

Name, first name:
Birth date:

Source:





CLINICAL ASSESSMENT

Date of exam: Day Month Year
 | | | | | | | |

Concurrent relapse Functional participation
 Pseudo-exacerbation

Scales

Ambulation

Able to run: No / Yes 
Walking distance without rest: Unlimited 
If limited, specify: > 500 / 100-500 / 20-100 / < 20 m 
Assistance required: Unilateral / Bilateral / 
Wheelchair / Motorized wheelchair

EGS (EDMUS Grading Scale)

EDSS (Kurtzke)

Kurtzke functional systems

Pyramidal	<input type="text"/>	Brainstem	<input type="text"/>
Cerebellar	<input type="text"/> <input type="checkbox"/>	Visual	<input type="text"/> <input type="checkbox"/>
Sensory	<input type="text"/>	Mental	<input type="text"/>
Sphincter	<input type="text"/>	Other	<input type="text"/>

MSFC scales

Timed 25 feet-walk	(test 1 / test 2)	<input type="text"/>	<input type="text"/>
9-HPT, dominant hand	(test 1 / test 2)	<input type="text"/>	<input type="text"/>
9-HPT, other hand	(test 1 / test 2)	<input type="text"/>	<input type="text"/>
PASAT	(3 sec / 2 sec)	<input type="text"/>	<input type="text"/>



Symptoms & Signs



Motor

Walking difficulties
 Lower extremity motor
 Upper extremity motor

Gait

Gait disturbances
 Falls


None / Mild / Moderate / Severe
Gait ataxia 
Gait spasticity 

Impairment: None / Mild / Moderate / Severe
Straight line walking 
Romberg test 


[RIGHT]

[LEFT]


Weakness
















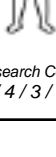


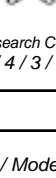

Clumsiness









Tremor













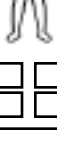


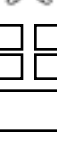

Strength

Deficit: None / Mild / Moderate / Severe
Shoulder   
Elbow   
Wrist / Fingers   
Hip   
Knee   
Ankle / Toes   
*British Medical Research Council scale (BMRC)
5 / 4 / 3 / ≤ 2*





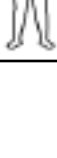

Coordination

Impairment: None / Mild / Moderate / Severe
Upper extremities   
Lower extremities   

Reflexes

Absent / Reduced / Normal / Exaggerated
Biceps   
Triceps   
Brachioradialis   
Knee   
Ankle   
Foot clonus
Babinski

Spasticity

None / Mild / Moderate / Severe
Upper extremities   
Lower extremities   

CLINICAL ASSESSMENT (continued)


Sensory

[RIGHT]


Lhermitte sign

[LEFT]


Paresthesia



Dysesthesia



Pain



Superficial touch

Impairment: **None / Mild / Moderate / Severe**

Arm: ○○○○
 Forearm: ○○○○
 Hand / Fingers: ○○○○
 Thigh: ○○○○
 Calf: ○○○○
 Foot / Toes: ○○○○
 Upper trunk: ○○○○
 Lower trunk: ○○○○

Pinprick / Temperature

Impairment: **None / Mild / Moderate / Severe**

Arm: ○○○○
 Forearm: ○○○○
 Hand / Fingers: ○○○○
 Thigh: ○○○○
 Calf: ○○○○
 Foot / Toes: ○○○○
 Upper trunk: ○○○○
 Lower trunk: ○○○○

Vibratory sensation

Impairment: **None / Mild / Moderate / Severe**

Shoulder: ○○○○
 Elbow: ○○○○
 Wrist / Fingers: ○○○○
 Hip: ○○○○
 Knee: ○○○○
 Ankle / Toes: ○○○○

Position sense

Impairment: **None / Mild / Moderate / Severe**

Shoulder: ○○○○
 Elbow: ○○○○
 Wrist / Fingers: ○○○○
 Hip: ○○○○
 Knee: ○○○○
 Ankle / Toes: ○○○○

Sphincter

Bladder/bowel dysfunction
 Sexual dysfunction

Bladder

Pollakiuria: ○○○○ **None / Mild / Severe**
 Urgency: ○○○○ **None / Mild / Severe**
 Incontinence: ○○○○ **None / Rare / Frequent (> 1/week)**
 Hesitancy: ○○○○ **None / Mild / Severe**
 Retention: ○○○○ **None / Mild / Severe**
 Catheterization: ○○○○ **None / Intermittent / Constant (≥ 3/day)**

Postmicturial residue (ml) _____
 Urinary infection

Bowel

Constipation Symptomatic
 Requiring treatment

Diarrhea
 Bowel incontinence

Sexual



Erection/ejaculation difficulties Loss of libido

Brainstem

Oculomotor

Double vision Internuclear ophtalmoplegy:
 Oscillopsia Partial
 Complete
 Ocular nerve palsy
 Gaze paresis

Eye movements impaired

 
 Right Left

Vestibular / Cochlear

Vertigo Right Left Nystagmus
 Hypoacusia:

Gaze impaired

Up ≥ 30°
 Right Left
 Down

Facial motor

Facial palsy
 Hemispasm
 Myokymia

Territory involved


 Right Left

Facial sensory

V paresthesia: Right Left
 V neuralgia:
 Atypical pain:

V hypoesthesia: ○○○○ Right Left
 None / Mild / Moderate / Severe

Bulbar impairment

Speech impairment: ○○○○ **None / Mild / Moderate / Severe**
 Swallowing impairment: ○○○○ **None / Mild / Moderate / Severe**

CLINICAL ASSESSMENT (continued)

Optic neuritis

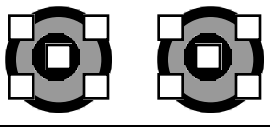
Visual acuity (corrected): Right Left
[] [] [] []

Field deficit

Right Left

Loss of visual acuity: [] []
 Ocular pain: [] []
 Dyschromatopsia: [] []

Scotoma Quadrantanopsia Hemianopsia



Disc pallor [] []

Mental deterioration

Decrease in mentation: ○○○○ ———— Memory Other, specify: _____
(None / Mild / Moderate / Severe) Attention

Psychiatric symptoms

Mood alteration ———— ○ Depression — ○ Euphoria Other, specify: _____
 Delusions
 Hallucinations

Other

Uhthoff sign _____
[] At heat, specify: _____
[] At effort, specify: _____

Paroxysmal symptoms _____
[] Tonic spasm
[] Other, specify: _____

Fatigue Amyotrophia
 Headache Extrapyrarnidal
 Lobar cerebral syndromes Aphasia
 Horner
 Epilepsy, specify: _____
 Other, specify: _____

COMMENTS