

CLINICAL ASSESSMENT (continued)


Sensory

[RIGHT]


Lhermitte sign

[LEFT]


Paresthesia



Dysesthesia









Pain







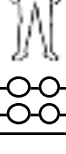

Superficial touch


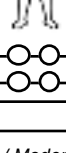

Impairment: **None / Mild / Moderate / Severe**


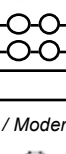

Arm   


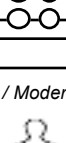

Forearm   




Hand / Fingers   

Thigh   

Calf   




Foot / Toes   




Upper trunk   




Lower trunk   


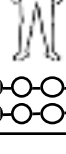

Pinprick / Temperature


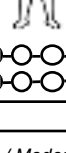

Impairment: **None / Mild / Moderate / Severe**


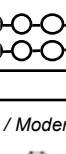

Arm   


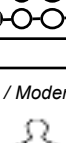

Forearm   




Hand / Fingers   

Thigh   

Calf   




Foot / Toes   




Upper trunk   




Lower trunk   


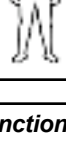

Vibratory sensation


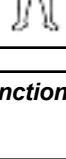

Impairment: **None / Mild / Moderate / Severe**




Shoulder   

Elbow   

Wrist / Fingers   

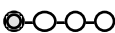

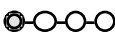
Hip   

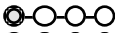


Knee   




Ankle / Toes   


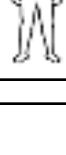

Position sense


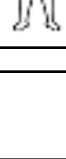

Impairment: **None / Mild / Moderate / Severe**




Shoulder   

Elbow   

Wrist / Fingers   

Hip   


Knee   

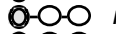
Ankle / Toes   


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)**

Postmictorial 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 Left ≥ 30°
 Down

Facial motor



Facial palsy
 Hemispasm
 Myokymia

Territory involved





Right Left

Facial sensory

V paresthesia: Right Left V hypoesthesia:  
 V neuralgia: **None / Mild / Moderate / Severe**
 Atypical pain:

Bulbar impairment

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

Name, first name:

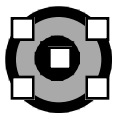
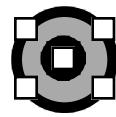
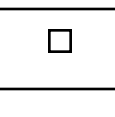
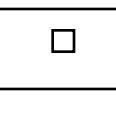
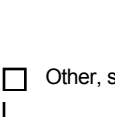
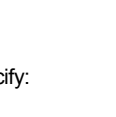
Form filled by:

Birth date:

Validated by:

CLINICAL ASSESSMENT (continued)

Optic neuritis

		<i>Right</i>	<i>Left</i>
	Visual acuity (corrected):	<input type="text"/>	<input type="text"/>
	Field deficit	<input type="checkbox"/> Scotoma   <input type="checkbox"/> Quadrantanopsia   <input type="checkbox"/> Hemianopsia  	
<input type="checkbox"/> Loss of visual acuity:	<i>Right</i>	<input type="checkbox"/>	<i>Left</i>
<input type="checkbox"/> Ocular pain:		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Dyschromatopsia:		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Disc pallor	<input type="checkbox"/>	<input type="checkbox"/>

Mental deterioration

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

Psychiatric symptoms

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

Other

<input type="checkbox"/> Uhthoff sign _____ <input type="checkbox"/> At heat, specify: _____ <input type="checkbox"/> At effort, specify: _____	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Amyotrophia
<input type="checkbox"/> Paroxysmal symptoms _____ <input type="checkbox"/> Tonic spasm _____ <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Headache	<input type="checkbox"/> Extrapyrarnidal
	<input type="checkbox"/> Lobar cerebral syndromes	<input type="checkbox"/> Aphasia
	<input type="checkbox"/> Horner	
	<input type="checkbox"/> Epilepsy, specify: _____	
	<input type="checkbox"/> Other, specify: _____	

COMMENTS

Name, first name:
 Birth date:

Form filled by:
 Validated by:

PARACLINICAL ASSESSMENT

Day Month Year

MRI

Date :

	T1	T1/Gado	T2/PD/FLAIR(*)	Number of T2/PD/FLAIR lesions			
	Not done Negative Positive	Not done Negative Positive	Not done Negative Positive	Total	Peri-ventricular	Juxta-cortical	
BRAIN	Supratentorial				○ < 9, specify exact nb: <input style="width: 20px;" type="text"/> ○ ≥ 9 <input type="checkbox"/> Confluent lesions	○ 0 ○ 1 ○ 2 ○ ≥ 3	○ 0 ○ ≥ 1
	Infratentorial						
SPINAL CORD	Cervical				○ 0 ○ 1 ○ ≥ 2	(*) Tick this box if FLAIR was performed: <input type="checkbox"/>	
	Thoracolumbar						
OPTIC NERVE							

COMPARISON WITH PREVIOUS MRI

• New lesion(s): • Overall: Unchanged, or Improved
 Worsened

MS DIAGNOSIS CRITERIA

Paty Barkhof

EVOKED POTENTIALS

Date :

		Not done	Normal	Abnormal		Not done	Normal	Abnormal
VISUAL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRAINSTEM AUDITORY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOMATOSENSORY	Upper limbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lower limbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTOR	Upper limbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lower limbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		RIGHT				LEFT		

CEREBRO-SPINAL FLUID

Date :

White cell count

Not done < 2 / mm³ ≥ 2 / mm³, exact number:

Chemistry

	CSF (mg/l)	Serum (g/l)	
Total proteins			
Albumin			
IgG			IgG index: <input style="width: 40px;" type="text"/>

Oligoclonal banding

Unknown No Yes Equivocal

PARACLINICAL ASSESSMENT (MRI, continued)

Counting & volumes

Date :

	Low signal T1			T1 / Gadolinium			High signal T2 / PD / FLAIR		
	<= 5mm	> 5 mm	Confluent large	<= 5mm	> 5 mm	Confluent large	<= 5mm	> 5 mm	Confluent large
BRAIN									
Supratentorial									
Infratentorial									
Volume									

Slice thickness (mm): Technique for volume determination:

	T1 / Gadolinium			High signal T2 / PD / FLAIR		
	<= 5mm	> 5 mm	Multi-segmental	<= 5mm	> 5 mm	Multi-segmental
SPINAL CORD						
Cervical						
Thoracolumbar						

Comparison

Date :

	Low signal T1			T1 / Gadolinium			High signal T2 / PD / FLAIR		
	New	Enlarging	Smaller undetectable	New	Enlarging	Smaller undetectable	New	Enlarging	Smaller undetectable
BRAIN									
Supratentorial									
Infratentorial									
SPINAL CORD									
Cervical									
Thoracolumbar									

Atrophy, non conventional techniques

Date :

Atrophy

BRAIN	<input type="radio"/> No <input type="radio"/> Yes	Volume (mm ³):
		Brain parenchymal fraction:
		Location:
SPINAL CORD	<input type="radio"/> No <input type="radio"/> Yes	Area (mm ²):
		Method:
		Level:

Non conventional techniques

Magnetization transfer imaging (MTI)	Method:	Average MTR:
Spectroscopy	Method:	Average NAA:
Diffusion weighted imaging (DWI)	Method:	Average DC:
		Average NA:

Name, first name:

Form filled by:

Birth date:

Validated by:

TREATMENT ASSESSMENT

Day
Month
Year

Date:
 No treatment at this date

DISEASE MODIFYING TREATMENTS

Drug name	Posology			Status <i>Started / Ongoing / Stopped</i>	If stopped, reason
	Route <i>po / sc / im / iv</i>	Dose per intake	Frequency		Scheduled stop Lack of tolerance (local) Lack of tolerance (general) Lack of tolerance (biological) Lack of efficacy Patient's convenience Serious adverse event Other
	○—○—○—○			○—○—○	□□□□□□□□
	○—○—○—○			○—○—○	□□□□□□□□
	○—○—○—○			○—○—○	□□□□□□□□

Clinical follow-up			Paraclinical follow-up	
				Normal / Abnormal
Injection site reactions	<i>Pain</i>	<input type="checkbox"/>	Red cells	○—○
	<i>Inflammation</i>	<input type="checkbox"/>	Hemoglobin	○—○
	<i>Hypersensibility</i>	<input type="checkbox"/>	White cells	○—○
	<i>Necrosis</i>	<input type="checkbox"/>	Neutrophils	○—○
Body as a whole	<i>Asthenia</i>	<input type="checkbox"/>	Lymphocytes	○—○
	<i>Headache</i>	<input type="checkbox"/>	Platelets	○—○
	<i>Malaise</i>	<input type="checkbox"/>	AST / ALT	○—○
	<i>Flushing</i>	<input type="checkbox"/>	Creatinine	○—○
Flu-like syndrome	<i>Muscle ache</i>	<input type="checkbox"/>	Uric acid	○—○
	<i>Fever</i>	<input type="checkbox"/>	Inflammatory markers	○—○
	<i>Chills</i>	<input type="checkbox"/>	Urinalysis / blood	○—○
	<i>Sweating</i>	<input type="checkbox"/>	Urinalysis / protein	○—○
Hypersensitivity reactions	<i>Bronchospasm</i>	<input type="checkbox"/>	Electrocardiogram	○—○
	<i>Generalized edema</i>	<input type="checkbox"/>	Echocardiogram	○—○
	<i>Anaphylactic shock</i>	<input type="checkbox"/>	Pulmonar radiography	○—○
	<i>Rash</i>	<input type="checkbox"/>	Respiratory functional tests	○—○
Neuro-psychiatric disorders	<i>Anxiety</i>	<input type="checkbox"/>	Other, specify:	
	<i>Confusion</i>	<input type="checkbox"/>		
	<i>Seizures</i>	<input type="checkbox"/>		
	<i>Depression</i>	<input type="checkbox"/>		
	<i>Suicidal thoughts</i>	<input type="checkbox"/>		
Digestive disorders	<i>Constipation</i>	<input type="checkbox"/>	Comments	
	<i>Diarrhea</i>	<input type="checkbox"/>		
	<i>Abdominal pain</i>	<input type="checkbox"/>		
	<i>Vomiting</i>	<input type="checkbox"/>		
Cardio-respiratory disorders	<i>Dyspnea</i>	<input type="checkbox"/>		
	<i>Laryngitis</i>	<input type="checkbox"/>		
	<i>Chest tightness</i>	<input type="checkbox"/>		
	<i>Hypertension</i>	<input type="checkbox"/>		
	<i>Palpitations</i>	<input type="checkbox"/>		
	<i>Tachycardia</i>	<input type="checkbox"/>		
Menstruation disorders	<i>Irregular menses</i>	<input type="checkbox"/>		
	<i>Menometrorrhagia</i>	<input type="checkbox"/>		
	<i>Oligomenorrhea</i>	<input type="checkbox"/>		
Other, specify:				

TREATMENT ASSESSMENT (continued)

RELAPSE THERAPY

<input type="checkbox"/>	Corticosteroids, i.v.	<i>Name</i>	
		<i>Posology</i>	
<input type="checkbox"/>	Corticosteroids, i.m.	<i>Name</i>	
		<i>Posology</i>	
<input type="checkbox"/>	Corticosteroids, p.o.	<i>Name</i>	
		<i>Posology</i>	
	Other, specify	<i>Name</i>	
		<i>Posology</i>	

SYMPTOMATIC TREATMENTS

Drugs		<i>Name</i>	
		<i>Posology</i>	
		<i>Name</i>	
		<i>Posology</i>	
		<i>Name</i>	
		<i>Posology</i>	
		<i>Name</i>	
		<i>Posology</i>	
		<i>Name</i>	
		<i>Posology</i>	
		<i>Name</i>	
		<i>Posology</i>	

NON MS-RELATED TREATMENTS

Drugs		<i>Name</i>	
		<i>Posology</i>	
		<i>Name</i>	
		<i>Posology</i>	
		<i>Name</i>	
		<i>Posology</i>	
		<i>Name</i>	
		<i>Posology</i>	
		<i>Name</i>	
		<i>Posology</i>	
		<i>Name</i>	
		<i>Posology</i>	