rest or assistance	Requires <b>constant</b> assistance to walk 100 meters
≥ 100 meters, but < 200 meters	Unilateral assistance (in meters)
≥ 200 meters, but < 300 meters	Cane/crutch
≥ 300 meters, but < 500 meters	Other
≥ 500 meters but not unrestricted	Bilateral assistance (in meters)
Unrestricted	Canes/crutches
Actual distance (obligatory up to 500 m if possible)	Other
meters	Assistance by another person (in meters)

\* = optional  
<sup>1</sup> = converted FS Score  
 \* Because depression, euphoria and fatigue are difficult to evaluate objectively, in some studies it does not contribute to the Cerebral FS score or EDSS step. Please adhere to the study's specific instructions.

## **NEUROSTATUS.NET**

Independent Internet Platform for training and certification of physicians participating in projects that use a standardized, quantified neurological examination and Kurtzke's Functional Systems and Expanded Disability Status Scale in Multiple Sclerosis

## **NEUROSTATUS TRAINING**

Interactive Training DVD-ROM for a standardised, quantified neurological examination and assessment of Kurtzke's Functional Systems and Expanded Disability Status Scale in Multiple Sclerosis

## **NEUROSTATUS e-TEST**

Interactive Test and Certification Tool for a standardised, quantified neurological examination and assessment of Kurtzke's Functional Systems and Expanded Disability Status Scale in Multiple Sclerosis

## **NEUROSTATUS FORUM**

Forum for a standardised, quantified neurological examination and assessment of Kurtzke's Functional Systems and Expanded Disability Status Scale in Multiple Sclerosis

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