Name, first name: Source:
Birth date:

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	____	*Brainstem*	____
Cerebellar	____ ☐	*Visual*	____ ☐
Sensory	____	*Mental*	____
Sphincter	____	*Other*	____

MSFC scales

Timed 25 feet-walk	*(test 1 / test 2)*	____	____
9-HPT, dominant hand	*(test 1 / test 2)*	____	____
9-HPT, other hand	*(test 1 / test 2)*	____	____
PASAT	*(3 sec / 2 sec)*	____	____

Symptoms & signs

☐ Motor
☐ ***Walking difficulties*** ☐ Falls ☐ Weakness
☐ ***Lower extremity motor*** ☐ Clumsiness
☐ ***Upper extremity motor*** ☐ Spasticity ☐ Tremor

☐ Sensory
☐ Lhermitte sign ☐ Paresthesia
☐ Pain ☐ Dysesthesia

☐ Sphincter
☐ ***Bladder/bowel dysfunction***
☐ ***Sexual dysfunction***

☐ Brainstem
☐ ***Oculomotor*** ☐ Double vision ☐ Internuclear ophtalmoplegy
☐ Oscillopsia ☐ Ocular nerve palsy
☐ Gaze paresis

☐ ***Vestibular / Cochlear*** ☐ Vertigo ☐ Nystagmus
☐ Hypoacousia

☐ ***Facial motor*** ☐ Facial palsy ☐ Myokymia
☐ Hemispasm

☐ ***Facial sensory*** ☐ V paresthesia ☐ V hypoesthesia
☐ V neuralgia ☐ Atypical pain

☐ ***Bulbar impairment*** ☐ Speech impairment ☐ Swallowing impairment

☐ Optic neuritis
☐ Loss of visual acuity ☐ Dyschromatopsia
☐ Ocular pain

☐ Mental deterioration

☐ Psychiatric symptoms
☐ Mood alteration — ☐ Depression
☐ Delusions — ☐ Euphoria
☐ Hallucinations

☐ Other
☐ Uhthoff sign ☐ Fatigue ☐ Amyotrophia
☐ At heat ☐ Headache ☐ Extrapyramidal
☐ At effort ☐ Horner ☐ Aphasia
☐ Paroxysmal symptoms ☐ Epilepsy ☐ Lobar cerebral syndromes
☐ Tonic spasm ☐ Other
☐ Other

COMMENTS

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