

**Cranial Nerve/Motility Abnormality**

**Purpose:** Record ophthalmologic findings from eye examinations and neurologic evaluation about cranial nerve and motility alignment abnormalities.

**When:** At visits when cranial nerve abnormalities are noted or a prior occurrence is first reported.

**By whom:** Study ophthalmologist and clinic coordinator.

**A. Clinic, patient, and visit identification**

- 1. Clinic ID code: \_\_\_\_\_
- 2. Patient ID#: \_\_\_\_\_
- 3. Patient name code: \_\_\_\_\_
- 4. Date of visit:  
 \_\_\_\_\_  
                   day                  mon                  year
- 5. Visit ID code: \_\_\_\_\_

**B. Cranial Nerve Abnormalities**

**6. Cranial nerve/ocular alignment abnormality**

- a. Date of diagnosis:  
 \_\_\_\_\_  
                   day                  mon                  year

**b. Eyes affected at time of diagnosis:**

	Right	Left
Yes	( 1 )	( 1 )
No	( 2 )	( 2 )

**c. If yes, specify abnormality**

\_\_\_\_\_ right eye diagnosis

\_\_\_\_\_ right eye ICD9 code

\_\_\_\_\_ left eye diagnosis

\_\_\_\_\_ left eye ICD9 code

**7. Source of diagnostic information (check all that apply)**

- a. Ophthalmologic exam: ( 1 )
- b. Formal visual field testing (eg, Goldmann visual fields): ( 1 )
- c. Medical records: ( 1 )
- d. Laboratory data: ( 1 )
- e. Health care provider: ( 1 )
- f. Patient: ( 1 )
- g. Other (specify): ( 1 )

\_\_\_\_\_ specify

\_\_\_\_\_ specify

**8. Current status (check only one for each eye):**

	Right	Left
Progressing	( 1 )	( 1 )
Stationary	( 2 )	( 2 )
Improving	( 3 )	( 3 )
Don't know	( 4 )	( 4 )
Not applicable	( N )	( N )

**21.** \_\_\_\_\_ **21.** \_\_\_\_\_

**9. Presence of oculomotor palsy (CN III):**

	Right	Left
Yes	( 1 )	( 1 )
No	( 2 )	( 2 )

**12.** \_\_\_\_\_ **12.** \_\_\_\_\_

- 10. Divisions of the oculomotor nerve**  
*(check only one for each eye):*
- |                                    | Right | Left  |
|------------------------------------|-------|-------|
| Complete                           | ( 1 ) | ( 1 ) |
| Limited to superior division       | ( 2 ) | ( 2 ) |
| Limited to inferior division       | ( 3 ) | ( 3 ) |
| Limited to lower order division(s) | ( 4 ) | ( 4 ) |
| Don't know                         | ( 5 ) | ( 5 ) |
| Not applicable                     | ( N ) | ( N ) |

- 11. Pupil sparing:**
- |                | Right | Left  |
|----------------|-------|-------|
| Yes            | ( 1 ) | ( 1 ) |
| No             | ( 2 ) | ( 2 ) |
| Not applicable | ( N ) | ( N ) |

- 12. Presence of trochlear palsy (CN IV):**
- |     | Right | Left  |
|-----|-------|-------|
| Yes | ( 1 ) | ( 1 ) |
| No  | ( 2 ) | ( 2 ) |

- 13. Presence of trigeminal palsy (CN V):**
- |     | Right | Left  |
|-----|-------|-------|
| Yes | ( 1 ) | ( 1 ) |
| No  | ( 2 ) | ( 2 ) |

- 14. Branches affected by trigeminal palsy**  
*(check all that apply for each eye)*
- |                              | Right | Left  |
|------------------------------|-------|-------|
| <b>a. Complete:</b>          | ( 1 ) | ( 1 ) |
| <b>b. Ophthalmic branch:</b> | ( 1 ) | ( 1 ) |
| <b>c. Maxillary branch:</b>  | ( 1 ) | ( 1 ) |
| <b>d. Mandibular branch:</b> | ( 1 ) | ( 1 ) |
| <b>e. Not applicable:</b>    | ( N ) | ( N ) |

- 15. Presence of abducens palsy (CN VI):**
- |     | Right | Left  |
|-----|-------|-------|
| Yes | ( 1 ) | ( 1 ) |
| No  | ( 2 ) | ( 2 ) |

- 16. Presence of facial palsy (CN VII):**
- |     | Right | Left  |
|-----|-------|-------|
| Yes | ( 1 ) | ( 1 ) |
| No  | ( 2 ) | ( 2 ) |

- 17. Type of facial palsy** *(check only one for each eye):*
- |                | Right | Left  |
|----------------|-------|-------|
| Central        | ( 1 ) | ( 1 ) |
| Peripheral     | ( 2 ) | ( 2 ) |
| Not applicable | ( N ) | ( N ) |

- 18. Supranuclear abnormalities of motility:**  
 Yes *(enter diagnosis):* ( 1 )

\_\_\_\_\_ specify diagnosis

\_\_\_\_\_ specify ICD9 code

- No ( 2 )

- 19. Other disorder of motility:**  
 Yes *(enter diagnosis):* ( 1 )

\_\_\_\_\_ specify diagnosis

\_\_\_\_\_ specify ICD9 code

- No ( 2 )

- 20. Non-paralytic strabismus:**  
 Yes *(enter diagnosis):* ( 1 )

\_\_\_\_\_ specify diagnosis

\_\_\_\_\_ specify ICD9 code

- No ( 2 )

**C. Administrative information**

- 21. Date form reviewed:**  
 \_\_\_\_\_  
 day mon year

- 22. Ophthalmologist ID:** \_\_\_\_\_

- 23. Ophthalmologist signature:**  
 \_\_\_\_\_

- 24. Clinic coordinator ID:** \_\_\_\_\_

- 25. Clinic coordinator signature:**  
 \_\_\_\_\_