1. NEUROLOGICAL EPISODES since last visit

Did a new relapse or the onset of the progressive phase occur since last visit?
- [ ] Yes
- [ ] No

If yes, please fill up the following table:

<table>
<thead>
<tr>
<th>Relapsing-remitting phase</th>
<th>Progressive phase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of episode onset:</td>
<td></td>
</tr>
<tr>
<td>Day/Month/Year</td>
<td>Day / Month / Year</td>
</tr>
<tr>
<td>Episode type (according to classification above):</td>
<td></td>
</tr>
<tr>
<td>Walking difficulties</td>
<td></td>
</tr>
<tr>
<td>Lower extremity dysfunction</td>
<td></td>
</tr>
<tr>
<td>Upper extremity dysfunction</td>
<td></td>
</tr>
<tr>
<td>Sensory symptoms (pain, paresthesia...)</td>
<td></td>
</tr>
<tr>
<td>Bladder/bowel dysfunction</td>
<td></td>
</tr>
<tr>
<td>Sexual dysfunction</td>
<td></td>
</tr>
<tr>
<td>Oculomotor impairment</td>
<td></td>
</tr>
<tr>
<td>Facial motor</td>
<td></td>
</tr>
<tr>
<td>Facial sensory</td>
<td></td>
</tr>
<tr>
<td>Vertigo, hypoacousia</td>
<td></td>
</tr>
<tr>
<td>Speech/swallowing impairment</td>
<td></td>
</tr>
<tr>
<td>Mental deterioration</td>
<td></td>
</tr>
<tr>
<td>Psychiatric symptoms</td>
<td></td>
</tr>
<tr>
<td>Paroxysmic symptoms</td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td></td>
</tr>
<tr>
<td>Other: if yes, specify</td>
<td></td>
</tr>
</tbody>
</table>

Clinical syndrome

- TRANSVERSE MYELITIS
  - Extensive / Non extensive
  - Unilateral: Right - Left / Bilateral
  - OTHER: if yes, specify

Episode features

- Maximal motor score (Kurtzke DSS / EDMUS GS)
- Maximal visual score (Visual Scale)

Recovery

- Complete / Incomplete / None
- If yes: i.v. / i.m. / per os

Corticosteroid treatment

- No / Yes

Plasma exchange

- No / Yes

Immunoglobulins i.v.

- No / Yes

Immunosuppressive drug

- No / Yes

2. IRREVERSIBLE DISABILITY since last visit

<table>
<thead>
<tr>
<th>Motor disability (Kurtzke DSS / EDMUS GS)</th>
<th>Visual disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month</td>
<td>Year</td>
</tr>
<tr>
<td>3 Unlimited walking distance (WD) without rest but unable to run; or a significant not ambulation-related disability</td>
<td>1 Amblyopia, VA ≥ 7/10</td>
</tr>
<tr>
<td>4 Walks without aid; limited WD, but &gt; 500 meters without rest</td>
<td>2 Amblyopia, VA ≥ 3/10 and ≤ 6/10</td>
</tr>
<tr>
<td>5 Walks with permanent uni- or bilateral support; WD &lt; 100 meters without rest</td>
<td>3 Amblyopia, VA = 2/10</td>
</tr>
<tr>
<td>6 Home restricted; a few steps with wall or furniture assistance; WD &lt; 20 meters without rest</td>
<td>4 Amblyopia, VA ≤ 1/10</td>
</tr>
<tr>
<td>7 Chair restricted; unable to take a step; some effective use of arms</td>
<td>7 No light perception</td>
</tr>
<tr>
<td>10 Death</td>
<td>(Visual score according to Kurtzke, 1983 &amp; Wingerchuk et al., 1999)</td>
</tr>
</tbody>
</table>
### 3. PARACLINICAL ASSESSMENT since last visit

#### M R I

<table>
<thead>
<tr>
<th>T1</th>
<th>T1/Gado</th>
<th>T2/PD/FLAIR</th>
<th>Number of lesions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### BRAIN

- **NORMAL**
- **ABNORMAL**

- Supratentorial
- Infratentorial

#### SPINAL CORD

- Cervical
- Thoracolumbar

#### OPTIC NERVE

- R
- L

#### Evoked potentials

- **Visual**

#### Cerebro-spinal fluid

- Leucocytes
  - Not done
  - Neutrophils, exact count: 
- Biochemistry
  - Total proteins:
  - Albumin:
  - IgG:
  - IgG index: 
- Oligoclonal bands
  - Not done
  - No
  - Yes
  - Equivocal

#### Anti-DNMO antibodies

- Was a search for anti-DNMO antibodies performed?
  - Yes
  - No

- Date of sampling:
- Laboratory:
  - If yes:
  - Technique: IIF / CBA / FIPA / other / unknown
  - Result:
    - Negative
    - Positive

### 4. ONGOING DISEASE-MODIFYING TREATMENT AND MODIFICATION OF TREATMENT since last visit

<table>
<thead>
<tr>
<th>Drug name</th>
<th>Date of start</th>
<th>Date of stopping</th>
<th>Reasons for stopping</th>
<th>Comment</th>
</tr>
</thead>
</table>

- Scheduled stop
- Local intolerance
- General intolerance
- Biological intolerance
- Inefficacy
- Patient’s convenience
- Serious Adverse Event
- Desire for pregnancy/Pregnancy
- Other

- Desirable stop
- Local intolerance
- General intolerance
- Biological intolerance
- Inefficacy
- Patient’s convenience
- Serious Adverse Event
- Desire for pregnancy/Pregnancy
- Other

- Desirable stop
- Local intolerance
- General intolerance
- Biological intolerance
- Inefficacy
- Patient’s convenience
- Serious Adverse Event
- Desire for pregnancy/Pregnancy
- Other

- Desirable stop
- Local intolerance
- General intolerance
- Biological intolerance
- Inefficacy
- Patient’s convenience
- Serious Adverse Event
- Desire for pregnancy/Pregnancy
- Other
**Date of birth:**

**Last name, First name:**

Please fax this form to the NOMADMUS Coordination Center at +33 4 72 68 49 03

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### Kurtzke Functional Systems

<table>
<thead>
<tr>
<th>Pyramidal</th>
<th>Brainstem</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cerebellar</th>
<th>Visual</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sensory</th>
<th>Mental</th>
<th>Sphincter</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

### Kurtzke DSS and EDSS

<table>
<thead>
<tr>
<th>Kurtzke DSS / EDMUS GS</th>
<th>Kurtzke EDSS</th>
</tr>
</thead>
</table>

#### MOTOR DISABILITY SCALE: Kurtzke DSS / EDMUS GS

- **0** Normal findings on neurological examination
- **1.0** No disability; minimal signs on neurological examination
- **2.0** Minimal and not ambulation-related disability; able to run
- **3.0** Unlimited walking distance (WD) without rest; not ambulation-related disability
- **4.0** Limited WD, but > 500 meters without rest
- **5.0** WD < 500 meters without rest

#### VISUAL ACUITY

<table>
<thead>
<tr>
<th>OD</th>
<th>OG</th>
</tr>
</thead>
</table>

**VISUAL SCALE** (according to Kurtzke, 1983 & Wingerchuk et al., 1999)

- **0** Normal exam
- **1** Amblyopia, VA ≥ 7/10
- **2** Amblyopia, VA ≥ 3/10 and ≤ 6/10
- **3** Amblyopia, VA = 2/10
- **4** Amblyopia, VA ≤ 1 /10
- **5** Counting fingers
- **6** Light perception only
- **7** No light perception

### Motor

**STRENGTH**

- **Shoulder**
- **Elbow**
- **Wrist/Fingers**
- **Hip**
- **Knee**
- **Ankle/Toes**

### Sensory

**SUPERFICIAL TOUCH**

- **Arm**
- **Forearm**
- **Hand/Fingers**
- **Thigh**
- **Calf**
- **Foot/Toes**
- **Upper trunk**
- **Lower trunk**

**PINPRICK / TEMPERATURE**

- **Arm**
- **Forearm**
- **Hand/Fingers**
- **Thigh**
- **Calf**
- **Foot/Toes**
- **Upper trunk**
- **Lower trunk**

### Vibratory Sensation

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

<table>
<thead>
<tr>
<th>Shoulder</th>
<th>Elbow</th>
<th>Wrist/Fingers</th>
<th>Hip</th>
<th>Knee</th>
<th>Ankle/Toes</th>
</tr>
</thead>
</table>

### Position Sense

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

<table>
<thead>
<tr>
<th>Shoulder</th>
<th>Elbow</th>
<th>Wrist/Fingers</th>
<th>Hip</th>
<th>Knee</th>
<th>Ankle/Toes</th>
</tr>
</thead>
</table>

### Spincter

#### Bladder

- **Pollakiuria**
- **Urgency**
- **Incontinence**
- **Hesitancy**
- **Retention**
- **Catheterization**

<table>
<thead>
<tr>
<th>None / Mild / Severe</th>
<th>None / Rare / Frequent (&gt;1/week)</th>
<th>None / Mild / Severe</th>
<th>None / Mild / Severe</th>
<th>None / Intermittent / Constante (≥3/day)</th>
</tr>
</thead>
</table>

#### Bowel

<table>
<thead>
<tr>
<th>Constipation</th>
<th>Diarrhea</th>
<th>Symptomatic</th>
<th>Requiring treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bowel incontinence</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>