

Form 7

**National Prion Monitoring Cohort
MRC Scale**



	day	month	year	
Study consent date				Hospital Number
Date of birth				Patient Soundex
Date of enrolment				Doctor's Initials
Date of assessment				COHORT ID
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Home <input type="checkbox"/> Nursing/Care home				

Name of Health professional asking the questions:

Name of Caregiver completing questions:

Relationship to patient:

National Prion monitoring COHORT MRC Scale

A longitudinal observational study of all patients diagnosed with or at high risk of developing human prion disease

Comments

Please circle selected answers/score (eg. 0)

Score Item	Category criteria	Score
Bowel function	At least one episode of incontinence in the last 7 days	0
	Continent for last 7 days	1
Bladder function	Always incontinent or catheterised	0
	Continent or occasional accidents	1
Toilet use	Fully dependent	0
	Needs some help	1
	Independent	2
Bathing	Fully dependent or needs some help	0
	Independent	1
Feeding	Unable or NG/PEG/RIG fed (takes nothing by mouth)	0
	Needs help but can swallow (even if unsafe)	1
	Independent	2

Please circle selected answers/score (eg. 0)

Score Item	Category criteria	Score
Transfer and mobility		
Stairs		
Best verbal response		
Memory and orientation to surroundings		
Judgement and problem solving	Unable to show any judgement or problem-solving	
Use of tools		