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 ☐ Examinator: _____ Tél : E-mail : _____	Propositus: yes ☐ no ☐ Sex: M ☐ F ☐ Age at examination : _____ Geographical origin: _____

II. DIAGNOSTIC INFORMATION

Distal motor deficit
Upper limbs yes ☐ no ☐
Lower limb yes ☐ no ☐
Recurrent palsies 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
Superficial (touch, pinprick thermal)
Upper limb yes ☐ no ☐
Lower limb yes ☐ no ☐
Deep (joint position sense and vibration)
Upper limb yes ☐ no ☐
Lower limb yes ☐ no ☐
Romberg sign yes ☐ no ☐

Areflexia
Upper limbs yes ☐ no ☐
Lower limb yes ☐ no ☐
- Both yes ☐ no ☐
- Isolated ankel 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 ☐

Associated signs

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

Lower limbs scale		***Upper limbs scale***
☐ 0 = Normal	☐ 4 = Able to walk only with a cane	☐ 0 = Normal
☐ 1 = Normal, but few cramps and fatigability	☐ 5= Able to walk only with crutches	☐ 1 = Cramps
☐ 2 = Inability to run and jump	☐ 6 = Able to walk only with a walker	☐ 2 = Writing fatigability
☐ 3 = Walking difficulties but possible unaided	☐ 7 = Wheelchair bound	☐ 3 = Some difficulties for usual hand gestures
	☐ 8 = Beddriden	☐ 4 = Difficulties for usual hand gestures requiring occasional help
		☐ 5 = Fully dependent

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

-Motor Nerve Conductice 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 ☐