

PIMI FORM 02  
NEUROLOGICAL HISTORY AND EXAMINATION  
FORM02.SSD01

FORM/ITEM	VARIABLE NAME	CODES
	NEWID	Patient ID
2	VISDAYS	Days from enrollment date to Form 02 visit
3A	STROKE	Stroke 1 = Yes, 2 = No
3B	TRANISC	Transient Ischemic Attack 1 = Yes, 2 = No
3c	HEADTRM	Head trauma with loss of consciousness for 24 hours or more or skull fracture 1 = Yes, 2 = No
3D	FACETRM	Facial trauma requiring surgical repair 1 = Yes, 2 = No
3E	NEUROP	Diagnosed as having peripheral neuropathy 1 = Yes, 2 = No
3F	NUMBNESS	Numbness or tingling in hands, feet or on either side of the body 1 = Yes, 2 = No
3G	NUMBFACE	Numbness on right side of face NOTE: Not on Rev 0
3H	DISPAIN	Disabled on account of pain 1 = Yes, 2 = No
4	MINIMENT	Mini mental stress 1 = Normal, 2 = Abnormal
4P	MENTNBR	Number of items incorrect NOTE: Only on Rev 2  Codes for Items 5 - 12 1 = Normal, 2 = Abnormal
5A	STRIDE	Gait stride
5B	ARM	Arm swing
5c	TANDEM	Tandem walk
6	ROMBERG	Romberg's Test
7	FINGER	Finger-nose Test

## NEUROLOGICAL HISTORY AND EXAMINATION (Continued)

FORM/ITEM	VARIABLE NAME	CODES
8A	EYECLSE	Eye Closure <b>Note:Rev 0 only</b>
8A1 8A2	REYE LEYE	<b>Eye</b> Closure - Right aye Eye Closure - Left eye <b>Note: Not on Rev 0</b>
8B	TEETH	Showing of teeth <b>Note:Rev 0 only</b>
8B1 8B2	RTEETH LTEETH	Showing of Teeth Right Showing of Teeth Left <b>Note: Not on Rev 0</b>
8C	SMILE	Smile <b>Note: Rev 0 only</b>
8C1 8C2	RSMILE LSMILE	Smile Right Smile Left <b>Note: Not on Rev 0</b>
8D1 8D2	RFACE LFACE	Light Touch to Face - Right Light Touch to Face - Left <b>Note: Not on Rev 0</b>
9A1 9A2	RELBOW LELBOW	Elbow Right Elbow Left
9B1 9B2	RWRIST LWRIST	Wrist Right Wrist Left
9C1 9C2	RKNEE LKNEE	Knee Right Knee Left
10A1 10A2	RARM LARM	Arm (drift) - Right Arm (drift) Left
10B1 10B2	RDELTA LDELTA	Deltoid Right Deltoid Left
10C1 10C2	RHAND LHAND	Hand Grip Right Hand Grip Left
11R 11L	RFINGER LFINGER	Finger Tapping Right Finger Tapping Left
12R 12L	RPLANT LPLANT	<b>Plantar</b> response <b>Upgoing</b> Right <b>Plantar</b> response <b>Upgoing</b> Left

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## NEUROLOGICAL HISTORY AND EXAMINATION (Continued)

FORM/ITEM	VARIABLE NAME	CODES
13A	BRACREF	Brachioradialis 1 = Normal, 2 = Absent, 3 = Asymmetric
13B	BICREF	Biceps 1 = Normal, 2 = Absent, 3 = Asymmetric
13c	KNEEREF	KNEE 1 = Normal, 2 = Absent, 3 = Asymmetric
13D	ANKREF	Ankle 1 = Normal, 2 = Absent, 3 = Asymmetric
14A	SYMMET	Position (distal thumb) Symmetric 1 = Yes, 2 = No
14B	VIBRATE	Vibration (ankle) present 1 = Yes, 2 = No
14c	COLD	Cold (ankle) present 1 = Yes, 2 = No
14D	PINPRICK	Pinprick (ankle) present 1 = Yes, 2 = No
15	NEURABN	Does patient exhibit neurologic abnormality? 1 = Yes, 2 = No
16	NEURELIG	Is patient eligible for PIMI? 1 = Yes, 2 = No