

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

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

1. VISUAL (OPTIC) FUNCTIONS

OPTIC FUNCTIONS	OD	OS	Scotoma	<input type="text"/>	<input type="text"/>
Visual acuity <input type="checkbox"/> CC <input type="checkbox"/> SC	<input type="text"/>	<input type="text"/>	* Disc pallor	<input type="text"/>	<input type="text"/>
Visual fields	<input type="text"/>	<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			
Biceps	<input type="text"/>			<input type="text"/>	Knee extensors	<input type="text"/>	<input type="text"/>
Triceps	<input type="text"/>			<input type="text"/>	Plantar flexion (feet/toes)	<input type="text"/>	<input type="text"/>
Brachioradialis	<input type="text"/>			<input type="text"/>	Dorsiflexion (feet/toes)	<input type="text"/>	<input type="text"/>
Knee	<input type="text"/>			<input type="text"/>	* Position test UE, pronation	<input type="text"/>	<input type="text"/>
Ankle	<input type="text"/>			<input type="text"/>	* Position test UE, downward drift	<input type="text"/>	<input type="text"/>
Plantar response	<input type="text"/>			<input type="text"/>	* Position test LE, sinking	<input type="text"/>	<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"/>	<input type="text"/>
* Palmomental reflex	<input type="text"/>			<input type="text"/>	* Walking on heels	<input type="text"/>	<input type="text"/>
LIMB STRENGTH					* Walking on toes	<input type="text"/>	<input type="text"/>
Deltoid	<input type="text"/>			<input type="text"/>	* Hopping on one foot	<input type="text"/>	<input type="text"/>
Biceps	<input type="text"/>			<input type="text"/>	SPASTICITY		
Triceps	<input type="text"/>			<input type="text"/>	Arms	<input type="text"/>	<input type="text"/>
Wrist/finger flexors	<input type="text"/>			<input type="text"/>	Legs	<input type="text"/>	<input type="text"/>
Wrist/finger extensors	<input type="text"/>			<input type="text"/>	Gait	<input type="text"/>	<input type="text"/>
Hip flexors	<input type="text"/>			<input type="text"/>	OVERALL MOTOR PERFORMANCE	<input type="text"/>	<input type="text"/>
Knee flexors	<input type="text"/>			<input type="text"/>	FUNCTIONAL SYSTEM SCORE	<input type="text"/>	<input type="text"/>

CC = corrected * = optional part of the examination
 SC = without correction ¹ = converted FS Score

4. CEREBELLAR FUNCTIONS

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

5. SENSORY FUNCTIONS

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

6. BOWEL/ BLADDER FUNCTIONS

Urinary hesitancy/retention	<input type="checkbox"/>	Bowel dysfunction	<input type="checkbox"/>
Urinary urgency/incontinence	<input type="checkbox"/>	* Sexual dysfunction	<input type="checkbox"/>
Bladder catheterisation	<input type="checkbox"/>	FUNCTIONAL SYSTEM SCORE	<input type="checkbox"/> → <input type="checkbox"/> ¹

7. CEREBRAL FUNCTIONS

MENTAL STATUS EXAMINATION				
◦ Depression	<input type="checkbox"/>	Decrease in mentation	<input type="checkbox"/>	
◦ Euphoria	<input type="checkbox"/>	+ Fatigue	<input type="checkbox"/>	
		FUNCTIONAL SYSTEM SCORE	<input type="checkbox"/>	

AMBULATION

Distance reported by patient (in meters)	<input type="checkbox"/>	Assistance	<input type="checkbox"/>
Time reported by patient (in minutes)	<input type="checkbox"/>	Distance measured (in meters)	<input type="checkbox"/>
		AMBULATION SCORE	<input type="checkbox"/>

* = optional part of the examination

¹ = converted FS Score

◦ Depression and Euphoria are not taken into consideration for FS and EDSS calculation.

+ 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.

UE = upper extremities

LE = lower extremities