

DIAGNOSTIC FORM FOR HEREDITARY PERIPHERAL NEUROPATHIES

CMT TYPE I ☐

CMT TYPE II ☐

OTHER : (precise) _____

I. INDIVIDUAL INFORMATION

Family name: _____ First name: _____ Date of birth: _____	Date of examination: _____ Initial examination: yes ☐ no ☐ Examiner: _____ Tél : _____ E-mail : _____	Propositus: yes ☐ no ☐ Sex: M ☐ F ☐ Age at examination : _____ Geographical origin: _____
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II. DIAGNOSTIC INFORMATION

Distal motor deficit Upper limbs yes ☐ no ☐ Lower limb yes ☐ no ☐ <i>Recurrent palsies</i> yes ☐ no ☐ Distal amyotrophy Upper limbs yes ☐ no ☐ Lower limb yes ☐ no ☐	Proximal motor deficit Upper limbs yes ☐ no ☐ Lower limb yes ☐ no ☐ Proximal amyotrophy Upper limbs yes ☐ no ☐ Lower limb yes ☐ no ☐	Sensory loss <u>Superficial (touch, pinprick thermal)</u> Upper limb yes ☐ no ☐ Lower limb yes ☐ no ☐ <u>Deep (joint position sense and vibration)</u> Upper limb yes ☐ no ☐ Lower limb yes ☐ no ☐ <u>Romberg sign</u> yes ☐ no ☐
Areflexia Upper limbs yes ☐ no ☐ Lower limb yes ☐ no ☐ - Both yes ☐ no ☐ - Isolated ankle jerk areflexia yes ☐ no ☐	Nerve hypertrophy yes ☐ no ☐ Foot deformities Pes cavus yes ☐ no ☐ More important deformation yes ☐ no ☐	Scoliosis yes ☐ no ☐ Chronic course yes ☐ no ☐

III. COMPLEMENTARY INFORMATION

Inheritance: -Autosomal dominant yes ☐ no ☐ -Dominant yes ☐ no ☐ -Autosomal recessive yes ☐ no ☐ -Consanguinity yes ☐ no ☐ -X-linked yes ☐ no ☐ -Isolated cases yes ☐ no ☐	Age of walking _____ Age at onset _____ Disease duration _____	Onset Mode : Upper Limbs yes ☐ no ☐ Lower Limbs yes ☐ no ☐ Systematic examination yes ☐ no ☐
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Associated signs

Tremor yes ☐ no ☐ Auditory loss yes ☐ no ☐ Hoarse voice yes ☐ no ☐ Glaucoma yes ☐ no ☐ Cataract yes ☐ no ☐	Pupillary abnormalities yes ☐ no ☐ Trophic troubles yes ☐ no ☐ Dysautonomia yes ☐ no ☐ Optic atrophy yes ☐ no ☐ Retinis pigmentosa yes ☐ no ☐	Pyramidal signs yes ☐ no ☐ Cognitive impairment yes ☐ no ☐ Cerebellar syndrome yes ☐ no ☐ Gastro-intestinal symptoms yes ☐ no ☐ Other _____
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Lower limbs scale

- ☐ 0 = Normal
- ☐ 1 = Normal, but few cramps and fatigability
- ☐ 2 = Inability to run and jump
- ☐ 3 = Walking difficulties but possible unaided

- ☐ 4 = Able to walk only with a cane
- ☐ 5 = Able to walk only with crutches
- ☐ 6 = Able to walk only with a walker
- ☐ 7 = Wheelchair bound
- ☐ 8 = Bedridden

Upper limbs scale

- ☐ 0 = Normal
- ☐ 1 = Cramps
- ☐ 2 = Writing fatigability
- ☐ 3 = Some difficulties for usual hand gestures
- ☐ 4 = Difficulties for usual hand gestures requiring occasional help
- ☐ 5 = Fully dependent

EMG: enclose the photocopy of the electrophysiological exam ++++

-Motor Nerve Conductance Velocity of median nerve (MNCV): Left :.....m/s Right :.....m/s

-Distal latencies of median nerves: Left :.....m/s Right :.....m/s

-Coupound Motor Action potential (CMAP) of median nerve : Left :.....mV Right :.....mV

-Sensory potential: Lower limbs: normal ☐ decreased ☐ absent ☐ Upper limbs: normal ☐ decreased ☐ absent ☐