

D Neuro Amyotrophic Lateral Sclerosis Als

Record ID _____

1. Gold Standard Diagnosis

Does the patient meet the diagnostic criteria for Amyotrophic Lateral Sclerosis (ALS) based on:

(1) Progressive motor impairment documented by history or repeated clinical assessment, preceded by normal motor function; ☐ Yes
☐ No
☐ Not certain

(2) presence of UMN and LMN signs in at least 1 body region (with UMN and LMN dysfunction noted in the same body region if only one body region is involved) or LMN dysfunction in at least 2 body regions; ☐ Yes
☐ No
☐ Not certain

(3) investigations excluding other disease processes. ☐ Yes
☐ No
☐ Not certain

Does the patient meet the diagnostic criteria for Amyotrophic Lateral Sclerosis (ALS) based on the criteria above? _____

2. Type of ALS

Specify the type of ALS in the patient: ☐ Sporadic ALS
☐ Familial ALS
☐ Spinal/limb-onset ALS
☐ Bulbar-onset ALS

If you selected "Familial ALS", please specify the genetic mutation if known: _____

3. Etiology

What is the suspected or known etiology of ALS in the patient? ☐ Genetic factors
☐ Environmental factors

Genetic Factors ☐ C9orf72 mutation
☐ SOD1 mutation
☐ Other genetic factors

If you selected "Other genetic factors", please specify: _____

If you selected "Environmental factors", please specify: _____

4. Clinical Presentation

Describe the clinical features and symptoms of ALS in the patient:

- ☐ Upper Motor Neuron Signs (e.g., spasticity, hyperreflexia)
- ☐ Lower Motor Neuron Signs (e.g., muscle weakness, atrophy, fasciculations)
- ☐ Bulbar Symptoms (e.g., dysarthria, dysphagia)
- ☐ Respiratory Involvement

5. Disease Progression

Please provide information on the current stage and progression of ALS:

- ☐ Early Stage
- ☐ Intermediate Stage
- ☐ Advanced Stage

6. Neurological Assessment

Please provide results from relevant neurological assessments:

Revised ALS Functional Rating Scale (ALSFRS-R) score:

Forced Vital Capacity (FVC) percentage (if measured):

Other neurological assessment (please specify):

7. Imaging and Diagnostic Tests

Electromyography (EMG) and Nerve Conduction Studies (NCS):

Magnetic Resonance Imaging (MRI) of the brain and spinal cord:

Lumbar Puncture (if performed, specify findings):

Genetic testing (if applicable, specify results):

Other diagnostic tests (please specify):

8. Treatment and Management

Has the patient undergone any treatment or interventions for ALS?

- ☐ Yes
- ☐ No

Yes

- ☐ Medications
- ☐ Supportive Care

Medications (if applicable):

- ☐ Riluzole
- ☐ Edaravone
- ☐ Sodium phenylbutyrate/taurursodiol
- ☐ Tofersen
- ☐ Symptomatic treatment (e.g., for spasticity, pain)
- ☐ Other

If you selected "Other", please specify:

Supportive Care:

- ☐ Physical therapy
- ☐ Occupational therapy
- ☐ Speech therapy
- ☐ Respiratory support (e.g., non-invasive ventilation)
- ☐ Nutrition and swallowing support
- ☐ Psychotherapy
- ☐ Other

If you selected "Other", please specify:
