



Clinical questionnaire for hereditary spastic paraplegia

PATIENT DATA: Name + first name: Date of birth + gender:	CLINICIAN: Name + first name: Hospital:
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DIAGNOSIS age at clinical investigation: years	AGE AT ONSET years <input type="checkbox"/> <1 yrs <input type="checkbox"/> 21-40 yrs <input type="checkbox"/> 1-5 yrs <input type="checkbox"/> 41-60 yrs <input type="checkbox"/> 6-10 yrs <input type="checkbox"/> >60 yrs <input type="checkbox"/> 11-20 yrs
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SEVERITY mobility: <input type="checkbox"/> normal mobility <input type="checkbox"/> abnormal mobility - no aids required <input type="checkbox"/> abnormal mobility - walking aids used <input type="checkbox"/> wheelchair	lower limbs: <input type="checkbox"/> normal <input type="checkbox"/> hyperreflexia <input type="checkbox"/> weakness <input type="checkbox"/> atrophy	upper limbs: <input type="checkbox"/> normal <input type="checkbox"/> hyperreflexia <input type="checkbox"/> weakness <input type="checkbox"/> atrophy
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ADDITIONAL FEATURES <input type="checkbox"/> skin anomalies <input type="checkbox"/> short stature <input type="checkbox"/> scoliosis <input type="checkbox"/> foot deformities <input type="checkbox"/> adducted thumbs <input type="checkbox"/> distal atrophy lower limbs <input type="checkbox"/> abnormal saccades/nystagmus <input type="checkbox"/> optic atrophy <input type="checkbox"/> cataract	<input type="checkbox"/> deafness <input type="checkbox"/> dysarthria <input type="checkbox"/> dysphagia <input type="checkbox"/> cognitive impairment <input type="checkbox"/> epilepsy <input type="checkbox"/> ataxia <input type="checkbox"/> tremor <input type="checkbox"/> dystonia <input type="checkbox"/> extrapyramidal signs	<input type="checkbox"/> bladder dysfunction <input type="checkbox"/> bowel dysfunction <input type="checkbox"/> sensory abnormalities: o vibration o position o pain o touch o temperature <input type="checkbox"/> other (specify):
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NERVE CONDUCTION STUDIES (age at examination: years) <input type="checkbox"/> report included <input type="checkbox"/> not done	
motor nerves <input type="checkbox"/> normal <input type="checkbox"/> demyelinating neuropathy <input type="checkbox"/> axonal neuropathy <input type="checkbox"/>	sensory nerves <input type="checkbox"/> normal <input type="checkbox"/> abnormal

EVOKED POTENTIALS (age at examination: years) <input type="checkbox"/> report included <input type="checkbox"/> not done	
MEP <input type="checkbox"/> normal <input type="checkbox"/> abnormal	SSEP <input type="checkbox"/> normal <input type="checkbox"/> abnormal

MRI (age at examination: years) <input type="checkbox"/> report included <input type="checkbox"/> not done	
Brain <input type="checkbox"/> normal <input type="checkbox"/> abnormal (specify):	Spine <input type="checkbox"/> normal <input type="checkbox"/> abnormal (specify):

NERVE BIOPSY PATHOLOGY (age at examination: years) <input type="checkbox"/> report included <input type="checkbox"/> not done	
<input type="checkbox"/> demyelination <input type="checkbox"/> axonal damage	other (specify):

MUSCLE BIOPSY PATHOLOGY (age at examination: years) <input type="checkbox"/> report included <input type="checkbox"/> not done	
<input type="checkbox"/> atrophy <input type="checkbox"/> mitochondrial abnormalities	other (specify):

COMMENTS
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