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## Clinical questionnaire for Charcot-Marie-Tooth disease

<b>PATIENT DATA:</b> Name + first name: .....	<b>CLINICIAN:</b> Name + first name: .....
Date of birth + gender: .....	Hospital: .....

<b>DIAGNOSIS</b> ..... age at clinical investigation: ..... yrs	<input type="checkbox"/> classical CMT phenotype <input type="checkbox"/> Dejerine-Sottas neuropathy <input type="checkbox"/> congenital hypomyelination
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<b>SEVERITY</b>		
<b>age at onset of symptoms:</b> <input type="checkbox"/> <1 yrs <input type="checkbox"/> 1-5 yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> 11-20 yrs <input type="checkbox"/> >20 yrs	<b>mobility:</b> <input type="checkbox"/> normal mobility <input type="checkbox"/> abnormal mobility - no aids required (except orthopedic shoes) <input type="checkbox"/> abnormal mobility - walking aids used <input type="checkbox"/> wheelchair	<b>upper limbs:</b> <input type="checkbox"/> normal <input type="checkbox"/> distal weakness (hand-wrist) <input type="checkbox"/> proximal weakness

<b>ADDITIONAL FEATURES</b>		
<input type="checkbox"/> foot deformities <input type="checkbox"/> scoliosis <input type="checkbox"/> tremor <input type="checkbox"/> sensory ataxia <input type="checkbox"/> deafness <input type="checkbox"/> cerebellar dysfunction	<input type="checkbox"/> bulbar dysfunction <input type="checkbox"/> diaphragmatic dysfunction <input type="checkbox"/> vocal cord paralysis <input type="checkbox"/> ulcerations <input type="checkbox"/> nystagmus <input type="checkbox"/> pupillary abnormalities	<input type="checkbox"/> other (specify): ..... ..... ..... .....

**NERVE CONDUCTION STUDIES** (age at examination: ..... years)     report included  
 not done

<b>motor nerves</b>	nerve .....	NCV .....	distal latency .....	amplitude .....
<i>upper limb</i>	nerve .....	NCV .....	distal latency .....	amplitude .....
<i>lower limb</i>	nerve .....	NCV .....	distal latency .....	amplitude .....
	nerve .....	NCV .....	distal latency .....	amplitude .....
<b>sensory nerves</b>	nerve .....	NCV .....	distal latency .....	amplitude .....
	nerve .....	NCV .....	distal latency .....	amplitude .....
	nerve .....	NCV .....	distal latency .....	amplitude .....

**NERVE BIOPSY PATHOLOGY** (age at examination: ..... years)     report included  
 not done

<input type="checkbox"/> demyelination <input type="checkbox"/> axonal damage	<input type="checkbox"/> other (specify): .....
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<b>COMMENTS</b>
..... ..... ..... .....