

## Annex 2.4 AFP Case Neurological Assessment Form

### NEUROLOGICAL ASSESSMENT FORM FOR ALL ACUTE FLACCID PARALYSIS (AFP) CASES

1	EPID number	SOA-- _____ -- _____ -- _____ -- _____ Country Province District Year Case number				
<b>IDENTIFICATION</b>						
2	Province					
3	District					
4	Name of AFP case					
5	Date of Birth					
6	Onset of paralysis					
<b>NEUROLOGICAL EXAMINATION</b>						
6	Glasgow Coma Scale	Eye Opening (5)				
		Verbal Response (5)				
		Motor Response (5)				
		<b>SCORE (15)</b>				
7	<b>Power (0-5)</b> 0 = No movement 1 = Flicker 2 = Gravity eliminated 3 = Against gravity 4 = Just below normal 5 = Normal for age	<b>Upper Limb</b>		<b>Lower Limb</b>		
		Right	Left	Right	Left	
8	<b>Tone</b> (Normal/Increased/decreased)	<b>Upper Limb</b>		<b>Lower Limb</b>		
		Right	Left	Right	Left	
9	<b>Reflexes (0-4)</b> 0 = No reflexes 1 = Decreased 2 = Normal 3 = Brisk 4 = Brisk with clonus	<b>Upper Limb</b>		<b>Lower Limb</b>		
		Right	Left	Right	Left	
10	<b>Sensation</b> (Intact/loss distribution/level)					
11	<b>Bowel control/continence</b> (normal/abnormal)					
12	<b>Bladder control/continence</b> (normal/abnormal)					
13	<b>Cerebellar signs</b> (present/none)					

Name of examining Dr: \_\_\_\_\_ Date of examination: \_\_\_\_\_

Contact details of examining Dr: \_\_\_\_\_ Signature of examining Dr: \_\_\_\_\_